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# Implementation advice

Suggested actions for  
implementing the NICE clinical  
guideline on obsessive-  
compulsive disorder



**Implementing the NICE clinical guideline on  
obsessive-compulsive disorder**

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## **Supporting implementation**

Implementing NICE guidance can be challenging. We have set up a programme to help support implementation. The NICE clinical guideline on obsessive-compulsive disorder (OCD) is supported by the following implementation tools:

- costing tools:
  - a national costing report, which estimates the overall resource impact associated with implementation
  - a local costing template, a simple spreadsheet that can be used to estimate the local cost of implementation
- a slide set, outlining key messages for local discussion
- audit criteria
- implementation advice (this document).

The tools are available on our website: [www.nice.org.uk/CG031](http://www.nice.org.uk/CG031)

## **What is the aim of implementation advice?**

Implementation advice considers implementation issues that are specific to a piece of NICE guidance and its aim is to provide practical advice to help NHS organisations implement the guidance. The advice, focusing on OCD, will help implementers identify recommendations in the guideline that are not part of current practice and should be used alongside the costing report and template.

## **Who should read this advice?**

This advice is aimed at commissioners, clinical leads and service managers for Mental Health Partnership Trusts, Primary Care Trusts (PCTs), Child and Adolescent Mental Health Services (CAMHS) and anyone involved in implementation of the NICE clinical guideline on OCD.

## **Why implement NICE guidance?**

Clinical guidelines provide guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales. The Healthcare Commission will assess the performance of NHS organisations in meeting core and developmental standards set by the Department of Health in *Standards for better health* issued in July 2004. Implementation of clinical guidelines forms part of the developmental standard D2. Core standard C5 says that nationally agreed guidance should be taken into account when NHS organisations are planning and delivering care.

The ultimate responsibility for implementing this guideline rests with the chief executives of the organisations responsible for commissioning and delivering adult and children's mental health services, particularly the PCT, local authority, acute trust and the mental health trusts. Clinical governance mechanisms should ensure that action plans and progress with the implementation of this guideline are reported back at individual board level. Areas of non-compliance should be recorded on the risk register.

## **Steps to implementing this guideline**

### ***Check if the guideline is relevant***

This guideline impacts on many different organisations and professionals responsible for the health of adults, children and young people. This includes, for example, primary and community care, secondary care, adult mental health services, CAMHS, educational and social services as well as more specialised services.

This guideline is particularly relevant for primary care organisations and mental health partnership trusts responsible for the commissioning and delivery of child and adult mental health services. As a result, joint commissioning arrangements are likely to be important in planning the implementation of this guideline.

When planning how services for children, young people and adults are commissioned and delivered, it is important to take into account the national policy context and other ongoing initiatives relating to this guideline. These can be found in Appendix A.

We are aware that NHS Trusts are facing numerous priorities including the Children's National Service Framework (NSF) and Public Service Agreement (PSA) targets and that implementation of this guideline is likely to require a development of services and skills and should be factored into your strategic planning processes.

### ***Identify implementation leads***

This guideline spans both primary and secondary care as well as other services, making its implementation particularly complex. Because of this it is a good idea to identify multiple leads to share the implementation work and ensure seamless care. These leads are likely to be prominent figures that will champion the guideline and inspire others.

### ***Identify an implementation group***

It might be helpful to identify a group, with members who specialise in the management and provision of care for adults, children and young people with

OCD, to examine implementation issues in depth and support the implementation leads. This group might be part of existing structures or networks and should form part of clinical and service governance structures. In most cases it is better to avoid setting up new structures to manage the implementation of this guideline if there is a current structure that already works effectively.

This group might need to include:

- healthcare professionals and commissioners in primary, secondary and community care
- healthcare professionals in adult mental health services
- healthcare professionals in CAMHS
- healthcare professionals in specialist or regional mental health services
- professionals/services within NHS or partner organisations with a particular remit for training
- service users and carer representatives
- partner organisations, for example Social Services
- voluntary agencies and housing
- National Institute for Mental Health in England (NIMHE) regional teams.

### ***Carry out a baseline assessment***

The first practical step towards implementation is to carry out a baseline assessment of current practice against the guideline recommendations.

For example, the guideline recommends that individuals at all ages with OCD should have access to cognitive behaviour therapy (CBT) including exposure and response prevention (ERP). Your baseline assessment may indicate that your organisation may need to work towards the adequate provision of CBT (including ERP) available to individuals with OCD. At a higher level of implementation, another example would be the guideline recommendation that each PCT, mental healthcare trust and children's trust that provides mental health services should have access to a specialised OCD multidisciplinary team offering age-appropriate care. Again, your baseline assessment may mean that there is a need to work towards identifying specialist practitioners and agreeing

how they will work as a multidisciplinary team, and ensure that referral pathways have been established and that commissioning arrangements have been addressed. There may be a need to redeploy, train or upgrade the skills of current and new healthcare professionals and to build in the provision of clinical supervision.

### ***Assess resource requirement***

Assessing likely resource requirements will be important when planning the timescales over which you could implement the guideline. The costing report supplied by NICE identifies the areas in which changing current practice to comply with the guidance means changes to the resources required. This may help you when carrying out your baseline assessment. The local costing template provided by NICE is designed to help you with the assessment of what resources may be required to implement the guideline (see [www.nice.org.uk/CG031](http://www.nice.org.uk/CG031)) and should be used when you have the results of your baseline assessment.

### ***Develop an action plan***

Below is a possible template for your action plan. The baseline assessment will have identified which recommendations are not currently being carried out. These recommendations could be put into the template and actions assigned to each one. The resources needed for compliance could be calculated and deadlines given for each step. Ideally the responsibility should be shared among interested parties to help share the workload.

<b>Recommendation</b>	<b>Action needed to comply</b>	<b>Resource needed to comply</b>	<b>Who is responsible</b>	<b>When will it be achieved</b>

### ***An example action plan***

We have developed an example action plan based on the key priorities for implementation identified in the NICE guideline. The examples we have provided on the following pages are based on feedback from professionals working in the field, and aim to help you develop your own plans. They are not formal recommendations and may not be appropriate in all circumstances. You could insert columns for the resources needed to comply, who is responsible and when compliance will be achieved.

NICE guideline recommendation	Actions to implement the recommendation
<p><b>Adults with OCD</b> <b>Mild functional impairment</b></p> <p><b>Initial treatment</b> – low intensity psychological treatments (up to 10 therapist hours per patient) should be offered if the patient’s degree of functional impairment is mild and/or the patient expresses a preference for a low intensity approach.</p> <p><b>Low intensity</b> treatments include:</p> <ul style="list-style-type: none"> <li>• brief individual CBT including exposure and response prevention (ERP) using structured self-help materials</li> <li>• brief individual CBT (including ERP) by telephone</li> <li>• group CBT (including ERP) (the patient may be receiving more than 10 hours of therapy in this format).</li> </ul>	<p><b>Check that there is adequate local provision of CBT (including ERP) available in various formats; brief individual therapy using structured self-help materials, by telephone and access to group CBT (including ERP).</b></p> <p>As a result of the baseline assessment, you may want to:</p> <ul style="list-style-type: none"> <li>• further develop primary care psychological services and equip general mental health practitioners in the locality with CBT (including ERP) skills</li> <li>• consider new roles, workforce re-design (e.g. the development of GPs/advanced practitioners with specialist interest)</li> <li>• review primary care service provision for CBT (including ERP); many contracts are based on provision of 6–10 sessions per client</li> <li>• update local referral and care pathways</li> <li>• update local commissioning arrangements between primary and secondary care</li> <li>• work with the specialist OCD team to plan and deliver multidisciplinary (collaborative) training programmes for primary care healthcare professionals and other professionals within the stepped-care model (e.g. education, social services)</li> <li>• organise awareness-raising sessions and training for healthcare professionals (see the slide set, available at <a href="http://www.nice.org.uk/CG031">www.nice.org.uk/CG031</a>).</li> </ul>

NICE guideline recommendation	Actions to implement the recommendation
<p><b>ADULTS</b>  <b>Mild functional impairment, unable to engage in low intensity CBT (including ERP), or low intensity treatment has proved inadequate</b></p> <p>Offer the choice of either a course of a selective serotonin re-uptake inhibitor (SSRI) or more intensive CBT (including ERP) (more than 10 therapist hours per patient).</p>	<p><b>Check that there is adequate local provision of CBT (including ERP) and that healthcare professionals are prescribing appropriately.</b></p> <p>As a result of the baseline assessment, you may want to:</p> <ul style="list-style-type: none"> <li>• update current prescribing policies and formularies in line with this guidance</li> <li>• review primary care service provision for CBT (including ERP); many contracts are based on provision of 6–10 sessions per client</li> <li>• check which adult mental health service staff are trained in CBT (including ERP)</li> <li>• agree numbers of current staff requiring training and forecast training likely to be required over the next 2–5 years and develop a local training plan to commission training and action systems for on-the-job training</li> <li>• organise awareness-raising sessions and training for healthcare professionals (see the slide set, available at <a href="http://www.nice.org.uk/CG031">www.nice.org.uk/CG031</a>)</li> <li>• update referral and care pathways</li> <li>• update local commissioning arrangements between primary and secondary care</li> <li>• work with the specialist OCD team to plan and deliver multidisciplinary (collaborative) training programmes.</li> </ul>

NICE guideline recommendation	Actions to implement the recommendation
<p><b>ADULTS</b> <b>Moderate functional impairment</b></p> <p>Offer the choice of <b>either a course of an SSRI or more intensive CBT (including ERP)</b> (more than 10 therapist hours per patient).</p>	<p>As above.</p>
<p><b>CHILDREN AND YOUNG PEOPLE</b> <b>Moderate to severe functional impairment</b></p> <p>Offer <b>CBT (including ERP)</b> involving the family or carers and adapted to suit the developmental age of the patient as the treatment of choice. Group or individual formats should be offered depending upon the preference of the child or young person and their family or carers.</p>	<p><b>Check that you have adequate local provision of CBT (including CBT) for children and young people, available in group or individual formats.</b></p> <p>As a result of the baseline assessment, you may want to:</p> <ul style="list-style-type: none"> <li>• further develop children’s mental health services in line with the guidance using the stepped care model as a framework</li> <li>• check which CAMHS staff are trained in CBT (including ERP)</li> <li>• agree numbers of current staff requiring training and forecast training likely to be required over the next 2-5 years and develop a local training plan to commission training and action systems for on-the-job training</li> <li>• update local referral and care pathways</li> <li>• update local commissioning arrangements between primary and secondary care</li> <li>• organise awareness-raising sessions and training for healthcare professionals involved in assessing and treating children and young people</li> <li>• review clinical notes to ensure that the child/young person was informed of the possibility of CBT (including ERP) and that the family/carers were involved</li> </ul>

NICE guideline recommendation	Actions to implement the recommendation
<p><b>CHILDREN AND YOUNG PEOPLE</b>  <b>Moderate to severe functional impairment</b></p> <p>Following multidisciplinary review, for a child (aged 8–11 years) if there has not been an adequate response to CBT (including ERP) involving the family or carers, the <b>addition of an SSRI to ongoing psychological treatment</b> may be considered. Careful monitoring should be undertaken, particularly at the beginning of treatment.</p>	<p>SSRIs should only be used after assessment and diagnosis by a child/adolescent psychiatrist.</p> <p>As a result of your baseline assessment, you may want to:</p> <ul style="list-style-type: none"> <li>• organise awareness-raising sessions and training for healthcare professionals involving in assessing and treating children and young people</li> <li>• update existing prescribing policies and formularies in line with this guidance</li> <li>• review clinical notes to ensure that careful monitoring was carried out and the clinical outcome documented</li> <li>• whether effective systems are in place to recall the child and family/carer on a regular basis</li> <li>• involve the specialist OCD team</li> <li>• review and updating referral protocols and commissioning arrangements in line with this guidance</li> </ul>
<p><b>CHILDREN AND YOUNG PEOPLE</b>  <b>Moderate to severe functional impairment</b></p> <p>Following multidisciplinary review, for a young person (aged 12–18 years), if there has not been an adequate response to CBT (including ERP) involving the family or carers, the <b>addition of an SSRI to ongoing psychological treatment should be offered</b>. Careful monitoring should be undertaken, particularly at the beginning of treatment.</p>	<p>As above.</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>• transitional arrangements when transferring young people to adult mental health services.</li> </ul>

NICE guideline recommendation	Actions to implement the recommendation
<p><b>ALL PEOPLE WITH OCD</b></p> <p>People who have been successfully treated and discharged should be <b>seen as soon as possible</b> if re-referred with further occurrences of OCD, rather than placed on a routine waiting list.</p> <p>For those in whom there has been no response to treatment, care coordination (or other suitable processes) should be used at the end of any specific treatment programme to identify any need for continuing support and appropriate services to address it.</p>	<p>As a result of the baseline assessment, you may want to:</p> <ul style="list-style-type: none"> <li>• ensure patients, family and carers are given this information when they are discharged</li> <li>• review and update operational policies to ensure that people that are re-referred are seen as soon as possible</li> <li>• ensure this information is communicated across the local health economy</li> <li>• review and update operational policies to ensure that care coordination or another suitable process is followed for people who do not respond to treatment</li> <li>• agree who is responsible for care coordination</li> </ul>

NICE guideline recommendation	Actions to implement the recommendation
<p><b>ALL PEOPLE WITH OCD</b></p> <p>Each PCT, mental healthcare trust and children's trust that provides mental health services should have <b>access</b> to a specialised OCD multidisciplinary team offering age-appropriate care. The team would perform the following functions:</p> <ul style="list-style-type: none"> <li>• provide high-quality advice</li> <li>• understand family and developmental needs.</li> <li>• when appropriate, conduct expert assessment and specialist cognitive-behavioural and pharmacological treatment</li> <li>• increase the skills of mental health professionals in the assessment and evidenced-based treatment of people with OCD</li> </ul>	<p>This recommendation will almost certainly require development of services and skills in many geographical areas and as a result, is likely to take some time to fully establish. The size of the service and how it functions will be dependent upon local circumstances and therefore will need to be defined at a local level. However, you may want to:</p> <p><i>Establishing the team:</i></p> <ul style="list-style-type: none"> <li>• identify a 'team leader' to develop and manage a specialist OCD multidisciplinary team – deploying expertise across generalist mental health teams when expert assessment and treatment is required for complex cases</li> <li>• <b>use the stepped-care model as a framework</b> and offering age-appropriate care (e.g. older adults may present with different issues)</li> <li>• identify practitioners with specialist OCD competencies/skills</li> <li>• involve local mental health clinicians in identifying service and training needs in CBT (including ERP) and agree minimum training criteria as appropriate</li> <li>• develop a training plan for commissioning training externally and develop locally tailored and delivered 'in-house' training programmes</li> <li>• quantify and build in clinical supervision as appropriate</li> </ul>

NICE guideline recommendation	Actions to implement the recommendation
	<ul style="list-style-type: none"> <li>• review operational policies in each PCT, mental healthcare trust and children’s trust that provides mental health services to ensure they specify referral criteria and the procedure for accessing specialist OCD team</li> <li>• consider how specialist OCD practitioners in adult mental health services can support children’s mental health teams (e.g. providing training, advice)</li> </ul> <p><i>Developing and supporting local services:</i></p> <ul style="list-style-type: none"> <li>• increase expertise locally by providing ‘generalists’ with the opportunity of working regularly as part of the specialist multidisciplinary team</li> <li>• deliver an ongoing multidisciplinary (collaborative) training programme for primary and secondary care healthcare professionals and other professionals within the stepped-care model (e.g. educational and social services).</li> </ul>

### ***Review and monitor***

Implementation of the guideline should be reviewed and monitored, with results fed back to the relevant trust board.

One way to monitor the implementation of the guideline is to audit current practice against the NICE guidance. The guideline is accompanied by audit criteria for key implementation priorities to help you with this.

### ***Acknowledgements***

Thank you to the people who have contributed to the development of this advice, including members of the Guideline Development Group (GDG), the External Reference Group (ERG) and National Institute for Mental Health in England (NIMHE).

## Appendix A: National policy context

The main policy milestones in the development of mental health services over the last few years have been the 1999 National Service Framework (NSF) for mental health, covering the mental health of adults; the 2000 NHS Plan which confirmed mental health as one of the priorities of the NHS; and standard 9 of the children's NSF on mental health services for children and young people, which is also a core component of the Change for Children Programme arising from the 2003 white paper, *Every Child Matters*. Also important was the creation in 2002 of the National Institute for Mental Health in England (NIMHE) to help local agencies re-design their services.

Prevention of mental illness was one of the national priorities in the 1999 public health white paper, *Saving Lives: Our Healthier Nation*. The public health significance of the scale of the mental health problem was reaffirmed in the 2003 all-government programme for action, *Tackling Health Inequalities* and the 2004 white paper, *Choosing Health – Making healthy choices easier*. Reducing mortality from suicide and undetermined injury is one of the Department of Health's public service agreement (PSA) targets.

The 2004 Social Exclusion Unit report, *Mental Health and Social Exclusion*, noted that the highest rates of depression, anxiety and phobias were in deprived neighbourhoods and that over 900,000 adults claim sickness and disability benefits for mental health conditions. Following up this report and commitments in *Choosing Health*, the Department of Work and Pensions, the Department of Health and the Health and Safety Executive (HSE) are leading the government's new strategy on the health and well-being of working-age people, *Health, work and well-being – Caring for our future*, one of whose pillars is an expansion of services to deal with common mental health problems among people both in work and absent from or out of working owing to illness.

- Mental Health National Service Framework (NSF), see [www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/)
- PSA target – Objective II: improve health and social care outcomes for everyone.
  7. Improve life outcomes of adults and children with mental health problems through year on year improvements in access to crisis and CAMHS services and reduce the mortality rate from suicide and undetermined injury by at least 20% by 2010. See [www.doh.gov.uk](http://www.doh.gov.uk)
- The National Service Framework (NSF) for Children, Young People and Maternity Services).
  - Standard 9 of the Children’s NSF on the mental health and psychological well-being of children and young people is the standard for CAMHS. See [www.doh.gov.uk](http://www.doh.gov.uk)
- The 2003 green paper *Every Child Matters* has identified ‘being healthy’ as one of the five key outcomes important to children and young people. See [www.everychildmatters.gov.uk/publications/?asset=document&id=15516](http://www.everychildmatters.gov.uk/publications/?asset=document&id=15516) and [www.everychildmatters.gov.uk/publications/?asset=document&id=15528](http://www.everychildmatters.gov.uk/publications/?asset=document&id=15528) for more information.
- The Change for Children implementation programme and The Change for Children Outcomes Framework (Be healthy outcome), see [www.everychildmatters.gov.uk/aims/outcomes](http://www.everychildmatters.gov.uk/aims/outcomes)
- Organising and Delivering Psychological Therapies (2004), see [www.dh.gov.uk/](http://www.dh.gov.uk/)
- Commissioning specialised services guidance, see [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/)