From the Deputy Chief Medical Officer
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG31) 9/16

Subject: NICE Clinical Guideline NG31 – Care of dying adults in the last days of life

Circular Reference: HSC (SQSD) (NICE NG31) 9/16

Date of Issue: 10 February 2016

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

Superseded documents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

Summary of Contents: This guideline covers the clinical care of adults (18 years and over) who are dying during the last 2 to 3 days of life. It aims to improve end of life care for people in their last days of life by communicating respectfully and involving them, and the people important to them, in decisions and by maintaining their comfort and dignity. The guideline covers how to manage common symptoms without causing unacceptable side effects and maintain hydration in the last days of life.

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
Dear Colleagues

NICE Guideline NG31 - Care of dying adults in the last days of life

https://www.nice.org.uk/guidance/ng31

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 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.

Dr Paddy Woods
Deputy Chief Medical Officer
## Appendix 1  
**Endorsed NICE guidance - Details from Departmental review**

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>NICE Clinical Guideline NG31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Care of dying adults in the last days of life</td>
</tr>
<tr>
<td>Summary of guidance</td>
<td>This guideline covers the clinical care of adults (18 years and over) who are dying during the last 2 to 3 days of life. It aims to improve end of life care for people in their last days of life by communicating respectfully and involving them, and the people important to them, in decisions and by maintaining their comfort and dignity. The guideline covers how to manage common symptoms without causing unacceptable side effects and maintain hydration in the last days of life.</td>
</tr>
<tr>
<td>Related strategically relevant DHSSPS / HSC policies</td>
<td>HSS(MD) 21/2014 - Advice To Health And Social Care Professionals For The Care Of The Dying Person In The Final Days And Hours Of Life – Phasing Out Of The Liverpool Care Pathway In Northern Ireland By 31 October 2014</td>
</tr>
<tr>
<td>Inter-Departmental interest</td>
<td>None</td>
</tr>
<tr>
<td>Legislative / policy caveats</td>
<td>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.</td>
</tr>
</tbody>
</table>
The Mental Capacity Act 2005 and the Department of Health document ‘Reference Guide to Consent for Treatment or Examination’ do not apply in NI, but work is under way to bring forward similar legislation for NI, incorporating mental capacity and mental health provisions. The DHSSPS guidance ‘Reference Guide to Consent for Examination, Treatment or Care (2003)’, which is available on the DHSSPS website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. Available from: [https://www.dhsspsni.gov.uk/articles/consent-examination-treatment-or-care](https://www.dhsspsni.gov.uk/articles/consent-examination-treatment-or-care)

The Mental Capacity Act is not applicable in Northern Ireland. A Mental Capacity Bill is currently being progressed through the Northern Ireland Assembly.

Reference to Lasting Power of Attorney is also not applicable to Northern Ireland where the Enduring Powers of Attorney (Northern Ireland) Order 1987 allows instead for the appointment of an Enduring Power of Attorney.

Advance statements are not in Line with Northern Ireland policy direction in [Living Matters Dying Matters](https://www.livingmattersni.org.uk) A Palliative and End of Life Care Strategy for Adults in Northern Ireland March 2010

The NI Regional Palliative Medicine Group’s [Guidance for the Management of Symptoms in Adults in the Last Days of Life](https://www.nihr.ac.uk) (Updated 2014) does not include atropine for managing noisy respiratory secretions.