NICE National Institute for Health and Care Excellence

Quality Standards Advisory Committee 2

Liver disease – prioritisation
Healthy workplaces: improving employee mental and physical health and wellbeing post-consultation meeting

Minutes of the meeting held on Thursday 13th October 2016 at the NICE offices in Manchester

Attendees	**Standing Quality Standards Advisory Committee (QSAC) members** Michael Rudolf (MR) [Chair], Barry Attwood, Ruth Bell, Ashok Bohra [agenda items 1-6], Guy Bradley-Smith, Jean Gaffin, Tessa Lewis, Corinne Moocarme, Robyn Noonan, Anita Sharma, Amanda Smith, Ruth Studley **Specialist committee members** Liver disease – Andrew Fowell, Andrew Langford, Irene McGill, Gerri Mortimore, Indra van Mourik, Rachel Pryke Healthy workplaces improving employee mental and physical health and wellbeing – Michael Brannan, Mark Gabbay, Elaine Harris, Ivan Robertson, Rachel Suff **NICE staff** Nick Baillie (NB), Tony Smith (TS) [agenda items 1-6], Melanie Carr (MC) [agenda items 1-6], Julie Kennedy (JK) [agenda items 7-11], Eileen Taylor (ET) [agenda items 7-11], Lisa Nicholls **NICE Observers** Erin Whittingham [agenda items 7-11]
Apologies	**Standing Quality Standards Advisory Committee (QSAC) members** Gillian Baird, Julie Clatworthy, Michael Fairbairn, Anjan Ghosh, Malcolm Griffiths, Ruth Halliday **Specialist committee members** Healthy workplaces – Mandy Wardle, Susan Barton

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day (private session)	The Chair welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves. The Chair informed the Committee of the apologies and reviewed the agenda for the day. The chair welcomed Ruth Bell as a new standing member. The chair thanked Ashok Bohra for his work on the committee, who has resigned and this will be his last meeting.	
2. Welcome and code of conduct for members of the public attending the meeting (public session)	The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow. It was stressed that they were not able to contribute to the meeting but were there to observe only. They were also reminded that the Committee is independent and advisory therefore the discussions and decisions made today may change following final validation by NICE's guidance executive.	
3. Committee business (public session)	**Declarations of interest** The Chair 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. The Chair asked the specialist committee members to declare all interests. The following interests were declared: <u>Specialist committee members</u> • Andrew Fowell – received standard meeting sponsorship (travel, accommodation and meeting registration) at attendance at the EASL International Liver Conference in April 2016 from Gilead Sciences Ltd. Has accepted standard meeting sponsorship (travel, accommodation and meeting registration) for attendance at the BASL annual meeting in September 2016 from Abbvie Ltd. • Andrew Langford – the British Liver Trust is supported by several pharmaceutical companies but there is no influence on actin in the best interest of those with liver disease. Support over the last 12 months from Abbvie, Janssen, Egon Zehnder, Norgine, Wednesday London Ltd and DMO change. • Rachel Pryke – member of Lancet commission in liver disease and NICE NAFLD GDG. NICE fellowship 2015-2018. Attendance at EASO 'train the trainers' obesity conference. Founded primary care obesity training ltd in 2016 to run obesity training courses for primary care. This company has no links to industry. The raining materials were developed in conjunction with WHO Europe, for which reimbursement was received in 2015-16.	

Agenda item	Discussions and decisions	Actions
	Minutes from the last meeting The Committee reviewed the minutes of the last meeting held on 15th September and confirmed them as an accurate record. The Committee welcomed the "new style" of the minutes.	
4. QSAC updates	NB confirmed no further update on the 2017/18 programme or QSAC committees. A QSAC planning day will be arranged once more information on the programme and committee function for next year is finalised. It may link to the NICE conference in May. The committee asked about attendance at the NICE conference and what date this would be taking place.	NICE team to confirm NICE conference dates for 2017 with committee.
5 and 5.1 Topic overview and summary of engagement responses	MC and TS presented the topic overview and a summary of responses received during engagement on the topic.	
5.2 Prioritisation of quality improvement areas	The Chair and MC led a discussion in which areas for quality improvement were prioritised. The Committee considered the draft areas as outlined in the briefing paper prepared by the NICE team. The outcome of discussions is detailed below.	

Suggested quality improvement area	Prioritised (yes/no)	Rationale for prioritisation decision	If prioritised, which specific areas to be included?
Identification of liver disease in primary care	N	The committee considered the potential for a quality statement to address areas of uncertainty around the identification of liver disease in primary care, including how to consider liver disease in the context of risk factors and the type of tests or investigations to make a diagnosis. For adults, the committee felt that there was a lack of specific guideline recommendations to support a quality statement and it was therefore reluctantly agreed that there could not be a statement about	Area not prioritised

		identifying NAFLD in higher-risk groups. For children, it was noted that recommended investigations such as liver ultrasound scanning are likely to part of good practice in secondary care (where children with type 2 diabetes, for example, are likely to be managed). Diagnostic testing for NAFLD in children was not prioritised.	
Assessing the progression of liver disease	Y	The committee agreed that testing adults with NAFLD for advanced liver fibrosis and ensuring they are referred to a specialist was a key area for quality improvement, and that a statement should be underpinned by illustrative reference to the ELF test and its threshold for diagnosis of advanced liver fibrosis. The committee agreed there should be a draft statement based on recommendations 1.2.1, 1.2.4 and 1.2.5 of NICE guideline NG49. The committee noted variation in access to testing (including transient elastopathy) to diagnose cirrhosis in adults The committee noted potential resource issues in terms of access to technology and expertise, but felt a statement should be achievable by local services. The committee therefore agreed there should be a draft quality statement based on recommendations 1.1.3 and 1.1.4 of NICE guideline NG50.	The committee agreed the quality standard should cover testing for both advanced liver fibrosis and for the diagnosis of cirrhosis.
Management and support (excluding cirrhosis)	Y	The committee discussed lifestyle advice and interventions as a possible quality improvement area for inclusion in this quality standard, noting there are a number of related quality statements in other quality standard topic areas (obesity, alcohol-related prevention, etc). The committee agreed this was an important area to prioritise within this quality standard because liver conditions are not always	The committee agreed a draft quality statement should focus on recommendation 1.2.13 of NICE guideline NG49 which is about explaining the link between exercise and the reduction of liver fat content to people with NAFLD.

		seen as a trigger for referral into lifestyle modification pathways. The committee agreed a draft quality statement should a focus on recommendation 1.2.13 of NICE guideline NG49 which is about explaining the link between exercise and the reduction of liver fat content to people with NAFLD. The committee discussed the use of statins by people who have NAFLD. The importance of not stopping statin treatment in normal circumstances was noted, but the committee did not feel this was a key quality improvement area for inclusion in this quality standard. The committee noted stakeholder suggestions around care plans and the management of autoimmune or genetic liver disease, but agreed it could not prioritise these areas within the quality standard because there were no guideline recommendations to support potential quality statements.	
Management of cirrhosis	Y	The committee noted that the quality standard on hepatitis B includes a statement about 6-monthly surveillance for hepatocellular carcinoma for adults with chronic hepatitis B and significant liver fibrosis or cirrhosis. The committee agreed there should be a similar statement in the current quality standard about 6-monthly surveillance for hepatocellular carcinoma for adults who have cirrhosis but who do not have chronic hepatitis B (based on recommendation 1.2.4 of NICE guideline NG50). Within the rationale for the statement there should be an explanation that	The committee agreed there should be a statement in the current quality standard about 6-monthly surveillance for hepatocellular carcinoma for adults who have cirrhosis (based on recommendation 1.2.4 of NICE guideline NG49) but who do not have chronic hepatitis B.

		people with hepatitis B will still require surveillance. The committee discussed the management of various complications of cirrhosis, as outlined in recommendations 1.3.1 to 1.3.5 of NICE guideline NG50. The committee recognised the importance of effective management of oesophageal varices, upper gastrointestinal bleeding (prophylactic intravenous antibiotics) and ascites. Although these were all important areas, the committee agreed that the offer of endoscopic variceal band ligation for primary prevention of bleeding associated with oesophageal varices (based on recommendation 1.3.1) was the key area for inclusion in the quality standard. This was because it was a clear recommendation based on a full evidence review in the context of variation around the choice of intervention used in current practice.	The committee agreed to include a statement on the offer of endoscopic variceal band ligation for primary prevention of bleeding associated with oesophageal varices (based on recommendation 1.3.1 of NICE guideline NG50)

Additional areas suggested	**Committee rationale**	**Area progressed (Y/N)**
Prevention of liver disease	Not progressed as covered in another quality standard.	N
Alcohol interventions	Not progressed as covered in another quality standard.	N
Hepatitis B and C	Not progressed as covered by hepatitis B quality standard or already under remit for hepatitis C (referred).	N
Transition of children with liver disease to adult services	Not progressed as covered by a quality standard in development.	N
Variation in secondary care liver service provision	Not progressed as the quality standard will help to ensure services can meet local needs by focussing on specific areas for quality improvement.	N
Liver cancer treatment	Not progressed as it is a separate condition beyond the scope of this quality standard.	N

End of life care	Not progressed as there is a separate quality standard on end of life care and one in development on care of adults in last days of life.	N

5.3. Resource impact	The committee agreed to progress the areas prioritised. A question will be asked at consultation about resources and whether the statements drafted would be achievable.	
5.4 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on liver disease. It was agreed that the Committee would contribute suggestions as the quality standard was developed.	
5.5 Equality and diversity	The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the Committee to consider any relevant issues. It was agreed that the Committee would contribute suggestions as the quality standard was developed.	
5.6 QSAC specialist committee members (part 1 – open session)	NB asked the QSAC to consider the constituency of specialist committee members on the group and whether any additional specialist members were required. **Specialist members**: It was agreed no additional specialist members were needed.	
6. Next steps and timescales (part 1 – open session)	The NICE team outlined what will happen following the meeting and key dates for the liver disease quality standard. The Chair thanked the specialist committee members for their input into the development of this quality standard.	
7. Welcome and code of conduct for members of the public attending the meeting (public session)	The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow. It was stressed that they were not able to contribute to the meeting but were there to observe only. They were also reminded that the Committee is independent and advisory therefore the discussions and decisions made today may change following final validation by NICE's guidance executive.	
8. Committee business (public session)	The Chair welcomed specialist members, especially a representative from the Chartered Institute of Personnel Development as had been suggested at the prioritisation meeting. **Declarations of interest** The Chair 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. The	

	Chair asked the specialist committee members to declare all interests. The following interests were declared: Specialist committee members • Mark Gabbay – numerous current grants support from NIHR (CLHRC, HTA, RDS, School of Public Health) and have held grants from DWP, MRC, ESRC. Works for University of Liverpool as does his wife. Holds an honorary contract as a consultant in primary care with Liverpool CCG and works as a GP in Brownlow Health in Liverpool. Holds shares in Lloyds, Aviva and standard life. As Director of CLAHRC holds regular meetings with industry and potential research. Is not currently involved in commercially funded research or supervising anyone who is. Line manages staff with BBSRC and other industry grant support but no relation to this topic. • Ivan Robertson – director of Robertson Cooper Ltd, a company that provides support to organisations to enhance the psychological wellbeing of their employees.	
9. Recap of prioritisation exercise	ET and JK presented a recap of the areas for quality improvement discussed at the first QSAC meeting for healthy workplaces: improving employee mental and physical health and wellbeing: **At the first QSAC meeting on 9th June 2016 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:** • Prevention - progressed • Access to support - progressed • Organisation - progressed • Adjustments – not progressed • Positive health behaviour – not progressed The full rationale for these decisions is available in the prioritisation meeting minutes which can be found here: https://www.nice.org.uk/guidance/GID-QS10014/documents/minutes	**5. Recap of prioritisation exercise**
9.1 and 9.2 Presentation and discussion of stakeholder feedback and key themes/issues raised	ET and JK presented the committee with a report summarising consultation comments received on healthy workplaces: improving employee mental and physical health and wellbeing. 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. The committee was informed that comments which may result in changes to the quality standard had been	**5.2 and 5.3 Presentation and discussion of stakeholder feedback and key themes/issues raised**

	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: • Relating to source guidance recommendations • Suggestions for non-accredited source guidance • Request to broaden statements out of scope • Inclusion of overarching thresholds or targets • Requests to include large volumes of supporting information, provision of detailed implementation advice • General comments on role and purpose of quality standards • Requests to change NICE templates	
9.3 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.**	**5.4 Discussion and agreement of final statements**

Draft statement 1	Themes raised by stakeholders	Committee rationale	Statement revised (Y/N)
Employers have a named senior manager who is responsible for making employee health and wellbeing a core priority	• Rationale additions – lowering presenteeism, time to carry out the role • Statement wording change: 'named member of staff' or 'leads on' • Measures • MSK – include a measure and add to 'core priorities' definition • Change statement wording?	The committee discussed MSK and it was suggested that it is no longer the commonest cause of sickness absence. The committee agreed it would be difficult to justify including one condition in the statement when there are a number of other important conditions. The committee agreed to keep the wording 'senior manager' and not change to a 'named person' as it was agreed the wording reflects the importance of having a senior member of staff with this responsibility, regardless of the organisation size. It was also agreed that 'who is responsible for' should not be replaced with 'leads on'. The committee suggested adding the word organisational to the statement heading to reflect that it is an organisational priority.	The committee agreed to change the statement heading to read 'core organisational priority'. NICE team to update the rationale with some information from the introduction to the quality standard.

		The committee discussed presenteeism and agreed not to include this. It was felt this could cause confusion and would be too complex. The committee discussed amending the rationale to reflect the benefits to businesses, as outlined in the introduction.	

Draft statement 2	Themes raised by stakeholders	Committee rationale	Statement revised (Y/N)
Line managers' job descriptions and performance indicators include supporting employee health and wellbeing	• Additions to rationale, audience descriptor and definition • Longer job descriptions • Measures	The committee discussed the term 'performance indicators' and whether this should be included. Although this is the wording in the guideline recommendation, the committee considered what they would they look like and felt stakeholders might not be clear on this. The committee discussed whether there was room for flexibility in the wording as some small organisations may not have formal performance management systems. Concerns were raised about whether performance indicators are meaningful and it was noted that the important thing is the quality of the discussion that takes place. The committee suggested a change to 'performance reviews'. The committee discussed 'supporting health and wellbeing' and how this is done. It was agreed that it was necessary to expand the definitions, especially for smaller organisations. The committee discussed changing 'supporting' to 'protecting and improving'. The NICE team agreed to check the guideline as this means something different. If this cannot be changed the word supporting will be kept and the definitions expanded.	NICE team to update statement wording from 'performance indicators' to 'performance reviews'. NICE team to check guideline and see if the word 'supporting' can be changed to 'protecting and improving'. If this is not possible expand definitions for what supporting means.

Draft statement 3	Themes raised by stakeholders	Committee rationale	Statement revised (Y/N)
Line managers are trained to recognise when employees are experiencing stress and respond to their needs	• Mental health • Definition of stress • Causes of stress • Contact with employees • Measures	The committee discussed including mental health. Members considered what line managers would be expected to do once a mental health problem has been identified. There is a stigma surrounding mental health so employees may not disclose it. After a lengthy discussion, it was agreed not to include mental health. The definition of stress was discussed and it was felt this needed more detail in the definitions. The committee discussed that the emphasis for workplaces should be on signposting. It was noted that there is a difference between normal stress and stress which causes problems. It is important to ensure work is not adding to or causing problematic stress. The statement is about noticing that something is different. There was agreement to keep the statement in its current form but that the supporting information should include a more detailed definition of stress. The committee discussed changing the wording to 'troubled by stress' instead of 'experiencing stress'. The NICE team agreed to look into this.	NICE team to look into whether the wording can be changed to 'troubled by stress' rather than 'experiencing stress'. If not keep statement wording as it is. NICE team to update the definition of stress.

Draft statement 4	Themes raised by stakeholders	Committee rationale	Statement revised (Y/N)
Employers give employees the	• Staff engagement forums - not relevant to all sectors	The committee discussed changing 'engagement forums' to 'meetings or mechanisms'. It was agreed not to amend the	Keep statement wording but add a

opportunity to contribute to decision-making through staff engagement forums	• All decision-making, just health and wellbeing, all decisions directly affecting employees? • Additions to rationale, definitions and equality sections • Measures	wording for small organisations as an informal conversation would count as an engagement forum. The committee agreed to keep the statement wording unchanged and include in the definitions what is meant by 'engagement forums'.	definition on engagement forums.

Additional statements suggested	**Committee rationale**	**Statement progressed (Y/N)**
Musculo-skeletal conditions (MSK)	This area was discussed at the previous committee meeting. Guideline PH19 on long-term sickness absence and incapacity identifies MSK disorders such as back pain as key reasons for long term absence of employees within the UK. A quality standard on long term sickness absence and management is scheduled for development therefore this area will be considered as part of that quality standard.	N
Health champions	Not progressed as there are no recommendations in the NICE guidance to support this.	N
Hearing loss	Not progressed as there are no recommendations in the NICE guidance to support this.	N
Different health conditions / long term health conditions	Not progressed as there are no recommendations in the NICE guidance to support this.	N

9.4 Resource impact	A summary of stakeholder comments on resource impact was presented to committee, and matters with potential resource impact were raised for each of the draft statements. The main issue raised at consultation was training in both small and large organisations. Overall, the committee was satisfied that the statements would be achievable given the net resources required.	
9.5 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on healthy workplaces: improving employee mental and physical health and wellbeing. It was agreed that the committee would contribute suggestions as the quality standard was developed.	
9.6 Equality and	The NICE team explained that equality and diversity considerations should inform the development of the	

diversity	quality standard, and asked the committee to consider any relevant issues. It was agreed that the committee would contribute suggestions as the quality standard was developed. The committee highlighted pregnancy and whether this would need to be considered.	
10. Next steps and timescales (part 1 – open session)	The NICE team outlined what will happen following the meeting and key dates for the healthy workplaces: improving employee mental and physical health and wellbeing quality standard.	
11. Any other business (part 1 – open session)	The following items of AOB were raised: • None raised **Date of next meeting for liver disease: Thursday 9th March 2017** **Date of next QSAC 2 meeting: Thursday 10th November – head and neck cancer and oral health promotion in care homes and hospitals**	