Health Information
and Standards

Prioritisation Process for the Development of National Standards and Guidance for Health and Social Care Services

October 2020

Safer Better Care

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Disability, Equality and Integration, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- **Regulating health services —** Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

Contents

1. Background

As part of the Health Information and Quality Authority's (HIQA's) broad and growing remit, it is responsible for developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

HIQA receives a large number of requests to develop national standards and guidance for health and social care services. HIQA's Corporate Plan 2019-2021 set out that, over the next three years, a prioritisation process will be implemented for the development of national standards and guidance for health and social care services. This process will take into account national policies and priorities as an integral part of the decision-making process. It will ensure that HIQA develops standards and guidance that are of maximum benefit to the health and social care system.

As a resource, the prioritisation process and the set of assessment criteria will assist in identifying the potentially highest impact areas for developing new and updated standards to reduce variation and improve safety and quality. It will provide HIQA with a formal process and will ensure transparency of topic choice. It will also support HIQA to structure its standards and guidance development work for planned time periods.

Within the prioritisation process, HIQA will assess high-level information in key areas of impact, including potential for improved outcomes, evidence of effectiveness, alignment with national policy and feasibility of implementation. Proposals are then scored on the basis of these key areas. An advisory group comprising key stakeholders, including the Department of Health and the Health Service Executive (HSE) is then involved in identifying the topics of national priority.

Definitions

National standards

National standards are a set of high-level outcomes that describe how services can achieve safe, quality, person-centred care and support. They are evidence-based and informed by engaging with those who use and provide our health and social care services.

Guidance

Guidance assists professionals and organisations in health and social care services in their actions and decisions. Guidance can provide a practical resource to areas where improvement is required or it can provide services with additional information to assist them in implementing the national standards.

Implementation tools

Tools to support the implementation of standards or guidance include information leaflets, digital learning resources, training material for health and social care professionals and self-assessment tools to address identified barriers to implementation. This list is not exhaustive.

2. Aim

The aim of this document is to outline the prioritisation process and criteria that HIQA's Standards Development Team applies when assessing proposals for potential topics for development into national standards and guidance. This process will assist HIQA to identify topics that will have the most impact in improving the experiences and outcomes of people using health and social care services. The process will also be used to propose updates to existing standards.

The proposed process has been developed based on findings from a review of the prioritisation processes and criteria used by national and international organisations that develop standards, guidance or guidelines.[*] This document can be found on the HIQA website here.

When considering a prioritisation process, HIQA wanted one which could identify key areas for potential national standards in the health and social care system that would best address the healthcare needs and priorities of the Irish population.

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[*] - Health Technology Assessment (HTA) Directorate, HIQA, Ireland
- National Clinical Effectiveness Committee (NCEC), NPSO, DoH, Ireland
- National Quality Assurance Criteria for Clinical Guidelines, HIQA and DoH, Ireland
- National Institute for Health and Care Excellence (NICE), England
- Health Quality Ontario (HQO), Canada
- Department of Health, England
- Scottish Intercollegiate Guidelines Network (SIGN), Scotland

3. Process for prioritising topic areas for development into national standards or guidance for health and social care services

The prioritisation process will combine available data on the topic area with collective judgment of HIQA's Standards Development Team and Director of Health Information and Standards. Input is also sought from external experts, for example through the Standards and Guidance Programme Advisory Group, which was established in 2018. A full breakdown of the prioritisation process is presented in Figure 1 and is followed by a detailed description of the key steps in the process.

The Standards and Guidance Programme Advisory Group consists of representatives from the main organisations within the publicly-funded health and social care system who are responsible for decision-making about health and social care services on a national level. The terms of reference for this group include the prioritisation process. Members of the group include representatives from:

- the National Patient Forum
- Department of Health
- Health Service Executive (HSE)
- Department of Children
- Tusla
- and HIQA's Regulation Directorate.

Additional experts may be invited to attend specific meetings as required, depending on the topic areas being considered at the time. Meetings of the advisory group are a forum for the major decision-making bodies within the health and social care system to discuss the relative merits of the proposed standards and guidance. Advice from the advisory group is considered in detail as part of the prioritisation process. However, the final responsibility for choosing the topic areas to be included in the HIQA work programme remains with HIQA's Board.

The prioritisation process provides HIQA with a transparent prioritisation tool. Prioritisation exercises by their nature must also incorporate the more nuanced and subjective discussions that arise from applying a prioritisation process, and these considerations will also contribute to the final decision around which topics are to progress to national standards, guidance or implementation support tools. The process will be reviewed by HIQA following each prioritisation cycle (approximately two years) to examine its effectiveness and will be updated as necessary.
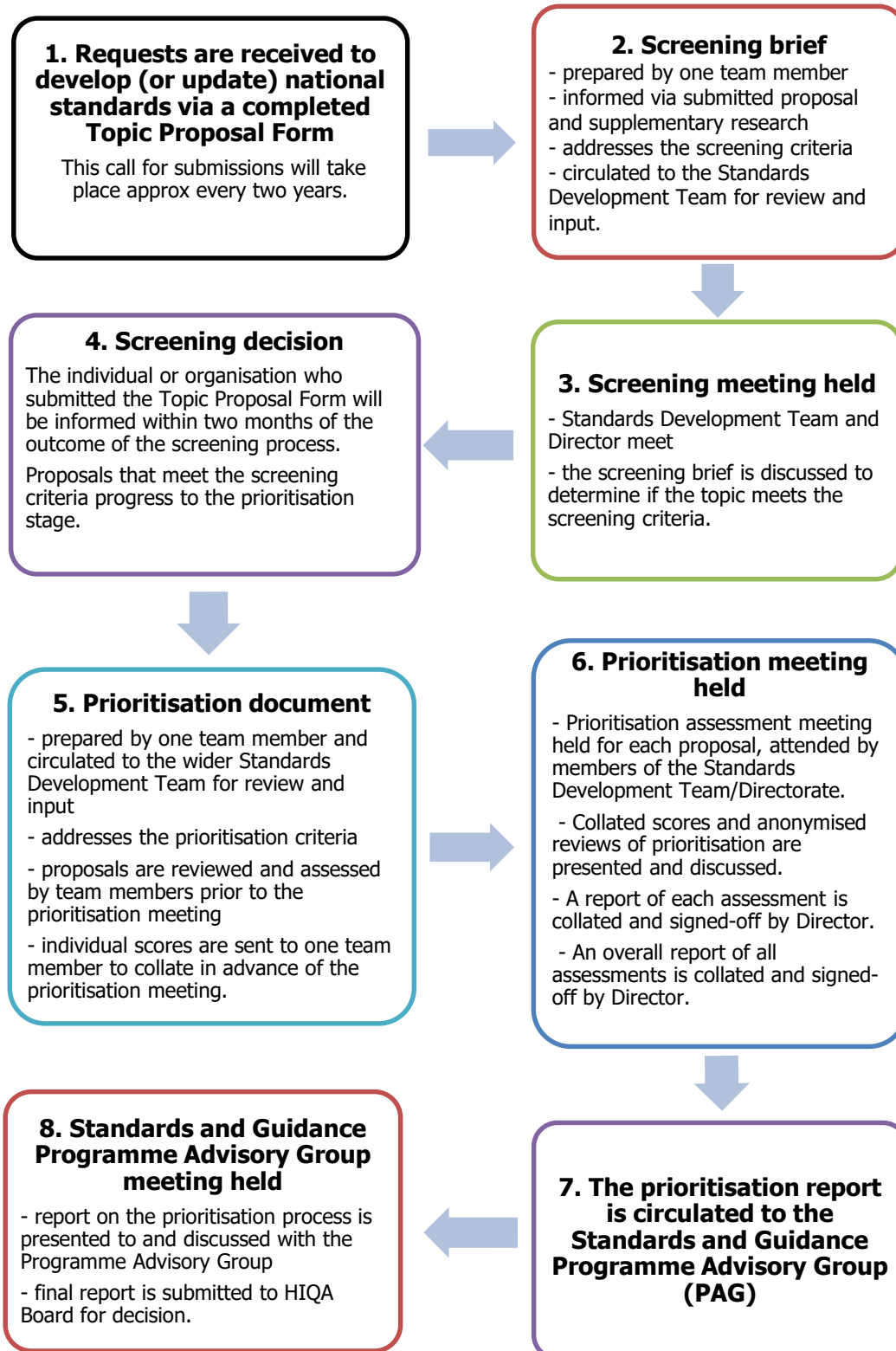
The prioritisation process will be undertaken every two years, or earlier if necessary, based on the urgency of the proposed topics and the capacity of the team to take on new additional projects.

The process commences with the submission of a completed 'Topic Proposal Form' as set out in Appendix I. All topic proposal forms undergo an initial screening. If the proposal meets the screening criteria, it will progress to the prioritisation stage. Once the prioritisation process is complete and the top prioritised topic(s) are identified, this will form the basis of the team's business plan for a defined period, providing there is capacity to do so within the Standards Development Team. The prioritisation process will be published on the HIQA website. For topic proposals that are not prioritised for development within the defined period, applicants are informed of the outcome, provided with feedback and invited to re-submit, if appropriate, when the next cycle of prioritisation commences.

In exceptional cases, when an urgent new request is received inbetween scheduled prioritisation cycles, a decision may be made at the discretion of the Director of Health Information and Standards to assess the requested topic against the prioritised list, and consult with the Programme Advisory Group. This may result in the work programme being re-ordered by the HIQA Board.

It should be noted that while this methodology was devised based on best practice from international evidence, prioritisation as a process is not seen as an exact science. Instead, it is a tool which is used to manage standards development across the relatively short time-horizon of two years. As a result, it is intended that the process will not diminish the adaptability and responsiveness in standards and guidance development, and will retain the ability to be continuously reviewed and updated as the need arises.

Figure 1: Prioritisation Process for the development of national standards and guidance for health and social care services†

1. Requests are received to develop (or update) national standards via a completed Topic Proposal Form

This call for submissions will take place approx every two years.

2. Screening brief
- prepared by one team member
- informed via submitted proposal and supplementary research
- addresses the screening criteria
- circulated to the Standards Development Team for review and input.

4. Screening decision

The individual or organisation who submitted the Topic Proposal Form will be informed within two months of the outcome of the screening process.

Proposals that meet the screening criteria progress to the prioritisation stage.

3. Screening meeting held

- Standards Development Team and Director meet

- the screening brief is discussed to determine if the topic meets the screening criteria.

5. Prioritisation document

- prepared by one team member and circulated to the wider Standards Development Team for review and input

- addresses the prioritisation criteria

- proposals are reviewed and assessed by team members prior to the prioritisation meeting

- individual scores are sent to one team member to collate in advance of the prioritisation meeting.

6. Prioritisation meeting held

- Prioritisation assessment meeting held for each proposal, attended by members of the Standards Development Team/Directorate.

- Collated scores and anonymised reviews of prioritisation are presented and discussed.

- A report of each assessment is collated and signed-off by Director.

- An overall report of all assessments is collated and signed-off by Director.

8. Standards and Guidance Programme Advisory Group meeting held

- report on the prioritisation process is presented to and discussed with the Programme Advisory Group

- final report is submitted to HIQA Board for decision.

7. The prioritisation report is circulated to the Standards and Guidance Programme Advisory Group (PAG)

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† This process for prioritisation can be used to submit proposals for the development of standards, guidance, implementation support tools or the updating of existing ones.

Key steps in the Prioritisation Process

1. HIQA will receive requests to develop or update national standards and guidance from a number of sources. In this process, all sources will submit requests for consideration using the Topic Proposal Form (Appendix I).

   Requests will be made through the Standards and Guidance Programme Advisory Group. The Advisory Group represents:
   - external stakeholders through Government departments, for example the Department of Health, Department of Children, HSE and Tusla
   - internally through HIQA's Regulation Directorate
   - people using health and social care services, through the National Patient Forum.

   Facilitating public consultation on proposals for consideration is planned for the future.

   A screening brief is prepared based on the information provided in the submitted topic proposal form and is prepared by one member of the Standards Development Team, as proposals are received, following the call for submissions. The document aims to address the questions in the screening criteria (Appendix II).

2. A meeting is held with the Standards Development Team and the Director of Health Information and Standards to discuss the Screening Brief. Based on a review of the screening criteria, the Standards Development Team and the Director will determine if the topic meets the screening requirements:

   - does the topic meet the definition of standards/guidance, and
   - is the topic/proposal within HIQA's legislative remit?

   If the proposal does not meet both of these criteria, it will not progress to the prioritisation stage.

3. The individual or organisation requesting the standards or guidance is informed within two months of the outcome of the screening process and, where relevant, what the next steps are.

4. Each proposal that successfully meets the screening criteria progresses to the prioritisation phase. A member of the team will assess the topic proposal forms (Appendix I) to determine if the application addresses each of the questions set out in the prioritisation criteria (Appendix II). These include a

clear description of the issue/problem to be addressed, SMART objectives, scope, expected outcomes, evidence of effectiveness, plan for implementation and budgetary impact.

Then a detailed document is prepared that is informed by the submitted topic proposal form, and supplementary research, if required. The proposal will then be assessed and assigned a score by each member of the assessment team (a minimum of five members from the Health Information and Standards Directorate). Additional assessors may be invited to join the appraisal team, such as patient representatives. A team member will collate the scores of the prioritisation assessment, which are then anonymised and circulated to all team members prior to the prioritisation meeting.

5. A Prioritisation Meeting is held for each topic; scores are presented and discussed at the meeting and a report submitted to the Director of Health Information and Standards for approval.

6. An overall report of all prioritisation assessments in the prioritisation cycle is submitted to the Director of Health Information and Standards for approval.

7. The overall report is circulated to the Standards and Guidance Programme Advisory Group.

8. A meeting is held with the Standards and Guidance Programme Advisory Group where the assessment report from the prioritisation process is presented and the findings are discussed. Consideration is given to the balance of health and social care topics. All members are invited to give feedback on the prioritisation process. The Standards Development Team consider the feedback and document the recommendations of the Programme Advisory Group.

The report on the prioritisation assessments and the Programme Advisory Group recommendations are then submitted to the HIQA Executive Management Team, and subsequently to the HIQA Board or its relevant sub-committees for decision. This will inform the work programme and business plan of the Standards Development Team.

Appendix I: Topic Proposal Form

Development of national standards and guidance for health and social care services

Topic proposal form (V2)

Background

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using health and social care services in Ireland. One of HIQA's many functions is to set standards for health and social care services.

Under section 8(1)b of the Health Act 2007, HIQA has a legal mandate to set standards for the safety and quality of health and social care services provided by the Health Service Executive (HSE) or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts, 1991 and 2001, the Children Act 2001 and nursing home services as defined in section 2 of the Health (Nursing Homes) Act 1990.

Reporting to the Minister for Health and the Minister for Children, Disability, Equality and Integration, HIQA has statutory responsibility for developing person-centred standards, based on evidence and best international practice. HIQA also has a role in promoting safety and quality in the provision of health and social care services, for the benefit of the health and welfare of the public.

HIQA's Corporate Plan 2019-2021 outlines that HIQA will also support the implementation of national standards through the development of guidance, digital learning solutions and self-assessment tools. This supporting material aims to improve understanding and sustainable implementation of national standards.

Please complete the Topic Proposal Form as comprehensively as possible.

All submissions are assessed and considered by the Standards Development Team within HIQA and will undergo an initial screening process to determine if the request is within HIQA's remit. If successful, the proposal will then proceed to the prioritisation stage.

Definitions

National standards are a set of high-level outcomes that describe how services can achieve safe, quality, person-centred care and support. They are evidence-based and informed by engaging with those who use and provide our health and social care services.

Guidance assists professionals and organisations in health and social care services in their actions and decisions. Guidance can provide a practical resource to areas where improvement is required or it can provide services with additional information to assist them in implementing the national standards.

Implentation tools support the implementation of standards or guidance. They include information leaflets, digital learning resources, training material for health and social care professionals and self-assessment tools to address identified barriers to implementation. This list is not exhaustive.

1. General information
Name of proposer:
Telephone number:
E-mail address:
Source of request: Member of the public: ☐ Service provider:　　　☐ On behalf of an organisation: ☐ _____ Other ☐　　Please give details　_____
Does the proposed development fall under HIQA's remit? **Yes** ☐　**No** ☐ If unsure, discuss with a member of HIQA's Standards Development Team
Structure of the service What organisation(s) will be responsible for delivery of the service? *(this refers to the service to which the standards will apply)*

2. Description of the Topic

Title of the proposed standards/guidance/tools:

(Specify if update to existing standards/guidance, or new)

Q2a What is the issue/problem/gap that the proposed standards/guidance/tools will address? (Why are these standards required?)

Q2b What are the objectives of the proposed standards? (These should be specific, measurable, achievable, relevant and time bound)

Assessment based on clear identification of the problem/issue/gap to be addressed and clear SMART objectives (specific, measurable, achievable, relevant and time bound).

3. Scope & burden

Q3a. Specify the extent of the population that is affected by the issue/problem (burden of problem)

Q3b. Specify what services will be covered (inclusion criteria)

Q3c. Specify what services will <u>not</u> be covered (exclusion criteria)

Assessment based on clarity of scope, with the topic covering a considerable population; the topic relating to a particular vulnerable or at-risk population; significant variation in care, or there is a discernible risk to patient safety or quality of life.

4. Potential for improved outcomes/quality improvement/impact

Q4a. What are the expected outcomes of these standards/guidance/tools?

Q4b. What impact will the introduction of these standards/guidance/tools have on people using services?

Q4c. How will this impact be measured?

Assessment based on the expected outcomes being clear and achievable, the size of potential impact on service users, and a clear description of how the impact/outcomes will be measured.

5. Effectiveness / Evidence-base

Q5a. Is there evidence that this approach (standards/guidance/tools) is an effective method to tackle the issue/problem identified?

Q5b. Are there examples of equivalent standards, guidance or tools in place nationally or internationally, and have these been evaluated?

Q5c. Briefly summarise the key supporting evidence *(links and references to the key papers/research can be added as appendix if required).*

Assessment based on the evidence of effectiveness of the proposed intervention, generalisability to the target population and whether standards/guidance are the most appropriate method to tackle the problem identified.

6. Implementation

Q6a. Who will be responsible for implementation of these standards/guidance/tools?
Briefly outline how the standards will be implemented into practice.

Q6b. Who will be responsible for monitoring implementation of these standards/guidance/tools?

Q6c. Is this a priority issue on the national health policy agenda?

Assessment based on a clear plan for how the standards/guidance will be implemented into routine practice, clarity on who will be responsible for implementation and for monitoring, and alignment with national policy priorities.

7. Economic impact

Q7a. Budget impact: Will additional resources be required to implement these standards/guidance/tools? Briefly outline. These may include additional staff, training, equipment or systems.

Q7b. Cost effectiveness: Is the intervention cost effective? Is it value for money?

Assessment based on a clear outline of the likely cost implications that the proposed topic will have on the health and social care system, evidence of cost effectiveness and consideration of potential cost savings.

Note: Section 8(2)(c) of the Health Act sets out that in undertaking its functions HIQA shall have regard to the resources available to the Executive.

Prioritisation of topics for development of standards or guidance is conducted at regular intervals (approx. every two years) through the Standards Programme Advisory Group to inform business planning.

For further information, and date of the next call for proposals, please contact the Standards Development Team at standards@hiqa.ie.

Please note that HIQA is subject to the Freedom of Information (FOI) Act 2014 and the statutory Code of Practice in relation to FOI.

As the prioritisation process for National Standards Development requires sharing of data with respect to the proposals being assessed, this topic proposal form will be circulated among members of the Programme Advisory Group. For this reason, it would be helpful if you could explain to us if you regard the information you have provided as confidential.

If we receive a request for disclosure of the information under FOI, we will take full account of your explanation, but we cannot give you an assurance that full confidentiality can be maintained in all circumstances.

Appendix II: Prioritisation Document

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Development of national standards and guidance for health and social care services

Screening and prioritisation criteria — for use by assessment team (v.2)

Note: This is a guide for assessors to aid the prioritisation assessment process.

It may also be useful for applicants as prompts to guide their submission.

Not all questions will be relevant to all applications and are provided as prompts in order to identify the topics with greatest impact and improved outcomes for service users.

Prioritisation Cycle: Cycle XX

Title of topic proposed: _____

PAG Reference number: 202X/XXX

Submission date: _____   Submitted by: _____

A. Screening

1. General information

Is the request for national standards, guidance or implementation support tools?

Is the request to update existing standards/guidance or develop new ones?

Does the topic fit with the definitions provided by HIQA's Standards Development Team for standards/guidance/tools?

Structure of the service

What organisation(s) will be responsible for delivery of the service?
(this refers to the service to which the standards/guidance/tools will apply)

- Is it clear what organisation(s) will be responsible for delivery of the service?
- Is it clear where this organisation(s) fits in the structure of the health and social care services?
- Is the governance structure clear?

Does the proposed development fall under the remit of HIQA Standards?

Under section 8(1)b of the Health Act 2007, HIQA has a legal mandate to set standards for the safety and quality of health and social care services provided by the Health Service Executive (HSE) or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts, 1991 and 2001, the Children Act 2001 and nursing home services as defined in section 2 of the Health (Nursing Homes) Act 1990.

Based on the information provided in the proposal, does the proposed development fall under the remit of HIQA standards?

Yes ☐   No ☐

B. Prioritisation	
Section	**Assessment**
Q2. Description of the topic	
Q2a. What is the issue/problem/gap that the proposed standards/guidance/tools will address? ▪ Why are these standards required? Is the problem/issue/gap clearly identified? (Proposers should include any relevant information such as needs assessment, stakeholder involvement, research, audit reports, or incident investigations which identify the issue as a priority). ▪ Is there sufficient reason and need for national standards or guidance to be developed? ▪ What is the added value of developing the standards/guidance? This could be in addition to legislation or instead of other formats, such as code of practice/policy/protocol or self-assessment tool. ▪ How will standards/guidance/tools resolve the issue identified? ▪ Is there current standards/guidance in place which is outdated and in need of revision? ▪ Is there new legislation or changes in national policy highlighting the need for standards or guidance? ▪ Have findings from other HIQA activities (for example, inspections, investigations and National Care Experience Survey) highlighted the need for national standards or guidance in this area?	Low (1) or medium (2) or high (3)

- Has this topic been identified as a national priority and by whom? This could be the government or through legislation. - How have the needs of service users been identified? - What are the risks associated with this issue/problem if <u>not</u> addressed? Is there a risk of adverse consequences for patients, service-providers or HIQA, if development of these standards is not carried out or is delayed? - What level of urgency is there in developing these standards? **Q2b. What are the objectives of the proposed standards?** - Are the objectives SMART? (Specific, measureable, achievable, relevant and time-bound) *Assessment based on clear identification of the problem/issue/gap to be addressed and clear SMART objectives.*	
Q3 Scope / Burden	
Q3a. Specify the extent of the population that is affected by the issue or problem (burden of problem) - What is the population affected by the issue? - Is the population (patients, public, etc.) specifically described? - Who is affected? Who gets the disease/condition? - How are they affected? How severely are they affected? - Is the burden of disease/problem quantified? Such as: number of people affected, percentage of population etc. - What is the incidence/prevalence of the disease/condition/circumstance? - What is the associated mortality and morbidity? *(if applicable)* - What are the rates of relapse, re-admission and complications? *(if applicable)*. Does the proposed topic relate to an area where there is a significant burden on the population? Such as: - The topic covers a considerable population - The topic relates to a particular vulnerable or at-risk population - The topic relates to an area where there is a current risk to patient safety and quality of care	Low (1) or medium (2) or high (3)

▪ The topic is associated with patient dissatisfaction and/or reduced quality of life ▪ The topic relates to significant inequalities in health ▪ There are significant variations in practice ▪ Is supporting evidence/information provided to support the reasons provided? **Q3b. Specify what services will be covered (inclusion criteria)** ▪ Is the scope clear? ▪ Are inclusion criteria on populations and services clearly outlined within the scope? ▪ Is this for health and/or social care services? **Q3c. Specify what services will not be covered (exclusion criteria)** ▪ Are exclusion criteria on populations and services clearly outlined within the scope? *Assessment based on clarity of scope, with the topic covering a considerable population; the topic relating to a particular vulnerable or at-risk population; significant variation in care, or there is a discernible risk to patient safety or quality of life.*	
Q4. Potential for improved outcomes/quality improvement/impact	
Q4a. What are the expected outcomes of these standards/guidance/tools? ▪ Are the expected outcomes clearly outlined? ▪ Are the expected outcomes achievable through the introduction of the proposed standards/guidance/tools? **Q4b. What impact will the introduction of these standards/guidance/tools have on people using services?** ▪ What change will this make for service users? What is the expected benefit for service users? ▪ Will it lead to improved efficiency? ▪ Is there potential for improved health outcomes? ▪ Is there potential for improved quality of care or quality of life?	Low (1) or medium (2) or high (3)

▪ Will the standards reduce inequalities in health? ▪ Will the standards improve patient safety? **Q4c. How will this impact be measured?** ▪ Has the impact been quantified? ▪ Is the impact measurable? ▪ How will the impact on service users be measured and reported? ▪ Is baseline information provided/collected/available? *Assessment based on the expected outcomes being clear and achievable, the size of potential impact on service users, and a clear description of how the impact/outcomes will be measured.*	
Q5. Effectiveness/Evidence-base	
Q5a. Is there evidence that this approach (standards/guidance/tools) is an effective method to tackle the issue/problem identified? ▪ Is the development of standards/guidance/tools the most effective method to tackle the problem identified? ▪ Is there evidence provided that this approach is effective in the target setting/population? ▪ Can this approach address & achieve the stated objectives? Would any alternative approaches/formats be more suitable or more effective to tackle the problem? **Q5b. Are there examples of equivalent standards, guidance, or tools in place nationally or internationally and have these been evaluated?** ▪ Is information provided on similar standards? ▪ Are these evidence-based? ▪ When were they last updated? ▪ Are they generalisable to the target population? ▪ Have they been evaluated?	Low (1) or medium (2) or high (3)

Q5c. Briefly summarise the key supporting evidence (links and references to the key papers/research can be added as appendix if required).
 	
  ▪ Is a brief summary of key high-level evidence provided?
  ▪ Is the source of the evidence/information clear? Does it come from peer reviewed evidence-based literature?
 	
Assessment based on the evidence of effectiveness of the proposed intervention, generalisability to the target population and whether standards/guidance are the most appropriate method to tackle the problem identified.	

Q6. Implementation	

Q6a. Who will be responsible for implementation of these standards/guidance/tools?
 	
Briefly outline how the standards will be implemented into routine practice.
 	
  ▪ How will these standards/guidance/tools be implemented into routine practice?
  ▪ Who (what organisation/directorate) will implement them?
  ▪ What is likelihood of the implementation strategy being successful? Is there a reasonable expectation that this is achievable/feasible?
  ▪ What are the key facilitators/enablers for the implementation of the standards/guidance/tools?
  ▪ Are there any significant barriers to implementation of the standards/guidance/tools?
  ▪ Will implementation of these standards require reconfiguration of governance structures within the intended services? Will delivery of the service (including care of patients) be affected?
  ▪ Factors such as need, fit, sustainability, and capacity to implement should also be considered.
 	
Q6b. Who will be responsible for monitoring implementation of these standards/guidance/tools?
	Low (1) or medium (2) or high (3)

- Who will be responsible for monitoring and reporting on implementation of these standards/guidance/tools?

Q6c. Is this a priority issue on the national health policy agenda?

- Is this issue a national health policy priority?
- Is the intervention required by legislation?
- What is the wider context surrounding this issue?
- Is the intervention aligned with national policy, strategies & legislation which will support its implementation?
- Does the intervention fit with current structures, policies and values?
- How acceptable are the standards/guidance/tools likely to be to relevant stakeholders?
- Are there any major ethical, legal and or social implications to be considered?
- Are there any pre-requisites to implementing these standards, or outstanding issues that will need to be met in order to properly implement them? Such as a change in legislation, governance structures or monitoring structures.

Assessment based on a clear plan for how the standards/guidance will be implemented into routine practice, clarity on who will be responsible for implementation and for monitoring, and alignment with national policy priorities.

Q7. Economic impact	
Q7a. Budget impact: Will additional resources be required to implement these standards/guidance/tools? - Have the resource implications of implementing the Standards/guidance/tools been considered? - What are the likely cost areas that the proposed intervention will have? These could be additional staff, training, technology, equipment or infrastructure. Have these been described and quantified? - Will it lead to cost savings? What does it replace? - Is there information provided on funding mechanisms i.e. has it been considered how these additional costs will be funded?	Low (1) or medium (2) or high (3)

Q7b. Cost effectiveness: is the intervention cost-effective?

- Is evidence of cost-effectiveness presented? Is it good value for money? Is it affordable?
- Have the benefits from improved outcomes been quantified and the associated costs or savings been estimated?

Assessment based on a clear outline of the likely cost implications that the proposed topic will have on the health and social care system, evidence of cost effectiveness and consideration of potential cost savings.

Note: Section 8(2)(c) of the Health Act sets out that in undertaking its functions HIQA shall have regard to the resources available to the Executive.