The National Institute for Health and Care Excellence

The NICE field team of implementation consultants

Annual report 2012/13

Contents

Executive summary

1. This report describes the work of the field team of NICE implementation consultants and our contribution to supporting NICE guidance, advice and standards during 2012/13.

Delivering targets and external influence

2. The team exceeded its targets for engagement with NHS and local government organisations and made 1020 visits, more than in any previous year.

3. We reached agreement with the Northern Ireland government to appoint an implementation facilitator for the province. We recruited to the post and started working with the Northern Ireland health and social care system at the end of 2012.

4. We described NICE's new role in social care to commissioners in 111 local authorities and received an enthusiastic and engaged response. We will use these contacts to develop an ongoing relationship with this important audience for NICE's work in social care.

5. We worked with directors of public health as they and their teams moved into local authorities, and we received valuable feedback on the new products and support being developed by the centre for public health excellence.

6. We provided medical directors in acute and mental health trusts with a briefing on the developing NICE quality standards programme and NICE pathways. This important relationship also provided a valuable platform to introduce the NICE and BNF smartphone apps to the hospital sector.

7. We provided 120 maternity units with a briefing on new NICE guidance and supporting products. A post-visit survey demonstrated a high level

of satisfaction with these visits, with nearly 80% of units requesting an annual visit.

8. Despite the massive changes taking place in the commissioning system we endeavoured to maintain our networks by working with primary care trusts (PCTs), emerging clinical commissioning groups (CCGs) and commissioning support units. Building on these contacts to reconstruct our networks in commissioning will be a high priority for 2013/14.

Feedback to NICE

9. We continue to refine the ways in which we deliver feedback to NICE so that our reports remain focused on what NICE needs to do to ensure future guidance and support resources meet the needs of users.

10. We have provided intelligence to the NICE Board, centres and directorates about the impact in the field of the changes arising from the Health and Social Care Act, and explained how the changes offer opportunities for NICE.

Planning for the future

11. We have developed a series of success criteria for engagement activities for the 3 years from 2013 and these have determined the priorities and deliverables for our programme of work for 2013/14.

12. We have commissioned an independent researcher to evaluate the team's impact and effectiveness with both internal and external audiences. The output from this work will be available in the summer and will inform future engagement strategies.

Conclusion

13. The links that the field team has established with directors of adult social services demonstrate the value of the personal approach to engaging with external audiences. This will be further demonstrated as we seek to reconstruct networks with the commissioning system during

2013/14. Developing measurable success criteria for NICE's external engagement activities will enable the field team to develop a flexible approach to engagement that will deliver tangible evidence of the impact of engagement.

14. The field team continues to provide an effective and essential conduit to influence the external environment and to provide intelligence and feedback to NICE on how we can best meet our partners' needs.

Introduction

15. This is the 7th annual report produced by the NICE field team of 7 implementation consultants and the implementation facilitator for Northern Ireland. It presents a high level summary of the activities and findings of the team during 2012/13. Detailed reports and recommendations for action are provided to NICE's Senior Management Team and the centres and directorates every quarter. This report has been produced for the NICE Board and will be presented at the May Board meeting.

The NICE field team of implementation consultants

16. The field team provides support to organisations in England and Northern Ireland that are implementing NICE guidance, advice and standards, and plays an important role in promoting and disseminating the entire range of NICE products. It:

- provides strategic advice and context to help senior management teams in NHS, public health and social care organisations work with NICE guidance
- helps to solve problems by sharing examples of how organisations have worked together to implement guidance and use NICE quality standards
- offers advice on how to use the NICE implementation support resources, pathways and NICE evidence services

- collects feedback for NICE from professionals and practitioners on new NICE products and suggestions for improvement
- gives NICE regular feedback on the results of its fieldwork.

17. The feedback from our 2012/13 visits is given in the section 'Engagement activities 2012/13'.

Our engagement strategy

18. The team has a dual role: giving organisations information about NICE, its guidance, advice, standards and supporting products; and gathering feedback from those organisations to help NICE centres and directorates develop guidance and support. The team approaches its audiences in a number of ways.

Proactive programmes of activity

19. In January 2012 the team assessed the priorities for engagement for the year starting 1 April. At its planning meetings the team reviewed current issues in health, public health and social care as well as considering forthcoming NICE guidance and standards. It also received input from other teams in NICE. The strategy developed was widely circulated within NICE to allow centres and directorates to request that specific areas are covered during visits and to enable members of other teams to accompany the implementation consultants on their visits.

20. The plan for 2012/13 included visits to the following organisations:

    - commissioners of social care in local authorities
    - directors of public health in local authorities
    - medical directors and heads of midwifery in acute trusts.
    - commissioners in CCGs and PCT clusters.

    the detailed aims of each series of visits are presented in sections 'Engagement activities 2012/3' to 'Working with the new NHS commissioning architecture'.

Regular work with NICE managers

21. NICE managers perform an essential role as the lead for NICE implementation in NHS trusts and primary care trusts. In recognition of their importance to NICE we have developed a series of regular regional meetings that provide NICE managers with an opportunity to hear about the latest developments in NICE's work and an informal network for them to share experience and learn from each other.

Tailored interventions in response to requests

22. In our 7 years of operation we have developed extensive networks across the health, public health and social care sectors and are often asked by organisations and individuals to help devise solutions to problems or deliver tailored sessions for their teams. These are an excellent opportunity for the field team to embed knowledge of NICE guidance and support products into routine practice and to explain how new developments at NICE can help improve services for patients and service users.

Targeted interventions at the request of NICE centres and directorates

23. The field team ensures that it has capacity to respond promptly to internal requests for information or feedback. This may involve incorporating specific questions into visits or road testing new products as part of routine engagement.

Table 1 - Implementation consultants' total visits April 2012 to March 2013

	Patch								
Organisation	**North West**	**West**	**East[a]**	**North**	**London**	**Northern Ireland[b]**	**South West**	**South East[c]**	**Total for all areas**
Acute and community trusts	45	43	34	38	35	5	44	18	262
Ambulance trusts	1	0	0	1	0	1	3	1	7
Clinical commissioning groups	7	2	8	17	5	0	5	5	49
Community health trusts	6	1	3	2	1	0	0	6	19
Local authorities	43	27	22	51	49	0	45	11	248
Mental health and community trusts	18	10	16	9	10	0	9	4	76
Networks	7	1	1	5	0	0	1	0	15
Others	6	7	6	10	5	12	6	7	59
Primary care trusts (PCT)	42	48	22	26	47	0	15	24	224
PCT clusters	10	4	9	0	12	0	1	2	38
Strategic health authorities	2	4	5	3	3	0	4	2	23
Total	**187**	**147**	**126**	**162**	**167**	**18**	**133**	**80**	**1020**

[a] The implementation for the East returned from Maternity leave in September 2012.

[b] The Implementation Consultant for Northern Ireland joined NICE in October 2012 and commenced visits in January 2013.

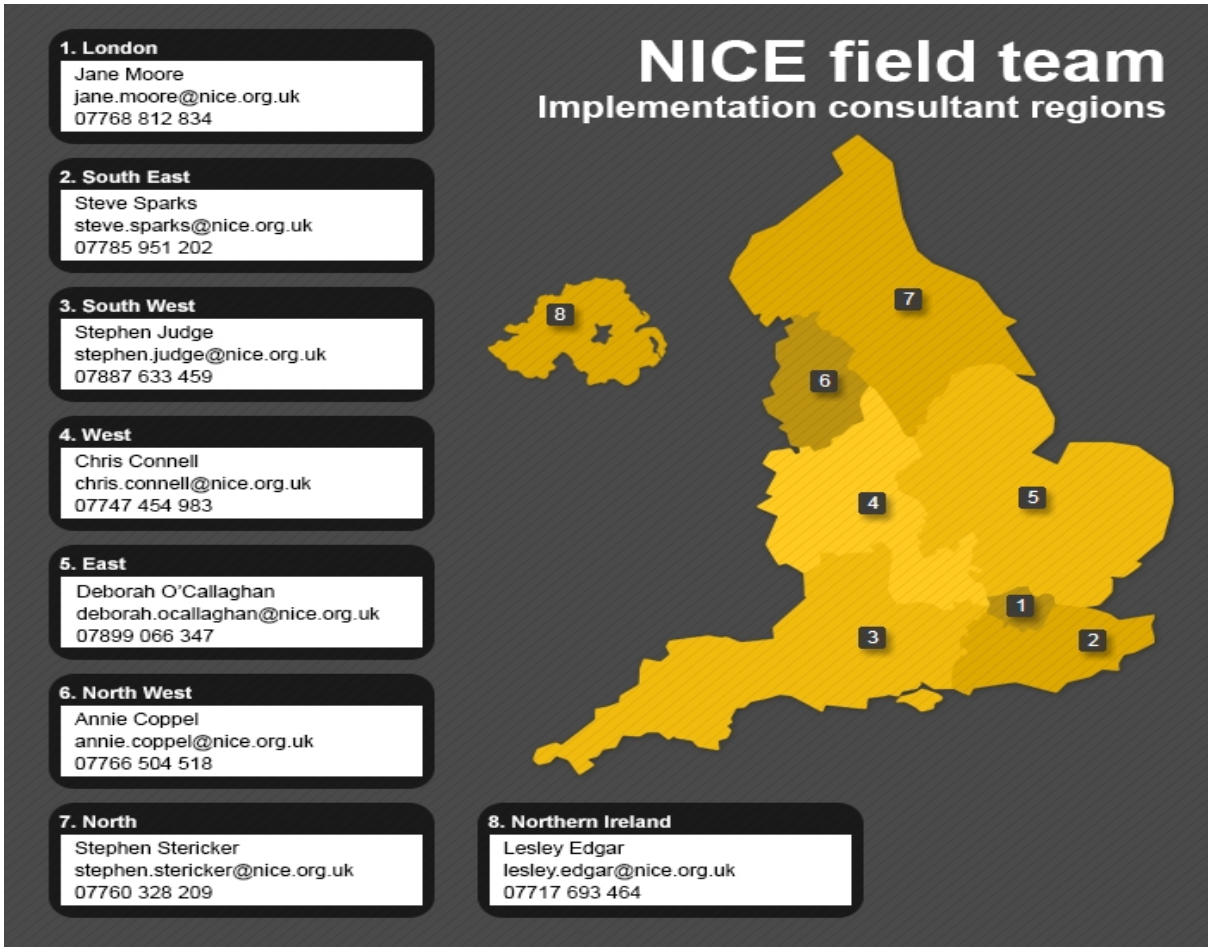
[b] The Implementation Consultant for the South East manages the team and consequently has a smaller territory.

Table 2 Proportion of organisations visited in each sector

Organisation	Total number of organisations	Unique visits	% penetration
Acute and community trusts	162	151	93.2
Ambulance trusts	11	6	54.5
Clinical commissioning groups	211	49	23.2
Community health trusts	14	12	85.7
Local authorities	156	145	92.9
Mental health and community trusts	56	19	33.9
Primary care trusts	150	125	83.3
Strategic health authorities	11	11	100.0

24. During 2011/12 the team made more visits than in any of the previous 6 years, making a total of 1020 visits. The implementation consultants exceeded their business plan objectives of meeting 80% of NHS organisations (87% actually visited) and 80% of local authorities (93% actually visited) in 2012/13. The team raised the local authority target from 50% in the previous year to reflect the increasing importance of the social care audience to NICE.

Figure 1 Areas covered by NICE implementation consultants



Northern Ireland

25. Lesley Edgar joined the team as NICE Implementation Facilitator for Northern Ireland on 1 October 2012, after negotiations with the Department of Health, Social Services and Public Safety (DHSSPS), Northern Ireland, to secure funding for a permanent post.

26. After an induction programme from October to December 2012, Lesley started working in 2013 on a series of introductory meetings with the main health and social care organisations in Northern Ireland to support the implementation of the DHSSPS Circular HSC (SQSD) 04/11 ‘NICE technology appraisals and clinical guidelines – new process for endorsement, implementation, monitoring and assurance in Northern Ireland’, which requires that health and social care organisations and family practitioners put in place the systems necessary for implementing NICE guidance as part of their clinical and social care governance arrangements,. These process are being reviewed by the Regulation and Quality Improvement Authority with support from the implementation facilitator; the outcomes of this review will drive the work plan for 2013/14.

Engagement activities 2012/13

Preparing the ground for NICE’s new social care role

Working with directors of adult social services

27. The 2012 Health and Social Care Act established, from 1 April 2013, a new responsibility for NICE to develop guidance and quality standards for social care in England. Building on previous contacts with the social care sector, we identified a programme of engagement with directors of adult social care in local authorities as a campaign priority for the field team. The objectives were to:

- build on existing relationships with these important influencers in social care
- describe and reinforce the position of NICE and its guidance, advice and services, in the context of government policy on health and social care
- promote and support the use of NICE quality standards as critical tools to underpin the delivery of improved quality in social care
- receive feedback on drafts of the first 2 pilot social care quality standards

- solicit suggestions for future topics for NICE quality standards.

28. We visited 73% of local authorities (111 out of 152) mainly meeting directors of adult social care, who sometimes also had responsibility for children's services. Although they often lacked detailed knowledge about NICE's new roles and responsibilities we were extremely encouraged by their mostly positive reception to the role of NICE in developing guidance and quality standards for social care.

29. Many of the directors of adult social services thought that NICE quality standards could have real value for them. They were keen to use them in commissioning and thought that NICE quality standards would be extremely helpful in informing their business planning and commissioning intentions.

30. The pressures of a shrinking funding stream and increasing demand for services are already being felt in this sector. As a consequence many directors said that they could afford to commission only basic quality care rather than the aspirational, high quality care described by NICE guidance and quality standards are based. This is a potential barrier to the sector adopting NICE quality standards.

31. As a result of the squeeze on local authority budgets, several people stated that return-on-investment tools would be useful resources to support the adoption and use of both guidance and quality standards.

32. We took the opportunity to get feedback on the new referrals to the social care guidance programme. The people we asked thought these were relevant and reflected the priorities for the sector. A common theme of their comments was that all guidance and standards should be developed in a way that incorporates the drive for personalisation in the delivery of services.

33. There were frequent requests for us to make clear the relationship between NICE guidance and quality standards and the Care Quality Commission and OFSTED assessment frameworks. Various people

suggested that, to gain traction in local authorities, guidance and quality standards should be incorporated into inspections and registration or regulation activity.

"If OFSTED don't embrace use of the quality standards in their inspection then they will not get used." Director of Children's Services.

34. In a similar vein, we were also asked to ensure that the positioning of NICE guidance and quality standards is made clear. For example, will they supersede any existing guidance from the Social Care Institute for Excellence, the Department of Health or the Local Government Association? People were concerned about the potential for duplication and suggested that NICE coordinate the work of the social care programme with existing sector-led national improvement initiatives, such as Towards Excellence in Adult and Children's Social Care.

35. The social care sector is made up of a complex range of care providers, including non-regulated friends and families providing care funded through direct payments, individual care homes, and large national charities. The directors of adult social services told us that this complexity would provide a significant challenge in promoting NICE guidance and quality standards to the whole provider sector and in seeking assurance of improvement from them when money is tight.

36. One social care representative stated:

"The challenge for NICE will be to build a positive reputation in social care – it currently has no foothold. NICE will need to prove itself by demonstrating its value."

37. This visits to directors of adult social services gave the field team an excellent opportunity to build relationships with the sector and to continue to offer practical support to help them understand how they can incorporate NICE into their daily business, and become involved in NICE's work. We are committed to strengthening these relationships

and will continue to listen to their concerns and success stories and provide timely feedback to NICE.

Supporting the public health agenda in local authorities

Working with directors of public health

38. In May 2012 there were 128 directors of public health in post in England – most were joint appointments between PCTs and local authorities in recognition of the transition of local public health teams to local authorities in 2013.

39. The field team visited 99 directors of public health during 2012/13. Building on previous engagement with this audience we set out to:

- further develop our existing relationship with these key influencers, especially in relation to their role in health and wellbeing boards
- demonstrate our range of guidance, and new products such as public health briefings and our new return on investment tool
- demonstrate how our guidance, advice and support can help deliver the objectives in the public health outcomes framework
- describe and reinforce the position of NICE and its guidance, advice and services, in the context of government policy on health and social care
- collect their suggestions for topic selection and feedback on public health.

40. The visits also helped us to improve our knowledge of the transition of public health to local government and better understand relationships with other organisations such as health and wellbeing boards and Public Health England.

41. During the year the NICE Centre for Public Health Excellence launched a number of new products, including the public health briefings for local government, the return on investment tool for tobacco and a map showing how NICE guidance connected with the public health outcomes framework. The field team was able to get really timely

feedback on the impact of these new offerings and contributed to several field tests of the public health briefings for local government.

Feedback on new products

42. The public health briefings for local government were very well received and it quickly became clear that NICE's careful consideration of the use of language, the relative brevity of the briefings, the context and content of the topics and the general focus on councillors' needs had been appreciated. Indeed one respondent commented that the briefings had "saved us doing a similar thing ourselves". It was also clear that the briefings would enjoy an audience wider than directors of public health, with significant interest shown by health and wellbeing boards and CCGs.

43. Public health directors gave positive feedback on the return on investment and public health outcomes framework mapping tools and made suggestions for new topics and ideas for all of these new products. They suggested that: NICE should consider more population-focused topics for future briefings (such as the frail elderly, troubled families, and smoking cessation for Asian communities); NICE should demonstrate the links between NICE guidance and the adult social care outcomes framework; and more topics, such as alcohol, would benefit from the return on investment approach.

44. They were also interested in NICE developing future guidance – especially recommendations for specific populations based on the wider social determinants of health. Topics such as urban regeneration, malnutrition, troubled families and consanguinity were all raised, as well as more condition-focused themes such as telehealth, re-ablement and living with long-term conditions.

Getting guidance into practice

45. A number of barriers to implementation were identified, such as the difficulty of integrating efforts across sectors, budgets and organisations. The main concern was around access to resources, with

a number of directors of public health expressing concern about the potential impact on their budgets of their transition to cash-strapped local authorities.

46. In the context of the financial pressures, directors of public health suggested that NICE may find it helpful to emphasise the risks of not following recommendations and promote interventions for which early savings might be expected. They also suggested that some of the levers for encouraging public health interventions in schools may disappear as many schools become academies and leave local authority control.

47. However, our new products have gone a long way to increasing NICE's credibility and usefulness with local authorities and have helped revitalise our relationship with those organisations. From the perspective of the field team the past year has opened up new possibilities to work with public health and local government, particularly when we can help identify best resource use, engage with new audiences less familiar with NICE as a prime source of evidence-based guidance and translate our advice to population-based issues.

Helping the NHS put NICE guidance into practice

Working with medical directors of mental health trusts

48. We visited 34% (19 of 56) of mental health trusts, meeting the medical director. The objectives for the visits were to:

- continue to build on existing long-term relationships with these key influencers of local healthcare
- promote the use of NICE quality standards as critical tools to underpin the delivery of the NHS outcomes domains
- reinforce the position and use of NICE guidance and evidence in local responses to high level reports and government policy on health (for example, Francis inquiry, and payment by results for mental health or innovation)

- understand how taking on local community services has affected local governance processes for NICE guidance.

49. Key findings include:

- Confidence in NICE remains high and medical directors were reassured about the continued position and role of NICE in the new architecture.
- Many medical directors consider they have good NICE governance systems in place to support dissemination and consideration of guidance in clinical practice. Organisations that have merged or inherited provider services noted the challenge to identify guidance that is of direct relevance to them and to and gain assurance, particularly across community services.
- Medical directors are interested in the relationship between NICE guidance and payment by results clusters, use of which will change the way mental health services are commissioned and provided.
- They also welcomed our intention to produce guidance looking at comorbidities.
- Although many medical directors were unfamiliar with NICE Pathways, they were extremely positive about their potential to raise the profile of evidence-based practice, particularly in community services, and to support pathways redesign work.
- Trusts are beginning to make use of quality standards, for example, reporting on their progress in quality accounts, mapping to service lines, and using Service user experience in adult mental health (NICE quality standard 14, 2011) to underpin quality performance management.

50. As a result of these meetings, the implementation consultants were often invited back to the trust to support further discussions on implementation and use of NICE Pathways, NHS Evidence and education resources, and also to contribute to learning events across the organisation.

Working with acute trust medical directors

51. The NICE field team has regularly visited acute hospitals, and many of these have now taken on local community service provision. We have developed good relationships with the medical directors of these trusts because they often have a key role in ensuring a strategic approach to implementing NICE guidance. The objectives for this year's visits to this important audience were to:

- continue to build on existing long-term relationships with these key influencers of local healthcare
- promote and support the use of NICE quality standards as critical tools to underpin the delivery of the NHS outcomes domains
- reinforce the position and use of NICE guidance and evidence in local responses to high-level reports and government policy on health
- promote awareness of materials and support for local decision making
- determine how NICE guidance and resources have been used locally to support the delivery of the QIPP agenda
- give medical directors an opportunity to feed back to us on guidance, barriers to implementation, and what else NICE could do to support them.

What the medical directors said

52. We visited 151 of the 162 acute trusts (93%). In light of the wide ranging NHS changes planned for April 2013 (and already being set in place), medical directors were pleased to receive a visit from the NICE field team and be reassured about the continued position and role of NICE in the new architecture. This group continues to strongly endorse NICE and our role.

53. Medical directors reported that implementing NICE guidance that applies across sectors and partner organisations in the local health economy is becoming increasingly difficult. They feel there is little local

strategic oversight of NICE implementation, partly as a result of the structural changes outlined in the Health and Social Care Act and the transfer of responsibilities from PCTs to new organisations.

54. A main focus of these meetings was NICE quality standards. Several acute organisations stated that they had not taken action on NICE quality standards because they were still unsure of their purpose. Once we had described how they will fit into the new commissioning landscape and how they can be used locally, they could see the value and generally welcomed them. Several medical directors identified local actions to look at the quality standards and discuss their use with commissioners and in their local quality committees. However, some expressed concern about the number of standards and an expectation that they will become mandatory measures in the future.

55. Resources that enable quicker and easier access to NICE guidance, such as NICE Pathways and the NICE app, were very much welcomed. Medical directors continue to appreciate resources that support the QIPP agenda and encouraged us to develop this work further. Some had made good use of the examples in the QIPP database and the Do Not Do database. Several medical directors invited us to return to present at local events or to other audiences in the trust.

Working with heads of midwifery

56. Between June 2012 and March 2013 the field team undertook a programme of visits to heads of midwifery. The Team visited 120 (89%) maternity units in England.

57. There is a significant body of NICE guidance that relates to maternity services. With new and updated pieces of guidance, such as multiple pregnancy, caesarean section and ectopic pregnancy and miscarriage, it seemed an opportune time to make these visits. The publication of the NICE quality standard on antenatal care and the introduction of new ways of accessing NICE guidance, advice and standards –

particularly through NICE Pathways and NICE apps – made the visits even more timely.

58. The field team was able to provide heads of midwifery with an update on guidance, quality standards and support materials relevant to maternity services, and discuss how NICE resources can best be used to provide high quality care. The meetings were an opportunity for heads of midwifery to provide feedback on NICE guidance and discuss some of the challenges around the implementation. The visits also enabled the field team to gain a greater understanding of the extent to which NICE guidance is used by maternity units.

Evaluation

59. A web based survey evaluated the usefulness of this visit programme. There was a 32 % response rate.

60. It was clear, both from the survey and the feedback obtained by the field team, that there is widespread understanding, support and use of maternity related NICE guidance. “NICE is the umbrella over everything we” do commented one head of midwifery, and another said, “NICE recommendations are king and taken almost literally”.

61. Awareness of the NICE Pathways and apps was lower but once heads of midwifery had been shown them and their potential application had been described the response was generally very positive.

62. The heads of midwifery also highlighted some of the challenges in implementation of guidance, such as time pressures, competing priorities and resource constraints.

63. They valued meeting with members of the field team (see comments below). Of those responding to the survey, 66% said that they would like a local workshop for their staff, run by an implementation consultant, on how best to make use of NICE guidance and supporting materials and 79 % suggested that an annual meeting with their implementation consultant would be valuable.

64. Following the visits, 3 maternity units submitted examples of how they are using NICE guidance to the NICE Shared Learning Award.

Comments on the field team from heads of midwifery

"Good to know you are there. Keep up the good work."

"I think you have just made NICE easier for us."

"Thank you . I had no idea you do half of that stuff."

"Very professional … presented information in way that was easy to apply to the trust's processes."

Working with ambulance trusts

65. Across the year we met 6 of the 12 ambulance trusts. Building on established relationships with medical directors and other senior personnel, these meetings considered relevant new and forthcoming guidance and explored how NICE guidance and standards are pertinent in pre-hospital and emergency care.

66. Ambulance trusts greatly appreciate the clinical guidelines that are of direct relevance to them. However, they wished NICE would both increase the range of topics relevant to them and include pre-hospital management, provided by ambulance services, in future guideline scopes to support their practice of evidence-based medicine and the drive to reduce conveyance rates to accident and emergency departments. They welcomed the forthcoming suite of 'trauma' guidance, and were keen to support their development. As trusts become more engaged with NICE the field team received further requests for support and advice.

One trust has produced a reference manual that is held in every ambulance, which summarises and contextualises relevant NICE

guidance. Application of NICE guidance recommendations has increased as a result.

The new NHS commissioning architecture

67. During 2012/13 preparations for the new commissioning arrangements in the Health and Social Care Act were progressing at speed. While old structures disappeared and new organisations emerged, the field team wanted to maintain our networks of influence and communication. The team wanted to meet leaders of the new clinical commissioning groups, the PCT staff responsible for the making the changes happen and the people involved in establishing the new commissioning support units.

68. During these visits we wanted to discuss and demonstrate how NICE guidance and standards can:

- inform the development of effective commissioning policies
- support CCG authorisation
- support local and regional QIPP programmes.

69. The focus on creating the new organisational structures meant that many of these people were not yet in a position to consider the sort of relationship that they wanted with NICE and as a consequence it proved difficult to deliver as extensive a programme of engagement as we had hoped. It became harder to engage with the CCGs as their involvement with the authorisation process intensified.

70. The field team met 49 out of 211 (23%) clinical commissioning groups during 2012/13. The meetings included briefing sessions for CCG boards, workshops with CCG members, presentations to regional groups of CCGs and practical sessions demonstrating how to use NICE guidance, standards and resources for an agreed clinical topic.

71. Feedback from CCGs took up our offer of support during 2012/13 suggested that they value face-to-face meetings and could see clear benefits of using NICE guidance and standards to inform their

commissioning activities. Before meeting the implementation consultant most CCGs had a low awareness of the support resources available from NICE but could see a clear value in using them. Of the 49 CCGs, 47 welcomed the opportunity to discuss how they could use NICE quality standards in their commissioning activities (the other 2 were already using them!).

Working with PCT clusters

72. To maintain existing networks and gather intelligence on the emerging commissioning structures the team made 38 visits to PCT clusters, meeting with directors of commissioning development and their teams.

73. Although commissioners knew about NICE guidance, awareness of NICE quality standards was low. Commissioning teams welcomed the opportunity to discuss how the quality standards can be used. Feedback was generally positive although concerns were raised about the large number of quality standards being produced and the challenge of incorporating them into local commissioning frameworks. In addition to discussing how these concerns could be resolved, the team was also able to offer practical examples from the Shared Learning Database of teams who were already using quality standards in their commissioning policies.

74. Awareness of supporting resources from NICE also tended to be low. However, reaction to the QIPP database, NICE Pathways and the NICE apps was very positive. These resources were particularly valued because they met important needs of commissioners in providing:

- rapid access to guidance – important when addressing numerous objectives within tight time constraints
- access to quality-assured examples of initiatives that maintained or improved quality while saving resources.

75. Following the visit programme, commissioners submitted 2 examples to the NICE QIPP database: 1 on reducing missed appointments and 1 on

using tele-dermatology to reduce referrals from primary to secondary care. Per 100,000 population, per annum, the former is estimated to have saved £67,000 and the latter £43,000.

76. PCT clusters were also keen for NICE to provide more quality assured examples of local organisations using NICE guidance and materials to improve their commissioning. This has been fed into the work of the project group set up by NICE to look at how this can be achieved.

Working with commissioning support units

77. As part of the creation of the new commissioning structure NHS England has developed 17 commissioning support units (CSUs) across England, which will support CCGs in their contracting and procurement activities. The field team undertook a limited programme of engagement with 10 CSUs to establish how NICE could best support their work. The CSUs were keen to hear of the role that NICE guidance and standards could play in their work, but were too early in their development to be able to describe how they could make best practical use of the support available. Working with CSUs will be a key part of the field team's approach to commissioners in 2013/14.

Working across NICE

78. Providing regular feedback to NICE is an essential part of our role. This section of the report describes the variety of ways in which the implementation consultants provide this feedback.

Providing feedback to NICE

79. Our visits are designed to ensure that organisations have the opportunity to give feedback on their impressions of NICE, our guidance and the resources that we have developed to support it.

80. To ensure that this feedback reaches the appropriate parts of NICE in a timely and relevant way we have developed a variety of communication channels:

- A **monthly report** is produced by the implementation impact and evaluation team, extracted from the field team database and circulated to the field team and implementation programme director. This enables us to detect emerging themes as campaigns progress.
- We produce a suite of **quarterly reports**, which are widely circulated within NICE. These reports summarise the findings from the preceding quarter and present feedback tailored to individual centres and directorates. They include the implementation consultants' observations and suggestions for change. The observations and suggestions are discussed quarterly with each directorate or centre, helping to ensure that findings from the field are incorporated into each centre or directorate's decision-making. The quarterly reports are available on the NICE intranet.
- A **summary of the quarterly reports** is prepared for NICE's Senior Management Team and the field team associate director attends the Senior Management Team meeting to discuss the report and actions proposed by directors.
- **Bi-monthly briefings** to NICE's Board are given by the implementation consultant covering the patch where the Board meeting is taking place. Recent findings from the field are presented, with a particular emphasis on the locality.
- Each implementation consultant has links with a NICE centre or directorate and provides regular updates on findings from the field. NICE staff are encouraged to accompany implementation consultants on their field visits and several members of staff have taken this opportunity, including members of the Senior Management Team.

81. The team's findings and experience have led to changes and developments in NICE including:

- field testing of the new local government public health briefings

- advice on the preferred methods of communication for the social care community
- considering the needs of pre hospital care services when scoping guidance
- clarification of how specific pieces of maternity guidance should be interpreted
- development of the Medicines Prescribing Centre's associate programme.

Working within NICE

Lead areas

82. The implementation consultants contribute to a variety of work in NICE, within and outside the Health and Social Care Directorate. In 2012/13 we contributed significantly to:

    - the management of service-level agreements with Northern Ireland and Wales
    - the operation of the NICE Fellows and Scholars Programme
    - the work of the Implementation Strategy Group
    - the production of an online resource for implementers
    - developing closer links with the pharmaceutical industry via the Association of British Pharmaceutical Industries.

83. We regularly brief other teams across NICE and in the implementation programme, giving detailed feedback on developments in the field and on how tools and support have been received. Giving internal teams information on how the external environment is changing has been increasingly important at this time of change in the NHS and local government.

84. We continue to provide support to NICE International and have briefed a number of visiting overseas delegations on the work of the implementation programme and contributed to NICE International assignments.

External meetings and conferences

85. The team represented NICE at a wide variety of external events, including the conferences of the Local Government Association, the Royal College of General Practitioners, the Royal College of Midwives, NHS Clinical Commissioners and the NHS Confederation. We also provided teaching sessions on 3 masters degree courses and judged entries for the NICE Shared Learning Awards.

Evaluating success

86. The team is constantly refining ways to assess the impact of its work. Following advice from the Implementation Strategy Group the team has commissioned an independent external evaluation of the team's impact and effectiveness. During early 2013 the team developed a specification that formed the basis of a competitive procurement.

87. A contractor has been appointed to undertake a research project between April and July 2013. This will involve structured interviews with key internal stakeholders and an online survey of a sample of those who the field team visited in 2012/13.

88. The findings will be reported to the Implementation Strategy Group and will be used to refine the team's engagement and evaluation activities.

Future engagement programme

89. As identified in the section 'Engagement activities 2012/13', the changes in the commissioning landscape have meant the team has needed to consider the most appropriate ways to engage with the new organisations involved. This was reinforced by the NICE Board, at its strategy meeting in October 2012, which recognised that the increasing complexity and number of commissioning organisations would need a different approach to external engagement. The Board asked the field team some draft success criteria and metrics for NICE's external engagement activities. These were developed in the context of the emerging architecture of the new commissioning environment and the

need for NICE to establish relations with some new organisations such as Academic Health Science Networks and Public Health England. These success criteria were approved by the Board in January 2013. The pace of change in the system means that the criteria for years 2 and 3 will need to be reviewed during 2013/14.

90. The success criteria and associated metrics are intended to inform not just the activities of the NICE field team but the work of the wider implementation team and other centres and directorates within NICE. Achieving them will depend on contributions from staff in the implementation and the communications teams, and other teams as appropriate.

91. The success criteria were used by the field team to develop operational plans for their engagement activities. This planning happened in January 2013 and engagement activities started in April 2013.

The NICE engagement objective

92. Our objective is that NICE is recognised across health, public health and social care as the source of high-quality, evidence-based guidance, advice and standards, and that these are routinely incorporated into practice.

Sector	Audience	Objective	Success criteria		
			2013/14	**2014/15**	**2015/16**
Health	NHS England area teams	To use NICE to inform their commissioning of primary and specialist services and to encourage CCGs to apply it to their commissioning activities.	A named lead for NICE identified by 80% of ATs and contact established by local IC.	80% of ATs have implemented the NCB policy for working with NICE. 10 examples of ATs specifying NICE QS in secondary and specialist contracts obtained.	80% of ATs using NICE QS in primary care contracts and 10 examples of improved patient outcomes derived from NICE QS obtained.
	Clinical Commissioning Groups	That CCGs routinely incorporate NICE guidance, advice and standards into their commissioning processes.	A lead for NICE identified for 80% of CCGs and regular communication maintained as agreed with the lead. 20 examples of CCGs working with NICE QS identified.	80% of CCGs have a policy for working with NICE. 40 examples of CCGs specifying NICE QS in contracts obtained.	80% of CCGs using NICE QS in contracts and 20 examples of improved patient outcomes derived from NICE QS obtained.
	Strategic	To use NICE to inform	A named contact for	80% of SCNs have a	80% of SCNs

	Clinical Networks	commissioning and service review activities	NICE identified for 80% of SCNs and a meeting with the local IC to have taken place to explore role of NICE guidance and QS in the work of SCNs and how SCNs can contribute to the work of NICE.	policy for incorporating NICE guidance and QS into their local activities	contributing to the work of NICE (e.g. membership on QSACs, GDGs and co-ordination of consultation responses). 10 examples of improved patient outcomes derived from SCNs using NICE QS obtained.
	Clinical Senates	To use NICE guidance, advice and quality standards to inform service reviews and recommendations.	A lead for NICE identified for 80% of Clinical Senates and contact established by local IC.	80% of Clinical Senates have an agreement in place for working with NICE. 5 examples of Clinical Senates working with NICE QS.	80% of Clinical Senates are using NICE guidance, advice and QS when providing strategic advice to CCGs, H&WBBs and LATs .
	Primary Care Providers	Primary care providers routinely use NICE guidance, advice and quality standards to inform their practice and deliver clinically and cost effective services for patients *(success criteria to be measured via ATs).*	80% of primary care providers are developing a policy to embed the use of NICE guidance, advice and standards into practice.	80% primary care providers can demonstrate to their commissioners (ATs) use of the above policy. At least 2 shared learning examples submitted per region	50% of primary care providers conduct clinical audits that are based on at least 1 piece of NICE guidance or use a quality standard

	NHS Trusts	To use NICE guidance advice and standards in a systematic way to inform the provision of clinical services.	Visit 80% of NHS trusts, maintain and develop effective working relationships with medical directors to support the strategic use of NICE products. 20 examples of trusts using quality standards are identified	80% of trusts have a policy for using quality standards. Further 20 examples identified of quality standards being used to improve clinical services.	80% of trusts are using quality standards to improve clinical services Further 20 examples of quality standards being used to improve clinical services.
	Academic Health Science Networks	All AHSNs are enabling and encouraging the use of NICE guidance, advice and standards across local health and social care economies.	All AHSNs have identified a nominated NICE lead and 3 key areas for collaboration for each AHSN.	All AHSNs have agreed policy for using NICE products to inform their work programmes, monthly contact established with NICE lead, two NICE implementation/research projects established in each AHSN.	All AHSNs promote a culture of evidence based practice with a programme of research/implementation projects informed by NICE products, demonstrated by improved patient outcomes from the implementation /research projects.
	Health Education England	To use NICE guidance and products to inform the education and development of healthcare professionals.	identify key local/regional bodies and for a supporting "Better Training Better Care". Undertake 4 "fact finding" visits in	deliver a systematic programme of field visits to x% of key bodies to encourage the strategic use of NICE products in healthcare education.	x% of key bodies have policies for the inclusion of NICE products in education.

			each reach region to inform the development of an engagement strategy. *(%ges for years 2&3 to be developed following completion of fact finding visits).*		
Public Health	Public Health England	That PHE uses NICE to inform public health policy and works with NICE to develop new guidance, advice and standards where needed.	A lead for NICE identified in all PHE Centres and regular communication maintained as agreed with the lead. Process for referring topics to NICE for guidance and quality standards developed.	*Proposals for years 2&3 to be developed once a clearer understanding of PHE's operation and relationship with NICE obtained.*	
Public Health Public Health	Local authority public health teams	To use NICE to inform the commissioning and provision of public health programmes.	A policy for the use of NICE PH guidance exists in 50% of Las.	80% of LAs have a policy for working with NICE. 40 examples collected of NICE PH guidance being used to inform commissioning of PH services.	20 examples of NICE PH QS being used as part of contracts.
	Health and wellbeing	H&WBs use NICE guidance advice and	Lead officer identified for all H&WBs and	80% of JSNA/Joint Health and Wellbeing	40 examples evidencing use of NICE guidance,

	boards (H&WBs)	quality standards to improve the health and wellbeing of their population	regular contact maintained as agreed with lead officer	strategies reference NICE guidance and standards	advice and quality standards to improve population health
Social Care	Social care commissioners	NICE guidance, advice and standards are routinely incorporated into the social care commissioning process	Positioning of NICE guidance and quality standards in the adult and children's social care commissioning sector is described and communicated	50% of Local Authorities registered as NICE stakeholders 50% of Local Authority adult and children's services commissioners have a policy for working with NICE guidance, advice and standards. 10 examples of Local Authority commissioners specifying NICE QS in contracts	50% of Local Authorities using NICE QS in contracts 10 examples of quality improvements as a result of specifying NICE guidance and quality standards in contracts.
	Social care providers	NICE guidance, advice and quality standards are routinely used to inform the planning and provision of social care services	Key adult and children's care provider organisations identified and prioritised for engagement Positioning of NICE guidance and quality standards in the adult and children's social	50% of Local Authorities, with a care provider role have a policy for working with NICE social care guidance and quality standards 10 examples of social care providers	50 % of Local Authorities with a care provider role have implemented a policy for working with NICE social care guidance and quality standards. 20 examples of social care providers

			care commissioning sector described and communicated	prioritising, using and auditing against NICE quality standards	incorporating NICE quality standards into their quality profile