

NICE National Institute for
Health and Care Excellence

**“A journey of exploration – evidence based practice
and national guideline development with the
National Institute of Care and Clinical Excellence (NICE) in the UK”**

Dee Christie *Dip COT, CMS, MA(Health Studies), MRCOT
NICE Fellow (2016-2019)*

Past Chairperson NICE Guideline Committee Intermediate Care

Sarah Cambridge *Dip COT, MA, MRCOT*

Past NICE IC Guideline Committee Member

Principal Occupational Therapist, Devon County Council

NICE Guideline Development Process

- Based on validated evidence within prescribed search parameters
- Expert input
- Service user and carer involvement
- Independent advisory committees
- Consultation throughout process
- Regular review
- Open and transparent process

A Guideline Example

NICE Guideline 74: Intermediate Care (including Reablement)

<https://www.nice.org.uk/guidance/ng74>

This contains information in relation to the development intermediate care (IC) in four settings i.e. *Bed based IC, Home Based IC, Reablement and Crisis Response*. Including recommendations in relation to:

- [core principles of intermediate care, including reablement](#)
- [supporting infrastructure](#)
- [assessment of need for intermediate care](#)
- [referral into intermediate care and entering the service](#)
- [delivering intermediate care](#)
- [transition from intermediate care](#)
- [training and development](#)



Case Example

Social Care Reablement Service (SCR)

Mary : Hospital discharge following a fall. Proposed 2/day care visits– low confidence/mood, poor mobility. Independent prior to fall. 4 weeks goal directed activity.

COST/SAVINGS:

Cost of reablement: (PSSRU average)	£2,187
Cost of OT visit (PSSRU: £42 per hour)	£84
Cost of Physio visit (£42 per hour)	£84
Total cost	£2,365
SAVINGS	
Cost of home care (PSSRU per week: £315/week) for 1 year	£16,380
GP visit (PSSRU: 20 minute consultation)	£68
Total cost	£16,448
Savings per annum (less cost of SCR)	£14,083

All costs based on: Curtis, L. & Burns, A. (2017). Personal Social Services Research Unit: Unit costs of Health and Social Care 2017. University of Kent.

Practice Implications

National Guidelines Provide

- a template for practice
- a vehicle for using evidence
- an opportunity to add to the evidence base
- a structure for delivering services uniformly
- an opportunity to audit practice against national guideline standards

Business case underpinned by evidence will demonstrate service/profession value

Benefits and Challenges



Benefits

- Medical /scientific basis
- Produces robust, achievable recommendations
- Provides universal, consistent approach for countrywide implementation
- Provides universal tools for implementing positive change
- Created by experts who reviewed evidence
- Increasing opportunity for
- AHPs to get involved and influence

Challenges

- Medical/scientific basis
- In some guidelines, limited evidence that is of sufficient quality
- Melding EBP, research and the reality of service provision
- Implementation may not fit local agenda
- Maintaining rigor and appropriateness
- No statutory duty to implement

Conclusion – Personal Reflections on guideline development

Guidelines are only one part of the evidence available to inform practice



Effort in = effective outputs

Evidence = guideline = improved outcomes for people

An opportunity to share practice knowledge and to influence positive change

Committee members from relevant background leads to

- ✓ Wide range of views/perspectives
- ✓ Person centred outcomes
- ✓ Inclusion of clinical expertise
- ✓ Multidisciplinary mind-set
- ✓ Realistic and achievable recommendations

NICE National Institute for
Health and Care Excellence



Dee Christie

deecot1@gmail.com

Dee@OTinretirement 

Sarah Cambridge

sarah.cambridge@devon.gov.uk



Sarah@SarahCambridge9 

(And a special thank you from me to

ELIZABETH CASSON TRUST 

for their support !)