

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

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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



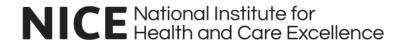
An opportunity to share practice knowledge and to influence positive change

Effort in = effective outputs

Evidence = guideline = improved outcomes for people

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







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for their support!)