

From the Chief Medical Officer  
**Dr Michael McBride**

**Circular HSC (SQSD) (NICE CG172) 1/14**

**Subject:** NICE Clinical Guideline CG172 - Myocardial Infarction: Secondary Prevention (updates & replaces CG48)

**For action by:**

Chief Executive of HSC Board – **for distribution to:**  
All HSC Board Directors – for cascade to relevant staff  
Director of Integrated Care to also cascade to:  
Head of Pharmacy and Medicines Management  
Family Practitioner Services Leads – for cascade to relevant Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**  
Director of Public Health and Medical Director – for cascade to relevant staff  
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**  
Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Heads of Pharmaceutical Services – for cascade to relevant staff  
Directors of Acute Services – for cascade to relevant staff  
HSC Clinical and Social Governance Leads  
Directors of Social Services – for cascade to relevant staff  
Directors of Finance – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs (as appropriate)

**For Information to:**

Chair of HSC Board  
Chair of Public Health Agency  
Chairs of HSC Trusts  
Chair of RQIA  
NICE Implementation Facilitator NI  
Members of NI NICE Managers' Forum

**Summary of Contents:** This clinical guideline updates and replaces NICE clinical guideline 48. It offers evidence-based advice on secondary prevention for patients in primary and secondary care after an MI. New and updated recommendations on cardiac rehabilitation, lifestyle changes, drug therapy and communication of diagnosis and advice were included in this latest version.

**Enquiries:**

Any enquiries about the content of this Circular should be addressed to:

Standards & Guidelines Quality Unit  
DHSSPS  
Room D1.4  
Castle Buildings  
Stormont Estate  
BELFAST  
BT4 3SQ

[SGU-NICEGuidance@dhsspsni.gov.uk](mailto:SGU-NICEGuidance@dhsspsni.gov.uk)

**Circular Reference:** HSC (SQSD) 1/14

**Date of Issue:** 06 January 2014

**Related documents:**  
HSC (SQSD) 3/13

**Superseded documents**  
Circular HSC (SQSD) (NICE) 26/08 CG 48

**Status of Contents:**  
Action

**Implementation:**  
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

**Additional copies:**  
Available to download from  
<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

**Dear Colleagues**

**[NICE Clinical Guideline CG172 - Myocardial Infarction: Secondary Prevention \(updates & replaces CG48\)](#)**

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in [circular HSC \(SQSD\) 3/13](#), the following actions should be taken

1. HSC Board / PHA
  - a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
  - b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
  - c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
  - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.
  
2. HSC Trusts
  - a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
  - b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
  - c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
  - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.
  
3. RQIA
  - a. Disseminate the Guideline to the independent sector as appropriate.
  
4. HSC Special Agencies and NDPBs
  - a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find at Appendix 1 a summary of the guidance and details from the Departmental review including estimates of costs / savings based on the NICE costing template, where this is applicable. You should also consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the [Department's website](#).

A handwritten signature in black ink, appearing to read 'Michael McBride', written in a cursive style.

**Dr Michael McBride**  
**Chief Medical Officer**

Endorsed NICE guidance - Details from Departmental review

Reference Number	<a href="#">NICE Clinical Guideline - CG172</a>
Title	Myocardial Infarction: Secondary Prevention (updates & replaces CG48)
Summary of guidance	<p>This clinical guideline (published November 2013) updates and replaces <a href="#">NICE clinical guideline 48</a> (published May 2007). It offers evidence-based advice on secondary prevention for patients in primary and secondary care after an MI. New and updated recommendations on cardiac rehabilitation, lifestyle changes, drug therapy and communication of diagnosis and advice were included in this latest version.</p> <p>Myocardial infarction (MI) is one of the most dramatic presentations of coronary artery disease. It is usually caused by blockage of a coronary artery producing tissue death and consequently the typical features of a heart attack: severe chest pain, changes on the electrocardiogram (ECG), and raised concentrations of proteins released from the dying heart tissue into the blood. MIs are divided into 2 types according to the changes they produce on the ECG:</p> <ul style="list-style-type: none"> <li>• ST-segment elevation myocardial infarction (STEMI), which is generally caused by complete and persisting blockage of the artery</li> <li>• non-ST-segment elevation myocardial infarction (NSTEMI), reflecting partial or intermittent blockage of the artery.</li> </ul> <p>People who have had a STEMI or an NSTEMI benefit from treatment to reduce the risk of further MI or other manifestations of vascular disease. This is known as secondary prevention.</p>
Number of people expected to take up or benefit from the service / therapy	Unable to calculate for NI.
Costs / savings associated with implementation	Unable to calculate for NI. Due to lack of local data we are unable to estimate the cost of fully implementing this guidance in Northern Ireland. The guidance may result in additional costs in relation to cardiac therapy

	rehabilitation services and drug therapy however; the potential of avoiding future non elective admissions could also result in some savings locally.
Related strategically relevant DHSSPS policies	None
Inter-Departmental interest	None
Legislative / policy caveats	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>The Mental Capacity Act 2005 and the Department of Health document 'Reference Guide to Consent for Treatment or Examination' do not apply in NI, but work is under way to bring forward similar legislation for NI, incorporating mental capacity and mental health provisions. The DHSSPS guidance 'Reference Guide to Consent for Examination, Treatment or Care (2003)', which is available on the DHSSPS website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. Available from:  <a href="http://www.dhsspsni.gov.uk/consent-referenceguide.pdf">http://www.dhsspsni.gov.uk/consent-referenceguide.pdf</a></p>