

**Nutrition support in adults Quality Standard Topic Expert Group**

**Minutes of the TEG3 meeting held on 3<sup>rd</sup> September 2012 at the NICE Manchester Office**

<b>Attendees</b>	<p><b><u>TEG Members</u></b></p> <p>Marinos Elia (ME) (Chair), Stephen Lewis (SL), Timothy Bowling (TB), Jose Bennell (JB), Rachael Masters (RM), Peter Austin (PA), Marion Sloan (MS), Carolyn Wheatley (CW), Natalie Laine (NL), Jackie Kay (JK), Joy Merriman (JM), Simon Lal (SL), Kirstine Farrer (KF), Azim Lakhani (AL)</p> <p><b><u>NICE Staff</u></b></p> <p>Brian Bennett (BB), Terence Lacey (TL), Tim Stokes (TS), Andrew Wragg (AW), Adrian Johnston (AJ), Jenny Harrisson (JH)</p> <p><b><u>Observers</u></b></p> <p>Sabina Khan (NICE), Lisa Nicholls (NICE)</p>
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Agenda item	Discussions and decisions	Actions
<b>1. Introductions and apologies</b>	ME welcomed the attendees and reviewed the agenda for the day.	
<b>2. Declarations of interest</b>	ME asked the group whether they had any new interests to declare since the last meeting. 6 members of the group declared a new interest. JH to provide members with a new declaration of interests form to complete.	JH to provide members with a new declaration of interests form to complete and ensure that any declared interests are added to the forms
<b>3. Review of progress so far and objectives of the day</b>	<p>TL reviewed the progress made on the quality standard (QS) so far. He advised the group that the main objectives of the day were to discuss the results of the consultation and agree the quality statements and associated measures for progression into the final QS. He reminded the group that the QS should only consist of aspirational statements addressing key areas of quality or variations in care. The group was also reminded that the QS should be as concise as possible and it should not include anything that is standard practice.</p> <p>TL also confirmed that the group will have the opportunity to see the final version of the QS before publication.</p>	
<b>4. Support for commissioners and others using the quality standard</b>	AJ outlined the role of the costing and commissioning team and advised the group that they will develop a support document for commissioners and other users to accompany the QS. He stated that the purpose of this document is to help commissioners and service providers consider the commissioning implications and potential resource impact of using the QS. AJ advised the group that they may need to provide input during its development. He also told them that they will have the opportunity to comment on the document. AJ asked the group to contact him if they have any questions or would like to contribute.	TEG members to contact AJ if they would like to contribute to the commissioning document.
<b>5. Presentation and discussion of consultation feedback</b>	BB gave a brief overview of the consultation comments received and highlighted that there had been positive feedback. BB advised the group that they would consider statement-specific comments received from the consultation as they discussed each statement. BB also highlighted that responses will be formulated to comments received from registered stakeholders and these responses will be published on the NICE website alongside the final quality standard.	

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	<p>TL reminded the TEG that further changes may be made to the QS following the meeting, subject to discussion with and agreement of the TEG Chair and following Guidance Executive.</p>	
<p><b>6. Presentation, discussion and agreement of final statements</b></p>	<p><b>Draft Quality Statement 1: People in all care settings are screened for malnutrition and the risk of malnutrition using a validated screening tool</b></p> <p>'for malnutrition and' to be removed from the statement.</p> <p>Home, local authority and domiciliary care to be included under 'settings' in the definition section.</p> <p>In definitions generic definition of clinical concern to be included in all bullet points where clinical concern is mentioned.</p> <p>In definitions generic definition for validated to be included.</p> <p>The TEG agreed to include a definition of malnutrition in the introduction of the QS.</p> <p>Definition of 'screening' to be amended.</p> <p>Structure measure on calibrated equipment to be included.</p> <p>Process measure to be included around screening and rescreening.</p> <p>Outcome measure to be included: 'Prevalence rates of risk of malnutrition'.</p> <p>Re-screening rates for different settings to be clarified in the definitions section.</p> <p>In audience descriptors under 'people', 'energy' to be replaced with 'nutrition'.</p> <p><b>Revised quality statement: People in all care settings are screened for the risk of malnutrition using a validated screening tool</b></p>	<p>BB to remove wording from statement</p> <p>BB to include definitions</p> <p>BB to amend definition of screening</p> <p>BB to include additional measures</p> <p>BB to amend audience descriptors</p>

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	<p><b>Draft Quality Statement 2: All people who are screened for malnutrition or the risk of malnutrition have their screening results and nutritional support goals (where applicable), documented in their care plan at key stages of their care.</b></p> <p>‘for malnutrition and’ to be removed from the statement.</p> <p>‘care plan’ to be included in the statement.</p> <p>‘documented in their care plan at key stages of their care’ to be replaced with ‘communicated in writing between care settings’.</p> <p>‘Initial screening’ to be included under ‘key stages’ in the definitions section.</p> <p>Statement 2 and 3 to swap places in the quality standard.</p> <p><b>Revised quality statement: People who are screened for the risk of malnutrition have their screening results, care plan and nutritional support goals (where applicable), communicated in writing between care settings</b></p>	<p>BB to remove wording.</p> <p>BB to include/ replace wording in the statement.</p> <p>BB to include wording in definitions section.</p> <p>BB to swap round statements 2 and 3.</p>
	<p><b>Draft Quality Statement 3: People who need nutrition support are offered treatment that in combination with any dietary intake, provides their complete nutritional requirements</b></p> <p>Whole statement changed to below wording.</p> <p>‘management plan’ to be included in the definition section.</p> <p>Statement 2 and 3 to swap places in the quality standard.</p> <p><b>Revised quality statement: People who are at risk of malnutrition are offered a management care plan that aims to meet their nutritional requirements</b></p>	<p>BB to change wording in statement</p> <p>BB to include ‘management plan’ in definitions section</p> <p>BB to swap round statements 2 and 3.</p>
	<p><b>Draft Quality Statement 4: People (and/or the carers of people) managing their own artificial nutrition support are trained to</b></p>	<p>BB to include wording in the statement</p>

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	<p><b>recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system.</b></p> <p>'prevent' to be included in the statement.</p> <p>Move the position of 'and/or the carers of people'</p> <p>Under 'Management' in the definition section replace 'urgent' with 'out of hours and also prompt response when in hours'</p> <p><b>Revised quality statement: People managing their own artificial nutrition and/or their carers, are trained to prevent, recognize and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system</b></p>	<p>BB to move position of wording</p> <p>Replace wording in the definitions section</p> <p>.</p>
	<p><b>Draft Quality Statement 5: People receiving nutritional support are offered a review of the indications, route, risks, benefits and goals of nutritional support at planned intervals by a healthcare professional</b></p> <p>'all forms of' to be included in the statement.</p> <p>'or earlier where there is clinical concern' to be included in the statement.</p> <p>'food' to be removed under 'people' in the audience descriptors section.</p> <p>'healthcare' to be replaced with 'care'.</p> <p>'nutritional' to be replaced with 'nutrition'.</p> <p><b>Revised quality statement: All people receiving all forms of nutrition support are offered a review of the indications, route, risks, benefits and goals of nutritional support at planned intervals or earlier where there is clinical concern, by a care professional.</b></p>	<p>BB to include wording in the statement</p> <p>BB to remove 'food' in audience descriptors</p> <p>BB to replace wording in the statement.</p>

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	<p><b>Draft Quality Statement 6: People access nutritional care that is overseen by a nutrition steering group</b></p> <p>The TEG agreed to remove this statement</p> <p>The TEG still felt strongly about this area and queried whether this could be picked up elsewhere. The NICE team agreed some information could be included in the introduction for the QS and potentially as part of the rationale section of relevant statements.</p> <p>THE NICE team also identified this is an area that could potentially be picked up by the NHS Commissioning Board.</p> <p>The NICE team also advised that there had been useful discussions with colleagues from the costing and commissioning team about highlighting nutrition steering committees/ groups as an example of good practice in implementing the statements.</p>	<p>BB to remove draft statement 6.</p> <p>BB to include information on this in the introduction and rationale of each statement.</p> <p>BB to feedback to the costing and commissioning lead key points about the important role of nutrition steering committees in supporting nutrition support</p>
<p><b>7. Equality impact assessment</b></p>	<p>BB advised the group that an equalities impact assessment would be completed, for the following reasons:</p> <ul style="list-style-type: none"> <li>• To confirm that equality issues identified have been considered and appropriately addressed.</li> <li>• To ensure that the outputs do not discriminate against any of the equality groups</li> <li>• To highlight planned action relevant to equality</li> <li>• To highlight areas where statements may promote equality</li> </ul> <p>BB asked the group to highlight any specific issues and the TEG suggested in draft statement 3 (new number 2) 'irrespective of the underlying reason' to be included to make this more encompassing.</p>	<p>BB to include sentence in equality and diversity considerations.</p>
<p><b>8. Next steps</b></p>	<p>AW outlined the next steps, including key dates in the QS development process. He gave a brief outline of the endorsement process and advised the group that a number of organisations have expressed an interest in endorsing the QS. The TEG members were urged to make use of their contacts to encourage organisations to express an interest in endorsing the standard. CW expressed an interest in her organisation endorsing the standard.</p> <p>The group was reminded that the date for the next meeting, to begin</p>	<p>TEG members to encourage organisations to express an interest in endorsing the QS.</p> <p>CW to email AW expression of interest</p>

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	working on QOF and COF indicators, will be on Thursday 10 <sup>th</sup> January 2013 in the NICE Manchester office.	
<b>9. AOB</b>	<p>The TEG had no other business to discuss.</p> <p>ME thanked the group for their hard work and closed the meeting.</p>	