

# Multimorbidity

## NICE quality standard

### Draft for consultation

January 2017

**This quality standard covers** clinical assessment, prioritisation and management of healthcare for adults aged 18 years and over with 2 or more long-term health conditions (multimorbidity). At least 1 of these conditions must be a physical health condition.

Long-term health conditions include:

- defined physical and mental health conditions such as diabetes or schizophrenia
- ongoing conditions such as learning disability
- symptom complexes such as frailty or chronic pain
- sensory impairment such as sight or hearing loss
- alcohol and substance misuse.

It describes high-quality care in priority areas for improvement.

**It is for** commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 24 January to 20 February 2017). The final quality standard is expected to publish in June 2017.

## Quality statements

[Statement 1](#) Adults with multimorbidity are identified by their GP practice.

[Statement 2](#). Adults with multimorbidity who are assessed for frailty are evaluated using gait speed, self-reported health status or a validated tool.

[Statement 3](#) Adults with multimorbidity are asked about their goals, values and priorities.

[Statement 4](#) Adults with multimorbidity know who is responsible for the coordination of their care.

[Statement 5](#) Adults having a review of their medicines and other treatments for multimorbidity discuss whether treatments can be stopped or changed.

NICE has developed guidance and quality standards on patient experience in adult NHS services and service user experience in adult mental health services (see the NICE pathways on [patient experience in adult NHS services](#) and [service user experience in adult mental health services](#)), which should be considered alongside the quality statements on multimorbidity. The quality standards on patient and service user experience include statements on shared decision-making and coordination of care through the exchange of patient information, which are particularly relevant to this quality standard on multimorbidity.

Other quality standards that should be considered when commissioning or providing multimorbidity services include:

- [Falls: prevention](#) (publication expected Jan 2017)
- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (2016) NICE quality standard 136. See quality statement 2 on comprehensive geriatric assessment.
- [Social care for older people with multiple long-term conditions](#) (2016) NICE quality standard 132.
- [Medicines optimisation](#) (2016) NICE quality standard 120.

A full list of NICE quality standards is available from the [quality standards topic](#)

[library](#).

## 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** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

**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](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

**Question 4** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

### ***Questions about the individual quality statements***

**Question 5** For draft quality statement 3: In practice, would statement 3 be covered as part of statement 5 on reviewing medicines and other treatments?

**Question 6** For draft quality statement 4: Is there overlap between this statement and having a named GP as set out in the 2016/17 standard GP contract?

## Quality statement 1: Identification

### ***Quality statement***

Adults with multimorbidity are identified by their GP practice.

### ***Rationale***

Multimorbidity is associated with reduced quality of life, higher mortality, polypharmacy and high treatment burden, higher rates of adverse drug events, and much greater health services use. GP practices need to identify patients with multimorbidity so that they can then decide who would benefit from additional support to improve their quality of life and reduce burden of disease.

### ***Quality measures***

#### **Structure**

Evidence that GP practices identify adults with multimorbidity.

**Data source:** Service protocol.

#### **Outcome**

Number of adults identified with multimorbidity.

**Data source:** Electronic health records.

### ***What the quality statement means for different audiences***

**Service providers** (GP practices) ensure that systems are in place to identify adults with multimorbidity. Identification may be opportunistic during routine care or involve a systematic search of electronic health records using validated tools such as eFI, PEONY or QAdmissions, to predict adverse events such as unplanned hospital admissions or admission to care homes.

**Healthcare practitioners** (such as GPs, practice nurses and practice managers) identify adults with multimorbidity. They can then decide who would benefit from additional support. This may include adults who find it difficult to manage their treatments or day-to-day activities, are taking multiple medicines, have frailty or falls, or who frequently seek unplanned or emergency care.

**Commissioners** (clinical commissioning groups and NHS England) ensure that the GP practices they commission identify adults with multimorbidity. Commissioners should also ensure that the services can provide the approach to care that takes account of multimorbidity for those adults who need it.

**Adults with 2 or more long-term conditions** are known to GP practices and are invited to talk about their care with their GP or practice nurse if they ask for this or their GP thinks they may benefit. They might be invited because they are taking several medicines, they have frailty, have had falls or often attend hospital. They may also be asked if they are finding it difficult to cope with their long-term conditions and treatments.

### **Source guidance**

[Multimorbidity: clinical assessment and management](#) (2016) NICE guideline NG56, recommendation 1.3.1

### **Definitions of terms used in this quality statement**

#### **Adults with multimorbidity**

Adults with multimorbidity have 2 or more long-term health conditions where at least 1 of these conditions must be a physical health condition.

Long-term health conditions include:

- defined physical and mental health conditions such as diabetes or schizophrenia
- ongoing conditions such as learning disability
- symptom complexes such as frailty or chronic pain
- sensory impairment such as sight or hearing loss
- alcohol and substance misuse.

[NICE's guideline on [multiplicity](#), recommendation 1.1.1]

#### **Identifying adults with multimorbidity**

GP practices can identify adults with multimorbidity:

- opportunistically during routine care
- proactively using electronic health records.

GP practices can consider using a validated tool such as eFI, PEONY or QAdmissions, if available in primary care electronic health records, to identify adults with multimorbidity who are at risk of adverse events such as unplanned hospital admission or admission to care homes.

They can also consider using primary care electronic health records to identify markers of increased treatment burden such as number of regular medicines a person is prescribed.

[NICE's guideline on [multimorbidity](#), recommendations 1.3.1, 1.3.2 and 1.3.3]

## Quality statement 2: Assessing frailty

### ***Quality statement***

Adults with multimorbidity who are assessed for frailty are evaluated using gait speed, self-reported health status or a validated tool.

### ***Rationale***

Identifying people with multimorbidity who are also frail may be a useful way to identify those who are likely to particularly benefit from optimising medicines and treatments. The correct assessment of frailty helps to ensure that people receive the optimal care to meet their needs.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults with multimorbidity who are assessed for frailty are evaluated using gait speed, self-reported health status or a validated tool.

**Data source:** Service protocol.

#### **Process**

- a) Proportion of adults with multimorbidity assessed for frailty in primary and community care settings who were evaluated using gait speed, self-reported health status or a validated tool.

Numerator – the number in the denominator who were evaluated using gait speed, self-reported health status or a validated tool.

Denominator – the number of adults with multimorbidity assessed for frailty in primary and community care settings.

**Data source:** Audit of patient health records.

b) Proportion of adults with multimorbidity assessed for frailty in hospital outpatient settings who were evaluated using gait speed, self-reported health status or a validated tool.

Numerator – the number in the denominator who were evaluated using gait speed, self-reported health status or a validated tool.

Denominator – the number of adults with multimorbidity assessed for frailty in hospital outpatient settings.

**Data source:** Audit of patient health records.

### ***What the quality statement means for different audiences***

**Service providers** (primary and community care services and hospital outpatient services) ensure that systems are in place for adults with multimorbidity who are assessed for frailty to be evaluated using gait speed, self-reported health status or a validated tool appropriate to the healthcare setting.

**Healthcare professionals** (such as GPs, nurses, hospital consultants, physiotherapists and occupational therapists) are trained in the use of validated tools to assess frailty and use a tool appropriate for their healthcare setting, gait speed or self-reported health status to assess frailty in adults with multimorbidity.

**Commissioners** (clinical commissioning groups and NHS England) commission services in which healthcare professionals are trained in the use of validated tools to assess frailty and use a tool appropriate for their healthcare setting, gait speed or self-reported health status to assess frailty in adults with multimorbidity.

**Adults with 2 or more long-term conditions who are having an assessment for frailty** are timed while walking a short distance, or are asked to rate their health themselves, or are asked to fill out a questionnaire about their health. These simple checks allow healthcare professionals to decide whether a person has frailty and would benefit from a review of their health conditions and treatments.

## **Source guidance**

[Multimorbidity: clinical assessment and management](#) (2016) NICE guideline NG56, recommendations 1.4.4 and 1.4.5

## **Definitions of terms used in this quality statement**

### **Assessing frailty**

Physical performance tools should not be used to assess frailty in a person who is acutely unwell.

[NICE's guideline on [multimorbidity](#), recommendation 1.4.3]

In primary and community care settings, consider using 1 of the following:

- an informal assessment of gait speed (for example, time taken to answer the door, time taken to walk from the waiting room)
- self-reported health status (that is, 'how would you rate your health status on a scale from 0 to 10?', with scores of 6 or less indicating frailty)
- a formal assessment of gait speed, with more than 5 seconds to walk 4 metres indicating frailty
- the PRISMA-7 questionnaire, with scores of 3 and above indicating frailty.

[NICE's guideline on [multimorbidity](#), recommendation 1.4.4]

In hospital outpatient settings, consider using 1 of the following:

- self-reported health status (that is, 'how would you rate your health status on a scale from 0 to 10?', with scores of 6 or less indicating frailty)
- the 'Timed Up and Go' test, with times of more than 12 seconds indicating frailty
- a formal assessment of gait speed, with more than 5 seconds to walk 4 metres indicating frailty
- the PRISMA-7 questionnaire, with scores of 3 and above indicating frailty
- self-reported physical activity, with frailty indicated by scores of 56 or less for men and 59 or less for women using the Physical Activity Scale for the Elderly.

[NICE's guideline on [multimorbidity](#), recommendation 1.4.5]

## Quality statement 3: Assessing goals, values and priorities

### ***Quality statement***

Adults with multimorbidity are asked about their goals, values and priorities.

### ***Rationale***

Multiple long-term health conditions and their treatments can affect quality of life so care for adults with multimorbidity should consider individual goals, values and priorities as important. If treatment burden is a particular issue, it is important to explore what a person hopes their treatment will achieve. For example, the side effects of a particular medicine may not be something a person is prepared to tolerate, whereas others may be happy to accept these side effects because they value the benefits offered by the treatment. This type of information is needed to inform discussions of treatments and ensure that decisions are in line with the person's goals, values and priorities.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults with multimorbidity are asked about their goals, values and priorities.

**Data source:** Service protocol.

#### **Process**

Proportion of adults with multimorbidity whose individualised management plan has a record of goals, values and priorities.

Numerator – the number in the denominator whose individualised management plan has a record of goals, values and priorities.

Denominator – the number of adults with multimorbidity. (See outcome measure for statement 1)

**Data source:** Audit of patient health records.

## **Outcome**

Adults with multimorbidity feel that the decisions about their treatment have taken into account their goals, values and priorities.

**Data source:** Patient survey.

### ***What the quality statement means for different audiences***

**Service providers** (such as primary care services) ensure that systems are in place for adults with multimorbidity to be asked about their goals, values and priorities as part of their care.

**Healthcare professionals** (such as GPs and practice nurses) ask adults with multimorbidity about their goals, values and priorities as part of their care.

**Commissioners** (clinical commissioning groups and NHS England) commission services in which adults with multimorbidity are asked about their goals, values and priorities as part of their care.

**Adults with 2 or more long-term conditions who are talking about their overall care with their GP or practice nurse** are asked about their quality of life, what they hope their treatments will do, and their future life goals. They are asked about side effects of medicines and whether they are prepared to put up with these in order to get the benefits from the treatments. These discussions may mean that treatments are changed to allow a person to live their life as they choose.

## ***Source guidance***

[Multimorbidity: clinical assessment and management](#) (2016) NICE guideline NG56, recommendation 1.6.7

## ***Definitions of terms used in this quality statement***

### **Adults with multimorbidity**

Adults with multimorbidity have 2 or more long-term health conditions where at least 1 of these conditions must be a physical health condition.

Long-term health conditions include:

- defined physical and mental health conditions such as diabetes or schizophrenia
- ongoing conditions such as learning disability
- symptom complexes such as frailty or chronic pain
- sensory impairment such as sight or hearing loss
- alcohol and substance misuse.

[NICE's guideline on [multimorbidity](#), recommendation 1.1.1]

### **Goals, values and priorities**

These may include:

- maintaining independence
- undertaking paid or voluntary work, taking part in social activities and playing an active part in family life
- preventing specific adverse outcomes (for example, stroke)
- reducing harms from medicines
- reducing treatment burden
- lengthening life.

[NICE's guideline on [multimorbidity](#), recommendation 1.6.7]

### ***Equality and diversity considerations***

Healthcare professionals should take into account the needs of adults who are less able to understand and express their goals, values and priorities (for example, those with learning disabilities or cognitive impairment) and should ensure that reasonable adjustments are made for these adults.

### ***Question for consultation***

In practice would statement 3 be covered as part of statement 5 on reviewing medicines and other treatments?

## Quality statement 4: Coordination of care

### ***Quality statement***

Adults with multimorbidity know who is responsible for coordinating their care.

### ***Rationale***

Managing multiple long-term conditions can be difficult because of the complexity of the conditions and treatment options. An individualised management plan is important to ensure that decisions about optimising treatments and the resulting actions are clear. A key aspect is agreement between the person with multimorbidity and the healthcare professional about who is responsible for coordinating care. It is important that the person feels comfortable with the decision and that this information is clearly recorded in the management plan. This can then be shared with other healthcare professionals and services.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults with multimorbidity know who is responsible for coordinating their care.

**Data source:** Service specification.

#### **Process**

Proportion of adults with multimorbidity who have an individualised management plan stating who is responsible for coordinating their care.

Numerator – the number in the denominator who have an individualised management plan stating who is responsible for coordinating their care.

Denominator – the number of adults with multimorbidity. (See outcome measure for statement 1)

**Data source:** Audit of patients individualised management plans.

## **Outcome**

a) Number of adults with multimorbidity who feel they were involved in the discussion about who is responsible for coordinating their care.

**Data source:** Patient survey.

b) Number of adults with multimorbidity who know which healthcare professional is coordinating their care.

**Data source:** Patient survey.

## ***What the quality statement means for different audiences***

**Service providers** (such as primary care services) ensure that systems are in place for adults with multimorbidity to know who is responsible for coordinating their care, and that this is recorded in the individualised management plan.

**Healthcare professionals** (such as GPs and practice nurses) agree with adults with multimorbidity who is responsible for coordinating care and record this in the individualised management plan.

**Commissioners** (clinical commissioning groups and NHS England) commission services in which adults with multimorbidity know who is responsible for coordinating care and this is recorded in the individualised management plan.

**Adults with 2 or more long-term conditions who are talking about their overall care with their GP or practice nurse** are involved in deciding who is responsible for coordinating their care. This makes sure that they are clear about this and are happy with the decision.

## ***Source guidance***

[Multimorbidity: clinical assessment and management](#) (2016) NICE guideline NG56, recommendation 1.5.2 and 1.6.17

## ***Definitions of terms used in this quality statement***

### **Adults with multimorbidity**

Adults with multimorbidity have 2 or more long-term health conditions where at least 1 of these conditions must be a physical health condition.

Long-term health conditions include:

- defined physical and mental health conditions such as diabetes or schizophrenia
- ongoing conditions such as learning disability
- symptom complexes such as frailty or chronic pain
- sensory impairment such as sight or hearing loss
- alcohol and substance misuse.

[NICE's guideline on [multimorbidity](#), recommendation 1.1.1]

### ***Question for consultation***

Is there overlap between this statement and having a named GP as set out in the 2016/17 standard GP contract?

## Quality statement 5: Reviewing medicines and other treatments

### ***Quality statement***

Adults having a review of their medicines and other treatments for multimorbidity discuss whether treatments can be stopped or changed.

### ***Rationale***

A review of medicines and other treatments can lead to treatments being stopped or changed. Decisions depend on the likely benefits and harms for the person with multimorbidity and the outcomes the person considers most important to them. Optimising treatments according to individual preferences can reduce adverse events and improve quality of life.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults having a review of their medicines and other treatments for multimorbidity discuss whether treatments can be stopped or changed.

**Data source:** Service protocol.

#### **Process**

Proportion of adults having a review of their medicines and other treatments for multimorbidity who discussed whether treatments could be stopped or changed.

Numerator – the number in the denominator who discussed whether treatments could be stopped or changed.

Denominator – the number of adults having a review of their medicines and other treatments for multimorbidity.

**Data source:** Audit of patient health records.

## Outcome

a) Number of adverse events from medicines in adults with multimorbidity.

**Data source:** Audit of patient health records.

b) Adults having a review of their medicines and other treatments for multimorbidity feel that the decisions about their treatments have taken into account the outcomes they felt were important.

**Data source:** Patient survey.

## ***What the quality statement means for different audiences***

**Service providers** (such as primary care services) ensure that adults having a review of their medicines and other treatments for multimorbidity discuss whether treatments can be stopped or changed.

**Healthcare professionals** (such as GPs and practice nurses) discuss with adults having a review of their medicines and other treatments for multimorbidity whether treatments can be stopped or changed. They may consider using a screening tool, for example the STOPP/START tool in older people to identify medicine-related safety concerns and medicines the person might benefit from.

**Commissioners** (clinical commissioning groups and NHS England) commission services in which adults having a review of their medicines and other treatments for multimorbidity discuss whether treatments can be stopped or changed.

**Adults with 2 or more long-term conditions who are having a review of their treatments with their GP or practice nurse** discuss if some treatments can be stopped or changed. The aim of this is to improve the person's quality of life.

## **Source guidance**

[Multimorbidity: clinical assessment and management](#) (2016) NICE guideline NG56, recommendations 1.5.2 and 1.6.11

## 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.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been incorporated into the NICE pathway on [multimorbidity](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

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.

### ***Improving outcomes***

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

- adults with multimorbidity feeling involved in decisions about their care

- effects of health problems and treatment on day-to-day activities of adults with multimorbidity.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- [Adult social care outcomes framework 2015–16](#)
- [NHS outcomes framework 2016–17](#).

### ***Resource impact***

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to refer to the [resource impact statement](#) for the source guidance.

### ***Diversity, equality and language***

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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.

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