

From the Deputy Chief Medical Officer  
**Dr Paddy Woods**



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

## **Circular HSC (SQSD) (NICE NG1) 10/15**

**Subject: NICE (Clinical) Guideline NG1 – Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people children and young people**

**For action by:**

Chief Executive of HSC Board – **for distribution to:**

All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for 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  
AHP Leads – 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

**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 NICE guideline offers evidence-based advice on the recognition, diagnosis and management of gastro-oesophageal reflux disease in children and young people.**

**Enquiries:**

Any enquiries about the content of this Circular should be addressed to:  
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**Circular Reference: HSC (SQSD) (NICE NG1) 10/15**

**Date of Issue: 06 March 2015**

**Related documents:**

**HSC (SQSD) 3/13**

**Superseded documents**

None

**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 Guideline NG1 - Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people**  
<http://www.nice.org.uk/guidance/ng1>

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

This guideline is the first to be produced using a new numbering system. NICE have decided to use a single set of methods to develop all NICE guidelines. They have taken the decision to introduce a new numbering system now to prepare the ground for when they start to use new processes and methods later this year. The numbering system will apply to a number of guidelines including clinical and public health guidance. Technology appraisals are not affected.

**NG1 is a clinical guideline, and will be listed within the main list of clinical guidelines on the NICE website.** The name change has no impact on the process for the Endorsement, Implementation, Monitoring and Assurance of Clinical Guidelines in Northern Ireland (circular HSC (SQSD) 3/13).

In accordance with the process outlined in circular HSC (SQSD) 3/13 ([http://www.dhsspsni.gov.uk/hsc\\_sqsd\\_3\\_13.pdf](http://www.dhsspsni.gov.uk/hsc_sqsd_3_13.pdf)), 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 attached 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 (<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance/sqsd-guidance-nice-guidance.htm>).



**Dr Paddy Woods**  
**Deputy Chief Medical Officer**

## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

Reference Number	<a href="#">NICE Guidelines - NG1</a>
Title	Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people
Summary of guidance	This NICE guideline published in January 2015 offers evidence-based advice on the recognition, diagnosis and management of gastro-oesophageal reflux disease in children and young people.
Number of people expected to take up or benefit from the service / therapy	Unable to calculate for Northern Ireland.
Costs / savings associated with implementation	Unable to calculate for Northern Ireland. NICE has been unable to estimate the cost of fully implementing this guidance due variations in current local practice. However, it is expected that there may be savings realised from: fewer prescriptions for medication to treat GOR, optimised periods of treatment, more appropriate use of GP appointments, and better concentration of paediatric resources on those with GORD as a result of fully implementing this guidance to Northern Ireland.
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</p>

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: <http://www.dhsspsni.gov.uk/consent-referenceguide.pdf>

Where the guidance refers to the Mental Capacity Act 2005 supplementary code of practice on deprivation of liberty safeguards, Northern Ireland health professionals should refer to interim guidance on deprivation of liberty safeguards (2010). Available from: <http://www.dhsspsni.gov.uk/revised-circular-deprivation-of-liberty-safeguards-october-2010.pdf>

The Department of Health guidance 'Transition: getting it right for young people' does not apply in Northern Ireland. Provision of appropriate transition care for young people as they move from paediatric to adolescent and adult care will be taken forward in the Department's imminent review of paediatric services.