Pain and bleeding in early pregnancy

NICE quality standard

Draft for consultation

March 2014

Introduction

This quality standard covers the care of women who experience pain or bleeding in their first trimester (up to 13 completed weeks of pregnancy), including the diagnosis and initial management of ectopic pregnancy and miscarriage. For more information see the topic overview.

Why this quality standard is needed

Many women experience pain and bleeding in the early stages of pregnancy. This does not always mean there is a problem and in most cases these symptoms are nothing to worry about. However, pain and bleeding can also be a sign of problems with the pregnancy, including ectopic pregnancy or miscarriage. Early pregnancy complications can be very upsetting and ectopic pregnancy and miscarriage have an adverse effect on the quality of life of many women.

An ectopic pregnancy is when the pregnancy is located outside the womb (uterus), usually in the fallopian tube. The fertilised egg cannot develop properly outside the womb and has to be removed. Common signs and symptoms of an ectopic pregnancy can include pain or tenderness (or both) in the abdomen or pelvis often following 1 or more missed periods and accompanied by light vaginal bleeding. Sometimes ectopic pregnancy presents with non-specific symptoms such as diarrhoea and therefore may be missed. The rate of ectopic pregnancy is 11 per 1000 pregnancies and is associated with maternal death (a maternal mortality of 0.2 per 1000 estimated ectopic pregnancies). It is thought that as many as two-thirds of these maternal deaths are associated with substandard care. Women who do not access medical help readily (such as women who are recent migrants, asylum

seekers or refugees, or women who have difficulty reading or speaking English) are particularly vulnerable.

When a pregnancy ends before the 24th week of pregnancy, it is called a miscarriage. Most miscarriages occur during the first trimester of pregnancy and most cannot be prevented. Between 15% and 20% of clinically confirmed pregnancies spontaneously end before the 13th week. It is estimated that there are 168,000 miscarriages per year in England, with 143,000 of these occurring in the first trimester.

The quality standard is expected to contribute to improvements in the following outcomes:

- maternal mortality rates
- women's experiences of maternity services
- safety incidents involving severe harm.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following outcome framework published by the Department of Health:

- NHS Outcomes Framework 2014–15.
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Part 1 and Part 1A.

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2014-15

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Overarching indicator*** 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare* (PHOF 4.3) i Adults
4 Ensuring that people have a positive experience of care	***Overarching indicator*** 4a Patient experience of primary care 4b Patient experience of hospital care ***Improvement areas*** **Improving women and their families' experience of maternity services** 4.5 Women's experience of maternity services
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	***Overarching indicator*** 5a Patient safety incident reported 5b Safety incident involving severe harm or death 5c Hospital deaths attributable to problems in care
Alignment across the health and social care system * Indicator complementary with Public Health Outcomes Framework (PHOF)	

Table 2 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities ***Indicators*** *4.3 Mortality rate from causes considered preventable * (NHSOF 1a)*
Alignment across the health and social care system * Indicator complementary with NHS Outcomes Framework (NHSOF)	

Coordinated services

The quality standard for pain and bleeding in early pregnancy specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway for pain and bleeding in early pregnancy. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to women with pain and bleeding in early pregnancy.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality pain and bleeding in early pregnancy service are listed in 'Related quality standards'.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating women with pain and bleeding in early pregnancy should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting women with pain and bleeding in early pregnancy. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Women with suspected ectopic pregnancy or miscarriage are seen in early pregnancy assessment services within 24 hours of referral.

Statement 2. Women with suspected ectopic pregnancy or miscarriage are offered a transvaginal ultrasound scan for diagnosis.

Statement 3. Women with a suspected miscarriage after an initial transvaginal ultrasound scan are offered a repeat transvaginal ultrasound scan to confirm the diagnosis.

Statement 4. Women with a suspected ectopic pregnancy or miscarriage are given evidence-based information.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Quality statement 1: Referral to assessment services

Quality statement

Women with suspected ectopic pregnancy or miscarriage are seen in early pregnancy assessment services within 24 hours of referral.

Rationale

Women with a suspected ectopic pregnancy or miscarriage should be seen within 24 hours of referral to ensure that their clinical situation does not worsen. These women should be seen in an early pregnancy assessment service for diagnosis and management. Some women, dependent on the clinical situation, will need to be seen immediately.

Quality measures

Structure

Evidence of local arrangements to ensure that women with suspected ectopic pregnancy or miscarriage are seen in early pregnancy assessment services within 24 hours of referral.

Data source: Local data collection.

Process

a) Proportion of women with suspected ectopic pregnancy who are seen in early pregnancy assessment services within 24 hours of referral.

Numerator – the number of women in the denominator who are seen in early pregnancy assessment services within 24 hours of referral.

Denominator – the number of women with suspected ectopic pregnancy who are referred to early pregnancy assessment services.

Data source: Local data collection.

b) Proportion of women with suspected miscarriage who are seen in early pregnancy assessment services within 24 hours of referral.

Numerator – the number of women in the denominator who are seen in early pregnancy assessment services within 24 hours of referral.

Denominator – the number of women with suspected miscarriage who are referred to early pregnancy assessment services.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that a system is in place to enable women with suspected ectopic pregnancy or miscarriage to be seen in an early pregnancy assessment service within 24 hours of referral.

Healthcare professionals refer women with suspected ectopic pregnancy or miscarriage to an early pregnancy assessment service and ensure that they are seen within 24 hours.

Commissioners ensure that they commission early pregnancy assessment services from providers who are able to see women with suspected ectopic pregnancy or miscarriage within 24 hours of the referral.

What the quality statement means for patients, service users and carers

Women with a suspected ectopic pregnancy or miscarriage are seen in an early pregnancy assessment service within 24 hours of referral. They may be referred by their healthcare professional or, if they have had an ectopic pregnancy in the past or 3 or more miscarriages, they should be able to book an appointment themselves.

Source guidance

- Ectopic pregnancy and miscarriage (NICE clinical guideline 154) recommendation 1.2.4.

Definitions of terms used in this quality statement

Early pregnancy assessment services

An early pregnancy assessment service can be located in a dedicated early pregnancy assessment unit or within a hospital gynaecology ward. All early pregnancy assessment services should:

- be a dedicated service provided by healthcare professionals competent to diagnose and care for women with pain and/or bleeding in early pregnancy **and**
- offer ultrasound and assessment of serum human chorionic gonadotrophin (hCG) levels **and**
- be staffed by healthcare professionals with training in sensitive communication and breaking bad news.

[NICE clinical guideline 154, recommendation 1.2.2]

Referral

Women should be assessed by a healthcare professional (such as a GP, emergency department doctor, midwife or nurse) before referral to an early pregnancy assessment service. A decision should be taken about whether the woman should be seen immediately or within 24 hours depending on the clinical situation. [NICE clinical guideline 154, recommendations 1.2.3 and 1.3.11]

Early pregnancy assessment services should accept self-referrals from women who have had recurrent miscarriage (the loss of 3 or more pregnancies before 24 weeks of gestation) or a previous ectopic pregnancy. [NICE clinical guideline 154, recommendation 1.2.3]

Suspected ectopic pregnancy

The symptoms and signs of ectopic pregnancy are outlined in NICE clinical guideline 154, recommendations 1.3.3 and 1.3.4.

Suspected miscarriage

Women with bleeding or other symptoms and signs of early pregnancy complications who have:

- pain or
- a pregnancy of 6 weeks gestation or more or
- a pregnancy of uncertain gestation.

[NICE clinical guideline 154, recommendation 1.3.9]

Equality and diversity considerations

Appropriate care may depend upon the ability of a woman to access services quickly which may be difficult for some groups of women, such as women who are recent migrants, asylum seekers, refugees, or women who have difficulty reading or speaking English. It is important to ensure that services are easily accessible by women from these groups.

Quality statement 2: Diagnosis using ultrasound

Quality statement

Women with suspected ectopic pregnancy or miscarriage are offered a transvaginal ultrasound scan for diagnosis.

Rationale

A transvaginal ultrasound scan should be performed to accurately diagnose an ectopic pregnancy or miscarriage. It should be used to confirm the location of the pregnancy and determine whether there is a fetal pole and heartbeat. Diagnosis of miscarriage using 1 transvaginal ultrasound cannot be guaranteed to be 100% accurate and so repeat transvaginal ultrasound scan should be offered to confirm diagnosis.

Structure

Evidence of local arrangements to ensure that women with suspected ectopic pregnancy or miscarriage are offered a transvaginal ultrasound scan for diagnosis.

Data source: Local data collection.

Process

a) Proportion of women who are referred with a suspected ectopic pregnancy and receive a transvaginal ultrasound scan for diagnosis.

Numerator – the number of women in the denominator who receive a transvaginal ultrasound scan for diagnosis.

Denominator – the number of women who are referred with a suspected ectopic pregnancy.

Data source: Local data collection. Data can be collected using NICE ultrasound for determining viable intrauterine pregnancy clinical audit standard 2.

b) Proportion of women who are referred with a suspected miscarriage and receive a transvaginal ultrasound scan for diagnosis.

Numerator – the number of women in the denominator who receive a transvaginal ultrasound scan for diagnosis.

Denominator – the number of women who are referred with a suspected miscarriage.

Data source: Local data collection. Data can be collected using NICE ultrasound for determining viable intrauterine pregnancy clinical audit tool criterion 2.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that procedures and protocols are in place for transvaginal ultrasound scans to be offered to women for the diagnosis of ectopic pregnancy or miscarriage.

Healthcare professionals offer women with suspected ectopic pregnancy or miscarriage a transvaginal ultrasound scan that identifies the location of the pregnancy and whether there is a fetal pole and heartbeat to diagnose ectopic pregnancy or miscarriage.

Commissioners monitor service providers to ensure that they are offering transvaginal ultrasound for the diagnosis of ectopic pregnancy and miscarriage.

What the quality statement means for patients, service users and carers

Women with suspected ectopic pregnancy or miscarriage should be offered a scan called a transvaginal ultrasound scan (where a small probe is inserted into the vagina) to accurately check for an ectopic pregnancy or miscarriage.

Source guidance

- Ectopic pregnancy and miscarriage (NICE clinical guideline 154) recommendation 1.4.1.

Definitions of terms used in this quality statement

Suspected ectopic pregnancy

The symptoms and signs of ectopic pregnancy are outlined in NICE clinical guideline 154, recommendations 1.3.3 and 1.3.4.

Suspected miscarriage

Women with bleeding or other symptoms and signs of early pregnancy complications who have:

- pain or
- a pregnancy of 6 weeks gestation or more or
- a pregnancy of uncertain gestation.[NICE clinical guideline 154, recommendation 1.3.9]

Transvaginal ultrasound scan

Diagnosis of ectopic pregnancy or miscarriage using transvaginal ultrasound scanning is outlined in NICE clinical guideline 154, recommendations 1.4.5 to 1.4.7 and 1.4.9 to 1.4.10.

Equality and diversity considerations

When offering transvaginal ultrasound scan, healthcare professionals should provide information about the scan that is sensitive to the woman's religious, ethnic or cultural needs and takes into account whether the woman has learning disabilities, or difficulties in communication or reading. If a transvaginal ultrasound scan is unacceptable to the woman, healthcare professionals should offer a transabdominal ultrasound scan and explain the limitations of this method.

All women should be offered the option to be examined by a female member of staff. This may be particularly important for women from certain cultural or religious groups. Women provided with information should have access to an interpreter or advocate if needed.

Quality statement 3: Repeat use of ultrasound

Quality statement

Women with a suspected miscarriage after an initial transvaginal ultrasound scan are offered a repeat transvaginal ultrasound scan to confirm the diagnosis.

Rationale

Repeat transvaginal ultrasound is vital to confirm miscarriage. Treatment for miscarriage should not start until the site and viability of the pregnancy has been confirmed.

Structure

Evidence of local arrangements to ensure that women with a suspected miscarriage after a transvaginal ultrasound scan are offered a repeat transvaginal ultrasound scan to confirm the diagnosis

Data source: Local data collection.

Process

Proportion of women with a suspected miscarriage after a transvaginal ultrasound scan who are offered a repeat transvaginal ultrasound scan to confirm the diagnosis

Numerator – the number of women in the denominator who receive a repeat transvaginal ultrasound scan to confirm the diagnosis.

Denominator – the number of women with a suspected miscarriage after they have received a transvaginal ultrasound scan.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that procedures and protocols are in place for a repeat transvaginal ultrasound scan to be offered to women who have a suspected miscarriage after their initial transvaginal ultrasound scan to confirm diagnosis.

Healthcare professionals offer women a repeat transvaginal ultrasound scan if they have a suspected miscarriage after their initial transvaginal ultrasound scan to confirm the diagnosis.

Commissioners ensure that they monitor service providers to make sure they are offering repeat transvaginal ultrasound scans to women who have a suspected miscarriage to confirm diagnosis.

What the quality statement means for patients, service users and carers

Women with suspected miscarriage after a transvaginal ultrasound scan (where a small probe is inserted into the vagina) are offered a second scan to confirm the diagnosis.

Source guidance

- Ectopic pregnancy and miscarriage (NICE clinical guideline 154) recommendations 1.4.6 to 1.4.7 and 1.4.9 to 1.4.10.

Definitions of terms used in this quality statement

Suspected miscarriage

Women with bleeding or other symptoms and signs of early pregnancy complications who have:

- pain or
- a pregnancy of 6 weeks gestation or more or
- a pregnancy of uncertain gestation. [NICE clinical guideline 154, recommendation 1.3.9]

Repeat transvaginal ultrasound scan

Diagnosis of miscarriage using repeat transvaginal ultrasound scan is outlined in NICE clinical guideline 154, recommendations 1.4.6 to 1.4.7 and 1.4.9 to 1.4.10. This includes offering a repeat transvaginal ultrasound scan at either a minimum of 7 days or a minimum of 14 days after the initial scan (dependent on the clinical

situation) to confirm diagnosis and/or seeking a second opinion on the viability of the pregnancy.

Equality and diversity considerations

When offering repeat transvaginal ultrasound scan, healthcare professionals should provide information about the scan that is sensitive to the woman's religious, ethnic or cultural needs and takes into account whether the woman has learning disabilities, or difficulties in communication or reading. If a transvaginal ultrasound scan is unacceptable to the woman, healthcare professionals should offer a transabdominal ultrasound scan and explain the limitations of this method.

All women should be offered the option to be examined by a female member of staff. This may be particularly important for women from certain cultural or religious groups.

Women provided with information should have access to an interpreter or advocate if needed.

Quality statement 4: Providing information

Quality statement

Women with a suspected ectopic pregnancy or miscarriage are given evidence-based information.

Rationale

Women with suspected ectopic pregnancy or miscarriage should be provided with evidence-based information about ectopic pregnancy or miscarriage so that they are able to seek help for their symptoms, make decisions about their care, are aware of what to expect during the recovery period and know how to access support organisations.

Quality measures

Structure

Evidence of local arrangements to ensure that women with a suspected ectopic pregnancy or miscarriage are provided with evidence-based information.

Data source: Local data collection.

Process

a) Proportion of women with suspected ectopic pregnancy who are given evidence-based information.

Numerator – the number of women in the denominator who are given evidence-based information.

Denominator – the number of women with suspected ectopic pregnancy.

Data source: Local data collection.

b) Proportion of women with suspected miscarriage who are given evidence-based information.

Numerator – the number of women in the denominator who are given evidence-based information

Denominator – the number of women with suspected miscarriage.

Data source: Local data collection.

Outcome

Women with suspected ectopic pregnancy or miscarriage who feel informed about their care.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that procedures and protocols are in place for women with a suspected ectopic pregnancy or miscarriage to be given evidence-based information.

Healthcare professionals give evidence-based information to women with a suspected ectopic pregnancy or miscarriage in a variety of formats.

Commissioners monitor service providers to ensure that they have protocols and procedures in place for women with a suspected ectopic pregnancy or miscarriage to be given evidence-based information.

What the quality statement means for patients, service users and carers

Women with a suspected ectopic pregnancy or miscarriage are given information about ectopic pregnancy or miscarriage that is suitable for their circumstances. It should include information about seeking help for new or worsening symptoms, what treatment and care to expect, what to expect during the recovery period and how to access support organisations.

Source guidance

- Ectopic pregnancy and miscarriage (NICE clinical guideline 154) recommendation 1.1.3.

Definitions of terms used in this quality statement

Evidence-based information

Women should be given evidence-based information when assessed by a healthcare professional before referral and throughout their care, for example in early pregnancy assessment services. Evidence-based information should include the following:

- when and how to seek help if existing symptoms worsen or new symptoms develop, including a 24-hour contact telephone number.
- what to expect during the time she is waiting for an ultrasound scan.
- what to expect during the course of her care (including expectant management), such as the potential length and extent of pain and/or bleeding, and possible side effects. This information should be tailored to the care she receives.
- information about post-operative care (for women undergoing surgery).
- what to expect during the recovery period – for example, when it is possible to resume sexual activity and/or try to conceive again, and what to do if she becomes pregnant again. This information should be tailored to the care she receives.
- information about the likely impact of her treatment on future fertility.
- where to access support and counselling services, including leaflets, web addresses and helpline numbers for support organisations.

[NICE clinical guideline 154, recommendation 1.1.3]

Suspected ectopic pregnancy

The symptoms and signs of ectopic pregnancy are outlined in NICE clinical guideline 154 recommendations 1.3.3 and 1.3.4.

Suspected miscarriage

Women with bleeding or other symptoms and signs of early pregnancy complications who have:

- pain or
- a pregnancy of 6 weeks gestation or more or

- a pregnancy of uncertain gestation.

[NICE clinical guideline 154, recommendation 1.3.9]

Equality and diversity considerations

Women should be treated at all times with dignity and respect, and healthcare professionals will be aware that problems in early pregnancy can cause great distress for women and their partners.

Consideration should be given to women with a suspected ectopic pregnancy or miscarriage who may have difficulty reading or speaking English or have cognitive impairment. Information provided should be tailored to the woman's individual needs and provided in a variety of formats.

Status of this quality standard

This is the draft quality standard released for consultation from 10 March to 7 April. It is not NICE's final quality standard on pain and bleeding in early pregnancy. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 7 April 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from July 2014.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something

should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in 'Development sources'

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals and women with pain and bleeding in early pregnancy is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Women with pain and bleeding in early pregnancy should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Ectopic pregnancy and miscarriage. NICE clinical guideline 154 (2012).

Definitions and data sources for the quality measures

- The Health and Social Care Information Centre, Hospital Episode Statistics (2012) NHS maternity statistics 2011–12. .

Related NICE quality standards

Published

- Multiple pregnancy. NICE quality standard 46 (2013).
- Antenatal care. NICE quality standard 22 (2012).
- Patient experience in adult NHS services. NICE quality standard 15 (2012).

In development

- None identified

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Diabetes in pregnancy.
- Provision of termination of pregnancy services.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1.

Membership of this committee is as follows:

Dr Bee Wee (Chair)
Consultant in Palliative Medicine, Oxford University Hospitals NHS Trust; Senior Lecturer in Palliative Medicine, Oxford University

Mr Lee Beresford
Head of Strategy and System Restore, NHS Wakefield Clinical Commissioning Group

Dr Gita Bhutani
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The following specialist members joined the committee to develop this quality standard:

Dr Nicola Davies

GP, Honeypot Medical Centre, Harrow Clinical Commissioning Group

Mrs Joanne Fletcher

Consultant Nurse Gynaecology, Sheffield Teaching Hospitals NHS Foundation Trust

Professor Mary Ann Lumsden

Consultant Gynaecologist, International Lead and Deputy Dean of Graduate School, University of Glasgow

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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