National Institute for Health and Clinical Excellence

NHS Clinical Leaders Network Congress 2012

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Objectives

• About NICE – our role in the new landscape
• New NICE Quality Standards
• NICE support for QIPP
• Professional development - educational resources for CPD
What is NICE?

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
The role of NICE

• To identify good clinical and public health practice using the best available evidence

• To help resolve uncertainty for the public, patients and professionals

• To reduce variation in the availability and quality of practice and care
This is what we do

Advice on new and existing treatments
Clinical guidelines, QOF and quality standards
Health promotion and disease prevention
Comprehensive evidence service

NICE and NHS Evidence
Evidence – guidance – shared learning
Why use NICE guidance?

• Based on the best available research
  – Effectiveness: what works and in what population
  – Cost-effectiveness: value for money approaches to national and local priorities
• Reduce variation and inequalities
• Improve local services and accountability
• Improve health and wellbeing outcomes
• Supports the case for investment
• Supports local integration discussions and decisions with partners on investment and prioritisation
• Fit with broader policy agenda.
Types of guidance

Public health – guidance on the promotion of good health and prevention of ill health for those working in the NHS, public authorities and the wider public and voluntary sector

Health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS

Interventional procedures – assessed for safety and efficacy

Clinical practice – evidence on the appropriate treatment and care of people with specific diseases and conditions within the NHS

Medical technologies and diagnostics - evaluates new and innovative technologies

Quality Standards – sentinel markers of quality
Core principles of all NICE guidance

- Comprehensive evidence base
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process
New developments at NICE
White Paper - direct issues for NICE

- NDPB status
- Social care remit
- Work with the Commissioning Board
- Value-based pricing
- Focus on Quality Standards and outcomes frameworks
Key future relationships for NICE

- Department of Health
- Public Health England
- NHS Commissioning Board
- Regulators and data: systems
- Monitor, CQC, IC
- CCGs
- Practices
- Providers

NICE
“... an expanded role for NICE extending its remit into social care”

- From April 2013
- Adults and children
- Working in partnership with Local Authorities & others
- Challenges – research, language, positioning
- Methodology development and two pilot QS topics (looked after children & care of people with dementia)

NICE: setting national standards for high quality health and social care
NICE Quality Standards

• Will be developed for the NHS Commissioning Board by NICE
• Define high-quality, cost-effective care across a disease, condition or clinical area
• Presented as a set of specific, concise statements that:
  ➢ act as markers of high-quality, cost-effective patient care;
  ➢ are derived from the best available evidence; and
  ➢ are produced collaboratively with the NHS and social care, along with their partners and service users.
Dementia, an example

NICE quality standards
Drawn from ‘Key priorities for implementation’ listed in the NICE clinical guideline, with extra emphasis on patient experience and the whole clinical team

Guidance AND key policy documents:
Dementia: Supporting people with dementia and their carers in health and social care. (NICE/SCIE CG42)
Department of Health (2009) Living well with dementia: A National Dementia Strategy

Audit evidence of variation in care
National Audit Office (2007) Improving services and support for people with dementia (and 2010 interim report)
Royal College of Psychiatrists National Audit of Dementia
Developing quality standards

A comprehensive set of recommendations for a particular disease or condition

Evidence  Guidance  Quality Standards

‘Sentinel markers’
A prioritised set of concise, measureable statements designed to drive quality improvements across a pathway of care.
An example: chronic kidney disease

Underpinned by 10 source guidelines, three from NICE and seven from the Renal Association, both accredited sources.

Published March 2011
The CKD quality standard

A set of **15 statements** – sentinel markers of high quality care for patients with chronic kidney disease.

Covers the whole pathways of care.

Associated with **process and outcome measures**.
Where the quality standards fit in

1. **NHS OUTCOMES FRAMEWORK**
   - Domain 1: Preventing people from dying prematurely
   - Domain 2: Enhancing the quality of life for people with LTCs
   - Domain 3: Recovery from episodes of ill health / injury
   - Domain 4: Ensuring a positive patient experience
   - Domain 5: Safe environment free from avoidable harm

2. **NICE Quality Standards**
   (Building a library of approx 150 over 5 years)

3. **Commissioning Outcomes Framework**
4. **Commissioning Guidance**
5. **Provider payment mechanisms**
   - tariff
   - standard contract
   - CQUIN
   - QOF

6. **Commissioning / Contracting**
   - NHS Commissioning Board - Specialist services and primary care
   - GP Consortia – all other services

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**Duty of quality**

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**National Institute for Health and Clinical Excellence**
The aim of the Commissioning Outcome Framework (COF) is to drive improvements in the quality of healthcare and patient outcomes through the commissioning process led by Clinical Commissioning Groups (CCGs).

Performance against COF indicators will form part of a wider accountability framework used by the NHS Commissioning Board to hold CCGs to account.

NICE has developed a menu of COF indicators, in conjunction with the Information Centre, for final selection by the Commissioning Board. Operational April 2013.

Draft indicators on NICE website
Standards and high quality care

There is no statutory provision allowing NICE Quality Standards to impact upon registration requirements.

Quality Standards are advice from NICE to the NHS CB on high quality care.

Registration requirements

Proportion of services

Standard of services: Unsafe, Substandard, Adequate, Good, Excellent

Development of commissioning guidance (NHS CB)

Commissioning Outcomes Framework

Provider Payment Mechanisms

Regulation (Enforcement against Registration Requirements)
Healthcare quality standard topics

- Other
- Respiratory
- Musculoskeletal
- Trauma
- Metabolic
- Genitourinary
- Service delivery
- Neurological
- Gastrointestinal
- Cancers
- Maternity
- Mental health
- Cardiovascular
- Cross-cutting
- Children
Improving care for patients

NICE quality standards help demonstrate delivery of high quality care through measurable statements and indicators, to be used in a variety of ways including:

National
- NHS Outcomes Framework domains
- National QOF and COF measures
- National audit and data collection
- CQUIN

Local
- Local audits and local contracts
How can quality standards be used?

<table>
<thead>
<tr>
<th>Audience</th>
<th>Example of uses</th>
</tr>
</thead>
</table>
| **Service providers**     | - Quality Accounts - to show high-quality care is being provided, to highlight areas for improvement and their progress and to demonstrate successful performance in a national audit or inspection.  
                                - Director of Social Services annual reports – demonstrating improvements and quality of social care services |
| **Commissioners**         | - As tools for use in commissioning local services & contracts and service specifications  
                                - Informing payment mechanisms and incentive schemes such as the Commissioning for Quality and Innovation (CQUIN) Payment Framework  
                                - Support the delivery of national priorities such as relevant national outcomes frameworks  
                                - Basis for national indicators: COF |
## How quality standards can be used?

<table>
<thead>
<tr>
<th>Audience</th>
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</table>
| Health and social care professionals and public health professionals    | • A guide for managers and their teams.  
| to make decisions about care based on the latest evidence and best practice. | • Using the quality standards in local audit and practice reports or in professional development and validation. |
| People receiving health and social care services, their families and carers and the public to find information about the quality of services and care they should expect from their health and social care provider. | • An important reference.  
|                                                                         | • Using information based on quality statements to decide which services to access.  
|                                                                         | • Groups of people holding commissioners to account. |
We negotiated with the local commissioner the inclusion of relevant statements from the NICE VTE, stroke and dementia quality standards into the local CQUIN. We found this an effective way of prioritising quality improvement activity and establishing an assurance framework to support monitoring of progress.

We operate an inpatient stroke rehabilitation service and have incorporated six statements from the NICE quality standard as improvement priorities, monitored quarterly and reported in the quality account.”
Views from commissioners

“There is a real drive to get it into practice, so from a commissioning perspective, we are looking at quality standards and saying this is, you know, the service we aspire to, that we want you to deliver, and are writing it into specifications.”

“I think that a NICE quality standard, if it’s going to be of any value, then it’s got to be slightly stretching. Because all of us, I think, certainly as commissioners, have a tendency to think, if you ask me if you provide a good service, I’d say yeah yeah, of course we do. But actually when you then dig into it, it might not be quite so good.”
Plans for the future

• Completing the library of healthcare topics:
  – New Standing Committees
  – Informed by topic experts

• Developing, aligning and integrating work in social care – develop two pilot topics

• Making on-going improvements!

• Updating - ‘NICE must keep a quality standard under review and may revise it as it considers appropriate’

• **Opportunity for you as clinical leaders to take local ownership**
NEW - NICE pathways

- NICE pathways bring together all related NICE guidance, including Quality Standards and implementation support tools.
- This will enable easier access to the guidance and support commissioning across a whole pathway.
Pharmacological interventions

Consider medication for non-cognitive symptoms or behaviour that challenges in the first instance only if there is severe distress or an immediate risk of harm to the person with dementia or others.

Antipsychotics

Do not use antipsychotic drugs for mild-to-moderate non-cognitive symptoms in:

- Dementia with Lewy Bodies (DLB), because of the risk of severe adverse reactions
- Alzheimer's disease, vascular dementia or mixed dementia, because of the increased risk of cerebrovascular adverse events and death

Consider antipsychotics for severe non-cognitive symptoms (psychosis and/or agitation causing significant distress) only if:

- risks and benefits have been fully discussed, assessed cerebrovascular risk factors and discuss possible increased risk of stroke/transient ischaemic attack and possible adverse effects on cognition
- changes in cognition are regularly assessed and recorded, consider alternative medication if necessary
- target symptoms have been identified, quantified and documented, and changes are regularly assessed and recorded
- comorbid conditions, such as depression, have been considered
- the drug is chosen after an individual risk-benefit analysis
- the dose is started low and titrated upwards
- treatment is time limited and regularly reviewed (every 3 months or according to clinical need)

In DLB, monitor for severe untoward reactions, particularly neuroleptic sensitivity reactions (development or worsening of extrapyramidal features or symptoms causing neurological deterioration).
Links to other information

NICE Pathways

Related guidance

- NICE guidance on conditions or topics that are related to those covered in the pathway.
- Tuberculosis: clinical diagnosis and management of tuberculosis, and measures for its prevention and control. NICE clinical guideline 117 (2011)
- Surgical site infection: prevention and control. NICE clinical guideline 139 (2012)
- Prevention and control of healthcare-associated infections. NICE clinical guideline 146 (2011)
- Inadvertent perioperative hypothermia: the management of inadvertent perioperative hypothermia in adults. NICE clinical guideline 65 (2008)
- Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures. NICE clinical guideline 64 (2008)
- Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE clinical guideline 32 (2006)
- Needle and syringe programmes: providing people who inject drugs with injecting equipment. NICE public health guidance 18 (2009)
NICE support for QIPP
Using NICE guidance to help you cut costs

Against the backdrop of monumental efficiency challenges facing health and social care, NICE has a key role to play in increasing quality. From identifying specific recommendations that can save money, to reconfiguration advice to support disinvestment from ineffective services, we can help organisations meet the twin challenges of providing high quality care while also saving money and resources.

QIPP - a collection of real examples of how health and social care staff are improving quality and productivity.

Using resources efficiently
Following NICE guidance helps organisations deliver quality care for patients and service users and shows service providers how to best spend limited resources. We have produced a list of guidance which we consider deliver savings.

Find out more

Reducing inefficiency
NICE 'do not do' recommendations can help reduce inefficiency.

The NICE 'do not do' recommendations database contains all the 'do not do' recommendations that have been made since 2007.

Search the database

Planning service delivery
NICE commissioning guides offer support on cost-effective commissioning and service configuration. Our costing tools and forward planner help estimate the local cost of implementing guidance.

Commissioning guides
Costing tools
Forward planner

Spending to save - public health
Promoting good health and preventing ill health saves money. All of NICE's public health guidance has proven to be cost-effective.

Public health guidance

www.nice.org.uk/aboutnice/whatwedo/niceandthenhs/CostSaving.jsp
Reducing inefficiency - interventions that NICE recommends you stop

- “Do not do” recommendations
- Clinical practice no longer recommended or not to be used routinely
- Collated into a searchable database
- Intervention, health topic, links to guidance and related recommendations and the health care setting.
• Collection of assured national and local case studies
• Organised by national QIPP workstream
• Cochrane quality and productivity topics
• Links to tools and resources
• Tool to calculate potential savings of QIPP case studies based on local population and quality gains
• Monthly alert for new additions qipp@nice.org.uk
Planning service delivery

**NICE commissioning guides** - offer support on cost-effective commissioning and service configuration. Includes
- **Text-based web pages** - topic-specific information on key clinical and service-related issues to consider during commissioning
- **Commissioning and benchmarking tool** - estimate level of service needed locally & cost of local commissioning decisions.
- **Tools** – sample service specs, contracts, CQUINS etc

**Costing report & template** national estimated cost of implementation and spreadsheet to estimate local costs taking account of local variation from national estimates – helps with building a business case

**Forward planner** - help estimate the local cost of implementing guidance and build into forward plans
Preventing inappropriate transfer to secondary care

- Reducing inappropriate transfer from general practice to hospital is a key way to improve quality and reduce cost.
- All relevant recommendations contained in NICE guidance have been collated into a searchable database.

'Referral advice' recommendation details

<table>
<thead>
<tr>
<th>Guidance ID</th>
<th>NICE 'referral advice' recommendation</th>
<th>'Referral advice' category</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG82</td>
<td>Urgently refer all people with first presentation of psychotic symptoms in primary care to a local community-based secondary mental health service (for example, crisis resolution and home treatment team, early intervention service, community mental health team). Referral to early intervention services may be from primary or secondary care. The choice of team should be determined by the stage and severity of illness and the local context.</td>
<td>Urgent</td>
</tr>
<tr>
<td>CG82</td>
<td>Offer early intervention services to all people with a first episode or first presentation of psychosis, irrespective of the person's age or the duration of untreated psychosis. Referral to early intervention services may be from primary or secondary care.</td>
<td>Time frame not specified</td>
</tr>
<tr>
<td>CG82</td>
<td>When a person with an established diagnosis of schizophrenia presents with a suspected relapse (for example, with increased psychotic symptoms or a significant increase in the use of alcohol or other substances), primary healthcare professionals should refer to the crisis section of the care plan. Consider referral to the key clinician or care coordinator identified in the crisis plan.</td>
<td>Follow up</td>
</tr>
<tr>
<td>CG82</td>
<td>With regards to the management of patients with schizophrenia, healthcare professionals should facilitate access as soon as possible to assessment and treatment, and promote early access throughout all phases of care.</td>
<td>Time frame not specified</td>
</tr>
</tbody>
</table>
Public Health

Promoting good health and preventing ill health saves money. NICE's public health guidance has proven to be cost-effective

Public Health guidance

Public Health briefings

Return on Investment tool
Educational resources:

Tools to support implementation and professional development
NICE practical support

- Specific implementation tools
- Forward planner
- Costing reports and templates
- Educational tools
- Online learning modules
- Shared learning database
- Baseline assessment and audit support
- Implementation consultants
- Podcasts
Online learning modules

NICE has commissioned several online educational tools. Modules are free but you need to register. Certificates are available upon completion.

Health topics:
- Epilepsy
- Feverish illness in children
- Smoking cessation
- When to suspect child maltreatment
- Obesity
- Urinary tract infections
- Depression
- Anxiety disorders
- Hip fracture
- Prostate cancer
- Chronic kidney disease
- Diabetic foot

NICE Evidence into practice
- How to bring about change
- How to make evidence based decisions
- How to put guidance into practice
- How to use audit to improve patient care
Medicines and prescribing support from NICE

With the integration of the former National Prescribing Centre into NICE, we now offer a comprehensive suite of advice and support for delivering quality, safety, and efficiency in the use of medicines.

The Medicines and Prescribing Centre at NICE provides support for medicines and prescribing through:

- Advice on medicines optimisation including support for QIPP
- Specific medicines advice, for example on unlicensed and off-label drugs
- Practical tools and materials to aid implementation

Explore the sections below for the new products and services from the Medicines and Prescribing Centre.

**Evidence summaries: new medicines**

Summaries of the best available evidence for selected new medicines, or for existing medicines with new indications, to inform local NHS planning and decision-making.

Find out more

**Evidence summaries: unlicensed/off-label meds**

A new service providing summaries of the best available evidence on selected unlicensed and off-label medicines, designed to meet demand for information to inform local NHS planning and decision-making.

Find out more

**Medicines evidence commentaries**

Up-to-date commentaries on new evidence on medicines currently in use, for NHS commissioners, prescribers and prescribing managers.

Find out more

**Coming soon**

Details of upcoming medicines and prescribing publications will be posted here.
Sharing your success - NICE shared learning database

NICE Shared Learning Awards: top 20 examples 2011/12

We received over 50 submissions to our Shared Learning Database during 2011/12 - all of which were entered into the NICE Shared Learning Awards 2012. From these submissions, our panel of judges selected the best 20 examples and you can find out more about these 20 projects below. You can view and download the posters for each submission individually below, or download a portfolio of all 20 posters. In addition, the top three were shortlisted as finalists, and the overall winner, from Cambridge University Hospitals NHS Foundation Trust, was chosen by the audience at the NICE Conference in May, 2012.

Read more about the 2012 winning submission
Submitting an example to the shared learning database

2012 Winner
Regional cooling service to reduce brain injury in newborn babies
East of England Perinatal Networks and Cambridge University Hospitals NHS Foundation Trust
A service to improve the quality of care for newborn babies with serious brain injury, which showed dramatically improved

2012 Finalist
Evidence-based services for alcohol use disorders in Manchester
Manchester Mental Health and Social Care Trust
A new care pathway for alcohol use disorders was developed following an expansion of the Trust's services. The Pathway was based on NICE's guidance on alcohol use disorders to ensure that service users receive

2012 Finalist
New 'care bundle' on discharge from respiratory ward improves care for COPD patients
West Middlesex University Hospital
A 'care bundle' of four evidence-based interventions is developed for COPD patients being discharged, to reduce variation in care, improve patient
• Register as stakeholders for consultations
• Join guidance development groups
• Join external reference advisory groups
• Become a NICE Fellows or Scholar
NICE Fellows & Scholars

The NICE Fellows and Scholars programmes contribute to the professional
development of health and social care professionals

- Professional development opportunity
- Learn about and get involved in the workings of NICE
- Meet and work with likeminded colleagues
- Be part of a network of professionals linked to NICE
- Become advocates of evidence based practice in your organisation

Open to individuals working across health and social care, including doctors, nurses, managers, public health practitioners, pharmacists and allied health professionals.

Application period 17th September to the 9th November 2012 for new Fellows and Scholars to begin from 1st April 2013.

For further information please contact lucy.connor@nice.org.uk or see www.nice.org.uk/fellows
We produce a range of free support tools to help you put our guidance into practice - from costing templates and clinical audit to commissioning guides and slide sets.

Shared learning stories
How guidance is being put into practice. Visit our shared learning solution

The Shared Learning Award winners include 18 projects in practice in the NHS, local authorities, voluntary and other organisations
Read more shared learning stories
New look guidance “landing pages”

View the summary and implementation tools

CG76 Medicines adherence (CG76)

Medicines adherence pathway
Fast, easy summary view of NICE guidance on ‘medicines adherence’

Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence

Clinical guidelines, CG76 - Issued: January 2009

This guidance is about enabling patients to make informed choices by involving and supporting them in decisions about prescribed medicines. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence) to the NHS in England and Wales.

Responsibility for undertaking a review of this guidance at the designated review date has passed to the National Clinical Guidelines Centre for Acute and Chronic Conditions (NCCGCC). The National Collaborating Centre for Primary Care is no longer active.

Other information
- CG76 Medicines adherence: full guideline appendices
- CG76 Medicines adherence: full guideline, appendix A
- CG76 Medicines adherence: full guideline, appendix C

Guideline formats
- Web format
- Quick reference guide (PDF)
- NICE Guideline (PDF)
- Full Guideline (PDF)
- CG76 Chi a’ch meddygion ar bresgripswn: galluogi a chefnogi clefion i wneud penderfyniadau hyddysg: deali canllawiau NICE (format MS Word)

Medicines adherence
Information for the public

Guideline review
- Medicines adherence: review proposal consultation
- Medicines adherence: review

Implementation tools and resources
- Audit support
- Costing statement
- Slide set
- Medicines adherence: guide to resources
- Medicines adherence: patient information resource - a template for display in healthcare settings

See this guidance in practice
- Research recommendations
- Shared learning
Sources of information

Over 250,000 resources for 200 key sources
700,000 unique visitors, 1.2 million searches every month
Introduction

Dictionary definition
A sudden, nonreversible loss of neurologic function due to an ischemic or hemorrhagic intracerebral vascular event. In general, cerebrovascular accidents are classified by anatomic location in the brain, vascular distribution, etiology, age of the affected individual, and hemorrhagic vs. ischemic nature.

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Stroke and transient ischaemic attack - Background Information
What are strokes and transient ischaemic attacks?
- Strokes and transient ischaemic attacks (TIAs) are acute neurological events, presumed to be vascular in origin, that are caused by cerebral ischaemia, cerebral infarction, or cerebral haemorrhage.
- Symptoms and signs develop rapidly, are usually focal (although they can be global), and include numbness, weakness or paralysis, slurred speech, and visual disturbances (characteristically a sudden visual loss in one half of the visual field, or visual loss in one quarter of the visual field, or visual loss in one eye). Headache is not a typical feature of ischaemic stroke or TIA.
- Stroke:
  - With stroke, the symptoms and signs persist beyond 24 hours or cause death within 24 hours.
  - Non-disabling stroke is a stroke with symptoms or signs that last for more than 24 hours but resolve later, leaving no permanent disability.
Guidance

Management of patients with stroke: rehabilitation, prevention and management of complications, and prognosis
Scottish Intercollegiate Guidelines Network
8 June 2010

Management of patients with stroke: identification and management of dysphagia
(SIGN Guideline No 30)
Scottish Intercollegiate Guidelines Network
8 June 2010

CG69 Stroke: NICE guideline prof
National Institute for Health and Clinical Excellence, 23 July 2005 - Publication type: Full Guidance

CG69 Stroke: full guidance prof
National Institute for Health and Clinical Excellence, 23 July 2008 - Publication type: Full Guidance

Management of patients with stroke or TIA: assessment, investigation, immediate care
Royal College of Physicians of London
01

To see clinical pathway for stroke please see information on NICE pathway for Stroke
My Evidence

- Register and create your own space on NHS Evidence
- Receive regular updates on information you are interested in
- Save searches
- Save results of searches
- Save a piece of information found as a result of a search
- Sign up to receive RSS news feeds
Information at your fingertips….apps

- Android and iPhone
- Browse
- Rapid searches
- Bookmark for offline use
- Receive automatic updates

Available via NICE website, apple app store or google play store
How to find out more

• Website www.nice.org.uk
• Sign up to receive monthly NICE News
• NHS Evidence www.evidence.nhs.uk
• Email jane.moore@nice.org.uk
• Queries email nice@nice.org.uk
1. Published quality standards
   • How could you use these to improve quality? As a commissioner? As a provider?

2. New quality standards
   • What process will you set up for new quality standards as they are published?
   • How would you like NICE to help you?

3. How will you use the cost saving resources and educational support tools locally to ensure care delivery is both efficient and evidence based?