

From the Deputy Chief Medical Officer
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG3) 17/15

**Subject: NICE (Clinical) Guidelines NG3 –
Diabetes in pregnancy: management of diabetes
and its complications from preconception to the
postnatal period**

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 guideline updates and replaces
NICE guideline CG63. It offers evidence-based advice on
managing diabetes and its complications in women who are
planning pregnancy and those who are already pregnant. The
guideline focuses on areas where additional or different care
should be offered to women with diabetes and their newborn
babies**

Enquiries:

Any enquiries about the content of this Circular should be addressed
to:
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Circular Reference: HSC (SQSD) (NICE NG3) 17/15

Date of Issue: 15 May 2015

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

Superseded documents
HSC (SQSD) (NICE) 09/09 CG63

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 Guidelines NG3 - Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period
[\(<https://www.nice.org.uk/guidance/ng3>\)](https://www.nice.org.uk/guidance/ng3)

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 (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>).

A handwritten signature in cursive script, appearing to read 'Paddy Woods', written in a dark ink.

Dr Paddy Woods
Deputy Chief Medical Officer

Appendix 1

Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Guidelines - NG3
Title	Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period
Summary of guidance	This guideline updates and replaces NICE guideline CG63. It offers evidence-based advice on managing diabetes and its complications in women who are planning pregnancy and those who are already pregnant. The guideline focuses on areas where additional or different care should be offered to women with diabetes and their newborn babies.
Number of people expected to take up or benefit from the service / therapy	It is estimated that fully implementing this guidance in Northern Ireland would impact around 1,200 women annually.
Costs / savings associated with implementation	<p>Unable to calculate for Northern Ireland. The estimate of the number of people impacted on by this guidance is based on the NICE assumptions that were used for the England population. There is a lower rate of women with a minority ethnic family origin living in Northern Ireland compared with England (and these women are more likely to have diabetes) therefore the estimate provided is a maximum.</p> <p>NICE has been unable to provide a cost estimate of implementing this guidance however potential areas for additional costs include the cost of:</p> <ul style="list-style-type: none"> - prescribing a greater number of blood glucose monitoring strips; - additional ultrasounds and hospital appointments; and - additional HbA1c tests. <p>A number of potential areas for savings have also been identified such as a reduction in complications during pregnancy and labour and their related costs.</p>
Related strategically relevant DHSSPS / HSC 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: http://www.dhsspsni.gov.uk/consent-referenceguide.pdf</p> <p>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/revise-circular-deprivation-of-liberty-safeguards-october-2010.pdf</p> <p>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.</p> <p>It should be noted that this guidance contains some recommendations for off-label use of medicines. Trusts and practitioners must be aware of their responsibilities and ensure that appropriate policies are in place when medicines are used off-label.</p>