

From the Chief Medical Officer  
**Dr Michael McBride**

**Circular HSC (SQSD) (NICE CG184) 24/14**

**Subject: NICE Clinical Guideline CG184 –  
Dyspepsia and gastro-oesophageal reflux disease:  
Investigation and management of dyspepsia,  
symptoms suggestive of gastro-oesophageal reflux  
disease, or both (Updates and replaces NICE CG17)**

**For action by:**

Chief Executive of HSC Board – **for distribution to:**  
All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for cascade to:**  
Head of Pharmacy and Medicines Management  
Family Practitioner Services Leads – for cascade to relevant  
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**  
Director of Public Health and Medical Director – for cascade  
to relevant staff  
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**  
Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Heads of Pharmaceutical Services – for cascade to relevant  
staff  
Directors of Acute Services – for cascade to relevant staff  
HSC Clinical and Social Governance Leads  
Directors of Social Services – for cascade to relevant staff  
Directors of Finance – for cascade to relevant staff  
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for  
cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

**For Information to:**

Chair of HSC Board  
Chair of Public Health Agency  
Chairs of HSC Trusts  
Chair of RQIA  
NICE Implementation Facilitator NI  
Members of NI NICE Managers' Forum

**Summary of Contents:** This guideline updates and replaces NICE  
clinical guideline 17. It offers evidence-based advice on the care and  
treatment of adults (aged 18 and over) with symptoms of dyspepsia,  
symptoms suggestive of gastro-oesophageal reflux disease (GORD),  
or both.

**Enquiries:**

Any enquiries about the content of this Circular should be addressed  
to:  
Standards & Guidelines Quality Unit  
DHSSPS  
Room D1.4  
Castle Buildings  
Stormont Estate  
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BT4 3SQ

[SGU-NICEGuidance@dhsspsni.gov.uk](mailto:SGU-NICEGuidance@dhsspsni.gov.uk)

**Circular Reference: HSC (SQSD) (NICE CG184) 24/14**

**Date of Issue: 21 October 2014**

**Related documents:  
HSC (SQSD) 3/13**

**Superseded documents**

None

**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 CG184 - Dyspepsia and gastro-oesophageal reflux disease: Investigation and management of dyspepsia, symptoms suggestive of gastro-oesophageal reflux disease, or both (Updates and replaces NICE clinical guideline 17) (<http://www.nice.org.uk/guidance/CG184>)**

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

In accordance with the process outlined in circular HSC (SQSD) 3/13 ([http://www.dhsspsni.gov.uk/hsc\\_sqsd\\_3\\_13.pdf](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**

## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

Reference Number	<a href="#">NICE Clinical Guideline - CG184</a>
Title	Dyspepsia and gastro-oesophageal reflux disease: Investigation and management of dyspepsia, symptoms suggestive of gastro-oesophageal reflux disease, or both.
Summary of guidance	<p>This guideline updates and replaces NICE clinical guideline 17.</p> <p>It offers evidence-based advice on the care and treatment of adults (aged 18 and over) with symptoms of dyspepsia, symptoms suggestive of gastro-oesophageal reflux disease (GORD), or both.</p>
Number of people expected to take up or benefit from the service / therapy	Unable to calculate for Northern Ireland.
Costs / savings associated with implementation	Fully implementing this guidance in Northern Ireland is not expected to result in a significant impact on HSC resources as many of the recommendations are believed to be highlighting current standard practice.
Related strategically relevant DHSSPS policies	None
Inter-Departmental interest	None
Legislative / policy caveats	<p>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.</p> <p>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</p>

the law concerning consent to intervention.  
Available from: <http://www.dhsspsni.gov.uk/consent-referenceguide.pdf>

It should be noted that this guidance contains some recommendations for off-label use of medicines. Trusts and practitioners must be aware of their responsibilities and ensure that appropriate policies are in place when medicines are used off-label.