Gastro-oesophageal reflux in children and young people

NICE quality standard

Draft for consultation

August 2015

Introduction

This quality standard covers managing symptoms of gastro-oesophageal reflux (GOR) and the recognition, diagnosis and management of gastro-oesophageal reflux disease (GORD) in children and young people under 18. It does not cover dyspepsia and GORD in adults. This is covered in NICE quality standard 96 (Dyspepsia and gastro-oesophageal reflux disease in adults: investigation and management [2015]). For more information see the topic overview.

Why this quality standard is needed

GOR is a normal physiological process that usually happens after eating in healthy infants, children, young people and adults. In contrast, GORD happens when the effect of GOR causes symptoms to become severe and need medical treatment. GOR is more common in infants than in older children and young people, and it is noticeable by the effortless regurgitation of feeds in babies.

In clinical practice, it is difficult to differentiate between GOR and GORD, and both terms are used by health professionals and families. There is no simple, reliable and accurate diagnostic test to confirm whether the condition is GOR or GORD, and this in turn affects research and clinical decisions. Furthermore, the term GORD covers a number of specific conditions that have different effects and present in different ways. This makes it difficult to identify GORD and to estimate its real prevalence. GORD affects many children and families in the UK, who commonly seek medical advice.

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

- Health-related quality of life.
- Change in symptoms and signs, for example:
  - cessation or reduction (volume or frequency) of regurgitation
  - reduction in crying and distress
  - improved feeding
  - improved nutritional status.
- Improvement in investigative findings, including healing of erosive oesophagitis.
- Adverse events of interventions (diagnostic or treatment).

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS Outcomes Framework 2015–16
- Public Health Outcomes Framework 2013–2016.

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

Table 1 NHS Outcomes Framework 2015–16

Domain	**Overarching indicators and improvement areas**
2 Enhancing quality of life for people with long-term conditions	***Improvement areas*** **Reducing time spent in hospital by people with long-term conditions** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition 2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions

3 Helping people to recover from episodes of ill health or following injury	***Improvement areas*** 3.1i Total health gain as assessed by patients for elective procedures

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

Domain	Objectives and indicators
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities ***Indicators*** 2.2 Breastfeeding 2.5 Child development at 2–2½ years
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities ***Indicators*** 4.2 Tooth decay in children aged 5

Coordinated services

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

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high quality gastro-oesophageal reflux disease service are listed in Related quality standards. [Link to section in web version]

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and public health practitioners involved in assessing, caring for and treating children and young people with GORD should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting children and young people with GORD. Quality standards also recognise the anxiety parents and carers feel when children and young people experience the symptoms. Healthcare professionals should ensure that parents and carers are reassured and when appropriate involved in the decision-making process on ways to improve the symptoms of regurgitation.

List of quality statements

Statement 1. People attending antenatal and postnatal appointments are given information about gastro-oesophageal reflux (GOR) in infants.

Statement 2 Infants with frequent regurgitation associated with marked distress have their feeding assessed.

Statement 3 Infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice have a trial of alginate therapy.

Statement 4. Infants and children with no visible regurgitation and only 1 symptom associated with gastro-oesophageal reflux (GOR) are not further investigated or treated for GOR.

Statement 5 Infants, children and young people with vomiting or regurgitation and any 'red flag' symptoms are further investigated or referred to specialist care.

Statement 6 Infants, children and young people do not have an upper gastrointestinal (GI) contrast study to diagnose or assess the severity of gastro-oesophageal reflux disease (GORD).

Statement 7 Infants and children with visible regurgitation as an isolated symptom are not prescribed acid-suppressing drugs.

Statement 8 Infants, children and young people are not prescribed domperidone, metoclopramide or erythromycin to treat gastro-oesophageal reflux (GOR) or gastro-oesophageal reflux disease (GORD) without specialist paediatric advice.

Questions for consultation

Questions about the quality standard

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

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

Question 3 Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection here. Examples of using NICE quality standards can also be submitted.

Quality statement 1: Information about gastro‑oesophageal reflux in infants

Quality statement

People attending antenatal and postnatal appointments are given information about gastro-oesophageal reflux (GOR) in infants.

Rationale

The visible regurgitation of feeds in infants can cause anxiety for parents and carers. Pregnant women, parents and carers should be given information about GOR and reassured that in well infants, effortless regurgitation of feeds is a common and normal occurrence, and is likely to resolve before the infant is 1 year old.

Quality measures

Structure

Evidence of local arrangements to ensure that pregnant women, parents and carers attending antenatal and postnatal appointments are given information about GOR in infants.

Data source: Local data collection

Process

a) Proportion of pregnant women who received information about GOR during antenatal appointments.

Numerator – the number in the denominator who received information about GOR during 1 of their antenatal appointments.

Denominator – the number of pregnant women attending antenatal appointments.

Data source: Local data collection

b) Proportion of infants aged 8 weeks or under whose parents or carers received information about GOR from a midwife or a health visitor.

Numerator – the number in the denominator whose parent or carer received information about GOR from a midwife or a health visitor

Denominator – the number of infants aged 8 weeks and under seen by a midwife or a health visitor.

Data source: Local data collection

Outcome

a) Parental anxiety around infant GOR.

Data source: Local data source

b) GP visits regarding GOR.

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

Service providers (community care trusts, secondary care trusts, specialised women's/maternity providers) ensure that antenatal and postnatal appointments include information about GOR in infants. The information should cover advice about symptoms that should prompt parents and carers to return for a review.

Healthcare professionals (health visitors, midwives,) give information to people attending antenatal and postnatal appointments about GOR in infants and offer reassurance and information about when to seek help.

Commissioners (Clinical commissioning groups) ensure that the antenatal and postnatal appointments are commissioned to include information about GOR in infants.

What the quality statement means for people attending antenatal and postnatal appointments

People attending antenatal and postnatal appointments receive information about reflux (regurgitating or vomiting feeds) in babies. They are also given advice on symptoms to look for that mean they should see their healthcare professional.

Source guidance

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendation 1.1.3 (key priority for implementation) and 1.1.4

Definitions of terms used in this quality statement

Gastro oesophageal reflux (GOR)

GOR is the passage of gastric contents into the oesophagus. It is a common physiological event that can happen at all ages from infancy to old age, and is often asymptomatic. It occurs more frequently after feeds/meals. In many infants, GOR is associated with a tendency to 'overt regurgitation' – the visible regurgitation of feeds.

[Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1]

Information for people attending antenatal and postnatal appointments

Information should explain that in well infants, effortless regurgitation of feeds:

- is very common (it affects at least 40% of infants)
- usually begins before the infant is 8 weeks old
- may be frequent (5% of infants affected have 6 or more episodes each day)
- usually becomes less frequent with time (it resolves in 90% of affected infants before they are 1 year old)
- does not usually need further investigation or treatment.

If any of the following occur, return for review:

- the regurgitation becomes persistently projectile
- there is bile-stained (green or yellow-green) vomiting or haematemesis (blood in vomit)
- there are new concerns, such as signs of marked distress, feeding difficulties or faltering growth
- there is persistent, frequent regurgitation beyond the first year of life.

[Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendation 1.1.3 (key priority for implementation) and 1.1.4]

Equality and diversity considerations

This statement relies on pregnant women, parents and carers understanding the information given to them. Healthcare professionals may need to provide support for people who have difficulties with communicating in English and to people with learning difficulties.

Quality statement 2: Feeding assessment

Quality statement

Infants with frequent regurgitation associated with marked distress have their feeding assessed.

Rationale

A breastfeeding assessment (for breast-fed infants) or a formula feeding assessment (for formula-fed infants), should be the first step in supporting parents and carers of infants with managing frequent regurgitation associated with marked distress. Correcting the breastfeeding technique for breast-fed infants (for example, positioning and attachment) and adjusting feed volumes, frequencies and thickness for formula-fed infants can improve the symptoms.

Quality measures

Structure

Evidence of local arrangements to ensure that infants with frequent regurgitation associated with marked distress have their feeding assessed before other treatments are offered.

Data source: Local data collection

Process

a) Proportion of breast-fed infants with frequent regurgitation associated with marked distress whose mothers had a breastfeeding assessment.

Numerator – number in the denominator whose mothers had a breastfeeding assessment.

Denominator – number of breast-fed infants with frequent regurgitation associated with marked distress.

Data source: Local data collection

b) Proportion of formula-fed infants with frequent regurgitation associated with marked distress who had a formula feeding assessment.

Numerator – number in the denominator who had a formula feeding assessment.

Denominator – number of formula-fed infants with frequent regurgitation associated with marked distress.

Data source: Local data collection

Outcome

Infants with frequent regurgitation associated with marked distress presenting in primary care.

Data source: Local data collection

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

Service providers (community care providers, secondary care, women's trusts) ensure that healthcare professionals carry out a feeding assessment and offer advice if infants have frequent regurgitation associated with marked distress, before other treatments are offered.

Healthcare professionals (Health visitors, midwives or GPs) carry out a feeding assessment and offer advice if infants have frequent regurgitation associated with marked distress, feeding assessment and offer advice if infants have frequent regurgitation associated with marked distress, before they offer any other treatments.

Commissioners (Clinical commissioning groups) ensure that services they commission support parents and carers with guidance and assessments on infant feeding.

What the quality statement means for parents and carers

Parents and carers receive support and advice about correct feeding techniques for babies who regurgitate often and are very distressed, for example if they cry inconsolably and they seem to be in pain.

Source guidance

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendation 1.2.2 and 1.2.3 (key priority for implementation)

Definitions of terms used in this quality statement

Marked distress

There is very limited evidence, and no objective or widely accepted clinical definition, for what constitutes 'marked distress' in infants and children who are unable to adequately communicate (expressively) their sensory emotions. NICE guideline NG1 describes 'marked distress' as an outward demonstration of pain or unhappiness that is outside what is considered to be the normal range by an appropriately trained, competent healthcare professional, based on a thorough assessment. This assessment should include a careful analysis of the description offered by the parents or carers in the clinical context of the individual child.

[Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1]

Equality and diversity considerations

Health visitors and midwives should ensure that feeding assessments are carried out in culturally appropriate manner and any messages are communicated in a sensitive way.

Quality statement 3: Alginate therapy

Quality statement

Infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice have a trial of alginate therapy.

Rationale

Alginates can be effective in reducing gastro-oesophageal reflux (GOR) in some infants. By reacting with acidic gastric contents the alginate forms a viscous gel that stabilises stomach activity which reduces the incidence of gastro-oesophageal reflux.

Quality measures

Structure

Evidence of local arrangements to ensure that infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice have a trial of alginate therapy.

Data source: Local data collection

Process

a) Proportion of breast-fed infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice who had a trial of alginate therapy.

Numerator – number in the denominator who had a trial of alginate therapy.

Denominator – number of breast-fed infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice

Data source: Local data collection

b) Proportion of formula-fed infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice who had a trial of alginate therapy.

Numerator – number in the denominator who had a trial of alginate therapy.

Denominator – number of formula fed infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice.

Data source: Local data collection

Outcome

Infants with frequent regurgitation associated with marked distress presenting in primary care..

Data source: Local data collection

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

Service providers (community care providers, secondary care and specialised women's trusts) ensure that healthcare professionals offer a trial of alginate therapy for infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice.

Healthcare professionals (GPs, health visitors, midwives) offer a trial of alginate therapy for infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice.

Commissioners (clinical commissioning groups) ensure that the services they commission offer a trial of alginate therapy for infants with frequent regurgitation associated with marked distress that continues despite a feeding assessment and advice.

What the quality statement means for parents and carers

Parents and carers who have had support and advice about correct feeding techniques but whose baby's symptoms haven't improved are offered a medicine called an alginate for a trial period of 1 to 2 weeks. Alginates may help to reduce reflux.

Source guidance

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendations 1.2.3, 1.2.4 and 1.2.5 (key priority for implementation)

Definitions of terms used in this quality statement

Trial of alginate therapy

By reacting with acidic gastric contents the alginate forms a viscous gel that stabilises stomach activity which results in reducing the incidence of gastro-oesophageal reflux.

Infants have alginate therapy for a period of 1–2 weeks to assess if GOR improves. After the trial period, the approach needs to be reviewed by the healthcare professional. [Gastro-oesophageal reflux disease in children and young people (2015) NICE full guideline NG1 and expert opinion].

Quality statement 4: Symptoms that do not need investigation or treatment

Quality statement

Infants and children with no visible regurgitation and only 1 symptom associated with gastro-oesophageal reflux (GOR) are not further investigated or treated for GOR.

Rationale

Although a combination of symptoms, such as unexplained feeding difficulties (for example, refusing to feed, gagging or choking), distressed behaviour, faltering growth, chronic cough, hoarseness or a single episode of pneumonia can be associated with GOR, infants and children without visible regurgitation should not be investigated or treated for GOR if they present with only 1 of these symptoms. Unnecessary investigations cause distress for infants and children, as well as costs to the NHS that can be avoided.

Quality measures

Structure

Evidence of local arrangements to ensure that infants and children with no visible regurgitation and only 1 symptom associated with gastro-oesophageal reflux (GOR) are not further investigated or treated for GOR

Data source: Local data collection

Process

Proportion of infants and children with no visible regurgitation and only 1 of the symptoms associated with gastro-oesophageal reflux (GOR) investigated or treated for GOR.

Numerator – number in the denominator who had no visible regurgitation and only 1 symptom associated with GOR.

Denominator – number of infants and children investigated or treated for GOR

Data source: Local data collection

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

Service providers (GP practices, community care providers, secondary care) ensure that there are practice arrangements and written clinical protocols to ensure that infants and children are not investigated or treated for GOR if they have only 1 symptom associated with GOR and no visible regurgitation.

Healthcare professionals ensure that they do not investigate or treat infants and children for GORD if they have only 1 symptom associated with GOR and no visible regurgitation.

Commissioners (Clinical commissioning groups and NHS England) ensure that the services they commission do not investigate or treat infants and children for GOR if they have only 1 associated symptom and no visible regurgitation.

What the quality statement means for infants and children

Infants and children should not need any tests or treatments for reflux if they are not regurgitating their feeds and if they only have 1 symptom, for example, feeding problems such as refusing to feed, gagging or choking, discomfort or pain on a regular basis, poor growth, cough that does not go away, hoarseness or pneumonia.

Source guidance

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendation 1.1.6 (key priority for implementation)

Definitions of terms used in this quality statement

Symptoms associated with GOR

Symptoms that infants may present with include:

- unexplained feeding difficulties (for example, refusing to feed, gagging or choking)
- distressed behaviour
- faltering growth
- chronic cough

- hoarseness
- a single episode of pneumonia.

[Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people NICE guideline NG1, recommendation 1.1.6 (key priority for implementation)]

Quality statement 5: ‘Red flag’ symptoms

Quality statement

Infants, children and young people with vomiting or regurgitation and any 'red flag' symptoms are further investigated or referred to specialist care.

Rationale

Some symptoms that are commonly mistaken for symptoms of gastro-oesophageal reflux disease (GORD) may be ‘red flag’ symptoms for other problems. These symptoms require further investigations or specialist referral.

Quality measures

Structure

Evidence of local arrangements to ensure that infants, children and young people with vomiting or regurgitation and any 'red flag' symptoms have further investigations or specialist referral.

Data source: Local data collection

Process

Proportion of infants, children and young people with vomiting or regurgitation and any 'red flag' symptoms who had further investigations or specialist referral.

Numerator – number in the denominator who had further investigations or specialist referral.

Denominator – number of infants, children and young people with vomiting or regurgitation and any 'red flag' symptoms.

Data source: Local data collection

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

Service providers ensure that there are practice arrangements and written clinical protocols to ensure that healthcare professionals look out for ‘red flag’ symptoms in infants, children and young people with vomiting or regurgitation, and carry out further investigations or arrange specialist referrals depending on the symptoms.

Healthcare professionals (GPs, health visitors, midwives**)** look out for ‘red flag' symptoms in infants, children and young people with vomiting or regurgitation and carry out further investigations or arrange specialist referrals depending on the symptoms.

Commissioners (Clinical commissioning groups and NHS England) ensure that services they commission have pathways for healthcare professionals to carry out further investigations or arrange specialist referrals for infants, children and young people with vomiting or regurgitation and ‘red flag' symptoms.

What the quality statement means for infants, children and young people

Infants, children and young people have tests or are referred to a specialist if their symptoms show that they might have another problem than reflux.

Source guidance

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendation 1.1.5 (key priority for implementation)

Definitions of terms used in this quality statement

'Red flag' symptoms and suggested actions

Symptoms and signs	**Possible diagnostic implications**	**Suggested actions**
Gastrointestinal		
Frequent, forceful (projectile) vomiting	May suggest hypertrophic pyloric stenosis in infants up to 2 months old	Paediatric surgery referral
Bile–stained (green or yellow–green) vomit	May suggest intestinal obstruction	Paediatric surgery referral
Haematemesis (blood in vomit) with the exception of swallowed blood, for example, following a nose bleed or ingested blood from	May suggest an important and potentially serious bleed from the oesophagus, stomach or upper gut	Specialist referral

a cracked nipple in some breast-fed infants		
Onset of regurgitation and/or vomiting after age 6 months or persisting after age 1 year	Late onset suggests a cause other than reflux, for example a urinary tract infection (also see the NICE guideline on urinary tract infection in children) Persistence suggests an alternative diagnosis	Urine microbiology investigation Specialist referral
Blood in stool	May suggest a variety of conditions, including bacterial gastroenteritis, infant cows' milk protein allergy (also see the NICE guideline on food allergy in children and young people) or an acute surgical condition	Stool microbiology investigation Specialist referral
Abdominal distension, tenderness or palpable mass	May suggest intestinal obstruction or another acute surgical condition	Paediatric surgery referral
Chronic diarrhoea	May suggest cows' milk protein allergy (also see the NICE guideline on food allergy in children and young people)	Specialist referral
Systemic		
Appearing unwell Fever	May suggest infection (also see the NICE guideline on feverish illness in children)	Clinical assessment and urine microbiology investigation Specialist referral
Dysuria	May suggest urinary tract infection (also see the NICE guideline on urinary tract infection in children)	Clinical assessment and urine microbiology investigation Specialist referral
Bulging fontanelle	May suggest raised intracranial pressure, for example, due to meningitis (also see the NICE guideline on bacterial meningitis and meningococcal septicaemia)	Specialist referral
Rapidly increasing head circumference (more than 1 cm per week) Persistent morning headache, and vomiting worse in the morning	May suggest raised intracranial pressure, for example, due to hydrocephalus or a brain tumour	Specialist referral
Altered responsiveness, for example, lethargy or irritability	May suggest an illness such as meningitis (also see the NICE guideline on bacterial meningitis and meningococcal septicaemia)	Specialist referral
Infants and children with, or at high risk of, atopy	May suggest cows' milk protein allergy (also see the NICE guideline on food allergy in children and young people)	Specialist referral

Quality statement 6: Upper gastrointestinal (GI) contrast study

Quality statement

Infants, children and young people do not have an upper gastrointestinal (GI) contrast study to diagnose or assess the severity of gastro-oesophageal reflux disease (GORD).

Rationale

Upper GI contrast studies are neither sensitive nor specific enough to diagnose or assess the severity of GORD, and they unnecessarily expose infants, children and young people to radiation.

Quality measures

Structure

Evidence of local arrangements to ensure that upper GI contrast studies are not used to diagnose or assess the severity of GORD in infants, children and young people.

Data source: Local data collection.

Process

Proportion of infants, children and young people referred for upper GI contrast study to diagnose or assess the severity of GORD.

Numerator – number in the denominator referred to diagnose or assess the severity of GORD.

Denominator – number of infants, children and young people referred for upper GI contrast study.

Data source: Local data collection.

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

Service providers (Secondary care providers) ensure that there are practice arrangements to ensure that upper GI contrast studies are not carried out to diagnose or assess the severity of GORD in infants, children and young people.

Healthcare practitioners do not carry out upper GI contrast studies to diagnose or assess the severity of GORD in infants, children and young people.

Commissioners (Clinical commissioning groups) ensure that services they commission have pathways that do not allow healthcare professionals to carry out upper GI contrast studies to diagnose or assess the severity of GORD in infants, children and young people.

What the quality statement means for infants, children and young people

Infants, children and young people do not need to have a type of scan called an upper gastrointestinal contrast study if they have reflux symptoms.

Source guidance

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendation 1.1.15 (key priority for implementation)

Quality statement 7: Acid-supressing drugs

Quality statement

Infants and children with visible regurgitation as an isolated symptom are not prescribed acid-suppressing drugs.

Rationale

There is no evidence that acid supressing drugs such as proton pump inhibitors (PPIs) or H_2 receptor antagonists (H_2RAs) are effective in reducing regurgitation in infants and children. They are generally well tolerated but do have potential adverse effects, and unnecessary use should be avoided.

Quality measures

Structure

Evidence of local arrangements to ensure that infants and children with visible regurgitation as an isolated symptom are not prescribed acid-suppressing drugs.

Data source: Local data collection.

Process

Proportion of infants and children with visible regurgitation as an isolated symptom prescribed acid-suppressing drugs.

Numerator – number in the denominator prescribed acid-suppressing drugs.

Denominator – number of infants and children with visible regurgitation as an isolated symptom.

Data source: Local data collection.

Outcome

PPI and H_2RA prescribing rates among infants and children.

Data source: Local data collection.

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

Service providers (Secondary care, community care providers, GP practices) ensure that there are practice arrangements and written clinical protocols to ensure that infants and children with visible regurgitation as an isolated symptom are not prescribed acid-suppressing drugs.

Healthcare professionals do not prescribe acid-suppressing drugs to infants and children with visible regurgitation as an isolated symptom.

Commissioners (Clinical commissioning groups, NHS England) ensure that services they commission do not prescribe acid-suppressing drugs to infants and children with visible regurgitation as an isolated symptom.

What the quality statement means for infants and children

Infants and children who regurgitate food but have no other symptoms should not have a prescription for medicines that reduce acid production in the stomach.

Source guidance

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendation 1.3.1 (key priority for implementation)

Definitions of terms used in this quality statement

Acid-suppressing drugs

Acid-suppressing drugs are a group of medications which reduce gastric acid secretion. They include H2 receptor antagonists or the more recent proton pump inhibitors.

[Gastro-oesophageal reflux disease in children and young people (2015) NICE full guideline NG1]

Quality statement 8: Domperidone, metoclopramide and erythromycin

Quality statement

Infants, children and young people are not prescribed domperidone, metoclopramide or erythromycin to treat gastro-oesophageal reflux (GOR) or gastro-oesophageal reflux disease (GORD) without specialist paediatric advice.

Rationale

Prokinetics such as domperidone and metoclopramide are associated with a range of risks such as neurological and cardiac adverse events. Domperidone, metoclopramide and erythromycin (which is used in GOR and GORD for its' prokinetic properties) should only be prescribed for infants, children and young people if there is an agreement for its use by a specialist paediatric healthcare professional.

Quality measures

Structure

Evidence of local arrangements to ensure that infants, children and young people are not prescribed domperidone, metoclopramide or erythromycin to treat GOR or GORD without specialist paediatric advice.

Data source: Local data collection.

Process

a) Proportion of infants, children and young people prescribed domperidone, metoclopramide or erythromycin to treat GOR or GORD without specialist paediatric advice

Numerator – number in the denominator who had a paediatric specialist advice on the decision to prescribe domperidone, metoclopramide or erythromycin to treat GOR or GORD.

Denominator – number of infants, children and young people prescribed domperidone, metoclopramide or erythromycin to treat GOR or GORD.

Data source: Local data collection.

Outcome

Domperidone, metoclopramide and erythromycin prescribing rates among infants, children and young people.

Data source: Local data collection.

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

Service providers (Secondary care, community care providers, GP practices) ensure that there are practice arrangements and written clinical protocols to ensure infants, children and young people are not prescribed domperidone, metoclopramide or erythromycin to treat GOR or GORD without specialist paediatric advice.

Healthcare professionals do not prescribe domperidone, metoclopramide or erythromycin to treat GOR or GORD in infants, children and young people without specialist paediatric advice.

Commissioners (Clinical commissioning groups, NHS England) ensure that services they commission do not prescribe domperidone, metoclopramide or erythromycin to treat GOR or GORD in infants, children and young people without specialist paediatric advice.

What the quality statement means for infants, children and young people

Infants, children and young people are not prescribed medicines called domperidone, metoclopramide or erythromycin to treat reflux unless a specialist advises it.

Source guidance

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, recommendation 1.3.7 (key priority for implementation)

Definitions of terms used in this quality statement

Specialist

Specialist refers to a paediatrician with the skills, experience and competency necessary to deal with the particular clinical concern that has been identified by the referring healthcare professional. In this guideline this is most likely to be a consultant general paediatrician. Depending on the clinical circumstances, 'specialist' may also refer to a paediatric surgeon, paediatric gastroenterologist or a doctor with the equivalent skills and competency.

[Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1, definitions section]

Status of this quality standard

This is the draft quality standard released for consultation from 21 August to 21 September 2015. It is not NICE's final quality standard on gastro-oesophageal reflux disease in children and young people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 21 September 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from January 2016.

Using the quality standard

Quality measures

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

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

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

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments [add correct link] are available.

Good communication between healthcare practitioners and children and young people with gastro-oesophageal reflux (disease) and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with gastro-oesophageal reflux (disease) and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

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

Development sources

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

Evidence sources

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

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health and Public Health England (2014) Framework for personalised care and population health
- Department of Health and Public Health England (2013) Nursing and midwifery actions at the three levels of public health practice
- Department of Health (2012) National diet and nutrition survey: headline results from years 1, 2 and 3 (combined) of the Rolling Programme 2008/09 – 2010/11
- Department of Health (2009) Healthy child programme: pregnancy and the first 5 years of life

Definitions and data sources for the quality measures

- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (2015) NICE guideline NG1

Related NICE quality standards

Published

- Maternal and child nutrition – improving nutritional status (2015) NICE quality standard 98
- Dyspepsia and gastro-oesophageal reflux disease (2015) NICE quality standard 96
- Feverish illness in children under 5 years (2014) NICE quality standard 64
- Atopic eczema in children (2013) NICE quality standard 44
- Acute upper gastrointestinal bleeding (2013) NICE quality standard 38
- Postnatal care (2013) NICE quality standard 37
- Urinary tract infection in infants, children and young people under 16 (2013) NICE quality standard 36

- Bacterial meningitis and meningococcal septicaemia in children and young people (2012) NICE quality standard 19

Future quality standards

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

- Eating disorders (including children)
- Failure to thrive
- Oesophagogastric cancers
- Premature birth
- Medicine optimisation

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

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About this quality standard

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

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

This quality standard has been incorporated into the NICE pathway on dyspepsia and gastro-oesophageal reflux disease.

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

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