



WCCG NICE Guidance Policy & Procedure v2.0



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1.0	14.01.14	Update to previous PCT Policy.
2.0	06.11.14	Review of NICE Policy.

REVIEWERS

This document has been reviewed by:

		DATE	VERSION
Annette Lawrence	Quality B Patient Safety T æ æ ^!	14.01.14	1.0
		14.01.14	1.0
NICE Assurance Group			

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION
Quality and Safety Committee /	14.01.14	1.0
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RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION

Wolverhampton Clinical Commissioning Group

NICE Guidance Policy & Procedure for Commissioners

Version:	Final
Ratified by:	Quality and Patient Safety Committee
Date ratified:	09.12.14
Name of originator/author:	Annette Lawrence Quality and Patient Safety Manager
Name of responsible committee/ individual:	Quality and Safety Committee Dr Andy Booshan
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Target audience:	Commissioners and Providers

Policy for Risk Assessment, Risk Grading And Risk Register					
Reference/ version.	Final	Category	Commissioning	Version	Draft
Document purpose:	To provide WCCG with robust process to identify and monitor NICE guidance, including financial planning.				
Intended for use by:	All CCG				
Author(s) responsible for document upkeep	Annette Lawrence Quality and Patient Safety Manager				
Consultation process	Quality and Safety Committee Commissioning Team, Public Health Team and Medicines Management Team				
Sponsoring Director:	Manjeet Garcha				
Approved by:	Quality and Safety Committee				
Dated:	09.12.14				
To be reviewed before:	December 2016.				
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Monitoring Arrangements	The implementation and effectiveness of this policy will be reviewed on an on going basis through the Quality and Safety Committee and NICE Commissioning Assurance Group, by checking whether the policy is being used and receiving feedback on current effectiveness and possible future revisions.				

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies may not be relied upon to contain the latest updates and amendments.

DOCUMENT HISTORY AND RECORD OF CHANGES

NICE Guidance Policy & Procedure for Commissioners

Initial Issue:	Review Date	Significant changes
July 2011	Due for review January 2013	Not reviewed
December 2013	December 2015	
November 2014.	December 2016.	
December 2014	December 2016.	Agreed and ratified.

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Policy Statement and Assurance

Wolverhampton Clinical Commissioning Group (WCCG) is committed to ensuring that there is a systematic process in place for planning, implementing, auditing and evaluating NICE guidance in the services it commissions. It accepts that NICE guidance is evidence based and represents good practice and effective use of resources.

WCCG will ensure through the contracts and service level agreements with providers that, where relevant, providers will demonstrate compliance with current NICE recommendations.

Equality and Diversity

CCGs are public authorities listed under Part 1 of Schedule 19 to the Equality Act 2010. This means that Wolverhampton CCG is subject to the general Public Sector Equality Duty required by s.149 of the Act. S.149 states that the CCG must “*have due regard to the need to:*

- i. Eliminate discrimination, harassment, victimisation, and any other conduct prohibited by the Act;
- ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

Having *due regard* for advancing equality involves:

- **Removing or minimising disadvantages** experienced by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

The protected characteristic groups defined by the Equality Act 2010 are: **age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.**

Through this policy, the CCG will specifically ensure that equality, diversity and language recommendations contained within NICE guidance are embedded into commissioning processes (including as appropriate - PQQs, Specifications, Invitations to Tender, and Contractual requirements etc) and are highlighted and promoted to encourage implementation at the earliest opportunity with provider organisations.

The local NICE Commissioning Assurance Group (NCAG) will also, as part of its horizon scanning role, ensure that it is regularly updated on NICE’s Equality Objectives and Equality Programme (currently set out at:

<http://www.nice.org.uk/media/F94/B5/NICEsEqualityObjectivesEqualityProgramme2013-2016.pdf>)

and NICE's Equality Scheme (set out at <http://www.nice.org.uk/aboutnice/howwework/niceequalityscheme.jsp>) and will consider how this may influence the local implementation of NICE Guidance.

1 Introduction

WCCG has an obligation to implement Technical Appraisal Guidance and consider NICE guidance issued by National Institute for Health and Care Excellence (NICE), which is the independent organisation responsible for providing national guidance and quality standards on the promotion of good health and the prevention and treatment of ill health.

NICE guidance is based upon the best available clinical evidence on what works and is cost effective evidence. There is an expectation that health professionals will take national guidance fully into account as part of their clinical practice, it is intended to support clinician's skill and knowledge.

WCCG has a responsibility for commissioning and delivering services that are compliant with NICE guidance and NICE Quality Standards in order to:

- ensure patients and service users receive the best and most appropriate treatment
- ensure the NHS resources are used to provide the most clinically and cost effective treatment
- ensure equity through consistent application of NICE guidance

WCCG has an obligation to demonstrate that NICE guidance is being implemented in the organisations for which it is commissioner and is also obliged to assure itself that arrangements led by others on our behalf are also implementing NICE guidance. Regular reports will be received from our commissioned services following their clinical effectiveness meetings which outline their decisions to implement NICE guidance.

In addition the 2010 NHS Constitution states that patients “have the right to drugs and treatments that have been recommended by NICE Technology Appraisal for use in the NHS, if their doctor says they are clinically appropriate”.

Regulations under The Health and Social Care Act 2012 are in force, stating that Clinical Commissioning Groups have a statutory duty to provide funding for NICE Technology Appraisals (TAGs) not later than three months from the date of publication¹.

NICE TAGs, where appropriately applied to the patient population will be funded by Wolverhampton Clinical Commissioning Group (WCCG) three months from the date of publication. When the delay in a business case has gone beyond 3 months the commissioner reserves the right to limit retrospective invoicing to 3 months, applicable from 01.04.15.

Decisions to provide funding earlier may be made, as an exception, by delegation to the to Individual Funding Request panel after consideration of the specific circumstances and taking into account the Joint Collaborative Commissioning Ethical Framework.

¹[National Institute for Health and Care Excellence \(Constitution and Functions\) and the Health and Social Care Information Centre \(Functions\) Regulations 2013.](http://www.legislation.gov.uk/ukxi/2013/259/regulation/7/made)
<http://www.legislation.gov.uk/ukxi/2013/259/regulation/7/made>

In the event of a delay in the implementation of the TAG, exceeding mandated three months, no patient who meets the criteria for an approved TAG should be refused treatment pending formal business case sign-off. This will require initiation of treatment by the provider and retrospective submission of the related invoice for funding once the business case is approved by the commissioner.

This is reinforced by the NICE Regulations, which state that there is a statutory requirement to fund Technology Appraisal Guidance.

This policy has been developed to ensure a co-coordinated approach to the implementation of NICE guidance, with the ability to track the status of each NICE guideline following publication.

Implementing NICE guidance helps to

- ensure consistent improvements in people's health,
- ensure equal access to healthcare
- increase public confidence in healthcare provision

In putting NICE guidance into practice everyone benefits – patients, carers, the public, NHS organisations, healthcare professionals, public health practitioners, policy makers, local authorities and partner organisations.

Funding for Implementation of NICE Guidance (Change of location)

NHS organisations are expected to keep up to date with the future NICE programme in order to undertake financial planning.

As a commissioner of services, WCCG is responsible for ensuring that all reasonable steps are taken to ensure that services provided meet the relevant aspects of NICE guidance.

Where activity is within the national tariff, the tariff will normally include the cost of implementing NICE TAG's, and WCCG will expect Providers to deliver accordingly without additional funding. The PBR guidance will specify which TAG's are within tariff.

Funding for the implementation of NICE guidance for services that fall outside the national tariff will be discussed with the provider within routine contract monitoring procedures. Providers may be asked to submit relevant information to support the decision making process.

With regard to funding implications for Technology Appraisals:

- The statutory obligation for CCG's to meet the funding implications of the recommendations of all NICE Technology Appraisals came into effect from 1st January 2002, and were subsequently superseded by the NICE regulations 2013.
- Further to this, the Secretary of State's Directives which came into effect in April 2003 stipulated that CCG's must ensure that funding is made available in such a way as to enable all recommendations to be implemented within three months of the date of issue of the Technology Appraisal (except where specifically exempted).

NHS organisations are expected to do all they can to implement Clinical Guidelines within their current resources. There is no additional funding available for Clinical Guidelines.

If there is no additional funding, Trusts are expected to follow the recommendations from NICE about the safety and efficacy of interventional procedures. There is no additional funding available for interventional procedure Guidance.

Background

NICE was established in 1999 as the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produces guidance in the following areas:

- Public Health Guidance
- Technology Appraisal Guidance
- Clinical Guidelines
- Interventional Procedures
- Quality Standards
- Medical Technology Guidance
- Diagnostic Guidance
- Cancer Service Guidance
- Social Care Guidance

2 Purpose and Scope

In order to ensure implementation of all relevant recommendations within NICE guidance, this policy encompasses acute and primary care, mental health and public health. Services may also be provided by contracting with the voluntary sector. Implementation of NICE guidance crosses all directorates, independent contractors and all other commissioned services.

3 Objectives

This document sets out WCCG's process for the implementation of guidance from the NICE as a commissioner. The aim is to deliver a systematic and transparent approach.

Adherence to the policy will provide assurance that WCCG fulfills its responsibility to implement best practice as a matter of course and that it is working in partnership with other organisations.

The principles to provide a systematic and transparent approach are

- Horizon scanning and forward planning
- Identification of clinical leads and service areas for dissemination
- Monitoring of local assessment and uptake
- Maintenance of WCCG data base to record actions.

4 Duties and Responsibilities

It is the duty of the chair of the NICE Assurance Group to monitor that the commissioned services are compliant with NICE guidance. It is the Provider organisations responsibility to ensure that there is a representative at each meeting, that guidance is complied with and that anything requiring assistance or where potential risks re identified, will be escalated to the CCG

The Quality Team will ensure that horizon scanning is carried out at the Monthly NICE Meeting to assist in informing the group of the new guidance ahead.

The Quality Team will also provide the administration function for the NICE Commissioning Assurance Group.

NICE Commissioning Assurance Group (NCAG) – see appendix 1, is a sub group of the Clinical Quality Assurance Committee and will be responsible for:

- Horizon scanning and the publication of the NICE consultations documents, including the Final Appraisal Document, alert WCCG and NHS-funded health care providers to the probability of a positive recommendation by NICE. Oversight of this process is provided by the Wolverhampton NICE Assurance Group, however it is also the responsibility of the provider(s) to ensure that horizon scanning is taking place – recommended 6 months in advance to facilitate timely implementation of all NICE TAGs.
- Expect to be assured that relevant provider organisations implement NICE guidance
- Ensuring that quality standards (where available) inform commissioning decisions
- Ensuring that all provider organisations
 - Demonstrate they have effective internal systems in place for assessing and implementing NICE guidance
 - Implement guidance without additional funding where guidance relates to services that are within the national tariff
- Ensuring contractual compliance is effectively monitored and managed
- Requesting audits when necessary from provider trusts
- For issued guidance
 - Ensuring implications in relation to the guidance are identified
 - Collaboratively identify the Clinical Leads and/or condition specific group(s) that will take on the analysis and development of the recommendation for the guidance
 - Ensure that the identified lead for the NICE guidance conducts the process as described in 7.2

Identified Lead – will be responsible for:

- Liaising with relevant stakeholders to assess current practice and implementation issues
- Assessing compliance against the relevant NICE guidance:
- Escalate issues relating to implementation and compliance to the Quality and Safety Committee

The internal NICE Assurance Committee is responsible for implementation, evaluation, review and dissemination through the organisational structure

Provider Organisations

It is a contractual requirement for all providers to implement relevant clinical guidelines and technology appraisals within specified timescales. It is expected that the Provider will undertake a review or baseline assessment of the relevant service to determine the current level of compliance. They must declare their compliance (noncompliant, partially compliant or fully compliant) to WCCG within the agreed timescale.

There is a 3 year timescale in which to implement clinical guidelines and a 3 month timescale in which to implement technology appraisals. When the delay in a business case has gone beyond 3 months the commissioner reserves the right to limit retrospective invoicing to 3 months, applicable from 01.04.15.

Commissioners (WCCG) will record new TAG's at the meeting when released by NICE within the formal minutes. Once 3 months have passed, if the TAG has not been mandated, this will be recorded for providers and escalated via the relevant standing agenda item to the Quality and Safety Committee.

Providers should have a system in place to demonstrate that they are using Interventional Procedures in line with the guidance (Where applicable). Providers should have due regard to Medical Technologies and Diagnostics Guidance.

If a Provider organisation fails to provide evidence of compliance with guidance within the timescales defined in the contract, actions to obtain the evidence or ensure the appropriate implementation activities are undertaken will be managed through the contract monitoring process. If the service is partially compliant or noncompliant, it is the responsibility of the relevant service area to develop an action plan with a designated lead and monitoring/audit arrangements, as well as to report progress against implementation to WCCG through the contract monitoring process.

Evidence of compliance may be provided in the form of clinical audit results. Where it is not possible/appropriate to undertake a clinical audit, assurance may be provided in other formats agreed at the NAG Meeting with provider.

5 Definitions

1. Public Health Guidance - guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector. This guidance includes public health intervention guidance and public health programme guidance.
2. Technology Appraisal Guidance – guidance on the use of new and existing health technologies (including drugs, medical devices and procedures).
3. Clinical Guidelines – guidance on the appropriate treatment and care of patients with specific disease and conditions
4. Interventional Procedures – guidance on the efficacy and safety of interventional procedures.
5. Quality Standards
6. Medical Technologies Guidance
7. Diagnostic Guidance
8. Social Care Guidance
9. Safe Staffing Guidelines (Where Applicable).
10. Medicines Practice Guidelines

6 Consultation and Communication with Stakeholders

The policy will be shared with key stakeholders in addition to Providers.
There will be a 2 week consultation period prior to the policy being ratified.

7 Content

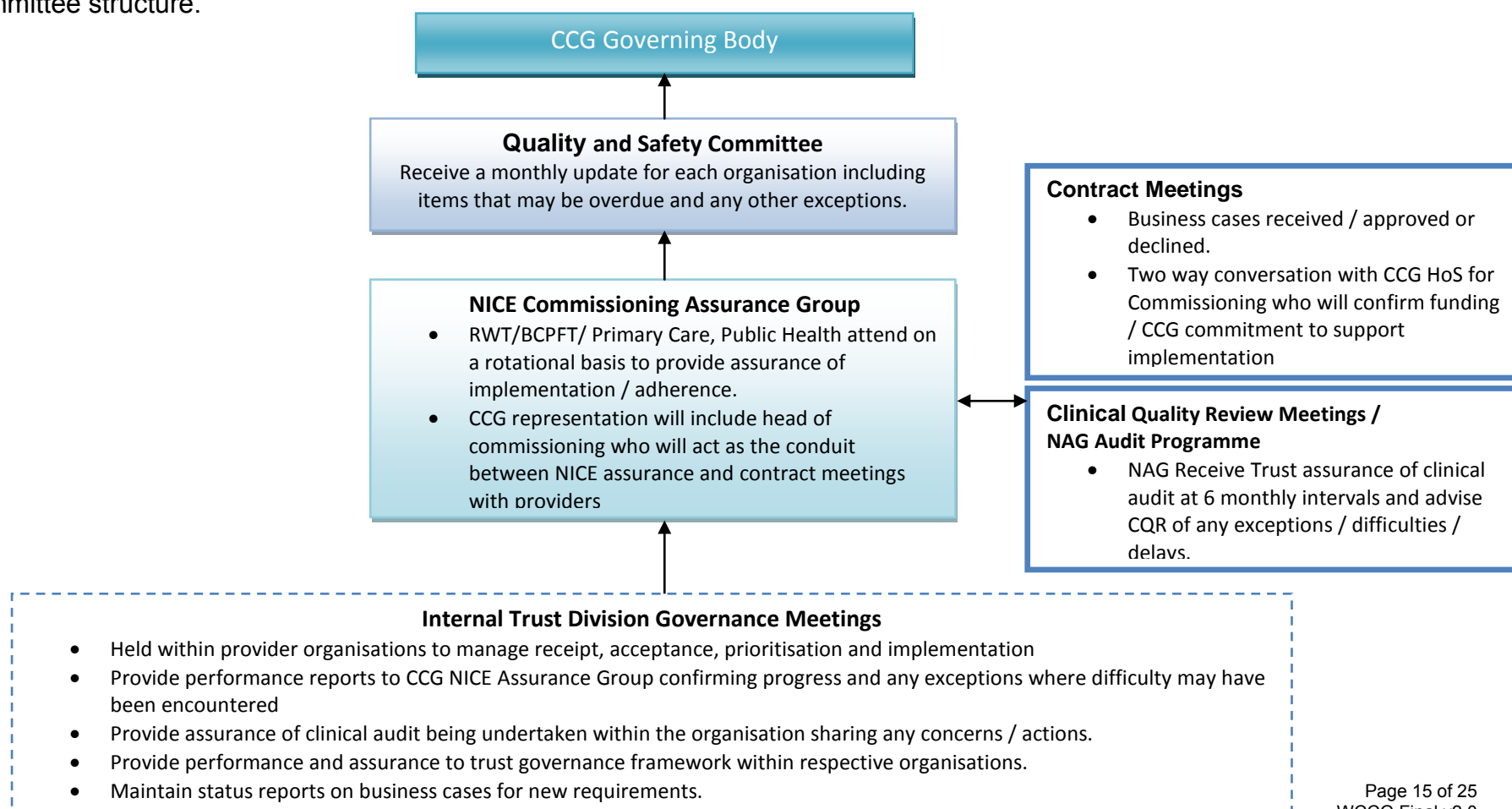
7.1 Organisational Management of NICE Assurance

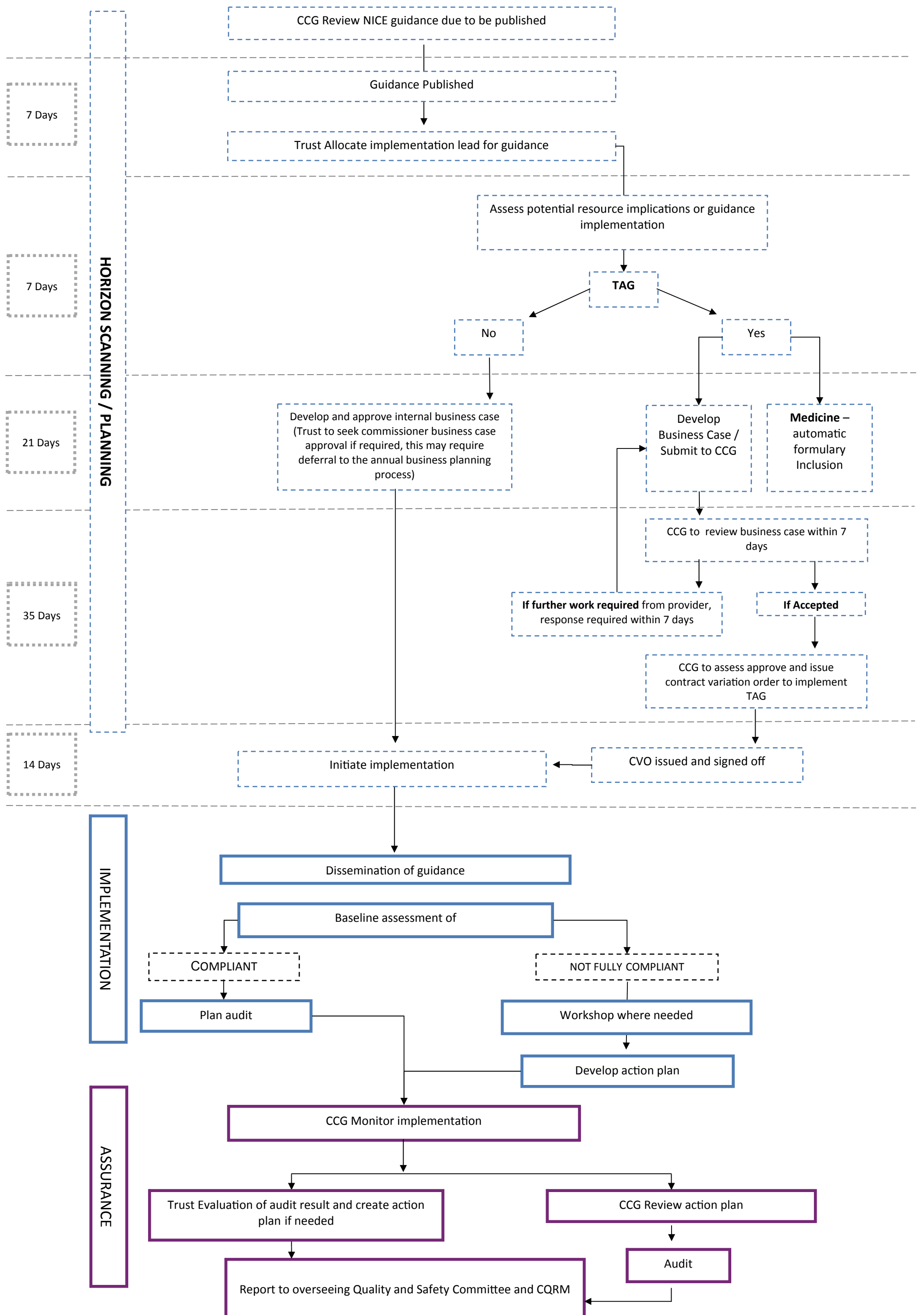
Quality Team

The implementation of NICE guidance is a multidisciplinary responsibility requiring continued support from Providers and drive from service provider leads and clinical teams. There is a dedicated team for NICE assurance through the NCAG.

WCCG Committee Infrastructure

Implementation and monitoring of NICE guidance requires a strong multidisciplinary team. This is achieved by the following Committee structure.





Horizon Scanning

Horizon scanning is about having an awareness of developing technology, drugs, interventions and treatments that will have an impact on clinical practice and service provision. Planning for the future provides a co-ordinated approach to potential service re-design, and decommissioning of particular activities in line with national best practice.

NICE produce a “horizon planning” tool which allows NHS organisations to review what guidance will be published over the next few months and plan for guidance which may have financial or other resource impact.

Oversight of this process is provided by the Wolverhampton NICE Assurance Group, however it is also the responsibility of the provider(s) to ensure that horizon scanning is taking place – recommended 6 months in advance to facilitate timely implementation of all NICE TAGs.

Monitoring of Published Guidance

WCCG Quality Team will monitor the publication of NICE guidance through monthly cross check of NICE website.

The NICE Commissioning Assurance Group and Quality Team will work with services to ensure relevant guidance is embedded into the commissioning process.

The CCG will expect the Commissioned Services to be compliant, and where not compliant will escalate to the Quality and Safety Committee.

Planning

NICE guidance is published nationally on the 3rd Wednesday of each month. It is received by the Quality Team.

A major part of the NICE Assurance process involves the effective dissemination of the guidance each month and the analysis of the trust's position with regards to compliancy with the guidance. This is initially achieved through the identification of an Implementation lead or Head of Contracting, who is responsible, on behalf of WCCG for the management of the Service Level Agreement with the Service Provider. It is essential that this person is engaged in the process and fully understands what is required to provide assurance. NICE provides baseline assessment tools to assist with this.

Implementation

Technology Appraisals

As outlined in Section 1 of this policy document, Providers are legally required to act upon Technology Appraisal guidelines (TAGs); to implement within 3 months of publication of the guidance to ensure that the health care intervention is available to NHS patients (unless otherwise specified).

Where funding is causing delay, the CCG must ensure that funding is available to providers.

Medicines with a positive NICE technology appraisal are incorporated into the local formulary automatically and immediately, if relevant to the services provided by the organisations commissioned within the health economy.

The local organisations aim to include the medicine within the relevant care pathway(s), in line with NICE recommendations within 3 months of publication and provide commissioner assurance.

Other NICE Guidance

WCCG will work in partnership with the trusts and organisations from whom it commissions services to ensure implementation of NICE guidance across the health community.

Reporting

NICE implementation progress is reported in the form of a rolling “RAG” compliancy report, where a status for each published NICE guideline is logged as red, amber or green in a specified timeframe. See Appendix 1

An update is provided monthly to the NCAG and Quality and Safety Committee. A quarterly report will be provided to Trust Board and Professional Executive Committee.

Assurance

The assurance process for commissioned services is reported under four service groups:

Group One – Royal Wolverhampton Hospitals NHS Trust (RWHT) RWHT share assurance information and evidence with Commissioners via the Quality Team. This is achieved through NICE Assurance returns and monitoring at the NCAG.

Group Two – Black Country Partnership Foundation Trust

BCPFT share assurance information and evidence with Commissioners via the Quality Team. This is achieved through NICE Assurance returns and NCAG.

Group Three - Primary Care

The Commissioners use drug implementation audits to monitor Primary Care performance. There is a primary care representative who attends the NCAG on a quarterly basis, and at this meeting the group share a 6 month forward planner.

Group Four – Public Health

A Public Health Consultant attends each NCAG and shares a report as to how relevant guidance has been implemented.

Group Five – Other Commissioned Services

Includes Heantun Housing, Compton Hospice and Midland Fertility. All commissioned services are expected to adhere to NICE guidance and report on progress to the relevant Quality Review meeting.

Non Compliance and Risk

Where WCCG deems the provider organisation is failing to implement NICE guidance (or a decision is taken not to fund all or part of the guidance that lies

outside of the tariff) these instances will be recorded on WCCG risk register and will be addressed through the established contract monitoring processes.

Audit

Audit is included in the NICE Assurance process to provide best available evidence for compliance within the scope of NICE guidance.

Due to capacity and the volume of published NICE guideline it is not achievable to audit in every instance, but the trusts must aim to provide the best evidence as reasonably practicable.

Defining the scope of NICE audit is imperative to maintaining clarity of the objectives and desired outcomes, which will in turn affect the methodology used to carry out the audit.

The audit plan will form part of the work of the NICE Commissioning Assurance Committee. NICE provide audit tools to assist with this.

8 Development Plan

On ratification the policy will be fully implemented. It is recognised that the policy will strengthen existing processes; this will require robust procedures between providers and commissioners regarding sharing of information at key times during the NICE implementation process.

9 Performance Management

A scorecard has been developed by the Quality Team to assess continued effectiveness and implementation of the NICE process.

The scorecard will form part of the legal register and will be reviewed annually.

10 Consultation and Approval

This document will be approved and ratified following consultation with Heads of Service and the Quality and Safety Committee.

11 Dissemination, Implementation and Access

On approval this document will be issued to all Providers for implementation. The policy will be placed on the intranet under Quality Team for all staff to access.

12 Document Control including Archiving Arrangements

Ongoing monitoring and review of this document will primarily be driven by the Quality Team in conjunction with the Chair of NCAG and Clinical Quality Assurance Committee. Revisions to the policy will be documented in the document history and record of changes section, superseded editions will be archived by the Quality Team in order that only current version is accessible on WCCG Intranet.

13 Monitoring Compliance

Compliance with this policy will be monitored through the NCAG. Documentation that may be reviewed to assess compliance may include the following:

- Completed assessment templates.
- Risks or gaps in assurances identified through exception reports
- Minutes of provider organisations NICE Internal Implementation Committees
- Audit reports

Non-compliance will be identified through the NCAG and escalated to the Quality and Safety Committee.

14 References

NICE. www.nice.org.uk/usingguidance/

Care Quality Commission. Essential Standards of Quality and Safety. March 2010.

Appendix 1

Final NICE Commissioning Assurance Group Terms of Reference (November 2014).

Scope and Purpose

1. Purpose of the NICE Commissioning Assurance Group (NCAG)

- The role of the NCAG is to ensure that services commissioned by WCCG consider the relevant aspects of each standard of NICE guidance and review Technical Appraisal Guidelines to ensure implementation within 3 months.
- The group is responsible for managing the receipt, assessment and monitoring implementation of NICE proposals within services it commissions.
- WCCG should demonstrate that they have taken account of the NICE standards when commissioning services with financial resources reviewing the impact assessment on other services. The Group will recommend to the Executive Committee where phased implementation is proposed.
- The NCAG will be a sub group of the Quality and Safety Committee (Q&SC) and will be referenced in the monthly Quality Report tabled at QSC as well as the CCGs Governing Body
- It is the duty of the chair of the NICE Assurance Group to monitor that the commissioned services are compliant with NICE guidance. It is the Trust's responsibility to ensure that there is a representative at each meeting, that guidance is complied with and that anything requiring assistance or where potential risks re identified, will be escalated to the CCG

2. Terms of Reference

- To receive full portfolio of all NICE guidance including:
 - Public Health Guidance
 - Technology Appraisal Guidance
 - Clinical Guidelines
 - Interventional Procedures
 - Quality Standards
 - Medical Technologies Guidance
 - Diagnostic Guidance
 - Social Care Guidance
 - Safe Staffing Guidelines
 - Medicines Practice Guidelines
- To maintain database of status of all NICE guidance issued.
- To receive reports on the potential impact of new NICE guidance for commissioned services.
- To undertake scrutiny and evaluation of resource requirements for implementation plans of NICE guidance for the local health needs to assess what, if any, additional funding is required
- As part of this scrutiny the group will also determine whether specific guidance should be implemented across the health economy taking advice from other professionals where appropriate.

- To detail all activities for the forthcoming year based on the forward planning estimate(s) of costs for implementing technology appraisals and the future resource requirements for clinical guidelines and public health guidance. The ongoing costs of implementing past guidance should also feature in any financial planning..
- Ensure clinical governance is embedded in all decision making
- To report any risk identified in relation to achieving of NICE guidance through the CCG's risk reporting procedure
- To receive outcomes and recommendations of NICE audits
- To monitor compliance of all providers and escalate any issues arising from lack of compliance.
- To agree an annual work programme and action plan.
- To receive regular reports back from Service Providers.

3. Membership

Membership will consist of:

Commissioning

- | | |
|---|----------------------------|
| • CCG Board GP Clinical Lead (Chair) | Dr Andy Booshan |
| • WCCG Quality and Patient Safety Manager | Annette Lawrence |
| • WCCG Quality Co-Coordinator | Matt Boyce |
| • WCCG Finance Lead or | Lesley Sawrey |
| Contracting HoS | Steve Phillips |
| • Senior Public Health Professional | Glenda Augustine |
| • Prescribing Lead | David Birch / Hemant Patel |
| • Clinical Lead from each provider organization | |
| ○ Mental Health | Dr S Regmi / Jill Murphy |
| ○ Primary Care | Manjeet Garcha |
| ○ Acute Care | Dr Cherukuri |
| ○ Community Care | Dr Cherukuri |
- Other members will be co-opted as required.

4. Meetings and Conduct of Business

- The quorum of the Group will comprise of a Chair, a themed lead for providers at that providers themed meeting, a Quality team member, a RWT Clinician and either the lead for Finance or Contracting within the CCG.
- Meetings of the Group will be formal.
- Agenda will be circulated 14 days prior to meeting (draft), papers will be circulated 7 days prior to the meeting and providers are responsible for ensuring that items have been generated and sent to WCCG in advance.
- Minutes will be circulated within 7 days following meeting. The minutes of the meeting would be formal, however private and not published, only to be shared with membership of the group.
- Administrative support will be provided by the CCG Administrative Team.
- Meetings will be held monthly with exception to August and December when no meeting is held.
- Meetings will be themed between Public Health, Mental Health, Primary Care and November Meeting each year will consist of all themes compensating for no meeting in December.
- Terms of Reference will be reviewed at no longer than annual intervals.

5. Reporting Arrangements

- An overview of key discussions will be shared with the QSC (Monthly)
- Reporting to board will be via Governing Body report completed by Executive Director for Nursing and Quality.
- Where risks have been highlighted reporting will be made through the CCG's risk reporting procedure.

6. Communication and Involvement Plan

Key stakeholders including clinicians, patients and public engagement will be considered as appropriate

7. Equality and Diversity

The local NICE Commissioning Assurance Group (NCAG) will also, as part of its horizon scanning role, ensure that it is regularly updated on NICE's Equality Objectives and Equality Programme (currently set out at:

<http://www.nice.org.uk/media/F94/B5/NICEsEqualityObjectivesEqualityProgramme2013-2016.pdf>)

and NICE's Equality Scheme (set out at

<http://www.nice.org.uk/aboutnice/howwework/niceequalityscheme.jsp>)

and will consider how this may influence the local implementation of NICE Guidance.

Appendix 2

Risk Rating for Reports Generated

RAG Rating		Descriptor
Red	Non Compliance (without clinical/cost justification) or No response (unknown status)	<p>The service is logged as non compliant where clinical practice / service provision varies significantly from the recommendations of NICE and there is no action plan in place to implement the guidance.</p> <p>Where the compliancy status of a guideline is unknown, due for example to a lack of response from clinical teams, it is also recorded as “Red” until the trust position is known. Technology Appraisals, having a statutory requirement for compliancy, pose a significant risk to the trust if there is no justification for non compliancy. These are therefore prioritised for implementation with the aim of 100% compliancy rates.</p> <p>In exceptional circumstances, a service may not be compliant with a NICE guideline and robust justification is evident to support this status.</p> <p>This may be due to local or regional variations in epidemiology, for example. In this instance, the status remains “Red” and should be recorded on the trust risk register as a precautionary measure, to ensure that regular review occurs.</p>
Amber	Partial Compliance OR >75% of Service Areas are Compliant with Guidance	<p>This represents services that are “nearly compliant” with a NICE guideline and can demonstrate a clear commitment to ensure that they become compliant (i.e. an action plan is in place) within an agreed timeframe. It may also mean that the majority of services within a particular group e.g. General Practices are compliant with the services and action is being taken to ensure that the remaining services are engaged and moving towards compliancy.</p> <p>In both instances, the NICE Assurance Manager will play a part in ensuring action plans are carried out by initiating enquiries for updates following agreed deadlines. Full responsibilities for the implementation of NICE guidance will however, lie with the service provider or nominated clinical lead for the trust.</p>
Green	Full Compliance with NICE Guidance	<p>Services that are found to be fully compliant with all aspects of a NICE guideline will be logged as “Green”, and expected to provide robust evidence to support this declaration. Evidence can be in a number of forms including service policy documents, standard operating procedures, patient survey reports and clinical audit reports.</p>
Blue	Guidance is Not Relevant	<p>Not all NICE guidance will be relevant to every service. NICE guidance is filtered for the trust each month and targeted to appropriate services and nominated clinical leads. Where a guideline is found not to be relevant to a group or individual services, no action will be required by them. However, service providers are asked to be generally aware of all NICE guidance published.</p>

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