

TRUST-WIDE CLINICAL POLICY DOCUMENT

CORPORATE POLICY AND PROCEDURE FOR THE INTRODUCTION OF ALL NEW INTERVENTIONS

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Scope of this Document:	All Clinical Staff
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2015 – Version 1.4

Quality, recovery and
wellbeing at the heart
of everything we do

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**CORPORATE POLICY AND PROCEDURE
FOR THE INTRODUCTION OF ALL NEW
INTERVENTIONS**

Further information about this document:

Document name	SD16 CORPORATE POLICY AND PROCEDURE FOR THE INTRODUCTION OF ALL NEW INTERVENTIONS
Document summary	The policy is in place to ensure that new therapies and interventions are introduced within a framework that ensures safe and effective practice.
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To be read in conjunction with	INSERT Names and reference numbers of any other relevant policies
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
Version 1.0 - 1.3	Previously Approved by Drugs and Therapeutics Committee	December 2012

SUPPORTING STATEMENTS

this document should be read in conjunction
with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

1.1 Mersey Care NHS Trust has an approach to delivering Perfect Care. This includes providing the most up to date and innovative therapies, medicines and interventions for service users. In order to do this, we need to ensure that when new therapies are introduced, it is done so within a framework that assures the quality of the practice. This is vital in order that service users receive the most effective care and that associated risks are managed effectively. This policy provides a framework that ensures due consideration is given those issues when new therapeutic interventions are introduced.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 The aims of the document are as follows to demonstrate:

- Why the policy is necessary
- To whom it applies and where and when it should be applied
- The underlying principals upon which the policy is based
- The standards to be achieved
- How the policy standards will be met through working practices

2.2 The policy is applicable to any member of trust staff looking to introduce a new therapy or treatment in to the trust. The policy is not intend for use when a therapy or treatment is already established in one or more of the trust divisions and an additional area of the trust wishes to introduced the same therapy. In these circumstances the impact and effectiveness of the therapy must be discussed within the divisional management team.

2.3 This policy is an update to the original policy document SD-16; it should be read in conjunction with SD-12 - Handling of Medicine.

3. SCOPE

3.1 This policy applies to all Trust staff delivering any type of intervention to service users including as part of research. It also applies to non-Trust staff delivering interventions to service users within the care of the Trust as part of either research or contracted-out services.

3.2 The policy applies when a new type of intervention is introduced within a team where it has not been previously delivered or used. This may be traditional treatments such as medications; or psychological treatments such as talking therapies in group or individual sessions; or other types of treatments such as complimentary therapies, e.g. aromatherapy

4. DEFINITIONS

4.1 **New therapies** - Treatments that are introduced where they have not been provided previously used or utilised within the trust. These may be traditional treatments such as drugs; or psychological treatments such as talking therapies in group or individual sessions; or newer types of treatments such as complimentary therapies.

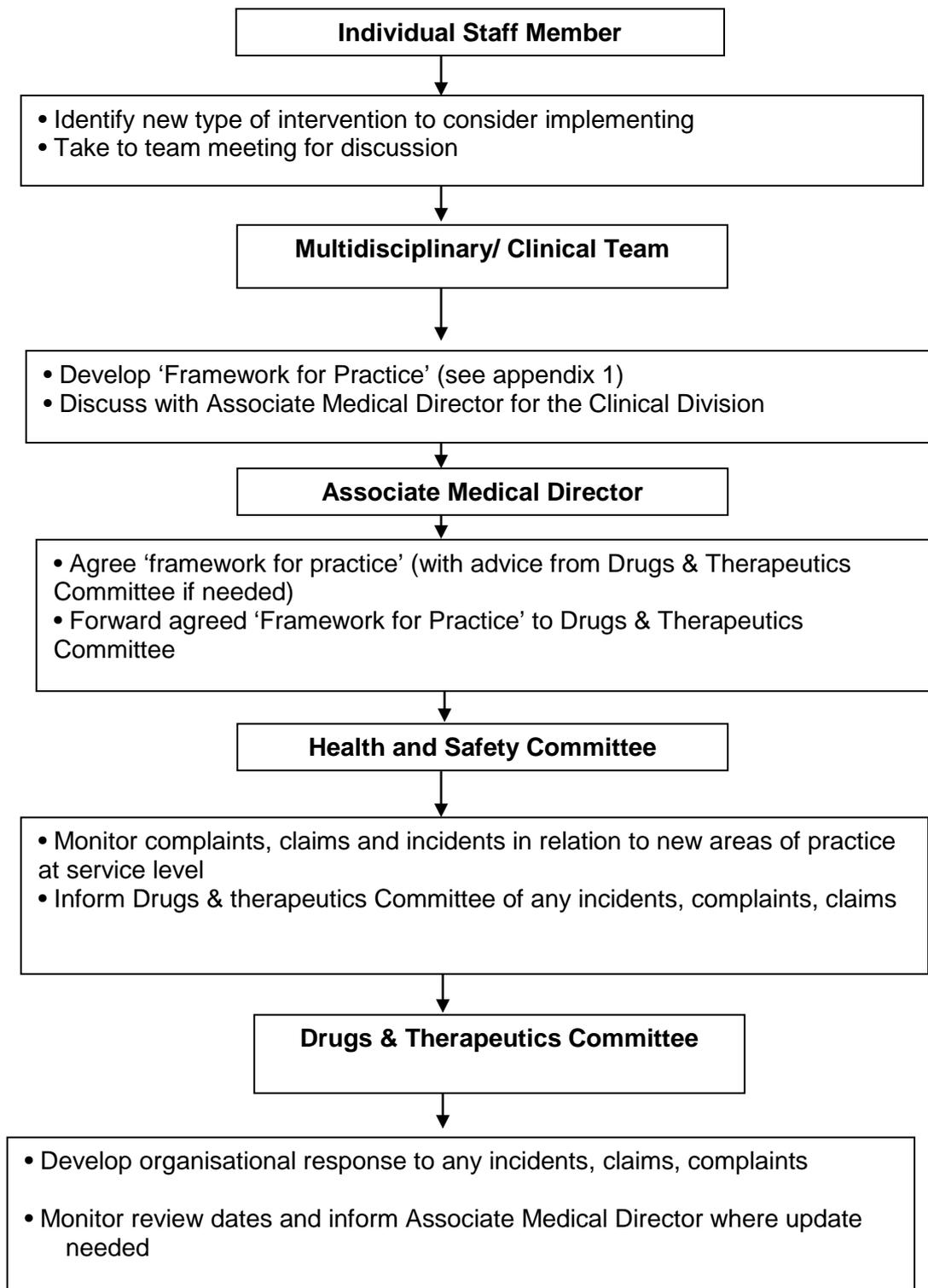
5. DUTIES

- 5.1 Trust Board - The trust board is responsible for ensuring that quality, safe and cost-effective treatments and therapies are used within the trust and that all staff working in the trust are aware of, and operate within the policy.
- 5.2 Drugs and Therapeutics Committee - The Drugs and Therapeutics Committee (DTC) works within the governance structures of the trust; it ensures that medicines and related treatments are managed in an effective manner across the organisation. The DTC reports directly to the trust Quality Assurance Committee (QAC).
- 5.3 Chief Pharmacist – The trust Chief Pharmacist is a member of the Pan-Mersey Area Prescribing Committee (APC) and also chairs the trust DTC. The Chief Pharmacist will ensure that there is appropriate dialogue between the two committees when considering new interventions. Pharmacy staff attend working sub-groups of the Pan-Mersey APC on a regular basis.
- 5.3 Divisional Associate Medical Director (AMD) - The Trust AMDs are responsible for ensuring that all managed staff members are aware of and operate within the policy.
- 5.4 Multidisciplinary team - It is an essential duty of the multidisciplinary team that potential new therapies and treatments are considered using an evidenced based approach.
- 5.5 Trust staff - should follow the algorithm overleaf when identifying a potential new treatment or therapy.

6. PROCESS

- 6.1 This is a corporate procedure for Mersey Care NHS Trust. Local procedures are not appropriate in relation to this Trust policy.

Figure 1 - Flow chart illustrating the corporate procedure for the introduction of new therapies



7. CONSULTATION

7.1 This procedure has been developed with the current and previous procedures that have been in place for Mersey Care NHS Trust and its predecessors; in association with the trust's Drugs and Therapeutics Committee.

8. TRAINING AND SUPPORT

8.1 Advice and support is offered via the trust's Drugs And Therapeutics Committee.

9. MONITORING

9.1 The agreed aspects of the policy will be reviewed by the Drugs and Therapeutics Committee on a 12 monthly basis. New therapies will be audited in-line with agreements made at the Pan-Mersey APC level; these audits will be reflected in the quality schedule.

9.2 The use of the SD-16 policy will be audited via the Drugs and Therapeutics Committee on a 12 monthly basis.

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

Equality and Human Rights Analysis

Title: Corporate Policy and Procedure for the Introduction of all New Interventions

Area covered: Trust Wide Document

What are the intended outcomes of this work?
To provide a consistent framework when considering the introduction of new therapies or interventions.

Who will be affected?
Staff who wish to explore the possibility of introducing a new therapy or intervention.

Evidence

What evidence have you considered?
A further version of existing policy that has previous been assessed and in use within the trust

Disability (including learning disability) Need for assessing the need for appropriate information resources following the introduction of a new therapy

Sex No issues identified

Race Need for assessing the need for appropriate information resources following the introduction of a new therapy

Age Need for assessing the need for appropriate information resources following the introduction of a new therapy

Gender reassignment (including transgender)
No issues identified

Sexual orientation
No issues identified

Religion or belief
No issues identified

Pregnancy and maternity Need for assessing the need for appropriate information resources following the introduction of a new therapy
Carers Need for assessing the need for appropriate information resources following the introduction of a new therapy
Other identified groups No issues identified
Cross Cutting No issues identified

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	These guidelines are supportive of a human rights based approach to health care.
Right of freedom from inhuman and degrading treatment (Article 3)	This policy sets out to promote dignity and respect
Right to liberty (Article 5)	No issues identified
Right to a fair trial (Article 6)	No issues identified
Right to private and family life (Article 8)	No issues identified
Right of freedom of religion or belief (Article 9)	No issues identified
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No issues identified
Right freedom from discrimination (Article 14)	No issues identified

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

With thanks to the trust Drugs and Therapeutics Committee

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

These guidelines are supportive of a human rights based approach.
There should be minimal impact in relation to discrimination.

Advance equality of opportunity

N/A

Promote good relations between groups

N/A

What is the overall impact?

The policy provides a safe and effective framework for the introduction of new therapies and interventions

11. Supporting Documents

11.1 To be read in conjunction with SD 12 The Handling of Medicine Policy

12. GLOSSARY

12.1 Drugs and Therapeutics Committee

Trust committee responsible for overseeing issues related to all types of therapies, both drug and non-drug treatments. The committee is chaired by Chief Pharmacist.

12.2 New therapies

Treatments that are introduced where they have not been provided previously used or utilised within the trust. These may be traditional treatments such as drugs; or psychological treatments such as talking therapies in group or individual sessions; or newer types of treatments such as complimentary therapies.

1. Framework for Practice Form

New Therapy / Practice:

Proposed Practitioners / Team / CBU:

Effectiveness of the practice:

Expected benefits:

Accountability Arrangements:

Supervision arrangements:

Points to consider when completing the approval to practice form include:-

Consider who is accountable for the delivery of the therapy at team level, at directorate level and at organisational level.

Do professional bodies address issues of professional accountability in this area?



Consider arrangements for both managerial and clinical supervision.

Is there any evidence regarding clinical effectiveness and cost effectiveness?

Are there any standards against which the practice will be audited?

Will the practice be evaluated in any other way?

Have the risks regarding the practice been assessed?

Will the relevant information be recorded in the relevant case notes / clinical information system?

Is there any training required before staff deliver this therapy?

Is any training required on an ongoing basis to ensure staff remain able to deliver this practice?

(Associate Medical Director)

Is there an accompanying implementation plan outlining how the change will be managed?

What are the expected benefits/outcomes for service users?

Signed.....

Print Name.....

Contact Details.....

.....

.....

.....

Date