



NICE regional stakeholder events 2016  
Summary of findings

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# Feedback from NICE regional stakeholder events 2016

## Introduction

### THIS SHORT REPORT SUMMARISES THE FEEDBACK FROM 4 REGIONAL EVENTS NICE HELD OVER AUTUMN 2016.

The events ran alongside other activities NICE has for gathering feedback on its work, including implementation consultant visits and NICE's wider programme of stakeholder engagement.

Facilitated table discussions explored the views of the attendees on how they work with NICE and what more NICE can do to support their role.

The 4 events were themed to cover public health, social care, the NHS, and the integration of health and social care.

A breakdown of attendee roles can be found in the appendix.

#### Integration

MANCHESTER - 23 attendees

#### Public health

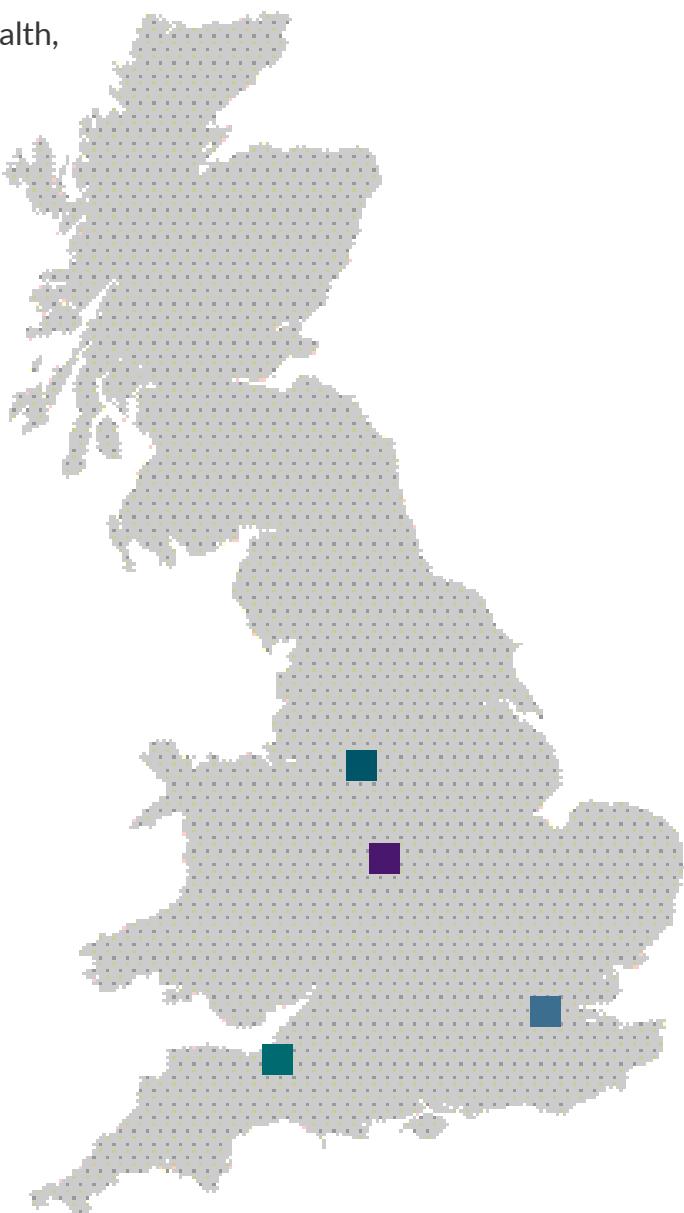
BIRMINGHAM - 28 attendees

#### NHS

LONDON - 25 attendees

#### Social Care

BRISTOL - 21 attendees



# Stakeholders' initial thoughts about NICE

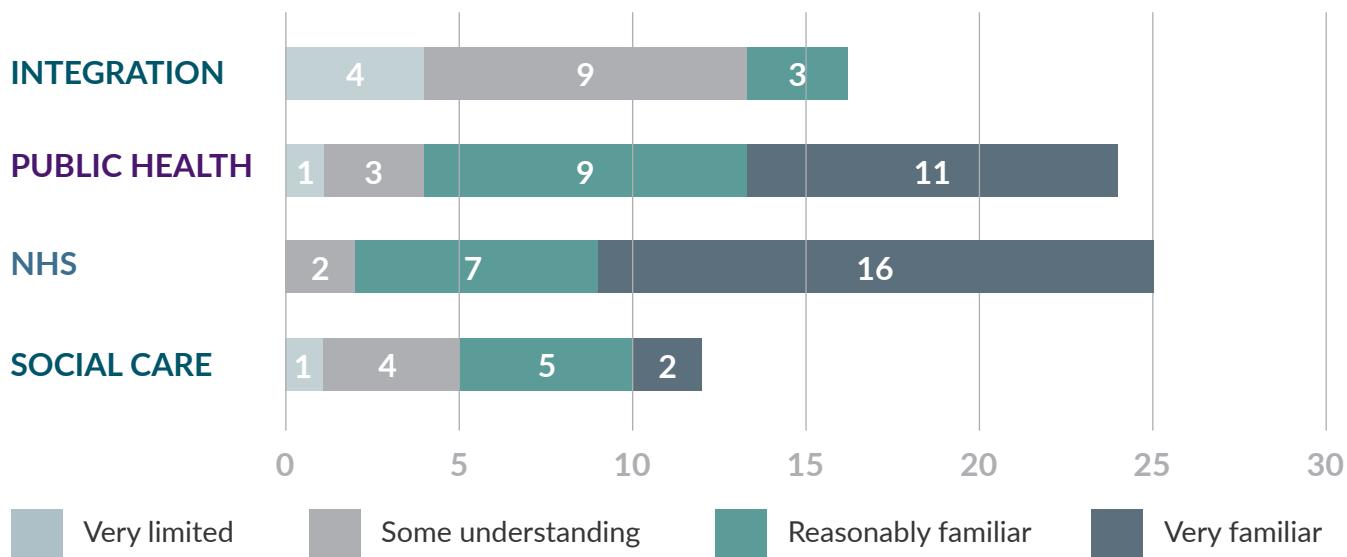
Initial thoughts...

A poll<sup>1</sup> was taken at the start of each event to look at how familiar the attendees were with NICE's role, the frequency of use of NICE guidance and what they thought was the biggest challenge to putting NICE guidance into practice.

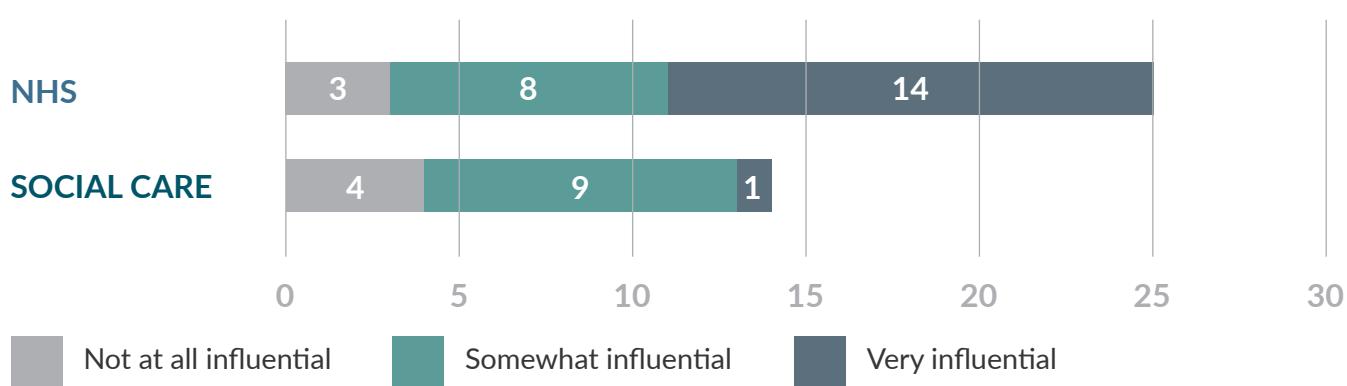
## Summary of findings

The results from the initial poll are shown below.

### HOW FAMILIAR ARE YOU WITH NICE'S ROLE?



### HOW INFLUENTIAL ARE NICE GUIDELINES ON YOUR DAY TO DAY DECISIONS?\*

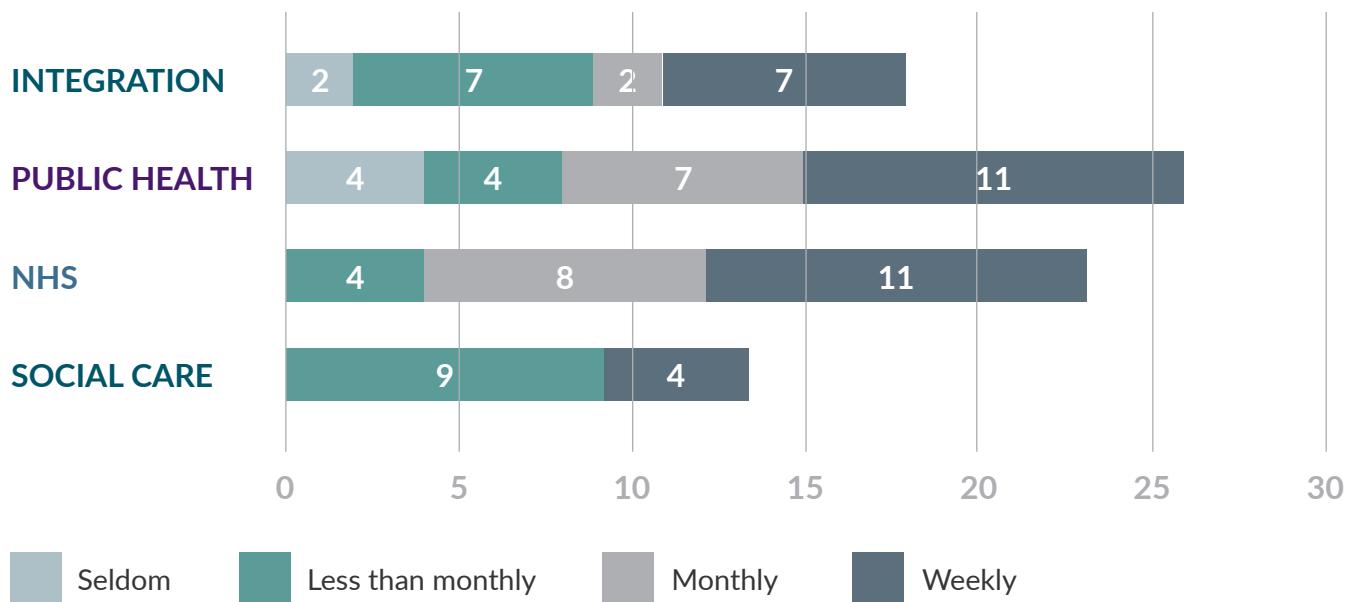


<sup>1</sup>Not all attendees took part in polls

\*question not posed at PH and Integration events

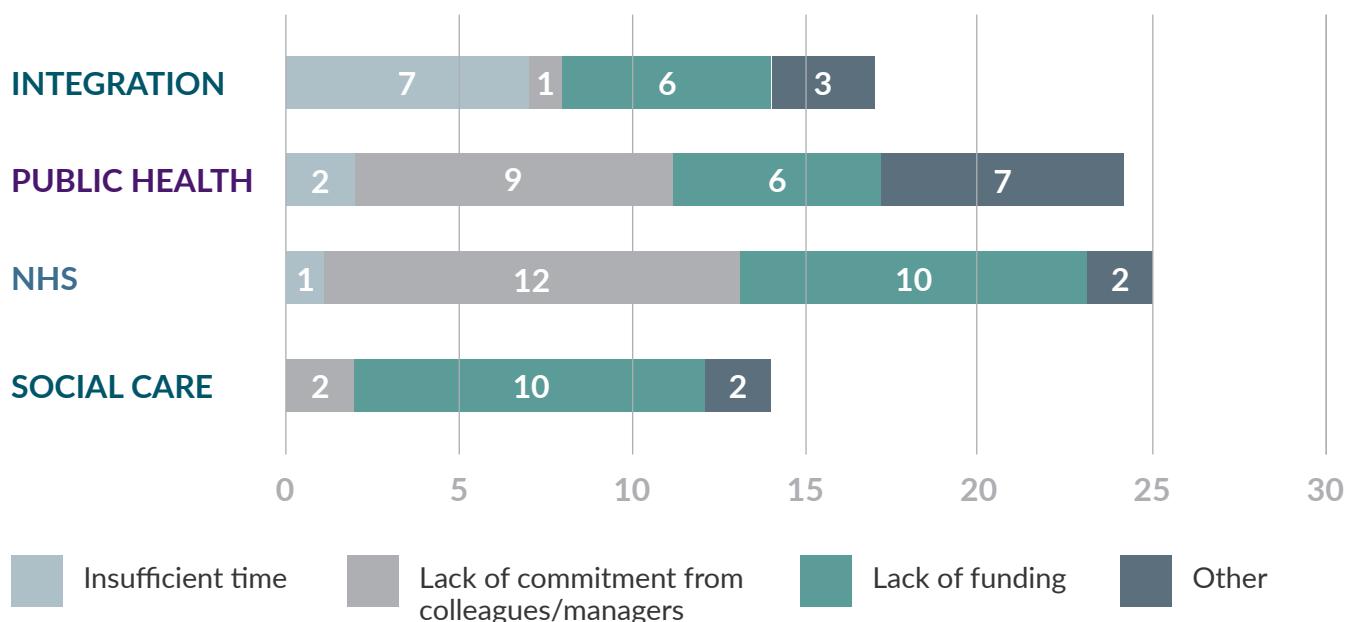
# Stakeholders' initial thoughts about NICE

## HOW OFTEN DO YOU REFER TO NICE GUIDANCE IN YOUR DAY TO DAY WORK?



The NHS group were more familiar with NICE than any other groups and were using the guidance more regularly. Social care had the least awareness and, as expected, referred to the guidance less regularly.

## WHAT IS THE BIGGEST CHALLENGE TO PUTTING NICE RECOMMENDATIONS INTO PRACTICE?



Lack of commitment from managers and lack of funding are consistent challenges across all sectors, with social care, in particular, raising the issue of funding. Those involved in integration cited insufficient time as their main challenge.

<sup>1</sup>Not all attendees took part in polls

# Summary of findings from the public health event

## HOW DO YOU GENERALLY FIND OUT ABOUT RELEVANT GUIDANCE OR STANDARDS?



Few stated that they received information from NICE directly; there is more reliance on information being filtered to them from other organisations, colleagues and networks. Attendees reported that NICE guidance would be used for a specific purpose or issue.

## IS WHAT NICE PUBLISHES FIT FOR PURPOSE?

NICE is a robust brand, the 'kite mark'

It assists with funding requests, decision-making, commissioning

Allows organisations to be held to account

Empowers patients

Summaries are very useful

More direction required – 'who does what?'

Provides cost saving but some want more 'quick wins'

Need to focus on 'preventions as well as intervention' for whole population

Assumption that 'C' still stands for clinical

Still could be easier to read - visuals

## MOTIVATION TO USE NICE

### What does motivate you to use?

Helps improves outcomes in area  
It's a credible source  
Provides weight to argument  
Public pressure

### What would motivate you to use?

If they were mandatory  
Help with implementation and prioritisation  
Included focus on well being  
Assisted with an outcome approach

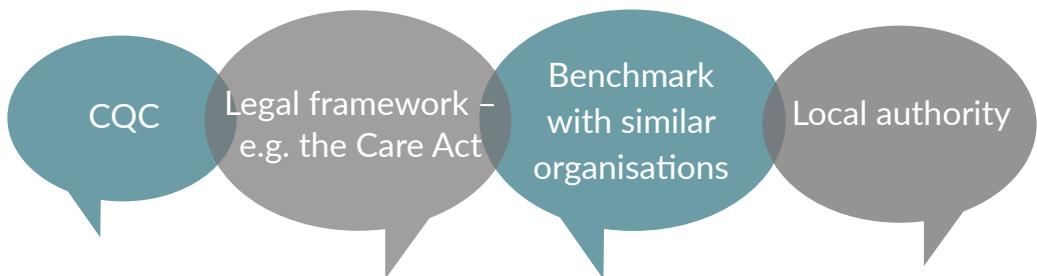
## CHALLENGES

Cultural differences in local authority  
How does NICE fit in with PHE

Applying guidance at a local level  
Prioritisation

# Summary of findings from the social care event

## WHAT IS YOUR PRIMARY SOURCE OF ADVICE ON BEST PRACTICE?



This group is focussed on legal and mandatory frameworks where there is a penalty if not adhered to as a priority. Best practice and reassurance is sought through benchmarking and review of practices in similar organisations or services.

## WHAT DO YOU THINK OF NICE GUIDANCE AND STANDARDS?

Provides reassurance	'Doesn't have teeth' – can be vague and no regulation behind them
Encourages collaboration and focussed working	The guidance and website can be daunting
Useful benchmark	Assumption NICE guidance is still clinical
Facilitates peer review and support	Does not focus on empowerment of patients and service users
	Achieving NICE guidelines versus costs

## MOTIVATION TO USE NICE

### What does motivate you to use?

Credible, trusted source  
Provides reassurance and consistency  
Reassured SCIE is the collaboration centre  
Allows organisation to be held to account

### What would motivate you to use?

More awareness of what NICE was doing in terms of social care  
Reassurance that it includes views of social care staff and patients/service users  
Mandatory guidelines/link with CQC  
Clear guidelines and support from NICE

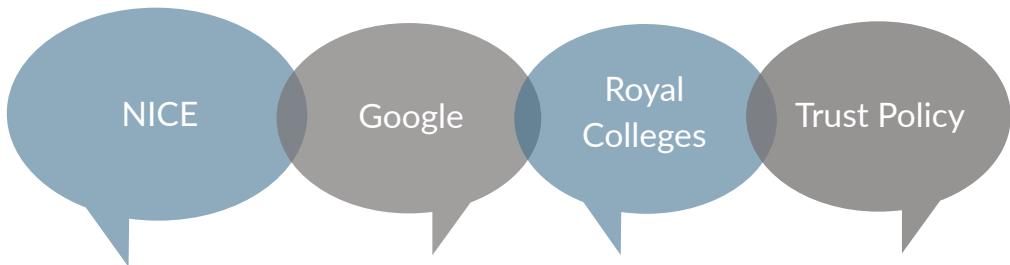
## CHALLENGES

Unaware of NICE offer  
Accessibility of information

Prioritisation of information  
Cross-organisation working

# Summary of findings from the NHS event

## WHAT IS YOUR PRIMARY SOURCE OF ADVICE ON BEST PRACTICE?



NICE is a first port of call for NHS professionals who visit when requiring information on best practice. There is more proactive independent search for this information online than other groups.

## WHAT DO YOU THINK OF NICE GUIDANCE AND STANDARDS?

Reviews evidence and identifies gaps

Leads strategic direction – project would not start if not recommended by NICE

Like alternative short version/summary

Helps with CQC inspection

Still some confusion if it's mandatory

Different guideline types and names are confusing and deemed unnecessary

'Is it evidence or rationing?'

Quality standards can be too broad

## MOTIVATION TO USE NICE

### What does motivate you to use?

Improves outcomes of patient care  
Credible, trusted brand  
Public or patient pressure  
Commissioner and CQC expect it

### What would motivate you to use?

Incentives  
Help with implementation, easier to use  
Support with prioritisation

## CHALLENGES

Too much information to read/ comply with

Difficult to know what is relevant for who

Implementation of guidance not realistic on the ground

Patients interpreting guidelines incorrectly

# Summary of findings from the integration event

## WHAT IS YOUR PRIMARY SOURCE OF ADVICE ON BEST PRACTICE?



A variety of sources were cited because management professionals at the event represented all sectors. These range from proactively searching online to waiting for the information to be filtered down or taking the lead from neighbouring councils or providers. Attendees reported use of NICE can be project specific.

## IS WHAT WE PUBLISH HELPFUL TO YOU?

Supports the development of policy, initiatives, commissioning and re-design

Helps with internal audit when incident occurs

Provides consistency

Allows quality assurance with CQC

Useful, but only if you know it is there

Legal frameworks more important as mandatory

Can be vague, detail interpreted differently depending on individual agenda

Output of guidance makes it difficult to use

## MOTIVATION TO USE NICE

### What does motivate you to use?

Credible, trusted source

Provides reassurance care is up to standard

Assists with CQC visits

### What would motivate you to use?

Guarantee getting more for less

Guidance considers 'the whole system' across all sectors

Deemed relevant to current project

NICE work more embedded at local authority

## CHALLENGES

Collaborative working across sectors

Lack of awareness of NICE's offer

Competing prioritisation and agendas

Pressure on system to reduce costs

## Awareness of NICE's full remit remains low – 'C means clinical'

There is a clear level of respect for NICE guidance across all sectors with the consensus the organisation is a credible and trusted brand, which in turn can motivate use of its products. However, levels of awareness of NICE's full offer and therefore usage differ across sectors. Generally attendees relate NICE to guidance, with limited knowledge across all audiences of the other products and services available.

There is still a perception that the focus of NICE remains clinical only, with many unaware of NICE's name change, especially across the newer audiences of public health and social care. Attendees from these sectors had a desire to gain a better understanding of

what NICE does but would like NICE to show that they understand the requirements of their sector as much as healthcare.

**'We need to know which guidelines (e.g NICE, SCIE, SfC) are the best ones to go to'**

Learning disability nurse,  
Social Care event

There is aspiration from these groups for NICE to bring some consistency and standardisation across a system that can be lacking in both at the moment, but due to their lack of knowledge of NICE's full remit they are unsure what its role would be in this and how it aligns with other organisations. Some viewed NICE as another organisation bestowing information on a sector that already feels it is struggling to know what to read, follow and prioritise, particularly with their confusion over whether NICE guidance is mandatory.

**'Many still think the C stands for clinical'**  
Public Health event



**'There's a great purpose around clinical guidance.... but what else can you do with early intervention'**

Consultant in Public Health,  
Public Health event

**'NICE has a reputation of being heavy – only for really intelligent people'**

Psychotherapist,  
Social Care event

# Request for support with implementation

All sectors requested support with the implementation of guidance from NICE, from help in understanding and prioritising recommendations, to assisting in the engagement of staff on the ground. This would further motivate use of NICE guidance.

There was limited knowledge and usage across all sectors of the tools currently available to support the use of guidance, with many requesting the creation of resources that already exist.

Requests for case studies and examples of how NICE guidance has been used and adapted locally, displayed the lack of awareness of the shared learning examples available.

**NICE seems to advise on implementation sometimes but not others sometimes seems more 'ivory tower'**  
Consultant in Public Health, Public Health event

**NICE needs to understand the complexities on the ground 'My trust is massive and falls under 4 different CCGs'**  
Deputy Chief Nurse, NHS event

Therefore the development of tools per se may not be favoured but looking at ways to make the same information more accessible may be. Videos and more visual support tools were suggested as useful interactive alternatives by the events' attendees. Also, those shown the new social care quick guides were impressed by the clarity and succinctness of the information and appreciated the concept of less text with some asking for even more visuals. As some attendees highlighted, it's important to remember that not all online resources are accessible to all users particularly those in the voluntary sector and service users.

Some attendees, particularly those from the NHS, also raised concerns regarding how realistic it is to implement the guidelines on the ground with reduced funding and resources and the complexities of large organisations.

**'Service users can't always access guidance, they struggle with computer access'**  
Integrated Commissioning Manager, Integration event

Few attendees stated that they use the guidance as an ongoing audit tool as they felt it was unrealistic to do so due to the size of the guidance, yet attendees refer to the guidance for a specific issue or complaint.



# Challenges to integration

## Who does what?

The transformation of the health and social care system, aligning three large sectors, has presented many challenges to the professionals that work within it particularly within the transition period. Attendees fed back that there is a lot of confusion in the system in relation to ownership or duplication of tasks for example 'where does our job end and yours begin' and too many boundaries and barriers across the system.

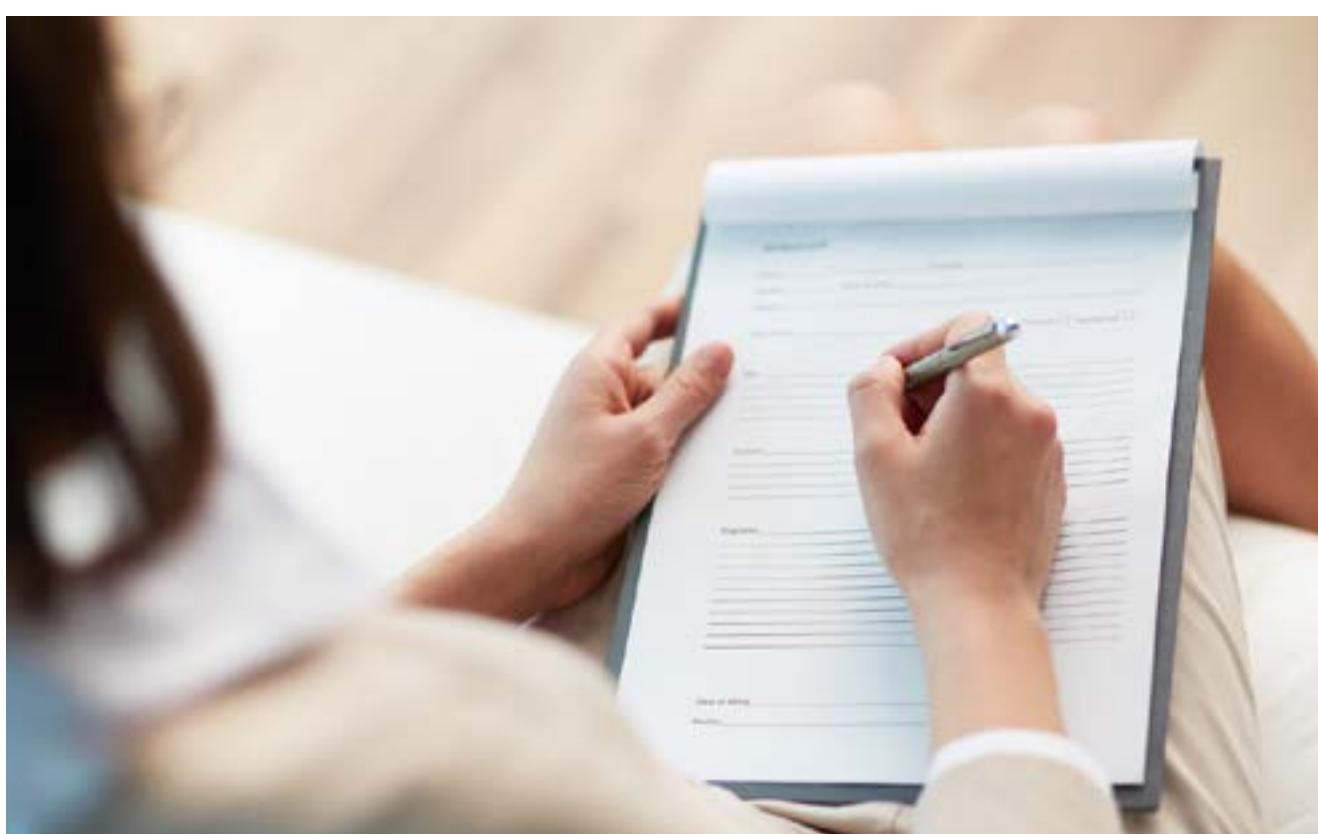


In addition to this, understanding the role of all agencies and public bodies provides further confusion. Attendees explained they misunderstood the role of NICE and how it fits in with organisations like CQC and Public Health England (PHE). It was highlighted the amount of information received from all organisations was vast and it is difficult to keep up with it and prioritise the information.

## Different approaches to evidence-based practice

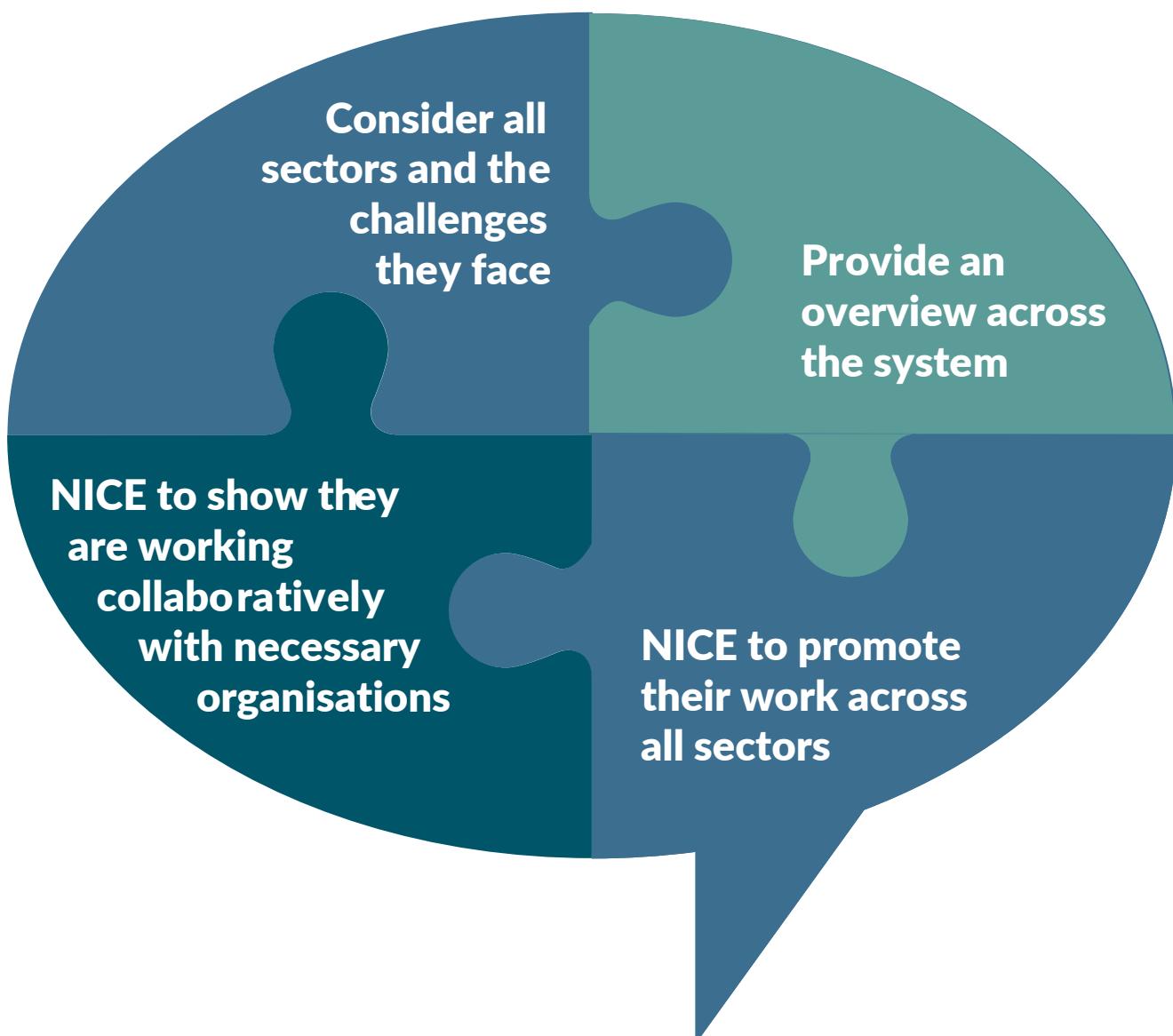
Traditionally, different sectors have approached evidence-based practice differently largely based on the amount of evidence available for each sector. Public health and social care have considerably less available to them than healthcare. When it comes to applying best practice, attendees placed a heavy reliance on using colleagues for support, along with adopting practices from other services that have demonstrated success. Attendees recognised that it is now difficult to establish an evidence-based approach within some organisations, particularly the local authority where

NICE is not embedded, especially with the extra pressure of reduced costs and resources. Consequently those working in local government felt that this pressure has resulted in 'knee jerk reactions' to service changes rather than adopting a considered approach to the evidence base and associated guidance, with the focus being on 'quick wins' and an individual's agenda rather than a long term focus. The initial poll at the events also reflects this with lack of commitment from managers and lack of funding being popular responses.



## How can NICE help?

Due to misconceptions of NICE's remit and the confusion that is in the system at the moment the participants had a plea for NICE to take control of the situation and provide general clarity across the board. However, there were some clear areas identified where attendees thought NICE could assist.

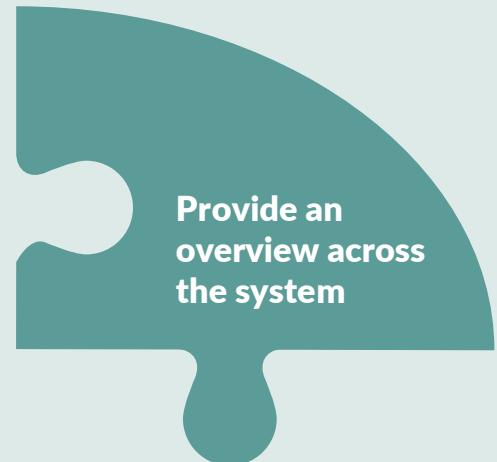


# How can NICE help?

## Provide an overview across the system

There is a request for NICE to take a holistic view across the system, taking into consideration the whole service and pathway and where possible providing guidance on joint planning and how to integrate services.

One attendee hoped NICE would be able to 'oil the friction' with their neutral view and guide people through the process, making it clearer who is responsible for what and providing consistency via their guidance.



A blue puzzle piece graphic with a white outline. Inside the puzzle piece, the text 'Consider all sectors and the challenges they face' is written in white, bold, sans-serif font.

## Consider all sectors and the challenges they face

There was a level of empathy requested from NICE when developing their guidelines to take into account the issues that the sectors currently face and how the guidance will be accepted

and actioned 'on the ground'. One group at the integration event stated that they want guidelines that produce good outcomes taking into account increasing demand, increasing life expectancy and reduced funding. The public health groups wanted NICE to address that they have to consider a whole population view as well as adapt guidance to varying localities and at community level.

# How can NICE help?

## NICE to promote their work across all sectors

There is a clear message from the events that more targeted communication would be welcomed, especially by newer audiences, to further raise awareness of how NICE can help to ensure best practice. Additionally, it's important to reinstate the message to traditional users and explain the support resources available - explicitly promoting the new areas of work that NICE has moved into, making it clear the remit has widened to cover public health and social care and what is available for these audiences. Attendees wanted assurance that individuals from all sectors are involved in the development of guidance and felt publicising this would encourage buy-in from sectors NICE was not yet embedded within.



## NICE to show they are working collaboratively with necessary organisations

NICE to show they are working collaboratively with necessary organisations

Attendees were unaware of the collaborative work and links NICE has to external organisations such as PHE and the CQC. Highlighting how NICE links with other organisations and what the role of each is was requested by attendees. There was a clear message that the attendees would welcome collaboration with other organisations, committees (e.g. Scrutiny Committee) and boards (Joint Commissioning Board) to ensure that NICE guidance and work is considered when decisions are being made. They felt for integration to work there has to be open dialogue across the board. Also many who work for the local authority felt if further relationships were built with the influential individuals within the organisation there would be fewer barriers to the adoption of evidence based practice providing more consistency across the system.

# Conclusions from the regional stakeholder events



The event highlighted that NICE is an organisation that people highly regard and trust. Attendees felt that because NICE guidance is evidence-based it provides justification and reassurance when used.

## What would motivate them to use guidance?

Each sector had varying needs that would encourage the use of guidance:

### **Integration** (MANCHESTER - 23 attendees)

When developing guidelines, would like NICE to consider joint working and integration as part of whole system approach.

### **Public health** (BIRMINGHAM - 28 attendees)

Would like NICE to consider the wider public health scope, prevention for the whole population when developing their guidance.

### **NHS** (LONDON - 25 attendees)

Would like more help in implementing the guidance  
– i.e. who does what, who is it for?

### **Social care** (BRISTOL - 21 attendees)

Would like to know what NICE can do for them.

The events also provided a number of areas of consideration.

# Conclusions from the regional stakeholder events

## Increase awareness of NICE's full remit

It is evident that not all NICE's audiences are aware of the full scope of the organisation and that its role has widened beyond just a clinical remit with many not realising the name had changed. Promotion and explanation of the full scope of NICE's products and how the organisation works would motivate use of NICE guidance. Many of the points attendees raised about encouraging the use of guidance is work that NICE is already or has started doing; the message has not yet filtered down to all its audience groups.

Feedback from the events reinforces what we already know, that not everyone comes to NICE directly to receive information. A proactive multi-faceted communications approach is suggested to ensure that all audiences are reached.

## Collaboration with organisations

There is a general confusion about how NICE fits in with other organisations and how audiences should use NICE guidance alongside other guidance and frameworks. Collaboration with other organisations, to remove any duplication and confusion in the system, is suggested, accompanied by clear communication of NICE's role. As there is a strong point made by the attendees that there is too much information to read through let alone apply recommendations within NICE guidance, collaborative working would also reassure audiences that NICE is having an influence on decision-making and that a consistent approach is being adopted across the system.

## Consideration of each sector's varying requirements

Each sector wants NICE to evidence that they have considered their sector's needs when producing guidance. They want to ensure that their sector has involvement in the work of NICE and can therefore influence the guidance to meet their needs. There was limited awareness of how NICE engages stakeholders in the recruitment of committees and how it develops guidance among attendees and further consideration of how to involve relevant stakeholders was suggested.

## What's next

NICE's Board, senior management and guidance development teams, following on from this feedback, will take these conclusions away and reflect on them, prioritising areas for action and change.

# Appendix

## Attendees - 97 people attended across the 4 events.

A breakdown of their role and organisation is detailed below;

### INTEGRATION EVENT MANCHESTER - 23 attendees

ORGANISATION	ROLE
Trafford Council	Interim Head of Complex Additional Needs - Health
Regional Voices	Health and Networks Manager
NW ADASS	Programmes and Policy Manager - NW ADASS
CareConcepts	Managing Director
North Durham CCG	Director of Quality and Safety
Cumbria Partnership NHS Foundation Trust	Clinical Effectiveness and Audit Manager
South West Yorkshire Partnership FT	Deputy Director of Nursing
Bupa, Leeds	Head of Research & Practice Development
Bolton Council	Head of Quality Assurance and Improvement, Children and Adults Services
Voluntary Sector North West	Chief Executive
Wakefield CCG	Project Manager
Halton Borough Council	Principal Policy Officer
Voluntary Organisations Network North East	Chief Executive
NW ADASS	NW ADASS Programme Director
Salford City Council	Integrated Commissioning Manager
NHS Stockport CCG	Chief Operating Officer
Sheffield City Council	Health Improvement Principal
LiveWire Warrington	Lead LiveWire Advisor - Smoking Cessation
Healthwatch Blackburn with Darwen	Chair
Sunderland City Council	Head of Adult Social Care
Bolton Council	Commissioning Manager - Older People
Tameside and Glossop LA	Programme Director
Calderdale Council	Head of Service Commissioning and Partnerships

# Appendix

## PUBLIC HEALTH EVENT BIRMINGHAM – 28 attendees

ORGANISATION	ROLE
Birmingham City Council	Assistant Director of Public Health
Dudley Metro BC	Opposition Spokesperson for Adult Social Care and Health and Adult Social Care Scrutiny Committee Chair
	Public Health Specialist
Shropshire Council	Consultant in Public Health
Sandwell MBC	Director of Public Health
Walsall MBC	
Nottingham City Council	Acting Consultant in Public Health
PHE, West Midlands	Chief Executive Officer
Regional Action West Midlands (RAWM) RAWM	Regional Action West Midlands (RAWM)
Specialised Commissioning Team, West Midlands	Associate Consultant in Public Health, Specialised Commissioning Team, West Mids
	Public Health Workforce Specialist
Health Education West Midlands	FFPH
Faculty of Public Health	Director carolan57 Ltd Visiting Professor of Public Health University of Staffordshire Honorary Senior Lecturer University of Birmingham Associate Director of WHO Collaborating Centre Chair
Solihull HWB	
Warwickshire County Council	Chair
Leicestershire HWB	Engagement Officer
Healthwatch Worcestershire	CEO of RAWM
Regional Voices	Associate Director of Public Health
Fit for Work Team Leicester	Consultant Lead for Health Improvement and Wellbeing
PHE West Midlands	Sr Public Health Specialist
Telford and Wrekin Council	ST4 in Public Health
West Midlands, PHE	Senior Lecturer in Public Health
Birmingham City University	Professor in Public Health Promotion
Faculty of Health, Education and Life Sciences, Birmingham City University	Cancer Early Diagnosis Policy Adviser
Local Authority / Healthwatch Local	NQT Induction Manager and Education Adviser
Services for Education	Health and Wellbeing Service Manager
Be Well Tameside, Pennine Care NHS FT	Managing Director, Community Flow
Community Flow	Lead Nurse for vulnerable children and young people
SAPHNA	

# Appendix

## NHS EVENT LONDON - 25 attendees

ORGANISATION	ROLE
Royal Free London NHS Trust	Deputy Director Clinical Governance and Performance
Mid Essex CCG	Senior Pharmacist Quality, Governance and Performance
Lewisham Greenwich Trust	Head of Clinical Effectiveness, PALS & Complaints
Bracknell Forest Council & Bracknell and Ascot CCG	Project Manager
West London Mental Health NHS trust	Senior clinical effectiveness & quality improvement lead
Health Innovation Network	Senior Project Manager
Epsom and St Helier University Trust Hospital	Senior Clinical audit and Effectiveness Coordinator
NWL CCGs	PbR excluded drugs pharmacist
Central & North West London	Medical Director
NHS Foundation TrustNHS LPP	Medicines Optimisation lead
Tavistock and Portman NHS Foundation Trust	Director of Quality and Patient Experience
Central London Community Healthcare NHS Trust	Clinical Lead, NICE & Clinical Outcomes
Barking, Havering & Redbridge University Hospitals NHS Trust	Executive Medical Director
Sutton CCG	Vanguard Programme Director
Lewisham and Greenwich	Divisional Head of Nursing
University Hospitals Bristol NHS Foundation Trust	NICE Manager
University College London Hospitals NHS Foundation Trust	Chief Nurse
Royal Brompton & Harefield NHS Foundation TrustAssociate	Chief Executive - Finance
Royal Free London NHS Foundation TrustWest Essex	Associate Medical Director (Clinical Performance)
CCG	Chief Pharmacist
West Essex CCG	Clinical Effectiveness Manager
North West London CCGs	GP/Clinical Lead Policy Development North West London
Barts Health NHS Trust	Deputy Chief Nurse
NICE Fellow	
Medical Director	East Sussex Healthcare NHS FT

# Appendix

## SOCIAL CARE EVENT BRISTOL - 21 attendees

ORGANISATION	ROLE
Hampshire County Council	Service Manager, Governance
Bristol City Council	Councillor
CQC	Inspection Manager
Community Therapeutic Services	Learning Disability Nurse Manager
Healthwatch	
The Association for Dance Movement Psychotherapy	Dance Movement Psychotherapist
Shared Lives Plus	Intermediately Care Development Officer
OSJCT	Principal care consultant
Buckinghamshire County Council	Policy, Assurance and Risk Manager Adult Social Care
Healthwatch North Somerset	Chief Officer
Spinal injuries association	Social care caseworker
Warm Wales	Research Officer
South West Forum	Projects and Communications Manager
Hampshire County Council	District Service Manager
Healthwatch Wiltshire	Information and Communications Manager
VODG	Senior Policy Advisor
Rainbow Trust	Family Support Manager
Skills for Care	Locality Manager
Healthwatch Bath & North East Somerset	Healthwatch Volunteer
Reading Borough Council	Commissioner (Quality)
Helping Hands Exmouth	Managing Director