National Institute for Health and Clinical Excellence

**Quality Standards Hypertension TEG1: Scoping workshop**

**Minutes of the meeting held on Monday 24th April 2012 at the NICE offices in Manchester**

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| **Attendees** | **TEG Members**<br>Bryan Williams (BW) [Chair], John Crimmins (JC), Mark Caulfield (MC), Michaela Watts (MW), Naomi Stetson (NS), Terry McCormack (TMC)<br><br>**DH Attendee**<br>Donal O' Donoghue (DOD)<br><br>**NICE Attendees**<br>Tim Stokes (TS), Dan Sutcliffe (DS), Michelle Standing (MS), Laura Hobbs (LH), Andy McAllister (AM)<br><br>**Observers**<br>Gavin Flatt (NICE) |
| **Apologies** | **TEG Members**<br>Shelley Mason |

| Agenda item | Discussions and decisions | Actions |
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| **1.Introductions and apologies** | BW welcomed the attendees, noted the apologies and reviewed the agenda for the day. | |
| **2.Business items**<br>• Declarations of interest | BW reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation.<br><br>BW outlined the declarations of interest policy and the group confirmed they had no additional interests to declare. | |
| **3. Clinical and policy issues** | As DOD had arrived early, it was agreed that he would deliver his presentation first as a slight change to the agenda.<br><br>DOD gave the group an overview of the current clinical and policy issues surrounding hypertension. He suggested some key areas that he felt should be considered in the quality standard (QS).<br><br>There were some questions for the NICE team at this point; they confirmed that a patient-friendly version of the QS will be published alongside the final standard. | |

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| **4.Quality Standard Overview** | AM presented the group with an overview of the process for developing NICE QS. He highlighted that QS clarify what high quality care looks like, explained what QS are used for and highlighted the current work programme. AM reported that the NHS White Paper *Equity and Excellence: Liberating the NHS* and the Health and Social Care Bill indicate that QS will be very important in the future.<br><br>AM advised the group that once the QS has been published they will be invited to undertake further work on the QS measures in order to develop valid and clearly worded Commissioning Outcomes Framework (COF) and Quality and Outcomes Framework (QOF) indicators.<br><br>AM described the next steps in the development of the QS and highlighted key dates in the process.<br><br>AM described the stakeholder consultation process and the use of endorsing organisations to help disseminate the QS.<br><br>AM gave an overview of the roles and responsibilities of relevant teams in NICE.<br><br>The group asked the NICE team when QS will be updated. AM explained that there are currently no update plans as they are still a relatively new product, but the process for future updates is currently being reviewed.<br><br>The group asked about the link between QS and QOF/COF. It was explained that following the QS development the group will reconvene to use the QS as a source for future potential QOF and COF indicators. | |

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| **5.Quality Standards Methodology** | DS outlined the methods used to develop QS. DS highlighted that QS are aspirational but achievable and are not intended to reinforce current practice.<br><br>DS advised the group that NICE QS 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.<br><br>DS 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.<br><br>DS 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 whole QS programme. | |
| **6.Example of a quality standard** | MS showed the group an example of a QS on the NICE website. The QS shown was a pilot topic COPD. MS explained to the group that the statements are person centred and need to show that patients have choice.<br><br>The presentation was followed by questions which were answered by the NICE team. | |

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| **7.Scoping session** | The TEG agreed the population exclusion and settings should reflect that covered in CG127<br><br>The TEG suggested including the NICE guidelines on medicines adherence (CG76) as an additional development source in relation to evaluating response to treatment<br><br>The TEG suggested removing the medical technologies guidance from the related NICE clinical guidance section<br><br>The TEG requested that the QOF national datasets be listed under the National audits and surveys section<br><br>The group considered the areas of care diagram, adapted from the areas identified in CG127. The TEG agreed that the main points on the pathway the QS should consider in relation to hypertension include:<br><br>**1. Diagnosing hypertension**<br>**2. Monitoring treatment efficacy and adherence**<br>**3. Referral to a specialist in hypertension**<br><br>1. The TEG agreed **diagnosing hypertension** should include:<br>• Making an accurate measurement of blood pressure.<br>• Investigations prior to confirmation of diagnosis<br>• Offer of ambulatory blood pressure monitoring (ABPM)<br><br>2. The TEG agreed **monitoring treatment efficacy and adherence** should include:<br><br>• Targeting to continuous achievement of a blood pressure: | Include CG76 in scope document<br><br>Remove medical technologies guidance from scope document<br><br>Update area of care map to include those areas agreed by the TEG |

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| | - 140/90 for adults aged under 80 years<br>- 150/90 for adults aged 80 years and over<br>• Annual review of care including adherence<br><br>3. The TEG agreed **referral to a specialist in hypertension** should include:<br>• Referral of young people (aged below 40).<br>• Referral in people with resistant and suspected secondary causes of hypertension.<br>• Referral in people with hypertension emergencies.<br><br>The group decided not to include the following areas of care:<br>• Formal estimation of cardiovascular risk – the group noted that there is a QOF indicator that addresses this<br>• Lifestyle advice – the group noted that there is a QOF indicator that addresses this<br>• Choice of antihypertensive drug treatment – the group agreed that antihypertensive drug treatment would be considered as part of achieving target blood pressures and that focusing on intermediate outcome is preferable in this quality standard. | |
| **8.Next steps and AOB** | The group discussed the composition of the group. The group currently does not include a commissioner but the NICE team confirmed they were working to address this.<br><br>The NICE team outlined the next steps in the QS development process and highlighted important dates. AM advised the group that they will have a chance to comment on the QS at various stages of development and asked the group to set aside some time to do this work.<br><br>The group asked if they would get a chance to view the briefing paper | |

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| | before the next meeting. AM explained that the briefing paper and associated documents will be sent out a week before the meeting. If any member could not make the meeting then they could submit any comments in writing beforehand.<br><br>BW thanked the group and NICE team and closed the meeting. | |