

Chief Medical Officer
Professor Sir Michael McBride

Circular HSC (SQSD) 9/26

Subject: NICE Guidelines – Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland

For action by:

Chief Executive of Public Health Agency – **for distribution to:**
Director of Public Health and Medical Director – for cascade to relevant staff
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Heads of Pharmaceutical Services – for cascade to relevant staff
Directors of Acute Services – for cascade to relevant staff
HSC Clinical and Social Governance Leads
Directors of Social Services – for cascade to relevant staff
Directors of Finance – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:

Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
Chief Executive Patient and Client Council
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NICPLD
Chief Executive, NIPEC
Chief Executive, NISCC
NICE Implementation Consultant NI
HSC NICE Guidance Implementation Forum

Summary of contents:

The purpose of this circular is to explain the revised arrangements for the endorsement, implementation, monitoring and assurance of NICE Guidelines with a clinical focus in NI.

Enquiries:

Any enquiries about the content of this Circular should be addressed to:

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Related documents:

HSC (SQSD) 12/22
HSC (SQSD) 15/22

Superseded documents

Circular HSC (SQSD) 13/22

Status of contents:

Action

Implementation:

Effective from 1 July 2026

Additional copies:

Available to download from
<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

Dear Colleagues

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE)
GUIDELINES – PROCESS FOR ENDORSEMENT, IMPLEMENTATION,
MONITORING AND ASSURANCE IN NORTHERN IRELAND.**

Introduction

1. This circular updates and replaces Circular HSC (SQSD) 13/22 which set out the process for the endorsement, implementation, monitoring and assurance of NICE Clinical Guidelines in Northern Ireland (NI).
2. Previously NICE developed different types of guidelines focusing on specific aspects of health and social care, each with a prefix identifying the type of guidance, such as social care guidelines (SCxxx), medicines practice guidelines (MPGxxx), public health guidelines (PHGxxx) and clinical guidelines (CGxxx). Following a review of the guideline development process in 2015, all new NICE guidelines are now allocated consecutive reference numbers with the same prefix (NGxxx).
3. In NI, the current policy context includes review and endorsement of NICE Clinical Guidelines, Technology Appraisals and Public Health Guidance. Guidelines with a social care focus (formerly social care guidelines) and medicines practice guidelines are outwith the scope of this circular. DoH Circular HSC (SQSD) 12/22 sets out the process for endorsement implementation and monitoring of NICE Technology Appraisals, while Circular HSC (SQSD) 15/22 sets out the process for endorsement, implementation, monitoring of NICE Public Health Guidelines.
4. This circular outlines the NI policy framework and responsibilities of the Department of Health and HSC organisations in relation to the dissemination, implementation, monitoring and assurance of NICE

guidelines with a clinical focus relating to specific diseases and / or groups of patients (they may either have a CG or NG prefix).

5. The new arrangements will be effective from **1 July 2026** and will apply to all HSC organisations, including Family Practitioners which can include General Medical and Dental Practitioners, Community Pharmacies and Community Optometrists. It should also be noted by independent health and social care providers.
6. It will be the responsibility of HSC organisations, under the statutory duty of quality as specified in Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, to put in place the necessary systems, as part of their clinical and social care governance arrangements, for disseminating, risk assessment, implementing and monitoring of NICE guidelines.
7. The 2009 Health and Social Care (Reform) Act imposes a general duty on the Department of Health of promoting an integrated system of health care designed to secure improvement in the physical and mental health of people in Northern Ireland, and in the prevention, diagnosis and treatment of illness. The Department's role in monitoring implementation of NICE guidelines is consistent with this general duty.
8. Implementation of NICE guidelines by HSC Trusts is intended to support this general duty and to align with wider continuous quality improvement and implementation of safety and quality guidance. Implementation also supports extant HSC accountability arrangements within the context of the 2011 Framework Document, which further outlines how HSC organisations are locally accountable for organisational performance across four dimensions, including safety and quality, and for ensuring that appropriate assurance arrangements are in place.
9. The responsibility for ensuring that appropriate assurance arrangements are in place rests wholly with the HSC Trust's board of directors, and it is

the responsibility of the HSC Trust's board to manage local performance and to manage emerging issues relating to implementation of NICE guidelines in the first instance.

10. Some NICE guidelines will also be applicable within the primary care context. General practitioners are required under the Northern Ireland Contract Assurance Framework to submit a declaration to the Department's Strategic Planning and Performance Group (SPPG) via the Primary Care Directorate confirming that they comply with relevant legislation and that they consider guidance and alerts issued by the Department, which includes NICE guidelines.
11. SPPG will also further develop existing community pharmacy assurance arrangements to seek confirmation that community pharmacies comply with relevant legislation and that they consider guidance and alerts issued by the Department, which includes NICE guidelines relevant to their developing clinical role.
12. Overall assurance about the implementation of NICE guidelines in both primary or secondary care should be provided to the Department and Minister as part of wider assurance on the safety and quality of services.
13. The ethos behind clinical governance is one of continuous quality improvement and, as such, the implementation of NICE guidelines should reflect this ethos. Implementation of NICE guidelines provides excellent opportunities for quality improvement projects whether at organisational or system-wide level. HSC organisations should systematically identify such opportunities as part of their implementation plans.
14. Implementing NICE guidelines within the HSC can also support health and social care professionals to deliver evidence-based clinical care and meet their professional obligations as set by professional regulatory bodies. NICE guidelines can also help to ensure that patients, carers and service users receive care that is based on the best available clinical

evidence and support them to improve their own health and prevent disease.

Background

15. The National Institute for Health and Care Excellence (NICE) is a Non-Departmental Public Body tasked with producing evidence-based recommendations for health and care in England. NICE guidelines are intended to provide national guidance on the promotion of good health and the prevention and treatment of ill health.
16. The Department of Health established formal links with NICE on 1 July 2006 whereby guidance published by the Institute from that date would be locally reviewed for applicability to Northern Ireland and, where appropriate, endorsed for implementation in HSC. This link has ensured that Northern Ireland has access to up-to-date, independent, professional, evidence-based guidance on the value of health care interventions.
17. NICE guidelines are evidence-based best practice guidelines which represent the view of NICE, arrived at after careful consideration of the available evidence. When exercising their judgement, practitioners within HSC organisations should take NICE guidelines fully into account, alongside the individual needs, preferences and value of patients.
18. Application of the recommendations in NICE guidelines is not mandatory, and NICE guidelines do not override the responsibility to make decisions appropriate to the circumstances of the service user, in consultation with them and their families and carers or guardians. While there are no specific or ring-fenced resources for implementation, NICE guidelines do set out priority areas for improving health and social care services, and HSC commissioners and providers should use NICE guidelines to plan and deliver services that provide the highest quality care possible within available resources. Where NICE have produced guidelines for a

particular aspect of care, HSC commissioners and providers should refer in the first instance to the relevant recommendations in the NICE guideline rather than guidance produced by other organisations such as patient charities, Royal Colleges or other international guideline producing bodies.

19. HSC commissioners and providers should use NICE guidelines in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in NICE guidelines should be interpreted in a way that would be inconsistent with complying with those duties.

NICE Endorsement Process

Departmental review of NICE guidelines for applicability to Northern Ireland

20. The Departmental review process is initiated when NICE publishes its guidelines. This process is intended to fulfil the Department's statutory duties of equality of opportunity and good relations as set out in Section 75 of the Northern Ireland Act 1998, and to support quality improvements and standardisation of care quality within the HSC and so contribute to reducing health inequalities. The Departmental review is not a reassessment of the clinical and cost evidence used by NICE in forming its advice.
21. Whilst the legislative, structural and policy environment governing the provision of health and social care in Northern Ireland may differ from that in England, the fundamentals of delivering high quality, cost effective front-line care do not. NICE guidelines will be proofed by the Department to check for legal and policy consequences related to their

implementation in NI. The endorsement of NICE guidelines does not include an analysis of the affordability of each individual guideline.

22. As a result, NICE guidelines may be endorsed with caveats to advise local HSC organisations of any equivalent legislation/policy or any specific instructions/requirements. However, the expectation is that the vast majority of NICE guidelines will be applicable in NI, unless in exceptional circumstances where legal/policy barriers are identified and cannot be overcome.
23. As part of the equality screening process, the Department will continue to issue all NICE guidelines to all organisations who agree to participate in the consultations on equality and human rights. All consultations will also be made available on the Department's website.
24. The local Departmental review of the majority of NICE Guidelines is expected to be complete within 8 weeks of publication by NICE, to provide sufficient time for the equality screening process to conclude. As soon as the local review is complete, endorsement decisions will be published on the Department's website. NICE guidelines will have links to appropriate caveats where these apply. If a NICE guideline is not applicable to NI, then this will be highlighted and an explanation provided.
25. Following endorsement, the Chief Pharmaceutical Officer in the Department's Chief Medical Officer's Group will issue confirmation of endorsement of the NICE guideline directly to SPPG, HSC Trusts, Public Health Agency (PHA) and other relevant providers and stakeholders.
26. SPPG (specifically Primary Care within SPPG) will ensure that NICE guidelines are sent to the appropriate Family Practitioners. The Regulation and Quality Improvement Authority (RQIA) will disseminate NICE guidelines to the independent sector as appropriate.

Implementing NICE Guidelines within Northern Ireland

Strategic Planning and Performance Group (SPPG) and Public Health Agency (PHA)

27. On receipt of the Departmental endorsement circular, and in advance of receipt of Trust baseline assessments, the SPPG NICE Business Support Officer will disseminate to the relevant planning team to inform the wider commissioning of services and to the SPPG/PHA Safety Review Team for information
28. Where relevant, the Safety Review Team will provide summary advice to the relevant planning team where there are relevant patterns or trends regarding known safety issues or risk in respect of any element of a guideline.
29. Commissioning and professional leads will take appropriate action through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk. This may include specific reference to relevant Clinical Guidelines within business cases to support the allocation of available resources.
30. The guideline will also be disseminated to the SPPG Medicines Management Team to consider access to any treatments recommended in the guideline under the HSC Managed Entry of New Medicines process.
31. The Safety Review Team and relevant Planning Team will also consider proposals and other implementation issues where the HSC NICE Guidance Implementation Forum (formerly the NICE Manager's Forum) has identified and prioritised specific recommendations within a guideline which are outwith the ability of the Forum to resolve. SPPG will update the HSC NICE Guidance Implementation Forum of progress in relation to identified issues.

HSC Trusts

32. On receipt of the Departmental circular, HSC Trusts will proceed with targeted dissemination and agree an organisational lead, such as a senior medical or non-medical clinician, governance lead or a senior manager, to undertake a baseline assessment and consider what needs to be done to achieve implementation of any recommendations from the circular.
33. HSC Trusts should ensure that NICE guidelines are handled in line with existing organisational policies for management of external safety and quality guidance, and that a systematic approach to risk identification and management is in place, including prioritisation of any recommendations representing a material safety issue that requires prompt action. This may require the reallocation of existing resource to ensure sufficient mitigation.
34. Support should be provided to the organisational lead by management and clinical staff associated with the relevant service area, to help foster a culture that quality and implementation is everyone's responsibility. Where the implementation of NICE guidelines requires active input from across different operational directorates within a Trust, the formation of a formal group, drawing from the appropriate operational directorates, to take forward implementation is recommended.
35. Parts of the NICE guideline may already be established practice and so a baseline assessment should be carried out, evidenced objectively by clinical audits or other qualitative / quantitative analysis where feasible, to inform plans for implementation. The nominated organisational lead should work with clinicians and management from the relevant service area to provide a broad perspective to inform the baseline assessment.
36. The baseline assessment should be completed within three months of receipt of the Departmental circular and should consider the materiality of risk associated with partial or non-implementation of NICE guideline

recommendations, with significant safety or quality risks escalated to the organisational management and HSC Trust Board through existing governance and reporting structures. Where a material safety issue is identified the Trust should produce an action plan to ensure sufficient mitigation of identified risks. Action plans should be circulated to the HSC NICE Guidance Implementation Forum to share learning and ensure similar issues are addressed in other Trusts.

37. The baseline assessment is intended to assist HSC Trusts with implementation and is not required to be shared with the Department, however HSC Trusts should provide assurance that baseline assessments and a resulting implementation plan have been completed within the required 3-month timeframe as part of their mid-year and end-year assurance statements to the Department.
38. While application of the recommendations in NICE guidelines is not mandatory, it is the Department's expectation that NICE guidelines will be implemented as far as possible within existing resources within a further 9 months following the initial 3-month baseline assessment and planning period i.e. 12 months from Departmental endorsement. However, it is acknowledged that NICE Guidelines can cover broad aspects of clinical practice and service delivery and, as such, can often be complex and have financial and, sometimes, wider strategic implications which mean that implementation may take longer. Where implementation of recommendations made in NICE guidelines is not feasible within this timescale, HSC Trusts should ensure that systems are in place to make HSC Trust Boards aware of areas where implementation of recommendations is not feasible within this timescale, and that risks are mitigated as far as possible. This should be highlighted in Trust assurance statements to the Department.
39. HSC Trusts should ensure that implementation of NICE guidelines is incorporated into routine business planning and delivery. This includes

embedding consideration of relevant guidelines within service development, governance processes and business case development.

HSC NICE Guidance Implementation Forum

40. While implementation of NICE guidelines is the responsibility of individual HSC Trusts, it is recognised that in some cases implementation of some or all of the recommendations in a NICE guideline may require a regional approach.
41. In many cases HSC Trusts will find themselves in broadly similar positions regarding full implementation of an individual NICE guideline following baseline assessment. Therefore, Trusts should share completed baseline assessments and collaborate through the HSC NICE Guidance Implementation Forum, (previously the NICE Managers Forum) to support a consistent and coordinated approach to the planning and implementation of NICE guidelines.
42. The HSC NICE Guidance Implementation Forum will identify areas where a regional approach to implementation is required and support the initiation of provider collaborative arrangements to resolve identified barriers to implementation. The NICE Manager's Forum terms of reference and membership will be updated to reflect this role.
43. Depending on the nature of the issues identified such as patient safety, service improvement, patient flow, innovation, training or financial efficiencies, the HSC NICE Guidance Implementation Forum will prioritise accordingly and work together to collectively address prioritised areas of regional focus. The Forum will seek to drive consistency in approach to planning and implementation of NICE guidelines, while recognising that overall responsibility for implementation of NICE guidelines remains with individual HSC Trusts.

44. Where patient safety issues have been identified, HSC Trusts should take appropriate action to address immediately including identification of resource to mitigate any specific risks.
45. Where a regional service development is identified and cannot be resourced by HSC Trusts, the HSC NICE Guidance Implementation Forum may request that the SPPG consider this as a part of its routine commissioning arrangements in the context of available resources and competing priorities.
46. The HSC NICE Guidance Implementation Forum will consider and agree the appropriate format and criteria for escalation of the need for regional service developments to SPPG. It is expected that such requests will relate to areas where HSC Trusts individually or collectively are unable to progress implementation and be accompanied by evidence to demonstrate the rationale for prioritisation and need for regional commissioning input and that all available options, including reallocation of existing resources, have been exhausted.
47. Open and transparent communication between HSC provider and commissioning organisations will be central to the effective functioning of the HSC NICE Guidance Implementation Forum. SPPG will be responsible for considering issues raised by the Forum as part of extant commissioning arrangements and will ensure that timely feedback is provided to the Forum.
48. Where NICE indicates that a recommendation in a NICE guideline must be implemented, in terms of service users' safety and/or outcomes, or where the Departmental review has identified an issue of particular concern leading to it mandating regional action from the outset, it is expected that Trusts will implement the recommendation as soon as practically possible and within the implementation timescales indicated above.

49. Similarly, any actions identified by SPPG and PHA or material safety issues highlighted by individual HSC Trusts or the HSC NICE Guidance Implementation Forum as requiring prompt action, should be progressed as soon as practically possible and within the implementation timescales outlined. However, NICE guidelines do not override the responsibility of clinicians to make decisions appropriate to the circumstances of an individual service user. These decisions should be taken in consultation with the individual (or their family / carer / guardian).
50. The NICE Implementation Consultant for Northern Ireland will support the local implementation of NICE guidelines. They will work with the Department, the HSC NICE Guidance Implementation Forum and all HSC organisations to raise awareness of NICE guidelines, of NICE implementation support tools and how HSC organisations could utilise them to support quality improvement.

Monitoring and Assurance

51. Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003 places a statutory duty on HSC organisations to put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare they provide.
52. The 2011 Assurance Framework furthermore requires HSC organisations to have arrangements to assure themselves on their performance against four domains, one of which is safety and quality. Assurance on quality and safety relies on a system of clinical and social care governance, within which HSC organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment. Clinical and social care governance is about HSC organisations taking corporate responsibility for performance and providing the highest possible standard of clinical and social care.

53. Implementing NICE guidelines is one element in addressing the quality domain of organisational performance. As such, HSC organisations need to be monitoring progress on implementing NICE guidelines as one means of assuring themselves and others that they are safeguarding and continuously improving the quality of care and to direct their activities into ensuring continuous improvement and mitigating risk wherever possible within the constraints they operate within.
54. HSC Trusts should have internal reporting arrangements in place to ensure the senior management and Board of the organisation, individually and collectively, know where the organisation stands in relation to the recommendations in NICE guidelines, to assure themselves that they are fully meeting their obligations under the statutory duty of safety and quality. These reporting arrangements should also ensure that Boards and senior management of HSC Trusts are appraised of how the organisation compares to similar organisations, the risks the organisation carries in not meeting a recommendation and how those risks might be mitigated within its span of control or escalated with the commissioner as appropriate via the HSC NICE Guidance Implementation Forum.
55. As outlined above, HSC provider organisations and clinicians should work collaboratively through the HSC NICE Guidance Implementation Forum to progress implementation of NICE guidelines and to share analysis to assist operational decision-making. HSC Trusts will update SPPG on progress with implementation of NICE guidelines through the HSC NICE Guidance Implementation Forum. The format and frequency of reporting arrangements will be agreed by the Forum but should be informed by HSC Trust internal reporting arrangements and assessment of risk.
56. SPPG will use information on progress with implementation of NICE guidance provided by HSC Trusts through the Forum to inform proactive consideration of commissioning priorities relative to the

recommendations outlined in the guideline, and an assessment of the implementation of NICE guidelines within the HSC in audit and risk considerations. Where monitoring identifies that NICE guidelines are fully implemented within the HSC, SPPG will share these with RQIA to ensure they are audited when clinical reviews are undertaken in these areas where appropriate.

57. SPPG, drawing on the aggregate of reports from HSC Trusts and Family Practitioners, will submit an annual report to the Department's Board by the end of June each year providing assurance on progress with implementation of NICE guidelines during the previous financial year, identifying those elements impacting on commissioning decisions and where risk arising from non-implementation has been highlighted by HSC Trusts.
58. Some NICE guidelines will also be applicable to the primary care sector. SPPG will seek assurance that General Practitioners consider guidance and alerts issued by the Department, to include NICE guidelines, via a declaration as set out in the Northern Ireland Contract Assurance Framework. SPPG will also further develop existing community pharmacy assurance arrangements to seek confirmation that community pharmacies comply with relevant legislation and that they consider guidance and alerts issued by the Department, which includes NICE guidelines relevant to their developing clinical role.
59. RQIA, through its regulatory responsibility for independent hospitals and other providers including dentists, will seek assurance through its inspections that there are processes in place to implement NICE guidelines and that independent organisations are seeking assurance on implementation. The RQIA inspections against the 'Quality Standards for Health and Social Care' will also include, at a high level, assessment of the implementation process for NICE guidelines as part of routine governance reviews of HSC organisations.

60. The Department will continue to commission a review by RQIA should it have concerns over the implementation of a specific NICE guideline. Such concerns may manifest through routine monitoring processes as outlined in this circular, or other expressions of public concern such as a SAI.

Enquiries

61. The Department will review this Circular within 5 years from the date of publication, or sooner if there is a significant change in the legal, regulatory or policy context.
62. Any queries relating to this circular should be directed to Medicines Access Branch (MAB), Castle Buildings, Stormont, Belfast, BT4 3SQ, or e-mail: SGU-NICEGuidance@health-ni.gov.uk

A handwritten signature in black ink, appearing to read 'Michael McBride', written in a cursive style.

Professor Sir Michael McBride

Chief Medical Officer