



Health and Social  
Care Board



# Annual Report on the Commissioning and Monitoring the Implementation of NICE guidance in Northern Ireland

August 2013



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## **1. Overview**

The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. NICE guidance is developed using the expertise of the NHS and the wider healthcare community including NHS staff, healthcare professionals, patients and carers, industry and the academic world.

NICE is tasked with providing guidance on current best practice in health and social care, including public health, health technologies and clinical practice, to the NHS in England. The Department of Health, Social Services and Public Safety (DHSSPS) has a formal link with the Institute under which NICE Technology Appraisals and Clinical Guidelines, published from 1 July 2006, are reviewed locally for their applicability to Northern Ireland and, where found to be applicable, are endorsed by the DHSSPS for implementation within Health and Social Care (HSC).

On 28 September 2011, the DHSSPS Circular HSC (SQSD) 04/11: NICE Technology Appraisals and Clinical Guidelines – New Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland came into effect. The circular outlines the actions required by HSC to ensure the timely access to new drugs and implementation of methods of best practice as set out in each piece of guidance endorsed by the DHSSPS.

The Health and Social Care Board (HSCB) is required by the DHSSPS to prepare and publish each year an annual report detailing the progress made in regard to the implementation of NICE guidance within Health and Social Care in Northern Ireland. This report covers the period from September 2011, when the DHSSPS NICE Circular came into effect, until March 2013. Future reporting will take place on an annual basis.

The purpose of this report is to demonstrate the extent to which the HSCB and HSC organisations are compliant with the circular and that robust processes

are in place for the dissemination, implementation, monitoring and assurance of NICE guidance.

This report details HSCB activity in relation to two types of NICE guidance - Technology Appraisals (TAs) and Clinical Guidelines (CGs). Further reports will be produced annually; however it should be noted that this report covers an extended period from 28 September to 31 March 2013.

## **1.1 Regional Commissioning Structures**

At a regional level, commissioning takes place via a number of Commissioning Service Teams (see Appendix 1). Each Commissioning Service Team is multidisciplinary in its composition and includes staff from both the HSCB and Public Health Agency (PHA). Each team also includes input from: local commissioning; primary care; pharmacy; finance; and information. Service teams are responsible for defining a service model or specification for their service area which is both needs-led and evidence-based and which is developed with appropriate input from local commissioners, service providers and service users. The service specifications are live documents, which are reviewed on an ongoing basis as the needs of the population and the evidence base evolve. The service model or specification sets out the commissioning intention in relation to that service area, ensuring that, as funding is made available, it is aligned to and supports the service developments required to implement the service model.

The leads from each Service Team meet formally as a Commissioning Programme Board to discuss any issues impacting upon the commissioning of services, including NICE guidance. The HSCB is committed to continue to develop services in line with NICE guidance, which is evidenced in the priorities highlighted within the annual Commissioning Plan.

## **1.2 HSCB Responsibilities and Process**

### **Technology Appraisals**

When an approved piece of NICE guidance is received by the HSCB the Assistant Director for Commissioning & Stakeholder Engagement allocates the guidance to the most appropriate commissioning service team. Where a piece of guidance cuts across a number of commissioning teams, a team is appointed to lead on the production of the service notification on the understanding that all relevant service teams will have input to the process. The service team then produces a draft service notification which is approved by the Director of Commissioning and issued to the DHSSPS for approval within 15 weeks. An overview of the process for production of service notifications is outlined in Appendix 2.

Following approval of the service notification by the DHSSPS, the service notification is issued within HSCB via the Commissioning Programme Board and externally to Trusts within 10 days.

The HSCB also has responsibility for monitoring the implementation of NICE guidance by HSC Organisations and providing assurance to the DHSSPS. An overview of the entire process from receipt of endorsed guidance through to monitoring and assurances is provided in Appendix 3. Further detail regarding implementation, monitoring and assurance can be found in Section 4.

### **Clinical Guidelines**

Since the DHSSPS circular was issued, the DHSSPS and HSCB have kept the process under continuous assessment to ensure that it is effective in supporting the timely implementation of NICE guidance. The HSCB had identified arrangements that would reduce bureaucracy and allow Trusts to begin implementation earlier. The DHSSPS agreed in principle that there could be scope for improvement. The HSCB paused the process in relation to Clinical Guidelines on 17 December 2012 until a new process could be detailed and agreed. The Department wrote to the HSCB on 1 March 2013 asking that the existing process be recommenced.

### 1.3 Provider Responsibilities

On receipt of a Service Notification, the expectation is that proportionate implementation arrangements are established in all relevant HSC organisations. HSC Trusts should ensure that within three months: targeted dissemination takes place; a clinical/management change leader has been agreed; and an implementation plan is in place. HSC Trusts are expected to have fully implemented a Technology Appraisal within nine months of the Service Notification being issued in most cases, with longer timescales being specified in the Service Notification if required.

An outline of the process is detailed below.

#### *Identify a clinical lead*

A clinical lead should be identified to take the lead on implementation of the guidance. The lead may wish to set up a working group to implement the guidance or work through an existing group.

#### *Carry out a baseline assessment*

The clinical lead should compare current practice against the recommendations. This will help identify what needs to be changed in the light of the guidance. Consideration of the following may be required:

- patient numbers
- staffing
- equipment and training
- budget planning
- configuration of services

#### *Develop an action plan and assess cost*

Where HSC Organisations are not compliant with the guidance, an action plan should be developed which details the steps required to achieve full

implementation. At the same time the cost of implementing the action plan needs to be assessed.

#### *Provide funds and implement plan*

Where it is anticipated that the implementation of guidance will require additional investment the HSCB will work with HSC Trusts to assess the resources required. Such investment will be appropriately prioritised within available resources.

#### *Provide Assurance*

The HSC organisations are required to report, by exception, any material issues which may impact upon the implementation of NICE guidance.

### **1.4 Financial Planning**

#### **Technology Appraisals**

HSCB financial planning for Technology Appraisals is multi-faceted:

1. The HSCB undertakes ongoing horizon scanning which is used to inform the financial planning process in advance of the NICE decision; based on an assessment of prevalence and impact within NI context. For specialist drugs this is undertaken through the Specialist Services Service team, for cancer drugs via NICaN Drugs & Therapeutics Committee and other drugs via the pharmaceutical advisers.
2. NICE Costing Templates, when they become available, form the core source document and inform modelling.
3. Any issues with respect to prices of drugs in NI (any procurement, patient access schemes) are examined as part of this process.
4. Impact at HSC Trust and impact in primary care.
5. Development of an Investment Proposal Template (IPT) and identification of funding source.
6. Potential for de-commissioning.
7. Potential for efficiencies and where do these accrue.

8. Engagement of providers to “sense check” the assumptions and the conclusions.
9. All TAs are costed in accordance with the NICE costing template (adapted for local use i.e. to reflect difference in prevalence). All costings must be signed off by an Assistant Director of Finance.

### **Clinical Guidelines**

There is an understanding that, as outlined above, that all NICE Guidelines are issued to the relevant Service Team. Service teams are responsible for defining a service model or specification for their service area which is both needs-led and evidence-based and which is developed with appropriate input from local commissioners, service providers and service users. The service specifications are live documents, which are reviewed on an ongoing basis as the needs of the population and the evidence base evolve. The service model or specification sets out the commissioning intention in relation to that service area, ensuring that, as funding is made available, it is aligned to and supports the service developments required to implement the service model.

## **2. Summary of HSCB Activity for 2012/13**

### **2.1 Technology Appraisals**

Technology Appraisals are recommendations on the use of new and existing medicines and treatments within health and social care, such as:

- medicines
- medical devices (for example, hearing aids or inhalers)
- diagnostic techniques (tests used to identify diseases)
- surgical procedures (such as repairing hernias)
- health promotion activities (for example, ways of helping people with diabetes manage their condition)

### **2.2 Summary of Service Notifications issued to HSC organisations (TAs)**

A summary of Service Notifications issued by the HSCB to HSC Organisations is as follows:

- 36 TAs were endorsed as applicable to Northern Ireland by the DHSSPS within the period, of which 27 drugs/treatments were recommended for implementation by NICE and 9 drugs/treatments were not recommended.
- 30 TAs were issued to the relevant HSC organisations within the period.
- 6 TAs are currently being processed in line with the 15 week timescale.

### **2.3 Recommended Technology Appraisals**

All drugs and treatments associated with recommended Technology Appraisals NICE should be implemented in line with the following:

- the marketing authorisation from the European Medicines Agency (EMA) or Medicines and Healthcare Products Regulatory Agency (MHRA) or
- how it is used in clinical practice in the NHS (or both).

- and in line with NICE guidance where the recommendation is “optimised”

While health professionals are expected to follow the guidance contained within Technology Appraisals, it should not replace their knowledge and skills. However, if challenged, failure to comply with a Technology Appraisal would require justification by a clinician e.g. where the recommended treatment would not be appropriate due to a patient’s specific circumstances.

A summary of recommended Technology Appraisals issued by HSCB is as follows:

<b>NICE Ref</b>	<b>Title of NICE Technology Appraisal</b>	<b>DHSSPS endorsement letter issued</b>	<b>Service notification issued by HSCB</b>
TA 235	Mifamurtide for the treatment of osteosarcoma	23/11/2011	25/06/2012
TA 236	Ticagrelor for the treatment of acute coronary syndromes	23/11/2011	25/06/2012
TA 238	Tocilizumab for the treatment of systemic juvenile idiopathic arthritis	10/01/2012	25/06/2012
TA 241	Dasatinib, high dose imatinib and nilotinib for the treatment of imatinib-resistant chronic myeloid leukaemia (CML)	01/03/2012	06/07/2012
TA 243	Rituximab for the first-line treatment of stage III-IV follicular lymphoma: (review of NICE technology appraisal guidance 110)	22/02/2012	25/06/2012
TA 244	Roflumilast for the management of severe chronic obstructive pulmonary disease	22/02/2012	06/07/2012
TA 245	Apixaban for the prevention of venous thromboembolism after total hip or knee replacement in adults	23/02/2012	25/06/2012

TA 246	Pharmalgen for the treatment of bee and wasp venom allergy	21/03/2012	17/07/2012
TA 247	Tocilizumab for the treatment of rheumatoid arthritis (rapid review of technology appraisal guidance 198)	21/03/2012	17/07/2012
TA 248	Exenatide prolonged-release suspension for injection in combination with oral antidiabetic therapy for the treatment of type 2 diabetes	21/03/2012	17/07/2012
TA 249	Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation	12/04/2012	05/02/2013
TA 251	Dasatinib, nilotinib and standard-dose imatinib for the first-line treatment of chronic myeloid leukaemia (part review of technology appraisal guidance 70)	16/05/2012	06/07/2012
TA 252	Telaprevir for the treatment of genotype 1 chronic hepatitis C	04/05/2012	17/07/2012
TA 253	Boceprevir for the treatment of genotype 1 chronic hepatitis C	04/05/2012	17/07/2012
TA 254	Fingolomob for the treatment of relapsing-remitting multiple sclerosis	16/05/2012	28/09/2012
TA 256	Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation	19/06/2012	05/02/2013
TA 258	Erlotinib for the first-line treatment of locally advanced or metastatic EGFR-TK mutation-positive non-small cell lung cancer	24/07/2012	24/01/2013
TA 259	Abiraterone for castration resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen	24/07/2012	14/02/2013

TA 260	Botulinum toxin type A for the prevention of headaches in adults with chronic migraine	24/07/2012	14/02/2013
TA 261	Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism	28/08/2012	04/02/2013
TA 264	Alteplase for treating acute ischaemic stroke (review of technology appraisal guidance 122).	11/10/2012	14/02/2013
TA 265	Denosumab for the treatment of bone metastases from solid tumours.	19/02/2012	Currently being processed
TA 266	Mannitol dry powder for inhalation for the treatment of cystic fibrosis	21/12/2012	Currently being processed
TA 267	Ivabradine for the treatment of chronic heart failure.	21/12/2012	Currently being processed
TA 268	Ipilimumab for previously treated advanced (unresectable or metastatic) malignant melanoma	08/01/2013	Currently being processed
TA 269	Vemurafenib for the treatment of locally advanced or metastatic BRAF V600 mutation-positive melanoma.	08/01/2013	Currently being processed
TA 274	Ranibizumab for treating diabetic macular oedema (rapid review of technology appraisal guidance 237)	26/03/2013	Currently being processed
TA 275	Apixaban for the prevention of stroke and systemic embolism in people with non-valvular atrial fibrillation	26/03/2013	Currently being processed

## 2.4 Not Recommended Technology Appraisals

For a number of drugs and treatments, NICE do not recommend their usage within the health and social care setting. In most instances, a technology will not be recommended if there is a lack of evidence for its clinical effectiveness or if the technology is not considered to be a cost-effective use of NHS resources, compared with current NHS practice.

A summary of the nine not recommended Technology appraisals issued by the HSCB is as follows:

<b>NICE Ref</b>	<b>Title of NICE Technology Appraisal</b>	<b>DHSSPS endorsement letter issued</b>	<b>Service notification issued by HSCB</b>
TA 237	Ranibizumab for the treatment of diabetic macular oedema	05/01/2012	13/09/2012
TA 239	Fulvestrant for the treatment of locally advanced or metastatic breast cancer	09/01/2012	13/09/2012
TA 242	Cetuximab, bevacizumab and panitumumab for the treatment of metastatic colorectal cancer after first-line chemotherapy	22/02/2012	13/09/2012
TA 250	Eribulin for the treatment of locally advanced or metastatic breast cancer	01/05/2012	13/09/2012
TA 255	Cabazitaxel for the second-line treatment of hormone refractory, metastatic prostate cancer	21/05/2012	13/09/2012
TA 257	Lapatinib or trastuzumab in combination with an aromatase inhibitor for the first-line treatment of metastatic hormone-receptor-positive breast cancer that overexpresses HER2	24/07/2012	13/09/2012

TA 263	Bevacizumab in combination with capecitabine for the first-line treatment of metastatic breast cancer	13/09/2012	20/12/2012
TA 271	Fluocinolone acetonide intravitreal implant for the treatment of chronic diabetic macular oedema after an inadequate response to prior therapy	18/02/2013	28/02/2013
TA 272	Vinflunine for the treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract	14/02/2013	28/02/2013

## 2.5 Clinical Guidelines

Clinical Guidelines are a comprehensive series of recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within health and social care.

Clinical Guidelines can:

- provide recommendations for the treatment and care of people by health professionals
- be used to develop standards to assess the clinical practice of individual health professionals
- be used in the education and training of health professionals
- help patients to make informed decisions
- improve communication between patient and health professional

Clinical Guidelines are based on the best available evidence and hence, if challenged, failure to comply with a clinical guideline would require justification by a clinician e.g. where the recommended treatment would not be appropriate due to a patient's specific circumstances.

## 2.6 Summary of service notifications issued to HSC organisations (CGs)

A summary of Service Notifications issued by the HSCB to HSC Organisations is as follows:

- 27 CGs endorsed by DHSSPS within the period
- 9 CGs were issued to the relevant HSC organisations within the period.
- Work on the remaining 18 Clinical Guidelines was paused by the HSCB until such a time as a new process could be finalised (See Section 1.2 Clinical Guidelines). These Clinical Guidelines will be issued by the HSCB under a special arrangement agreed with the Trusts.

## 2.7 Clinical Guidelines issued from September 2011 – March 2013

Nine Clinical Guidelines were issued by the HSCB from September 2011 – March 2013:

NICE Ref	Title of NICE Clinical Guideline	DHSSPS endorsement letter issued	Service notification issued by HSCB
CG 16	Self-harm (short-term management)	18/01/2012	17/07/2012
CG 128	Autism in children and young people	23/11/2011	06/07/2012
CG 130	Hyperglycaemia in acute coronary syndromes	23/11/2011	06/07/2012
CG 131	Colorectal Cancer	06/01/2012	06/07/2012
CG 133	Self-harm (longer-term management)	18/01/2012	17/07/2012
CG 134	Anaphylaxis	08/02/2012	22/08/2012
CG 135	Organ Donation	08/02/2012	02/10/2012
CG 136	Service user experience in adult mental health	08/02/2012	06/07/2012

CG 137	Epilepsy	07/03/2012	07/08/2012
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## 2.8 Clinical Guidelines to be issued

The DHSSPS held 28 Clinical Guidelines in abeyance while Circular HSC (SQSD) 04/11 was drafted. A further 18 Clinical Guidelines have been added by the HSCB while a revised process can be detailed and agreed. All 46 Clinical Guidelines previously held in abeyance are now due to be issued.

A summary of the Clinical Guidelines to be issued by the HSCB is as follows:

NICE Ref	Title of NICE Clinical Guideline	DHSSPS endorsement letter issued
CG 36	Atrial Fibrillation	20/07/2012
CG 77	Antisocial Personality Disorder	04/05/2012
CG 79	Rheumatoid Arthritis in Adults	04/05/2012
CG 82	Core Interventions in the Treatment and Management of Schizophrenia in Primary and Secondary Care (update)	04/05/2012
CG 86	Coeliac Disease – Recognition and Assessment of Coeliac Disease	04/05/2012
CG 87	Type 2 Diabetes – Newer Agents (update of CG66) The management of type 2 diabetes	20/07/2012
CG 95	Chest Pain of Recent Onset	20/07/2012
CG 97	The management of lower urinary tract symptoms in men	25/06/2012
CG 98	Recognition and treatment of neonatal jaundice	14/05/2012
CG 101	Management of chronic obstructive pulmonary disease in adults in primary and secondary care (partial update)	14/05/2012
CG 103	Delirium: diagnosis, prevention and management	14/05/2012

CG 104	Diagnosis and management of metastatic malignant disease of unknown primary origin	14/05/2012
CG 105	The use of non-invasive ventilation in the management of motor neurone disease	18/05/2012
CG 110	Pregnancy & Complex Social Factors	18/05/2012
CG 112	Sedation in children and young people	18/05/2012
CG 113	Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults	24/07/2012
CG 114	Anaemia management in people with chronic kidney disease	18/05/2012
CG 117	Tuberculosis	25/06/2012
CG 118	Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas	29/05/2012
CG 119	Diabetic foot problems - inpatient management	24/7/2012
CG 120	Psychosis with coexisting substance misuse	24/7/2012
CG 121	Lung Cancer	29/05/2012
CG 122	Ovarian Cancer	29/05/2012
CG 123	Common Mental Health Disorders: Identification and Pathways to Care	24/07/2012
CG 124	The management of Hip Fracture in adults	25/06/2012
CG 125	Peritoneal Dialysis	29/05/2012
CG 126	Stable Angina	20/07/2012
CG 127	Hypertension	29/05/2012
CG 132	Caesarean section	05/11/2012
CG 138	Patient experience in adult NHS services	31/07/2012
CG 139	Infection Control	31/07/2012

CG 140	Opioids in Palliative Care	05/07/2012
CG 141	The management of acute upper gastrointestinal bleeding	06/08/2012
CG 142	Autism in adults	20/08/2012
CG 143	Sickle Cell acute painful episode	20/08/2012
CG 144	Venous thromboembolic diseases	20/08/2012
CG 145	Spasticity in Children and Young People	13/09/2012
CG 146	Osteoporosis: assessing the risk of fragility fracture	13/09/2012
CG 147	Lower limb peripheral arterial disease	13/09/2012
CG 148	Urinary incontinence in neurological disease	19/09/2012
CG 149	Antibiotics for early-onset neonatal infection	26/09/2012
CG 150	Headaches: diagnosis and management of headaches in young people and adults	06/11/2012
CG 151	Neutropenic sepsis: prevention and management of neutropenic sepsis in cancer patients	06/11/2012
CG 152	Crohn's disease: management in adults, children and young people	04/12/2012
CG 153	Psoriasis : assessment and management of psoriasis	17/12/2012
CG 154	Ectopic pregnancy and miscarriage	08/02/2013

### **3. Implementation, monitoring and assurance**

The National Institute for Health and Care Excellence produce support to help NHS organisations in implementing NICE guidance and service managers/clinical leads should use the support including costing and other implementation tools available on the NICE website.

The process for monitoring implementation of NICE guidelines was established in January 2013. Implementation of NICE guidance is a joined-up process, coordinated on behalf of both the HSCB and PHA via the HSCB's Commissioning Directorate.

The HSCB hold bi-monthly accountability meetings with Trusts where the implementation of NICE guidelines is a standing item on the agenda. All Trusts are required to report, by exception, any material issues which may impact upon the implementation of NICE guidance.

It is expected that HSC Trusts will have plans in place to implement Technology Appraisals and Clinical Guidelines within three months of receipt of a HSCB Service Notification. Full implementation of Technology Appraisals should take place within a further six months while Clinical Guidelines may be implemented over a longer period of time.

In the initial bi-monthly monitoring rounds, Trusts were asked to report on all guidance issued by the HSCB since the process began in September 2011. To date no material barriers to implementation have been identified.

#### **4. HSCB enhancements to current process**

The process for the implementation and monitoring of NICE guidelines has required time to be fully embedded. Throughout this period, the complexities associated with particular guidance have often required additional work e.g. where revisions have been made to the NICE costing template or projected uptake rates vary significantly from local forecasts and work has to be undertaken to validate the figures.

The HSCB has already put in place a number of measures aimed at streamlining internal processes in order to meet the agreed standards. Firstly, the HSCB has appointed a NICE Business Support Officer (commenced 1 February 2013). The role encompasses a range of activities to support the timely dissemination, implementation, monitoring and assurance of NICE guidance endorsed as applicable in Northern Ireland.

Secondly, the template for the production of service notifications has been refined (see Appendix 4) and has led to improved performance from February 2013 onwards.

Other planned enhancements include:

- The development of a NICE web page on the HSCB website. The web page will provide an overview of all TAs and CGs that have been endorsed for application in N.Ireland including those that have been recommended/not recommended for implementation.
- A revision to the distribution list for service notifications to ensure that all appropriate HSC bodies and Independent Sector (IS) organisations are aware of the guidance.
- Formalisation of the process for disseminating guidance within primary care.

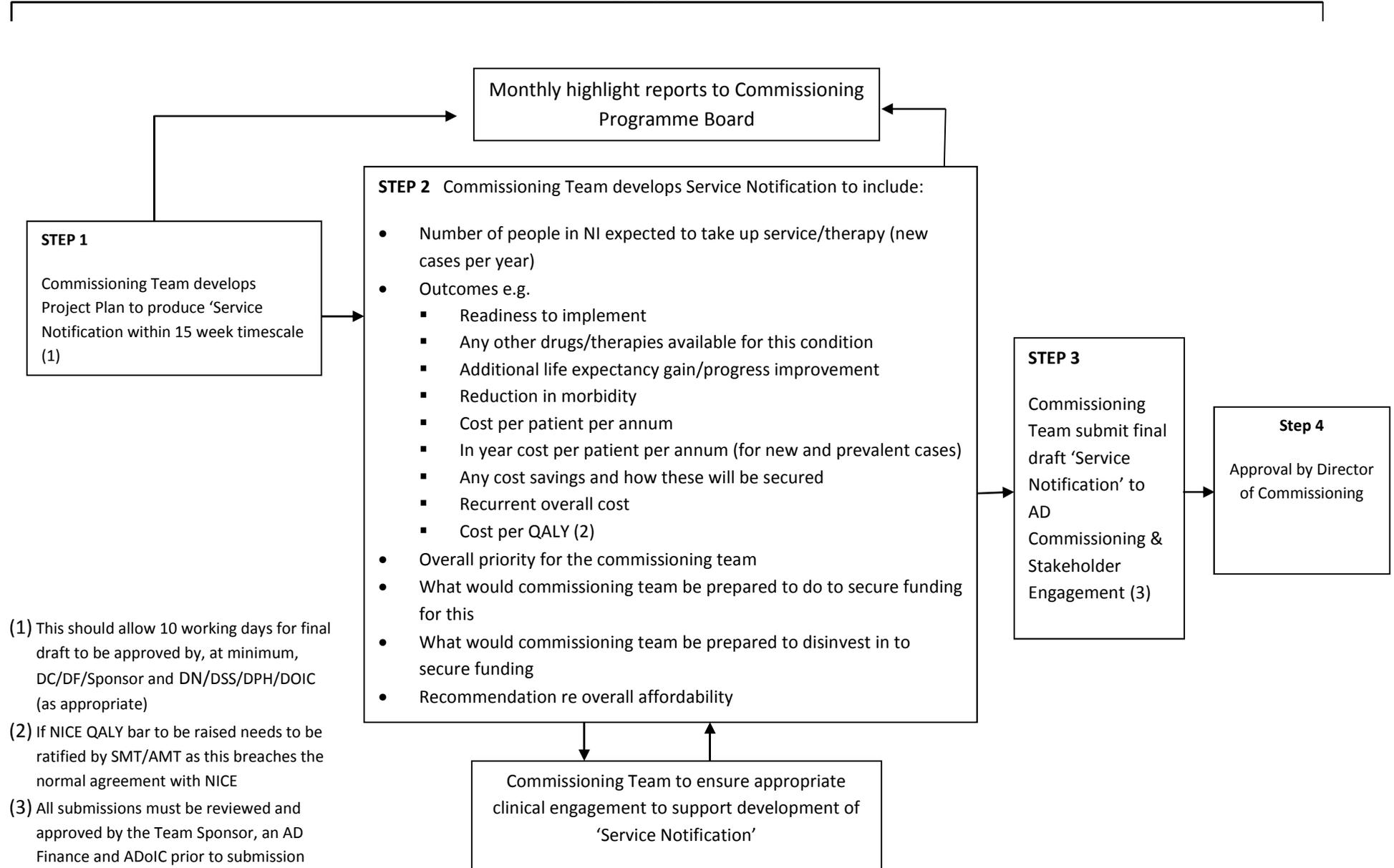
## **Appendices**

### **Appendix 1: List of Commissioning Service Teams**

1. Cancer Care
2. Children and Families
3. Community Care, Older People, Physical Disability & Sensory impairment
4. Elective Care & Diagnostics
5. Health and Social Wellbeing Improvement (including screening & health protection)
6. Long Term Conditions
7. Maternity, Sub-fertility & Child Health Services
8. Medicines Management
9. Mental Health & Learning Disability
10. Palliative and End of Life Care
11. Prisoner Health
12. Specialist Services
13. Unscheduled Care

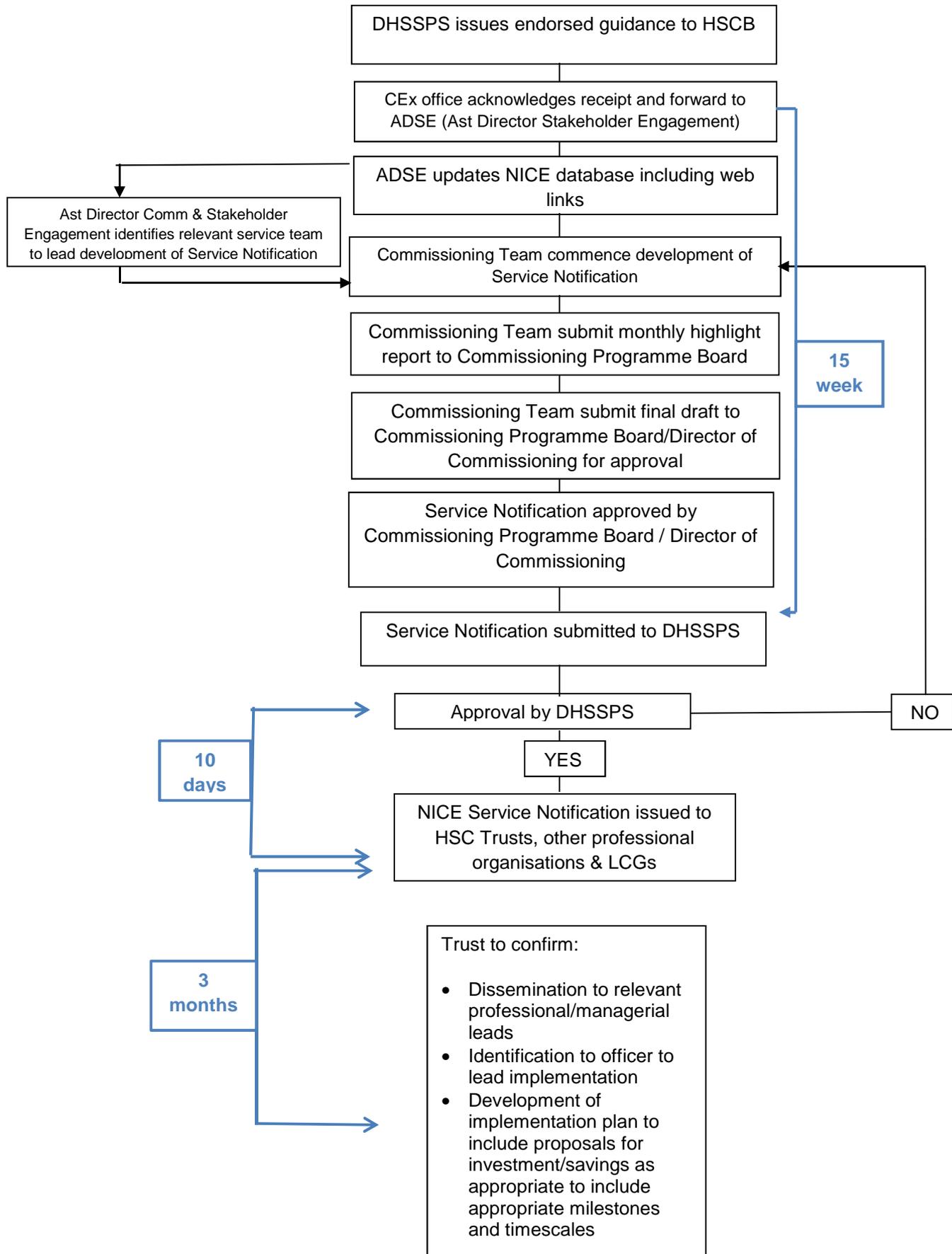
## Appendix 2: Process for the development of a 'Service Notification' by a Commissioning Team (TAs)

15 weeks



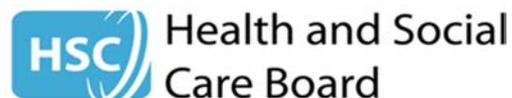
### Appendix 3:

## HSCB/PHA process for the implementation, monitoring and assurance in Northern Ireland of NICE technology appraisals (TAs)



## Appendix 4: Service Notification Template

Service Notification in response to DHSSPS endorsed NICE  
Technology Appraisals



NICE TA XX –

<b>1</b>	<b>Summary of NICE TA XX</b>
<b>2</b>	<b>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</b>
<b>3</b>	<b>Costs</b>
<b>3.1</b>	<b>Cost per patient per annum</b>
<b>3.2</b>	<b>In year cost per patient per annum (for new and prevalent cases)</b>
<b>3.3</b>	<b>Cost savings and how these will be secured</b>
<b>3.4</b>	<b>Recurrent overall cost</b>
<b>4</b>	<b>Expected implementation period</b>
<b>5</b>	<b>Commissioning arrangements</b>
<b>6</b>	<b>Monitoring arrangements</b>
<b>7</b>	<b>DHSSPS Legislative/Policy Caveats</b>

.....

**For internal use only:**

<b>1</b>	<b>Additional Information</b>	
<b>1.1</b>	<b>Additional life expectancy gain / progress improvement</b>	
<b>1.2</b>	<b>Reduction in morbidity</b>	
<b>1.3</b>	<b>Cost per QALY</b>	
<b>2</b>	<b>Resource Implications</b> (To be included in the service notification – please select example below or provide appropriate wording)	
<b>2.2</b>	There are no additional resources associated with NICE TA XX	
<b>2.3</b>	The implementation of NICE TA XX is not anticipated to have any significant cost implications because...	
<b>2.4</b>	Any additional resources associated with NICE TA XX are detailed within the commissioning plan at Annex 1 and will be incorporated in the Trust financial allocation for 2012/13 upon receipt and agreement of IPTs.	
<b>2.5</b>	Other (please provide)	
<b>3</b>	<b>Commissioning Service Team</b> (This information is required to support internal monitoring arrangements and should be included in Service Team Workplans)	
<b>3.1</b>	<b>Summary of actions required by Service Team to take forward the implementation of this guidance</b>	
<b>3.2</b>	<b>Individuals / Groups involved in the development and quality assurance of this plan including</b> (please list – Pharmacy, Finance etc.)	
<b>3.3</b>	<b>What will the Commissioning Team do to secure funding for the implementation of this guidance including any proposals for disinvestment</b>	

<b>4</b>	<b>Approval</b>
<b>4.1</b>	<b>Signature of Service Team lead/s</b>
<b>4.2</b>	<b>Signature of Service Team sponsor</b>
<b>4.3</b>	<b>Signature of Assistant Director of Finance</b>
<b>4.4</b>	<b>Signature of Medicines Management Service Team Lead</b>
<b>4.5</b>	<b>Signature of Director of Commissioning</b>

