



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

June 2014

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Appendix 1:

HSCB/PHA process for the implementation, monitoring and assurance in Northern Ireland of NICE Technology Appraisals

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 18 December 2013, DHSSPS Circulars HSC (SQSD) 2/13: NICE Technology Appraisals – Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland and HSC (SQSD) 3/13: NICE Clinical Guidelines – Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland came into effect. These two circulars outline the actions required by HSC to ensure the timely access to new drugs and implementation of best practice methodology as set out in each piece of guidance endorsed by the DHSSPS. These circulars replaced Circular HSC (SQSD) 04/11 which came into effect on 28 September 2011.

Each year, the Health and Social Care Board (HSCB) is required by the DHSSPS to publish a 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 1 April 2013 until 31 March 2014.

The purpose of this report is to demonstrate the extent to which the HSCB and other HSC organisations are compliant with the DHSSPS circulars and ensure

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).

2. Technology Appraisals

2.1 Definition of Guidance

Technology Appraisals are recommendations on the use of new 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)

NICE will determine if a Technology Appraisal should be implemented by the NHS by categorising the guidance as recommended or not recommended. Where a TA is endorsed as applicable for Northern Ireland, implementation is regarded as mandatory.

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.

2.2 HSCB Roles & Responsibilities

2.2.1 Recommended Technology Appraisals

All drugs and treatments associated with recommended Technology Appraisals should be implemented in line with the criteria set out in the guidance.

When a recommended piece of NICE guidance is received by the HSCB, the Assistant Director for Commissioning & Stakeholder Engagement allocates the guidance to an appropriate service lead. Where a piece of guidance cuts across a number of service areas, the service lead will be responsible for ensuring all

relevant individuals/groups are included in the production of a service notification. The service notification will typically detail the following information:

- Summary of the technology
- Number of people in Northern Ireland expected to take up service/therapy (new cases per year)
- Readiness to implement
- Availability of a Patient Access Scheme
- Any other drugs/therapies available for this condition
- Additional life expectancy gain/progress improvement
- Reduction in morbidity
- Cost per patient per annum
- In year cost per patient per annum (for new and prevalent cases)
- Any cost savings and how these will be secured
- Recurrent overall cost

The finalised service notification is considered for approval by the Commissioning Board and issued to the HSC service within 15 weeks of receipt from the DHSSPS.

An overview of the process for the management of Technology Appraisals is outlined in Appendix 1.

2.2.2 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.

When guidance which is not recommended by NICE is received by the HSCB, the Director for Commissioning will write to Trusts and other stakeholders to advise that the Technology Appraisal is disseminated

appropriately; a clinical / management lead is put in place; and no patients commence treatment with the technology.

If a patient is using a technology before NICE decide it is not recommended, clinicians should discuss all available treatment options with the patient including continuation of the technology should the clinician feel it is the most appropriate course of action.

Where a Technology Appraisal has not been recommended by NICE, the HSCB will consider Individual Funding Requests for the use of these treatments for the relevant indication on the grounds of clinical exceptionality as defined in the HSCB/PHA Arrangements for the consideration of request for care/and or treatment on behalf of individual patients.

2.3 Provider Responsibilities

In line with circular HSC (SQSD) 2/13: NICE Technology Appraisals – Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland, HSC Trusts should ensure that within three months of receipt of a service notification from HSCB: targeted dissemination takes place; a clinical/management change leader has been agreed; and a proportionate implementation plan is in place.

HSC Trusts are expected to fully implement a Technology Appraisal within nine months of receipt of a service notification.

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

HSC Trusts are required to provide positive assurance on the planning and implementation of all guidance (including not recommended guidance) at

bimonthly Director level meetings with the HSCB, highlighting any material issues which may impact upon the implementation of NICE guidance.

2.4 Financial Planning

Financial planning for Technology Appraisals is multi-faceted. The HSCB undertakes on-going horizon scanning which is used to inform the financial planning process in advance of a NICE decision; based on an assessment of prevalence and impact within the Northern Ireland 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.

All Technology Appraisals are costed in accordance with the associated NICE costing template (adapted for local use i.e. to reflect difference in prevalence). All costings must be approved by an appropriate HSCB Finance Lead.

As part of the HSCB financial assessment, commissioners will examine procurement costs, availability of patient access schemes and the potential impact upon HSC Trusts and primary care.

For some Technology Appraisals, the HSCB may identify opportunities to realise efficiencies, including the decommissioning of technologies, particularly where NICE have determined that a drug/treatment is not recommended.

2.5 Summary of HSCB Activity for 2013/14

During 2013/14, 27 TAs were endorsed as applicable to Northern Ireland by the DHSSPS, of which 20 TAs were recommended for implementation by NICE and 7 TAs were not recommended.

In total, the HSCB was required to process 30 TAs during 2013/14 of which 23 were recommended and 7 were not recommended (seven of the recommended TAs were endorsed in the final quarter of 2012/13).

Of these 30 TAs, 26 TAs were successfully managed within the 15 week timeframe for production of service notifications with four TAs falling outside the timeframe. 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.

Four further TAs issued to the HSCB within the final quarter of 2013/14 will be processed and issued within the next financial year (in line with the 15 week timescale for production of service notifications).

2.5.1 Recommended Technology Appraisals

The HSCB issued 23 recommended Technology Appraisals to the HSC service during 2013/14. Seven of these TAs were endorsed by the DHSSPS in the previous financial year. A summary of the 23 recommended TAs is as follows:

NICE Ref	Title of NICE Technology Appraisal	DHSSPS endorsement letter issued	Service notification issued by HSCB
TA 265	Denosumab for the treatment of bone metastases from solid tumours.	19/02/2013	21/06/2013
TA 266	Mannitol dry powder for inhalation for the treatment of cystic fibrosis	21/12/2012	10/05/2013
TA 267	Ivabradine for the treatment of chronic heart failure.	21/12/2012	10/05/2013
TA 268	Ipilimumab for previously treated advanced (unresectable or metastatic) malignant melanoma	08/01/2013	21/06/2013
TA 269	Vemurafenib for the treatment of locally advanced or metastatic BRAF V600 mutation-positive melanoma.	08/01/2013	21/06/2013

TA 274	Ranibizumab for treating diabetic macular oedema (rapid review of technology appraisal guidance 237)	26/03/2013	11/07/2013
TA 275	Apixaban for the prevention of stroke and systemic embolism in people with non-valvular atrial fibrillation	26/03/2013	11/07/2013
TA 276	Cystic fibrosis (pseudomonas lung infection) - colistimethate sodium and tobramycin	22/04/2013	21/08/2013
TA 278	Omalizumab for the treatment of severe persistent allergic asthma in children aged 6 and over and adults (review of TA133 and TA201)	17/05/2013	11/09/2013
TA 279	Percutaneous vertebroplasty and percutaneous balloon kyphoplasty for the treatment of osteoporotic vertebral fractures.	21/05/2013	25/09/2013
TA 280	Abatacept for the treatment of rheumatoid arthritis only after the failure of conventional disease-modifying anti-rheumatic drugs (rapid review of TA234).	21/05/2013	11/09/2013
TA 282	Pirfenidone for treating idiopathic pulmonary fibrosis.	21/05/2013	30/09/2013
TA 283	Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion.	12/06/2013	14/10/2013
TA 287	Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism	18/07/2013	08/11/2013
TA 288	Dapagliflozin in combination therapy for treating type 2 diabetes	29/07/2013	25/11/2013

TA 290	Mirabegron for treating symptoms of overactive bladder	18/07/2013	08/11/2013
TA 292	Aripiprazole for treating moderate to severe manic episodes in adolescents with bipolar I disorder	13/08/2013	13/12/2013
TA 293	Eltrombopag for the treatment of chronic idiopathic (immune) thrombocytopenic purpura (review of technology appraisal 205)	13/08/2013	25/11/2013
TA 294	Aflibercept solution for injection for the first line treatment of wet age-related macular degeneration	13/08/2013	14/10/2013
TA 297	Ocricplasmin for treating vitreomacular traction	14/11/2013	05/02/2014
TA 298	Ranibizumab for treating choroidal neovascularisation associated with pathological myopia	19/12/2013	05/02/2014
TA 300	Peginterferon alfa and ribavirin for treating chronic hepatitis C in children and young people	19/12/2013	31/03/2014
TA 301	Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema after an inadequate response to prior therapy (rapid review of technology appraisal guidance 271)	19/12/2013	31/03/2014

2.5.2 Not Recommended Technology Appraisals

A summary of the seven not recommended Technology Appraisals issued by the HSCB from 1 April 2013– 31 March 2014 is as follows:

NICE Ref	Title of NICE Technology Appraisal	DHSSPS endorsement letter issued	Service notification issued by HSCB
TA 284	Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer.	25/06/2013	27/06/2013
TA 285	Bevacizumab in combination with gemcitabine and carboplatin for treating the first recurrence of platinum-sensitive advanced ovarian cancer.	12/06/2013	27/06/2013
TA 289	Ruxolitinib for disease-related splenomegaly or symptoms in adult with myelofibrosis	18/07/2013	26/07/2013
TA 291	Pegloticase for treating severe debilitating chronic tophaceous gout	18/07/2013	26/07/2013
TA 295	Everolimus in combination with an aromatase inhibitor for the treatment of HER2 negative, oestrogen receptor positive locally advanced or metastatic breast cancer after prior endocrine therapy.	03/09/2013	24/09/2013
TA 296	Crizotinib for the treatment of previously treated non-small-cell lung cancer associated with an anaplastic lymphoma kinase fusion gene	15/10/2013	22/10/2013
TA 299	Bosutinib for previously treated chronic myeloid leukaemia	19/12/2013	07/01/2014

2.6 Implementation, monitoring and assurance

The process for monitoring the implementation of NICE Technology Appraisals was established in January 2013, and is coordinated on behalf of both the HSCB and PHA via the HSCB's Commissioning Directorate.

The HSCB hold bi-monthly Director level meetings with Trusts where the implementation of NICE guidelines is a standing item on the agenda. Prior to the bi-monthly meeting, Trusts are issued with an assurance template which details the applicable guidance on which positive assurance should be provided. Where Trusts have reported issues with compliance, this guidance will be discussed at the bi-monthly meeting, or in writing in advance of the next meeting as appropriate.

It is expected that HSC Trusts will have plans in place to implement Technology Appraisals within three months of receipt of a HSCB or DHSSPS Service Notification. Full implementation of Technology Appraisals should take place within a further six months.

The bi-monthly HSCB/Trust director level meetings are now fully established and are proving to be an important mechanism to ensure compliance across all Trusts. Where issues regarding the implementation of specific guidance are raised, actions are agreed with further assurance sought at the following meeting.

At the most recent round of bi-monthly HSCB/Trust director level meetings, HSC Trusts were able to confirm compliance with all Technology Appraisals issued since September 2011.

3. Clinical Guidelines

3.1 Definition of Guidance

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.

3.2 HSCB Roles & Responsibilities

DHSSPS Circular HSC (SQSD) 3/13: NICE Clinical Guidelines – Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland signalled a change to the existing arrangements for processing Clinical Guidelines.

The most significant changes are as follows:

- Clinical Guidelines endorsed as applicable for implementation in Northern Ireland are now issued directly to the service by the DHSSPS (CGs were previously issued by the HSCB).

- A formal process has been established whereby a professional lead within the HSCB/PHA will review guidelines as they are issued in order to evaluate the need for commissioner input either in terms of the need for regional coordination or investment.

3.3 Provider Responsibilities

In line with circular HSC (SQSD) 3/13: NICE Clinical Guidelines – Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland HSC Trusts are expected to fully implement Clinical Guidelines within 12 months of issue in most cases, with longer timescales agreed between HSCB and Trusts depending on the complexity of specific guidance.

Where possible, HSC Trusts will be expected to implement Clinical Guidelines within existing resources.

3.4 Financial Planning

When a Clinical Guideline is received by the HSCB from the DHSSPS, a professional lead will provide an initial assessment of the commissioning implications within four to six weeks. Where the service lead has identified the need for additional investment the Commissioning Board will be advised and will make a decision regarding the need for a more detailed costing to be completed. Service developments and the related financial pressures associated with Clinical Guidelines will be added to the HSCB pressures list to be considered as part of the wider financial context alongside other competing priorities.

Once approved by Commissioning Board, the HSCB will work with HSC Trusts to ensure implementation within the agreed timescales.

3.5 Summary of HSCB Activity for 2013/14

A total of 77 Clinical Guidelines have been issued to Trusts for implementation since September 2011. Pending the issue of the revised circular for Clinical Guidelines, 73 of these CGs were held in abeyance and an interim arrangement to ensure implementation within a reasonable timescale was agreed with DHSSPS. This arrangement requires HSC Trusts to provide positive assurance that the appropriate planning processes have been completed by March 2014 and that guidance is fully implemented by March 2015. All 73 CGs have now been issued to the HSC Service.

For the remaining four CGs, and all future CGs issued directly by the DHSSPS under the terms of the revised circular, HSC Trusts should ensure that all relevant planning processes are completed within three months of issue and fully implemented within a further nine months or a total of twelve months from date of issue.

3.5.1 Clinical Guidelines issued by HSCB between 1 April 2013 – 31 March 2014

64 Clinical Guidelines were issued by the HSCB from 1 April 2013 to the introduction of the new process on 18 December 2013:

NICE Ref	Title of NICE Clinical Guideline	DHSSPS endorsement letter issued	Service notification issued by HSCB
CG 36	Atrial Fibrillation	20/07/2012	29/07/2013
CG 77	Antisocial Personality Disorder	04/05/2012	29/07/2013
CG 79	Rheumatoid Arthritis in Adults	04/05/2012	29/07/2013
CG 82	Schizophrenia (update)	04/05/2012	29/07/2013
CG 86	Coeliac Disease	04/05/2012	29/07/2013
CG 87	Type 2 Diabetes – Newer Agents (update of CG 66)	20/07/2012	29/07/2013
CG 95	Chest Pain of Recent Onset	20/07/2012	29/07/2013

CG 97	Lower urinary tract symptoms	25/06/2012	29/07/2013
CG 98	Neonatal jaundice	14/05/2012	29/07/2013
CG 101	Chronic obstructive pulmonary disease (updated)	14/05/2012	29/07/2013
CG 103	Delirium	14/05/2012	29/07/2013
CG 104	Metastatic malignant disease of unknown primary origin	14/05/2012	29/07/2013
CG 105	Motor neurone disease - non-invasive ventilation	18/05/2012	29/07/2013
CG 110	Pregnancy & Complex Social Factors	18/05/2012	29/07/2013
CG 112	Sedation in children and young people	18/05/2012	29/07/2013
CG 113	Anxiety	24/07/2012	29/07/2013
CG 114	Anaemia management in people with chronic kidney disease	18/05/2012	29/07/2013
CG 117	Tuberculosis	25/06/2012	29/07/2013
CG 118	Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas	29/05/2012	29/07/2013
CG 119	Diabetic foot problems - inpatient management	24/7/2012	29/07/2013
CG 120	Psychosis with coexisting substance misuse	24/7/2012	29/07/2013
CG 121	Lung Cancer	29/05/2012	29/07/2013
CG 122	Ovarian Cancer	29/05/2012	29/07/2013
CG 123	Common Mental Health Disorders	24/07/2012	29/07/2013
CG 124	Hip Fracture	25/06/2012	29/07/2013
CG 125	Peritoneal Dialysis	29/05/2012	29/07/2013
CG 126	Stable Angina	20/07/2012	29/07/2013
CG 127	Hypertension	29/05/2012	29/07/2013
CG 129	Multiple Pregnancy	29/05/2013	29/07/2013
CG 132	Caesarean section	05/11/2012	29/07/2013
CG 138	Patient experience in adult NHS services	31/07/2012	29/07/2013
CG 139	Infection Control	31/07/2012	29/07/2013
CG 140	Opioids in Palliative Care	05/07/2012	29/07/2013

CG 141	The management of acute upper gastrointestinal bleeding	06/08/2012	29/07/2013
CG 142	Autism in adults	20/08/2012	29/07/2013
CG 143	Sickle Cell acute painful episode	20/08/2012	29/07/2013
CG 144	Venous thromboembolic diseases	20/08/2012	29/07/2013
CG 145	Spasticity in Children and Young People	13/09/2012	29/07/2013
CG 146	Osteoporosis fragility fracture	13/09/2012	29/07/2013
CG 147	Lower limb peripheral arterial disease	13/09/2012	29/07/2013
CG 148	Urinary incontinence in neurological disease	19/09/2012	29/07/2013
CG 149	Antibiotics for early-onset neonatal infection	26/09/2012	29/07/2013
CG 150	Headaches	06/11/2012	29/07/2013
CG 151	Neutropenic sepsis	06/11/2012	29/07/2013
CG 152	Crohn's disease	04/12/2012	29/07/2013
CG 153	Psoriasis	17/12/2012	29/07/2013
CG 154	Ectopic pregnancy and miscarriage	08/02/2013	29/07/2013
CG 155	Psychosis and schizophrenia in children and young people: Recognition and management	19/08/2013	02/12/2013
CG 156	Fertility: assessment and treatment for people with fertility problems	12/11/2013	02/12/2013
CG 157	Hyperphosphataemia in chronic kidney disease	07/05/2013	29/07/2013
CG 158	Conduct disorders in children and young people	21/05/2013	29/07/2013
CG 159	Social anxiety disorder	10/07/2013	29/07/2013
CG 160	Feverish illness in children	10/07/2013	29/07/2013
CG 161	Falls: assessment and prevention of falls in older people	19/08/2013	02/12/2013
CG 162	Stroke rehabilitation: Long-term rehabilitation after stroke	19/08/2013	02/12/2013

CG 163	Idiopathic pulmonary fibrosis: The diagnosis and management of suspected idiopathic pulmonary fibrosis	19/08/2013	02/12/2013
CG 164	Familial breast cancer: Classification and care of people at risk of familial breast cancer and management of breast cancer and related risks in people with a family history of breast cancer	19/08/2013	02/12/2013
CG 165	Hepatitis B (chronic): Diagnosis and management of chronic hepatitis B in children, young people and adults	19/08/2013	02/12/2013
CG 166	Ulcerative colitis: management in adults, children and young people	19/08/2013	02/12/2013
CG 167	Myocardial infarction with ST-segment elevation: The acute management of myocardial infarction with ST-segment elevation	29/08/2013	02/12/2013
CG 168	Varicose veins in the legs: The diagnosis and management of varicose veins	11/09/2013	02/12/2013
CG 169	Acute kidney injury: Prevention, detection and management of acute kidney injury up to the point of renal replacement therapy	16/10/2013	02/12/2013
CG 170	Autism: Management of autism in children and young people	18/10/2013	02/12/2013
CG 171	Urinary incontinence: The management of urinary incontinence in women	25/10/2013	02/12/2013

3.5.2 Clinical Guidelines issued by DHSSPS between 1 April 2013– 31 March 2014

Four Clinical Guidelines were issued by DHSSPS from the start of the new process on 18 December 2013 to 31 March 2014:

NICE Ref	Title of NICE Clinical Guideline	DHSSPS endorsement letter issued	Expected Implementation date
CG 172	Myocardial Infarction: Secondary Prevention (updates & replaces CG48)	06/01/2014	05/01/2015
CG 173	Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings (updates & replaces CG96)	14/01/2014	13/01/2015
CG 175	Prostate cancer (updates and replaces CG 58)	21/02/2014	20/02/2015
CG 176	Head injury: Triage, assessment, investigation and early management of head injury in children, young people and adults – (updates & replaces CG 56)	12/03/2014	11/03/2015

3.6 Implementation, monitoring and assurance

A total of 77 Clinical Guidelines have been issued to Trusts for implementation since September 2011. For 73 of these CGs HSC Trusts are required to provide the HSCB with positive assurance that all appropriate planning processes are completed by 31 March 2014 and full implementation by March 2015.

Commissioner Assessments have been completed by relevant Professional Leads for these 73 CGs and a process to reconcile the HSCB/PHA and Trust views is now underway. The HSCB/PHA will continue to work with Trusts to mitigate any barriers to implementation within available resources.

For the remaining four CGs, and all future CGs issued directly by the DHSSPS under the terms of the revised circular, HSC Trusts should ensure that all relevant planning processes are completed within three months of issue and fully implemented within twelve months of issue.

As with TAs, assurance regarding the implementation of CGs is a standing agenda item at the bi-monthly director level meetings. Due to the timelines outlined above and the timing of this report, it is not yet possible to provide definitive assurance on the planning and implementation of the 77 CGs issued to the HSC service since September 2011. All Trusts were issued with a template detailing all applicable CGs in February 2014.

From May 2014, the bi-monthly HSCB/Trust director level meetings will provide an important mechanism to ensure compliance across all Trusts. Where issues regarding the implementation of specific guidance are raised, actions will be agreed with Trusts and further assurance sought at the following meeting, or in writing in advance of the meeting where required.

Implementation issues which require additional investment/regional co-ordination will be considered by Commissioning Board and an appropriate course of action agreed (e.g. convene a regional working group, add to HSCB pressures list or agree plan to mitigate any potential risks).

4. HSCB Achievements and Future Planning

4.1 Achievements in 2013/14

The introduction of the revised Circulars has helped to clarify the roles and responsibilities of all the relevant organisations. The HSCB and PHA have reviewed internal processes in light of the revised circulars to ensure that all requirements continue to be met. Throughout 2013/14, a number of enhancements have been made to the current processes for the implementation and monitoring of NICE Guidelines.

The HSCB has shown marked improvement in its achievement of the 15 week target to produce a service notification for the HSC service. This has been due to a number of measures introduced by the HSCB to streamline internal processes.

Other achievements in 2013/14 include:

- Revision of 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.
- The development of a NICE web page on the HSCB website. The web page provides an overview of all TAs and CGs that have been endorsed for application in Northern Ireland including those that have been recommended / not recommended for implementation.
- Further refinement of the Service Notification template
- Implementation of the majority of the recommendations highlighted in the RQIA review including the establishment of the NICE Managers' Forum including members from DHSSPS, HSCB and Trusts.
- Embedding accountability arrangements between HSCB and Trust staff for the monitoring and implementation of NICE guidance.

- Nomination of two Northern Ireland projects in the NICE top twenty Shared Learning Awards 2014, demonstrating how NICE guidance is being embraced across HSC Organisations.

4.1.1 Examples of Good Practice

NICE actively encourage organisations to share how NICE guidance and standards are being implemented locally. Each year, NICE recognises the best examples of good practice through the Shared Learning Awards. This year, two local projects were shortlisted.

Therapeutic Review - A NICE way to optimise prescribing

Belfast Health & Social Care (HSC) Trust established a Therapeutic Review Steering Group to ensure the Trust has systems in place to record, monitor & audit use of NICE technologies.

The lead therapeutic review pharmacist audited prescribing of high cost therapies and the results were presented to Service Group Managers, Directors, HSCB representatives and the multidisciplinary team to identify:

- deviations from evidence-based practice
- barriers to change
- action plans

Patient safety and quality of care was integral to the audits with the belief that focusing on quality and safety will bring improved health outcomes and thus efficiency savings.

This piece of work realised cost savings across a number of technologies and a two-thirds reduction in the number of uncollected prescriptions.

Healthy Hearts in the West Initiative (HHW)

One of the projects nominated for the NICE Shared Learning Awards is the Healthy Hearts in the West Initiative (HHW) which sought to implement NICE Public Health Guidance 6 (PH6) – Behaviour change: the principles for effective interventions. The HSCB and PHA were funding partners of the initiative which was delivered through the West Belfast Partnership Forum.

The primary aim of the initiative was to mobilise existing resources and assets of communities in West Belfast, and to work with health professionals and other organisations, so that people living in West Belfast experience heart health equivalent to the best in Northern Ireland / Europe. The Initiative responded to health inequalities (evidenced in Departmental and NINIS statistics); seeking to develop and support cross-sectoral interventions to raise awareness and prevention of risk factors to heart health through supported and self-managed lifestyle changes; and to promote and support opportunities for rehabilitation for those experiencing heart disease.

Over 10,000 people (of all ages) living in West Belfast accessed one or more heart health programmes and interventions during the delivery of the HHW Initiative and planning is underway to roll out the initiative across Belfast.

4.2 Future Planning in 2014/15

Planned enhancements in 2014/15 include:

- Development of a new electronic database to ensure efficient tracking of guidance from DHSSPS endorsement to implementation.
- Provision of training opportunities for staff on the use of the NICE website and implementation support tools.
- Work to raise awareness of NICE and associated information services among primary care professionals.
- Not recommended Interventional Procedures to be included as part of the established accountability arrangements in line with DHSSPS Circular HSC (SQSD) 4/14 and added to HSCB NICE webpage.

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