

Date and time: 12th July 2010

Minutes: **Quality Standards Induction Day – Alcohol
Dependence and Glaucoma Topic Expert Groups**

Place: Level 1A
City Tower
Piccadilly Plaza
Manchester
M1 4BD

Present Glaucoma Topic Expert Group

David Wright (DW)
Cecilia Fenerty (CF)
Wendy Franks (WF)
Paul Spry (PS)
Mary Freeman (MF)
Elisabetta Fenu (EF)
'Boye Tayo (BT)

Alcohol Dependence Topic Expert Group

Prof Colin Drummond (Chair) (CD)
Mark Gilman (MG)
Jan Fry (JF)
Ed Day (ED)
Marsha Morgan (MM)
Adrian Brown (AB)
John Dervan (JD)
Prof Anne Lingford-Hughes (ALH)

NICE attendees

Nicola Bent (NB)
Tim Stokes (TS)
Rachel Neary (RN)
Charlotte Bee (CB)
Craig Grime (CG)
Esther Clifford (EC)
Helen Crosbie (HC)

Apologies: Trevor Warburton
Dennis Keight
Mr John Sparrow
Hugh Janes
Alex Copello

1.1 Agenda item 1: Welcome, introductions and plan for the day

TS welcomed the group, asked for introductions, noted the apologies and reviewed the agenda for the day.

1.2 Agenda item 2: Introduction to NICE

TS gave the group a brief introduction to NICE, including a description of the Institute's work and the role of advisory bodies.

1.3 Agenda item 3: Quality Standards Process Overview

NB presented the group with an overview of the process for developing quality standards highlighting the key functions involved in the process including the Topic Expert Groups (TEGs), the Quality Standards Programme Board and the National Quality Board .

The TEG asked how cost implications were taken into account during development of the quality standards. It was confirmed that the NICE costing team would carry out a cost assessment at a statement specific level and that this would be presented to the TEG at the next meeting.

1.4 Agenda item 4: Example of a Quality Standard led by Craig Grime

CG talked through an example quality statement taken from the stroke quality standard explaining the structure and various components. He also showed the group an example of how the quality standard looks on the NICE website.

1.5 Agenda item 5: Quality Standards methodology led by Tim Stokes

TS outlined the methodology for the development of NICE Quality Standards and explained that the primary evidence source will come from NICE guidance or other NHS Evidence accredited sources. He mentioned however that the NQB can, as they did with

the Specialist Neonatal Care topic, refer topics that do not have NICE guidelines already produced and that the methodology is adapted to fit the relevant source documents in these cases.

TS advised that the objective of the day's scoping exercise would be to get the TEG to agree which areas of the care pathway for each condition should be included in the Quality Standard (and therefore which should be excluded).

The group asked whether comments submitted during consultation would be published. Tim Stokes clarified that the Quality Standards team are not required to publish individual answers or comments prompted by the consultation period. He however assured the group that transparency would be maintained as would a complete audit trail. The Alcohol Dependence TEG asked about the timing of the next meeting as it may clash with a current guideline in development. It was agreed that it would be valuable to hold the first TEG meeting after the next Guideline Development Group.

Action (1): NICE to explore dates for the first Alcohol Dependence TEG meeting.

The group asked for clarification on the relationship between a guideline and quality standards. Tim Stokes described that the quality standards provide added value as they can be seen as another way of implementing guidelines. He added that the quality standards could help deliver that area of care and aid in costing and commissioning. He stressed that the quality standards were not simply a reiteration of guidelines but were intended to drive up quality with measurable elements.

1.6 Agenda item 6: TEG breakout sessions

The group separated into individual TEGs to look at the scoping paper and topic overview for a group work session.

1.6.1 Alcohol dependence

The group discussed the areas of care identified by the quality standards team as a starting point for the discussions on the scope of topic. The group agreed with the use of the following primary evidence base for the quality standard:

NICE clinical guidelines:

- Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (in progress – pre-publication version expected November 2010).
- Alcohol use disorders: diagnosis and clinical management of alcohol-related physical complications. NICE clinical guideline 100 (June 2010).

NICE public health guidance

- Alcohol use disorders: preventing the development of hazardous and harmful drinking. NICE public health guidance 24 (June 2010).
- Interventions in schools to prevent and reduce alcohol use among children and young people. NICE public health guidance 7 (November 2007).
- School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (in progress - due January 2011).

1.6.2 Glaucoma

The group agreed the sources of data outlined in the topic overview to be used in the development of the quality standard. The group agreed that clinical guideline 85 should be the primary evidence source. A further evidence source was suggested concerning the follow up of patients: National Patient Safety Agency (2009) Rapid Response Report: Preventing delay to follow-up for patients with glaucoma.

1.6.3 **Feedback on Group Work**

A member from each TEG summarised the discussions from the individual group sessions.

1.7 **Agenda item 7: Business Items**

1.7.1 Declarations of Interest

RN drew the group's attention to NICE's quick reference guide for dealing with declarations of interest and outlined the responsibilities of TEG members according to NICE's policy.

1.7.2 Equality Impact Assessment

RN outlined the Institute's approach to equality impact assessment and explained how this would be applied to the quality standards programme.

1.8 **Agenda item 8: Next steps**

Tim Stokes reiterated the point that TEG members were in attendance to represent themselves and not their professional or patient group and thanked the group for their input during the induction day.

There were no items of AOB raised by the group.