NICE uptake and impact report
September 2016

A biannual report on the uptake of NICE products and NICE’s impact on health and social care
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Foreword

NICE has a national, and international, reputation for developing robust, evidence-based guidance, standards and advice. We are best known for our work relating to health and new technologies, but we also have highly regarded work programmes addressing wider public health issues and, more recently, social care for adults and children.

This report is our first attempt at drawing together a wide range of information which, seen in the round, sets out what we know about NICE’s influence across health and social care. None of this information sits in isolation, but together it helps develop a picture of how NICE and its products are seen and used. The report doesn’t attempt to either define or directly measure the impact of NICE, as our work sits within a wider system with multiple initiatives that drive and improve health and the quality of care.

We have made a concerted effort to identify sources of data that might demonstrate the uptake of specific NICE guidance recommendations and standards. The most useful sources include national audit data, published research, datasets of routine indicators and the innovation scorecard, dedicated to tracking NICE-approved drugs. To bring this to life, we have illustrated the data with examples and case studies.

As well as the uptake of specific recommendations, we have also looked at the wider impact of NICE on the health and care system, particularly in relation to the use of evidence to drive improvements. Gathering information to illustrate this wider impact is more challenging, but includes media coverage, influence on national policies and a culture of using evidence. It may also include guidance being reflected in the work of regulators, in standards for education and training, and in the work of local scrutiny functions.

We will update this report every 6 months, and we very much welcome comments and suggestions for additional information sources that we can build into it in the future.

Gillian Leng

Deputy Chief Executive, NICE
1 Executive summary

This report presents a collation of data and information from a wide range of sources, published between July 2015 and March 2016. It aims to provide as comprehensive a picture as possible on what is known about both the uptake of recommendations from NICE guidance and standards, and the impact of NICE within the wider health and care system.

We included any national data that could demonstrate how NICE recommendations have been implemented. Most of this related to the health sector, with much less information available for public health and social care.

We found 15 national audits or reports related to NICE guidance, which covered the uptake of nearly 150 individual recommendations or quality statements. We found that 36 of the measures showed an increased uptake of NICE recommendations from the last time they were recorded, 24 showed lower uptake and 87 were either new or showed no change. We also made use of data from the innovation scorecard, the medicines optimisation dashboard and from national indicator sets such as the quality outcomes framework (QOF).

To examine NICE’s wider impact we drew on information sources that could help provide a picture about how NICE is perceived and valued within the wider health and care system. These included 26 shared learning examples, published by NICE to show how guidance is implemented, information from the NICE field team of implementation consultants and NICE medicines and prescribing associates, and detail from over 8,500 enquiries we received during the period.

To illustrate this further, we also developed a series of case studies. These show how NICE’s work aligns with national priorities, highlight the impact of newly published guidelines and show variation in uptake. When possible we have used multiple data sources in the case studies to demonstrate the added value of both NICE guidance and the wider communication and engagement activities that NICE undertakes.

Future uptake and impact reports will continue to build up a profile of data from a variety of information sources to help improve our understanding of the impact and uptake of NICE products in the health, public health and social care sectors. NICE will continue to work closely with national organisations, including the Health Quality Improvement Programme (HQIP), the Care Quality Commission (CQC) and Healthwatch, to help align national data collection with NICE recommendations and standards.
2 Introduction

Who is this report for?

This report provides a picture of the uptake of NICE recommendations and the wider impact of NICE and its products, drawing on available data. This has primarily been developed to inform the NICE Board, but it may also be of interest to:

- people who work in health, public health and social care
- the wider public.

What are the aims of this report?

We aim to summarise and present information collated from a range of sources that looks at the uptake and impact of NICE products in the health, public health and social care sectors.

We have used published national data to examine the uptake of NICE products. These data measure how our recommendations are being used and help to identify areas where uptake is high, low or variable.

We also examine the wider impact that NICE is having on the health, public health and social care sectors. This has been done using feedback collected through engagement, communication and consultation by NICE to give an overview of how NICE products are being used in practice.

We include case studies showing how NICE’s work may be associated with changes in outcomes, but recognise that other factors may have contributed. There are many reasons why outcomes may have changed, and this is complicated by limited sources of information and the complexities of the health, public health and social care sectors.
3 Information sources used in this report

To develop this report, we considered information that was newly available and published between July 2015 and March 2016. These sources of information were identified using:

- Monthly searches of the websites of national organisations such as HQIP, NHS Digital and the CQC to identify newly published audits and reports. When identified, these were included in NICE’s audit publications planner, which provides details of current and future national audit publications. The data extracted from these audits and reports was stored in NICE’s uptake database.

- An analysis of national data. This included prescribing data published in the innovation scorecard and the medicines optimisation dashboard, and performance data from the QOF and Clinical Commissioning Group Outcomes Indicator Set (CCG OIS).

- A review of the 26 shared learning examples which were published during the period.

- A call for information about NICE’s communication and engagement activities from teams across NICE, including the NICE field team of implementation consultants, the NICE medicines and prescribing associates and NICE’s communications team.
We reviewed the information to identify data which related to recommendations from NICE products. Further inclusion criteria were used to develop illustrative case studies for health, social care and public health sectors (see using the information to develop illustrative case studies). These case studies are explained in more detail in the findings section.
Uptake of NICE recommendations

The best available information to examine the uptake of NICE recommendations is published national data. This is because it gives us the most accurate and representative picture of how NICE recommendations are being used in practice.

Following the process of identifying information, the following national data sources on the uptake of NICE guidance and quality standards were used:

- National audits, reports and surveys published by organisations such as NHS Digital, the Health Quality Improvement Programme (HQIP) and the Care Quality Commission (CQC) were reviewed systematically to identify data that map to NICE guidance and quality standards. Between July 2015 and March 2016, data from 15 national audits were added to NICE’s uptake database, giving us information about the national uptake of 38 NICE guidelines and quality standards.

- The innovation scorecard contains national level prescribing data that support appropriate access to NICE-approved products such as medicines and technologies. The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE’s technology appraisals. The innovation scorecard report in January 2016 contained data for 91 medicines and 9 medical technologies that have been recommended by NICE.

- The medicines optimisation dashboard contains national data on medicines use that aim to help clinical commissioning groups improve and understand how well patients are being supported to use their medicines. NICE have identified 17 key therapeutic topics where there are potential opportunities for maintaining or improving quality and improving value from the use of medicines. The dashboard currently contains data for 6 key therapeutic topics: acute kidney injury, mental health, type 2 diabetes, biosimilar medicines, antibiotic prescribing and anticoagulants.

- The QOF and CCG OIS contain national data from general practice about user achievement against groups of indicators. NICE has developed a menu of indicators that are suitable for inclusion in the QOF and the CCG IOS. Data are available on 77 QOF indicators (60 of which are from the NICE menu) and 59 CCG OIS indicators (40 of which are from the NICE menu).
Wider impact of NICE

Assessing the wider impact of NICE is not an exact science, and is inevitably influenced by other activity across the wider health and care system. To show how NICE and its products are used and valued, we collected as much information as possible from a range of sources. This included local feedback from places where NICE has actively engaged with health and care professionals, to show how well NICE products are understood and used.

We used the following sources of information to help illustrate the wider impact of NICE:

- **Shared learning examples** on the uptake of NICE guidance that have been submitted by a range of health, local government and social care organisations.

- Activity feedback from the [NICE field team](#) of implementation consultants, who promote and disseminate NICE products and provide support to organisations in England and Northern Ireland on how to implement recommendations and quality standards.

- Activity reports from the NICE [medicines and prescribing associates](#), who work to support and promote high quality, safe, cost-effective prescribing and medicines optimisation in their local health economy.

- Activities carried out by NICE’s communications team to promote and support the uptake of our products.

- Feedback from attendees of 131 local, national and international conferences and events which featured speakers from NICE, and the 19 events with NICE stands, promoting our work in general or supporting uptake of specific products.

- Data from the 8,620 enquiries received by the enquiry handling team at NICE, which can help to identify popular themes among health and care professionals and the wider public.
Using the information to develop illustrative case studies

Case studies were developed in topic areas that aligned to NICE products if the available information:

- was considered of interest (those relevant to national priorities or newly published NICE guidance), and
- showed a range of high and low uptake or provided insight into the wider impact of NICE and its products.

NICE works in 3 sectors: health, public health and social care. We used a range of information sources to look at the use of NICE guidance and the wider impact of NICE in each of these sectors. However, the complexity of the wider health and care system means that some of the information we found is relevant to more than one sector. For example, many of the shared learning examples cross over sectors and 12 of the 77 QOF indicators are classified by NHS England as being in the public health domain.

The sources of information available for the 3 sectors are shown below.

Each case study looks at the uptake and impact of a NICE product or series of products. For example, there are several clinical guidelines, public health guidelines and related technology appraisals for managing diabetes. Because both the data and NICE’s guidance cross over sectors, some of the case
studies do too, and some demonstrate how integration between sectors may improve outcomes.

When possible, the case studies use more than a single source of data to give a broader view of the effect of NICE’s products. National data sources were used when available, supplemented with information about the wider impact of NICE.

We developed 22 case studies across the 3 sectors:

- 17 case studies for health (see appendix A)
- 3 case studies for public health (see appendix B)
- 2 case studies for social care (see appendix C).
4 Findings

Health

This section covers information looking at the uptake and impact of NICE clinical guidelines, quality standards, technology appraisals, medical technologies and diagnostic guidance. The sources of information we used are shown below.

![Table showing sources of information for Health](image)

Overview of findings

From the 15 national audits or reports we found between July 2015 and March 2016, 147 audit criteria were assessed as relating to NICE recommendations.

![Diagram showing findings](image)
Some audits did not use the same measures over time and some of the audits included did not fully align to guidelines (see how can we improve data collection in the future?). Also, some improvements were small and may not represent statistically significant changes.

Information on the national and regional prescribing of medicines is available from the innovation scorecard and the medicines optimisation dashboard. There is less information on the use of medical technologies and diagnostic tests. This is because there is very little centrally collected data, and sales data do not always give an accurate idea of how often products are used.

Seven of the 17 case studies we developed are covered in detail in this section. These case studies look at the uptake of NICE recommendations and the wider impact of NICE in 3 areas of health:

- clinical practice
- medicines
- medical technologies and diagnostics.
Clinical practice

Eleven case studies were developed looking at the use of clinical guidelines or quality standards (see appendix A). In this section we cover 3 case studies in more detail.

These case studies use national data and are likely to be representative of England as a whole. However, outcomes may have been influenced by several factors and not just by the uptake of NICE recommended processes.

Case study 1: Falls in older people (CG161, QS86 and CG103)

NICE guidance (CG161) on assessing risk and preventing falls in older people recommends that fall risk prediction tools should not be used to predict inpatients’ risk of falling in hospital. Instead, all patients aged 65 years or older, and patients aged 50 to 64 years who are judged to be at higher risk of falling because of an underlying condition, should be regarded as being at risk of falling in hospital. The guidance recommends using a tailored and multifactorial risk assessment, including a review of medicines, for all patients at risk of falling. Related NICE guidance on delirium (CG103) recommends that all people aged over 65 presenting to hospital should be treated as being at risk of delirium, and should be assessed for recent changes or fluctuations of behaviour which might indicate delirium.

The National Audit of Inpatient Falls included both a clinical audit of patients aged over 65 who were admitted for a non-elective reason and an organisational audit of trust policies and procedures. The clinical audit found low uptake of assessment or diagnosis of delirium (37%). The organisational audit found high uptake of the inclusion of a medication review in multifactorial risk assessments (88%) but reported that 73% of trusts continue to use risk prediction tools for falls, despite the recommendation that their use should be stopped.

The latest NHS Safety Thermometer reports a reduction in the number of falls resulting in harm from 0.9% of inpatients in May 2013, before CG161 was published in June 2013, to 0.6% in March 2016. However, the audit results show that the uptake of some NICE recommendations is higher than others. Implementing all NICE recommendations might help to reduce the number of falls even further. The audit report advises trusts and health boards to review their falls pathway and to stop using risk prediction tools with immediate
effect. It is hoped that these changes could lead to future improvements in this area.

Since publication of the NICE guidance and quality standard on falls in older people (CG161 and QS86), the NICE field team of implementation consultants have worked with clinical commissioning groups with the aim of reducing rates of harm from falls. In Suffolk, the implementation consultant worked with a member of the NICE falls guideline committee to run group sessions at a conference organised by the local CCGs and councils, with 160 delegates in attendance. These sessions looked at local service provision and compared it to statements in QS86 to find areas where improvement efforts could be focused.

**Case study 2: Psychosis and schizophrenia in adults (QS80) and bipolar disorder in adults (QS95)**

The NICE quality standards on psychosis and schizophrenia and on bipolar disorder both include a statement recommending physical health assessments.

**QOF** data from England show that, in 2014/15, a high proportion of people with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption (80%) and blood pressure (81%) recorded. These indicators are included in the QOF with achievement thresholds of 50% to 90%; it is encouraging to see that actual achievement was towards the upper threshold, with little variation across the included CCGs.

These findings suggest that GP practices in England are delivering this quality standard well. This is good news, because assessing physical health allows healthcare professionals to identify early signs and symptoms of poor health and take action to address them. The **Five Year Forward View for Mental Health** (2016) highlights that life expectancy for adults with severe and prolonged mental illness is estimated to be between 15 and 20 years lower than for the general population. Because of this, integrating physical and mental healthcare was identified as a priority for change in the report, with the provision of physical health checks in line with NICE recommendations being recognised as key to reducing premature mortality. In future it may be useful to measure the uptake of other recommended physical health and lifestyle checks in line with the quality standards.
Case study 3: Postnatal care (QS37)

The NICE quality standard on postnatal care includes a statement recommending that women receive breastfeeding support from a service that uses an evaluated, structured programme.

National data show that there has been an increase in the proportion of women initiating breastfeeding since 2005 (66% in 2005/06 to 74% in 2013/14). However, data from the CCG OIS show wide variation (21% to 82% in 2014/15) in the uptake of breastfeeding at 6 to 8 weeks after birth in the 104 CCGs in England which returned valid data (see figure 1).

![Figure 1](image)

Figure 1 Proportion of infants who are exclusively or partially breastfed at 6 to 8 weeks of age, out of the number of infants due a 6 to 8 week check, in 104 CCGs

Findings from the CQC survey into maternity services show an increase in the number of women who reported always getting active support and encouragement to feed their baby (61% in 2013 to 63% in 2015). These results show an encouraging small improvement, but implementing the recommendation to support breastfeeding using an evaluated, structured programme remains a priority.
Medicines

Three case studies were developed looking at groups of medicines that have been recommended in a NICE technology appraisal or clinical guideline (see appendix A). In this section we cover 2 of these case studies in more detail.

These examples use prescribing data from the medicines optimisation dashboard and the innovation scorecard, and are likely to be representative of prescribing in England. However, prescribing data is often limited as it cannot usually tell us about the use of medicines in children and young people compared with adults. The data are also difficult to interpret when medicines are used to treat several conditions.

At a local level, prescribing data can be used to look at how care may vary across different regions, although we cannot assess if this variation is warranted or unwarranted:

- warranted variation may occur when people choose alternative medicines over those recommended in a technology appraisal
- unwarranted variation may occur when people are not offered a recommended treatment (or a range of treatments).

**Case study 4: The use of sodium-glucose co-transporter 2 inhibitors for type 2 diabetes (TA288, TA315 and TA336)**

Several NICE technology appraisals recommend the use of empagliflozin, canagliflozin or dapagliflozin [sodium-glucose co-transporter 2 (SGLT2) inhibitors] when treatment with metformin alone has not lowered blood glucose levels sufficiently. The medicines optimisation dashboard shows that the use of SGLT2 inhibitors accounts for 2% of all prescriptions for diabetes medicines. The uptake of these medicines appears to be in line with that for other newer antidiabetic medicines. Recent data from the innovation scorecard show that prescribing in England for all SGLT2s has increased from 2014 to 2015 (see figure 2); however, there are many other treatment options available.
Prescribing of empagliflozin, canagliflozin and dapagliflozin between July 2014 and June 2015 [defined daily doses (DDDs) per 100,000 population]

Although it is encouraging to see that uptake of these medicines has increased, QOF data from England show that only 60% of people with diabetes had a glycated haemoglobin (HbA1c) level of 59 mmol/mol or less. The higher a person’s HbA1c level, the more glucose is in their blood and the greater their risk of developing diabetes-related complications. The figure of 60% in 2015 is slightly lower compared with previous results (61% in 2013/14).

In August 2015, NICE issued a joint press release for 3 diabetes guideline updates: Type 1 diabetes in adults: diagnosis and management, Diabetes (type 1 and type 2) in children and young people: diagnosis and management and Diabetic foot problems: prevention and management. The press release highlighted that aiming for tighter blood sugar control is among the recommendations in the updated guidelines, and summarised the benefits this could bring to people with diabetes.
Case study 5: The use of anti-tumour necrosis factor-alpha drugs for Crohn’s disease and ulcerative colitis (TA163, TA187 and TA329)

Several NICE technology appraisals recommend the use of anti-tumour necrosis factor (TNF)-alpha medicines such as infliximab, adalimumab and golimumab for treating Crohn’s disease and ulcerative colitis. The UK inflammatory bowel disease audit measures the efficacy, safety and appropriate use of infliximab and adalimumab. The audit results show that 82% of people with ulcerative colitis were appropriately prescribed an anti-TNF-alpha treatment in line with the guidance, compared with only 45% of people with Crohn’s disease.

The audit reported that 80% of adults with Crohn’s disease who were getting biological therapy had a positive response to treatment. It also reported that 68% of adults were in remission after biological therapy, and this outcome was consistent with improved quality of life.

Data from the innovation scorecard (see figure 3) show that national prescribing of anti-TNF-alpha medicines for all licensed indications has increased over the past 4 years, showing that more people are now getting treatment.
Prescribing of anti-TNF-alpha medicines (adalimumab, golimumab and infliximab) between October 2010 and March 2015 [defined daily doses (DDDs) per 100,000 population]

Following the publication of NICE’s position statement on biosimilar medicines in January 2015, TA329 was the first NICE appraisal to state that the recommendation also applies to biosimilar versions of the appraised medicines. This recommendation was supported by an adoption support resource to provide practical information and advice on the use of biosimilar versions. A key therapeutic topic was published in February 2016 to support the use of biosimilar medicines in general, and prescribing information is included in NHS England’s medicines optimisation dashboard. The data show that the use of biosimilar infliximab is increasing, in line with the adoption support resource.

Medicines and prescribing associates have worked in their local health economies to use NICE resources in support of discussions on the use of biosimilar medicines. In one health economy, a biosimilar policy was agreed across primary and secondary care in dermatology, rheumatology and gastroenterology. Biosimilar infliximab is being used as the first-line treatment, achieving a saving of 50% in drug costs and saving considerable staff time in secondary care because it is received reconstituted (already diluted with sterile water).
Medical technologies and diagnostics

Three case studies were developed looking at the use of medical technologies that have been recommended by NICE medical technologies guidance, technology appraisal guidance and diagnostics guidance (see appendix A). In this section we cover 2 case studies in more detail.

The first case study uses prescribing data from the innovation scorecard and includes sales data as well as prescribing information. The second uses a shared learning example. Although shared learning examples give us a good understanding of how technologies could be used in a particular area, the findings may not apply to other areas.

Case study 6: The use of Debrisoft monofilament debridement pad for use in acute or chronic wounds (MTG17)

Debrisoft is a single-use debridement pad used to remove dead tissue, debris and hyperkeratotic skin caused by chronic and acute wounds. NICE recommended the use of Debrisoft in March 2014 and reported that the case for adoption was supported by limited information, but showed likely benefits including cost savings. Figure 4 shows the use of Debrisoft in England before and after the NICE guidance was published, and shows a continuing increase in its use.
Figure 4  Use of Debrisoft in England between July 2013 and June 2015

Figure 5 shows that between April and June 2015, the use of Debrisoft ranged from 75 pads per 100,000 resident population in NHS England London to 288 pads per 100,000 resident population in NHS England West Midlands. This variation may be because of the use of other relevant technologies that offer similar advantages. Also, it is likely that traditional treatments such as surgical or mechanical debridement are still used.
Use of Debrisoft between April and June 2015 across 13 NHS regions

Overall, the information suggests promising increases in the uptake of Debrisoft.

**Case study 7: The use of faecal calprotectin tests to diagnose inflammatory diseases of the bowel (DG11)**

56% of people who had faecal calprotectin tested in primary care were found to have normal levels and, as a consequence, were not referred to secondary care

Source: shared learning example

In October 2013, NICE recommended the use of faecal calprotectin tests as an option to help doctors to distinguish between inflammatory bowel diseases (IBDs), such as Crohn’s disease and ulcerative colitis, and non-inflammatory bowel disorders, such as irritable bowel syndrome (IBS). High levels of faecal calprotectin indicate inflammation.
Before implementation of the test in primary care, patients with an uncertain diagnosis would be referred to a gastroenterology service in secondary care. This may have involved an initial consultation, a colonoscopy procedure and a follow-up appointment.

A shared learning example looked at the impact of introducing point-of-care testing for faecal calprotectin across 40 GP practices. It had been estimated that, locally, 32% of patients referred for secondary care investigations ended up with a diagnosis of IBS and could have been looked after in primary care. In the shared learning example, a much higher proportion of patients (56%) were found to have normal levels of faecal calprotectin when tested in primary care and, as a result, were not referred for more tests.

Further information on the impact of using faecal calprotectin testing is included in an adoption support resource produced by NICE. Members of the adoption team worked with 2 NHS trusts and their clinical commissioning groups to share their learning and experience of incorporating these tests into care pathways in primary care. Staff and patients involved in the project reported that the benefits of using faecal calprotectin testing included improved clinical management for people who present with lower gastrointestinal symptoms, greater clinical confidence in reaching an accurate diagnosis and reduced anxiety for patients. Their experiences were used to develop practical suggestions for how to implement this guidance.
Wider impact of NICE

Communication activities in health

The NICE communication team uses a variety of channels and techniques to promote our guidance, standards and related products to our stakeholders in the health and social care system. Monitoring the interest in our work through media coverage, website traffic, stakeholder enquiries, parliamentary questions and audience research provides some indication of the wider impact of NICE in the system.

The following example demonstrates the media and stakeholder interest generated by the NICE guideline on the care of dying adults (NG31).

Care of dying adults in the last days of life (NG31)

This guideline received positive press coverage in 150 articles and broadcasts. Social media activity for this guidance was extensive enough to get the hashtag ‘#eol' trending across the UK, and tweets from NICE were seen more than 43,500 times. This was accompanied by 40,181 web page views between December 2015 and March 2016.

In the months leading up to publication, 12 enquirers contacted NICE to ask if the guideline was available. After publication, 24 enquiries were received, with many enquirers praising NICE’s focus on the importance of individual decision-making. The guideline was the third most enquired about between July 2015 and March 2016, suggesting that there are good levels of awareness following the promotional campaign. The uptake of recommendations from this guideline has been measured recently in the National End of Life Care Audit and the findings will be looked at in the next biannual uptake and impact report.

NICE field team activities in health

In 2016/17, the NICE field team plan to align their work in the health sector with priorities contained in the NHS planning guidance and the Five Year Forward View, with a focus on new care models, primary care and sustainability and transformation plans (see appendix D for details of all field team metrics).

In addition to planned campaigns, the field team works with other partner organisations and responds flexibly to new opportunities. The following example shows how this work can help to increase NICE’s impact in the health sector.
‘Giving Healthwatch NICE teeth’

Healthwatch England is the national consumer champion in health and care, with statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. The Healthwatch network is made up of local Healthwatch organisations across each of the 152 local authority areas. Engagement with the Healthwatch Chairs in the North West highlighted an opportunity to help local Healthwatch groups better understand the resources available from NICE, their relevance to Healthwatch functions and how they could use them in practice.

Two workshops were co-produced with the network lead. Delegates at the workshops were supported to develop a series of statements describing how Healthwatch organisations could use specific NICE resources to support 6 key statutory functions, such as enter and view visits. Delegates at the first workshop were asked to bring examples to the next workshop of how they had used NICE resources in practice.

As a result of the learning from these workshops, a guide called Giving Healthwatch NICE teeth was produced, which explains core NICE resources and describes how Healthwatch organisations can use these to deliver their key functions. The guide gives hints and tips and contains examples of local Healthwatch networks using NICE resources in practice. The North West Healthwatch network shared the guide with Healthwatch England and it is now being used to develop training for local Healthwatch networks. The implementation consultant and network chair who developed the guide were invited to promote it and discuss their collaboration at the Healthwatch annual conference in May 2016.
Public health

This section covers information looking at the uptake and impact of NICE public health guidelines. The sources of information we used are shown below.

From the data available, we developed 3 case studies for public health

Sources used to examine the uptake of NICE public health recommendations:
- 1 national audit
- 1 QOF data set

Sources used to examine the wider impact of NICE:
- 2 shared learning examples
- 1 communications activity
- 1 field team activity

Overview of findings

We found little national data looking at how NICE guidance is used in public health settings. From the 15 national audits or reports published between July 2015 and March 2016, only 1 contained data that related specifically to public health guidance. This was the National Diabetes Audit, which is explored further in case study 1.

Most of the information available is from shared learning examples submitted from health and social care organisations. While these examples are useful, they may not represent how guidance is being used across England. Routinely collecting national level data may help us to better understand how public health guidance is being used.

We have developed 3 case studies looking at the use of public health guidelines or quality standards (see appendix B) and cover them all in this section.
Case study 1: Stop smoking services (PH10)

National data on smoking shows that almost 1 in 5 (19%) of adults in Great Britain aged 16 years and over were smokers in 2013. This is lower than the figure of 26% reported in 2003, suggesting this has improved over time. Given the detrimental effects of smoking on health, this trend is encouraging. However, reducing smoking remains one of Public Health England’s 7 key priorities (Evidence into action: opportunities to protect and improve the nation’s health, 2014) and is identified in the Five Year Forward View as an important element of the prevention agenda.

The NICE guideline on stop smoking services recommends recording the smoking status of all people getting care and advice from a healthcare professional in primary or secondary care. Those who use tobacco should be offered advice and support to help them quit. QOF data from England show that 93% of people with underlying conditions had their smoking status recorded and, of those who are current smokers, 94% had an offer of support and treatment.

The National Diabetes Audit measured whether people with diabetes had their smoking status recorded. The results suggest that recording of smoking status in people with diabetes may be lower than recording for all people with underlying medical conditions. Specifically, 78% of people with type 1 diabetes and 85% of people with type 2 diabetes had their smoking status recorded (see figure 6). The audit has been recording this measure for 6 years and there has been a slight overall decrease in this time (81% in 2009/10 to 78% in 2014/15 for people with type 1 diabetes, and 88% to 85% for people with type 2 diabetes in the same time period).

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1 Including chronic heart disease, peripheral arterial disease, stroke or transient ischaemic attack, hypertension, diabetes, chronic obstructive pulmonary disease, chronic kidney disease, asthma, schizophrenia, bipolar affective disorder or other psychoses.
Overall, the results of the National Diabetes Audit suggest that recording of smoking status in people with diabetes could be further improved, and it is important that standards of recording do not decline over time.

**Case study 2: Hepatitis B (QS65 and PH43)**

The uptake of vaccination for hepatitis B in men who have sex with men was 58% over a 6-month period, compared with a target of 90%.

The NICE quality standard on hepatitis B recommends that testing and vaccination should be offered to people who are at increased risk of hepatitis B.

A shared learning example from University Hospitals Birmingham Sexual Health Service describes their challenges in increasing uptake of screening and vaccination in high risk groups. This example shows that uptake of screening and vaccination for hepatitis B is currently low. A retrospective case
note analysis revealed variation in vaccinating high risk groups, such as men who have sex with men.

The NICE public health guideline on hepatitis B and C testing recommends ongoing education programmes for professionals providing health and social care services for people who are at increased risk of hepatitis B or C infection. The guideline also recommends raising awareness of hepatitis B or C infection among people at higher risk.

The findings from the shared learning example suggest that promoting education for staff and people at risk of developing hepatitis B is needed to improve vaccination uptake. The importance of this is shown by the Public Health England annual report for acute hepatitis B. This shows that the incidence of acute hepatitis B is still higher in men compared with women. Effective screening and vaccination in high risk groups may have an important impact on future incidence and transmission.

**Case study 3: Tuberculosis (NG33)**

![The London TB extended contact tracing pilot project increased the uptake of contact screening for TB from 50% to 73%](source: shared learning example)

Both the previous and current NICE guidelines on tuberculosis (TB) include several recommendations on contact tracing and screening to find people who are at high risk of TB infection. The guideline also recommends setting up multidisciplinary TB teams to provide all TB services. A shared learning example shows that providing an end-to-end service by combining clinical and public health aspects of TB prevention and control seems to have a positive impact on the uptake of contact screening.

The London TB Extended Contact pilot project provided support for screening, and reported an increase in contact screening uptake from 50% to 73%. Enhanced contact tracing aims to improve early diagnosis and reduce further transmission. These findings are important for areas such as London with a high prevalence of TB (Public Health England, 2014).

It is important to note that the positive findings for uptake of TB screening were seen after a contact tracing project was started, funded by the former Health Protection Agency Development Fund. These findings are encouraging, and more formal monitoring as recommended in the Collaborative Tuberculosis Strategy for England will provide a better picture
on the uptake of recommendations for the treatment and prevention of TB in the future.
Wider impact of NICE

Communication activities in public health

The following example demonstrates the impact of a promotional campaign in support of a public health guideline.

Sunlight exposure: risks and benefits (NG34)

The communications team promoted the NICE public health guideline on sunlight exposure, aiming to increase awareness and uptake of this guidance. Cancer registration statistics show an increase in skin cancer cases over time, and this emphasises the importance of following recommendations from the guideline. The age-standardised rate of newly diagnosed malignant melanoma of skin has increased in men (from 23.9 in 2010 to 28 per 100,000 in 2014) and women (from 21.8 in 2010 to 24.3 per 100,000 in 2014).

Promotional activity led to more than 110 pieces of media coverage, including 2 front-page newspaper stories. Of the coverage, 96% was positive. NICE tweets were seen more than 34,000 times. This was accompanied by 16,832 web page views in the first 2 months after publication in February 2016.

NICE field team activities in public health

In 2016/17, the field team is focusing on engagement with Public Health England’s (PHE) local teams to support the prevention and health wellbeing priorities in the NHS planning guidance (see appendix D for full details of field team metrics).

The field team continue to create opportunities to provide resources and support to local networks and look for ways to embed NICE guidelines and quality standards into local practice. The following case study shows how this work can increase the impact of NICE products on local strategies.

North Yorkshire’s winter health strategy: keep warm, keep well, keep safe

North Yorkshire’s winter health strategy was developed by the North Yorkshire Seasonal Winter Health Strategic Partnership (SWHSP). This is a multiagency partnership leading and developing a strategy on behalf of North Yorkshire agencies. It links with existing partnerships such as the health and wellbeing board, the voluntary sector and housing partnerships and the local resilience forum. The NICE regional implementation consultant was invited to become a member of the partnership by the Consultant in Public Health medicine at North Yorkshire County Council.
By attending a partnership meeting, the implementation consultant was able to highlight the recommendations in the NICE guideline on excess winter deaths and illness and the health risks associated with cold homes (NG6). The partnership could see how these could be used to support North Yorkshire’s winter health strategy. As a result, the implementation consultant was invited to join the partnership’s quarterly meetings, and the partners became better informed about how to use NICE guidance when commissioning services and in service delivery.

The implementation consultant was then invited to give a presentation on NICE’s excess winter deaths guideline at a stakeholder event with 80 representatives from the statutory and voluntary sectors. Following this, National Energy Action (NEA) Yorkshire and Humber invited the implementation consultant to their regional energy forum, and other NICE field team members were connected with their regional NEA representatives and asked to present at regional forums. These events resulted in a number of local initiatives to tackle cold homes, including 3 that were published by NICE as shared learning examples.
Social care

This section covers information looking at the uptake and impact of NICE social care guidelines. The sources of information we used are shown below.

From the data available, we developed 2 case studies for social care

Sources used to examine the wider impact of NICE:
- 2 shared learning examples
- 2 communications activities
- 2 field team activities

There was no data available on the uptake of NICE recommendations in social care settings.

Overview of findings

We did not find any national data that looks at how NICE guidance is used in social care settings. However, at the start of the data collection period for this report, NICE had published only 1 social care guideline.

Most of the information available is from shared learning examples or other feedback, and can only give us a limited picture on the use of social care guidelines. However, the case studies describe positive outcomes which could have a significant impact if they were applied more widely.

We have developed 2 case studies looking at the use of social care guidelines (see appendix C) and cover them both in this section.
Case study 1: Managing medicines in care homes (SC1)

In March 2014, NICE published guidance on managing medicines in care homes. The guidance recommends involving pharmacists when reviewing medications for care home residents. A shared learning example submitted by a GP practice in Hampshire showed how a joint clinical and medication review could improve health and wellbeing in care home residents. Better communication between medical and pharmacy staff appeared to have a positive impact on prescribing.

The shared learning example showed that, after a clinical and medication review in 1 care home, 134 acute medicines that were still needed were moved to repeat prescriptions, 20 medicines which were no longer indicated were stopped after a discussion with carers, and another 63 medicines were removed from repeat prescriptions as they were no longer needed.

The shared learning example suggests that combined clinical and medication reviews involving a multidisciplinary team may benefit care home residents. These findings show the importance of working partnerships and effective communication between clinical, social and pharmacy settings. As these findings are from just 1 practice, it would be useful to examine the impact of joint clinical and medication reviews in other care home settings.

This guideline was the 12th most enquired about between July 2015 and March 2016, with the enquiry handling team receiving 27 queries. Most of these queries were from enquirers looking for further information about specific scenarios or asking if NICE had made any recommendations on areas which were of concern to them. More of the enquiries were from charities, private healthcare providers or members of the public (11 in total) than from the NHS (9 in total), suggesting that this first social care guideline is reaching a broad audience.
Case study 2: Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NG27)

After using an integrated hospital transfer pathway, ambulance services reported smoother transfers from care homes, saving valuable resource time by minimising delays such as waiting for handover.

Source: shared learning example

The NICE guideline on the transition between inpatient hospital settings and community or care home settings recommends that the admitting team are given all available relevant information. The positive impact of using a standardised hospital transfer pathway is shown in a shared learning example submitted by Sutton Homes of Care, an NHS England vanguard site which is sponsored by NICE. This case study uses a ‘red bag’ system to transfer standardised paperwork, medication and personal belongings throughout a patient’s hospital stay and transfer.

Since this project started, the ambulance service has reported more efficient use of their time and smoother transfers from care homes. The shared learning example notes the benefit of having the NICE guidance to provide a neutral framework when developing a pathway across sectors including care homes, the CCG, the ambulance service, the local hospital and community nursing.

These findings are important, as delayed discharges and transfers of care are costly. The Delayed Transfers of Care Statistics for England reports that the daily average number of delayed transfers of care in adults increased from 9.6 per 100,000 in 2013/14 to 11.2 per 100,000 in 2014/15.

As well as working closely with Sutton Homes of Care as part of the Vanguard sponsorship, the NICE field team of implementation consultants worked with the East Midlands Academic Health Science Network (AHSN) patient safety programme to provide support to implement this guidance. This included sharing good practice, providing advice on use of the guideline and commenting on resources.
Wider impact of NICE

Communication activities in social care

The following example demonstrates the extent of media coverage and stakeholder interest generated by the NICE guideline on home care (NG21).

Home care: delivering personal care and practical support to older people living in their own homes (NG21)

The press team handled more than 30 enquiries in the 2 days before launch, and the story received extensive coverage across national newspapers as well as regional radio. Tweets about the guidance from the NICE account were seen more than 18,000 times. This was accompanied by 39,336 web page views in the first 7 months after publication in September 2015.

NICE speakers attended 5 conferences to promote the guideline, including the national conference of the UK Home Care Association, the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. The feedback from NICE speakers was that the guideline was well received and that they all received queries from delegates interested in understanding how they could implement the recommendations.

The enquiry handling team received 20 calls following the publication of the guideline, all of which were from members of the public, charities or private healthcare providers. Most of the callers wanted further information about what the recommendations would mean for them, particularly the recommendation that visits should only be shorter than 30 minutes under certain circumstances.

NICE field team activities in social care

Engagement with local authority social care commissioners and social care providers is a significant part of the field team’s activities for 2016/17, with the key objectives to raise awareness and embed guidance and quality standards at a local level. The sustainability and transformation plan footprints and many of the NHS England vanguards are focused on integration of health and social care services, so the field team’s engagement in this area will also help to support implementation of NICE’s social care guidance and quality standards (see appendix D for full details of field team metrics).

The field team continue to look for opportunities to work with local partners in support of NICE guidance and quality standards. The following example demonstrates how this work can increase NICE’s impact in the complex social care sector.
**Collaboration with Eastern Academic Health Science Network**

Working in collaboration with the Eastern AHSN, a NICE implementation consultant delivered 3 full-day workshops focusing on using NICE guidelines and quality standards to support safety and quality in care homes. These events were well attended, with between 75 and 90 delegates each day, including care home staff, local authority employees, CCG commissioners and prescribing advisers. The events were very well reviewed, with 96% of delegates rating the workshops excellent or very good in terms of usefulness.

The full suite of relevant guidelines and quality standards were introduced, along with practical advice on how to use NICE resources to improve safety and quality in the social care setting. The main focus of the workshops was the NICE guideline on managing medicines in care homes (SC1). Following one of the events, Suffolk County Council commissioners produced a gap analysis tool for care homes to use based on the medicines management in care homes quality standard (QS85). The tool will be used in all care homes across the county as part of the local quality assurance process.
5 How can we improve data collection in the future?

Improving data collection would help us to better understand the uptake and impact of NICE guidance. Continued working with organisations such as the Healthcare Quality Improvement Partnership (HQIP) that commission and oversee national audits could help to increase the number of NICE recommendations and standards that are measured.

NICE is also working with Healthwatch England to understand how data and intelligence collected by their local networks could help us assess NICE’s impact in the health and social care sectors. The 15 Academic Health Science Networks (AHSNs) have been identified as another potential source of data, and we are engaging with a number of regional AHSNs to understand their work further.

For our newer social care guidance, it is hoped that ongoing work with regulators such as Ofsted and the CQC will help our understanding of how NICE guidance and quality standards fit in with existing quality and inspection frameworks. New national resources such as the National Adult Social Care Intelligence Service for social care data in England will also help to assess the uptake and impact of NICE social care guidelines in the future.

NHS England has launched a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17 onwards, which contains outcome goals alongside performance and finance indicators. NICE has developed 6 of the health indicators used in the framework, and data from these will be available quarterly. We will include this activity data in NICE’s uptake database and future reports.

To encourage local audits and service improvement, NICE has recently launched a Quality standard service improvement template. This template lets organisations assess their performance against quality statements and measure changes over time. We have also launched an audit submission form to allow people to submit local audit results that are measured against NICE recommendations or quality standards. These findings will be assessed and, if appropriate, can be included in NICE’s uptake database. Further engagement work is taking place with clinical audit networks to tell them about these resources in order to improve data collection.
6 Terms used in this report

Clinical Commissioning Group Outcomes Indicators Set (CCG OIS)

The CCG OIS provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes. The indicators measure outcomes at CCG level.

Defined daily dose (DDD)

A statistical measure of drug consumption defined by the World Health Organization.

Diagnostics guidance

Guidance produced by NICE that may cover a single diagnostic technology or product, or multiple diagnostic technologies or products.

Innovation scorecard

The innovation scorecard contains local and national level prescribing data and aims to support appropriate access to NICE-approved products.

Medical technology guidance

Guidance produced by NICE that looks at a single medical device or diagnostic technology that provides equivalent or better clinical outcomes for equivalent or lower cost compared with existing devices or technologies.

Medicines and prescribing (MPP) associates

NICE medicines and prescribing associates work to support and promote high quality, safe, cost-effective prescribing and medicines optimisation within their local health economy, supported by training, materials and advice from the NICE MPP medicines education team. There are 74 associates in England, Wales, Northern Ireland and the Channel Islands.

Medicines optimisation dashboard

The medicines optimisation dashboard includes national and local level prescribing data and information on the use of medicines. The dashboard aims to improve patient outcomes, quality and value from medicine use.

NHS England vanguards

The vanguard sites were appointed by NHS England to take a lead on the development of new care models as one of the first steps towards delivering
the Five Year Forward View and supporting improvement and integration of services.

**NHS Safety Thermometer**

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.

**NICE field team**

The NICE field team of implementation consultants provides support to organisations that are working with NICE guidance, advice and standards, and plays an important role in promoting and disseminating the entire range of NICE products. There are 8 implementation consultants in England and Northern Ireland.

**NICE guidelines**

NICE guidelines are evidence-based recommendations for health, public health and social care in England.

**NICE products**

This includes clinical guidelines, public health guidelines and social care guidelines (see NICE guidelines for details). This also covers quality standards, medical technology guidance, diagnostic guidance and technology appraisals.

**Quality outcomes framework (QOF)**

The QOF is a voluntary incentive scheme for GP practices in England, Northern Ireland and Wales. The QOF contains national and local data from general practice about their achievement against groups of indicators.

**Shared learning example**

These are case studies from the NICE shared learning database. These case studies were submitted by health, local government and social care organisations.

**Sustainability and transformation plans**

To deliver the NHS shared planning guidance 16/17–20/21, each health and care system in England has been asked to produce a multi-year sustainability and transformation plan showing how local services will evolve and become sustainable over the next 5 years. The plans have been created and will be delivered by 44 locally defined, geographic ‘footprints’.
Technology appraisal

Technology appraisals produced by NICE include recommendations on the use of new and existing medicines and treatments within the NHS.
Appendix A (case studies for the health sector)

Service user experience in adult mental health services (QS14)

Background: The Care Quality Commission carried out the Community Mental Health Survey in 2015 with over 13,000 people who have received care or treatment for a mental health condition in 55 NHS trusts in England.

Uptake: Self-reported data from the survey partially relate to 6 quality statements from QS14 and 7 recommendations from CG136. For example, it shows that service users are more likely to report that they have had a formal meeting to talk about how care is working (72%) compared with agreeing what care they will receive (42%).

Impact: The results suggest that although most people are reporting positive experiences overall, there has been a small increase in the proportion of respondents reporting a poorer experience (28% compared with 25% in 2014) and those reporting they are not being seen often enough for their needs (22% compared with 20% in 2014). The CQC’s response raised concerns about the quality of care, as the survey results show little or no improvement in many areas.

Psychosis and schizophrenia in adults (QS80)

Background: The physical health of people with mental health problems is currently a key national priority (NHS Five Year Forward View). QOF data from July 2015 show how well GP practices in England are meeting some of the many physical health needs of people with mental health problems. QOF measures MH007 and MH003 measure how well GPs record alcohol consumption and blood pressure, respectively, in people with schizophrenia, bipolar affective disorder and other psychoses.

Uptake: National QOF data show that a high proportion of GPs recorded alcohol consumption (80%) and blood pressure (81%) in people with schizophrenia, bipolar affective disorder and other psychoses. There was little variation across the included CCGs.

Impact: These results suggest that GP practices in England are delivering this care process well. Further analysis shows there is little variation across the CCGs for both QOF measures. It may be useful to investigate uptake of other recommended physical health and lifestyle checks in people with mental health problems, including healthy eating and physical activity.
**Maternity services (QS22, QS37, QS105, QS115, CG190, CG62, CG37)**

Background: The Care Quality Commission carried out the Maternity services survey in 2015 with over 20,600 women who had a live birth in a hospital, birth centre, maternity unit or at home in February 2015.

Uptake: Self-reported data from the survey relate to several quality standards and clinical guidelines (2 quality statements from QS22, 2 from QS37, 1 from QS105 and 1 from QS115; the data also relate to 7 recommendations from CG190, 1 from CG62 and 4 from CG37). The 2015 survey shows several improvements including more women reporting they were always treated with respect and dignity during labour and birth (from 85% in 2013 to 87% in 2015), more women being involved in decisions about their care during labour and birth (from 74% in 2013 to 75% in 2015) and more women reporting that their midwives or health visitors asked how they felt emotionally after their birth (from 96% to 97% in 2015).

The latter result is encouraging as checking on emotional wellbeing after birth can help to identify postnatal depression. It was also found that while 70% of women reported being able to move around and choose the most comfortable position during labour most of the time, the survey showed an increase in women having a normal delivery in stirrups (17% in 2010 to 22% in 2015). Unless there is a medical reason why the woman should not move, women should always be able to choose their position in labour in line with CG190. The results also show a small increase in women reporting that midwives and other health professionals always gave active support and encouragement to feed their baby (61% in 2013 to 63% in 2015).

Impact: The results suggest that women’s experiences of maternity services have improved since 2013. However, the CQC response highlights that services should continue to improve and in particular should do more to ensure that women are able to move around and choose a comfortable position during labour in line with NICE CG190. In particular, the CQC encourage trusts to review how and why stirrups are used for normal vaginal births and to develop action plans when appropriate.

**Postnatal care (QS37)**

Background: Modernising maternity services is currently a national priority and is identified in NHS England’s Five Year Forward View. NICE has developed indicators based on the NICE maternity quality standards that have been adopted into the CCG OIS. One of these indicators is the rates of exclusive or partial breastfeeding at 6–8 weeks after the birth.
Uptake: CCG level data for 2014/15 (see figure 8) show there is significant variation in the proportion of babies breastfed at 6 to 8 weeks after birth, and this ranged from 21% to 82% across the 104 CCGs which submitted valid data.

![Proportion of infants who are exclusively or partially breastfed at 6 to 8 weeks of age, out of the number of infants due a 6 to 8 week check, in 104 CCGs](image)

Figure 7  
Proportion of infants who are exclusively or partially breastfed at 6 to 8 weeks of age, out of the number of infants due a 6 to 8 week check, in 104 CCGs

Impact: These results show that the proportion of babies breastfed at 6 to 8 weeks after birth in England is variable across CCGs. The indicators look at outcomes that may have a direct or indirect relationship with the processes described in the quality standard. Specifically, the findings may show variation in uptake of the NICE recommended support for breastfeeding that has been delivered through an evaluated, structured programme (QS37). Overall, it shows the need for continued monitoring and future audits into how many women have been offered this support.

**Neonatal specialist care (QS4)**

Background: The 2015 [National Neonatal Audit](#) includes data involving 86,287 babies admitted to and discharged from neonatal units in England and Wales.

Uptake: The audit data relate to 7 quality statements in QS4. The results show that there have been improvements in partial or full completion of 2-year health status follow-ups in pre-term babies (54%, previously 42% in 2012), involving parents in the decision-making processes around their baby’s care (94%, previously 92% in 2013) and ‘on time’ retinopathy of prematurity screening (93%, compared with 87% in 2013).
Impact: The low uptake of 2-year health status follow-ups in pre-term babies is worrying given the clinical importance of assessing developmental outcomes in these babies. However, the audit results generally show consistent year-on-year improvements in the quality of neonatal care.

**Rheumatoid arthritis in over 16s (QS33)**

Background: The British Society for Rheumatology published the first National clinical audit for rheumatoid and early inflammatory arthritis in January 2016 using data from 6,354 patients.

Uptake: As this is the first audit report that has been published, no previous data are available for comparison. However, the report clearly relates audit criteria to 6 out of 7 quality statements in QS33. The results show low uptake of people being referred to rheumatology services within 3 days of presenting to primary care (17%). However, higher uptake was recorded for access to a telephone advice service for flares of arthritis (96%).

Impact: The audit found a quarter of patients waited more than 3 months to be referred to rheumatology services, and the average time from first GP contact to referral was 34 days. These findings are over the 3-day time period recommended in QS33 but provide a baseline measure for future improvements.

**Falls in older people (CG161)**

Background: NICE guidance recommends using a tailored and multifactorial approach to prevent falls. Since publication, the NICE field team of implementation consultants have worked with CCGs to reduce harm from falls by promoting the guidance at conferences. Further engagement after the conferences has led to positive feedback on the usefulness of the guidance.

The Falls and Fragility Fracture Audit Programme (FFFAP) National audit of inpatient falls looked at 4,846 people aged 65 or over who were admitted to hospital as acute patients on any ward and remained inpatients on day 3 of admission.

Uptake: The audit data relate to 4 recommendations in CG161 and 1 quality statement in QS86. The results show that uptake varies, with low uptake for assessment or diagnosis of delirium (37%) and high uptake for the inclusion of a medication review within the multifactorial falls risk assessment (88%). CCG161 recommends that fall risk prediction tools should not be used, but the audit reports that only 27% of trusts are following this recommendation.
Impact: One of the key conclusions outlined in the 2015 FFFAP audit report is that trusts and health boards should review their falls pathway and stop using risk prediction tools with immediate effect. It is hoped that this recommendation will lead to future improvements in this area.

**Type 1 (NG17) and type 2 (NG28) diabetes**

Background: The prevention and management of diabetes is a national priority, with significant investment going into the establishment of a National Diabetes Prevention Programme. The clinical guidelines for both type 1 (NG17) and type 2 (NG28) diabetes were updated in 2015. The new guidance recommends tight blood glucose control.

Uptake: National QOF data show that 60% of people with diabetes had a HbA1c level of 59 mmol/mol or less in the previous 12 months. Tight control of blood glucose levels is important to lower the risk of long-term diabetic complications.

Impact: Analysis of HbA1c data at a CCG level show there is little variation between the localities for the QOF measure. However, there is more variation for the CCG OIS indicator for complications. The QOF measures may be reviewed in the future to reflect changes in blood glucose targets.

**Atrial fibrillation (QS93 and CG180)**

Background: NICE recommends the use of anticoagulants in people with a CHA2DS2-VASc score of 2 or above. However, the Atrial Fibrillation Association has reported that around a third of patients at high risk of stroke are still being treated with antiplatelet monotherapy for stroke prevention. Recent 2015 data from the Sentinel Stroke National Audit Programme (SSNAP) reported that 29% of people who had atrial fibrillation (AF) before stroke were on antiplatelet medication, which is not in line with the NICE recommendation and quality standard. The NICE field team of implementation consultants have also found that there is variation in stroke prevention in people with atrial fibrillation living in Northern Ireland. After a round table meeting with BMS-Pfizer Alliance and the Stroke Association Northern Ireland, suggestions for future improvements were agreed.

Qualitative feedback from the medicines and prescribing associates has highlighted work undertaken by the associates to raise awareness of and support uptake of the guidance. Examples include employing a sessional pharmacist to help implement NICE AF guidance after a successful business plan submission, and helping to develop clinical templates for SystmOne and EMIS web. In the second example, the associate identified 324 people with AF who were not currently prescribed anticoagulation. Anticoagulation was
started for 283 people, with 79% started on novel oral anticoagulants and 21% started on warfarin.

A shared learning example looked at an audit carried out by West Hampshire clinical commissioning group (CCG). This audit was carried out in all 51 practices in West Hampshire CCG in 2014, and aimed to provide GP education on the use of the GRASP-AF audit tool.

Uptake: The audit showed that after a GP education programme there were 345 (4%) fewer people on antiplatelet monotherapy compared with baseline. There were also 741 (5%) more people at high risk of developing stroke who were being treated with oral anticoagulants.

The medicines optimisation dashboard has also reported that, as of 31 January 2016, 44% of practices have downloaded the GRASP-AF audit tool.

National QOF data show that 74% of patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1 are currently treated with anticoagulation therapy. Higher uptake was reported for patients with atrial fibrillation with a record of a CHADS2 score of 1; 92% are currently treated with anticoagulation drug therapy or antiplatelet therapy.

Impact: Overall the results suggest that, although its use appears low, the GRASP-AF tool can help to increase compliance with NICE guidance. The West Hampshire audit reported that, between April and July 2015, there were 7 fewer strokes compared with the same time period in 2014. While it cannot be assumed that the reduction in strokes is because of the GP education programme, the findings are encouraging.

**Antimicrobial stewardship (NG15)**

Background: The NICE guideline on antimicrobial stewardship was published in 2015. It aims to change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain effective treatments for infection. The guideline recommends the use of an antimicrobial stewardship programme that includes the use of education and training. Medicines and prescribing associates have used education, decision support and individual feedback on prescribing data to address variation in antibiotic prescribing.

Uptake: In one health economy with a population of 66,000 the use of education and support was associated with a reduction in antibacterial items, with fewer than 50,000 items dispensed for the first time since 2004. This represents a 23% reduction in dispensed items and included a 45% reduction in the prescribing of cephalosporins, co-amoxiclav and quinolones.
Associates have also worked to introduce decision support tools, such as ‘FEVER PAIN’ and ‘TARGET’, and integrate templates for EMIS primary care systems locally. In one local health economy, the use of decision support tools and feedback on individual prescribing data was associated with a 20% reduction in the volume of antibiotics prescribed. In another region, there was a 17% reduction compared with 2013.

Impact: The findings suggest that providing education and support may have a positive impact on overprescribing of antibiotics. The use of antibiotics should continue to be monitored over time to ensure that these decreasing trends continue.

**Medicines optimisation (NG5)**

Background: This guideline published in 2015 aims to provide further clarity on medicines optimisation to ensure that NHS patients get the best possible outcomes from their medicines. It recommends that organisations and health professionals should consider applying the principles of the pharmacist-led information technology intervention for medication errors (PINCER) to reduce the number of medicines-related patient safety incidents.

Uptake: The medicines optimisation dashboard shows that, as of 31 January 2016, 30% of GP practices engaged with the PINCER tool.

Medicines and prescribing associates from NICE have led education sessions on medicines optimisation for local teams, GP trainees and patient groups. In some local health economies, associates have also worked to get clinical decision support tools such as OptimiseRx, which includes safety messages from PINCER, installed and used in GP practices. The uptake of this new tool varied, with 30% uptake in 1 CCG compared with 11% for a previously used switching tool.

Impact: The findings suggest that the uptake of the PINCER tool that supports safety audits is low. However, the data from the medicines optimisation dashboard is only derived from the PRIMIS PINCER toolkit. It is possible that some practices use alternative methods and software to audit patient safety incidents.

**Anti-tumour necrosis factor-alpha drugs (infliximab, adalimumab and golimumab) for Crohn’s disease (TA187) and ulcerative colitis (TA163 and TA329)**

Background: The UK Inflammatory bowel disease biological therapies audit measures the efficacy, safety and appropriate use of the biological therapies
infliximab and adalimumab, also known as anti-tumour necrosis factor (TNF)-alpha drugs, in patients with IBD in the UK.

Uptake: The results show high prescribing of anti-TNF-alpha in line with the recommendations in TA329 for patients with severely active ulcerative colitis (82%), and lower prescribing in line with the recommends in TA187 for patients with Crohn’s disease (45%). Recent data from the innovation scorecard shows that national prescribing for these medicines increased between October 2011 and March 2015.

Impact: Overall, the audit report suggests earlier use of biological therapies in patients with milder disease compared with the earlier audits. It is likely that this reflects more appropriate prescribing as physicians become more familiar with these medicines. The report also says that only a minority of patients have their treatment stopped when the condition is in stable clinical remission, as recommended in the NICE guidance. It is hoped that further audits will clarify this issue.

**Anticoagulants (apixaban TA275, dabigatran etexilate TA249, rivaroxaban TA256) for atrial fibrillation**

Background: The risk of stroke is higher in people with atrial fibrillation but this can be lowered by using antithrombotic medicines. The choice of treatment is based on a balance between the benefits, including the reduction in risk of stroke, and the increased risk of bleeding. The medicines dashboard reports the proportion of prescriptions for anticoagulants between July and September 2015.

Uptake: The medicines optimisation dashboard shows that 19% of prescriptions for anticoagulants were for apixaban, dabigatran etexilate or rivaroxaban, compared with 81% for warfarin.

Impact: It is encouraging that a large proportion of patients with AF are on anticoagulation therapy. It is also noted that warfarin and the other anticoagulant medicines are indicated for other conditions. Overall, it is difficult to fully understand the prescribing data, given that there are multiple uses for these medicines.
Sodium-glucose co-transporter 2 inhibitors (empagliflozin TA336, canagliflozin TA315 and dapagliflozin TA288) for type 2 diabetes

Background: Good control of blood glucose levels in people with type 2 diabetes is important to lower the risk of long-term diabetic complications. Several classes of medicines are available to control blood glucose levels, and an algorithm for the use of medicines has been recommended in the NICE guideline for type 2 diabetes in adults (NG28). The most recent class of medicine to be introduced is the sodium-glucose co-transporter 2 (SGLT2) inhibitors. These are thought to control blood glucose levels independently of insulin pathways. The medicines dashboard reports the proportion of prescriptions for antidiabetic medicines between July and September 2015.

Uptake: The medicines optimisation dashboard shows that only 2% of prescriptions for diabetes medicines were for SGLT2 inhibitors. However, recent data from the innovation scorecard show that national prescribing for empagliflozin (from 25 to 2,135 mg per 100,000 residents), canagliflozin (from 21,192 to 217,944 mg per 100,000) and dapagliflozin (from 3,109 to 6,598 mg per 100,000) increased between July 2014 and June 2015.

Impact: Although the uptake of SGLT2 inhibitors appears low, this is unsurprising as these newer medicines are currently only recommended for treatment in combination with other diabetes medicines. Also, these are relatively new medicines compared with other drug classes such as dipeptidyl peptidase-4 (DPP-4) inhibitors, and it is hoped that prescribing may increase in the future.

The Debrisoft monofilament debridement pad for use in acute or chronic wounds (MTG17)

Background: The Debrisoft (Activa Healthcare Ltd) is a single-use debridement pad used to remove dead tissue, debris, and hyperkeratotic skin caused by chronic and acute wounds. NICE recommended this product in 2014 and reported that the case for adopting it was supported by limited information, but showed likely benefits. The innovation scorecard data for Debrisoft is based on use in primary care, where medical technologies have been prescribed and dispensed in the community, data from ePACT and sales data from NHS supply chain.

Uptake: Prescribing data from the innovation scorecard show that in April to June 2015 the use of Debrisoft ranged from 75 per 100,000 in London to 288 per 100,000 in the West Midlands. There is an increasing trend in its use.
nationwide, from 76 per 100,000 in July to September 2013 to 171 per 100,000 in April to June 2015.

Impact: The results show that there is regional variation in the use of Debrisoft. This variation may be explained by the use of other relevant technologies that may offer similar advantages. It is also likely that traditional treatments, such as surgical or mechanical debridement, are still being used. However, there is an increasing trend in the use of Debrisoft across all regions and these findings suggest a promising uptake.

Percutaneous vertebroplasty and percutaneous balloon kyphoplasty for treating osteoporotic vertebral compression fractures (TA279)

Background: Vertebroplasty involves injecting bone cement, typically polymethylmethacrylate, into the vertebral body (the solid part of the vertebra), using local anaesthetic and an analgesic. Kyphoplasty involves inserting a balloon-like device (tamps) into the vertebral body, using local or general anaesthetic. The balloon is slowly inflated until it restores the normal height of the vertebral body or the balloon reaches its highest volume. NICE recommended this procedure in 2013 as an option for treating osteoporotic vertebral compression fractures in a subgroup of people who have severe ongoing pain despite optimal pain management, when the pain has been confirmed by examination and imaging.

Uptake: Hospital activity data from the innovation scorecard show that in April to June 2015 the use of vertebroplasty and kyphoplasty ranged from 0.1 per 100,000 in Wessex to 0.8 per 100,000 in the North Midlands. Annual usage data show only small increases or decreases in use over time.

Impact: The results show there is little regional variation in the use of vertebroplasty and kyphoplasty. Low uptake of these technologies may reflect the small numbers of people who are eligible for treatment.

Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel (DG11)

Background: Faecal calprotectin tests are intended to help distinguish between inflammatory bowel diseases such as Crohn’s disease and ulcerative colitis, and non-inflammatory bowel diseases such as IBS. NICE recommended the use of these tests as an option to help doctors distinguish between these diseases. A shared learning example looked at the use of point-of-care testing in primary care in 26 GP practices in Cannock Chase
CCG and 14 GP practices in Stafford & Surrounds CCG between July 2014 and August 2015.

Uptake: The results showed a total of 833 tests were carried out across the 2 CCGs, with 467 people (56%) reported as not needing referral to secondary care.

Impact: the findings suggest that the use of faecal calprotectin diagnostic tests may be associated with a reduction in outpatient referrals and cost savings in primary care. It may be useful to measure other outcomes such as time taken to carry out testing, patient satisfaction and waiting time. It was also noted that there was variation in subsequent referrals, with some GPs still referring patients when the test suggests this was not needed and some not referring patients when this was needed. This suggests that further work around education may be helpful to clarify exactly when the test should be carried out.

**The Sherlock 3CG Tip Confirmation System for placement of peripherally inserted central catheters (MTG24)**

Background: The Sherlock 3CG Tip Confirmation System is designed to confirm the correct tip placement of a peripherally inserted central catheter (PICC: a catheter inserted through a large vein in or near the arm rather than the neck or chest). NICE recommended the use of this technology as an option for placement of PICCs in adults in 2015. A shared learning example looked at a trial of the technology carried out by the University Hospitals Birmingham NHS Foundation Trust. A 3-month review of 131 people referred to the vascular access team between May and August 2014 for PICC insertions was carried out.

Uptake: The results showed that the technology could be used in most cases (96%). The waiting time from referral to PICC insertion during the audit period was compared with the 12 weeks before the service started. The results showed that 75% of people were waiting for less than 24 hours for the procedure compared with 19% when traditional interventional radiology was used.

Impact: The findings suggest that the Sherlock 3CG Tip system could be used in most cases and its use had a positive impact on waiting times. The adoption support resource reports experiences at 6 NHS sites and suggests that trialling the technology may increase clinical confidence and that data collection to monitor PICC placements would be important.
Appendix B (case studies for the public health sector)

**Stopping smoking services (PH10)**

Background: The National Diabetes Audit reports data on several care processes and treatment targets, including smoking status. The audit data are related in part to 1 recommendation in PH10 but the results cover a subgroup of people with diabetes, rather than the general population. The data were collected between 2014 and 2015.

Uptake: The audit results show that there has been a small decline in the recording of smoking status for people with type 2 diabetes (85% compared with 88% in 2009/10) and type 1 diabetes (78% compared with 81%).

National QOF data show that 93% of people with underlying conditions\(^2\) had their smoking status recorded and 94% of those recorded as current smokers had a record of an offer of support and treatment.

Impact: Recording smoking status forms part of the 9 care processes for diabetes, and these results suggest that there is current variation in care. Results from the National Diabetes Audit suggest that while recording of smoking status in people with diabetes is relatively good it is lower compared with the national average for people with underlying medical conditions. It is important that this variation is dealt with and future audit reports continue to look at potential differences in care.

**Hepatitis B (QS65 and PH43)**

Background: NICE recommends specific screening and vaccination for hepatitis B in sexual health and genitourinary medicine clinics. This is important for high risk groups attending sexual health clinics, such as men who have sex with men (MSM), injecting venous drug users (IVDU), commercial sex workers (CSW) and people who change partners frequently. A shared learning example looked at uptake of screening and vaccination in Birmingham using a real-time, clinically led benchmarking system to continuously monitor and drive the service improvement process.

Uptake: Current real-time monitoring shows a lack of improvement in the uptake of screening and vaccination. For example, MSM who are not already known to be immune to HBV (hepatitis B virus) should receive a dose of HBV

\(^2\) Including chronic heart disease, peripheral arterial disease, stroke or transient ischaemic attack, hypertension, diabetes, chronic obstructive pulmonary disease, chronic kidney disease, asthma, schizophrenia, bipolar affective disorder or other psychoses.
vaccine at their initial attendance. The real-time monitoring recorded a 58% uptake of vaccination over a 6-month period compared with a target of 90%.

Impact: These findings suggest that there are existing challenges and variation in the provision of vaccination for hepatitis B for high risk groups. This is supported by retrospective case note analysis that shows variation in clinicians offering vaccination to people who have been identified as high risk. Continued work in education for staff and people at risk of developing hepatitis B, as recommended in PH43, may help to improve future uptake.

**Tuberculosis (NG33)**

Background: The updated NICE guidance on tuberculosis (TB) was published in January 2016 and covers a wide range of clinical and public health issues, including diagnosing and managing TB, case finding and service organisation. A recent report from Public Health England suggests that while there has been a steady year-on-year decline in the incidence of TB over the past 3 years, the number of cases in England is still high. A shared learning example looked at implementation of The London TB Extended contact tracing (LTBEx) pilot project. This project aimed to improve collaboration between clinical and diagnostic services to increase contact tracing and support screening exercises.

Uptake: After implementation of the LTBEx project, the overall uptake of contact TB screening improved from 50% to 73%, with on-site screening showing higher uptake of 80%.

Impact: The findings suggest that coordinating local health protection and TB teams and providing or supporting effective TB incident investigations has a positive effect on outcomes. In particular, screening exercises carried out by LTBEx have overcome coverage issues, where local TB services are restricted by geographical boundaries and some only provide contact screening for the areas that they cover. The project has also removed the need for time-consuming referrals between London clinics, leading to improvements in the efficiency of screening pathways.
Appendix C (case studies for social care sector)

Managing medicines in care homes (SC1)

Background: Since 2014 NICE has published 5 social care guidelines. The first guideline that was published aimed to help residents in care homes to look after and take their medicines themselves, enabling them to keep their independence. The NICE field team of implementation consultants worked with Eastern Academic Health Science Network to provide practical advice on how to use NICE resources to improve safety and quality in social care. After one of the events, Suffolk County Council commissioners produced a gap analysis tool for care homes to use, based on the managing medicines in care homes quality standard. A shared learning example looked at how the use of a clinical and medication review can help to improve the health outcomes and wellbeing of care home residents.

Uptake: The results of the shared learning example showed that, after a clinical and medication review, 134 acute medicines that were still needed were moved to a repeat prescription, 20 medicines were stopped after a discussion with carers and an additional 63 medicines were removed from active repeat prescription as they were no longer needed.

Impact: The shared learning example suggests that combined clinical and medication reviews benefit care home residents. These findings show the importance of partnership working and effective communication between clinical, social and pharmacy settings.

Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NG27)

Background: This social care guideline aimed to improve people’s experience of admission to, and discharge from, hospital by better coordination of health and social care services. The NICE field team of implementation consultants worked with the East Midlands AHSN patient safety programme to provide support. This included sharing good practice, providing advice on use of the guideline and commenting on resources. A shared learning example looked at how an integrated pathway (hospital transfer pathway) can be used to transfer standardised paperwork, medication and personal belongings in a ‘red bag’. This bag stays with the resident throughout their hospital stay and returns home with them.

Uptake: Initial reports show that putting the NICE guidance into practice using the ‘red bag’ pathway has made significant improvements in communication
and relationships between hospitals and care homes. The ambulance service have reported smoother transfers from care homes since the start of the project, saving valuable time by enabling crews to transfer patients speedily without being delayed at care homes waiting for handover. Early findings from hospital show that being able to identify a resident from a care home and having the information on standardised paperwork is extremely valuable, and helps medical assessment to take place more quickly.

Impact: The findings suggest that the use of a practical pathway can help with communication between hospitals and care homes, and improve the transition process. In Sutton CCG, the pathway will be rolled out to learning disability and mental health care homes during the summer of 2016. Further quantitative data to measure the success of the pathway (such as lost belongings, length of stay and transfer time) may help to interpret these initial findings.
Appendix D (details of data sources available)

*Information from national audits*

Table 1 National audits (n=15) published between July 2015 and March 2016 providing uptake data on 30 NICE guidelines and quality standards

<table>
<thead>
<tr>
<th>National audit</th>
<th>Publication date</th>
<th>NICE guidance and quality standards</th>
</tr>
</thead>
</table>
| National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis | January 2016 | CG79 Rheumatoid arthritis in adults: management  
QS33 Rheumatoid arthritis in over 16s |
| National Bowel Cancer Audit | December 2015 | CG131 Colorectal cancer: diagnosis and management  
QS20 Colorectal cancer |
| National Head and Neck Cancer Audit | September 2015 | CSG6 Service guidance on improving outcomes in head and neck cancers |
| National Lung Cancer Audit | December 2015 | CG121 Lung cancer: diagnosis and management  
QS17 Lung cancer in adults |
| National Prostate Cancer Audit | November 2015 | CG175 Prostate cancer: diagnosis and management |
| National Chronic Obstructive Pulmonary Disease Audit | November 2015 | CG101 Chronic obstructive pulmonary disease in over 16s: diagnosis and management  
QS10 Chronic obstructive pulmonary disease in adults |
| National Diabetes Audit Care Processes and Treatment Targets | January 2016 | NG17 Type 1 diabetes in adults: diagnosis and management  
NG28 Type 2 diabetes in adults: management  
NG19 Diabetic foot problems: prevention and management  
QS6 Diabetes in adults  
PH53 Weight management: lifestyle services for overweight or obese adults  
PH10 Stop smoking services |
| National Pregnancy in Diabetes Audit | November 2015 | QS109 Diabetes in pregnancy  
NG3 Diabetes in pregnancy: management from preconception to the postnatal period |
<p>| National Falls and Fragility Fracture Audit | October 2015 | CG161 Falls in older people: assessing risk and prevention |</p>
<table>
<thead>
<tr>
<th>National audit</th>
<th>Publication date</th>
<th>NICE guidance and quality standards</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>CG103 Delirium: prevention, diagnosis and management</td>
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<td>QS86 Falls in older people</td>
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<tr>
<td>National Heart Failure Audit</td>
<td>November 2015</td>
<td>CG108 Chronic heart failure: management of chronic heart failure in adults in primary and secondary care</td>
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<td></td>
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<td>QS9 Chronic heart failure in adults</td>
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<tr>
<td>National Neonatal Audit</td>
<td>November 2015</td>
<td>QS4 Neonatal specialist care</td>
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<tr>
<td></td>
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<td>QS75 Neonatal infection</td>
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<tr>
<td>Community mental health survey</td>
<td>October 2015</td>
<td>CG136 Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services</td>
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<td></td>
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<td>CG123 Common mental health problems: identification and pathways to care</td>
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<td>QS14 Service user experience in adult mental health services</td>
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<tr>
<td>National clinical audit of biological therapies</td>
<td>September 2015</td>
<td>QS81 Inflammatory bowel disease</td>
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<tr>
<td>(adults)</td>
<td></td>
<td>TA187 Infliximab and adalimumab for the treatment of Crohn's disease</td>
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<td>TA329 Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy</td>
</tr>
<tr>
<td>National clinical audit of biological therapies</td>
<td>September 2015</td>
<td>QS22 Antenatal care</td>
</tr>
<tr>
<td>(paediatrics)</td>
<td></td>
<td>QS37 Postnatal care</td>
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<tr>
<td>Maternity services survey</td>
<td>December 2015</td>
<td>QS105 Intrapartum care</td>
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<td></td>
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<td>QS115 Postnatal mental health</td>
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<td>CG190 Intrapartum care</td>
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<td>CG62 Antenatal care</td>
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<td></td>
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<td>CG37 Postnatal care</td>
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</tbody>
</table>
## Shared learning examples

**Table 2** Shared learning examples (n=26) published between October 2015 and March 2016, and their relevance to health, public health and social care sectors

<table>
<thead>
<tr>
<th>Shared learning example</th>
<th>Publication date</th>
<th>NICE guidance and quality standards</th>
<th>Health</th>
<th>Public health</th>
<th>Social care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and secondary care for women with urinary incontinence – under one roof</td>
<td>November 2015</td>
<td>CG171 Urinary incontinence in women: management</td>
<td>✔️</td>
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<tr>
<td>Pan-Lancashire Safer Sleeping Guidance for Children</td>
<td>October 2015</td>
<td>CG37 Postnatal care up to 8 weeks after birth</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Improving Perinatal Mental Health Practice across Services though training, pathways, resources, consultation, champions and passion – but without extra money</td>
<td>January 2016</td>
<td>CG192 Antenatal and postnatal mental health: clinical management and service guidance</td>
<td>✔️</td>
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<td>✔️</td>
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<tr>
<td>Improving awareness of Familial Hypercholesterolaemia in primary care</td>
<td>February 2016</td>
<td>CG71 Familial hypercholesterolaemia: identification and management</td>
<td>✔️</td>
<td></td>
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<tr>
<td>Improving anticoagulation in patients with atrial fibrillation in West Hampshire using the GRASP AF audit tool</td>
<td>February 2016</td>
<td>CG180 Atrial fibrillation: management</td>
<td>✔️</td>
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<tr>
<td>Shared learning example</td>
<td>Publication date</td>
<td>NICE guidance and quality standards</td>
<td>Health</td>
<td>Public health</td>
<td>Social care</td>
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<tr>
<td>The Birth Choice tool from Which?</td>
<td>March 2016</td>
<td>QS105 Intrapartum care</td>
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<tr>
<td>Reducing the risk of stroke in AF: using the NICE PDA with patients not currently treated with anticoagulants</td>
<td>March 2016</td>
<td>CG180 Atrial fibrillation: management</td>
<td></td>
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<tr>
<td>The Royal Liverpool IV Fluid Team</td>
<td>March 2016</td>
<td>CG174 Intravenous fluid therapy in adults in hospital</td>
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<tr>
<td>Therapy Support Workers In Critical Care: Improving physical and cognitive rehabilitation</td>
<td>March 2016</td>
<td>CG83 Rehabilitation after critical illness in adults</td>
<td></td>
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<tr>
<td>Developing and communicating effective pathways for patients with sarcoma in London and South East</td>
<td>December 2015</td>
<td>QS78 Sarcoma</td>
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<tr>
<td>Supporting people with multiple sclerosis, who have limited mobility or are full-time wheelchair users, to remain physically active with the use of Oswestry standing frames</td>
<td>February 2016</td>
<td>CG186 Multiple sclerosis in adults: management</td>
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<td></td>
<td></td>
<td>QS108 Multiple sclerosis</td>
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NICE uptake and impact report, September 2016
<table>
<thead>
<tr>
<th>Shared learning example</th>
<th>Publication date</th>
<th>NICE guidance and quality standards</th>
<th>Health</th>
<th>Public health</th>
<th>Social care</th>
</tr>
</thead>
<tbody>
<tr>
<td>A new model for management of TB in metropolitan areas</td>
<td>January 2016</td>
<td>NG33 Tuberculosis</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Delivering Better Oral Health: Prevention in Practice Award</td>
<td>December 2015</td>
<td>NG30 Oral health promotion: general dental practice</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Healthy Living Dentistry</td>
<td>January 2016</td>
<td>NG30 Oral health promotion: general dental practice</td>
<td>✔️</td>
<td>✔️</td>
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</tbody>
</table>
| Improving the mental and social wellbeing of the elderly in residential care: a case study | January 2016 | NG32 Older people: independence and mental wellbeing  
QS30 Dementia: independence and wellbeing  
QS50 Mental wellbeing of older people in care homes | ✔️ | ✔️ | ✔️ |
<p>| Setting up a service for sentinel lymph node biopsy (SLNB) in patients with early oral squamous cell cancer (SCC): our experience to date | February 2016 | NG36 Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over | ✔️ | ✔️ |  |
| Training non-podiatrists to assess foot risk as part of an integrated foot service for people with diabetes | February 2016 | NG19 Diabetic foot problems: prevention and management | ✔️ | ✔️ |  |
| Liverpool Healthy Homes programme | February 2016 | NG6 Excess winter deaths and illness and the health risks associated with cold homes | ✔️ | ✔️ | ✔️ |</p>
<table>
<thead>
<tr>
<th>Shared learning example</th>
<th>Publication date</th>
<th>NICE guidance and quality standards</th>
<th>Health</th>
<th>Public health</th>
<th>Social care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Transfer Pathway (Red Bag Pathway)</td>
<td>March 2016</td>
<td>NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Service Evaluation for Group Clinics for New Patients with newly Diagnosed Coeliac Disease</td>
<td>March 2016</td>
<td>NG20 Coeliac disease: recognition, assessment and management</td>
<td>✔️</td>
<td></td>
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<tr>
<td>General Practitioners employing Pharmacist Independent Prescriber to jointly optimise care of our Care Home Patients</td>
<td>December 2015</td>
<td>SC1 Managing medicines in care homes</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Smokefree LCFT: implementing a nicotine management policy in a community and mental health foundation trust</td>
<td>February 2016</td>
<td>PH48 Smoking: acute, maternity and mental health services</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Improving the uptake of Hepatitis B screening and vaccination in at-risk groups attending the sexual health service</td>
<td>March 2016</td>
<td>PH43 Hepatitis B and C testing: people at risk of infection</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>The adoption of The Sherlock 3CG Tip Confirmation System for placement of peripherally inserted central catheters, at Queen Elizabeth Hospital, Birmingham</td>
<td>March 2016</td>
<td>MTG24 The Sherlock 3CG Tip Confirmation System for placement of peripherally inserted central catheters</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Shared learning example</td>
<td>Publication date</td>
<td>NICE guidance and quality standards</td>
<td>Health</td>
<td>Public health</td>
<td>Social care</td>
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<tr>
<td>Implementing faecal calprotectin testing in primary care</td>
<td>November 2015</td>
<td>DG11 Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel</td>
<td>✔️</td>
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</tbody>
</table>
### Communications activities

**Table 3**  
Highlights of communications activities carried out from July 2015 to March 2016

<table>
<thead>
<tr>
<th>NICE guidance and quality standards</th>
<th>Publication date</th>
<th>NICE communications activity</th>
</tr>
</thead>
</table>
| *Care of dying adults in the last days of life (NG31)* | December 2015 | Covered by 150 **articles and broadcasts** (47% radio, 34% online, 13% newspaper and 6% on TV).  
Our **tweets** were seen more than 43,500 times and received nearly 1,125 engagements.  
There were 9 **speaking engagements** carried out about the guidelines.  
40,181 **web page views** (December 2015–April 2016). |
| *Sunlight exposure: risks and benefits (NG34)* | February 2016 | A total of 110 pieces of **media coverage** (including 2 front-page stories).  
Our **tweets** were seen more than 34,000 times and received nearly 400 engagements.  
The events team exhibited at 3 **public health conferences**.  
16,832 **web page views** (February 2016–April 2016). |
| *Home care: delivering personal care and practical support to older people living in their own homes (NG21)* | September 2015 | Extensive **media coverage**.  
**Tweets** about the guidance were seen more than 18,000 times.  
Exhibitions at 6 **social care themed events** (2015–present).  
There were 5 **speaking engagements** on the guidance.  
A total of 39,336 **web page views** (September 2015–April 2016). |
<table>
<thead>
<tr>
<th>NICE guidance and quality standards</th>
<th>Publication date</th>
<th>NICE communications activity</th>
</tr>
</thead>
</table>
| **Type 1 diabetes in adults: diagnosis and management (NG17)**                                                                   | August 2015     | There were 25 items of media coverage across national press, health trade titles, health blogs and regional press.  
|                                                                                                                                  |                 | A tweet on diabetic foot problems was seen 14,500 times with 60 retweets. A second NICE tweet on tighter blood sugar targets was seen over 13,000 times and had 40 retweets.  
|                                                                                                                                  |                 | The events team coordinated 6 speaking engagements and 1 exhibition.  
|                                                                                                                                  |                 | A total of 49,688 web page views for NG17 (August 2015–April 2016); 89,039 for NG18 (August 2015–April 2016) and 106,710 for NG28 (December 2015–April 2016). |
| **Diabetes (type 1 and type 2) in children and young people: diagnosis and management (NG18)**                                   | August 2015     |                                                                                                                                                             |
| **Type 2 diabetes in adults: management (NG28)**                                                                               | December 2015   |                                                                                                                                                             |
## Enquiries received

Table 4  Enquiries received (n=8620) by the NICE enquiry handling team from July 2015 to March 2016

<table>
<thead>
<tr>
<th>Enquiry subject</th>
<th>Number of enquiries</th>
</tr>
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<tbody>
<tr>
<td>Clinical guidelines</td>
<td>2059</td>
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<tr>
<td>Centre for Health Technology Evaluation guidance</td>
<td>1008</td>
</tr>
<tr>
<td>Public health and social care guidelines</td>
<td>214</td>
</tr>
<tr>
<td>Other enquiries</td>
<td>5339</td>
</tr>
</tbody>
</table>

### Popular guidance (top 15 subject areas)

<table>
<thead>
<tr>
<th>NICE guidance and quality standards</th>
<th>Publication date</th>
<th>No. of enquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fertility problems: assessment and treatment (CG156)</td>
<td>February 2013</td>
<td>66</td>
</tr>
<tr>
<td>Suspected cancer: recognition and referral (NG12)</td>
<td>June 2015</td>
<td>63</td>
</tr>
<tr>
<td>Care of dying adults in the last days of life (NG31)</td>
<td>December 2015</td>
<td>58</td>
</tr>
<tr>
<td>Duchenne muscular dystrophy (nonsense mutation) - ataluren [ID428]</td>
<td>In development (published July 2016)</td>
<td>57</td>
</tr>
<tr>
<td>Type 2 diabetes in adults: management (NG28)</td>
<td>December 2015</td>
<td>49</td>
</tr>
<tr>
<td>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NG15)</td>
<td>August 2015</td>
<td>39</td>
</tr>
<tr>
<td>Intrapartum care: care of healthy women and their babies during childbirth (CG190)</td>
<td>December 2014)</td>
<td>39</td>
</tr>
<tr>
<td>Atrial fibrillation: management (CG180)</td>
<td>August 2014</td>
<td>37</td>
</tr>
<tr>
<td>Supportive and palliative care in adults (update) (Renamed End of life care for adults: service delivery)</td>
<td>In development</td>
<td>36</td>
</tr>
<tr>
<td>Menopause: diagnosis and management (NG23)</td>
<td>November 2015</td>
<td>33</td>
</tr>
<tr>
<td>Ovarian, fallopian tube and peritoneal cancer (BRCA 1 or 2, mutated, relapsed, platinum-sensitive) - olaparib (maintenance) [TA381]</td>
<td>January 2016</td>
<td>29</td>
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<tr>
<td>Managing medicines in care homes (SC1)</td>
<td>March 2014</td>
<td>27</td>
</tr>
<tr>
<td>Depression in adults: recognition and management (CG90)</td>
<td>October 2009</td>
<td>26</td>
</tr>
<tr>
<td>Cardiovascular disease: risk assessment and reduction, including lipid modification (CG181)</td>
<td>July 2014</td>
<td>25</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease in over 16s: diagnosis and management (CG101)</td>
<td>June 2010</td>
<td>25</td>
</tr>
</tbody>
</table>
### NICE field team success criteria

**Table 5** Performance against agreed process measures and success criteria by the NICE field team of implementation consultants from April to August 2016, and their relevance to health, public health and social care sectors

<table>
<thead>
<tr>
<th>Measure type</th>
<th>Measure</th>
<th>Audience</th>
<th>2016/17 Target</th>
<th>Achieved</th>
<th>Health</th>
<th>Public Health</th>
<th>Social Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process measure</td>
<td>Engage with 52 (80%) of NHS England Vanguard sites and Primary Care Home Test sites (previously called NAPC Rapid Test Sites)</td>
<td>Vanguards, New Care Models, Primary Care Home Test Sites &amp; GP Federations</td>
<td>52</td>
<td>10</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Success criteria</td>
<td>An example recorded from each Vanguard and Primary Care Home Test site engaged, with outlining their current use of NICE guidance, quality standards or indicators</td>
<td>Vanguards, Primary Care Home Test Sites</td>
<td>52</td>
<td>6</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>It is expected that a number of visits to some sites will need to take place before an example is generated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success criteria</td>
<td>Initial engagement with 30 GP Federations and intelligence obtained from each on their use, or planned use, of NICE guidance, quality standards or indicators</td>
<td>GP Federations</td>
<td>30</td>
<td>0</td>
<td>✔️</td>
<td>Engagement to commence autumn 2016</td>
<td>✔️</td>
</tr>
<tr>
<td>Process measure</td>
<td>Contribute to design and delivery of the STP regional development days</td>
<td>Sustainability and Transformation Footprints</td>
<td>4</td>
<td>3</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Measure type</td>
<td>Measure</td>
<td>Audience</td>
<td>2016/17 Target</td>
<td>Achieved</td>
<td>Health</td>
<td>Public Health</td>
<td>Social Care</td>
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</tr>
<tr>
<td>Success criteria</td>
<td>20 examples of working with STP footprints to embed the use of NICE guidelines and quality standards in local plans</td>
<td>Sustainability and Transformation Footprints</td>
<td>20</td>
<td>3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Process measure</td>
<td>Minimum of 1 collaborative project between NICE and PHE established with each of the 9 PHE centres</td>
<td>Public Health England</td>
<td>9</td>
<td>2</td>
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<tr>
<td>Success criteria</td>
<td>40 examples of NICE public health related guidelines or quality standards being used to inform local authority health and wellbeing policies or commissioning agreements</td>
<td>Public Health England</td>
<td>40</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process measure</td>
<td>Engagement with 120 (80%) of local authority social care commissioners</td>
<td>Local authority social care commissioners</td>
<td>120</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success criteria</td>
<td>For all local authorities visited, a practice example outlining how they are implementing, or have challenges with recommendations from either, the NICE guideline on transition between inpatient hospital settings &amp; community or care homes settings for adults with social care needs or, transition from children's to adults services</td>
<td>Local authority social care commissioners</td>
<td>120</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure type</td>
<td>Measure</td>
<td>Audience</td>
<td>2016/17 Target</td>
<td>Achieved</td>
<td>Health</td>
<td>Public Health</td>
<td>Social Care</td>
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<tr>
<td>Process measure</td>
<td>Engagement with 10 county/regional social care provider networks</td>
<td>Social Care provider networks</td>
<td>10</td>
<td>7</td>
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</tr>
<tr>
<td>Success criteria</td>
<td>For all networks visited, a practice example outlining how they are implementing, or have issues, with recommendations from the NICE guideline on transition between inpatient hospital settings and community or care homes settings for adults with social care needs</td>
<td>Social Care provider networks</td>
<td>10</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Process measure</td>
<td>Engagement with 120 (80%) of acute and specialist trusts</td>
<td>NHS acute and specialist trusts</td>
<td>120</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Success criteria</td>
<td>For all trusts visited, a practice example outlining how they are using (or reasons for not using) NICE guidelines, quality standards and associated resources to deliver value for patients and demonstrate improvements in quality</td>
<td>NHS acute and specialist trusts</td>
<td>120</td>
<td>28</td>
<td></td>
<td></td>
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<tr>
<td>Process measure</td>
<td>An assessment of the cost effectiveness of the webinar</td>
<td>NHS mental health trusts</td>
<td>1</td>
<td>Planned for winter 2016/17</td>
<td></td>
<td></td>
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<tr>
<td>Success criteria</td>
<td>An evaluation of the webinar from the attendees’ perspective</td>
<td>NHS mental health trusts</td>
<td>1</td>
<td>Planned for winter 2016/17</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>