

**Quality standards advisory committee 3 meeting**

**Date:** 17 October 2018

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

**Morning session:** Physical activity: encouraging activity with the general population – Prioritisation of quality improvement areas

**Afternoon session:** Sexual health – Review of stakeholder feedback

**Minutes:** Draft

**Attendees**

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

Jim Stephenson (vice-chair), Deryn Bishop, Amanda De La Motte, Nadim Fazlani, Malcolm Fisk, Madhavan Krishnaswamy, Keith Lowe, David Pugh, Darryl Thompson, Julia Thompson

**Specialist committee members:**

**Morning session – Physical activity**

Barry Causer  
Andy Cope  
Matthew Pearce  
Michael Tornow  
Verena Trend

**Afternoon session - Sexual health**

Sophie Collins  
Kathryn Faulkner  
Jayne Fortune  
Asha Kasliwal  
Richard Ma  
Keith Radcliffe  
John Saunders

**NICE staff**

Nick Baillie (NB) [Items 1-16], Sabina Keane (SK) [1-8], Nicola Greenway (NG) [1-8], Melanie Carr (MC) [12-16], Julie Kennedy (JK) [12-16], Craig Grime (CG) [10], Jamie Jason (notes) [1-16].

**NICE observers**

Chris Bird, Laura Worthington,  
Theresa Jennison (am only), Rebecca Fletcher (am only)  
Pete Shearn (pm only), Sarada Chunduri-Shoesmith (pm only)

**Apologies** Hugh McIntyre (Chair), Barry Attwood, Ivan Benett, Ann Nevinson, Eve Scott, Phil Taverner

SCM (am) - Nick Clarke

<p><b>1. Welcome, introductions objectives of the meeting</b></p> <p>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 physical activity quality standard.</p> <p>The Chair confirmed there would be no public observers.</p>
<p><b>2. 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 morning session was physical activity specifically:</p> <ul style="list-style-type: none"> <li>• Policy and planning</li> <li>• Active travel</li> <li>• Public open spaces</li> <li>• Buildings</li> <li>• Schools</li> </ul> <p>The Chair asked standing and specialist 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.</p>

### 3. Minutes from the last meeting

The committee reviewed the minutes of the last QSAC1 meeting held on 20 June 2018 and confirmed them as an accurate record.

#### General

Before discussions commenced, the Chair noted that Barry Attwood and Eve Scott standing members of QSAC3 have resigned. On behalf of the committee, the Chair thanked both Barry and Eve for their valuable contributions to the work of QSAC3.

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

SK provided a summary of responses received during the physical activity 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.

The committee discussed how this quality standard will focus on encouraging physical activity within the general population. It will not specifically cover encouraging physical activity in people who are in contact with the NHS, including staff, patients and carers as this is the focus of NICE quality standard 84 (QS84) [Physical activity: for NHS staff, patients and carers](#).

The committee noted a lack of responses from mental health organisations and suggested that these should be targeted at consultation.

**ACTION: NICE team to target mental health organisations at consultation.**

#### Policy and planning

- a) **Local strategies – prioritised**
- b) **Physical activity champions – prioritised**
- c) **Community engagement approaches – prioritised**
- d) **Planning permissions – not prioritised**
- e) **Measuring impact – not prioritised**

The committee discussed the areas and felt that (a), (b) and (c) were most important with physical activity champions acting as 'connectors' within their community to identify local needs and promote physical activity through local strategies and community engagement approaches.

The committee discussed planning permissions and what these entail. It was felt this would be covered in local strategy development.

The committee did not prioritise measuring impact as a quality improvement area as this is applicable to all statements. However an outcome measure on this should be added to this statement.

**ACTION: NICE team to progress a statement on physical activity champions which includes local strategies and community engagement approaches. Also an outcome measure on measuring the impact of these on increasing physical activity levels.**

#### Active travel

- a) **Local areas – not prioritised**
- b) **Public transport – prioritised**
- c) **Footways, footpaths and cycle routes – prioritised**
- d) **Road and street design – prioritised**

The committee discussed the role of local authority on active travel in line with the walking and cycling investment strategy which informs local plans. It was felt that local areas should not be progressed as active travel needs to focus on areas where there is variation and not just where there is the physical potential to change areas.

The committee then discussed areas (b), (c) and (d) and agreed that developing and maintaining travel routes and their infrastructure would have a significant impact on encouraging safe, active travel especially for specific groups (for example older people and people with limited mobility) who may benefit from improved road and street design.

The committee noted that there are already schemes encouraging people to walk but it is important to focus on behaviour change. The committee agreed that behaviour change should underpin all of the statements.

Public transport services and their information was also discussed in terms of their accessibility to everyone including people with visual and hearing impairments and limited mobility. It was felt improved access would increase physical activity. NICE team will explore a link for this within this statement.

**ACTION: NICE team to progress a statement on travel route safety with behaviour change underpinning this. NICE team to review whether public transport access and information can be linked to this statement.**

### **Public open spaces – prioritised**

The committee felt that this was an important quality improvement area.

The committee discussed NICE guideline NG90 recommendation 1.3.1. This is a ‘consider’ recommendation due to the weak evidence on specific actions to enhance public open spaces such as improved lighting and clear signs. In light of this it was agreed to broaden the focus on increasing local access of these spaces via travel routes.

The committee highlighted NICE guideline PH17 (2009) [Physical activity for children and young people](#) as another key source for this area as it includes recommendation 4 on planning the provision of spaces and facilities. Also the [Public Health Outcomes Framework \(PHOF\) 2016-2019](#) includes a national indicator 1.16 - Utilisation of outdoor space for exercise/health reasons.

The committee discussed that all public open spaces are important to encourage physical activity not just green areas but concrete space for example.

It was also suggested that draft statement 1 on planning could include developing new public open spaces.

The committee agreed public open spaces should be progressed with a focus on their local access.

**ACTION: NICE team to progress a statement on enhancing local access to open spaces with reference to NICE PH17 and PHOF national indicator 1.6.**

### **Buildings**

- a) Active travel – prioritised**
- b) Staircases – prioritised**

The committee agreed to progress a statement on buildings (such as workplaces and schools) and their infrastructure which support active travel to increase physical activity levels. Active travel was discussed further in the next section on schools.

The committee then discussed building design and their access for workplaces, schools and early years settings to improve future physical activity. It was noted that there may not be any recommendations to support a statement on building access and design so NICE team will review NICE guidelines for recommendations to support this area.

**ACTION: NICE team to review NICE guidelines recommendations to support a statement on building access and design.**

### **Schools**

- a) Active travel – prioritised**
- b) Active play – not prioritised**

The committee agreed not to prioritise active play as this is covered in the [school based interventions](#)

quality standard which is expected to publish in February 2019.

The committee noted that Ofsted didn't comment at topic engagement and asked NICE to chase them at consultation on schools and active travel.

**ACTION: NICE team to progress a statement on buildings such as workplaces, schools and early years supporting active travel.**

**ACTION: NICE team to engage with Ofsted at consultation on schools and early years and active travel.**

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

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

- Behaviour change – This area has not been progressed as this is an underlying principle of this quality standard.
- Digital health – This area is not within the scope of this quality standard.
- Outdoor air– There is a quality standard on [air pollution: outdoor air quality and health](#) which is currently in development. It is expected to publish in February 2019.
- Primary care brief advice including social prescribing – This is addressed by NICE quality standard 84 [Physical activity: for NHS staff, patients and carers](#).
- Technological developments- This area is not within the scope of this quality standard.

The committee requested NICE team to check if behaviour change is the current, correct terminology as behavioural social science is the term used within a recent PHE strategy publication.

The committee noted that there was guidance being developed on digital health and physical activity.

The committee suggested that physical activity types such as gardening and dance needs to be included in the supporting information.

The committee also noted that this quality standard does not include physical activity for specific health conditions as the scope is on the general population. The committee discussed whether a question on the population scope should be included at consultation if appropriate.

**ACTION: NICE team to include physical activity types in the supporting information of this quality standard. Also NICE team to add any specific questions on the population scope at consultation if appropriate and check behaviour change terminology.**

#### **6. Resource impact and overarching outcomes**

The committee considered the resource impact of the quality standard. The return on investment of physical activity was suggested to be included in the supporting information.

The committee confirmed the overarching outcomes are those presented in the draft quality standard.

- Rate of physically active adults, young people and children
- Rate of physically inactive adults, young people and children
- Outdoor space usage for exercise or health reasons
- Rate of active travel
- Public transport use

The committee suggested including mental health and wellbeing as an overarching outcome.

#### **7. Equality and diversity**

The committee agreed the following groups should be included in the equality and diversity considerations:

- Age
- Gender reassignment

- Pregnancy and maternity
- Religion or belief
- Marriage and civil partnership
- Disability
- Sex
- Race
- Sexual orientation

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

The committee suggested encouraging physical activity for people with very low levels of activity.

#### **8. Close of morning session**

**The specialist committee members for the physical activity quality standard left and the specialist committee members for the sexual health quality standard joined.**

#### **09. Welcome, introductions and objectives of the afternoon**

The Chair welcomed the sexual health 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 review stakeholder comments on the sexual health quality standard.

The Chair confirmed there would be no public observers.

#### **10. QSAC update - QS14 and QS15 refresh**

CG discussed QS14 and QS15 with the committee.

CG advised NICE were looking to refresh the above quality standards because they were published in 2011 and 2012 respectively and have not yet been fully updated. NICE is developing a guideline on shared decision making that is relevant to QS14 and QS15 but this is only expected to publish in 2021. In the interim period refreshing the quality standards will help to ensure they are fit for purpose.

CG informed the committee that the team are looking to reduce the number of statements in the quality standards because we have received feedback that some of the statements discuss similar or overlapping concepts.

A stakeholder consultation will be undertaken for both of the standards although it was noted that the priority areas will not be reviewed.

The committee were supportive of the proposal to refresh the quality standards.

CG advised that a committee meeting would take place in January to discuss this. The committee were asked to hold 23<sup>rd</sup> January 2019 in diaries.

#### **11. 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 sexual health specifically:

- Asking people about their sexual history
- Discussing prevention and testing with people at risk of sexually transmitted infections
- Access to sexual health services
- Repeat testing for sexually transmitted infections
- Partner notification

The Chair asked both standing and specialist members to declare verbally all interests specifically related

to the matters under discussion during the afternoon session.

**12.1 Recap of prioritisation meeting and discussion of stakeholder feedback**

MC provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the sexual health draft quality standard.

MC explained that while condom distribution schemes was an area prioritised at the first QSAC meeting it was not possible to develop a statement based on the recommendations available. This was because the majority of local authorities already provide a condom distribution scheme. The relevant recommendation in NG68 sexually transmitted infections says that a range of schemes should be provided based on local needs assessment. It was agreed internally that because of the reference to needs assessment local authorities would feel they had achieved this by providing one type of scheme.

The committee felt this was a vital area that should be included as there is variation across the country. They felt that having a statement based on recommendation 1.1.1 from NG68 would help to ensure that all 3 types of condom distribution schemes are provided in all areas. The NICE team agreed to check the guideline again liaising with the guideline team to clarify the intent of the recommendation.

The committee discussed the decline in funding and that there is no data collection or audit to ensure condoms are being distributed.

It was discussed that this could potentially be incorporated into statement 2.

The committee concluded that there should be a standalone statement on condom distribution schemes.

**ACTION: NICE team to investigate adding a statement on condom distribution schemes.**

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

The committee discussed changing the title of the quality standard. However, MC explained that if it was changes to sexually transmitted infections as suggested by stakeholders it would limit the scope of the quality standard both now and for future updates. An explanation will be added to address this in the overview in the quality standard.

**ACTION: NICE team to explore adding explanation in the overview regarding the scope of the quality standard.**

**12.2 Discussion and agreement of amendments required to quality standard**

<p><b>Draft statement 1:</b></p> <p><b>Asking people about their sexual history</b></p> <ul style="list-style-type: none"> <li><b>People are asked about their sexual history at key points of contact</b></li> </ul>	<p>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.</p> <p>The committee discussed how to incorporate appropriateness of asking about sexual history in terms of setting, time and the person. They felt it was important to emphasise using judgement to determine when it is appropriate to ask.</p> <p>The committee discussed linking this to the online services as people may be more willing to discuss sexual history online rather than face to face with their GP.</p> <p>The examples of times when it is appropriate to ask about sexual history are mainly aimed at women. It was suggested more examples should be added that include men.</p> <p>The committee discussed the term 'high risk' and the difficulties with categorising people as this. However, it is difficult to replace it with another</p>
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	<p>term. They agreed the quality standard shouldn't be too prescriptive in defining this.</p> <p>The committee agreed to progress this statement with amendments to the definitions and outcome measures.</p> <p><b>ACTION: NICE team to add a definition for sexual history assessment and amend definition of key points of contact.</b></p> <p><b>ACTION: NICE team to review outcome measures.</b></p> <p><b>ACTION: NICE team to consider where to refer to the appropriateness of asking people about their sexual history in the supporting information.</b></p>
<p><b>Draft statement 2</b></p> <p><b>Discussing prevention and testing with people at risk of sexually transmitted infections</b></p> <ul style="list-style-type: none"> <li>• <b>People identified at risk of sexually transmitted infections have a discussion about prevention and testing</b></li> </ul>	<p>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:</p> <p>The committee discussed the population and whether other groups needed to be identified. They agreed there may be other groups that this is relevant for but that they would have to be identified on an individual basis.</p> <p>The committee felt the discussion should include encouraging condom use, vaccinations and signposting to relevant information. It is important to signpost to high quality information and websites but it was agreed that signposting to some individual sites may not be appropriate as they can quickly become outdated. The emphasis should be on how to find high quality information.</p> <p>The committee agreed it was not appropriate to add condom distribution schemes to this statement.</p> <p><b>Action: NICE team to explore adding details to the supporting information on signposting to high quality services and information.</b></p>
<p><b>Draft statement 3</b></p> <p><b>Access to sexual health services</b></p> <ul style="list-style-type: none"> <li>• <b>People who contact a sexual health service for an appointment are seen within 48 hours</b></li> </ul>	<p>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:</p> <p>The committee discussed the timeframe. Some people will need to be seen quicker than 48 hours and some will not need to be seen that quickly. The committee felt that text should be added to the supporting information to reflect this.</p> <p>Where appropriate people can be directed to online services to order test kits.</p> <p>The committee discussed whether the statement should say offer or provide an appointment. It was agreed that the statement should not say 'seen' in order to accurately reflect the source guidance.</p> <p>The committee discussed walk-in clinics. Walk-in clinics do not necessarily guarantee an appointment. However, they are important in terms of</p>

	<p>providing capacity to achieve the statement. They agreed that if a measure is included on walk-in clinics it should specify a maximum wait time. If people wait longer than two hours they would not return to such a service.</p> <p>The committee suggested this area is reviewed when the guideline gets reviewed.</p> <p><b>ACTION: NICE team to review the statement wording.</b></p> <p><b>ACTION: NICE team to review guideline recommendations regarding the timings.</b></p> <p><b>ACTION: NICE team to refer to walk-in clinics in the supporting information.</b></p>
<p><b>Draft statement 4</b></p> <p><b>Repeat testing for sexually transmitted infections</b></p> <ul style="list-style-type: none"> <li>• <b>Men who have sex with men have repeat testing every 3 months if they are at increased risk of sexually transmitted infections</b></li> </ul>	<p>The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard.</p> <p>The committee agreed that the population does not need amending.</p> <p>The committee agreed that repeat testing does not need defining.</p> <p>The committee noted that the British Association of Sexual Health and HIV guideline that has been used as the evidence base may be slightly outdated. Some minor changes may be required to bring the statement up to date.</p> <p><b>ACTION: NICE team to check the guidance correlates with any updates.</b></p>
<p><b>Draft statement 5</b></p> <p><b>Partner notification</b></p> <ul style="list-style-type: none"> <li>• <b>People diagnosed with a sexually transmitted infection are supported to notify their partners</b></li> </ul>	<p>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:</p> <p>The committee agreed that the statement was deliberately kept simple and not too prescriptive as it cannot be done in all settings.</p> <p>The committee agreed there are no issues with confidentiality.</p> <p>The committee noted the role of primary care is to refer people for support not to undertake the notification.</p> <p><b>ACTION: NICE team to amend the definition of support and explain the role of primary care in the supporting information.</b></p>
<p><b>12.3 Additional quality improvement areas suggested by stakeholders at consultation</b></p>	
<p>The following areas were not progressed for inclusion in the final quality standard as the committee agreed that they were not a priority in relation to the five quality improvement areas already included:</p> <ol style="list-style-type: none"> <li>1. Online sexual health services – no NICE recommendations to support a specific statement on this area but it may be referenced in the supporting information.</li> <li>2. Sexual health needs of older people – no NICE recommendations to support a specific statement on this area but it can be referenced in the equalities sections where appropriate.</li> <li>3. Access to psychological support – not within the scope of the quality standard.</li> <li>4. Minimum standard for STI screening –discussed previously and not prioritised.</li> <li>5. Management of antimicrobial resistant gonorrhoea –discussed previously and there were no NICE recommendations to support a specific statement on this area.</li> </ol>	

<p><b>13. Resource impact and overarching outcomes</b></p> <p>The committee considered the resource impact of the quality standard.</p> <p>The committee confirmed the overarching outcomes are those presented in the draft quality standard.</p> <ul style="list-style-type: none"> <li>• Incidence of sexually transmitted infections</li> <li>• Earlier diagnoses of sexually transmitted infections</li> <li>• Use of condoms</li> <li>• Peoples experience of using sexual health services</li> </ul> <p>The committee suggested that the following be added to the overarching outcomes of the quality standard:</p> <ul style="list-style-type: none"> <li>• Unplanned pregnancy</li> <li>• Lubricant</li> </ul> <p>The resource impact should be cost saving in the long term if infection rates are lowered.</p> <p>The committee noted the online service is not necessarily cost saving, it has not been evaluated well at the moment.</p>
<p><b>14. Equality and diversity</b></p> <p>The committee agreed the following groups should be included in the equality and diversity considerations:</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Gender reassignment</li> <li>• Pregnancy and maternity</li> <li>• Religion or belief</li> <li>• Marriage and civil partnership</li> <li>• Disability</li> <li>• Sex</li> <li>• Race</li> <li>• Sexual orientation</li> </ul> <p>The committee would like to add older people and people with learning disabilities.</p>
<p><b>15. Any other business</b></p> <p>None.</p>
<p><b>16. Close of meeting</b></p>