From the Chief Medical Officer
Dr Michael McBride

Circular HSC (SQSD) (NICE CG81) 27/14

Subject: NICE Clinical Guideline CG81 – Advanced breast cancer (update): Diagnosis and treatment

Circular Reference: HSC (SQSD) (NICE CG81) 27/14

Date of Issue: 28 October 2014

Related documents:
HSC (SQSD) 3/13

Summary of Contents: The addendum to NICE clinical guideline 81 has added recommendations on exercise in people with or at risk of breast-cancer-related lymphoedema to section 1.5 of the NICE guideline. The addendum also contains details of the methods and evidence used to update these recommendations. The recommendations on exercise in lymphoedema are also relevant for people with early or locally advanced breast cancer.

Enquiries:
Any enquiries about the content of this Circular should be addressed to:
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DHSSPS
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Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

SGU-NICEGuidance@dhsspsni.gov.uk

Superseded documents
HSC (SQSD) (NICE) 04/2010

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:
Available to download from http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm
Dear Colleagues

NICE Clinical Guideline CG81 - Advanced breast cancer (update): Diagnosis and treatment (http://www.nice.org.uk/guidance/CG81)

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

This circular updates and replaces HSC (SQSD) (NICE) 04/2010. Given the age of the original guidance, assurance will be sought in relation to the whole guideline.

In accordance with the process outlined in circular HSC (SQSD) 3/13 (http://www.dhsspsni.gov.uk/hsc_sqsd__3_13.pdf), the following actions should be taken:

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.
4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review including estimates of costs / savings based on the NICE costing template, where this is applicable. You should also consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website (http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance/sqsd-guidance-nice-guidance.htm).

Dr Michael McBride
Chief Medical Officer
## Endorsed NICE guidance - Details from Departmental review

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>NICE Clinical Guideline - CG81</th>
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<tbody>
<tr>
<td>Title</td>
<td>Advanced breast cancer (update): Diagnosis and treatment - Addendum</td>
</tr>
<tr>
<td>Summary of guidance</td>
<td>The advice in the NICE guideline describes the tests, treatment, care and support that patients with advanced breast cancer should be offered. It does not specifically describe the care of patients with early breast cancer or those with rare or non-cancerous tumours of the breast. The addendum to NICE clinical guideline 81 has added recommendations on exercise in people with or at risk of breast-cancer-related lymphoedema to section 1.5 of the NICE guideline. The addendum also contains details of the methods and evidence used to update these recommendations. The recommendations in exercise in lymphoedema are also relevant for people with early or locally advanced breast cancer.</td>
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<tr>
<td>Number of people expected to take up or benefit from the service / therapy</td>
<td>N/A</td>
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<td>Costs / savings associated with implementation</td>
<td>When originally published in 2009, it was estimated that implementation in conjunction with CG80 on the diagnosis and treatment of early and locally advanced breast cancer would result in a recurrent saving of £718k. NICE have not provided any costing information related to the addendum.</td>
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<tr>
<td>Related strategically relevant DHSSPS policies</td>
<td>None</td>
</tr>
<tr>
<td>Inter-Departmental interest</td>
<td>None</td>
</tr>
<tr>
<td>Legislative / policy caveats</td>
<td>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case. Where the guidance indicates that informed consent should be obtained and documented, the DHSSPS guidance ‘Reference Guide to Consent for Examination, Treatment or Care (2003)’, which is available on the DHSSPS website, gives advice on the law concerning consent to intervention. Available from: <a href="http://www.dhsspsni.gov.uk/consent-referenceguide.pdf">http://www.dhsspsni.gov.uk/consent-referenceguide.pdf</a> The Mental Capacity Act 2005 and the Department of Health document ‘Reference Guide to Consent for Treatment or Examination’ do not apply in NI, but work is under way to bring forward similar legislation for NI, incorporating mental capacity and mental health provisions. The DHSSPS guidance ‘Reference Guide to Consent for Examination, Treatment or Care (2003)’, which is available on the DHSSPS website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. Available from: <a href="http://www.dhsspsni.gov.uk/consent-referenceguide.pdf">http://www.dhsspsni.gov.uk/consent-referenceguide.pdf</a></td>
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