

Birmingham Women's Hospital 35th Clinical Report

An external assessment

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November 14th 2008

Overview

- NICE and implementation
- Overview of the report
- NICE – our role in this
- Quality- the next stage
- NICE – the next stage

NICE Implementation strategy



- Developing a supportive environment
 - Key partners
 - Education initiatives
- Practical tools
- Evaluation

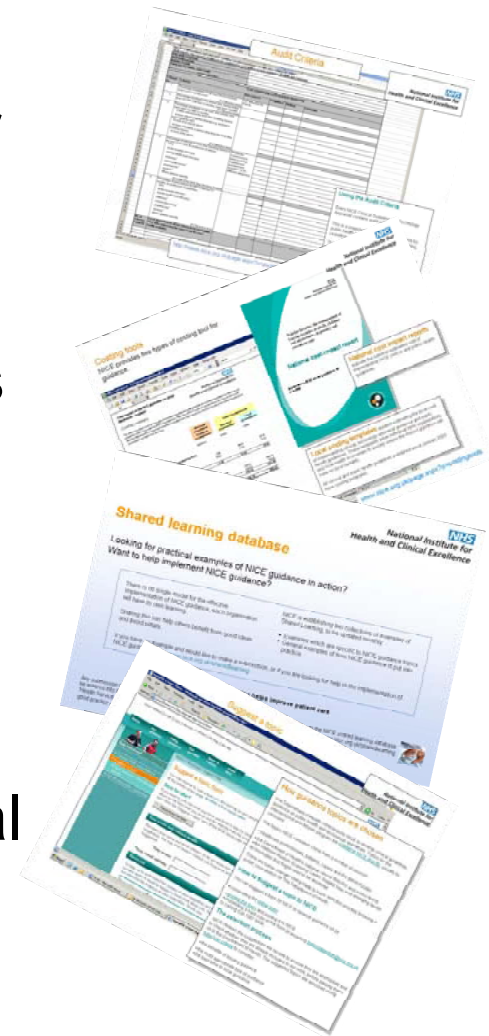
Implementation Consultants

- Seven consultants based in the field - the 'local face' of NICE
- Providing people implementing NICE guidance with updates, advice and support for your local strategies for implementation



What we offer..

- Updates and advice to help the senior management team implement NICE guidance
- Problem solving, by sharing examples of how organisations have worked together to implement guidance
- Advice on how to use the NICE implementation support tools
- A chance to feedback to NICE on local issues, ideas for new topics and suggestions for improvement



NICE Maternity campaign

- What services think of maternity guidance in terms of both content and format
- How guidance is used
- Levers and barriers to implementation
- Extent to which guidance is audited and evaluated
- Level of awareness and use of the implementation tools
- Suggestions for future topics

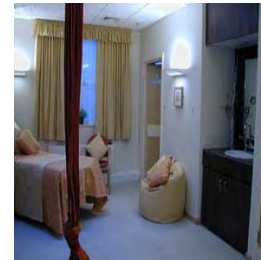
The Clinical report

- Overall observations
 - Unique
 - Transparent
 - Comprehensive
 - Detailed
 - Participatory



Key points 2007-8

- Doubling of Birth Centre activity
- Recruitment and retention of midwives
- Integration of NICE intrapartum care into ICP
- Baby Friendly Initiative



Key points 2007-8

- CS rate
- VBAC
- Cervical cytology <4/52 37% → 97%
- 100% compliance with NICE urinary continence guideline
- Publications 104 → 285
- R&D contribution to NICE

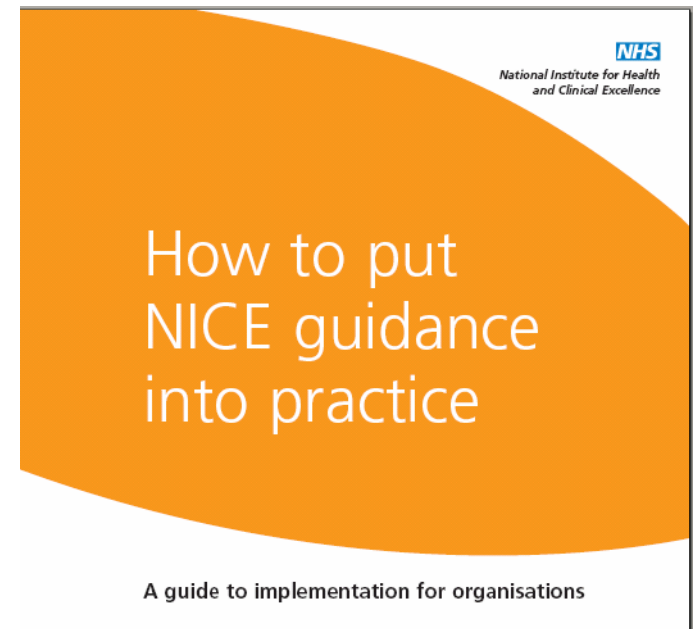
The Challenges



- Standards for better health
quality = good
- HCC Maternity services review
= fair performing

Organisational support from NICE

1. Board support and clear leadership
2. A dedicated resource – ‘NICE manager’
3. Support from a multi-disciplinary team
4. A systematic approach to planning
5. A process for monitoring uptake and feedback

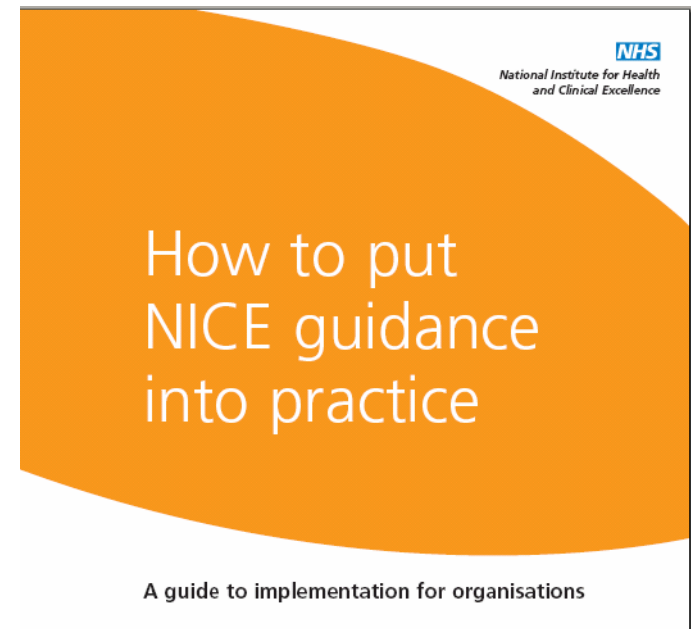


Governance: the key steps

1. Board support and clear leadership



2. A dedicated resource – ‘NICE manager’



A systematic approach to planning

In progress	Jan-09	Clinical guideline	Medicines concordance	?	This guideline covers interventions to support the process of shared decision-making about medicines, and promoting adherence in medicine-taking. It covers all consultations with healthcare professionals in any NHS setting that relate to the initiation or review of prescribed medication
In progress	Apr-09	Clinical guideline	Diarrhoea and vomiting in children	?	This guideline will cover the management of acute diarrhoea and vomiting in children under 5 years old.
In progress	May-09	Clinical guideline	When to suspect child maltreatment	?	The guidance will cover a wide range of settings in primary, secondary and tertiary care.
In progress	Jul-09	Clinical guideline	Depression - chronic health problems	?	Topic recently referred and guidance is at an early stage of development - this section will be updated as more information becomes available.
In progress	Jul-09	Clinical guideline	Depression - primary and secondary care	?	Topic recently referred and guidance is at an early stage of development - this section will be updated as more information becomes available.
In progress	Sep-09	Clinical guideline	Venous thromboembolism - Prevention	?	Topic recently referred and guidance is at an early stage of development - this section will be updated as more information becomes available.
Referred	Jan-10	Public health interventions	Prevention of excessive weight gain in pregnancy	?	Topic recently referred and guidance is at an early stage of development - this section will be updated as more information becomes available.
Referred	Jan-10	Short Clinical guideline	Donor breast milk	?	Topic recently referred and guidance is at an early stage of development - this section will be updated as more information becomes available.
In progress	Feb-10	Clinical guideline	Hypertension in pregnancy		
In progress	Feb-10	Clinical guideline	Neonatal jaundice		

Forward planner

The forward planner helps people plan for and implement NICE guidance by:

- summarising published guidance organisations may still be implementing
- listing forthcoming guidance to help NHS bodies plan ahead
- including an indicative cost for England for forthcoming guidance, based on the Institute's draft guidance where published

A systematic approach to planning

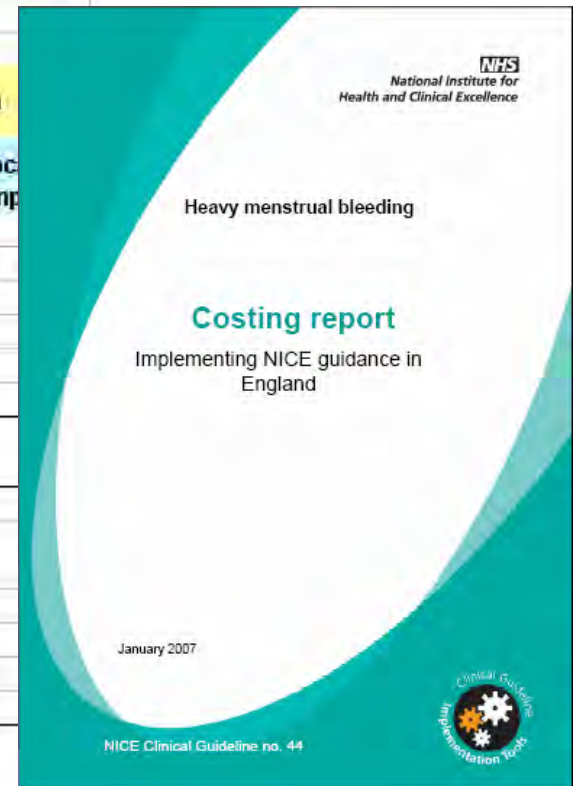
Cost impact of the NICE guideline on heavy menstrual bleeding


National Institute for Health and Clinical Excellence

Costing summary

The annual revenue costs of changes arising from implementing the guideline are summarised below for the national population and for the selected PCT population(s). Two sets of PCT costs are shown below: one shows the costs incurred following the standard assumptions included in the costing report; the other shows the costs incurred after local assumptions are taken into account.

	National population		Selected population	
	Standard assumptions	Standard assumptions	Standard assumptions	Local assumptions
Recurrent costs when fully implemented	£000s	£000s	£000s	£000s
Full blood count				
Cost of current full blood counts	635		13	
Cost of future full blood counts	1,357		27	
Net cost impact of changes to the provision of full blood count	722		15	
Cost impact of changes to pharmaceutical treatments				
Total current drug/device costs	6,985		141	
Total current staff costs	7,373		148	
Total future drug/device costs	6,015		121	
Total future staff costs	7,497		151	
Net cost impact of changes to pharmaceutical treatments	-847		-17	



Clinical audit for surgical repair of vaginal wall prolapse using mesh

Table 3. Data collection tool: This is the data collection tool developed by NICE to support the collection of data to undertake the audit. Users can cut and paste these into their programmes or they can use this template.

Complete one form for each patient. For definitions please refer to the audit criteria and/or NICE guidance.

Patient identifier: <input type="text"/>	Sex: <input type="text"/> M / F <input type="text"/>	Age: <input type="text"/>	Ethnicity: <input type="text"/>
Time period for audit (e.g. 1 year in which patients received this interventional procedure): <input type="text"/>			
From: <input type="text"/>		To: <input type="text"/>	
Did patient have interventional procedure within given time period? <input type="text"/>	Yes*: <input type="text"/> <input type="text"/>	No: <input type="text"/> <input type="text"/> (If 'No', data collection completed) <input type="text"/>	

* The sum of forms stating 'Yes' to this question (less any exclusions identified in criterion definition) = the denominator (n)

Criterion	Data item	Tick/complete box as indicated
Consent		
1	A	Written information on the procedure and any possible complications has been given to patient (or carer/guardian if patient incapacitated) <input type="text"/>
	B	Discussion with clinician about the procedure is documented in the notes <input type="text"/>
	C	Written consent to treatment (or a completed and signed Consent Form 4) is obtained <input type="text"/>
Baseline data		
2	D	Gynaecology surgeon performing procedure undertakes at least one major urogynaecological procedure associated with pelvic floor dysfunction (i.e. incontinence and/or prolapse) per working week per year <input type="text"/>
3	E	Clinical assessment of prolapse at baseline, e.g. POPQ <input type="text"/>
		Details of assessment and/or score: <input type="text"/>
	F	Patient reported symptoms at baseline <input type="text"/>

A process for monitoring uptake and feedback

Engaging Commissioners



Using guidance

- ▶ Benefits of implementation
- ▶ NICE implementation programme
- ▶ Commissioning guides supporting clinical service redesign
- ▶ Breastfeeding peer support programme
- ▶ Antenatal and postnatal mental health services
- ▶ Anticoagulation therapy service
- ▶ Assisted-discharge service for patients with COPD
- ▶ Bariatric surgical service
- ▶ Cardiac rehabilitation service
- ▶ Cognitive behavioural therapy service
- ▶ Diagnosis of the epilepsies in adults service
- ▶ Endometrial ablation service
- ▶ Faecal continence service
- ▶ Foot care service for people

Home » Using guidance » Commissioning guides supporting clinical service redesign » Hysterectomy service » Commissioning a hysterectomy service

Commissioning a hysterectomy service

Hysterectomy is the surgical removal of the uterus, and has traditionally been regarded as the definitive surgical treatment for heavy menstrual bleeding (HMB). Hysterectomy is a major surgical procedure with significant physical and emotional complications and social and economic costs^[1]. It is one of the most commonly performed operations, with menstrual disorders being one of the leading indications^[2]. However, it is frequently performed for reasons other than HMB, including malignancy and genital prolapse.

Hysterectomy rates have been decreasing in recent years, but there remains large variation in population-based rates of hysterectomy across primary care organisations in England, from fewer than 10 per 100,000 to 100 per 100,000 female population^[3]. The Chief Medical Officer report in 2005 identified that 'if the average rate of hysterectomy in England was reduced to that achieved in the 20% of the country with the lowest current rates, then 5,900 operations, costing £15 million, could be avoided per annum. Although the costs of alternative treatments would need to be taken into account financial savings would still be substantial'.

HMB, also known as menorrhagia, affects around one in three women^[4]. It is defined as excessive menstrual blood loss that interferes with the physical, emotional, social and material quality of a woman's life. HMB is a common reason for GP consultation, referral to secondary care and subsequent surgery^[5].

Pharmaceutical intervention, including the use of levonorgestrel-releasing intrauterine system (LNG-IUS), is usually the first-line treatment for women with HMB. Optimal medical management of HMB improves patient choice and provides an alternative to surgery. It also reduces the cost of HMB to health services and its detrimental effects on quality of life^[6]. Ineffective treatment of HMB is likely to lead to referral and a high

Search NICE guidance

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Shared learning database

Type and Title of Submission

Title:

Developing an Abnormal Uterine Bleeding Service

Description:

Category:

General

Does the submission specifically refer to the implementation of NICE guidance?

Yes

Is the submission general to the implementation of NICE guidance?

No

Is the submission specific to a piece of NICE guidance?

Yes

Full title of NICE guidance:

CG44 - Heavy menstrual bleeding

Category(s) that most closely reflects the nature of the submission:

Implementation policy

Is the submission industry-sponsored in any way?

No

Description of submission

Aim

The aim of developing an Abnormal Uterine Bleeding Service for patients registered with Bradford South and West PCT in 2004 was to improve their care by streamlining pathways and reducing wait times by increasing the capacity of the GPwSI (GP with special interest) supplementary clinic, originally established in 2000. The service



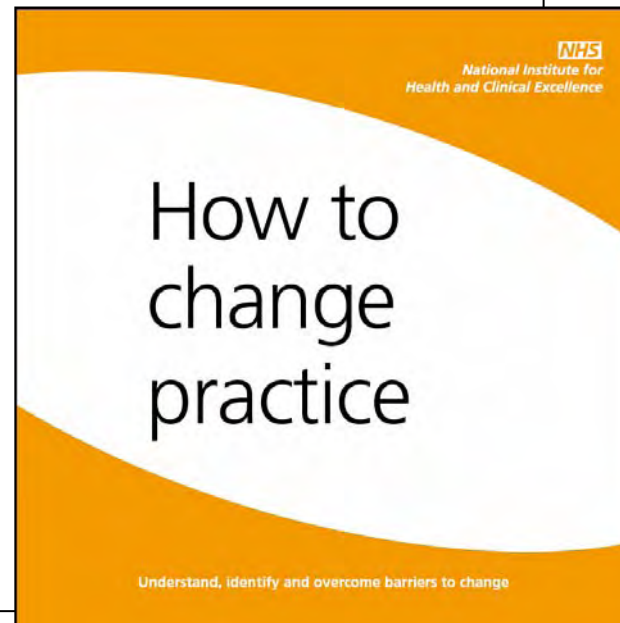
Sharing good practice

Using this guide

This guide is in three parts:

- **Part 1** discusses the types of barriers to change encountered in healthcare. It should help you to **understand** the different types of barriers and why change may be difficult.
- **Part 2** offers you practical suggestions for how to **identify** the barriers to changes in your organisation.
- **Part 3** shows you how to **overcome** these barriers, and highlights potential levers to help you do this. Real-life examples illustrate how the methods described have brought about positive changes in a range of situations.

www.nice.org.uk



Changing clinical behaviour

NICE medical students' pilot project

Interactive case history

Section 3 of 9

Heavy menstrual bleeding in secondary care - in association with NICE

Pre-test

- 1. A 36 year old woman complains of hot flushes and sweating episodes. When you enquire further she also admits to vaginal dryness. She is taking treatment for heavy menstrual bleeding. Which of the following treatments is most likely to be causing her problems?**

 - Oral progestogen
 - Injected progestogen
 - Combined oral contraceptives
 - Gonadotrophin-releasing hormone analogue
- 2. A 40 year old woman with heavy menstrual periods wants to have a hysterectomy. Which of the following statements is correct?**

 - Hysterectomy can result in loss of ovarian function - even if the ovaries are retained
 - Abdominal hysterectomy should generally be considered first line
 - The laparoscopic approach is contraindicated by the presence of obesity
- 3. A 36 year old woman has heavy periods and also complains of intermenstrual bleeding. She**

Embedding NICE in education

It's not just our clinical guidance



Next stage for the BWH Clinical Report?

High Quality Care For All

- Lord Darzi's report reinforces the importance of quality as defining factor in healthcare
- Quality Frameworks and Quality Accounts
- Quality as incentive – 'new best practice tariffs'
- Patients' assessments of treatment and quality of experiences to impact on uplift to tariff



Quality Measurement

“NHS quality should include”:

- Patient experience
- Effectiveness of Care



**Focus on Outcome Measurement
Emphasis on Health Prevention**

“We will discuss how to reduce the number of organisational or process indicators, and refocus resources on new indicators of prevention and clinical effectiveness” (Darzi)

National Initiatives

Assessing Quality

- Baroness Young of Care Quality Commission – role of NICE Guidance in quality assessment
- NICE contribution to date ad-hoc - NHS Choices

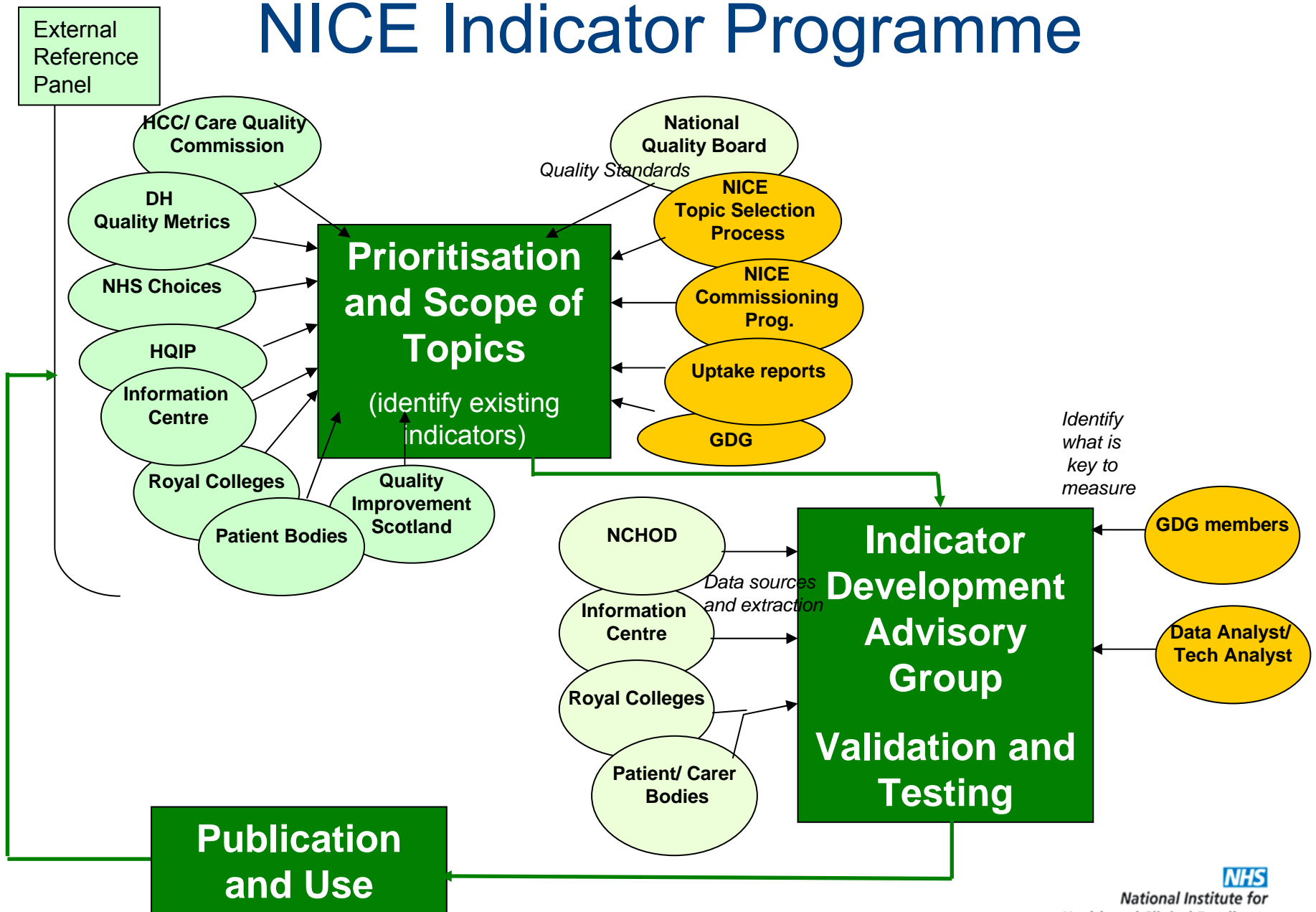
Developing Quality Metrics

- Department of Health and HCC – first phase Dec. 2008
- Primary use quality improvement
- Consultation with clinicians, patients and relevant stakeholders

NICE

- Formalising NICE's contribution with programme of indicator development.

NICE Indicator Programme



Measuring Patient Experience

Patient Experience



- May give opportunity to pinpoint issues for quality improvement
- Picker Institute Europe – surveys on patient experience

“asked to report in detail on their experience of a particular provider at a specific point in time by responding to questions about whether or not certain processes or events occurred during the course of a specific episode of care”

(www.pickereurope.org)

NICE Guidance: The Patient Experience

Picker Institute Example

- Proportion of patients who felt they had to wait too long for call button to be answered

NICE Guidance Recommendation

- Maternity Guideline - CG55 Intrapartum Care 2007
“women should not be left alone except for short periods”
 - Potential measurement around proportion of patients who felt they had been left alone for too long
 - Important point is measurement needs to be based on what matters, both to providers, patients and commissioners.
-

Commissioning of Outcomes – Incentivising

‘Commissioning for Quality & Innovation’ (CQUIN)

- Encourage all NHS organisations to pay a higher regard to quality.
- “Dedicated space to pay for improved outcomes” (Darzi)

Standard NHS Contract for Acute Services

- PROMs mandated for TKR, THR, VV and hernia from 1st April 2009 and contract asks for PROM reporting with staged annual roll-out thereafter.

BWH Clinical Report moving forward?

- Describing outcomes as well as process
- NICE Guidance can and will contribute to the assessment of quality
- Measurement of patient experience informing service improvement



The Next Stage Review

What does it mean for NICE?

- NHS Constitution
- NHS Evidence
- NICE Fellows programme
- Expanded guidance programmes



NHS Constitution

- NICE approved drugs to be made available as a right
- NICE will produce fast guidance on important drugs issuing the majority of guidance within a few months of a new drug's launch
- Patients have the right to expect local decisions on funding of other drugs and treatment to be made rationally following a proper consideration of the evidence

You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.

You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.

What is NHS Evidence?



- NHS Evidence is a service which will allow users to search and browse the best quality evidence and local experience, customised to individual user needs
- It will draw from a comprehensive range of sources, providing easy access to information that has been traditionally hard to find
- NHS Evidence will play a key role in setting standards by involving clinicians in identifying, accrediting and disseminating information on best practice

- Phase one of NHS Evidence will be launched in April 2009
- Additional functionality will become available in the subsequent 1 to 2 years of operation

What will NHS Evidence offer users?

- ✓ Powerful, easy-to-use on-line search facility
- ✓ Search results that are easy to interpret
- ✓ Pointers to the best quality content
- ✓ Comprehensive range of resources
- ✓ Easy access through a range of IT systems
- ✓ Opportunities to engage in the process

- Easy access to information that has previously been difficult to find
- Assurance of those sources that represent best practice

NICE Fellows programme

“ For frontline clinicians, working with NICE is already considered a valuable opportunity for clinical professional development. In the next stage of its development, I would like to see NICE reach out even more proactively to local clinical communities as well as national ones. A key enabler of this will be the establishment of a fellowship programme. I hope that many of the 2,000 frontline clinicians that led this Review locally will apply for fellowship, and that many others will come forward too. ”

Expanded guidance programmes

- Quality board for NHS will draw heavily on NICE guidance
- More clinical guidelines to populate NHS standards and related impact on Technology Appraisal and Interventional Procedures programmes
- Potential for Interventional Procedures to consider cost effectiveness

Conclusion

- An truly unique piece of work
- An inspiring testament to the efforts of so many
- An opportunity to describe the contribution to quality
- The potential to embrace patient experience

WELL DONE!