

Implementing NICE guidance

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- The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to support the improvement of health and social care in England*
- NICE guidance and advice sets priorities for investment of public funds through the identification of most clinically and cost-effective treatments and services
- NICE issues five types of guideline: clinical guidelines, public health guidelines, social care guidelines, safe staffing guidelines and medicines practice guidelines. In addition, it provides quality standards, technology appraisals and advice on highly specialised technologies, diagnostic services, medical technologies and interventional procedures
- Evidence suggests that uptake of NICE guidance is variable. Only the implementation of technology appraisal guidance is mandatory for NHS organisations
- Implementing NICE guidance requires change – influences of change may be categorised into three clusters: the innovation itself, the characteristics of the people involved and the context of its introduction
- Guideline format and content are important aspects of implementation. Conceptual frameworks comprise the following elements: adaptability, usability, validity, applicability, communicability, accommodation, implementation and evaluation
- Key elements to successful implementation of NICE guidance include: board support, clear leadership, a NICE manager, support from a multidisciplinary team, a systematic approach to implementation/financial planning and a process to evaluate uptake and feedback
- NICE provides implementation tools, including a forward planner, costing templates, slide sets, audit support tools, commissioning guides, shared learning and implementation advice
- The NICE uptake database can be used to find national audit data and external literature relating to NICE recommendations

* Certain pieces of guidance/advice are also applicable to Scotland/Wales/Northern Ireland through agreements with devolved administrations

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Introduction

The National Institute for Health and Care Excellence (NICE) was originally set up as a special health authority in April 1999, known as the National Institute of Clinical Excellence, whose principal role was to provide national assessment of new technologies. Since that time, its remit has expanded to the development of a wider range of national health guidelines and standards, as well as more recently to the fulfilment of a similar role in social care. At the same time (2013), NICE also became an executive non-departmental public body and its charter was updated to include the provision of national guidance, standards and information on high-quality health and social care.¹

By virtue of its three principal responsibilities (producing guidance, setting performance standards and providing information services),² NICE is integral to a standards-based health and social care system.³ The information it disseminates helps to ensure that all patients have access to care that is based on the latest evidence and that NHS funding decisions are consistent.³ Its remit to improve outcomes for people using the NHS and other public health and social care service covers:

- The production of evidence-based guidance and advice for health, public health and social care practitioners
- The development of quality standards and performance metrics for those providing and commissioning health, public health and social care services
- The provision of a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.³

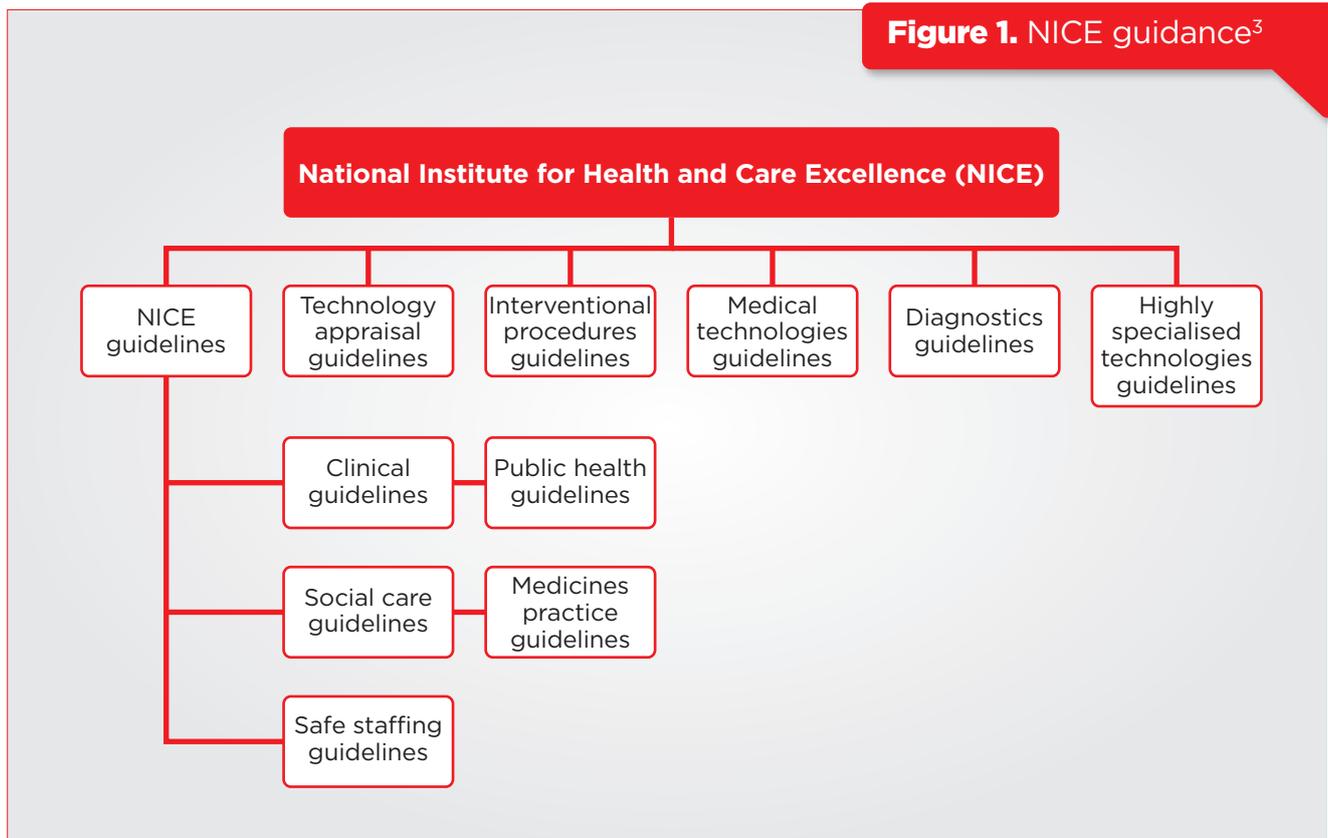
The performance of healthcare organisations is assessed through the achievement of national targets and by the provision of evidence of the delivery of high-quality standards across a wide range of areas, including NICE guidance.^{1,4} In both health and social care, the Care Quality Commission (CQC) assesses compliance with NICE guidelines and standards in its reviews of health and social care organisations.^{5,6}

NICE guidance

Guidance is a synthesis of best available evidence that supports decision-making. NICE guidance takes a number of forms (see Figure 1):

- **NICE guidelines** make evidence-based recommendations on a wide range of topics relating to specific clinical conditions, public health, social care, safe staffing and medical practice issues. They aim to promote integrated care, where appropriate; for example, by covering transitions between children's and adult services and between health and social care.^{3-5,7,8}
- **Technology appraisals** assess the clinical and cost-effectiveness of health technologies. While 75% of these technologies are new pharmaceuticals, procedures, devices, diagnostic techniques and health promotion activities are also reviewed. The resulting guidance helps to standardise access to healthcare across the country.⁹
- **Highly specialised technology evaluations** make recommendations on the use of new and existing highly specialised medicines and treatments within the NHS. The programme only considers treatments for very rare conditions.¹⁰
- **Diagnostic guidance** is designed to help the NHS adopt efficient and cost-effective medical diagnostic technologies.¹¹
- **Medical technologies guidance** is designed to help the NHS adopt clinically and cost-effective medical technologies.^{11,12}
- **Interventional procedures guidance** recommends whether interventional procedures, such as laser treatments for eye problems or deep brain stimulation for chronic pain, should be introduced to the NHS. With the exception of technology appraisals, which carry a funding directive for commissioners, NICE guidance is not mandatory in the healthcare sector.^{1,13} Healthcare professionals are advised, however, to take NICE guidance fully into account when exercising their clinical judgement, but they are also advised that it does not override their responsibility to make

Figure 1. NICE guidance³



decisions appropriate to the circumstances and wishes of individual patients.^{1,13}

The way NICE was established in legislation means that its guidance applies officially only to England.^{1,13} However, certain NICE products and services apply to Wales, Scotland and Northern Ireland by agreement with the devolved administrations in these countries.^{1,13}

Technology appraisal guidance may contain more than one recommendation. Each recommendation is made according to four decision types (recommended, optimised, only in research and not recommended). Optimised decisions target use of the technology only in certain situations, such as for certain groups of patients or disease stages, in which the technology has the clearest benefit. The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE's technology appraisals within three months of its date of publication (unless otherwise specified).⁹

NICE also produces evidence-based **quality standards** in the form of sets of specific, concise statements, which measure quality improvement priorities within a

particular area of care. The statements, along with the guidance on which they are based, contribute to the improvements outlined in the outcomes frameworks published by the Department of Health.¹³ Similar standards are also being developed for social care.

Implementation

Implementation of NICE guidance has been shown to be variable, with both academic research^{14,15} and governmental reports^{16,17} pointing to a need for improvement.

The implementation of NICE guidance has proved particularly challenging in healthcare due to a combination of factors, including the volume of guidance, continuing change in the NHS, the complexities of individual healthcare organisations and the existence of networks that span several organisations.¹⁵ The process of change can be lengthy, with a clinical guideline taking up to three years to be fully implemented.¹⁸

Much research has been conducted into the process of implementing evidence-based practice such as NICE guidance. This has built upon management research into

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the process of organisational change. These studies highlight the multiplicity of the influences of change¹⁹ and the need to customise change management plans to individual circumstances.²⁰ Influences of change have been categorised into three clusters, relating to the **innovation** (a practice or intervention informed by a guideline), **the characteristics of the people involved** (for example, innovators or late adopters) **and the context of its introduction** (for example, an organisation or system).²¹

Successful implementation of NICE guidance is more likely when certain situations exist with regard to the three clusters of influences upon the change.

Innovation

First, with regard to the nature of the change itself it is important that the guidance is clear, reflects the real clinical situation and has a stable and convincing evidence base.²² Potential adopters make decisions about the adoption of an innovation on its:

- Perceived advantages relative to current practice
- Compatibility with pre-existing systems
- Complexity or difficulty of learning
- Testability
- Potential for adaptability
- Observed effects.²¹

These qualities interact and are judged as a whole. The diffusion rate is also affected by the complexity of the content; for example, innovations that make tasks easier are more likely to be adopted. Knowledge or skill requirements may be a barrier to use.²¹ Guideline format and content may be important aspects of implementation²³ and knowledge about the expected consequences of an innovation can minimise the degree of uncertainty surrounding the proposed change.²¹ Even when knowledge requirements are high, support from prior adopters or from other sources can increase the chances of adoption.²¹

Guideline format and content may be important aspects of implementation.²³ Research on guideline use has enabled the development of a conceptual framework, comprising adaptability, usability, validity,

applicability, communicability, accommodation, implementation and evaluation.²³ Research also highlights the requirement for guidelines to support various types of decision-making by different users; for example, incorporation of narrative, graphics and tables into guideline content, and the provision of different formats (print, electronic, personal digital assistant).²³

Adopters

It is critical that key personnel, particularly professional staff, support the development of an implementation strategy and that they are assisted by a supportive leadership from board-level down.¹⁸

Adopters have characteristics that affect their likelihood of adopting an innovation. In addition to individual characteristics, ability and motivation can also impact on a potential adopter's likelihood of adopting an innovation; those motivated to adopt an innovation are likely to make the adjustments needed.²¹

Contextual factors

Organisations are a complex mix of individual stakeholders and sets of procedures.¹⁹ As with individual adopters, the diffusion of implementation at an organisational level is also affected by motivation, ability, compatibility and observability.^{19,21} In addition, an organisation's position in the context of the wider environment can add to the complexity, particularly where external networks or procedures span several organisations. Innovations that are intentionally spread, including by political mandate, are likely to diffuse quickly.²⁴

A systematic approach to implementation and financial planning is, therefore, required, possibly using multidisciplinary team input.¹⁵ Top-level commitment to evidence-based practice and continuous quality improvement is consequently essential to implementing NICE guidance (see Case study 1^{25,26}). Financial and service planning implications should be integrated into organisational financial and business plans, and good links between NICE implementation leads, service planning leads and finance departments are key.¹⁸

Case study 1: Improving the safety of patients with depression and bipolar disorder²⁵

Aim:

- To improve patient care, with respect to both treatment efficacy and patient safety, by ensuring adequate monitoring of lithium treatment in line with NICE guidance

Guidance:

- NICE Clinical Guideline 38 *Bipolar disorder: The management of bipolar disorder in adults, children and adolescents, in primary and secondary care*²⁶
- The NICE guidelines for depression and bipolar disorder both recommend lithium as an effective treatment; patients who take lithium should have regular blood tests to monitor the amount of lithium in their blood (every three months) and to make sure the lithium has not caused any problems with their kidneys or thyroid (every six months)
- Lithium monitoring is known to be suboptimal and has been the subject of a National Patient Safety Agency alert

Objectives:

- Undertake a baseline audit to identify current practice
- Identify barriers to change
- Implement an intervention to improve practice; specifically, the development of a lithium database
- Re-audit to monitor progress

Baseline audit:

- A baseline audit highlighted a need to improve practice, as some patients had not had a blood test for lithium levels in the previous year
- After the baseline audit, local feedback about lithium monitoring and action planning with the multidisciplinary Prescribing Observatory for Mental Health (POMH) team (clinical audit, pharmacy medicine, nursing) and service users took place
- A common problem of sharing information between pathology, and primary and secondary care was identified

Components of the implementation plan:

- Presentation by a clinical team from another trust that had performed well in the baseline POMH audit, in which they described their experience of using a local lithium register
- Medical director supported a proposal to the trust board that Oxleas NHS Foundation Trust fund the development and ongoing management of a lithium database
- The database enabled doctors and care coordinators to register their patients on the database via email, and facilitated communication between the manager of the database and local pathology services to obtain lithium results and related test results for all patients prescribed lithium. Email reminders were also sent out to doctors/care coordinators for each patient to remind them a blood test was due

Evaluation:

- Subsequent re-audit demonstrated improvements in the identification of people receiving lithium and improvements to patient care, specifically patient safety, as can be seen by the significant increase in the number of patients who have had regular blood tests for lithium levels and kidney and thyroid function

Key learnings:

- Acknowledgment of clinical need and education may not be enough if adequate systems are not in place to allow improvements
- Good working relationships between all involved in the provision of elements of care are essential to the provision of effective and safe care

Source: Adapted from case study on the NICE Shared Learning database: *Implementing the NICE bipolar guideline with respect to lithium monitoring, in Oxleas NHS Foundation Trust*²⁵

Identifying a person and resource to coordinate local activities around NICE guidance and related quality standards as they are published is vital for effective implementation. The role of the NICE manager should include: horizon scanning and forward planning, disseminating guidance to relevant groups, arranging educational events, coordinating financial plans, ensuring effective monitoring and feedback, and producing regular reports for the board.¹⁸

The most effective implementation models have strong multidisciplinary teams reporting to the board.¹⁸ The forum should ensure: compliance with care and developmental standards, effective audit and monitoring arrangements, effective forward planning and engagement, dissemination of guidance and quality standards, and appropriate financial plans.¹⁸

It may also be relevant to consider ways of coordinating work across organisations, especially where guidance and related quality standards cross the primary and secondary care interface or apply across health and social care. Collaboration reduces duplication of effort and ensures a coordinated, standardised and integrated response to each piece of guidance across health and social care services locally.¹⁸

Components of an implementation plan

For an organisation to be successful at implementing change, it first needs to understand the barriers to change and identify the gap between recommended and current practice. This is gained through a so-called 'baseline assessment'. The baseline assessment may be useful in helping to identify barriers, determining actions needed to implement the change and personnel needed to bridge the gap.¹⁸

No single method exists to overcome all the different barriers; different methods will be effective for different people and situations, and combining methods may have a bigger impact.¹⁸ Useful methods include: opinion leaders (peer-to-peer education), educational meetings

Case study 2: NICE technology appraisal 303 – Teriflunomide for treating relapsing-remitting multiple sclerosis³⁰

NICE recommends teriflunomide as a possible treatment for adults with active relapsing-remitting multiple sclerosis only if they do not have highly active or rapidly evolving severe relapsing-remitting multiple sclerosis, and the manufacturer provides teriflunomide with the discount agreed in the patient access scheme.

NICE provides tools and resources to support the implementation of technology appraisal 303 in the form of a costing template. The costing template estimates both national and local financial impact, based on assumptions about current practice and how this might change following implementation. The tool uses a stepwise approach to arrive at a cost for the local population.

Costing template for teriflunomide (TA303)

	National costing summary: implementation in England	Cost for selected population, using local assumptions ^a
Population	100,000	285,276
Prevalence of multiple sclerosis	160	456
Number of people with RRMS	57	162
Number of people with RRMS eligible for treatment	22	63
Number of people treated with disease-modifying treatments	18	50
Assumed number of people not receiving drug treatment because they do not want to receive injectable treatments as a ratio of those receiving drug treatment	4	13
Estimated costs of current practice	£132,300	£377,421
Estimated costs of future practice, Year 5	£215,037	£613,448
Net resource impact	£82,736	£236,027

RRMS = relapsing-remitting multiple sclerosis; ^a Variables in the costing template on which the costs are based can be amended to reflect local circumstances, assuming local data are available. This is a hypothetical example based on the NHS South Devon and Torbay Clinical Commissioning Group population (for illustrative purposes only)

Source: National Institute for Health and Care Excellence (2014). Adapted from TA303 Teriflunomide for treating relapsing-remitting multiple sclerosis (costing template). Manchester: NICE. Available from www.nice.org.uk/guidance/ta303/resources Reproduced with permission.

(conferences, lectures, training courses, workshops), outreach visits (observation), communications or educational materials (eg, books, leaflets, detail aids, journal supplements, CD-ROMs, DVDs, online tools and computer programs).

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NICE support and resources

NICE has set up a comprehensive programme of support and resources to help maximise uptake and use of the evidence and guidance it provides. This includes guidance-specific tools, developed to support local and regional implementation of individual pieces of guidance, and generic tools providing more general support to the implementation of evidence-based practice.²⁷

Topic-specific commissioning guides are web-based resources that support the effective local commissioning of services and link to other implementation support tools that provide information on key clinical, cost and service-related issues. These resources help to inform discussions with providers about the development of services and may include measurement, action planning, business planning and care pathway mapping tools for use in conjunction with the relevant guidance.²⁸

The following types of tools are available through the NICE website:

- **Forward planners** summarise published and forthcoming NICE guidance. They detail sectors that are likely to be affected, estimate the potential cost impact and note the impact on national tariff payments.²⁹
- **Costing tools** help assess the financial impact of implementing NICE guidance. NICE provides five types of costing tool. They comprise a **national costing report, costing templates, business cases, costing statements and commissioning assessments**. Costing templates estimate local costs/savings of developments whose overall costs are likely to be significant (see example in Case study 2³⁰), while costing statements are used in cases where the cost impact is considered to be minimal. Commissioning assessments are provided for NICE quality standards.²⁹
- **Audit tools** help organisations to carry out baseline assessments and monitor subsequent activities. They are available in formats that can be integrated into local audit systems.²⁹
- **Slide sets** can help to raise awareness of new guidance at an early stage. They highlight key messages from the

guidance and make a number of suggestions for implementation. They can be edited to suit local needs.³¹

- **NICE academic detailing aids** are designed to be used by experienced prescribing and medicines management personnel to support discussions with prescribers on the key prescribing and medicines optimisation messages from the '*Key therapeutic topics – medicines management options for local implementation*' document.³²
- **Implementation advice** provides help with action planning and directs implementers to relevant resources, including support tools and examples of good practice.²⁸

A shared learning database provides examples from organisations implementing NICE guidance and describes their experiences and lessons learnt.³³ NICE has also developed a range of online learning resources in collaboration with partners, which provide additional tools to support implementation of NICE guidance.²⁸

The Health Technologies Adoption Programme provides resources to support the adoption of a selected group of NICE guidance topics that have been identified as having potential adoption barriers. It does not provide guidance on highly specialist services or cancer drugs.

Evaluating the uptake and impact of NICE guidance

The most comprehensive source of evidence about the uptake of NICE guidance is provided by NICE on its uptake database.³⁴

The uptake database collects together all the evidence relating to the uptake of each individual piece of guidance, including external publications and NICE implementation reports (including National Audit results).

The database can be used to:

- Find audit data relating to NICE recommendations
- Assess levels of uptake over time
- Compare guidance uptake at a regional and national level.³⁴

In addition, uptake of NICE technology appraisal guidance is monitored by the Hospital and Social Care Information Centre

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(HSCIC) 'Innovation Scorecard' reports, which are published quarterly. These reports allow the uptake of NICE-approved technologies to be tracked at an individual Clinical Commissioning Group-level, while annual HSCIC prescribing reports include a section dedicated to the monitoring of prescribing of NICE-approved drugs at a national level.

Conclusions

NICE guidance is important as it directs the provision of the most clinically and cost-effective treatments and services in the health and social care sector, but its implementation is subject to many influences. These influences include factors relating to the nature of the guidance itself, the characteristics of the people involved and the context of its introduction.

Much research has been conducted into the introduction of evidence-based practice and NICE provides a summary of the key requirements for success in its implementation guidance. This outlines the importance of having clear, evidence-based guidance, professional and organisational leadership and a systematic approach to implementation across organisations.

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