National Institute for Health and Care Excellence

Health and Social Care Directorate progress report

1. This report provides an update on key issues and developments in the Health and Social Care Directorate for September and October 2020.
2. The Chief Executive’s Report details the delivery of quality standards, endorsement statements and shared learning examples.

Summary of activity

1. During this reporting period, the directorate's work has continued to focus on business as usual activities and supporting the system to use NICE COVID-19 resources.
2. In September, the NICE indicator menu was published as planned. This includes 9 new indicators covering a range of clinical areas including vaccinations and immunisations, obesity and cancer. The new NICE indicators will be used to inform negotiations between NHS England and the British Medical Association’s General Practitioners Committee (GPC) and will be considered for inclusion in the 2021/22 Quality and Outcomes Framework.
3. The Public Involvement Programme (PIP) ran the first online training session for guideline committee lay members. Feedback from the session was positive with participants reflecting that the training content worked well in an online setting and that breakout groups enabled discussions to flow.
4. We delivered a successful campaign to engage with social workers featuring a range of resources. These include a [podcast on continuing professional development (CPD)](https://www.bing.com/videos/search?q=NICE+cpd+PODCAST&docid=608049004380883675&mid=2AC190E16B0D3E842F4D2AC190E16B0D3E842F4D&view=detail&FORM=VIRE) with social work leaders, which has been viewed over 2000 times, and a suite of scenarios showing [how to use NICE guidance in social work](https://www.nice.org.uk/about/nice-communities/social-care/using-nice-guidance-in-social-work) practice. Resources have been promoted during recent Field team engagements with Principal Social Worker Networks and local authority social worker forums and have been very well received.
5. In October the NICE Chief Executive, Chair and local Field team members met with both the Minister of Health and Social Services for Welsh Government and the Chief Medical Officer (CMO) for Wales. The CMO views the relationship between NICE and Welsh Government as stable and valued. He also commented that appointing an Implementation Facilitator for Wales was the right decision and has helped to raise the profile of NICE within Wales as “implementation is the thing”.

Notable issues and developments

Ongoing response to COVID-19

1. The NICE resources for local partnerships were reviewed and updated in the context of COVID-19 and Simon Stevens' phase 3 letter to NHS services. These have been positioned as a key element of NICE’s support offer for service restoration and recovery, and are highlighted on the [NICE COVID-19 webpage](https://www.nice.org.uk/covid-19).
2. We engaged with frontline services to identify, develop and publish COVID-19 related shared learning examples. Four have been published to date with 2 examples selected to feature in the 2020 Shared Learning Awards.

Developing products and tools

1. The indicator team has finalised the contractual arrangements for working in partnership with NHS Digital, with NICE taking on the hosting and assurance of the national library of quality indicators. This funded work brings £350K income over three years and will help position NICE as a system leader in the development and assurance of national indicators. The NICE menu was updated to include the national library of indicators in September.
2. In September, there was a high level of media interest during consultation on the draft quality standard on fetal alcohol spectrum disorder (FASD). This quality standard is underpinned by guidance produced by the Scottish Intercollegiate Guidelines Network (SIGN); NICE has not developed guidance on FASD. The story was featured on the front page of several national newspapers, radio programmes and social media and was also tied into International FASD awareness day. The consultation resulted in many more stakeholder comments than usual and has provided valuable feedback. It has highlighted several complex issues and publication of the final standard will be delayed to ensure issues raised are properly considered.
3. For the past few years PIP has been involved in an Innovative Medicines Initiative (IMI) project called PARADIGM which has looked at patient involvement in Early Dialogues (the equivalent of NICE Scientific Advice). In October the results of this work, [a toolkit for patient engagement in Early Dialogues](https://imi-paradigm.eu/petoolbox/pe-in-ed-hta/) was launched. The project team are submitting a panel proposal about the work for the HTAi 2021 conference in Manchester.

Disseminating key messages

1. As part of a regular series, we authored an article with members of the Royal College of General Practitioners (RCGP). This has been published in the RCGP journal, InnovAiT, publicising the guidance and quality standards on Lyme Disease: [NICE Nuggets: NG95 and QS186 Lyme Disease](http://info.sagepub.com/c/1qnFtMead473T4JWbV5kwK5aIjba).
2. Our partnership work with Health Education England (HEE) resulted in NICE guidance and resources being embedded throughout [guidance on the support of mental health social workers working in NHS, independent or integrated services](https://www.hee.nhs.uk/sites/default/files/documents/Guidance%20on%20the%20support%20of%20mental%20health%20social%20workers%20in%20the%20NHS.pdf).
3. The Fellows and Scholars programme has moved to virtual delivery of workshops with shorter, more frequent sessions. Several events have taken place covering topics such as NICE methodology, NICE’s role in implementation, co-production and quality improvement. A process has been introduced to enable alumni to join the virtual events and has resulted in them becoming more actively engaged.
4. Demand for our student champion workshops remains high and 7 online sessions were held in September and October. In September, over 50 participants from 14 universities joined our first online Learning about NICE event which focussed on NICE guideline development and implementation. A recent article in the Leeds School of Medicine ‘Medicine Matters’ magazine, written by a former student champion, publicised the NICE scheme and described her involvement as “a really valuable and enjoyable experience” that she would “highly recommend to other students”.
5. The Field team has continued to collaborate with Skills for Care (SfC) to deliver presentations and webinars for social care providers and trainers. These have been accessed by over 1000 people and feedback has been very positive. A recent article in the SfC national newsletter for registered managers, promoting NICE resources and Field team support, has resulted in more requests for presentations to their regional networks.
6. The Field team is working with public health teams on priorities including:
* Advising sustainability and transformation partnerships (STPs) and Integrated Care Systems (ICSs) in the South East on COVID-19 Emergency Locally Commissioned Services to support BAME and Vulnerable Groups. These services are provided by general practices and include health promotion and clinical management interventions underpinned by NICE guidance to protect those at greatest clinical risk from COVID-19.

Advising regional CVD prevention boards on current priorities, including heart failure and access to rehabilitation.

1. The Field team is supporting STPs and ICSs to re-start work paused due to the pandemic. This includes supporting the development of a ‘Living Well at Home' quality framework; advising a respiratory programme team; and contributing to a health inequalities workshop to agree the scope of a health inequalities framework.

Engaging with partners

1. We have been working with the corporate office and communications team to ensure a joined up and strategic approach to engagement, producing briefings for key meetings and the dissemination of information from key partners across NICE.
2. Staff from Health and Social Care and the Centre for Guidelines have worked together on an initiative for international collaboration on assessments in the field of social care. We have been part of a co-ordinating group establishing the first international network in this field and joined discussions on approaches to economic assessment.
3. The quarterly NICE and Care Quality Commission (CQC) strategic meeting took place in October and there was discussion around partnership working, our respective work on COVID-19 and the development of our respective organisations’ strategies. We are currently engaging through a range of methods (questionnaires and workshops) to contribute to the CQC strategy and expect to see the benefits of this in the future. An immediate example of the successful impact of our relationship is the reference to NICE guidance in the [CQC updated guidance for providers supporting autistic people and people with a learning disability.](https://www.cqc.org.uk/sites/default/files/20200929-900582-Right-support-right-care-right-culture-FINAL.pdf) The CQC also drew heavily on NICE guidance and standards in its review of restraint, seclusion and segregation for autistic people, and people with a learning disability and/or mental health condition. The report, published in October, provides a good assessment of where care needs to improve in line with NICE guidance and standards. We will work with the CQC to support the implementation of the recommendations. Work is also on-going to ensure that NICE guidance is a key element of the CQC’s Provider Collaboration Reviews. We are also working together to address recommendations from the Independent Medicines and Medical Devices Safety Review.
4. There have been meetings with several Royal Colleges including the Royal College of Obstetricians and Gynaecologists (RCOG) and the RCGP. Partnership working has been a key focus of both discussions.
5. Engagement is continuing with the Social Care Institute for Excellence (SCIE) and, in September, we responded to their strategy consultation. Regular meetings have been established with the Chief Executive of SCIE and discussions are taking place about the development of a partnership agreement.
6. We are involved in a new national working group, led by SfC, including the Association of Directors of Adult Social Services in England (ADASS) and the Local Government Association (LGA), focussing on developing advice and support to promote positive wellbeing in the social care workforce.
7. In September, we met with Quality Matter partners (including SfC, LGA, Care Provider Alliance, CQC) to plan a series of virtual events (to be hosted by SfC) to support collaborative working between health and social care. Quality Matters is a shared commitment to improve the quality of adult social care and is jointly led by the Department of Health and Social Care and partners across the adult social care sector.
8. Consultation comments have been submitted to Getting It Right First Time (GIRFT) on national specialty reports for rheumatology, anaesthesia and perioperative medicine, mental health crisis and acute care, and maternity and gynaecology. We are working with GIRFT leads to see how NICE Impact reports can be incorporated into GIRFT reports and vice versa.
9. The Field team continues to engage with regional branches of ADASS. Examples include involvement in overseeing continued development of the Improved Market Insight Tool as a member of the London Adult Social Care Market Insight Board and co-producing a framework with North West ADASS to support local authority peer reviews.

Assessing the impact

1. A Field team survey sent to NICE/Clinical Audit Networks across England and Wales, designed to understand the impact of COVID-19 on NICE uptake, revealed that our rapid guidance was well received. Over 100 responses were received, with one respondent saying “the COVID-19 rapid guidelines have woken up a lot of clinicians when it comes to the importance of good NICE implementation”.
2. Feedback gathered by the Field team shows that there continues to be significant interest in using NICE guidance and quality standards across social care (including social work, care homes and ADASS branches). Examples include:
* A network of registered managers said, as a result of the COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services (NG179), they felt empowered to challenge hospital providers who refused to provide test results prior to discharge.

An ADASS North West report includes recommendations that NICE quality standards should be used in a consistent way across all 23 local authorities to help understand care home quality.

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