NICE National Institute for Health and Care Excellence

**Quality Standards Advisory Committee 3**

**Osteoarthritis and Personality disorders (borderline and antisocial) post-consultation meeting**

**Minutes of the meeting held on Wednesday 21st January 2015 at the Red rooms, City Tower, Manchester**

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| **Attendees** | **Standing Quality Standards Advisory Committee (QSAC) members**<br>Hugh McIntyre (HM) [Chair], Ann Nevinson (AN), Darryl Thompson (DT), Deryn Bishop (DB), Geeta Kumar (GK), Gillian Parker (GP), Jane O'Grady (JO), Jim Stephenson (JS), Madhavan Krishnaswamy (MK), Malcolm Fisk (MF), Margaret Goose (MG) Sarah Williamson (SW)<br><br>**Specialist committee members**<br>Osteoarthritis (agenda items 1-5) - Anna Clark-Frew (ACF), Elspeth Wise (EW), Ian Bernstein (IB), Jo Cumming (JK), Krysia Dziedzic (KD), Philip Conaghan (PC), Robert Middleton (RM)<br><br>Personality disorders (agenda items 6-11) - Alison Pearsall (AP), Claire Lamza (CL), Katherine Spivey (KS), Paul Moran (PM), Peter Fonagy (PF), Victoria Green (VG)<br><br>**NICE staff**<br>Alison Tariq (AT) [agenda items 1-5], Ania Wasielewska (AW) [agenda items 6-11], Jane Lynn (JL) [agenda items 6-11], Jenny Mills (JM) [agenda items 1-11], Mark Minchin (MM) [agenda items 1-11], Melanie Carr (MC) [agenda items 1-5], Sabina Keane (SK) [agenda items 6-11]<br><br>**Topic expert advisers**<br>None attended<br><br>**NICE observers**<br>Pavanraj Jessal (agenda items 6-11) |
| **Apologies** | **Standing Quality Standards Advisory Committee (QSAC) members**<br>Alastair Bradley, David Pugh, Eve Scott, Jan Dawson, Jane Orr-Campbell, Julia Thompson, Matthew Fay, Rhian Last<br>**Specialist committee members**<br>Personality disorders- Annette Duff, James McGuire |

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| **1. Welcome, introductions and plan for the day (private session)** | HM welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves.<br><br>HM informed the Committee of the apologies and reviewed the agenda for the day. | |
| **2. Committee business (public session)** | **Declarations of interest**<br>HM asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. HM asked the specialist Committee members to declare all interests. The following interests were declared:<br><br><u>Specialist committee members</u><br>• ACF- Developed and is involved in an exercise programme.<br>• EW- Gave a presentation on osteoarthritis in which remuneration was received.<br>• IB- Clinical Lead for musculoskeletal services for NHS Ealing CCG, seconded to the London Borough of Ealing Public Health department to write the chapter on musculoskeletal health for the Joint Strategic Needs Assessment, presented on Hot Topics in Musculoskeletal Medicine, and Transforming Musculoskeletal Services at the Best Practice Conference where locum costs were received, presented on Transforming Musculoskeletal Services at the Association for Medical Osteopathy, appointed to two national working groups convened by the Arthritis and Musculoskeletal Alliance, and the NHS Confederation, Chaired a session on Skilling up the GP Workforce at the British Institute of Musculoskeletal Medicine annual symposium and a co-applicant for a bid from the National MSK Data Group (established by Arthritis Research UK) for a grant from Arthritis Research UK to characterise the epidemiology and clinical pathway of osteoarthritis where remuneration would be received.<br>• KD- Has implemented NICE guidelines in primary care and has received a HTA grant for a study on osteoarthritis.<br>• PC- Co-applicant on HTA grant study<br>• RM- Professor at Bournemouth University specialising in Arthritis<br><br>**Minutes from the last meeting**<br>HM explained that due to the Christmas period there was a delay in signing the December minutes off both internally and through specialist member input. HM explained that they will be taken to the QSAC 3 meeting in February. | |
| **3. Topic session –** | The Committee then moved on to discuss osteoarthritis. | |

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| **Osteoarthritis (public session)** | | |
| **3.1 Recap of prioritisation exercise** | MC presented a recap of the areas for quality improvement discussed at the first QSAC meeting for osteoarthritis:<br><br>**At the first QSAC meeting on 18th September 2014 the QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard:**<br><br>• Diagnosis<br>• Holistic approach to assessment and management<br>• Education and self-management<br>• Non-pharmacological management<br>• Follow-up and review<br>• Referral for consideration of joint surgery<br><br>The full rationale for these decisions is available in the prioritisation meeting minutes which can be found here: http://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Quality-Standards-Advisory-Committee/QSAC3/qsac3-180914-minutes.pdf | |
| **3.2 and 3.3 Presentation and discussion of stakeholder feedback and key themes/issues raised** | MC presented the Committee with a report summarising consultation comments received on osteoarthritis. The Committee was reminded that this document provided a high level summary of the consultation comments, prepared by the NICE quality standards team, and was intended to provide an initial basis for discussion. The Committee was therefore reminded to also refer to the full list of consultation comments provided throughout the meeting.<br><br>The Committee was informed that comments which may result in changes to the quality standard had been highlighted in the summary report. Those comments which suggested changes which were outside of the process, were not included in the summary but had been included within the full list of comments, which was within the appendix. These included the following types of comment:<br>• Relating to source guidance recommendations<br>• Suggestions for non-accredited source guidance<br>• Request to broaden statements out of scope<br>• Inclusion of overarching thresholds or targets | **NICE to reword the introduction to make sure it's clear that the QS** |

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| | • Requests to include large volumes of supporting information, provision of detailed implementation advice<br>• General comments on role and purpose of quality standards<br>• Requests to change NICE templates<br><br>The Committee raised concern that some of the comments from the Royal College of General Practitioners (RCGP) focused on the workload in general practice without considering the wider benefits to patients and the healthcare system, and queried how familiar the RCGP was with the process. The Committee also expressed concern that although the QS is expected to mainly be used in primary care and community services the QS currently focuses too much on GP's rather than wider primary care. The Committee agreed to make this clearer in the introduction. | **should mainly be implemented in primary care and community services.**<br><br>**NICE to contact RCGP before publication of the QS to promote it and get their support.** |
| **3.4 Discussion and agreement of final statements** | The Committee discussed each statement in turn and agreed upon a revised set. **These statements are not final and may change as a result of the editorial and validation processes.** | |
| | **Draft Quality Statement 1: Adults aged 45 years or over with activity-related joint pain and either no morning joint stiffness or morning joint stiffness that lasts no longer than 30 minutes are diagnosed with osteoarthritis clinically without investigations**<br><br>The Committee discussed stakeholder feedback that a definition for the population could be used to reduce wording in the statement. The Committee agreed that 'either no morning joint stiffness or' should be removed as 'morning joint stiffness that lasts no longer than 30 minutes' also encapsulates this group. The Committee highlighted the importance of including morning stiffness for less than 30 minutes as this ensures that inflammatory arthritis is excluded. Stakeholders suggested including ultrasound and the Committee agreed to include this in the definition for 'clinically without investigation'. The Committee discussed stakeholder comments regarding the need to clarify exclusions to 'without investigation' and agreed to include more information in the definition about alternative diagnoses that may require investigation based on recommendation 1.1.2. The Committee explained that the rationale behind the statement is not to routinely use x-rays and not to do inappropriate tests.<br><br>Overall it was agreed to remove 'either no morning joint stiffness or' from the statement and include ultrasound as an investigation that should not be used and the need to be aware of the possibility of alternative diagnoses in the definition of 'clinically without investigation'. | **NICE to reword the statement to remove 'either no morning joint stiffness or' and include ultrasound and alternative diagnoses in the definition of 'clinically without investigation'.** |
| | **Draft Quality Statement 2: Adults have a holistic assessment when diagnosed with osteoarthritis** | **NICE to reword the** |

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| | The Committee discussed stakeholder feedback that the term 'holistic assessment' is very generic and should instead include specific elements within the statement rather than just in the definition. The Committee discussed 4 key outcome measures (pain, function, quality of life and mood) highlighting the specific need to include quality of life and mood as these are considered key elements for this condition. The Committee agreed that comorbidities and patient knowledge do not need to be specifically mentioned in the statement but should be included in the rationale. The Committee agreed to change the statement to include an assessment for pain, impact on daily activities and quality of life including mood. Furthermore the Committee agreed to reword the rationale to make it more explicit. In terms of measurement the Committee agreed that a separate pain assessment measure is not required but a measure of whether the assessment is directed by individual goals and priorities should be explored.<br><br>Overall it was agreed to reword the statement to include an assessment for pain, impact on daily activities and quality of life including mood, make the rationale more explicit and include a measure of whether the assessment is goal directed.. | **statement to include an assessment for pain, impact on daily activities and quality of life including mood, make the rationale more explicit and include a measure of whether the assessment is goal directed.** |
| | **Draft Quality Statement 3: Adults with osteoarthritis have an agreed self-management plan that identifies which services will support them**<br><br>The Committee discussed the rationale behind this statement highlighting that people should have adequate information to enable self-management. The Committee agreed that although written information should be given this statement differs from that in the patient experience QS as this highlights self-management which is key to this condition. Recognising stakeholder feedback that not everyone will need services to support them the Committee agreed to change the statement wording to reflect that services should be seen as a tool to help people identify what they need to do for themselves rather than just a means of support. The Committee therefore agreed to remove reference to a 'plan' from the statement and instead focus more on tools to support self-management and equip people to plan for the future including signposting to local support. The Committee agreed to strengthen the rationale section following the above discussions.<br><br>Overall it was agreed NICE would consider removing reference to a 'plan' from the statement and instead focus more on tools to support self-management and equip people to plan for the future, and strengthen the rationale to reflect discussions. | **NICE to consider removing the reference to a 'plan' from the statement and instead focus more on tools to support self-management and equip people to plan for the future, and strengthen the rationale to reflect discussions.** |
| | **Draft Quality Statement 4: Adults with osteoarthritis are advised to exercise, and if they are overweight or obese are offered support to lose weight** | **NICE to split this statement into two, one** |

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| | The Committee discussed stakeholder suggestions that this should be split into two statements given the different populations and agreed on this proposal. Stakeholders suggested changing exercise to physical activity but the Committee highlighted that the term exercise is used in the guideline and the recommendations include specifics such as muscle strengthening and aerobic exercises which are key for this condition. The Committee agreed that the specific types of exercise should be included in the wording for the statement on exercise. The wording in the original statement for weight loss should be retained.<br><br>The Committee agreed to include signposting to specific support for exercise and weight loss and to clarify that a clinical judgement will need to be made on how to ensure effective participation for each individual to ensure weight loss and exercise is achieved. Stakeholders suggested including a measurement around maintenance of weight which the Committee agreed.<br><br>Overall it was agreed to split this statement into two, one focusing on weight loss and one on exercise. Furthermore it was agreed to signpost to appropriate support for exercise, and to clarify that a clinical judgement will need to be made on how to ensure effective participation for each individual to ensure weight loss and exercise is achieved, and to include a measurement for weight maintenance. | **focusing on weight loss and one on exercise.**<br><br>**Furthermore it was agreed to signpost to appropriate support for exercise, include clinical judgement on how to ensure effective participation in both weight loss and exercise, and to include a measurement for weight maintenance.** |
| | **Draft Quality Statement 5: Adults with symptomatic osteoarthritis have an agreed date for a holistic review**<br><br>The NICE team explained that a question was asked of stakeholders at consultation as to whether annual reviews should be included and there was no consensus. The Committee suggested that the statement should be made more specific and focus on patients with deteriorating symptoms and patients taking long term medication which can have adverse effects. The Committee agreed that there should be joint responsibility for a review between the clinician and patient. The Committee highlighted that this would empower the patient but include that the clinician should guide the patient to seek a review when they have significant persistent or deteriorating symptoms.<br><br>Overall it was agreed to focus the statement on patients with significant persistent or deteriorating symptoms, and include joint responsibility between the clinician and patient. | **NICE to consider focusing the statement on patients with significant persistent or deteriorating symptoms, and include joint responsibility between the clinician and patient.** |
| | **Draft Quality Statement 6: Adults with osteoarthritis whose symptoms have a substantial impact on their quality of life and have not responded to treatment discuss referral for joint surgery with their GP** | **NICE to refocus the statement to referral for consideration for surgery should not be considered** |

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| | The Committee discussed stakeholder feedback that substantial impact on their quality of life should be defined but it was agreed that this is not possible and therefore agreed to refocus the statement. The Committee discussed the rationale of the statement highlighting that some services do not refer for surgery when they should do. The Committee agreed that the 3 core treatments (verbal and written information, physical activity and exercise and support to lose weight) should be offered before surgery is considered and therefore should be reflected in the statement.<br><br>The Committee also discussed scoring tools and highlighted the variation in use and agreed to include another statement that decisions for referral for joint surgery should not be based on the use of scoring tools.<br><br>Overall it was agreed to refocus the statement to referral for consideration for surgery should not be considered unless core treatments have been offered. Furthermore it was agreed to include a second statement that decisions for referral for joint surgery should not be based on the use of scoring tools. | **unless core treatments have been offered. Furthermore it was agreed to include a second statement that decisions for referral for joint surgery should not be based on the use of scoring tools.** |
| | **Additional areas suggested by stakeholders**<br>• **Pain assessment and effectiveness of symptom control**<br>The Committee agreed that this is already included in the assessment and review statements.<br>• **Regular review of effectiveness of pharmacological interventions**<br>The Committee agreed to include this within the review statement rather than progress a stand-alone statement.<br>• **Non drug therapies for pain**<br>The Committee agreed that nothing additional can be added to what is already included in the guideline.<br>• **Prevention of osteoarthritis**<br>The Committee agreed that the focus of this QS is for people with established osteoarthritis, and is out of scope to include prevention.<br>• **Standardisation of specialist surgical services**<br>The Committee agreed that this is outside the scope of the QS. Furthermore the NICE team explained that a future QS on Elective joint surgery will be developed.<br><br>**<u>Equality and diversity considerations</u>**<br>The Committee highlighted some additional considerations as they discussed the statements but also highlighted that 'encourage to exercise irrespective of age' should be reworded. Furthermore the Committee asked NICE to check whether disability in the generic list of equality and diversity | **NICE to check whether disability in the generic list of equality and diversity considerations includes learning disabilities** |

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| | considerations includes learning disabilities. | |
| **4. Supporting the quality standard (part 1 – open session)** | MM presented a summary of the organisations who have expressed an interest in supporting the quality standard and asked the QSAC to consider whether any key organisations were missing.<br><br>The following organisations were highlighted:<br>• Arthritis Care<br>• Arthritis Research UK<br>• British Health Professionals in Rheumatology | **NICE to contact suggested organisations to see if they are interested in supporting the QS.** |
| **5. Next steps and timescales (part 1 – open session)** | JM outlined what will happen following the meeting and any key dates for the osteoarthritis quality standard. | |
| **6. Welcome, introductions and plan for the day (private session)** | HM welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves. | |
| **7. Committee business (public session)** | **Declarations of interest**<br>HM asked the specialist committee members to declare all interests. The following interests were declared:<br><br><u>Specialist committee members</u><br>• VG- Chair of the Board of Directors of Emergence, a service-user led CIC.<br>• PF- Developer of a treatment programme for borderline personality disorder | |
| **8. Topic session – Personality disorders (borderline and antisocial) (public session)** | The Committee then moved on to discuss personality disorders (borderline and antisocial) [PD] | |
| **8.1 Recap of prioritisation** | AW presented a recap of the areas for quality improvement discussed at the first QSAC meeting for PD: | |

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| **exercise** | **At the first QSAC meeting on 18th September 2014 the QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard:**<br><br>• Assessment and diagnosis<br>• Appropriate treatment<br>• Managing endings and supporting transitions<br>• Person centred care<br>• Supervision and support<br><br>The full rationale for these decisions is available in the prioritisation meeting minutes which can be found here: http://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Quality-Standards-Advisory-Committee/QSAC3/qsac3-180914-minutes.pdf | |
| **8.2 and 8.3 Presentation and discussion of stakeholder feedback and key themes/issues raised** | AW presented the Committee with a report summarising consultation comments received on PD. The Committee was reminded that this document provided a high level summary of the consultation comments, prepared by the NICE quality standards team, and was intended to provide an initial basis for discussion. The Committee was therefore reminded to also refer to the full list of consultation comments provided throughout the meeting.<br><br>The Committee was informed that comments which may result in changes to the quality standard had been highlighted in the summary report. Those comments which suggested changes which were outside of the process, were not included in the summary but had been included within the full list of comments, which was within the appendix. These included the following types of comment:<br>• Relating to source guidance recommendations<br>• Suggestions for non-accredited source guidance<br>• Request to broaden statements out of scope<br>• Inclusion of overarching thresholds or targets<br>• Requests to include large volumes of supporting information, provision of detailed implementation advice<br>• General comments on role and purpose of quality standards<br>• Requests to change NICE templates<br><br>The SCMs raised concerns regarding the decision to combine borderline personality disorder (BPD) and antisocial personality disorder (ASPD) as one QS. The SCMs made the Committee aware that they had | **NICE team and SCMs to liaise regarding wording** |

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| | been approached by service user organisations that also had concerns regarding the combining of these two disorders. NICE explained that both disorders were referred by NHS England to be developed as one QS. The Committee agreed that the difference in populations should be explained in the introduction. It was agreed that the NICE team and SCMs would work on the introduction wording outside of the meeting, to ensure the wording and presentation was appropriate. HM explained that any specific concerns should be highlighted as the Committee discuss each statement. | **in the introduction.** |
| **8.4 Commissioning implications** | JL presented to the Committee on the supporting documentation that would be developed and published alongside the quality standard. JL asked the Committee to highlight any potential cost impact or commissioning issues as they went through each statement. | |
| **8.5 Discussion and agreement of final statements** | The Committee discussed each statement in turn and agreed upon a revised set. **These statements are not final and may change as a result of the editorial and validation processes.** | |
| | **Draft Quality Statement 1: People have a structured assessment before they are given a diagnosis of borderline or antisocial personality disorder**<br><br>The Committee agreed that the statement relates to both disorders and therefore stating the specific disorders in the statement should be removed so it reads 'given a diagnosis of personality disorder'. The NICE team explained that the tools for carrying out structured assessments are only currently stated in CG78 guidance for borderline personality disorder but agreed that they would look at this outside of the meeting as to which tools are appropriate for diagnosing antisocial personality disorder. The Committee also raised resource implications such as staff training and time, which could lead to waiting lists and delays in diagnosis.<br><br>Overall it was agreed to reword the statement to read 'given a diagnosis of personality disorder' and look at the associated guidelines outside of the meeting to see if tools appropriate for diagnosing antisocial personality disorder can be included. | **NICE to reword the statement to read 'given a diagnosis of personality disorder' and look at the associated guidelines outside of the meeting to see what specific tools should be used for diagnosing ASPD.** |
| | **Draft Quality Statement 2: People with borderline or antisocial personality disorder are offered psychological therapies relevant to the disorder or individual symptoms of the disorder.**<br><br>The Committee discussed stakeholder feedback that symptoms of personality disorders can only be properly addressed through therapy for the disorder rather than treating individual symptoms and therefore agreed to remove 'or individual symptoms of the disorder' from the statement. The Committee discussed the psychological therapies available and questioned whether 'evidence based psychological therapies' | **NICE to look at three options for this statement: a placeholder on evidence based psychological therapies, splitting the statement into two (one for each** |

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| | could be included in the statement. NICE highlighted that there are no recommendations supporting specific psychological therapies and that the inconclusive consultation response did not help to resolve this issue. There was also an alternative suggestion by the Committee that a placeholder statement could potentially be created on the need for evidence based psychological therapies. The Committee also discussed splitting the statement into two (one for each personality disorder) or progressing as one statement but providing two definitions as it is currently written. The Committee agreed that the NICE team would look at this outside the meeting to see which approach would be most feasible.<br><br>Overall it was agreed that NICE would look at three options for this statement: a placeholder on evidence based psychological therapies, splitting the statement into two (one for each personality disorder) or alternatively progressing as one statement but providing two definitions as it is currently written. | **personality disorder) or alternatively progressing as one statement but providing two definitions as it is currently written.** |
| | **Draft Quality Statement 3: People with borderline or antisocial personality disorder are not prescribed antipsychotic or sedative medication for medium or long term management unless there is a diagnosed psychotic disorder.**<br><br>The Committee discussed the rationale behind the statement highlighting that there is currently a harmful misuse of drugs. It was highlighted to the Committee that although people with a personality disorder should not be prescribed antipsychotic or sedative medication for medium or long term management, medication can sometimes be used for short term crisis management and comorbid mental illness. The Committee agreed that the statement relates to both personality disorders.<br><br>Overall it was agreed to include medication use in short term crisis management and treatment for comorbid mental illness. | **NICE to include medication use in short term crisis management and treatment for comorbid mental illness.** |
| | **Draft Quality Statement 4: People with borderline or antisocial personality disorder have the risks associated with transitions and changes to services addressed in their care plan**<br><br>NICE explained that there will be a separate QS developed on transitions between child and adult services in the future so a statement in this QS would need to go beyond this to prevent future overlap. The Committee explained that attachment is key when people have built relationships with services or individuals and when the care is changed this can cause disruption and distress. The SCMs reported the very high risk of suicide attempts at the point of transition. The Committee agreed therefore that the statement should focus on optimising the management of transition between a number of services (young offenders, hospital, personality disorders services and the community) by using a phased approach. The issues of attachment should be included within the rationale. | **NICE to focus the statement should focus on optimising the management of transition between a number of services by using a phased approach. The issues of attachment should be included within the rationale.** |

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| | Overall it was agreed to focus the statement should focus on optimising the management of transition between a number of services by using a phased approach. The issues of attachment should be included within the rationale. | |
| | **Draft Quality Statement 5: People with borderline or antisocial personality disorder have their social care, social support and occupational needs identified in their care plan**<br><br>The Committee discussed stakeholder feedback that the statement is currently broad, hard to measure and implement and highlighted that as it currently reads could relate to a number of conditions not just personality disorders. The Committee agreed that long term employment is key for people with borderline or antisocial personality disorder. The Committee questioned the overlap with other mental health conditions.<br><br>Overall it was agreed to focus this statement on long term employment goals and check the alignment with psychosis and schizophrenia in adults QS and bipolar disorder draft statements for consistency on employment as far as the recommendations for BPD and ASPD allow. NICE team also agreed to look into including stable living conditions and the need for collaborative work between agencies to be detailed within the rationale and audience descriptors. | **NICE to focus this statement on long term employment, check the alignment with psychosis and schizophrenia in adults QS and bipolar disorder in adults draft QS statement on employment support programmes for consistency.**<br><br>**Also explore including stable living conditions and occupational needs as long term goals and include the need for agencies to work collaboratively in the detail of the audience descriptors and rationale for this statement.** |
| | **Draft Quality Statement 6: Mental health professionals supporting people with borderline or antisocial personality disorder are routinely supervised**<br><br>The Committee agreed that this statement should focus on support of staff from an emotional point of view rather than performance monitoring. The Committee highlighted that there is evidence to support that staff looking after people with personality disorders can be put in particularly vulnerable situations and the need for emotional support is key. The Committee agreed to include 'staff support reported' in the measures. NICE highlighted recommendation 1.6.3.4 around supporting adherence to the specific intervention which | **Overall it was agreed to focus this statement on emotional support of staff, include staff support reported' in the measures and include that the nature and frequency of supervision** |

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| | the Committee agreed to include.<br>Following stakeholder feedback the Committee agreed to include that the nature and frequency of supervision should be appropriate to the complexity of the work undertaken and tailored to individual roles and needs.<br><br>Overall it was agreed to focus this statement on emotional support of staff, including staff support reported' in the measures and include that the nature and frequency of supervision should be appropriate to the complexity of the work undertaken and tailored to individual roles and needs. | **should be appropriate to the complexity of the work undertaken and tailored to individual roles and needs.** |
| | **Additional areas suggested by stakeholders**<br>• **Continuity of care between primary and secondary care.**<br>• **Information for patients on their diagnosis.**<br>• **Organisation of services: mental health trusts agreeing a personality disorder strategy with commissioners.**<br>• **Management of co-morbid personality disorders and mental illness.**<br>• **The challenges of risk taking behaviours in people with personality disorders.**<br>• **Using acute psychiatric admissions for people with a diagnosis of borderline personality disorders.**<br>• **Assessing occupational functioning and provision of occupational therapy.**<br><br>The Committee discussed these areas and agreed not to progress as individual statements as they felt these were not key for quality improvement. The Committee did however highlight that management of co-morbid personality disorders and mental illness and organisation of services would be included within the current draft statements.<br><br>**<u>Equality and diversity considerations</u>**<br><br>The Committee agreed that the following areas should be included in the EQIA:<br><br>• People in prison<br>• Transgender<br>• Gender reassignment | **NICE to include areas identified in the EQIA.** |
| **9. Supporting the quality standard** | MM presented a summary of the organisations who have expressed an interest in supporting the quality standard and asked the QSAC to consider whether any key organisations were missing. | |

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| **(part 1 – open session)** | The following organisations were highlighted:<br>• Emergence | |
| **10. Next steps and timescales (part 1 – open session)** | JM outlined what will happen following the meeting and any key dates for the PD quality standard. | |
| **11. Any other business (part 2 – Private session)** | No items of business were raised.<br><br>HM thanked the specialist committee members for their input into the development of this quality standard,<br><br>**Date of next QSAC3 meeting: Wednesday 18th February 2015** | |