From the Deputy Chief Medical Officer  
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG65) 17/17

Subject: NICE Clinical Guideline NG65 – Spondyloarthritis in over 16s: diagnosis and management

Circular Reference: HSC (SQSD) (NICE NG65) 17/17

Date of Issue: 24 April 2017

Related documents:
HSC (SQSD) 3/13
HSC (SQSD) (NICE NG59) 5/17
NICE Clinical Guideline CG153 - Psoriasis: assessment and management

Summary of Contents:
This guideline covers diagnosing and managing spondyloarthritis that is suspected or confirmed in adults who are 16 years or older. It aims to raise awareness of the features of spondyloarthritis and provide clear advice on what action to take when people with signs and symptoms first present in healthcare settings. It also provides advice on the range of treatments available.

Enquiries:
Any enquiries about the content of this Circular should be addressed to:
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Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

SGU-NICEGuidance@health-ni.gov.uk

Superseded documents
None

Status of Contents:
Action

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

Additional copies:
Dear Colleagues

NICE Clinical Guideline NG65 - Spondyloarthritis in over 16s: diagnosis and management [https://www.nice.org.uk/guidance/ng65](https://www.nice.org.uk/guidance/ng65)

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 ([https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf))

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 DoH 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.


Dr Paddy Woods
Deputy Chief Medical Officer
## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

| Reference Number | NICE Clinical Guideline – NG65  
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<tr>
<td>Title</td>
<td>Spondyloarthritis in over 16s: diagnosis and management</td>
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| Summary of guidance | This guideline covers diagnosing and managing spondyloarthritis that is suspected or confirmed in adults who are 16 years or older. It aims to raise awareness of the features of spondyloarthritis and provide clear advice on what action to take when people with signs and symptoms first present in healthcare settings. It also provides advice on the range of treatments available. It includes recommendations on:  
|  | • recognition and referral  
|  | • diagnosing spondyloarthritis in specialist care  
|  | • managing spondyloarthritis  
|  | • information and support  
| NICE has also produced Clinical Guidelines CG153 - Psoriasis: assessment and management (endorsed by DoH in December 2012) and NG59 - Low back pain and sciatica in over 16s: assessment and management (endorsed by DoH in January 2017)  
| Related strategically relevant DoH/ HSC policies | None |
| Inter-Departmental interest | None |
| Legislative / policy caveats | 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.  
|  | This guidance makes reference to Social Care guidance which has not been endorsed by the Department. |