

**Quality standards advisory committee 3 meeting**

**Date:** 22 November 2017

**Location:** NICE office, Level 1a City Tower,  
Piccadilly Plaza, Manchester, M1 4TD

**Morning session:** Spondyloarthritis –  
prioritisation of quality improvement areas

**Afternoon session:** Medicines management:  
managing the use of medicines in community  
settings for people receiving social care –  
prioritisation of quality improvement areas

**Minutes:** Final

**Attendees**

**Quality standards advisory committee 3 standing members:**

Hugh McIntyre (Chair), Ben Anderson, Barry Attwood, Amanda de la Motte, Nadim Fazlani, Malcolm Fisk, Ulrike Harrower, Madhavan Krishnaswamy, Keith Lowe, Ann Nevinson, David Pugh, Jim Stephenson (vice-chair), Darryl Thompson, Julia Thompson

**Specialist committee members:**

**Morning session – Spondyloarthritis:**

David Chandler  
Debbie Cook  
Charlotte Davis  
Tina Hawkins  
Carol McCrum  
Jon Packham

**Afternoon session - Medicines management:  
managing the use of medicines in community  
settings for people receiving social care:**

Anne Bentley  
Linda Bracewell  
Siobhan Chadwick  
Susannah Jacks  
Kevin Minier  
Paul Morgan  
Helen Wilson

**NICE staff**

Nick Baillie (NB), Paul Daly (PD) [Items 1-8], Shaun Rowark (SR) , Michelle Gilberthorpe (MG) [Items 10-16], Jamie Jason (notes)

**NICE observers**

Nicki Mead

**Apologies** Debbie O'Brien (Medicines management: managing the use of medicines in community settings for people receiving social care)

Susannah Solaiman, Ivan Bennett, Helen Bromley, Jane Ingham, Deryn Bishop, Eve Scott, Asma Khalil

**1. Welcome, introductions objectives of the meeting**

The Chair welcomed the attendees and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the meeting, which was to prioritise areas for quality improvement for the spondyloarthritis quality standard.

The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.

**2. Confirmation of matter under discussion and declarations of interest**

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the morning session was spondyloarthritis: specifically:

- Recognition and referral
- Diagnosis
- Management
- Information and support

- Organising care

The Chair asked standing QSAC members to declare verbally any interests that have arisen since the last meeting and all interests specifically related to the matters under discussion during the morning session. The Chair asked the specialist committee members to verbally declare all interests. Interests declared are detailed in appendix 1.

### 3. Minutes from the last meeting

The committee reviewed the minutes of the last QSAC meeting held on 20 September 2017 and confirmed them as an accurate record.

### 4. QSAC updates

There were no updates from the NICE team.

### 5. Prioritisation of quality improvement areas – committee decisions

PD provided a summary of responses received during the spondyloarthritis topic engagement, referred the committee to the full set of stakeholder comments provided in the papers and the committee then discussed each of the areas in turn. The committee discussed the comments received from stakeholders and specialist committee members at topic engagement (**in bold text below**).

The following areas were prioritised for inclusion in the draft quality standard.

#### Recognition and referral

The committee agreed that as the signs and symptoms, diagnostic investigations and management for both axial and peripheral spondyloarthritis are different one statement for each type should be prioritised. The committee agreed this area was important as early diagnosis can prevent pain, joint damage, and functional loss. The committee also acknowledged evidence that people respond better to early treatment.

#### Diagnosis

- Investigations**
- Imaging**

The committee agreed to prioritise a statement on using MRI to help diagnose axial spondyloarthritis following a negative x-ray result because of the unreliability of blood testing and x-ray to diagnosis some types of spondyloarthritis. The committee agreed this was an area for quality improvement as MRI can diagnose non-radiographic axial spondyloarthritis.

#### Management

- Non-pharmacological management**
- Pharmacological management**
- Managing flares**

The committee considered all the above areas but agreed that the greatest variations and key areas for quality improvement were specialist physiotherapy and managing flares. The committee agreed to prioritise a statement on referring people with axial spondyloarthritis to a specialist physiotherapist as there is a variation in the quality and accessibility of care. Managing flares overlapped with the next area (organising care) so committee agreed to discuss under that heading.

#### Organising care

The committee acknowledged stakeholder comments relating to communication, collaboration and access to care and prioritised this as an area for quality improvement so that people with spondyloarthritis know how to self-care and access care according to their needs. The committee acknowledged the technical challenges around developing a quality statement on this and the NICE team agreed to explore it.

The following areas were not prioritised for inclusion in the draft quality standard.

#### Information and support

Committee agreed that information and support was largely covered by statements in the existing

<p>patient services quality standard. The exception was information and support relating to flares. This was considered by committee under 'organising care'.</p>
<p><b>6. Additional quality improvement areas suggested by stakeholders at topic engagement</b></p>
<p>The following areas were not progressed for inclusion in the draft quality standard:</p> <ul style="list-style-type: none"> <li>• Annual assessment for gut inflammation – the committee agreed it was not a priority in relation to the other quality improvement areas already prioritised</li> <li>• Examining for extra articular manifestations – the committee agreed it was not a priority in relation to the other quality improvement areas already prioritised</li> <li>• Multidisciplinary teams - the committee agreed it was not a priority in relation to the other quality improvement areas already prioritised</li> <li>• Shared decision making – covered by the patient experience in adult NHS services quality standard</li> <li>• Care plans - the committee agreed it was not a priority in relation to the other quality improvement areas already prioritised</li> <li>• Measuring outcomes &amp; participation in research and audit – measurement and audit are methods by which quality improvement can be evidenced; quality statements focus on actions that demonstrate high quality care or support, not the methods by which evidence is collated.</li> <li>• Incentivised GP assessments for patients with psoriatic arthritis – assessments for psoriatic arthritis are covered by the psoriasis quality standard</li> <li>• Monitoring of disease / assessment of comorbidities – the committee agreed it was not a priority in relation to the other quality improvement areas already prioritised</li> <li>• 'Treat To Target'- the committee agreed it was not a priority in relation to the other quality improvement areas already prioritised</li> </ul>
<p><b>7. Resource impact and overarching outcomes</b></p>
<p>The committee considered the resource impact of the quality standard.</p> <p>PD requested that the committee submit suggestions to the NICE team relating to the overarching outcomes of the quality standard when it is sent to them for review.</p>
<p><b>8. Equality and diversity</b></p>
<p>PD provided an outline of the equality and diversity considerations included so far and requested that the committee submit suggestions when the quality standard is sent to them for review.</p>
<p><b>9. Close of morning session</b></p>
<p><b>The specialist committee members for the spondyloarthritis quality standard left and the specialist committee members for the medicines management: managing the use of medicines in community settings for people receiving social care quality standard joined.</b></p>
<p><b>10. Welcome, introductions and objectives of the afternoon</b></p>
<p>The Chair welcomed the medicines management: managing the use of medicines in community settings for people receiving social care specialist committee members and QSAC members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the afternoon, which was to prioritise areas for quality improvement for the medicines management: managing the use of medicines in community settings for people receiving social care draft quality standard.</p> <p>The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.</p>
<p><b>11. Confirmation of matter under discussion and declarations of interest</b></p>
<p>The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the afternoon session was medicines management: managing the use of medicines in community settings for people receiving social care, specifically:</p> <ul style="list-style-type: none"> <li>• Governance for managing medicines safely and effectively</li> </ul>

- Assessing and reviewing a person's medicines support needs
- Managing and sharing information about a person's medicines
- Supporting people to take their medicines
- Reporting medicines incidents

The Chair asked both standing specialist QSAC members to declare verbally all interests specifically related to the matters under discussion during the afternoon session. Interests declared are included in appendix 1.

## **12. Prioritisation of quality improvement areas – committee decisions**

MG provided a summary of responses received during the topic engagement and the committee then discussed each of the areas in turn. The committee discussed the comments received from stakeholders and specialist committee members at topic engagement (**in bold text below**).

The following areas were prioritised for inclusion in the draft quality standard.

### **Governance for managing medicines safely and effectively**

- a) Accountability and responsibility**
- b) Documented policies and procedures**

The committee agreed to prioritise a statement for people who receive medicines support to be aware of who is responsible for providing support /to know who to contact. The committee considered that people can have contact with multiple services and it can be unclear who has responsibility for providing medicines support.

### **Assessing and reviewing a person's medicines support needs**

- a) Assessing a person's medicines support needs**
- b) Reviewing a person's medicines support needs**

The committee agreed to prioritise a statement on including assessment of people's medicines support needs in the overall assessment of their needs and preferences for care, and ensuring their needs are reviewed. The committee agreed there is a variation in care in relation to assessment and ongoing review of need.

### **Managing and sharing information about a person's medicines**

- a) Sharing information about a person's medicines**
- b) Records management**

The committee agreed to prioritise a statement on services recording and sharing up to date and accurate information about people's medicines, including when new medicines are prescribed. It was acknowledged that changes in medication are often not communicated between services which could potentially lead to safety issues.

### **Supporting people to take their medicines**

- a) Information to support people administering medicines**
- b) Medicines availability**

The committee agreed to prioritise a statement on prescribers providing clear information and instructions for each type of medicine to people taking medicines and their carers. This is to support people and their carers to manage medicines safely and effectively.

### **Reporting medicines incidents**

The committee agreed to prioritise a statement on support for people taking medicines, and their carers to report concerns about medicines. It was agreed that there is a need for improved reporting of medicines incidents.

## **13. Additional quality improvement areas suggested by stakeholders at topic engagement**

The following areas were not progressed for inclusion in the draft quality standard:

**Awareness raising for learning disability needs** - the committee agreed it was not a priority in relation to the other quality improvement areas already prioritised.

**Outreach** - the committee agreed it was not a priority in relation to the other quality improvement areas already prioritised.

**14. Resource impact and overarching outcomes**

The committee considered the resource impact of the quality standard.

MG requested that the committee submit suggestions to the NICE team relating to the overarching outcomes of the quality standard when it is sent to them for review.

**15. Equality and diversity**

MG provided an outline of the equality and diversity considerations included so far and requested that the committee submit suggestions when the quality standard is sent to them for review.

**16. Any other business**

None.

**Close of meeting**

**Appendix 1: Declarations of interest**

**Table 1: Morning session**

Name	Membership	Declaration
David Chandler	Specialist committee member	None.
Debbie Cook	Specialist committee member	Chief Executive of the National Ankylosing Spondylitis Society (NASS), as well as being an SpA patient. NASS receives educational grants from pharmaceutical companies. Occasionally asked to speak at meetings sponsored by the pharmaceutical industry, fees for which are paid directly to NASS.
Charlotte Davis	Specialist committee member	None.
Tina Hawkins	Specialist committee member	None.
Carol McCrum	Specialist committee member	None.
Jon Packham	Specialist committee member	<p>Jonathan's wife is the managing director of a training / consultancy company (Jayne Packham Consultancy) providing services predominantly to pharmaceutical companies. Her main areas of training / consultancy are medical information and ABPI code of practice.</p> <p>Jayne works with almost all of the top 50 pharmaceutical companies in the UK / worldwide, the work for any of these companies does not comprise the majority of her workload / contracts.</p> <p>Jonathan is a sleeping partner in this company, but has no input into the services which are provided for any pharmaceutical company.</p> <p>Jonathan has helped to organise and run an annual national education day (Outside in), for the past 3 years, on psoriatic arthritis supported by Abbvie for which Jonathan receive a fee. The meeting is completely non-promotional. (This was considered by the chair of the Spondyloarthropathy guidelines group Dr McVeigh 2014-16 and was considered not to be a conflict of interest at a level which required withdrawal from committee)</p> <p>Jonathan is intending to submit grants to NIHR and/or Arthritis Research UK during the period of time that the quality standards will be under consideration. Research topics that these grants may address include screening for axial spondylitis (AS) by GPs and / or a study to identify tools to assist AS patients in help seeking behaviour during flares. Neither of these potentially planned studies will have reached any conclusions prior to the end of the period of time the quality standards committee will be deliberating.</p> <p>Jonathan currently receives x2 research grants from the National Ankylosing Spondylitis Society supporting x2 PhD fellows studying: Fatigue in AS Inflammatory back pain in patients with psoriasis</p> <p>Neither of these studies will have reached any conclusions prior to the end of the period of time the quality standards committee will be deliberating.</p>

		<p>Jonathan was asked to be involved in a '<b>new spondyloarthropathies policy initiative</b>' by Novartis in June 2017 (with no personal fee associated). Jonathan agreed to be involved, but the initial meeting of this group of UK opinion leaders was held at the EULAR conference, which he did not attend. Jonathan has therefore not participated as yet with this group.</p> <p>Jonathan is vice chair for the biologics registers committee for the British Society for Rheumatology. Jonathan is partially responsible (on behalf of BSR) for the governance and day to day running of the biologics registries (including those for rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis). There is no associated personal or departmental pecuniary interest.</p>
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**Table 2: Afternoon session**

<b>Name</b>	<b>Membership</b>	<b>Declaration</b>
Anne Bentley	Specialist committee member	None.
Linda Bracewell	Specialist committee member	Linda is chair of Lancashire Pharmacy Network.
Siobhan Chadwick	Specialist committee member	Time to Care Specialist Services Northumbria University Care Quality Commission
Susannah Jacks	Specialist committee member	None
Kevin Minier	Specialist committee member	Kevin is a lay patient/service user/carer representative and sometimes receive expenses and/or an honorarium fee for input and services.
Paul Morgan	Specialist committee member	None.
Helen Wilson	Specialist committee member	Helen manages a local authority service which receives funds from the NHS to in-part manage this area of practice i.e. managing medicines in social care in the community.