

Support for implementing NICE guidelines

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Objectives

- Update on NICE
- NICE guidance on Blood transfusion NG24
- Resources from NICE
- Implementation advice



What NICE does

 Produce evidence-based guidance and advice for health, public health and social care practitioners



 Develop quality standards and performance metrics for those providing and commissioning health, public health and social care services



 Provide a range of information services for commissioners, practitioners and managers across health and social care



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



Why use NICE guidance?

- Based on the best up to date research
- Tells you what works and for who
- Gives you confidence in the care you are delivering
- Helps you explain it to service users
- Supports the case for investment cost effective interventions
- Reduce variation and inequalities same treatment for everyone
- Supports local integration and decisions with partners
- Supports quality improvement activity

Blood transfusion NG24, November 2015

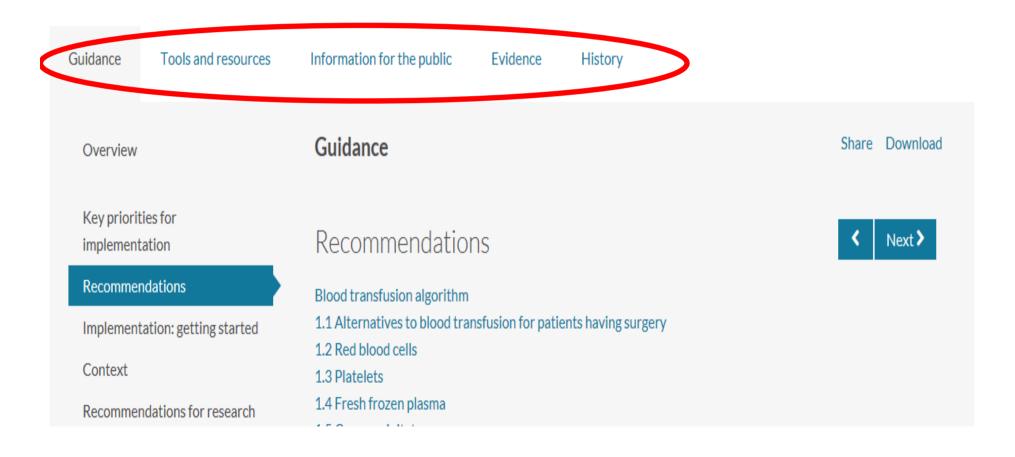
What does it cover?

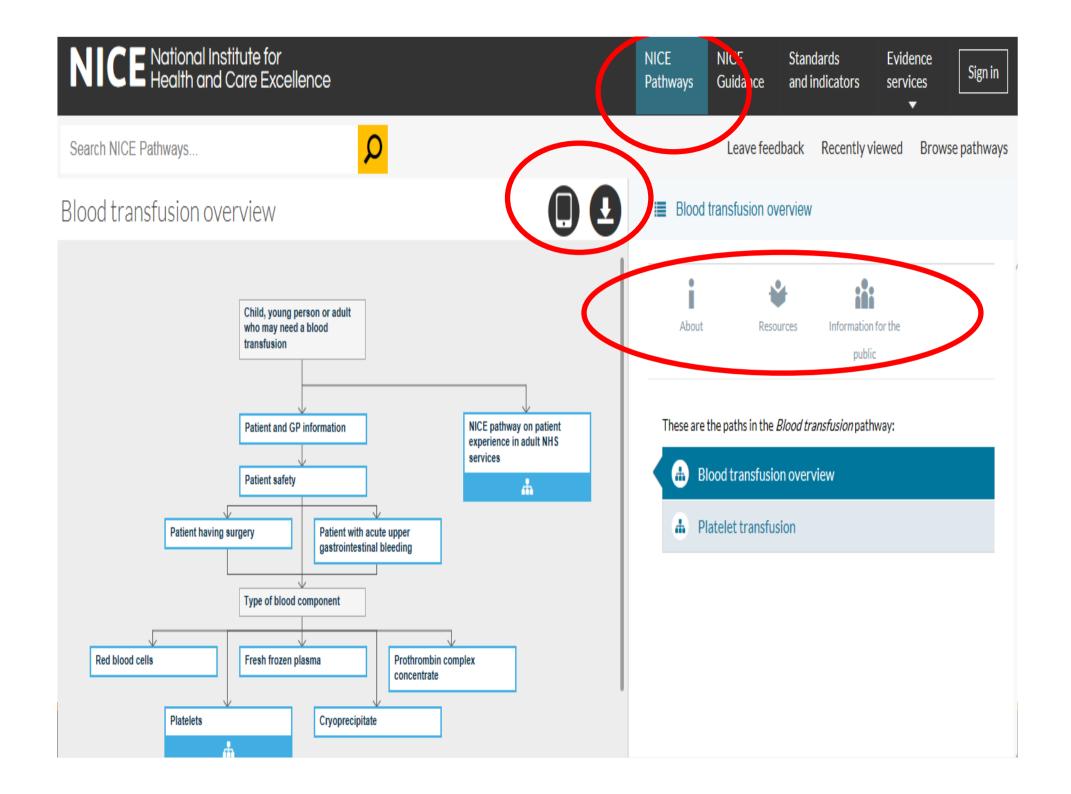
- •Covers assessment and management of blood transfusions Who does it cover?
- Adults, young people and children over 1Who is it for?
- •For healthcare professionals who assess for and manage blood transfusions, commissioners and providers of transfusion services, and people who need in adults What aspects does it address?
- Addresses general principles (not relating to specific conditions)

Home > NICE Guidance > Conditions and diseases > Injuries, accidents and wounds > Injuries, accidents and wounds: general and other

Blood transfusion

NICE guidelines [NG24] Published date: November 2015





NICE quality standard due Dec 16

Consultation 23rd June – 20th July

Help to identify local priorities for quality improvement

•NICE quality standards can highlight key areas for improvement. An initial assessment should consider: relevance to the organisation, how services compare, what evidence is available, actions to improve, risks of not improving

Driving quality improvement

•Once you have identified gaps and priorities, use quality standard measures to improve quality of services: establish a project team, develop an action plan, assess cost and service impact, develop a business case, measure a baseline, deliver actions and evaluate success

Practical support & resources

- Implementation section in guideline
- Baseline assessment tool
- Costi
- Guid
- "Tools and resources" tab on guidelines page
 the recommendation: from Mice Guid

 NICE "Put guidance into OR OR OR OR Do not do recommendation: "from NICE homepage

 Research recommendation: "from NICE homepage

 """ o productivity case study (On homepage

- Information for the public
- NICE quality standard (December 16)
- NICE and BNF app (free)
- Get involved (as a stakeholder)
- Links to other resources (eg NHSBT, RC, Macmillan)
- Into practice guide

Overcoming barriers to implementation Use the right solution!

Clinician distrust = horizon scanning

- Forward planner
- Stakeholder consultation
- •Slide sets, podcasts
- Evidence

Lack of organisational support = develop systematic approach

- How to guide
- •Implementation advice
- Local policy templates
- Educational tools
- Online learning modules

Lack of knowledge = measurement

Audit support
Baseline assessment
Implementation database
Shared learning

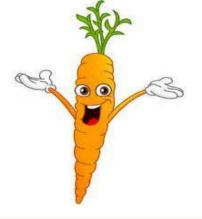
Lack of resources = build business case

Commissioning guides
Costing tools
Do not do database
QIPP database

www.nice.org.uk
Put guidance into practice

Levers to support uptake of NICE guidance

- Inspection CQC (effectiveness domain)
- Performance measures & incentives (financial eg national and local CQUINs)
- National and local guidance (eg DH, NHSE)
- Quality improvement activity (eg local & national audit, quality accounts, trust QI plan)
- Education, accreditation & CPD
- Participation with NICE as stakeholders



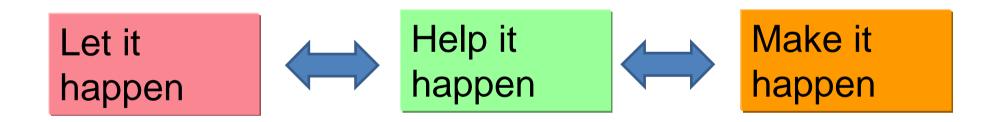
Who makes the change in practice?

MeReC Bulletin 2011;22(2)

- Adoption of evidence into practice depends ultimately on decisions to change made by individual people
- NHS is a 'professional bureaucracy'
 - Front-line clinical staff have a greater measure of control and influence over day-to-day decisionmaking than those in formal positions of authority.
- As important to consider what needs to be done from a 'bottom up' perspective, to support individuals in adopting evidence and changing their behaviour, as from a 'top down' perspective of making system or organisational changes

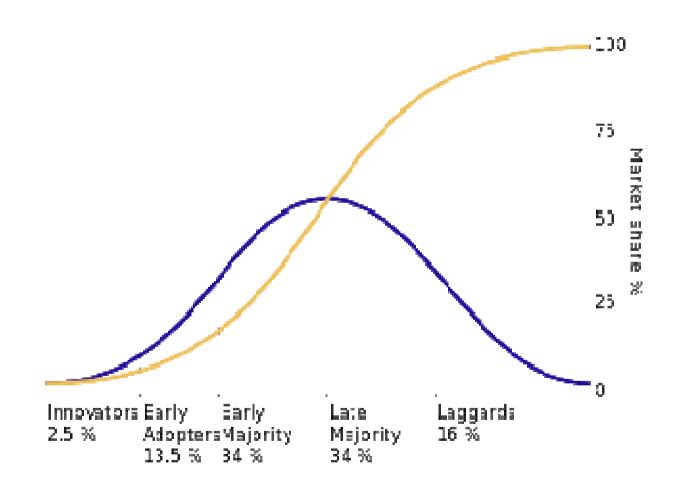
Continuum of approaches

Greenhalgh T, et al. Milbank Quarterly 2004; 82:581-629



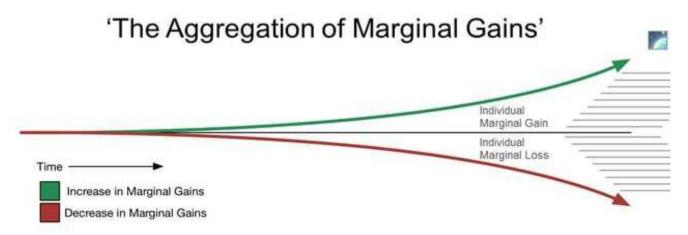
"Culture eats strategy for breakfast"

Rogers (1962) diffusion of innovation



We are always striving for improvement, for those 1% gains, in absolutely every single thing we do.





The marginal choices we make have minimal impact at the start. The 1% improvement or decline aggregates over time, creating a much larger risk than first envisaged.



Tips and pointers

- Aim for adoption of the change in practice, not its imposition
- What are the barriers? Which tools will help?
- What are the enablers? Identify & utilise them
- Consider the concerns and questions of potential adopters – support them
- Make it easier for people to do the right thing
- Target the early adopters and early majority
- Incremental gains there is power in small wins and slow gains

Staying up to date with NICE



- Website <u>www.nice.org.uk</u>
- <u>NICE News</u> monthly e-newsletter keeping you up to date consultations, published and forthcoming guidance

twitter

- 100,000+ people now follow us on Twitter for guidance updates @NICEcomms
- General inquiries <u>nice@nice.org.uk</u>
- Field team <u>fieldteam@nice.org.uk</u>