Background

NICE’s business plan sets a strategic objective for the Institute to “Both drive and enable the design and the effective delivery of services provided by the health and care system. Our knowledge of the evidence for good quality care and outcomes and our ability to convert it into guidance and other forms of information, which those working in both systems can use to improve their decisions, puts us in a unique position to influence the nature and shape of services into the future”. This ambition is summarised in the graphic below.

The NICE implementation strategy aims to build on NICE’s strategic objective to be both a driver and an enabler, and to ensure the effective use of NICE guidance and standards to drive local quality improvement initiatives.
Purpose and scope

The Implementation Strategy Group (ISG) will help NICE achieve the aims of its implementation strategy in the following areas:

- Provide information on relevant existing, ongoing or new implementation science that they are involved with or aware of that they think is relevant to the NICE implementation strategy.
- Advise NICE on the implications of or opportunities arising from this.
- Advise NICE, and in particular the Science Policy & Research (SP&R) team, on opportunities and synergies between the NIHR and other funding bodies’ portfolios and the implementation science agenda.
- Engage with the research community to stimulate evaluation of significant areas of implementation and improvement science to inform the NICE implementation strategy.
- Provide suggestions on the future direction of the implementation strategy and the work programmes underpinning this.
- Comment on current approaches.
- Identify opportunities for further evaluation and research.

NICE will respond to the advice and information given by the group and provide the ISG with updates on its progress with the strategy, future intentions and direction.

Membership

The ISG will comprise academic leaders in the field of health and social science reflecting a range of issues relevant to implementation in a national context including:

- Understanding the nature of change within the health and social care, or wider public sector
- Behaviour change science
- Systematic mechanisms/levers for change in relevant sectors
- System level improvement techniques
- Role of opinion leaders
- Practical techniques
- Evaluation

Members are appointed on the basis of their expertise and interests. They are not appointed to act as representatives of a particular organisation, however it is recognised that their organisational roles will influence their contribution to the group and that this may be beneficial for NICE. Where appropriate they may also wish to influence on behalf of the NICE implementation strategy group in relevant forums and settings.

The Chair and members will be appointed using informal and where needed, formal, recruitment procedures. The group will be led by an independent Chair, appointed for an initial period of three years, extendable by mutual consent.

Last updated 2018 – Due for review 2021
agreement for a further three years. Members will also be appointed for an initial period of three years, extendable by mutual consent, on a rolling year by year basis. To enable the group to maintain a continuing dialogue with NICE, members who miss two meetings in a 12 month period will be contacted to consider their continuation of membership. The relevant Health and Social Care Directorate Programme Director, Deputy Chief Executive, Associate Directors from a number of teams across NICE and Implementation Consultants will join the group as required, depending on the topics being considered.

The current membership and members areas of interest will be published on the NICE website. These will be removed when members leave the group.

Depending on the topic under discussion, the members may be joined by additional experts. NICE fellows and scholars with relevant academic experience may, where appropriate, be invited to attend the group to engage on specific issues.

**Meetings**

Members of the ISG will be required to declare whether or not they have any conflicts of interests on an annual basis and to confirm that there haven’t been any changes at the beginning of each meeting. We also ask you to sign a confidentiality form to show you have agreed to what is set out in that particular document. These will be stored by NICE for the duration of the membership on the group.

The Group will meet up to three times per year, typically in, February, June and October. Additionally, they may be emailed questionnaires/papers to comment upon, expecting to be no more than 3 times a year and take probably no more than 2 hours.

The Health and Social Care Directorate Programme Director will liaise with the Chair to set the agenda for the ISG meetings. They will ensure that there is an appropriate presence of the membership to have a meaningful discussion.

The Programme Director will report on the advice and information given by the group to the Senior Leaders Team within the NICE Health and Social Care Directorate. Re-imbursement will be in line with NICE’s travel and subsistence policy.

**Evidence of Impact**

NICE will annually review the impact of the ISG and feed back to the group on a regular basis.

To support this, the notes of meetings will capture key advice points received from the ISG and actions.

Last updated 2018 – Due for review 2021
Member’s contact information will be kept by NICE for the duration of their membership on the group and will be destroyed when they no longer want to be part of the group or contacted by NICE.

Please sign and date below to confirm you have read and understood this document:

Signed..............................................................Date .................
Print name ........................................................................

The personal data submitted on this form will be used to record your agreement to the terms set out in this document.

For more information about how we process your personal data, please see our privacy notice.

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