Circular HSC (SQSD) (NICE NG10) 25/15

Subject: NICE (Clinical) Guideline NG10 – Violence and aggression (update)

For action by:
Chief Executive of HSC Board – for distribution to:
   All HSC Board Directors – for cascade to relevant staff
Director of Integrated Care, HSC Board – for cascade to:
   Head of Pharmacy and Medicines Management
   Family Practitioner Services Leads – for cascade to relevant
   Family Practitioner groups
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
   AHP Leads – 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 HSC Board
   Chair of Public Health Agency
   Chairs of HSC Trusts
   Chair of RQIA
   NICE Implementation Facilitator NI
   Members of NI NICE Managers’ Forum

Summary of Contents:
This guideline updates and replaces NICE guideline CG25
(published February 2005). It offers evidence-based advice on the
short-term management of violence and aggression in mental health,
health and community settings.

Enquiries:
Any enquiries about the content of this Circular should be addressed
to:
   Standards & Guidelines Quality Unit
   DHSSPS
   Room D1.4
   Castle Buildings
   Stormont Estate
   BELFAST
   BT4 3SQ

SGU-NICEGuidance@dhsspsni.gov.uk

Circular Reference: HSC (SQSD) (NICE NG10) 25/15

Date of Issue: 20 July 2015

Related documents:
HSC (SQSD) 3/13

Superseded documents
None

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:
Available to download from
http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm
Dear Colleagues

NICE Guideline NG10 - Violence and aggression (update)
(http://www.nice.org.uk/guidance/ng10)

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13 (http://www.dhsspsni.gov.uk/hsc_sqsd__3_13.pdf), the following actions should be taken

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.
To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department’s website (http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance/sqsd-guidance-nice-guidance.htm).

Dr Paddy Woods
Deputy Chief Medical Officer
### Appendix 1

#### Endorsed NICE guidance - Details from Departmental review

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Details</th>
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<tbody>
<tr>
<td>NICE (Clinical) Guideline - NG10</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Violence and aggression (update)</th>
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<tr>
<th>Summary of guidance</th>
<th>This NICE guideline updates and replaces NICE guideline CG25 (published February 2005). It offers evidence-based advice on the short-term management of violence and aggression in mental health, health and community settings. New recommendations have been added to cover a broader range of settings, including inpatient psychiatric care, emergency and urgent care, secondary mental health care (such as care provided by assertive community teams, community mental health teams, early intervention teams and crisis resolution and home treatment teams), community healthcare, primary care, social care and care provided in people’s homes. New recommendations have also been added to cover children and young people aged under 16, family members and carers.</th>
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<th>Related strategically relevant DHSSPS / HSC policies</th>
<th>None</th>
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<th>Inter-Departmental interest</th>
<th>None</th>
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<th>Legislative / policy caveats</th>
<th>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case. Where the guidance refers to the Mental Health Act, this should be interpreted within the Northern Ireland legal framework of the Mental Health (Northern Ireland) Order 1986. Available from: <a href="http://www.opsi.gov.uk/RevisedStatutes/Acts/nisi/1986/cnisi_19860595_en_1">http://www.opsi.gov.uk/RevisedStatutes/Acts/nisi/1986/cnisi_19860595_en_1</a> Where the guidance indicates that informed consent should be obtained and documented, the DHSSPS guidance ‘Reference Guide to Consent for Examination, Treatment or Care (2003)’, which is available on the DHSSPS</th>
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Working for a Healthier People

It should be noted that this guidance contains some recommendations for off-label use of medicines. Trusts and practitioners must be aware of their responsibilities and ensure that appropriate policies are in place when medicines are used off-label.


The Department of Health guidance ‘Transition: getting it right for young people’ does not apply in Northern Ireland. Provision of appropriate transition care for young people as they move from paediatric to adolescent and adult care will be taken forward in the Department’s imminent review of paediatric services.