Stable Angina Quality Standard Topic Expert Group

Minutes of the TEG3 meeting held on 20th April 2012 at the NICE Manchester Office

<table>
<tr><td>Attendees</td><td><u>TEG Members</u>

Adam Timmis (AT) [Chair], Aidan MacDermott (AMD), Helen O'Leary (HOL), Leonard Jacob (LJ), Rob Henderson (RH), Roger Till (RT), Sotiris Antoniou (SA), John Soady (JSo), Elizabeth Clark (EC), Jane Skinner (JSk), Phil Adams (PA), Azim Lakhani (AL)

<u>NICE Staff</u>

Craig Grime (CDG), Terence Lacey (TL), Tim Stokes (TS), Andy McAllister (AMA), Stephen Brookfield (SB) Lucy Spiller (LS) [Minutes]

<u>Observer</u>

Jenny Harrisson (NICE)</td></tr>
<tr><td>Apologies</td><td><u>TEG Members</u>

Jonathan Shribman, Norma O'Flynn, Maurice Pye, Christopher Blauth

<u>NICE Staff</u>

Maxine Adrian-Fleet</td></tr>
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Agenda item	Discussions and decisions	Actions
1. Introductions and apologies	AT welcomed the attendees, noted the apologies and reviewed the agenda for the day. The group confirmed the minutes from the meeting held on 13th December 2012 were an accurate record.	
2. Declarations of interest	AT asked the group whether they had any new interests to declare since the last meeting. No group members had any additional interests to declare.	
3. Review of progress so far and objectives of the day	TL reviewed the progress made on the quality standard (QS) so far. He advised the group that the main objectives of the day were to discuss the results of the consultation and agree the quality statements for progression into the final QS. He reminded the group that the QS should only consist of aspirational statements addressing key areas of quality and variation in care. The group was also reminded that the QS should be as concise as possible and it should not include anything that is standard practice. TL advised the group that the NICE QS team will respond to each stakeholder comment received during consultation and these responses will be published on the NICE website. TL advised the group that the final QS will include all the information the group considers important but advised them that the final version may look different due to the NICE editorial process. He also confirmed that the group will have the opportunity to see the final version of the QS before publication.	
4. Support for commissioners and others using the quality standard	SB outlined the role of the costing and commissioning team and advised the group that they will develop a support document for commissioners and other users to accompany the QS. He said the purpose of this document is to help commissioners and service providers consider the commissioning implications and potential resource impact of using the QS. SB advised the group that they may need to provide input during its development. He also told them that they will have the opportunity to comment on the document. He asked the group to contact him if they have any questions or would like to contribute.	

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5. Presentation and discussion of consultation feedback	CDG gave a brief overview of the consultation, focussing on the positive themes and the areas for further consideration. He said that the stakeholder comments received generally fell into the following areas: • Acceptance of the QS • Alignment with practice needed • Ensuring focus on markers of high quality care • Clarification needed of some definitions • Reference to alternative medications CDG also highlighted that the stakeholders had raised two new potential statements for inclusion: • Routine monitoring • Prognostic benefit of CABG in patients with left main and proximal triple vessel disease CDG advised the group that they would consider statement-specific comments received throughout the day.	
	Please note that further changes may be made to the QS following this meeting, subject to discussion with and agreement of the TEG Chair.	

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6. Presentation, discussion and agreement of final statements	**Draft Quality Statement 1:** People without known coronary artery disease and with suspected stable angina are referred to a chest pain clinic only after having a standardised estimation of the likelihood of coronary artery disease using clinical assessment and typicality of anginal pain features. **Draft Quality Statement 2:** People with features of typical or atypical angina and a 10–90% likelihood of coronary artery disease are offered diagnostic investigation according to that likelihood. **Draft Quality Statement 3:** People do not have diagnostic investigation for stable angina if they have features of typical stable angina and an estimated likelihood of coronary artery disease of more than 90% or have non-anginal chest pain.	
	CDG highlighted that there is an overlap between these three statements. The group discussed this and agreed that all three statements were not required. They felt that it would be impossible to achieve draft statement 2 without complying with draft statements 1 and 3, and therefore decided to remove draft statements 1 and 3. The group also discussed and acknowledged the stakeholder comments received regarding draft statement 2 but did not think any changes were required as a result.	Remove draft statements 1 and 3.
	The group agreed to progress the statement with the original wording: **Quality Statement 2 (now Quality Statement 1):** People with features of typical or atypical angina and a 10–90% likelihood of coronary artery disease are offered diagnostic investigation according to that likelihood.	Progress draft statement 2 with the original wording.
	Draft Quality Statement 4: People being assessed for stable angina have their haemoglobin level measured.	
	Following consideration of stakeholder comments and further discussion the group agreed to remove this statement as assessment of haemoglobin level is standard practice and the group did not	Remove draft statement 4.

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	believe it to be a marker of high quality care.	
	Draft Quality Statement 5: People with stable angina, and their family and carers are given personalised information, education, support and opportunities for discussion to help them understand their condition and be involved in its management, if they wish. The NICE team highlighted that the content of this statement was covered by the recently published patient experience QS. Having seen a copy of the statements the group agreed the intent of this statement was covered by statements 4-6. Following consideration of stakeholder comments and further discussion the group agreed to remove this statement.	Remove draft statement 5.
	Draft Quality Statement 6: People with stable angina have their needs for lifestyle advice, for example about exercise, stopping smoking, diet and weight control, assessed and interventions offered as necessary. Following consideration of stakeholder comments and further discussion the group agreed to remove this statement as compliance with this statement will not have a significant impact on patient care.	Remove draft statement 6.
	Draft Quality Statement 7: People with stable angina receive optimal medical treatment before revascularisation (CABG and PCI) is considered. The group highlighted that this area of care is variable and therefore should be included within the QS. In response to stakeholder comments the group agreed to change the wording to 'People with stable angina receive a short acting nitrate and at least one other anti-anginal drug before revascularisation (CABG and PCI) is considered.' as they felt this wording was clearer.	Change the wording of the statement to 'People with stable angina receive a short acting nitrate and at least one other anti-anginal drug before revascularisation (CABG and PCI) is considered.'

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	The group agreed to progress the statement with the following revised wording: **Revised Quality Statement 7 (now Quality Statement 3):** People with stable angina receive a short acting nitrate and at least one other anti-anginal drug before revascularisation (CABG and PCI) is considered.	
	Draft Quality Statement 8: People with stable angina are offered a short-acting nitrate. Following consideration of stakeholder comments and discussion on the previous statement, the group agreed to merge this statement with draft statement 9 and place it before the previous.	Progress and merge with draft statement 9.
	Draft Quality Statement 9: People with stable angina are offered a beta blocker or a calcium channel blocker as first line treatment. The group felt it was important to include this statement to highlight that beta blockers or calcium channel blockers should be given as a first line treatment. They felt it was also important to include short acting nitrates in this statement as they felt not including them could cause unintentional consequences. The group felt it was important to include this statement before revised quality statement 7 as this is a more accurate reflection of the care pathway. This statement will therefore become quality statement 2 and revised quality statement 7 will become quality statement 3. The group agreed to progress the statement with the following revised wording: **Revised Quality Statement 9 (now Quality Statement 2):** People with stable angina are offered a beta-blocker or a calcium-channel	Include with a short acting nitrate' in the statement. Progress and merge with draft statement 8. Make this statement quality statement 2.

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	blocker with a short acting nitrate as first-line treatment.	
	Draft Quality Statement 10: People with stable angina are offered a statin. Following consideration of stakeholder comments and further discussion the group agreed to remove this statement as offering a statin is standard practice and the group did not think this statement would have a significant impact on patient care.	Remove draft statement 10.
	Draft Quality Statement 11: People with stable angina and established hypertension are offered antihypertensive treatment. Following consideration of stakeholder comments and further discussion the group agreed to remove this statement as offering antihypertensive treatment is standard practice and the group did not think this statement could be regarded as a key marker of high quality care.	Remove draft statement 11.
	Draft Quality Statement 12: People with stable angina on optimal medical treatment have the opportunity to discuss benefits, limitations and risks of revascularisation (CABG and PCI) and continuing medical treatment. The group considered this statement at length but agreed to remove it as they felt it was difficult to measure and may result in unintended consequences, for example discussion with a GP who is not familiar	Remove draft statement 12.

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	with revascularisation or unnecessary referral to a specialist. They highlighted that referral to a specialist could have a significant service impact	
	Draft Quality Statement 13: People with stable angina with symptoms not satisfactorily controlled with optimal medical treatment and who wish to consider revascularisation (CABG and PCI) are offered coronary angiography. Following consideration of stakeholder comments and further discussion the group agreed to remove this statement as offering coronary angiography is standard practice and the group did not think this statement could be regarded as a marker of high quality care.	 Remove draft statement 13.
	Draft Quality Statement 14: People with stable angina having coronary angiography have their treatment options discussed by a multidisciplinary team if there is left main stem or anatomically complex three-vessel disease or doubt about the best method of revascularisation. The group highlighted that compliance with this statement will have a significant impact on patient care. In response to stakeholder comments the group agreed to include the CG126 definition of a multidisciplinary team. They acknowledged that this definition only includes the minimum requirement of cardiac surgeons and interventional cardiologists but felt this was appropriate as the remaining members should be agreed at a local level. The group agreed to progress the statement with the original wording: **Quality Statement 14 (now Quality Statement 4):** People with stable angina having coronary angiography have their treatment options discussed by a multidisciplinary team if there is left main stem or anatomically complex three-vessel disease or doubt about the best method of revascularisation**.**	Include the CG126 definition of a multidisciplinary team. Progress the statement with the original wording.

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	Draft Quality Statement 15: People with stable angina whose symptoms are refractory to treatment (optimal medical treatment with or without revascularisation) are offered a comprehensive re-evaluation of their diagnosis and treatment. The group agreed to remove '(optimal medical treatment with or without revascularisation)' and 'a comprehensive' to aid measurement and clarity. The group agreed to progress the statement with the following revised wording: **Revised Quality Statement 15 (now Quality Statement 5):** People with stable angina whose symptoms are refractory to treatment are offered re-evaluation of their diagnosis and treatment.	Remove '(optimal medical treatment with or without revascularisation)' and 'a comprehensive' from the statement. Progress the statement with the revised wording
7. Equality impact assessment	AMA advised the group that an equalities impact assessment would be completed, for the following reasons: • To confirm that equality issues identified have been considered and appropriately addressed. • To ensure that the outputs do not discriminate against any of the equality groups • To highlight planned action relevant to equality • To highlight areas where statements may promote equality He asked the group to highlight any specific issues but none were raised.	
8. Next steps	AMA outlined the next steps, including key dates in the QS development process. He gave a brief outline of the endorsement process and advised the group that no organisations have expressed an interest in endorsing the QS to date. He therefore asked the group to contact any relevant organisations to ask them to express an interest in endorsing the QS. AT thanked the group for their hard work and closed the meeting. The group was reminded that the date for the next meeting, to begin	

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	working on QOF and COF indicators, will be on Monday 15th October 2012 in the NICE Manchester office.	
9. AOB	The group highlighted that the new QS template did not make it clear that the QS should be aspirational, and not reinforce standard practice. The NICE team agreed to raise this issue with the relevant team outside the meeting, The TEG queried whether there is a meeting on 18th May. The NICE team confirmed the meeting originally scheduled for 18th May was brought forward to 20th April.	Discuss the QS template with the relevant team.