Quality standards advisory committee 2 meeting

Date: 8 January 2019

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

Morning session: Maternal health – prioritisation of quality improvement areas

Afternoon session: Coexisting severe mental illness and substance misuse – prioritisation of quality improvement areas

Minutes: Final

Attendees

Quality standards advisory committee 2 standing members:

Michael Rudolf (Chair), Moyra Amess, Julie Clatworthy, Allison Duggal, Jean Gaffin, Steven Hajioff, Corinne Moocarme, Jane Putsey, Tessa Lewis, Hannah Critten, Mathew Sewell

Specialist committee members:

Morning session – Maternal health:
Helen Ball, Alexandra Dyer, Mike Lane, Elaine McInnes, Catherine Swann

Afternoon session - Coexisting severe mental illness and substance misuse:
Cheryl Kipping, Jane Marshall, Paul McArdle, Luke Mitcheson, Leroy Simpson, Jennifer Taylor

NICE staff
Nick Baillie (1-15), Melanie Carr (1-8), Daniel Smithson (1-8), Julie Kennedy (1-8), Ciara Donnelly (1-8), Eileen Taylor (9-15), Nicola Greenway (9-15), Edgar Masanga (9-15), Laura Worthington (1-15)

Apologies

Gillian Baird (Vice-chair), James Crick, Mark Temple, Jim Thomas, Michael Varrow.

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 maternal health 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 Maternal health: specifically; • Smoking cessation • Weight management • Risks during pregnancy • Mental health • Women with complex needs • Organisation of perinatal care services 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.
3. Minutes from the last meeting
The committee reviewed the minutes of the last QSAC 2 meeting held on 11 December 2018 and confirmed them as an accurate record.
4. Prioritisation of quality improvement areas – committee decisions

MC provided a summary of responses received during the maternal health 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 committee clarified that community based settings should be interpreted as being outside of a hospital and not confined to the NHS.

The committee suggested that Unicef UK should be considered as a stakeholder for this topic.

ACTION: NICE to consider Unicef UK as a potential stakeholder.

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

Smoking cessation

- **Support to stop smoking** - Prioritised.

The committee agreed that referral to stop smoking services is a priority area. The population covered by this quality statement will be women planning a pregnancy, pregnant women and women who have given birth in the last 2 years. They noted that this would only target planned pregnancies therefore women who have unplanned pregnancies should be included in the equalities section.

The committee acknowledged that ensuring women are referred to smoking cessation services does not always mean they will attend appointments. Therefore, the supporting information for the statement should include information about encouraging women to attend appointments. The process measures will be different for each group in the population; women planning a pregnancy should be referred by their GP or fertility clinic, pregnant women should be referred at the booking appointment and women who have given birth in the last 2 years should be referred at follow-up appointment with midwives.

The committee also discussed the importance of including the following in the audience descriptors section:

- Providing information about the importance of smoking cessation.
- Offer smoking cessation advice to families as well as mothers.
- Community based pharmacies.

The committee noted that there is a section on developing new smoke free pregnancy pathways within the NHS in the recently published NHS long term plan.

Weight management

- **Weight management support** - Prioritised.

The committee agreed that support to manage weight is a priority area for women planning a pregnancy, pregnant women and women who have given birth in the last 2 years.

The committee confirmed that pregnant women and new mothers are not currently routinely weighed.

The committee discussed the difficulties around using BMI as a measurement for weigh management. It was noted that there is a lack of guidance on acceptable weight gain during pregnancy and that BMI may not be a meaningful measure after the 12th week of pregnancy. BMI Criteria for support may therefore only be applicable to women who are planning a pregnancy or who have given birth in the last 2 years.

It was agreed that the population may not always require a referral. They may benefit more from being signposted to advice on healthy eating and physical activity, or using community based weight

management strategies such as Slimming world.

Risks during pregnancy

- **Vaccinations before, during and after pregnancy** – Prioritised

The committee decided to progress a statement on general vaccinations before, during and after pregnancy.

It was agreed that a list of particular vaccinations that are recommended for women pre-pregnancy and during pregnancy would not be included in the supporting information, in case new recommendations are made in the future.

It was agreed that the aim of the statement should be to promote the uptake of vaccination.

Mental health - Prioritised

- **Assessment and diagnosis**
- **Support and treatment**

The committee chose to progress a statement on mental health. The population for this statement will be women planning a pregnancy, women who are pregnant and women who have given birth in the past 2 years who are identified as having a previously undiagnosed and untreated mild to moderate mental health problem. Women with existing mental health problems who are already being treated will not be included in this population.

The committee agreed that this statement should focus on giving appropriate support to this population rather than on referral to specialist services. Methods of support will be suggested in the supporting information and may include the use of self-help apps, health visitors conducting basic CBT and encouraging people to undertake activities that may help them.

The committee noted that women are being asked about their mental health in current practice, but that often there is no follow-up to this.

It was agreed that the supporting information will highlight involving women in the decision making around their support.

Organisation of perinatal care services

- **Community-based services –** Prioritised.

The committee discussed whether they would prefer a statement specifically on breastfeeding including peer support, or whether they would prefer a statement on the organisation of community based services. The committee chose to prioritise a statement on the organisation of community based services as they recognised that improving the quality of community-based services would consequently improve community based breast feeding services.

The committee highlighted that there are community hubs as part of the community transformation plan. Community hubs will be a collection of multifactorial services offering a range of support.

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

Risks during pregnancy

- **Identifying and communicating risks** – not prioritised.
- **Treatment for NVP –** not prioritised
- **Medication during pregnancy –** not prioritised.

The committee discussed the importance of these areas but agreed there are difficulties around measurement and that they are not one of the top 5 priorities for this quality standard.

The committee noted that the main cause for the rise in maternal deaths is venous thromboembolism (VTE). They did not progress a statement on this as there are already specific quality statements on VTE.

Women with complex needs – not prioritised.

- **Coordinated/holistic support**
- **NHS charging**

The committee concluded that they are unable to progress a statement on this area as it would be difficult to select one particular issue to focus on and it would be more appropriately covered in a different quality standard.

The committee agreed to cover ante-natal care for women with complex needs (for example asylum seekers, non-English speakers and homeless women) in the equalities section.

Organisation of perinatal care services – not prioritised.

- **Pre-conception care/pregnancy planning**
- **Early access to antenatal care**
- **Breastfeeding support**

The committee chose not to prioritise these areas as they could be encompassed within a quality statement on community-based services.

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

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

- Recruitment and retention of midwives – this is outside of NICE's remit.
- Data linkage - quality statements focus on actions that demonstrate high quality care or support, not the methods by which evidence is collated.

6. Resource impact and overarching outcomes

MC requested that the committee submit suggestions to the NICE team relating to the resource impact and the overarching outcomes as the quality standard is developed.

7. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations; homelessness, asylum seekers and non-English speakers.

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

8. Close of morning session

The specialist committee members for the Maternal health quality standard left and the specialist committee members for the Coexisting severe mental illness and substance misuse quality standard joined.

9. Welcome, introductions and objectives of the afternoon

The Chair welcomed the Coexisting severe mental illness and substance misuse 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 Coexisting severe mental illness and substance misuse draft quality standard.

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

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 Coexisting severe mental illness and substance misuse: specifically;

- Access to services
- Identification and assessment
- Interventions
- Care planning
- Improving service delivery
- Partnership working

The Chair asked both standing specialist QSAC members to declare verbally all interests specifically related to the matters under discussion during the afternoon session.

11. Prioritisation of quality improvement areas – committee decisions

ET provided a summary of responses received during the coexisting severe mental illness and substance misuse 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.

Access to services

- **Access to substance misuse and mental health services -** Prioritised

The committee agreed to prioritise this area to prevent the exclusion of people with coexisting conditions from either mental health or substance misuse services. They felt that people are refused access to mental health services due to substance misuse and to substance misuse services due to severe mental illness and this can lead to them feeling excluded and less likely to engage with other services.

The committee suggested that CAMHS should be included in the audience descriptors to make it clear that this statement also relates to young people.

The committee agreed that homelessness would be included under the equality and diversity considerations. Young people can also be included in the equality and diversity considerations as psychosis and other severe mental illnesses can present differently in young people to adults.

Identification and assessment

- **Recognition and assessment** – Prioritised

The committee decided to progress a statement on assessing people with severe mental illness for substance misuse. When a person is diagnosed with a severe mental illness they should be asked about any substances they use. This applies to all healthcare services where people may present, for example GPs, accident and emergency and mental health services.

Care planning

- **Care coordinators -** Prioritised

The committee agreed that people with a severe mental illness with coexisting substance misuse should have a care coordinator who is part of the mental health service. The committee agreed that this is not happening in routine practice uniformly across the country and therefore it is an area for quality improvement.

The supporting information should include a list of the care coordinator's responsibilities which are outlined in the recommendations in NG58.

• **Long term support to maintain contact with services** – Prioritised

The committee recognised people dropping out of services is an important issue and therefore chose to progress a statement relating to people who fail to attend appointments. The committee agreed that failure to attend an appointment should trigger concern, and that people should be contacted and efforts made to engage them rather than them automatically being discharged from the system.

Improving service delivery - Prioritised
- **Communication and information sharing**

Partnership working - Prioritised
- **Multi-agency approach**
- **Joint working**

The committee agreed that having a quality statement on a joint working strategy that includes a data sharing protocol between mental health and substance misuse teams would help to ensure continuity of care. The committee noted that the protocol would need to conform to data sharing laws such as GDPR.

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

Access to services
- **Homelessness** – Not prioritised

The committee agreed that this area would be included in the equality and diversity considerations for the quality statement on access to services.

Identification and assessment – not prioritised
- **Consistency of assessment**

The committee did not consider this to be a priority area for quality improvement. The committee felt the main issue is that there is variation across the country in whether or not an assessment takes place to establish whether people with severe mental illness are also misusing substances.

- **Physical health** – not prioritised

The committee recognised this is an important area but felt that it would be covered by the primary care prevention strategy. It was also noted that this is addressed in the quality standards on psychosis and schizophrenia (QS80) and bipolar disorder in adults (QS95).

Interventions – not prioritised
- **Range of interventions**
- **Prescribing and harm reduction**

The committee chose not to progress a quality statement in this area as interventions specific to severe mental illness or to substance misuse are covered in the quality standards for the specific conditions, for example alcohol use disorders (QS11), drug use disorders (QS23), psychosis and schizophrenia (QS80), bipolar disorder in adults (QS95) and bipolar, psychosis and schizophrenia in children and young people (QS102).

The committee did not feel that the provision of naloxone or harm reduction were areas for quality improvement for this quality standard.

Care planning – not prioritised
- **Care programme approach (CPA)**

The committee agreed that people being treated under a CPA is already widely happening in current practice.

- **Long term support following alcohol detoxification**

The committee did not feel this was a key area for quality improvement and also noted that there are no recommendations to support a quality statement.

- **Families and carers**

The committee agreed that this area is not specific to people with coexisting severe mental illness and substance misuse and therefore did not consider this to be a priority area for quality improvement for this quality standard.

Improving service delivery – not prioritised

- **Commissioning of services**
- **Older people**

The committee agreed that this area would be covered in a quality statement on partnership working and that the equality and diversity considerations could note that the quality statements apply to older people.

12. Additional quality improvement areas suggested by stakeholders at topic engagement

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

- Suicide prevention – there is a quality standard in development on this area.
- Additional and updated guidance – this is not within the scope of the quality standard process.
- Training – this is not included in quality statements. It was agreed that it would be included in audience descriptors for individual statements if needed.
- Electronic patient record systems – this is not within the scope of the quality standard process.
- Prevention – this is not within the scope of the quality standard process and a quality standard on drug misuse prevention has been published.
- Experience of people using services – a quality standard on service user experience in adult mental health services has been published.

13. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard.
ET outlined the overarching outcomes the quality standard should achieve, based on the evidence from the source guidance.

14. Equality and diversity

The committee agreed that older people should be included in the equality and diversity considerations.
It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

15. Close of meeting

Appendix 1: Declarations of interest

Table 1: Morning session

Name	Membership	Declaration
Michael Rudolf	Chair	Michael is a respiratory physician and therefore has an interest in smoking cessation.
Hannah Critten	Standing	Hannah is an assessor for NIHR for specialisation for smoking cessation.
		Hannah has a small influence on maternity pathways.
Steve Hajioff	Standing	Steve was involved in the set-up of a public mental health unit at Imperial which will include maternal mental health in its remit.
		Steve chaired the NICE PTSD guideline where they were looking at birth trauma as part of the remit.
		Steve use to be involved in the DHS infant and child mortality programme.
		Steve has commissioned and delivered services around maternal mental health.
Jane Putsey	Standing	Jane was a member of the GDG for Smoking: stopping in pregnancy and after childbirth (PH26), and Weight management before, during and after pregnancy (PH27).
		Jane is involved as an advocate and a volunteer to support breastfeeding.
		Jane volunteers for Co-start where she supports vulnerable women with pre-school children.
Mathew Sewel	Standing	Mathew has published widely on perinatal problems which have been used for guideline development.
Helen Ball	Specialist	Helen was a member of the GDG
Mike Lane	Specialist	Mike was a member of the GDG
		Mike is a member of the National Maternity Transformation Unit
Elaine McInnes	Specialist	Elaine was a member of the GDG
Catherine Swann	Specialist	Catherine was a peer supporter for women with anti-natal depression.

Table 2: Afternoon session

Name	Membership	Declaration
Jean Gaffin	Standing	Jean is an associate hospital manager for 2 trusts.
Steve Hajioff	Standing	Steve has commissioned substance misuse services, young people's mental health services and ill health prevention services.
Tessa Lewis	Standing	Tessa was a member of the GDG.
Cheryl Kipping	Specialist	Cheryl was a member of the GDG.
		Cheryl has written book chapters on dual diagnosis.
Jane Marshall	Specialist	Jane was a member of the PHAC in 2016 producing the equivalent guidance.
		Jane has written numerous book chapters on the topic.
		Jane has co-edited a book on alcohol.
Paul McArdle	Specialist	Paul works with children with mental health problems.
Luke Mitcheson	Specialist	Luke was a member of the GDG.
		Luke has written book chapters on the topic.
		Luke has carried out research in this area and was involved in the development of the PHE guidance on the same topic.
Leroy Simpson	Specialist	Leroy was a member of the GDG.