Quality standards advisory committee 3 meeting

Date: 21 March 2018

Location: ETC Venues, 8th floor, 11 Portland Street, Manchester, M1 3HU

Morning session: Spondyloarthritis – review of stakeholder feedback

Afternoon session: Medicines management for people receiving social care in the community – review of stakeholder feedback

Minutes: Final

Attendees

Quality standards advisory committee 3 standing members:

Hugh McIntyre (Chair), Barry Attwood, Malcolm Fisk, Madhavan Krishnaswamy, Keith Lowe, Ann Nevinson, Jim Stephenson (vice-chair), Deryn Bishop, Eve Scott, Deryn Bishop, Ben Anderson

Apologies Ivan Benett, Amanda de La Motte, Ulrike Harrower, Jane Ingham, Asma Khalil, David Pugh, Nadim Fazlani, Darryl Thompson, Julia Thompson

Specialist committee members:

Morning session – Spondyloarthritis:

Jon Packham
Tina Hawkins
Carol McCrum
David Chandler
Charlotte Davis

Apologies: Debbie Cook

Afternoon session – Medicines management for people receiving social care in the community :

Kevin Minier
Susannah Jacks
Linda Bracewell

Apologies: Siobhan Chadwick, Helen Wilson, Paul Morgan, Anne Bentley, Debbie O'Brien

NICE staff
Nick Baillie (NB), Stacy Wilkinson (SW) {Items 1-7}, Shaun Rowark (SR), Michelle Gilberthorpe (MG) {Items 9-13}, Nicola Cunliffe (NC – AM only), Rick Keen (RK – PM only)

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 review stakeholder comments on 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 the spondyloarthritis quality standard: specifically, referral for suspected spondyloarthritis; diagnosis of axial spondyloarthritis using imaging; physiotherapy and access to care during flares. 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 QSAC3 meeting held on 21 February 2018 and confirmed them as an accurate record.	
4. QSAC updates	
Standing members to return their annual declarations of interest form before the end of March.	
5. Recap of prioritisation meeting and discussion of stakeholder feedback	
SW provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the spondyloarthritis draft quality standard. SW summarised the significant themes from the stakeholder comments received on the spondyloarthritis draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.	
5.1 Discussion and agreement of amendments required to quality standard	
Draft statement 1: Adults with signs and symptoms of axial or peripheral spondyloarthritis are referred to a rheumatologist	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee discussed whether the statement needs to include a specialist team rather than just a rheumatologist. The committee agreed that it is important that people are referred directly to a rheumatologist to prevent delays in diagnosis caused by not seeing the correct person first. • The committee discussed including psoriatic arthritis in the statement as healthcare professionals do not always know that it is a type of peripheral spondyloarthritis. As psoriatic arthritis is in the section heading in the guideline rather than the recommendation itself, it cannot go within the statement, but it can be clarified in the supporting sections that peripheral spondyloarthritis includes psoriatic arthritis. • The committee discussed the measurability of the statement and agreed that the list of signs and symptoms in the definition is clear, which makes it measurable.
Draft statement 2: Adults with suspected axial spondyloarthritis and an X-ray that does not show sacroiliitis have an inflammatory back pain MRI	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee discussed stakeholder comments and stated that X-ray can diagnose spondyloarthritis and should be done first, before MRI, as this is more cost-effective. • The committee acknowledged that young adults with immature skeletons should have MRI first as up to the age of 18 X-ray can be unreliable. The committee agreed that this does not need to go in the statement and is included in the

	supporting sections.
Draft statement 3: Adults with axial spondyloarthritis are referred to a specialist physiotherapist for a structured exercise programme	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee referred to the discussion at the first meeting about including hydrotherapy in the statement and acknowledged that, as this is a 'consider' recommendation in the guideline, it cannot be included. • The committee discussed how 'referred' could imply that this is a one off event, but spondyloarthritis is a condition that changes throughout the lifetime and people's needs change. They noted that there is nothing in this statement about ongoing care and advice from a physiotherapist through disease progression. As the recommendation in the guideline on periodic reviews is a 'consider' recommendation, the committee agreed that it cannot be included in the statement, but agreed that it should be highlighted in the rationale and supporting sections that this is about the start of a programme of physiotherapy, and ongoing support is important. • The committee discussed whether it needs to be a 'specialist' physiotherapist and highlighted that generic physiotherapists do not have the specialist knowledge base needed, so it is important for it to be a specialist.
Draft statement 4: Adults with spondyloarthritis and a flare management plan are given information on how to access care during flares	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee highlighted that having a flare management plan is important but acknowledged that the guideline recommendation is a 'consider' recommendation, so the statement cannot be about developing a plan. • The committee discussed that the key area for this statement is to give people with spondyloarthritis information to enable a self-care approach, so they know about their condition, when they need to access services and who to contact for support. The committee suggested that a statement from the patient experience quality standard could be used. The NICE team will look at drafting a statement that reflects this concept and covers the area discussed.
5.2 Additional quality improvement areas suggested by stakeholders at consultation	

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

- **Pharmacological treatment** – this was discussed at the first meeting and was not prioritised, and is also covered by Technology Appraisals
- **Involvement of a multidisciplinary team** – this was discussed at the first meeting and was not prioritised.
- **Communication and coordination between healthcare professionals involved in care –** this is an underlying theme in every QS and is also covered by the patient experience QS.
- **Referral to interventional spine specialists –** this was not considered a priority area for inclusion in the quality standard
- **Management for people with psoriatic arthritis –** this area was discussed at the first meeting and was not prioritised
- **Annual review –** The committee highlighted that none of the statements cover ongoing care from a specialist. The committee discussed having a statement on regular specialist review to check treatment options, but acknowledged there is a lack of current evidence on this. It was also agreed that it would difficult to measure a statement on having ongoing access to a specialist. It was highlighted that the medicines optimisation quality standard is included in the list of quality standards that should be considered alongside this one, and that statement 4 should cover ongoing care through patients knowing which healthcare professionals to contact and when. The NICE team informed the committee that this discussion will be feedback to the surveillance team to aid them when they are discussing whether the guidance should be updated.

6. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard and highlighted that picking up spondyloarthritis earlier saves money in the long run and prevents downstream health and social care resource.

The committee suggested that the following be added to the overarching outcomes of the quality standard:

- Joint replacement
- Cardiovascular mortality
- Change ‘‘ability to work’ to work productivity

7. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations: X-ray changes are less likely to show up in women. It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

8. Close of morning session

The specialist committee members for the spondyloarthritis quality standard left and the specialist committee members for the medicines management for people receiving social care in the community quality standard joined.

9. Welcome, introductions and objectives of the afternoon

The Chair welcomed the specialist committee members for medicines management for people receiving social care in the community and QSAC members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the afternoon, which was to review stakeholder comments on the medicines management for people receiving social care in the community quality standard

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

Due to the unannounced absence of one Specialist Committee Members the Chair and NB agreed and informed the committee that the afternoon session was not quorate, but could proceed

provided the views of the absent Specialist Members were specifically sought after the meeting

10. 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 afternoon session was medicines management for people receiving social care in the community: specifically:

- Assessing medicines support needs
- Communicating that medicines support has started
- Information about medicines
- Keeping records up-to-date
- Managing medicines-related problems

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.

11.1 Recap of prioritisation meeting and discussion of stakeholder feedback

MG provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the medicines management for people receiving social care in the community draft quality standard.

MG summarised the significant themes from the stakeholder comments received on the draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.

The committee noted that many of the stakeholder comments received were primarily from the perspective of current practice, rather than future practice.

The committee discussed the position of the quality standard, which assumes that responsibilities between the local authority and health and social care providers for medicines support are determined locally. The Chair read through to the committee the draft quality statement overview for clarity on the objective of the quality statements and to empathise that the statements must defer from delegating actions to healthcare providers.

11.2 Discussion and agreement of amendments required to quality standard

Draft statement 1: Adults having an assessment for social care in the community have their medicines support needs included.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee discussed the different potential arrangements for medicines support, including people who are self-funding their care. It was agreed that social care assessments are a good opportunity to assess medicine support needs. • The committee agreed that medicines support needs should be assessed on an ongoing basis. It was acknowledged that it is difficult to measure that reviews have taken place as needed due to different potential reasons for review. • The committee drew attention to the fact that 'review assessment' was misleading in that it potentially denoted a singular assessment. • The committee discussed whether the word 'included' at the end of the statement could be changed to 'assessed'. **Action: Statement unchanged. NICE team to alter statement rationale to present a greater focus on safety. Potential rewording in rationale in regards to 'review assessment' to note the potential of multiple assessments taking place.**

Draft statement 2: Adults receiving social care in the community that includes medicines support have their general practice and supplying pharmacy informed when the support has started.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee agreed with the consultation feedback that that this statement encourages communication between all healthcare agencies involved in medicines support and that it could be measured through an audit of records. • The committee highlighted that general practice may not be the initial prescriber but it was noted that such wording was supported by the relevant recommendation in the NICE guideline. **Action: Statement unchanged. NICE team to ensure rationale focuses on encouraging communication between different services involved in medicines management.**
Draft statement 3: Adults receiving social care in the community that includes medicines support have information about how and when medicines should be taken included in their medicines administration record.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee discussed the consultation comments which highlighted that medicines administration records (MAR) are not always supplied with each medicine, and that the statement could add an extra layer of administration. The responsibilities for completing a domestic MAR (DOMAR) and required competencies for making changes to the MAR were discussed, in view of consultation comments around variability in availability of MAR and statutory responsibilities. • The committee discussed the possibility of removing the MAR entirely from the statement and instead simply stating that records of how and when to take medicines should be accurate and up-to-date, with the potential types of records to be detailed in the statement definition. **Action: Consideration to be given to merging statements 3 and 4. Reference to the MAR to be removed in place of wording stating that an 'accurate and up to date' record is kept. Consider a reference to MAR in the definitions section.**
Draft statement 4: Adults receiving social care in the community that includes medicines support have changes to their medicines recorded in their medicines administration record.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee noted that the actions for statement 3 also applied to this statement in regards to the merging of the two. • The committee discussed the different potential records where changes could be recorded and the need to ensure medicine are reconciled so that the right medicines support can be given. **Action: Consideration to be given to merging statements 3 and 4.**

	Reference to the MAR to be removed in place of wording stating that an 'accurate and up to date' record is kept.
Draft statement 5: Adults receiving social care in the community that includes medicines support are given information on how to raise any problems with their medication.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team: • The committee discussed the possibility of changing the statement wording to reflect that adults are 'enabled' to raise problems, rather than given information. • The committee discussed the possibility of changing the statement wording to 'raise concerns' with their medication, as 'raise any problems' might be taken to refer to more serious problems. However, it was agreed that the definition of medicines-related problems covers a range of potential issues. • The committee agreed with consultation feedback that family and informal carers should be included in the statement. The committee discussed the need for care workers to be able to raise problems with medicines, however it was agreed that the recommendation relating to this covered different issues, such as stockpiling of medicines, whereas this statement is focused on the person receiving medicines support being able to raise concerns. The NICE time agree to explore again whether that the need for care workers and informal carers to receive information about how to raise problems should be included in the rationale. **Action: NICE team to explore possibility of altering statement wording to include family and informal carers, and the rationale to include care workers also knowing how to report issues with medicines'.**

11.3 Additional quality improvement areas suggested by stakeholders at consultation

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

- Medicines reconciliation (it was noted that this is already covered in the existing quality standard for medicines optimisation).
- Medication reviews (it was noted that this is already covered in the existing quality standard for medicines optimisation).

- Use of over the counter medications that will no longer be prescribed (the committee agreed that the existing statements should address this issue by identifying support needs, ensuring records are up to date and enabling people to report problems).
- "When needed" drugs management (the committee agreed that the existing statements should address this by identifying support needs, ensuring records are up to date and enabling people to report problems).
- Sharing information about unused medicines (the committee agreed that the existing statements should address this by identifying support needs, ensuring records are up to date and enabling people to report problems).
- Tackling inappropriate use of monitored dosage systems (the committee agreed that the existing statements should address this by identifying support needs, ensuring records are up to date and enabling people to report problems. It was agreed that the wider issue of tackling monitored dosage systems is outside the scope of the quality standard).Support for people with a learning disability (it was noted that the statements should advance equality for all groups with a social care need. People with a learning disability are included within equalities and diversity considerations)
- Personalised care (the committee agreed that the existing statements should encourage personalised care through involving people in identifying whether they require support, what their

medicines support needs are, and enabling people to report concerns with their medicines. The following area was not progressed for inclusion in the final quality standard as the committee agreed that it was out of the scope of this quality standard: • Raising awareness of entitlement to pharmacy-based support. • Support to take as few medications as possible.
12. Resource impact and overarching outcomes
The committee considered the resource impact of the quality standard. The committee confirmed the overarching outcomes are those presented in the draft 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.
13. 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.
14. Any other business
None.
Close of meeting

Appendix 1: Declarations of interest

Table 1: Morning session

Name	Membership	Declaration
David Chandler	Specialist member	None.
Jon Packham	Specialist member	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. 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. Jonathan is a sleeping partner in this company, but has no input into the services which are provided for any pharmaceutical company. 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).

		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. 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. 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.
Charlotte Davis	Specialist member	Tbc
Carol McCrum	Specialist member	None.
Tina Hawkins	Specialist member	Tbc

Table 2: Afternoon session

Name	Membership	Declaration
Paul Morgan	Specialist member	None.
Linda Bracewell	Specialist member	Linda is a Director at Linda Bracewell Ltd t/a Baxendale Pharmacy Accrington. Linda is chair of Lancashire Pharmacy Network.
Anne Bentley	Specialist member	None.
Siobhan Chadwick	Specialist member	Time to Care Specialist Services. Northumbria University. Care Quality Commission.
Helen Wilson	Specialist 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.
Susannah Jacks	Specialist member	None.
Debbie O'Brien	Specialist member	None.

Kevin Minier	Specialist member	Kevin is a lay patient/service user/carer representative and sometimes receive expenses and/or an honorarium fee for input and services.