NHS
National Institute for
Health and Clinical Excellence

Hypertension Quality Standard Topic Expert Group

Minutes of the TEG3 meeting held on 29th November 2012 at the NICE Manchester Office

Attendees	Bryan Williams (Chair) (BW), John Crimmins (JC), Mark Caulfield (MC), Michaela Watts (MW), Naomi Stetson (NS), Terry McCormack (TM), Elizabeth Clark (EC) **External attendee** Azim Lakhani **NICE Staff** Michelle Gilberthorpe (MG), Laura Hobbs (LH), Daniel Sutcliffe (DS), Tim Stokes (TS), Rachel Neary (RN) Jennifer Hopes (JHo), Lee Berry (LB) **Observers** Paul Iggulden
Apologies	TEG Members – Shelly Mason

Agenda item	Discussions and decisions	Actions
1. Introductions and apologies	BW welcomed the attendees, noted the apologies and reviewed the agenda for the day. The group confirmed that the minutes from the meeting held on 27th July 2012 were an accurate record.	
Declarations of interest	BW asked the group whether they had any new interests to declare since the last meeting. The group filled in New Declaration of interests forms.	
2. Review of progress so far and objectives of the day	DS 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 and associated measures for progression into the final QS. DS reminded the group that the QS should only consist of aspirational statements addressing key areas of quality or variations in care. The group was also reminded that the QS should be as concise as possible and that it should not include anything that is standard practice. DS confirmed that the group will have the opportunity to see and comment on the final version of the QS before publication.	
3. Support for commissioners and others using the quality standard	JHo outlined the role of the costing and commissioning team and advised the group that a support document for commissioners and other users will be developed to accompany the QS. She stated that the purpose of this document is to help commissioners and service providers consider the commissioning implications and potential resource impact of using the QS. JHo advised the group that they may need to provide input during its development. andtold them that they will have the opportunity to comment on the document. JHo asked the group to contact her if they have any questions or would like to contribute. JHo asked if any of the group knew any commissioners that would be interested in developing this to contact her.	TEG members to contact JHo if they know any commissioners that would be interested in assisting.

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4. Presentation and discussion of consultation feedback	MG gave a brief overview of the consultation comments received and highlighted that there had been largely positive feedback. The overarching themes were discussed. TM noted that there had been no comments from the British Hypertension Society or The Royal College of General Practitioners. MG advised the group that they would consider statement-specific comments received from the consultation as they discussed each statement. MG also highlighted that responses will be formulated to comments received from registered stakeholders and these responses will be published on the NICE website alongside the final quality standard. The group discussed the comments received from stakeholders. MG reminded the TEG that further changes may be made to the QS following the meeting, subject to discussion with and agreement of the TEG Chair and following Guidance Executive.	
5. Presentation, discussion and agreement of final statements	**Draft Quality Statement 1:** People with suspected hypertension are offered ambulatory blood pressure monitoring (ABPM) to confirm a diagnosis of hypertension **Revised quality statement:** The group agreed to keep the statement in its current form. Discussed the equality considerations regarding people who cannot tolerate or decline ABPM and agreed home blood pressure monitoring should be offered in these cases, as documented in the equality considerations section of the QS. It was agreed that references to ABPM in the definitions to be aligned to the statement.	MG to progress statement

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	Draft Quality Statement 2: People with suspected hypertension are offered investigations for target organ damage while awaiting a confirmation of diagnosis. **Revised quality statement:** People with newly diagnosed hypertension are offered investigations for target organ damage. It was agreed to amend to newly diagnosed Hypertension. Details of the investigations for target organ damage are defined within definitions. Quality measures updated for alignment with the new statement.	MG to amend wording
	Draft Quality Statement 3: People with newly diagnosed hypertension and a 10‑year cardiovascular disease risk of 20% or higher are offered statin therapy. **Revised quality statement:** The group agreed to keep the statement in its current form. It was discussed and agreed to add an additional measure to say all patients with hypertension should have a risk assessment for cardiovascular disease.	MG to progress statement MG to include the measure
	Draft Quality Statement 4: People with treated hypertension are targeted to a clinic blood pressure below 140/90 mmHg if aged under 80 years, or below 150/90 mmHg if aged 80 years and over. **Revised quality statement:**	MG to progress statement

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	The group agreed to keep the statement in its current form. The group discussed the comments regarding blood pressure values, it was agreed to include in the definitions: - The home monitoring values - Clinic blood pressure - Treated to be defined as pharmaceutical treatment. Frequency of testing was discussed, however it was agreed that this would vary between patients and is therefore best left to clinical judgement.	MG to include in definitions
	Draft Quality Statement 5: People with hypertension are offered a review of care at least annually, which includes a review of risk factors for cardiovascular disease. **Revised quality statement:** The group agreed to keep the statement in its current form. The group discussed taking the patient's pulse. It was agreed that this would be included in the definition under the annual review tests. It was agreed to remove 'receiving treatment' from the denominator in the measure to ensure that this covers all patients	MG to progress statement MG to include in definitions MG to amend wording
	Draft Quality Statement 6: People with resistant hypertension who have received four antihypertensive drugs and whose blood pressure remains uncontrolled are referred for specialist assessment. **Revised quality statement:** People with resistant hypertension who are receiving	MG to amend wording.

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	four antihypertensive drugs and whose blood pressure remains uncontrolled are referred for specialist assessment. The TEG agreed that the statement applies to people still receiving treatment with four antihypertensive drugs.	
9. Equality impact assessment	MG 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 MG asked the group to highlight any new specific issues. The group discussed the equality impact and agreed that the previous considerations were sufficient and that, with the minor changes included within the standard, equality was sufficiently taken into consideration.	
10. Next steps	RN outlined the next steps, including key dates in the QS development process. The group was reminded that the date for the next meeting, to begin working on QOF and COF indicators, will be in April 2013 in the NICE Manchester office; however this date is to be confirmed.	.
8. Summary of final statements	MG presented a summary of the revisions and stated she would revise the statements and that the group would receive a copy of them. They would then be presented to the guidance executive committee.	
11. AOB	MC asked regarding endorsement of the QS. RN explained the process by which endorsement partners were selected and included on the standard. BW suggested six parties which may be interested in endorsing the	Contact the suggested endorsing partners

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	standard. - British Hypertension society - Royal College of General Practitioners - British Heart Foundation - Heart Care (patient association) - British Cardiac Society - Stroke Association MW suggested – Blood Pressure UK. BW asked how the patient information was drafted, RN explained the process. BW reminded the group that any changes or further drafts were confidential until publication. BW thanked the group for their hard work and closed the meeting.	