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Implementation advice

Bipolar disorder



This implementation advice accompanies the clinical guideline: 'Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care' (available online at: www.nice.org.uk/CG038).

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Supporting implementation

NICE has developed tools to help organisations implement the NICE clinical guideline on bipolar disorder. These are available on our website (www.nice.org.uk/CG038).

- Slides highlighting key messages for local discussion.
- Costing tools:
 - Costing report to estimate the national savings and costs associated with implementation
 - Costing template to estimate the local costs and savings involved.
- Implementation advice – this document.

Audit criteria are contained in the [NICE version](#) of the guideline (Appendix C).

A generic guide to implementation called '[How to put NICE guidance into practice](#)' is also available on our website.

What is the aim of implementation advice?

This document provides practical advice to help NHS organisations implement the NICE guideline on bipolar disorder. It will help implementers develop an action plan and should be used alongside the slide set, costing tools and audit criteria developed for this guideline.

Who should read this advice?

This advice is aimed at people responsible for implementing this guideline in their organisation, including clinicians, particularly those working in primary care trusts and the community, acute trusts and mental health trusts.

Why implement NICE guidelines?

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 assesses 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. The 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. Full implementation of this guideline is likely to take several years.

The ultimate responsibility for implementing this guideline rests with the chief executives of organisations responsible for commissioning and delivering services, particularly primary care trusts, acute trusts and mental health partnership 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.

Steps to implementing the guideline

Check if the guideline is relevant

The guideline makes recommendations for the identification, treatment and management of bipolar disorder for children, adolescents, and adults in primary and secondary care, including those covered by prison medical services.

If the guideline is not relevant, remember to record it.

Identify implementation leads

This guideline spans 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 who will champion the guideline and inspire others.

Identify an implementation group

It might be helpful to identify a group, with members who specialise in bipolar disorder, to examine implementation issues in depth and support the implementation leads. This group might be part of existing structures or networks, involving for example early intervention teams and child and adolescent mental health services (CAMHS). 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.

The group might need to include:

- healthcare professionals representing a range of settings across primary care, community mental health services and inpatient units including general practitioners, psychiatrists, psychiatric nurses, occupational therapists, social workers, psychological therapists, experts in the pharmacological management of bipolar disorder, early intervention teams, trained support workers and other relevant staff
- service planners and commissioners from primary and secondary care settings
- NHS service users and carers, with local representation through links with patient and carer groups such as MIND and MDF The BiPolar Organisation, and with voluntary sector providers such as Rethink, Together, the Mental Health Providers Forum and mental health helplines.

The first task for the implementation group will be to ensure the guideline has been disseminated effectively in its organisation. This might involve making presentations or running workshops about the guideline. The slides developed to support this guideline should help. For more ideas on how to raise awareness of NICE guidelines, see [‘How to put NICE guidance into practice’](#).

Carry out a baseline assessment

A baseline assessment involves comparing current practice with the recommendations. The [audit criteria](#) will help you do this. Information could be gathered through informal discussions, using a questionnaire or by reviewing routinely collected data as described in the audit criteria.

Consider, for example, how the recommendations will have an impact on:

- patient numbers
- staffing
- equipment and training
- budgets

- service provision.

Assess costs and savings

Assess how much it will cost to implement the guideline in your local area using the [costing template](#). The template can also help you identify potential savings as well as ways to use existing resources to implement the guideline.

The costing report may also help because it identifies recommendations from the guideline that have a high resource impact. Those considered to have the greatest impact on resources are:

- the pharmacological management of women of child-bearing potential
- psychological management
- weight management
- an annual review of physical health.

Develop an action plan

The baseline assessment will have identified which recommendations are not currently being carried out. These recommendations could be put into an action plan, alongside any costs calculated using the costing template. Actions could be 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.

When planning how mental health services are commissioned and delivered, it is important to take into account other ongoing initiatives and policies relating to this guideline. We have listed these in the appendix. We have also included a section on related NICE guidance.

Key areas for implementation

The NICE bipolar disorder guideline identifies a number of key priorities for implementation, including diagnosis of bipolar disorder I in adolescents, pharmacological management for women of child bearing potential, recommendations to support initiation and long-term pharmacological

management, and an annual review of the physical health of a person with bipolar disorder.

The NICE implementation planning group identified four key areas for implementation based on the key priorities for implementation identified in the NICE guideline.

Training

Healthcare professionals and affiliated staff may need access to training that addresses key areas of the guideline, including those identified in 'Key areas for implementation' above, to support effective implementation of the guideline recommendations. Use your baseline assessment to identify the training needs of new and existing staff, and include other groups as appropriate – for example, social care professionals and voluntary workers.

Communication

The first communication task is to raise awareness of the recommendations through local communication channels, and review dissemination of information between primary and secondary care, social care and the voluntary sector.

NICE makes a number of recommendations about the pharmacological management of people with bipolar disorder so a priority task is to communicate these to prescribing advisers. It may be desirable to target secondary care prescribing advisers and local prescribing leads, emphasising the circumstances for initiating and managing long-term pharmacological treatment and the considerations for deciding on the agent of choice, using protocols and formularies as appropriate.

Communications planning needs to address these issues and should be included in any training as appropriate.

Access

The burden of bipolar disorder can be exacerbated by difficulties in obtaining an accurate diagnosis, optimal treatment and timely referrals to secondary care. It will be important to review local referral and care pathways to ensure that there is easy access and referral to secondary services.

Monitoring and follow up

The guideline recommends that people with bipolar disorder should have an annual review of their physical health. It will be important to review local service provision and staffing to ensure that there are monitoring and early warning systems to identify who requires an annual review. It may be necessary to assess who takes responsibility for offering physical health checks locally. Anticipate and plan for potential problems by developing systems for responsibility to ensure that discussions take place about the intervention that is required.

Implementation planning should include promoting the involvement of service users by supporting self-management through access to information about bipolar disorder and encouraging involvement in monitoring changes in severity and frequency of symptoms, and the impact of interventions.

The [quality and outcomes framework](#), part of the General Medical Services contract for general practice, awards points to GPs for delivering services for patients with bipolar disorder.

An example action plan

Table 1 offers suggested actions to help implement the recommendations in the key areas. These actions have been developed with professionals working in the field (see acknowledgements). They are not formal recommendations and might not be appropriate in all circumstances; they are just examples to help you develop your own action plan.

Every organisation is different and will be starting from a different baseline. We have listed the actions in a roughly sequential order for you to copy and paste as appropriate into your own action plan. You could add columns on resources needed to comply, who is responsible and when compliance will be achieved.

Table 1 An example action plan: for people working to implement this guideline in primary care trusts, acute trusts and mental health trusts

Key area	Recommendation number in the NICE guideline	Actions for consideration
Training	1.4.2.2, 1.5.1.8, 1.5.1.2 - 3, 1.8.2 - 8, 1.8.9.3, Section 1.6.2	<ul style="list-style-type: none"> • Use the results from your baseline assessment to identify and tailor local training needs. • Use the NICE guideline as a focus for awareness raising, education and training for healthcare professionals in secondary care as well as targeting primary care, community mental health teams, psychological and occupational therapists, social workers, trained support staff, community pharmacists, prescribers and voluntary workers who are involved in the management of people with bipolar disorder. • Key aspects to focus on include recognition and diagnosis for children and adolescents, pharmacological management for women of child-bearing potential, long-term pharmacological management and support to patients who have gained weight during pharmacological treatment, and an annual review of physical health. • Agree how and where the training is best delivered. Consider a multi-agency approach utilising a variety of delivery options, such as lunch time or evening sessions, incentives for attendance. • Promote and facilitate the use of specialist diagnostic instruments that could be used to support recognition in children and adolescents. Scales completed by parents or carers such as the Child Behaviour Checklist, Conners' Abbreviated

Key area	Recommendation number in the NICE guideline	Actions for consideration
		Rating Scale, Parent Young Mania Rating Scale and Parent General Behaviour Inventory may also be used. These should not replace a full clinical interview.
Communication	1.6.2.17, 1.5.1.2, 1.5.1.3 – 4, 1.4.2.2, 1.5.1.8, 1.5.5.1 – 3, 1.6.2.1, 1.6.2.3, 1.1.1.5	<ul style="list-style-type: none"> • Use your baseline assessment and audit criteria to review communication arrangements between primary and secondary care. • Use the NICE quick reference guide (QRG) and slide set to raise awareness of the guidance recommendations among healthcare professionals. Distribute the QRG through local communication channels (such as local newsletters, lunchtime meetings, leaflets and review meetings) and/or use multimedia, such as websites. • As part of awareness raising activities do the following. <ul style="list-style-type: none"> - Focus on referral criteria outlined in the ‘Assessment in primary care’ section of the full guideline to ensure effective, timely referrals to secondary care where long-term pharmacological treatment should be managed following diagnosis and assessment. - Target secondary care prescribing advisors and local prescribing leads, emphasising the circumstances for initiating and managing long-term pharmacological treatment and the considerations for deciding on the agent of choice. Use NICE guidance, local protocols and formularies to support prescribing. - Encourage prescribers to undertake a methodical review of previous pharmacological treatments focussing on optimisation of appropriate long-

Key area	Recommendation number in the NICE guideline	Actions for consideration
		<p>term treatment (with each trial of medication being usually of at least 6 months' duration) rather than treating individual episodes and symptoms.</p> <ul style="list-style-type: none"> - Alert healthcare professionals and patients to the effect of bipolar illness on conception, pregnancy and childbirth. Use the 'Understanding NICE guidance' booklet (www.nice.org.uk/CG038publicinfo) to discuss contraception and the risks of pregnancy with patients and encourage patients to discuss plans to conceive with their doctor or local family planning service. - If individual structured psychological therapy is appropriate, at least 16 sessions should be offered over 6 to 9 months. Use trained experienced healthcare professionals to deliver psychological therapy and identify key people who could support mood monitoring and coping strategies such as registered mental health nurses, community psychiatric nurses, service users, carers and people in the voluntary sector. - Ensure that early dietary advice is given to people who are prescribed medications that may lead to weight gain, including lithium, valproate and antipsychotics, particularly olanzapine (about 30% of patients taking olanzapine gain more than 7% of body weight). Support and monitor via GP and mental health services and refer patients who have gained weight to a specialist mental health diet clinic or health delivery group, where available. - Promote the involvement of service users, support self management through access to information about bipolar disorder. Encourage

Key area	Recommendation number in the NICE guideline	Actions for consideration
		involvement in monitoring changes in severity and frequency of symptoms, and the impact of treatment interventions.
Access	1.1.1, 1.2.4.1, 1.3.2.5,	<ul style="list-style-type: none"> • Use your baseline assessment to review and update local referral and care pathways across primary and secondary care interface, ensure mechanisms are in place to review or update new and existing protocols and policies. • Monitor and evaluate processes for collaboration between adult and CAMHS services. Liaise with your local mental health network to benefit from shared learning and support. • Support access to community mental health and crisis services and to mental health services for offenders, see 'Our health, our care, our say: a new direction for community services' (2006)
Monitoring and follow up	1.1.1.6, 1.6.2.39,	<ul style="list-style-type: none"> • Use the care programme approach (CPA) (available from www.dh.gov.uk) to support use of individualised care plans to include, for example, social context, educational and housing problems, information on life events, associated psychological factors, family and peer relationships. Ensure that patients have details on how to contact a named key worker. Include service users, carers and families in management decisions. • Ensure that a physical health check is available locally, establish monitoring and early warning systems to ensure that people with bipolar disorder receive an annual review as recommended. Develop a system to ensure that, when problems are identified in case notes, discussions take place about the intervention that is required.

Key area	Recommendation number in the NICE guideline	Actions for consideration
		<ul style="list-style-type: none"> • Promote incentives for primary care providers delivering services for people with bipolar disorder, such as the Quality Outcomes Framework for MH 4-9 (available from www.dh.gov.uk). • Use audit criteria to monitor and evaluate outcomes, review the longer-term pharmacological management outcomes for people with bipolar disorder. Review pharmacy records and carry out audits of patient notes to identify current prescribing trends in primary and secondary care.

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 to help you with this.

Acknowledgements

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Appendix

National support for local action

The main policy milestones in the development of mental health services over the last few years have been the 1999 National Service Framework 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 National Service Framework 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 redesign their services.

Care programme approach (CPA)

A longstanding feature of mental health services is the care programme approach (CPA), which was introduced in 1991 and reviewed in 1999 to take account of the mental health NSF. The CPA is the framework for care coordination and resource allocation in mental health care and aims to ensure that service users have access to the full range of community supports they need in order to promote their recovery and integration.

'Saving lives: our healthier nation'

Prevention of mental illness was one of the national priorities in the 1999 public health White Paper, 'Saving lives: our healthier nation'. The 'prevention' standard in the mental health NSF is standard 1, on promoting mental health for all. In 2005, NIMHE published 'Making it possible: improving mental health and well-being in England' to support implementation of standard 1.

Public health

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'. The Department of Health's targets include the public service agreement (PSA) target of reducing mortality from suicide and undetermined

injury by at least 20 per cent by 2010, and a target from a previous PSA of improving life outcomes of adults and children with mental health problems by ensuring access to crisis services and comprehensive child and adolescent mental health services.

Black and Minority Ethnic Mental Health Programme

The Black and Minority Ethnic Mental Health Programme is a response to evidence that people from black and minority ethnic communities suffer inequalities in access to mental health services, experience of services, and in outcomes. An important part of the programme is implementation of the 2005 report, 'Delivering race equality in mental health care – an action plan for reform inside and outside services', which defined the three building blocks of a plan for eliminating discrimination and achieving equality as: more appropriate and responsive services, community engagement, and better information. The community engagement building block includes deploying 500 new community development workers and the expertise of independent sector black and minority ethnic service providers

'Our health, our care, our say'

The 2006 White Paper on community services, 'Our health, our care, our say', promises:

- more support to maintain mental health and emotional well-being
- rapid access to community mental health and crisis services, better access to mental health services for offenders, and integrated mental health services for older people
- joint health and social care managed networks and/or teams to support people with long-term conditions and complex needs by 2008 and a review of the care programme approach in mental health in 2006
- much more joint commissioning by primary care trusts and local authorities, underpinned by a shared outcome-based performance framework and aligned performance assessment and inspection regimes, all shaped by the mechanism of local area agreements.

Mental health and social exclusion

The 2004 Social Exclusion Unit report, 'Mental health and social exclusion', highlights how people from deprived backgrounds are at significantly greater risk of mental health problems, and how such problems can lead to a vicious cycle of social exclusion, including unemployment, debt, homelessness, and worsening health.

Mental health legislation, which is about the circumstances in which people with a mental disorder can be treated without their consent, applies only to a very small minority of people with mental health problems, including bipolar disorder. The legislation currently in force in England and Wales is the Mental Health Act 1983. Since 1999, the government has been trying to reform this Act and recently (March 2006) announced proposals for a new Bill, main purpose of which is to introduce supervised treatment in the community to ensure that patients who have been discharged from compulsory treatment in hospital continue to comply with treatment.

Related NICE guidance

Violence: the short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments. *NICE clinical guideline* no. 25 (2005). Available from www.nice.org.uk/CG025

Guidance on the use of electroconvulsive therapy. *NICE technology appraisal* no. 59 (2003). Available from www.nice.org.uk/TA059

NICE is in the process of developing the following guidance (details available from www.nice.org.uk):

- Antenatal and postnatal mental health: clinical management and service guidance. *NICE clinical guideline* (publication expected January 2007).

Sources of further information

Please note that the Institute is not responsible for the quality or accuracy of any information or advice provided by these organisations.

To find information on the Department of Health website, go to www.dh.gov.uk and search for the title of the document.

- National Service Framework for Mental Health (available from www.dh.gov.uk)
- Implementing standard 1 of the Mental Health NSF, see 'Making it happen' at www.nimhe.csip.org.uk
- Care programme approach (CPA), (available from www.dh.gov.uk)
- Black and Minority Ethnic Mental Health Programme (available from www.dh.gov.uk)
- 'Delivering race equality in mental health care – an action plan for reform inside and outside services and The Government's response to the independent inquiry into the death of David Bennett', (available from www.dh.gov.uk)
- Department of Health Public Service Agreement targets, see 'National standards, local action' (available from www.dh.gov.uk)
- The National Service Framework for Children, Young People and Maternity Services. Standard 9 on the mental health and psychological well-being of children and young people is the standard for CAMHS (available from www.dh.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. For more information, see www.everychildmatters.gov.uk/publications/?asset=document&id=15516 and www.everychildmatters.gov.uk/publications/?asset=document&id=15528 for
- The Change for Children implementation programme and The Change for Children Outcomes Framework ('be healthy' outcome), see www.everychildmatters.gov.uk/aims/outcomes
- 'Organising and delivering psychological therapies' (2004) (available from www.dh.gov.uk)
- Commissioning specialised services guidance, see www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/

- 'Saving lives: our healthier nation' (1999), see www.archive.official-documents.co.uk/document/cm43/4386/4386.htm
- 'The NHS plan: a plan for investment, a plan for reform' (2000) (available from www.dh.gov.uk)
- 'Tackling health inequalities – a programme for action' (2003) (available from www.dh.gov.uk)
- 'Choosing health – making healthy choices easier' (2004) (available from www.dh.gov.uk)
- 'Mental health and social exclusion' (2004), see www.socialexclusion.gov.uk/page.asp?id=257
- 'Our health, our care, our say: a new direction for community services' (2006) (available from www.dh.gov.uk)
- National Institute for Mental Health in England (NIMHE), see www.nimhe.csip.org.uk/home
- Mental health legislation - the current situation (search for 'Mental health law' at www.dh.gov.uk)