



Policy and Procedure for the Implementation of New Clinical Guidelines

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1 Statement of Aims and Objectives

- 1.1. South East Coast Ambulance (SECamb) Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care and, in order to provide this, it must ensure all its practices meet the relevant clinical standards and comply with relevant clinical guidelines and legislation
- 1.2. This policy/procedure outlines the Trust's response to the publication of clinical guidance from national bodies, a number of which are listed in APPENDIX A. It merges and updates the separate Implementation of Clinical Guidelines Policy and Implementation of Clinical Guidelines Procedure documents.
- 1.3. The aims and objectives of this policy are:
 - To ensure Trust staff use the best available evidence to inform their clinical practice and the care and treatment they provide to patients.
 - To define the Trust process for monitoring and responding to all new and updated national clinical guidance.
- 1.4. This policy and procedure is applicable to all relevant employees in the Trust.

2 Definitions

- 2.1. SBAR – A communication tool that stands for Situation, Background, Assessment, and Recommendation. It's a structured way to share information between people and is often used in healthcare settings.
- 2.2. CGG – Clinical Governance Group.
- 2.3. PDL – Practice Development Lead.
- 2.4. PGD – Patient Group Directive.
- 2.5. PPG – Professional Practice Group.
- 2.6. NICE – National Institute for Health and Care Excellence publications are the product of collaboration between many expert groups who all share a common objective to use the best available evidence to discover the right treatments and care for all patients, clinicians and NHS employees. NICE produces guidance in various aspects of health:
 - Public Health - guidance for those working in the NHS, Local Authorities and wider public and voluntary sectors on the promotion of good health and the prevention of ill health.
 - Health Technologies - guidance on the use of new and existing medicines and treatments within the NHS.

- Clinical Practice - guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS. These include:
- Technical Appraisals - which are guidelines on the use of new and existing medicines and treatments within the NHS.
- Clinical Guidelines - which advise on the appropriate treatment and care of people with specific diseases and conditions within the NHS.
- Quality Standards - which are provided for organisations to assess their service against.
- Interventions - which assess the safety and efficacy of new clinical practice.

3 Responsibilities

- 3.1. The **Chief Executive Officer** retains overall responsibility for this procedure.
- 3.2. The **Chief Medical Officer** is the Board Level Executive responsible for implementation and monitoring against new clinical guidelines.
- 3.3. This responsibility will be delegated to a **Consultant Paramedic** in the Medical Directorate to oversee. The **Consultant Paramedic** has a responsibility to horizon scan and anticipate key areas of change relevant to the Trust, ensuring that developing and newly published clinical guidance is presented to the PPG for decision on relevance in accordance with its terms of reference and annual agenda framework.
- 3.4. **Each clinical member of staff** has a responsibility to keep up to date with relevant clinical guidelines and changes in practice.
- 3.5. **All Trust staff** have a responsibility to be aware of and comply with relevant guidance for NHS employees.
- 3.6. The **Head of Patient Safety** has a responsibility to ensure effective communications between the relevant clinical and risk managers to respond appropriately to national patient safety alerts in accordance with the Trust's policies for risk management.
- 3.7. The designated **Practice Development Lead** has responsibility to include new standards of care and treatment within any reviews or advice and guidance given to clinical staff.
- 3.8. **PALS, Complaints and Safeguarding staff** have a responsibility to report to the Consultant Paramedic any concerns regarding non-compliance with relevant guidelines.

4 Procedure

- 4.1. The procedure is outlined in the Clinical Guideline Implementation Process flow chart (Appendix A). The Trust, via a designated Practice Development Lead (PDL), will continuously review any new clinical guidance that is published from recognised national clinical organisations (Appendix B).
- 4.2. Department leads and Consultants will also be expected to monitor their specialist field and alert the PDL if they become aware of any changes in practice.
- 4.3. The PDL reviewer will check the guidelines against current practice to see if the Trust adheres to best practice and any publications that are felt relevant to the Trust, are sent to the Consultant Paramedic Group as soon as practicable in an 'SBAR' Format (Appendix C).
- 4.4. All new clinical guidance publications are added to the Trust's Clinical Guidelines Tracker (CDT) (Appendix D) by the PDL, and a live version is found in the relevant Teams folder which is overseen by the designated Consultant Paramedic.
- 4.5. Identified, relevant guidelines, along with the 'PPG Action and Decision Log' (Appendix E) are discussed as standing agenda items at the monthly Professional Practice Group (PPG) meetings.
- 4.6. If relevant guidelines are being followed, it is documented on the Trust's Clinical Guidelines Tracker by the PDL.
- 4.7. If relevant guidelines are NOT being followed, as they are deemed inappropriate for the Trust, this will be updated on the Clinical Guidelines Tracker and discussed at the next PPG meeting with a Consultant Paramedic.
- 4.8. If recommended guidance is not being followed, but changes are deemed appropriate for the Trust, the relevant clinical Consultant will be given an 'action', and this will be entered onto the 'PPG Action and Decision Log' under the 'Clinical Guideline Action' tab.
- 4.9. The process of implementing any changes in clinical guidelines will be overseen by the lead of the relevant department, e.g., urgent care, critical care, maternity, medicines, mental health, clinical education and can be escalated to the Quality Governance Group (CQG) if it is felt necessary. If it is deemed appropriate to change clinical practice in the Trust, the normal Trust process of implementing new guidance will be followed.
- 4.10. This information will be disseminated to staff via methods such publication of clinical bulletins, changes in policies or procedures, statutory and mandatory training, webinars and patient group directive (PGD) sign off etc.

5 Monitoring Compliance

- 5.1. The designated Consultant Paramedic will lead the monitoring of compliance and will report to the Professional Practice Group (PPG).
- 5.2. Issues with non-compliance or any other actions that may affect standards of clinical care relevant to clinical guidelines delivery will be raised through the PPG by the Consultant Paramedic and escalation to the Clinical Governance Group (CGG) if necessary.
- 5.3. This policy document will be reviewed at least every three years or earlier if required due to change in local/national guidance and/or policy, or as a result of an incident that requires a change in practice.

6 Audit and Review (evaluating effectiveness)

- 6.1. Key areas to audit and monitor will be agreed by the PPG and will be included in the Trust's annual clinical audit plans.
- 6.2. An internal database of all the reviewed national clinical guidance will be maintained by the designated Practice Development Lead (PDL). This will identify any non-adherence to new guidelines and the PPG will be informed by a robust documented process.
- 6.3. Any identified issues with the 'Implementation of New Clinical Guidelines' policy and procedure will precipitate a review within three months of the initial concern being raised. The concern will be investigated by the designated PDL and Consultant Paramedic.
- 6.4. A failure to implement a relevant new clinical guideline will require an analysis of the cause and a subsequent report to the PPG. A remedial action plan will be drawn up for approval by the PPG and learning points identified by the lead manager with the support of the Consultant Paramedic.
- 6.5. All policies have their effectiveness audited by the responsible management group initially at six months and then at regular intervals after a new policy/procedure is approved and disseminated.
- 6.6. Effectiveness will be reviewed using the tools set out in the Trust's 'Development and Management of Trust Policies and Procedures' document.
- 6.7. The Consultant Paramedic will review this procedure on a three yearly basis as identified by the Trust document control system. All changes made to this procedure will go through the required governance route.

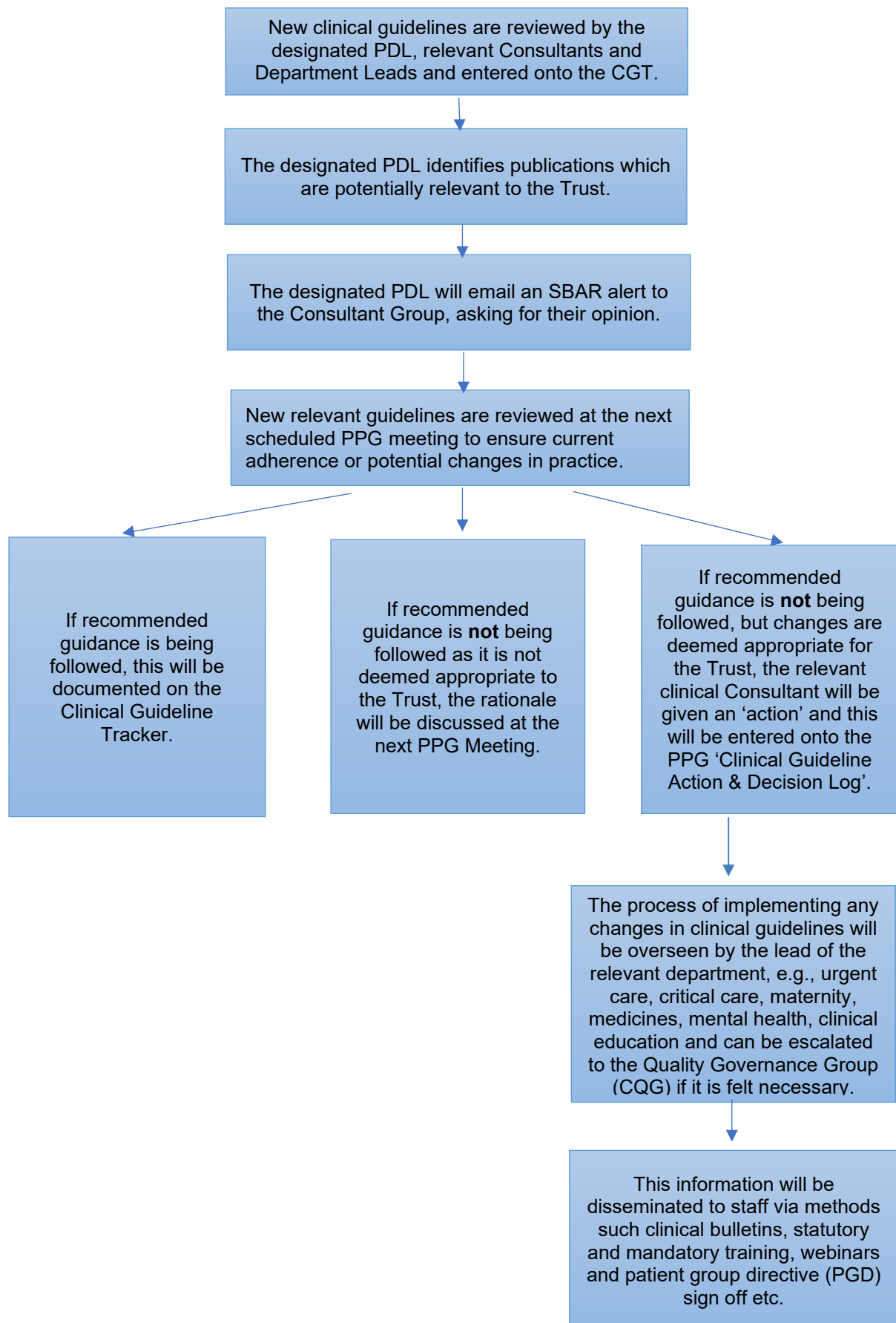
7 Financial Checkpoint

- 7.1. This document has been confirmed by Finance to have no unbudgeted financial implications

8 Equality Impact Analysis

- 8.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 8.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

Appendix A: Clinical Guideline Implementation Process



Appendix B: National Guideline Resource List

National Guideline Resource List (not exhaustive)	
1.	National Institute for Health and Clinical Excellence (NICE) - <ul style="list-style-type: none"> ◦ Published guidance, NICE advice and quality standards Guidance NICE
2.	Medicines Awareness Service - <ul style="list-style-type: none"> ◦ NICE newsletters and alerts NICE
3.	Health Improvement Scotland Intercollegiate Guidelines Network (SIGN) – <ul style="list-style-type: none"> ◦ Home
4.	British Thoracic Society – <ul style="list-style-type: none"> ◦ British Thoracic Society
5.	Joint Royal Collages Ambulance Liaison Committee (JRCALC) – <ul style="list-style-type: none"> ◦ JRCALC – Joint Royal Colleges Ambulance Liaison Committee
6.	Royal Pharmaceutical Society – <ul style="list-style-type: none"> ◦ Royal Pharmaceutical Society RPS
7.	Royal College of General Practitioners (RCGP) - <ul style="list-style-type: none"> ◦ Royal College of General Practitioners (RCGP) - Home
8.	Royal College of Emergency Medicine (RCEM) - <ul style="list-style-type: none"> ◦ Home RCEM
9.	Royal College of Physicians (RCP) - <ul style="list-style-type: none"> ◦ Home RCP London
10.	Royal College of Midwives - <ul style="list-style-type: none"> ◦ RCM Homepage - Royal College of Midwives
11.	Royal College of Obstetrics and Gynaecology <ul style="list-style-type: none"> ◦ Home RCOG
12.	College of Paramedics - <ul style="list-style-type: none"> ◦ Home
13.	Resuscitation Council UK - <ul style="list-style-type: none"> ◦ Home Resuscitation Council UK
14.	The UK Sepsis Trust - <ul style="list-style-type: none"> ◦ Home - The UK Sepsis Trust
15.	British Heart Foundation - <ul style="list-style-type: none"> ◦ The biggest independent funder of heart and circulatory research in the UK - BHF
16.	British Cardiovascular Society - <ul style="list-style-type: none"> ◦ Home - British Cardiovascular Society
17.	British Geriatrics Society- <ul style="list-style-type: none"> ◦ British Geriatrics Society Improving healthcare for older people
18.	Stroke Association - <ul style="list-style-type: none"> ◦ Stroke Association / Finding strength through support
19.	British Trauma Society - <ul style="list-style-type: none"> ◦ british-trauma-society
20.	UK Trauma Council - <ul style="list-style-type: none"> ◦ UK Trauma Council
21.	Diabetes UK - <ul style="list-style-type: none"> ◦ Diabetes UK - Know diabetes. Fight diabetes. Diabetes UK
22.	UK Kidney Association - <ul style="list-style-type: none"> ◦ UK Kidney Association The leading professional body for the UK kidney community

- 23.** Association of Ambulance Chief Executives (AACE) -
 - [AACE: Association of Ambulance Chief Executives](#)
- 24.** National Council for Palliative Care –
 - [NCPC](#)
- 25.** The Coroners' Society of England & Wales –
 - [Welcome to the Coroners' Society of England & Wales](#)
- 26.** Care Quality Commission (CQC) -
 - [Care Quality Commission](#)
- 27.** Health & Care Professions Council (HCPC) –
 - [The Health and Care Professions Council \(HCPC\) | The HCPC](#)
- 28.** Nursing & Midwifery Council (NMC) -
 - [The Nursing & Midwifery Council - The Nursing and Midwifery Council](#)
- 29.** General medical Council (GMC) –
 - [Home - GMC](#)

Appendix C: Clinical Guideline SBAR Example

SITUATION
<ul style="list-style-type: none"> NICE Clinical Guideline - NEW
BACKGROUND
<ul style="list-style-type: none"> NG243 - Adrenal insufficiency: identification and management. Overview - This guideline covers identifying and managing adrenal insufficiency (hypoadrenalism) in babies, children, young people and adults. It aims to improve the treatment of primary, secondary and tertiary adrenal insufficiency, and the prevention and management of adrenal crisis. Published - 28/08/2024 Link - Overview Adrenal insufficiency: identification and management Guidance NICE
ASSESSMENT
<ul style="list-style-type: none"> The following paragraphs are most relevant to the Trust's practice. <ul style="list-style-type: none"> 1.6 - When to suspect adrenal crisis, 1.7 - Emergency management of adrenal crisis, It appears that JRCALC 'Steroid-dependent Patients' and 'Hydrocortisone' sections are broadly in alignment with this NICE Guidance and with the British Society of Paediatric Endocrinology and Diabetes. Adrenal Insufficiency Consensus Guidelines BSPED BSPED Adrenal Insufficiency Consensus Guidelines. There does appear, however, to be a disparity between this NICE guideline and the JRCALC 'Intravascular Fluid Therapy in Adults' guideline.
RECOMMENDATION
<ul style="list-style-type: none"> Suggested SECamb Subject Matter Experts: <ul style="list-style-type: none"> Senior Medical – Clinical Education – Urgent Care – Urgent Care Critical Care – Suggested areas for consideration: <ul style="list-style-type: none"> Discuss whether staff should be initiating fluids as per this NICE guideline or whether fluids should only be started if the patient is hypotensive as per the JRCALC 'Intravascular Fluid Therapy in Adults' guideline?