Circular HSC (SQSD) (NICE NG206) 5/22



Subject: NICE Clinical Guideline NG206 - Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management (updates and replaces CG53)

Circular Reference: HSC (SQSD) (NICE NG206) 5/22

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 Dental Services

Head of Ophthalmic Services

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

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 covers diagnosing and managing myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome (ME/CFS) in children, young people and adults. It aims to improve awareness and understanding about ME/CFS and when to suspect it, so that people are diagnosed earlier. It includes recommendations on diagnosis, assessment and care planning, safeguarding, access

to care and managing ME/CFS and its symptoms.

Enquiries: Any enquiries about the content of this Circular should be addressed

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Date of Issue: 19 January 2022

Related documents: HSC (SQSD) 3/13

Superseded documents

HSC (SQSD) (NICE CG53) 03/2008

Status of Contents:

Implementation:

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

Additional copies:

Available to download from

https://www.health-ni.gov.uk/topics/safety-and-qualitynational-institute-health-and-care-excellence-nice



Dear Colleagues

NICE Clinical Guideline NG206 - Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management (updates and replaces CG53) - https://www.nice.org.uk/guidance/ng206

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, the following actions should be taken (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

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 and other Integrated Care Services as appropriate/relevant.
- c. Seek positive assurance from the HSC Trusts and Integrated Care 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 DoH 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. You should 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 at https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice

Dr Lourda Geoghegan

V L Geoghegas

Deputy Chief Medical Officer

Appendix 1

Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Clinical Guideline – NG206 https://www.nice.org.uk/guidance/ng206
Title	Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management
Summary of guidance	This guideline updates and replaces NICE Clinical Guideline CG53 - Chronic Fatigue Syndrome/Myalgic Encepalomyelitis (endorsed by DoH in January 2008). The guideline covers diagnosing and managing myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome (ME/CFS) in children, young people and adults. It aims to improve awareness and understanding about ME/CFS and when to suspect it, so that people are diagnosed earlier. It includes recommendations on diagnosis, assessment and care planning, safeguarding, access to care and managing ME/CFS and its symptoms. This guideline includes recommendations on: • suspecting ME/CFS and diagnosis • information and support, including advice when ME/CFS is suspected • assessment and care and support planning • safeguarding • access to care and support • managing ME/CFS • symptom management • flare-ups and relapse • care for people with severe or very severe ME/CFS
Related strategically relevant DoH/ HSC policies Inter-Departmental	None None
interest	
Legislative / policy caveats	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.

The Mental Capacity Act 2005 does not apply in N.I, but work is under way to implement the Mental Capacity Act (Northern Ireland) 2016, which incorporates mental capacity and mental health provisions. The first phase of implementation of the Mental Capacity Act (N.I) 2016 has now been completed – Phase One introduced new provisions in relation to Deprivation of Liberty, Money & Valuables and Research. The Mental Capacity Act (Northern Ireland) 2016 and accompanying Code of Practice also gives advice on how to determine whether a person aged 16 and over has capacity. More information on the Mental Capacity Act (N.I) 2016 can be found in the MCA website – www.healthni.gov.uk/mca

This guidance refers to the *Mental Health Act 1983*. This should be interpreted within the Northern Ireland legal framework of the *Mental Health (Northern Ireland) Order 1986*. Available at: http://www.legislation.gov.uk/nisi/1986/595'

This guidance refers to the *Equality Act 2010*. Northern Ireland healthcare professionals should refer to *Section 75* of the *Northern Ireland Act 1998*. Available at:

http://www.legislation.gov.uk/ukpga/1998/47/section/75

The Children and Families Act 2014 does not apply in Northern Ireland. The following legislation should be considered as it may have relevance to this guidance;

The Children (Northern Ireland) Order 1995 http://www.legislation.gov.uk/nisi/1995/755

Carers and Direct Payments Act (Northern Ireland) 2002 -

http://www.legislation.gov.uk/nia/2002/6/contents

This guidance refers to *The Young Carers (Needs Assessment) Regulations (2015)*. Northern Ireland health/social care professionals should refer to *Articles 17A and 18 of The Children (Northern Ireland) Order 1995*. Available at:

https://www.legislation.gov.uk/nisi/1995/755/article/17

https://www.legislation.gov.uk/nisi/1995/755/article/18

This guideline refers to the *NHS eat well guide*. The equivalent resources in Northern Ireland are available at: www.publichealth.hscni.net/publications/eatwell-guide

www.publichealth.hscni.net/publications/enjoyhealthy-eating-0

guidance which has not been endorsed by the DoH.
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