

STHFT Happens!

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In the February 2006 issue of *P&T* (“NICELY Done!”), I discussed the United Kingdom’s approach to rationalizing drug therapy, namely, the National Institute for Clinical Excellence (NICE). I’m sure that many of our readers questioned the operationalizability of the NICE guidance. That is, exactly how were clinicians in Britain going to make this program work? I think I have found part of the answer.

Clinician in Management,¹ a British journal for clinical leaders, is published by an important group, the British Association of Medical Managers. I recently came across a review of a NICE implementation in one of the British clinical trusts. As you may know, clinical care in Britain is divided into a series of major national trusts, or delivery systems.

The Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), created in April 2001, received what the British call “foundation status” in April 2004. It is one of the largest National Health System (NHS) Teaching Trusts in England, with more than 12,000 employees, 400 consultants (specialists), and an income of approximately \$1.5 billion in American dollars. STHFT created a clinical audit and effectiveness unit, which has become a benchmark within the British health system as to how one would implement NICE guidance. I would like to walk you through some aspects of this successful program.

STHFT created, via its Clinical Priority Setting Advisory Group, a Ten-Stage Implementation Model:

- In stage 1, the release of the NICE guidance is acknowledged, and the findings are disseminated to medical staff members and other concerned clinicians within the Trust. This might be considered the “awareness and distribution” part of the model.
- In stages 2 and 3, a lead clinician (key opinion leader) is identified. This person takes on a great responsibility for translating the NICE guidance for his or her peer group. The lead clinician

also acts as the main clinical contact for colleagues, agrees to direct the action plan for implementation, and provides statements of compliance to fulfill clinical governance reporting requirements of the Trust.

- Stage 3 includes a type of drug utilization review (DUR), or a Baseline Compliance Review and Implementation Record, as it is known in Britain. After the lead clinician disseminates the NICE guidance to colleagues, a comprehensive DUR on adherence to the guidance is conducted.
- Stages 4 through 6 pose more comprehensive questions, such as, Is a specialist’s input necessary for further dissemination?
- Stages 7, 8, and 9 assess ongoing compliance with the guidelines and call for the preparation of an audited statement to be sent back to the central government.
- Finally, in Stages 8, 9, and 10, the lead clinician establishes a representative core implementation team. This team might edit the published NICE guidance so that it reflects the local setting without changing the actual intent. This edited guidance can then be further disseminated.

This somewhat complex 10-step process is supported by a Web site called “NICE Guidance in Sheffield” (www.sth.nhs.uk). The site includes forms, tools, advice, and related information necessary to implement NICE guidance at the local level.

Of course, a Web site cannot enable an entire country to implement drug-related practice guidelines, but it certainly is an interesting step in the right direction. The site also serves as a clear benchmark for other Trusts within the NHS as they struggle with these implementation issues.

Is this Sheffield Trust guidance system working? According to Somers and colleagues,¹ early evidence suggests that the Ten-Stage Model is efficacious. Levels of compliance with each of the 10

stages have increased, especially with regard to the identification of the lead clinician and dissemination of the guidelines.

Like you, I admire our clinical colleagues in Britain for tackling such a complex social question as the appropriate use of pharmaceutical agents from a centralized government perspective. I am confident we can learn a lot from observing the happenings at STHFT.

I am interested in learning whether your P&T committee is conversant with the details of NICE and whether the committee members are following its implementation across the Atlantic. I would also like to know what you think of the Web site.

You can communicate with me directly via my e-mail address, david.nash@jefferson.edu. ■

REFERENCE

1. Somers AF, Bond BA, Parmakis G, Hendra TJ. Implementing NICE guidance: The Sheffield ten-stage implementation model. *Clinician Manage* 2006;13: 171-176.