Commissioning Policy:

Implementation of Guidance
Produced by the National Institute for Health and Care Excellence

NHS Swindon Clinical Commissioning Group
November 2018
Policy
Commissioning Policy: Implementation of guidance produced by the National Institute for Health and Care Excellence

Policy Ref.
ClinG02

Policy Statement
This policy supports NHS SCCG in attainment of its corporate objectives by promoting fair and consistent commissioning decision making across the CCG in relation to NICE guidance and bring the utilisation of QS to the fore of the implementation process for CCGs. The Health and Social Care Act (2012) declares that the Secretary of State, in discharging their duty to improve the quality of services, 'must have regard to the Quality Standards prepared by NICE'. Although these standards set out aspirational but achievable care and are not targets, the care system should also have regard to them in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

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Approving Body
Quality and Performance Assurance Committee
Clinical Leadership Group

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Reviewers & Approvals
This document requires the following reviews and approvals.

Revision History

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<td>Clinical Effectiveness Lead/Kristina Clay Quality Lead/Paul Clarke Associate Director Medicines Optimisation</td>
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**Acknowledgement of External Sources**

List any policies or procedures from external institutions that have been used to inform the writing of this policy.

<table>
<thead>
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Links or overlaps with other key documents & policies

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<th>Document Title</th>
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<tr>
<td>Effective Clinical Commissioning Polices</td>
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Distribution and Consultation
This document has been distributed to the following people

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Document Version Numbering

Document versions numbered “0.1, 0.2, 2.4”, are draft status and therefore can be changed without formal change control. Once a document has been formally approved and issued it is version numbered “Issue 1.0” and subsequent releases will be consecutively numbered 2.0, 3.0, etc., following formal change control.

Freedom of Information

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Accessibility

This document is available in other styles, formats, sizes, languages and media in order to enable anyone who is interested in its content to have the opportunity to read and understand it.
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Our Mission: To Optimise the Health and Wellbeing of the People of Swindon and Shrivenham
Commissioning Policy:
Implementation of Guidance Produced by the National Institute for Health and Care Excellence

1. Introduction

This policy sets out NHS Swindon Clinical Commissioning Group's (CCG) approach to considering and implementing the guidance produced by the National Institute for Health and Care Excellence (NICE), as part of the CCG NICE assurance process.

2. Purpose

The purpose of the guidance produced by NICE is to help the NHS provide high quality care that is consistent across England. It does this by giving the NHS evidence-based guidance on new medicines, surgical interventions, diagnostic and medical technologies, public health interventions and also by publishing clinical quality standards.

The implementation of NICE guidance and quality standards is associated with high quality, ‘best practice’ NHS health and social care. Nevertheless, the recommendations made by NICE need to be considered through a managed process in order to minimise any service delivery and financial risks that NICE implementation may present to commissioners and providers of NHS care. This document sets out this process.

3. Scope

This policy applies to all staff and contractors employed by the CCG who are involved in the commissioning of care for patients for whom the CCG is the Responsible Commissioner for their NHS care.

4. Definitions

NICE produces the following types of guidance documents:

1. **Technology Appraisal Guidance** (TAs) assess the clinical and cost effectiveness of health technologies, such as new pharmaceutical and biopharmaceutical products, and also some procedures, devices and diagnostic agents.

Status of TAs: TAs aim to ensure that all NHS patients have equitable access to the most clinically- and cost-effective treatments that are available, and NHS commissioners are mandated to make funding available for the implementation of TA recommendations within 3 months of the issue of guidance. If the product has received approval for the Early Access to Medicines Scheme (EAMS), CCGs and Trusts will be expected to implement the NICE TA within a 30 day period. The funding requirement is
set out in the NHS Constitution, and compliance is monitored through the national provider contracts.

2. **Clinical Guidelines** (CGs) provide the NHS with advice on the management of specific health conditions, and currently are developed in association with the Royal Medical, Nursing and Midwifery Colleges. They are systematically developed statements to assist professional and patient decisions about appropriate care in specific clinical circumstances. Where there is no robust peer-reviewed evidence to underpin interventions integral to a care pathway, the Clinical Guideline Development Group will make recommendations based on professional consensus.

   **Status of CGs**: CGs relate to a whole pathway of care and consequently make a number of recommendations spanning all stages of care from diagnosis to treatment. In view of their complexity, CGs are not subject to statutory funding directions, and their implementation is at the discretion of local commissioners of NHS care.

3. **Public Health Guidelines** (PHG) covers disease prevention, health improvement and health protection and seeks to influence policy and practice in the NHS and local government on issues of great importance to health and health service utilisation such as smoking, obesity, physical exercise, alcohol misuse and accident prevention.

4. **Social Care Guidelines** (SCG)
   SCG make evidence-based recommendations on "what works" in terms of both the effectiveness and cost-effectiveness of social care interventions and services.

5. **Safe Staffing Guidelines** (SSG)
   SSG is a work programme for NICE to develop evidence-based guidelines on safe staffing levels in NHS care settings.

6. **Medicines Practice Guidelines** (MPG)
   MPG provide recommendations for good practice for those individuals and organisations involved in governing, commissioning, prescribing and decision-making about medicines. The outputs have a wide range of audiences across both health and social care environments.

7. **Antimicrobial prescribing guidelines** (AMPG) are reviews of the evidence for selected Antimicrobials.

8. **Cancer service guidelines** (CSG) cover how healthcare services for cancer should be organised. They aim to improve care by recommending which healthcare professionals should be involved and the types of hospital or cancer centre best suited to provide the care.

   **Status of NICE Guidance (NG)** on PHG, SCG, SSG, MPG, AMPG, CSG: As with CGs above, implementation is at the discretion of local commissioners of NHS care.
9. Medical Technologies Guidance and Diagnostic Technologies Guidance

MTGs and DTGs help facilitate rapid and consistent access to, and use of, potentially cost saving technologies in the NHS.

Status of MTGs and DTGs: Implementation is at the discretion of local commissioners of NHS care.

10. Interventional Procedures Guidance (IPGs) recommend whether procedures are effective and safe enough for use in the NHS. IPGs do not consider cost effectiveness.

Status of IPGs: IPGs are not subject to a mandatory requirement regarding funding but health care organisations should protect patients by following IPGs as outlined in the Department of Health’s ‘Standards for better health’ (2004). The recommendations in IPGs may be enforceable by the Care Quality Commission, and the NHS Litigation Authority takes adherence into account in risk assessing NHS Trusts.

11. Quality standards (QSs) are concise statements, with accompanying metrics, designed to drive and measure priority quality improvements within a particular area of care. They are derived from the best available evidence collated and synthesised by NICE or, where syntheses do not exist, from other evidence sources accredited by NICE.

Status of QSs: the NHS is expected to use QSs to plan and deliver services as part of a general duty to secure continuous improvement in quality. Clinical Commissioning Groups might wish to use selected indicators to monitor provider performance.

12. Highly specialised technologies (HST) guidance review clinical and cost effectiveness of specialised treatments. HSTs aim to notify the Department of Health and Social Care of key, new and emerging healthcare technologies that might need to be referred to NICE against the following timeframes: new drugs, in development, at 20 months to marketing authorisation and new indications, at 15 months to marketing authorisation.

5. Process / Details of Policy or Procedure

5.1. NICE Technology Appraisals

The NHS Swindon CCG will implement NICE technology appraisals in line with the Directions issued by the Secretary of State for Health. The CCG accepts that it has a legal duty to make funding available for treatments recommended in NICE Technology Appraisals within 3 months (or within 30 days) to patients whose clinical conditions come within the definitions in the appraisals, unless the Secretary of State makes an exemption.

Implementation of CCG’s duty to fund NICE Technology Appraisals is supported by the Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS that
requires providers of NHS care to maintain and publish formularies that include NICE TA-approved medicines.

5.2 Other NICE guidance

All other NICE guidance is advisory, and will be carefully considered by NHS Swindon CCG when developing strategies, planning services and prioritising resources. The CCG reserves the right to depart from NICE guidance, if the CCG has good reason to do so.

5.2.1 Implementation of NICE Clinical Guidelines, Public Health, Social Care, Safe Staffing, Medicines Practice Guidelines, Antimicrobial Prescribing and Cancer Services Guidelines

NICE’s guidelines relate to whole pathways of care and can make a large number of recommendations spanning all stages of care from diagnosis to treatment. In view of their complexity, NICE guidelines are not subject to statutory funding directions, and their local implementation is therefore at the discretion of NHS Swindon CCG.

NHS Swindon CCG will consider the recommendations in NICE Guidelines as part of its on-going work to improve the quality of care and health outcomes for the local population (NHS Swindon CCG NICE implementation process, Appendix 1). If the CCG cannot implement relevant NICE guidance as it is published or in full, due to commitments made in the annual commissioning plan and/or affordability (except technology appraisals which are mandated), the CCG will document clearly the reasons for not implementing the guidance and the review plan.

5.2.2 Implementation of NICE Interventional Procedures Guidance (IPGs)

The IPG programme assesses the efficacy and safety of interventional procedures, with the aim of protecting patients and helping clinicians, healthcare organisations and the NHS to introduce procedures appropriately. NICE IPGs indicate the circumstances in which an intervention might be used and provide a process as to how it might be used (which must be followed if the IPG is implemented). However, NICE IPGs do not make recommendations as to whether the intervention should be used.

The use of any intervention assessed by NICE under their IPG programme is a low priority and not normally funded by NHS Swindon CCG unless:

1. The intervention has been categorised by NICE as ‘safe and efficacious" and the clinical governance arrangements have been described as ‘Normal’; AND
2. Funding has been agreed by commissioners through the funding route detailed below.

Funding route:
To obtain funding, a business case must be submitted to NHS Swindon CCG in advance of the use of the intervention. This requirement applies even if the intervention is included in tariff. Regardless of equivalent cost, NHS Swindon CCG will not
commission the use of interventions that are less effective or pose a greater risk to patients than standard interventions. Trusts wishing to undertake research associated with the use of IPG interventions must apply for research funds in the usual way.

5.2.3. Implementation of NICE Medical Technologies Guidance (MTGs) and Diagnostic Technologies Guidance (DTGs)

NICE MTGs and DTGs review the clinical and cost impact evidence for a technology compared with currently available technologies. NICE indicates the circumstances in which a technology might be used, however, MTGs and DTGs do not make recommendations as to whether a technology should be used, and do not override clinical judgement for any individual patient.

The use of any intervention assessed by NICE under their MTG and DTG programmes is a low priority and not normally funded by NHS Swindon CCG unless:

1. NICE has stated “The case for adoption within the NHS as described is supported by the evidence”
2. Funding has been agreed by commissioners through either of the funding routes detailed below.

Funding route:
To obtain funding, in advance of the use of a medical or diagnostic technology supported by NICE, the provider must submit a business case to NHS Swindon CCG for approval OR NHS Swindon CCG agrees to commission the technology following consideration of an evidence review. This approval process applies even if the technology is included in tariff.

6. Roles and Responsibilities

- CCG Governing Body has the responsibility for ensuring that there is a comprehensive NICE implementation policy and process in place for the CCG.

- The Quality and Performance Assurance Committee will provide assurance to the Integrated Governance Committee and Governing Body in relation to the quality of commissioned services, including the implementation of the NICE policy and process.

- The South Central and West Commissioning Support Unit (SCWCSU) Clinical Effectiveness team will provide the CCG Quality and Performance Assurance Committee the appropriate support to enable it to fulfil its functions in supporting the implementation of the NICE policy and process;
  - SCW provides the CCG with monthly NICE Update for Commissioners; a summary of published guidance, forward forecast and impact assessment focused on CCG Commissioner responsibilities.
  - Maintains and updates the Commissioning policy for NICE Implementation.
- Supports the CCG in utilising NICE guidance in contracting and quality improvement activities.

- Provider Contract Quality Review meetings:

  The CCG quality schedules within provider contracts reflect the reporting required against NICE, including:

  1. Quality Standards and NICE guidelines; quarterly or six-monthly progress reports for QSs include indication of implementation status, whether an action plan is in place, review date; and detail of any issues for commissioner support, as necessary.

  2. Assurance of implementation of TAs; for all other NICE guidance; quarterly or six-monthly exception reporting.

  3. NICE implementation process and progress including exceptions is discussed at the provider Contract Quality Review Meeting as per contractual arrangements.

  4. Any concerns will be reported by exception to the CCG’s Quality and Performance Assurance Committee for consideration, an action plan as necessary and to inform future commissioning/ business planning discussions by identifying priority areas for improvement.

7. Training

No specific training is necessary to support this policy.

8. Equality and Diversity

No significant issues identified.

9. Monitoring

The Swindon CCG Quality and Performance Assurance Committee will oversee the implementation of the NICE policy.

The Quality and Performance Assurance Committee will:

- Review six monthly update by the Public Health team on any implementation issues or exceptions relating to Public Health Guidance.

- Assess business cases submitted to the Quality and Performance Assurance Committee by the provider organisations in regard to implementing new procedures as per IPG, MTG and DTG recommendations. Business cases should be submitted to the CCG Commissioning Contract Lead, for consideration by the Quality and Performance Assurance Committee. Actions will be communicated back to provider via the Contract Lead.
10. Review

This policy will be review every three years or sooner if relevant new national directive or guidance is published.

11. Dissemination

SCWCSU team is, in conjunction with the CCG’s Commissioning Contract Lead and Communications and Engagement Team, responsible for the dissemination of the approved policy to all CCG staff including its availability via the CCG’s intranet.

12. Implementation

Senior managers, managers and staff are responsible for implementing this policy.

13. References to other documents


Appendix 1. NHS Swindon CCG NICE implementation process on page