

NICE in Northern Ireland

Implementation Facilitator Engagement Activities 2013/14

Executive Summary

1. From 1 October 2012, NICE was able to secure funding, after negotiations with the Department of Health, Social Services and Public Safety (DHSSPS), for a permanent member of the field team to support and facilitate the implementation of NICE guidance in Northern Ireland.
2. The main aims of the implementation facilitator role can be captured by the following objectives:
 - a. To provide strategic advice and context to help senior management teams in the HSC and the DHSSPS work with NICE guidance (strategic support).
 - b. To provide support to organisations that are implementing NICE guidance and to play an important role in the promotion and dissemination of the entire range of NICE products, including advice on how to use the NICE implementation support tools and other NICE resources (increasing awareness and implementation support).
 - c. Help to solve problems by sharing examples of how organisations have worked together to implement guidance (sharing the learning).
 - d. To collect feedback for NICE from clinicians, practitioners and managers on new NICE products and suggestions for improvement and giving regular feedback to NICE on the results of this fieldwork (feedback to NICE).
3. In 2013/14, one of the main aims of the NICE implementation facilitator role was to build relationships and raise awareness of NICE in Northern Ireland. Introductory meetings were held with all health and social care organisations in Northern Ireland to understand how they were implementing NICE guidance. This was in response to 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 processes were reviewed by the Regulation and Quality Improvement Authority (RQIA) with support from the implementation facilitator, and the review, [National Institute for Health and Care Excellence \(NICE\) Guidance: Baseline review of the implementation process in health and social care \(HSC\) organisations](#), was published in July 2013. The recommendations from this review provided direction for the work plan for the remainder of 2013/14.

4. The main focus of the introductory meetings with the health and social care organisations was to provide an update on guidance, quality standards and support materials relevant to services in their responsibility, and discuss how NICE resources can best be used to provide high-quality care. The meetings were an opportunity for the health care professionals and managers to provide feedback on NICE guidance and discuss some of the challenges around working with NICE guidance, standards and advice. The visits also enabled the implementation facilitator to gain a better understanding of the extent to which NICE guidance is used by the organisations in Northern Ireland.
5. Following on from one of the recommendations in the RQIA review, the implementation facilitator established a network called the Northern Ireland NICE Managers' Forum, which includes NICE implementation leads from both commissioning and provider organisations, to discuss common issues and share good practice in implementing NICE guidance.
6. Over the course of the year, the implementation facilitator for Northern Ireland made 208 visits to 28 organisations. This included 69 visits to 6 health and social care trusts and 139 visits to 22 other organisations and networks in Northern Ireland.
7. The remaining sections of this report describe some of the engagements and achievements in further detail under the broad headings detailed in point 2 above.

Strategic Support

8. The role of the implementation facilitator for this objective is to provide strategic advice and context to help senior management teams in the HSC and the DHSSPS work with NICE guidance.
9. The activities included in this section relate to meetings with the DHSSPS as well as the more senior healthcare professionals within HSC Trusts.
10. Monthly meetings are held between the implementation facilitator and DHSSPS to address current, ongoing and future issues and queries from both parties. This engagement allows for two-way communication regarding updates and sharing of information.

Meetings with Health and Social Care (HSC) Trusts Medical Directors (including Northern Ireland Ambulance Service)

11. In January 2013, the implementation facilitator attended the Medical Leaders' Forum, membership of which comes from each HSC and educational organisation and institution in Northern Ireland, to agree an initial strategy for engagement with each of the 6 HSC Trusts. It was agreed that this engagement would begin with meetings with HSC Trust Medical Directors and to subsequently ascertain engagement priorities for each Trust.
12. Meetings were later set up and undertaken in each of the 6 HSC Trusts. Additional engagements were suggested by the Medical Directors and followed up where appropriate.

Regulation, Quality and Improvement Authority (RQIA)

13. The implementation facilitator worked with RQIA as an external assessor on 2 reviews.
14. The first was in response to 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 processes were reviewed by the Regulation and Quality Improvement Authority (RQIA) with support from the implementation facilitator, and the review, [National Institute for Health and Care Excellence \(NICE\) Guidance: Baseline review of the implementation process in health and social care \(HSC\) organisations](#), was published in July 2013. The recommendations from this review provided direction for the work plan for the remainder of 2013/14 (see appendix 1).

15. The second review that the implementation facilitator helped support was the ['Review of the Implementation of NICE Clinical Guideline 42:Dementia'](#), published in June 2014. The recommendations from this review are detailed in appendix 2.
16. For both RQIA reviews, the implementation facilitator contributed to and presented at summit events.

Health and Social Care Board (HSCB) – Patient Access Scheme

17. The implementation facilitator facilitated resolution of an issue in relation to the uptake of patient access schemes (PAS) in Northern Ireland. The issue stemmed from internal legal advice provided to Business Services Organisation Procurement and Logistics Service (BSO PaLS) which required them not to sign the confidentiality agreements which some pharmaceutical companies required the Trusts to complete prior to releasing to them the PAS prices. The implementation facilitator initiated discussions between NICE, ABPI NI and BSO PaLS to agree acceptable new wording for the confidentiality agreements and subsequent adoptions of the PASs in Northern Ireland.

NICE Social Care Guidance Programme

18. In April 2013, NICE took on additional responsibility to develop NICE guidance, advice and standards for social. The implementation facilitator met with the Chief and Deputy Social Services Officers, DHSSPS as well as Director of Social care and Children's Services, HSC Board to update them on

this new work programme. The DHSSPS will consider inclusion of social care guidance programme within the service level agreement from 2015/16.

Safe staffing guidelines programme

19. In quarter 4 2013/14, the implementation facilitator met with the Chief Nursing Officer, DHSSPS to provide an update and details in relation to the scope of the first guideline to be developed as part of NICE safe staffing programme. Subsequent engagement with the HSC Trust Directors of Nursing was agreed.

Increasing Awareness and Implementation Support

20. The role of the implementation facilitator for this objective is to provide support to organisations that are implementing NICE guidance and to play an important role in the promotion and dissemination of the entire range of NICE products, including advice on how to use the NICE implementation support tools and other NICE resources.
21. The activities detailed in this section relate to both formal and informal training in response to requests from organisations as well as those proactively scheduled by the implementation facilitator. Ultimately the aim of all engagements was to increase awareness of how NICE works, the availability of NICE products (guidance, advice and quality standards), how NICE differs in Northern Ireland compared to other United Kingdom countries, implementation support tools, how to keep up to date with NICE and how to get involved.
22. These engagements support recommendations 11 and 12 of the RQIA review “National Institute for Health and Care Excellence (NICE) Guidance: Baseline Review of the Implementation Process in Health and Social Care (HSC) Organisations” (RQIA, July 2013) (Appendix 1).

HSC Trusts

23. 3 presentations were delivered to NHSCT Pharmacy and Medicines Management Team (Antrim, Causeway and Holywell Hospital sites).
24. The implementation facilitator delivered a presentation to SEHSCT Multiprofessional Audit Conference.
25. Introductory meetings were held with Northern Ireland Cancer Network (NICaN) facilitators and network leads and the regional cancer service pharmacists.

HSC Board

26. The implementation facilitator delivered 2 presentations to both north and south pharmacy and medicines management teams.

Guidelines, Audit and Implementation Network

27. The implementation facilitator regularly attended the Guidelines, Audit and Implementation Network (GAIN) Strategic and Operational Committees.
28. Pharmacist representation on the GAIN Operational Committee was secured by the implementation facilitator.
29. A presentation was delivered to the GAIN Clinical Audit Managers Group and the implementation facilitator arranged subsequent membership to this group as it was felt that there were common agendas that would be mutually supportive.

Postgraduate Bodies

30. The implementation facilitator met with the Director and Chief Executive of the Northern Ireland Medical and Dental Training Agency (NIMDTA) to discuss how awareness of NICE products could be promoted to postgraduate doctors and dentists. Participation in a programme of generic skills modules on quality improvement to foundation year doctors was agreed as a way forward.
31. The implementation facilitator jointly delivered a module of the independent prescribing for pharmacists professional qualification on evidence based practice. This course is supported and delivered by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD).

Universities

32. The implementation facilitator met separately with staff from the Queen's University of Belfast (QUB) School of Nursing who are on NICE committees. These committees are the Implementation Steering Group and Interventional Procedures Guidance Committee.

33. The implementation facilitator delivered a presentation of the products and support available from NICE for nurses at the QUB School of Nursing Board meeting.
34. A presentation was delivered to both newly qualified and existing practising nurse prescribers at the annual nurse prescribing update. In 2013, this workshop was facilitated by QUB School of Nursing.
35. In November 2013, the implementation facilitator delivered the NICE Student Champion Scheme jointly with a NICE colleague. The student champion scheme was intended to be solely for QUB School of Pharmacy students, but due to capacity issues within the NICE Evidence Services team, they were unable to offer the scheme to any other educational establishment in Northern Ireland. As a result, QUB School of Pharmacy agreed to allow students to attend from University of Ulster School of Pharmacy, QUB School of Dentistry and QUB Centre for Public Health.

Medical Library

36. A presentation was delivered to the pharmacy, medical and allied health professional specialty leads within the QUB Medical Library Service and an agreement was reached to mutually support each service within respective roles.

Royal College of Nursing – NI Branch

37. The implementation facilitator had an introductory meeting with the Director of the Royal College of Nursing for Northern Ireland.
38. The implementation facilitator has secured arrangements with RCN Northern Ireland to utilise their weekly update email bulletin as a way for promote awareness of NICE. In 2013, this bulletin was used to promote the NICE Board meeting which was held in Belfast.

Association of the British Pharmaceutical Industry Northern Ireland

39. A presentation was delivered to the Association of the British Pharmaceutical Industry (ABPI) Northern Ireland to increase and promote awareness of NICE guidance and support tools. It was agreed that this would become an annual update.
40. The implementation facilitator helped resolve the issues around implementation of PASs in Northern Ireland with ABPI Northern Ireland (as detailed in paragraph 17 above).

Debating Matters

41. In October 2013, the implementation facilitator was invited to participate as a judge in a schools debating competition.

BNF App

42. By the end of 2013/14, Northern Ireland remains the only UK country unable to access the BNF app, although access is still possible via the BNF website and NICE Evidence Services section of the NICE website. Despite exhaustive efforts from NICE and Eduserv, they have been unable to find a workaround to the limitations of the BNF apps in being unable to process federated logins. They will only accept logins directly into the app, and there is currently no way around this. However, during 2015, NICE is to negotiate a UK open access app for the BNF which the two Boards (NICE and BNF) will take time to agree.

Sharing the Learning

- 43. The role of the implementation facilitator for this objective is to help to solve problems by sharing examples of how organisations have worked together to implement guidance.
- 44. The activities in this section refer, in the main, to the setting up of the Northern Ireland NICE Managers' Forum.
- 45. The establishment of the Forum supports recommendation 8 of the RQIA review "National Institute for Health and Care Excellence (NICE) Guidance: Baseline Review of the Implementation Process in Health and Social Care (HSC) Organisations" (RQIA, July 2013) (Appendix 1).

Northern Ireland NICE Managers' Forum

- 46. Following on from one of the recommendations in the RQIA review, the implementation facilitator established a network called the Northern Ireland NICE Managers' Forum, which includes NICE implementation leads from both commissioning and provider organisations.
- 47. The purpose of the NICE Managers' Forum is to facilitate collaboration, discussion and support between organisations, regarding implementation of NICE guidance, encouraging discussion around common issues and to share good practice in implementing NICE guidance.
- 48. The first meeting of the forum was held in August 2013 and subsequent meetings are held quarterly.

Feedback to NICE

49. The role of the implementation facilitator for this objective is to collect feedback for NICE from clinicians, practitioners and managers on new NICE products and suggestions for improvement and giving regular feedback to NICE on the results of this fieldwork.
50. The implementation facilitator provides feedback to NICE centres and directorates following each visit with organisations in Northern Ireland. Four higher profile examples are detailed below where other employees from NICE were involved in the engagements.

NICE Board Meeting in Belfast

51. In November 2013, the NICE Board meeting was held in Belfast. Alternate monthly NICE Board meetings are held in public and locations are rotated around the United Kingdom. The last time that the NICE board was held in Northern Ireland was in 2010.
52. The Chief Executive of the HSC Board addressed the NICE Board at the closed morning session of the Board with a presentation on Transforming Your Care. The implementation facilitator also delivered a presentation setting the scene in Northern Ireland with some demographic and epidemiological facts as well as a brief description of the structure of HSC in NI and the challenges facing the implementation facilitator role.
53. The afternoon session, which was open to the public, was well attended by HSC employees, pharmaceutical industry and voluntary and independent sector representatives. The NICE Chair and Chief Executive who ran the Question and Answer session commented that they were impressed with the breadth and content of the questions raised in contrast to previous visits to Northern Ireland. The implementation facilitator delivered an oral presentation on 'NICE in Northern Ireland', which provided some detail of the work to date and some of the imminent challenges ahead.

Visits to NI

54. In quarter 2 2013/14 the NICE Chief Executive, prior to the NICE Board meeting in Belfast, accompanied the implementation facilitator on a day of visits in Northern Ireland. He had an opportunity to meet with the HSc Board Director of Integrated Care, HSC Board Head of Pharmacy and Medicines Management, HSC Board GP Lead of an Integrated Care Partnership, HSC Board Social Care Leads and RQIA Senior Management Team.
55. In quarter 4 2013/14, one of the NICE Fellows accompanied the implementation facilitator on a 2 day visit to Northern Ireland. She had been tasked with setting up the NICE Liaison Group for Wales and was interested to see how the implementation facilitator role works in practice. She had the opportunity to attend the Northern Ireland NICE Managers' Forum, the implementation facilitator's monthly meeting with DHSSPS, a presentation to a Trust pharmacy and medicines management team and the Medical Leaders' Forum.
56. The implementation facilitator facilitated resolution of an issue in relation to the uptake of patient access schemes (PAS) in Northern Ireland (see paragraph 17 for more detailed information). The implementation facilitator initiated discussions between NICE, ABPI NI and BSO PaLS by facilitating an initial meeting between the Associate Director with responsibility for NICE PAS Liaison Unit with the named organisations.

National Institute for Health and Care Excellence (NICE) Guidance: Baseline Review of the Implementation Process in Health and Social Care (HSC) Organisations (RQIA, July 2013)

http://www.rgia.org.uk/cms_resources/NICE_PublishedReport_FINAL_24%2007%2013_ISBN.pdf

Recommendations

Recommendation 1: All Health and Social Care organisations should consider having identified lead to manage the distribution and implementation of NICE guidance. For larger organisations, the potential benefits of having a dedicated lead for this function should be considered.

Recommendation 2: The HSC Board should establish a central on-line information point where the status of all NICE guidance is recorded for Northern Ireland.

Recommendation 3: The HSC Board dissemination arrangements for all NICE guidelines should be reviewed to ensure that all organisations receive the guidance which is relevant to their functions. This should include consideration of dissemination to primary care, independent sector organisations and the voluntary sector.

Recommendation 4: The revised dissemination arrangements for NICE guidance, once agreed, should be reviewed after a year of operation to ensure that they are working effectively.

Recommendation 5: The static list of guidance issued prior to 2006, and which has not yet been reviewed for endorsement in Northern Ireland, should be prioritised at the earliest opportunity.

Recommendation 6: A template should be developed, to provide information about NICE guidance, for bi-monthly Trust Directors meetings. This template should include both positive statements as to where the guidance has been implemented as well as any areas where implementation has not yet been completed.

Recommendation 7: A regional project should be established to agree the specification of an information management system for the implementation of NICE guidance.

Recommendation 8: A network should be established which would include NICE implementation leads from both commissioning and providing organisations, to discuss common issues and share good practice in the implementation of NICE guidance.

Recommendation 9: All organisations should review their arrangements for linking risks, associated with the implementation process for NICE guidance, to the process of updating risk registers.

Recommendation 10: Under the new arrangements for dissemination of endorsed guidance for Northern Ireland a planned system should be considered for release of guidance on a monthly basis where possible.

Recommendation 11: All HSC organisations should review their use of NICE implementation tools.

Recommendation 12: All HSC organisations should collaborate with the NICE Implementation Facilitator for Northern Ireland to raise awareness within organisations, of NICE implementation support tools and how HSC organisations could utilise them to support quality improvement.

Review of the Implementation of NICE Clinical Guideline 42: Dementia (RQIA, June 2014)

http://www.rqia.org.uk/cms_resources/Review_of_the_Implementation_of_NICE_CG_42_Dementia.pdf

Recommendations

Recommendation 1: Prior to release of NICE clinical guidelines, the DHSSPS should review and take account of other guidance, strategies or ongoing reviews in the same area, to determine how to maximise the benefit of implementation of clinical guidelines in service improvement.

Recommendation 2: Trusts should utilise the appropriate recommendations from NICE clinical guidelines to inform the process of planning future changes to services.

Recommendation 3: Trusts should fully utilise the appropriate NICE implementation tools when making changes to services.

Recommendation 4: Trusts should share their proposed approaches to taking forward the implementation of NICE clinical guidelines and, where appropriate, develop a common approach.

Recommendation 5: Trusts should consider further awareness sessions for staff in relation to clinical guideline 42.

Recommendation 6: Trusts should include NICE clinical guidance 42 as part of the staff induction programme for new staff coming into dementia care services.

Recommendation 7: Trusts should develop a mechanism to facilitate the sharing of areas of good practice.

Recommendation 8: Trusts should review the comments made by people living with dementia and their carers and where applicable address the concerns raised.

Implementation Facilitator Proposed Engagement Activities 2014/15

1. Participate in RQIA review of implementation of named specific NICE clinical guidelines or review of NICE guidance in relation to specific clinical/service areas.
2. Lead on primary care campaign for engagement for NICE Field Team.
3. Engagements with HSC Trust Directors of Nursing and HSC Trusts Heads of Pharmacy and Medicines Management.
4. Deliver Student Champion Scheme for QUB School of Pharmacy (and University of Ulster School of Pharmacy).
5. Deliver lectures/workshops to final year pharmacy students at QUB and University of Ulster.
6. Work with NICE Evidence Services, QUB Medical Library Service and Eduserv to further the development of the availability of the BNF in Northern Ireland.
7. Deliver annual presentation to ABPI Northern Ireland.
8. Deliver workshop on evidence based practice as part of pharmacist independent prescribing qualification.
9. Work with NIMDTA to explore how NICE can be incorporated into medical training.
10. Attend Medical Leaders' Forum to provide update on NICE.
11. Attend, support and facilitate Northern Ireland NICE Managers' Forum meetings and actions resulting from meetings.
12. Work with HSC Board and Public Health Agency to deliver practical workshops on the use of NICE guidance and tools in practice.

13. Work with HSC Board, Public Health Agency and NICE Costing and Commissioning Team to develop a workshop on the practical use of NICE costing templates.
14. Continuous Professional Development – complete online learning module from University of Sheffield on Health Technology Assessments.