

Quality Standards Nutrition support in adults Scoping workshop

Minutes of the meeting held on Monday 30th January 2012 at the NICE offices in Manchester

Attendees	<p>Marinos Elia (chair) (ME), Stephen Lewis (SLe), Kirstine Farrer (KF), Jose Bennell (JBe), Rachael Masters (RM), Simon Lal (SLa), Carolyn Wheatley (CW)</p> <p><u>DH Attendee</u> David Oliver (DE)</p> <p><u>NICE Attendees</u> Tim Stokes (TS), Julie Ball (JBa), Terence Lacey (TL), Andrew Wragg (AW), Jenny Harrisson (JH)</p> <p><u>Observers</u> Tony Smith, Gavin Flatt</p>
Apologies	Timothy Bowling, Peter Austin, Marion Sloan, Natalie Laine

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	ME welcomed the attendees and announced the list of apologies for the day. ME then reviewed the agenda for the day.	
2.Business items • Declarations of interest	ME outlined the declarations of interest policy and the group confirmed they had no additional interests to declare.	
3.Quality Standard Overview	<p>AW presented the group with an overview of the process for developing NICE quality standards (QS). He highlighted that QS clarify what high quality care looks like, explained what QS are used for and highlighted the current work programme. AW reported that the NHS White Paper <i>Equity and Excellence: Liberating the NHS</i> and the Health and Social Care Bill indicate that QS will be very important in the future.</p> <p>AW advised the group that once the QS has been published they will be invited to undertake further work on the quality standard measures in order to develop valid and clearly worded Commissioning Outcomes Framework (COF) and Quality and Outcomes Framework (QOF) indicators.</p> <p>AW reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation.</p> <p>AW described the next steps in the development of the QS and highlighted key dates in the process.</p> <p>AW described the stakeholder consultation process and the use of endorsing organisations to help disseminate the QS.</p> <p>AW gave an overview of the roles and responsibilities of relevant teams in NICE.</p>	

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4. Quality Standards Methodology	<p>TL outlined the methods used to develop a QS. TL highlighted that QS are aspirational but achievable and are not intended to reinforce current practice.</p> <p>TL advised the group that NICE quality standards are informed by evidence-based recommendations from published NICE guidance or other NICE accredited sources. They do not review or redefine the underlying evidence base.</p> <p>TL described quality statements as descriptive, clear and concise evidence-based qualitative statements. He informed the group that the statements identify the most important 'markers' or key requirements of high quality care where specific improvements are required and which, if achieved, imply high quality practice in all other areas.</p>	
5. Example of a quality standard	<p>JBa showed the group an example of a Quality Standard on the NICE website.</p> <p>JBa outlined the need to ensure that the quality statements are based on one concept to ensure clarity and measurement and that this is the direction for the quality standards. The group were provided with an example of a quality statement comprising of a single concept.</p>	
6. Clinical and policy issues	<p>DO presented the TEG with current clinical and policy issues surrounding nutrition support.</p>	<p>JH to circulate slides to the TEG.</p>
7. Scoping session	<p>ME presented an overview of the topic to the group, presenting a number of statistics and studies surrounding nutrition. ME also presented a nutrition care diagram.</p> <p>The group considered the areas of care diagram adapted from the areas identified in CG32 and made a collective decision to move away from this and use the diagram presented by ME as they believed this to be simpler for mapping areas of care. JBa agreed to convert the diagram provided by ME into a map of care after the meeting</p> <p>The group considered the scope and agreed on a number of changes.</p> <p>Population</p>	<p>JBa to convert identified areas of care from ME diagram into a map of care.</p>

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	<p>The group reviewed the suggested wording for the population that was presented in the Topic Overview document. It was agreed that the phrase ‘with a disease, disorder or other condition’ would not be used within the population section of the final scope. The TEG agreed that there was no advantage of mentioning this and it may suggest that the standard excludes people with, for example, mental health issues. The NICE team clarified that the wording was taken from the NICE guideline scope and would not be used for the quality standard.</p> <p>The group agreed that ‘home’ should be removed from the population section of the scope as this may suggest that only people receiving enteral and parenteral nutrition at home would be included rather than people receiving enteral and parenteral nutrition in all settings. The NICE team clarified that the wording was taken from the NICE guideline scope and would not be used for the quality standard.</p> <p>‘Oral nutrition support’ to be included. ‘Community’ to be defined in the quality standard.</p> <p>Excluding Specific conditions mentioned in the wording taken from the NICE guideline scope exclusions section to be removed.</p> <p>Whilst it was agreed that malnutrition associated with all types of conditions will be included in discussions, the specific management of these conditions will not.</p> <p>JBa led the group through a discussion of the key recommendations from the guideline and using ME’s nutrition diagram of care the group agreed that the draft standard will consider the following areas of care:</p> <p>1. Recognition</p>	

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	<ul style="list-style-type: none"> • Screening for malnutrition and the risk of malnutrition • Nutritional assessment • Recording of nutritional status – general & specific <p>2. Treatment</p> <ul style="list-style-type: none"> • Goals of treatment • Prescription • Opt out decisions relating to treatment • Treatment of underlying causes <p>3. General and specific monitoring/review</p> <ul style="list-style-type: none"> • Short term monitoring • Long term monitoring • Review of goals • Review of needs <p>4. Organisational priorities</p> <ul style="list-style-type: none"> • Workforce education and training • Multidisciplinary team • Nutrition steering committee • Specialist nurses • Regularity and quality of audit undertaken by organisations • Continuity and consistency of care <p>5. Information/advice</p> <ul style="list-style-type: none"> • Communication within settings and between different settings) • Quality of documentation 	

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	<p>A priority pathway was tentatively agreed. It involved nutritional screening linked to a care plan, with continuity of care both within and between care settings, all facilitated by documentation, communication, education and training and the presence of a multidisciplinary team/steering committee.</p> <p>The TEG agreed that the primary evidence source would be NICE guideline 32 (2006) 'Nutrition support in adults: oral nutrition support, enteral feeding and parenteral nutrition'</p> <p>The group reviewed equality issues and identified the following areas:</p> <p>Language barriers</p> <p>Foods for different people (e.g. vegetarian, culture, coeliac)</p> <p>Communication with people of different ethnic groups with limited language skills, patients with sensory and learning disabilities (audio, written, Braille).</p> <p>Ethical issues e.g. withholding and withdrawing nutritional support (force feeding).</p>	
<p>8.Next steps and AOB</p>	<p>The TEG discussed the composition of the group and was informed that a commissioner and a speech and language therapist were currently being recruited. The TEG discussed the possibility of members from social care and community care being involved. The group was reminded that it can also encourage organisations from these areas to register as stakeholders and comment on the draft QS. The TEG agreed that the group was well balanced and that no additional recruitment, other than a commissioner and a speech and language therapist was required.</p> <p>The NICE team outlined the next steps in the QS development process and highlighted important dates. AW advised the group that they will have chance to comment on the QS at various stages of development and asked the group to set aside some time to do this work.</p>	

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	ME thanked the TEG and NICE team and then closed the meeting.	