Implementing NICE guidance and quality standards

Audience insight
January 2018
Introduction

NICE guidance and quality standards are used by a wide range of professional groups across the health and social care system. To inform ongoing development, it is important we understand how our guidance and quality standards are used, and in particular identify any barriers or challenges preventing implementation.

Between July 2017 and October 2017 we conducted a 2 phase audience research project to gain insights on:

- How and for what purpose NICE guidance and quality standards are considered and implemented
- The experience of using NICE guidance and any challenges or barriers to implementation

The initial phase consisted of 15 in-depth interviews with representatives from different professional groups. All had experience of using and implementing NICE guidance and/or quality standards. The qualitative feedback collated through the interviews informed the development of an online survey which was distributed between 27th September and 27th October 2017. 860 responses were received and a breakdown of the responses by professional group can be found in Appendix 1.

The results presented in this report are based on an in-depth analysis of the quantitative data from the survey responses alongside a review of the qualitative data from the initial interviews to support and increase the overall validity of the findings.
NICE guidance in context
**NICE guidance in context**

**The importance of NICE guidance**
When making decisions in health and social care our audiences told us they have to consider many different information sources from legislation and other guidance to local requirements and public opinion.

To test out the importance of NICE guidance amongst these other information sources we identified those referenced through our in-depth interviews and from other insight work. We then asked the survey respondents to rank these information sources in order of importance.

The overall rankings are shown in figure 1, with NICE guidance ranked the most important.

**Motivation for implementing NICE guidance**
We identified 5 overarching motivations our audiences cited for implementing NICE guidance during the in-depth interviews. We asked the survey respondents to rank each factor.

As figure 2 shows, the most important motivation was improving patient outcomes, whilst the least important was achieving reduced environmental impact.
Using NICE guidance
We know that people use NICE guidance for a variety of reasons, from assisting with day to day work to informing performance management practices.

Figure 3 indicates that the main reasons for using NICE guidance were ‘informing everyday practice’ (65%), ‘advising or discussing with colleagues or peers’ (61%), and ‘education, training or ongoing continuous professional development’ (60%).

Figure 3. Reasons for using NICE guidance
The interviews provided examples about how guidance was used which help to bring these figures to life around the following themes:

**Informing everyday practice:**

- "I use the information to inform my practice both clinically and in teaching/assessing...I critically appraise it in relation to the real needs of the patient in front of me." (Physiotherapist)
- "I mostly use NICE guidelines to double check specific points in my day to day respiratory work...I used the information to justify the opinion I already held!" (Respiratory and Intensive Care Physician)

**Developing local policies, strategies, and pathways:**

- "When the VTE guidance came out we redid our policy...we changed a lot of things." (Head of Clinical Effectiveness)
- "We developed quite a significant smoking cessation pathway ... based on the initial NICE guidance." (Public health professional)

**Supporting decision making in local service provision, delivery and improvement:**

- "I was in a group looking at transition between children’s and adult social care settings ... we’ve been using it [NICE guidance] ... and using the mapping tools, etc, which are available with that guidance, to try and embed it." (Public health professional)

**Auditing or ongoing monitoring of local service performance:**

- "We check it [quality standards] against any progress that’s been made ... our trust wants there to be ongoing audit or monitoring arrangements and we kind of use it as a proxy for the relevant guidance ... on an ongoing basis...” (Clinical Audit and Effectiveness Manager)

**Continuing professional development and informing inspection activity:**

- "I use NICE quality standards) to keep up to date with developments in evidence based standards in mental health and learning disability services, and to inform CQC inspection activity." (Specialist Advisor)
For the majority of respondents, the most useful aspects of NICE guidance are the fact it provides best practice and standards to support in decision-making, the use of evidence-based recommendations and it being a trusted source of information.

This reinforces messages from other insight projects about how important the rigorous processes and evidence based recommendations are for users.

**Figure 4. Most useful aspects of NICE guidance**

- Provides best practice & standards in inform decisions: 73%
- Evidence-based recommendations/statements: 71%
- Trusted source of information: 66%
- Identifies key priorities for implementation: 63%
- Provides overview on one topic: 50%
- Assesses clinical and/or cost effectiveness: 38%
- Other: 36%
- Transfers transparent information in relation to development process: 24%
- Other: 8%
Products used to put NICE guidance into practice

NICE produces a range of products and resources to make it easier for users to access and implement NICE guidance. Respondents were asked to identify which products they had used that had worked well from a list of options.

NICE Pathways were used by nearly half of all respondents. Some respondents stated how they valued NICE Pathways and gave examples of how they used them to support their work.

“I really like NICE Pathways. It would be great when you access a pathway you also see a full list of guidance/recommendation at the bottom of the page rather than clicking on pathway.” (Senior Manager)

“In terms of visual representations that would be helpful in the guidance, the flow diagrams in the NICE pathways are particularly good exemplars, as are those in the ‘Social and emotional wellbeing for children and young people pathway’ documents.” (Psychologist)

Nearly a third of respondents said they used case studies and shared learning, indicating that people like to see how the guidance is used in the ‘real world’ to help to understand the impact on people and practitioners. This is explored in more detail later on in the report.

Information for the public had been used by around a quarter of respondents and patient decision aids by around a fifth. A number of respondents commented that they would like to see these developed further to support people to be more involved in their care.

Quick guides on social care topics had been used by over 10% of all respondents and not just those who use social care guidance. This reflects the desire for more summaries of guidance, which is frequently mentioned by respondents and which is considered in more detail later in the report.

For those respondents who had not used any of these resources, a number of reasons were given. One was that they were not relevant to their role as they did not need to implement NICE guidance. Another was that the resources did not exist for the guidance that they used or if they did, they were not aware of them. For a small number, the resources were not helpful to them in implementation.

“Am not aware of podcasts/videos for particular topics or online learning resources.” (Allied health professional)
The experience of using NICE guidance
Experience: all guidance

Respondents were asked to select the guidance product that they felt was most relevant to them and provide more detailed feedback on that product. This section reports the combined findings of all products. The top 5 most selected products are then considered in turn.

Overall experience
Respondents were asked to score their overall experience of using NICE guidance on a scale of 1 to 5, where 5 is excellent and 1 is poor. As shown in figure 5, over half of respondents (55%) indicated a positive experience (a score of 4 or 5) and 12% a negative one (a score of 1 or 2).

Using guidance successfully
When asked to consider how successfully they had implemented NICE guidance, 59% scored 4 or 5 where 1 was 'not at all' and 5 was 'a great deal'. 3% chose 1.

Improving local practice
When asking respondents to think about this in more detail and consider the extent to which NICE guidance had improved their practice, nearly half scored a 4 or 5, whereas 5% felt that there had been no impact and selected 1.

"The significant one was the smoking cessation for developing quite a robust pathway in secondary care... we started using that years ago and we're still using that now." (Public Health Professional)
Experience: clinical guidance

258 of all respondents provided feedback on clinical guidelines. The main reasons for using NICE clinical guidelines were to ‘inform everyday practice’ (76%), for ‘education, training or ongoing continuous professional development’ (70%), and to ‘advise/ discuss with colleagues/ peers’ (67%).

65% scored the overall experience as a 4 or 5.

66% scored 4 or 5 when asked the extent to which guidelines had been successfully implemented. 2% scored 1.

Over half (55%) scored 4 or 5 when asked about how NICE guidance had improved local practice.

The top 3 most useful aspects for clinical guidelines were the fact that they contain evidence-based statements, provide best practice to inform decisions and come from a trusted source of information.

“...the guidance was very clear... (i) effective identification of key issues; (ii) ease of communication of the assessment outcomes and possible implications; and (iii) an evidence base that the client...found helpful when discussing ... the support that might be most appropriate to meeting foreseeable needs.” (Independent child & educational psychologist referring to CG142: Autism spectrum disorder in adults: diagnosis and management )
Experience: quality standards

Feedback on quality standards was provided by 129 respondents. For them, ‘auditing or benchmarking local service performance’ was the main reason for use (74%), followed by ‘informing everyday practice’ (67%), and ‘developing local policies/strategies/pathways’ (58%).

Over half of respondents rated their overall experience positively, 51% scored a 4 or 5. 8% scored negatively, as a 1 or a 2.

Over half of respondents (54%), scored 4 or 5, to say they had been used successfully. No one selected 1, which meant that all respondents had implemented quality standards to some extent.

Similarly 44% scored 4 or 5 to indicate that quality standards had improved practice.

The top 3 most useful aspects for quality standards were providing best practice to inform decisions, it contains evidence-based statements and is a trusted source of information.

“it’s just simple and in the quality standard... everything that’s available in one place, it’s ... a distillation of all the guidance in one place, so it’s almost like a quicker reference.” (Public health professional)
Experience: social care guidelines

71 respondents provided feedback on social care guidelines. For these respondents, the focus of these guidelines was to ‘audit or benchmark local service performance’ (100%) and to ‘inform conversations about service improvement’ (65%). 'Informing everyday practice' was the third most important reason (63%).

46% of respondents rated their overall experience of using the guidelines as 4 or 5.

49% of respondents scored 4 or 5 for successful implementation of the guidelines.

Nearly a third (32%) said that it had improved local practice, rating is as a 4 or a 5.

The top 3 most useful aspects for social care guidelines were providing best practice to inform decisions, being a trusted source of information and the fact it contains evidence-based statements.

"The guidance [social care guidelines] helps shape my service specifications and contracts with social care providers. It sets the bar for where we want the quality to be and it helps to send out a consistent message of what good looks like." (Commissioner)
Experience: technology appraisal guidance

67 respondents fed back on technology appraisal guidance. This guidance is less about informing everyday practice than the other guidance products, with focus on ‘supporting decision-making in local service provision, delivery and improvement’ (57%), ‘advising/ discussing with colleagues/ peers’ (57%), and ‘developing local policies/ strategies/ pathways’ (54%).

58% of respondents scored 4 or 5 for their overall experience. 8% scored 1 or 2.

Three quarters of respondents (75%) had used the guidance successfully, giving a score of 4 or 5. 2% had not used the guidance at all.

Over half of respondents (59%) said that it had improved local practice (a score of 4 or 5). 3% said it had not improved practice at all.

The top 3 most useful aspects for technology appraisal were slightly different than for all guidance, with the inclusion of evidence-based statements and recommendations being the top reason, followed by assessing clinical and/or cost effectiveness and the fact it’s from a trusted source of information.

"The technology appraisals seems to work quite well because they go through pharmacy medicines management and they go through drugs forums and meetings and so on" (Clinical Executive Manager)

Figure 13: Overall score of using technology appraisal guidance

5 4 3 2 1

5 is excellent

11% 47% 35% 6% 2%

1 is poor

Figure 14: Using technology appraisal guidance and improving local practice

Extent to which guidance used successfully

| Percentage | 39% | 36% | 20% | 3% | 2% |

Extent to which guidance has improved local practice

| Percentage | 23% | 36% | 33% | 5% | 3% |

5 being to a great extent
61 respondents gave feedback on their experience of using public health guidelines. Developing local policies/strategies/pathways were most important for these respondents. 'Advising or discussing with colleagues or peers' (67%), and 'education, training or ongoing continuous professional development' (64%) were the second and third most useful reasons.

57% of respondents rated their overall experience as 4 or 5. 7% scored a 2 and no one gave a 1.

Over half of respondents (54%) scored 4 or 5 for how successfully the guidance had been implemented. 3% scored 1.

40% of respondents scored 4 or 5 when asked about the extent to which the guidelines had improved local practice. 2% scored 1.

The top 3 most useful aspects for public health guidelines were the inclusion of evidence based statements and recommendations, followed by it being a trusted source of information and providing best practice to inform decisions.

"Mine [experience of using public health guideline] is fine ... I think one thing which would work better and would make life easier sometimes is ... examples of where it's worked well (Public Health Specialist)
Challenges and suggestions for doing things differently
There are clear areas of challenge that respondents face in implementing guidance, the main one being the lack of local resources available locally for implementation, mentioned by over half of survey respondents. 41% felt that the lack of people's real life experiences was a key challenge and 31% said that guidance lacked practice wisdom, the knowledge and experience gained from practitioners.

**Figure 17: Challenges in implementing NICE guidance**

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Limited local resources for implementation</td>
<td>52%</td>
</tr>
<tr>
<td>Lacks people's real life experiences</td>
<td>41%</td>
</tr>
<tr>
<td>Lacks practice wisdom¹</td>
<td>31%</td>
</tr>
<tr>
<td>Conflicts with other evidence</td>
<td>29%</td>
</tr>
<tr>
<td>Vague, unfocused recommendations</td>
<td>27%</td>
</tr>
<tr>
<td>Too many/repetitive recommendations</td>
<td>22%</td>
</tr>
<tr>
<td>Out of date evidence</td>
<td>19%</td>
</tr>
<tr>
<td>Lack of local support/leadership</td>
<td>19%</td>
</tr>
<tr>
<td>Lacks evidence of effectiveness</td>
<td>16%</td>
</tr>
<tr>
<td>Lack of understanding of NICE products</td>
<td>15%</td>
</tr>
<tr>
<td>Uses medical orientated language rather than people-centred</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
</tr>
<tr>
<td>URL/weblink no longer works</td>
<td>2%</td>
</tr>
</tbody>
</table>

¹ Practice wisdom is a term used in academic papers to describe knowledge gained through work-related training, research and experience.
Largely linked to each area of challenge, the main way that implementation could be made easier would be a ‘summary of the main recommendations’. More practical advice about implementation would be welcomed to address the challenge of a lack of real life experiences and knowledge and experience from practitioners.

**Figure 18: What would help in implementing NICE guidance**
Reflecting on the overall findings

When we consider the survey results alongside the interview feedback, the main findings can be grouped into 3 themes.

1. Reflecting the ‘real world’ in guidance development
Many of the challenges relate to how the ‘real world’ is considered in the guidance. For example, how does the guidance reflect people’s real life experiences from the perspective of the person with the condition and from practitioners treating it. Also how does the guidance sit within a wider context, integrating with other topics and taking account of local resource limitations and the ability to implement.

"everything is orientated to a very medical model ... but the medical model is only part of life, people’s lives are much bigger than their illnesses."

The importance of empirical evidence is acknowledged, but some would like to see less reliance on Randomised Controlled Trials (RCTs) and more inclusion of real life experiences of conditions and more from practitioners to reflect their experience and learning in the guidance.

"do not be too dependent upon RCTs which are more difficult to achieve in some clinical areas than others - take advice from clinicians who are absolutely aware of which patients are likely to benefit" (Consultant Clinical Scientist)

"more evidence taken from service users in social care" (Manager)

Taking a more integrated approach to guidance development was welcomed, with some participants acknowledging the progress that NICE is already making in this area. The intermediate care guideline was cited as an example of good practice to addressing real world issues and people would like to see more.

"review treatment as a whole. For example, Rheumatoid arthritis, too many slightly different TAs ... making it difficult to understand ... leading to local variations ...".
2. Content and presentation of the guidance
The second theme that emerged from all the findings relates to how the guidance is written and presented, from the length of the guidance itself to the specifics of the recommendations and how the information is presented.

The length of the guidance was a recurring issue, particularly in relation to how difficult it sometimes made it for people to identify and then get to the relevant recommendations. A number of respondents said that some guidance contains too many recommendations, so summaries of main recommendations, potentially grouped in themes or tailored to different audiences would help with this. The request for summaries of information is also a strong theme in other recent insight projects.

“I think some of them are very long ... it makes it very difficult sometimes to identify which bits are relevant to us and which bits we need to evidence compliance with.” (Clinical Executives Managers)

“As a GP I need a short summary with visual algorithms” (GP)

“They [local authorities] want to know the evidence is there if they need to go to look for it, but they just want a summary.” (Public health professional)

As reflected in the survey results, some respondents felt that recommendations were sometimes vague or unfocused and repetitive. Producing short and punchy recommendations was the fourth most popular idea for helping to improve implementation.

“Keep it nice and short and clear and simple. Tell us exactly what we need to do and we'll do it.” (Clinical Executive Manager)

Some respondents would like to see NICE recommendations be more clearly linked to graded evidence or other information sources, to help them make a decision as to which recommendation they should adhere to.

“I think one of the big problems with [NICE] guidelines is that there is such a mixture of quality of evidence for each recommendation, some of them are really well properly evidenced things and some of them are really rather fanciful ... we need to be focusing on the really important well evidenced recommendations ...” (Clinical Audit and Effectiveness Manager)

In terms of the actual content of the guidance, some were concerned that they included out of date evidence, because of the time taken in the development process. It was acknowledged that NICE needed rigorous processes, but it was felt that this meant there was often a long time lag between development and publication.
Use of medical orientated language was identified as a challenge for 14% of survey respondents, but this was particularly apparent for those who said they used social care guidance. Respondents would like NICE to continue with its more person orientated approach, using more person-centred language.

“people who work in the NHS, not to refer to people as patients. They are people first. Yes, they may be in a patient setting in a hospital but they’re still people and that extends right the way through to how things are described in guidance ... Let’s talk about support for people, so, because when you talk about care it’s a sort of looking after concept rather than a supportive concept of helping people to make their own decisions etc.”

“I was really pleased with the intermediate care guidance in some of the consultation feedback coming back saying how pleased they were to see how person orientated it was”

3. Support for implementation
In general, more help with implementing guidance would be welcomed in the form of more implementation support (tools) and practical advice from NICE. Some examples were provided about how this might look in practice, including making more use of committee members in sharing their knowledge and experience from the development process, as well as providing more training and workshops about how to use the guidance.

“More implementation tools … I don’t think these are always available for my speciality, e.g. pregnancy and childbirth.” (Governance and Quality Lead)

“Webinar workshops on how to use the guidance or more importantly how to implement the guidance.” (Commissioner)

Local factors can influence how people implement NICE guidance in their local areas, which can ultimately mean that standards are not followed. The lack of local resources for implementation was identified as the main challenge by survey respondents who would like to see more practical advice about implementation at a local level.

The status of the guidance also has an impact on implementation, in terms of whether it is mandatory or not. Generally speaking, technology appraisal guidance seems to work well, but there are sometimes challenges with other types of guidance that are not mandatory to implement.

To help with this issue, it was suggested that NICE guidance could be reinforced by linking more to national bodies and inspection frameworks, such as the CQC as “local authorities are used to being inspected”, “joining up NICE recommendations with national priorities rather than working in a silo”.

22
Conclusions and summary

We know that NICE guidance is widely respected and a trusted source of information, and the findings here provide further reinforcement of this fact. Practitioners turn to NICE guidance and quality standards as the main source of information when looking to improve local practice, largely because of our evidence-based approach.

People use guidance for many reasons, for everyday purposes to help with informing practice to more strategic decision-making and policy development. It provides best practice to help inform decision-making, the most useful aspect of NICE guidance for respondents. The evidence base and rigorous, scientific approach to developing recommendations give people the confidence to use and implement guidance.

People are keen to implement NICE guidance and highlighted the resources and tools that they already use to help them. NICE Pathways feature for around half of respondents and case studies and shared learning are used to help users understand how guidance has been implemented by others, a strong theme from the whole report.

There are difficulties that people face in implementing guidance consistently and the three main themes reflected in this research, which were also highlighted in the 2017 reputation research, were:

1. Reflection of the ‘real world’ in guidance development and implementation
   In terms of guidance development, respondents recognise the need for us to maintain our strength of developing empirical evidence-based recommendations, but would like to see these strengthened by incorporating more real world experience (from people and practitioners) and giving greater consideration and weighting to a wider range of evidence sources than RCTs.

2. Clear presentation
   There was a recognition that NICE guidance needs to be detailed, which subsequently leads to potentially lengthy documents. As a result, guidance needs to be well structured so respondents can get directly to the information they need and recommendations need to be clear and concise. Summaries and visual representations are frequently mentioned by respondents to help them get to the recommendations they need. The language used is also very important, focusing on people-centred language, rather than medical-orientated language as far as possible.

3. Continued support for implementation
   The implementation support provided is welcomed by respondents and they do make use of many of the products on offer. Communicating and promoting these existing tools more widely would help to improve uptake, but also respondents would like to see more practical advice to support local implementation to take account of how circumstances, such as finance, resources and leadership, differ by locality.

The issues highlighted within these themes are already being considered and addressed in various ways across NICE, but this research provides further detail to inform the actions being taken and provides reinforcement of the approach being taken.
APPENDICES
## Appendix 1: Demographic information

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<thead>
<tr>
<th>Roles</th>
<th>Number</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Medical and dental professional</td>
<td>180</td>
<td>21%</td>
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<tr>
<td>Allied health professional</td>
<td>89</td>
<td>10%</td>
</tr>
<tr>
<td>Nursing and midwifery professional</td>
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<td>9%</td>
</tr>
<tr>
<td>Pharmacist</td>
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<td>9%</td>
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<tr>
<td>Other manager</td>
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<tr>
<td>Service user representative/advocate</td>
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<tr>
<td>Director</td>
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<td>Admin and clerical</td>
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<td>Researcher</td>
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<td>Clinical/care manager</td>
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<td>Public health professional</td>
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<td>Quality improvement/ patient safety officer</td>
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<td>3%</td>
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<tr>
<td>Policy development officer</td>
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<tr>
<td>Information specialist/ librarian/ analyst</td>
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<td>Scientific and technical staff</td>
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<td>1%</td>
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<tr>
<td>Care worker/ community support worker</td>
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## Appendix 2: Dissemination channels

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<th>Social care</th>
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<tr>
<td>Insight Community</td>
<td>Public Health England centres/networks</td>
<td>Social Care Information Centre bulletin</td>
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<td>NICE News</td>
<td>Association of Directors of Public Health bulletin</td>
<td>Skills for care field team contacts</td>
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<td>NICE tweets/blog featured</td>
<td>Public Health England bulletin</td>
<td>Skills for Care bulletin</td>
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<td>Royal Society of Public Health newsletter</td>
<td>Local Government Association bulletin</td>
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<td>Adoption and Uptake reference panel</td>
<td></td>
<td>Department of Health social care blog</td>
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<tr>
<td>Quality standards contacts database</td>
<td></td>
<td>Association of Directors of Adult Social Services</td>
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<tr>
<td>Field team contacts</td>
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<td>Association of Directors of Adult Social Services bulletin</td>
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<tr>
<td>NICE Manager networks</td>
<td></td>
<td>Association of Directors of Children’s Services bulletin</td>
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<tr>
<td>Commissioning networks</td>
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<td>Other social care bulletins to social care providers</td>
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<td>Shared learning and accredited providers contacts</td>
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<td>RiP/RiPFA bulletin</td>
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<td>Endorsed provider contacts</td>
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<td>SCIE e-bulletin</td>
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<td>Social care providers bulletin</td>
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<td>Medicines awareness service</td>
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<td>Royal college bulletins</td>
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<td>Update for primary care</td>
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