National Institute for Health and Clinical Excellence

The Management of VTE Quality Standard Topic Expert Group

Minutes of the TEG3 meeting held on 6th December 2012 at the NICE Manchester Office

Attendees	Gerard Stansby (Chair) (GS), Scott Harrison (SH), Hayley Flavell (HF), Steven Moser (SM), Richard Day (RD), Christian Clark (CC), Susan Ballard (SB), Nigel Langford (NL), Karen Sheares (KS) **NICE Staff** Tim Stokes (TS), Terence Lacey (TL), Gavin Flatt (GF), Andrew Wragg (AW), Naomi McVey (NM) and Liane Marsh (LM),
Apologies	Roshan Agarwal (RA), Richard Day, Scott Harrison,

Agenda item	Discussions and decisions	Actions
1. Introductions and apologies	GS welcomed the attendees, noted the apologies and reviewed the agenda for the day. The group confirmed that the minutes from the meeting held on 12th July 2012 were an accurate record.	
Declarations of interest	GS asked the group whether they had any new interests to declare since the last meeting. No new interests were declared.	
2. 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 and associated measures for progression into the final QS. TL 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 should not include anything that is standard practice. TL 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	NM 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. 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. NM advised the group that they may need to provide input during its development. She also told them that they will have the opportunity to comment on the document. NM asked the group to contact her if they have any questions or would like to contribute.	TEG members to contact NM if they would like to contribute to the commissioning document.
4. Presentation and discussion of consultation feedback	GF gave a brief overview of the consultation comments received and highlighted that there had been positive feedback. GF advised the group that they would consider statement-specific comments received from the consultation as they discussed each	

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	statement. GF 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. GF 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: Timing of Investigations** **People with suspected venous thromboembolic diseases have diagnostic investigations completed within 24 hours of first clinical suspicion.** TL queried the intent of this statement and how the 24 hour timeframe relates to both the DVT and PE alogorithms. The TEG felt that this statement did not need to be revised.	TL to clarify what other guidelines say on the topic of people waiting for their test results.
	Draft Quality Statement 2: Interim therapeutic dose anticoagulation therapy - DVT **People with suspected deep vein thrombosis are offered interim therapeutic dose anticoagulation therapy if diagnostic investigations take longer than 4 hours from the time of first clinical suspicion.** The TEG felt that this statement did not need to be revised	

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	Draft Quality Statement 3: Interim therapeutic dose anticoagulation therapy – PE **People with suspected pulmonary embolism are offered interim therapeutic dose anticoagulation therapy if diagnostic investigations take longer than 1 hour from the time of first clinical suspicion.** The TEG felt that this statement did not need to be revised The group reworded the outcome measure to 'Reduction in death in those who have a PE.'	GF to reword the outcome measure.
	Draft Quality Statement 4: Mechanical interventions **People with proximal deep vein thrombosis are offered below-knee graduated compression stockings within 1 week of diagnosis.** 'within one week' to be replaced with 'within 3 weeks.' The group reworded the outcome measure to 'Reduction in the incidence and severity of post thrombotic syndrome. **Revised Quality Statement: People with proximal deep vein thrombosis are offered below-knee graduated compression stockings within 3 weeks of diagnosis.**	GF to update the wording in the statement. GF to reword the outcome measure.
	Draft Quality Statement 5: Assessing risk factors. **People with venous thromboembolic diseases continuing anticoagulation therapy beyond an initial dose, have their dose adjusted for weight and renal function.**	GF to remove draft QS 5 from final publication.

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	The TEG agreed to remove this statement	
	Draft Quality Statement 6: Investigations for cancer **People with unprovoked venous thromboembolic diseases are offered investigations for cancer.** NICE team to work on the statement outside of the meeting	
	Draft Quality Statement 7: Thrombophilia testing **People with provoked venous thromboembolic diseases do not have testing for thrombophilia.** The TEG felt that this statement did not need to be revised. Remove 'pregnancy' from the definitions.	GF to update the definitions.
	Draft Quality Statement 8: Treatment of active cancer patients **People with active cancer and venous thromboembolic diseases are offered 6 months treatment with low molecular weight heparin.** The TEG felt that this statement did not need to be revised.	
	Draft Quality Statement 9: Follow up **People with venous thromboembolic diseases without cancer receive a review within 3 months of diagnosis to discuss the risks and benefits of continuing anticoagulation beyond 3 months.** The TEG felt that this statement did not need to be revised. The group suggested a relevant outcome measure may be a	GF to update outcome measures.

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	decrease in recurrent events or bleeding.	
	Draft Quality Statement 10: Follow up Insert a new statement to reflect statement 9 for cancer patients. **New Quality Statement: People with venous thromboembolic diseases with cancer receive a review within 6 months of diagnosis to discuss the risks and benefits of continuing anticoagulation beyond 6 months.**	GF to insert QS 10 into final publication.
	General discussion points One group member suggested that it might be appropriate to audit thrombolysis rates in patients who have a pulmonary embolism. People who have haemodynamically stable PE's should not receive thrombolysis. The group were uncertain as to whether this is a national issues and so did not include this statement in the quality standard	
8. Summary of final statements	GF presented a summary of the revisions to the TEG and stated that he would revise the statements which would then be presented to the guidance executive committee.	
9. Equality impact assessment	GF 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	

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	GF asked the group to highlight any new specific issues. No new issues were identified. The TEG asserted that they had been mindful of equality issues throughout the quality standard development process.	
10. Next steps	GF 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 May 2013 in the NICE Manchester office.	. NICE to confirm the date of the review group and email TEG.
11. AOB	The TEG suggested the following organisations as endorsement partners for the QS. • Lifeblood • Anticoagulation in Practice • Royal College of General Practitioners • Royal College of Physicians • Royal Pharmaceutical Society • Royal College of Nursing • All Party Parliamentary Thrombosis Group • British Thoracic Society • British Haemotology Society • British Society for Thrombosis and Haemostasis • Thromboprophylaxis Forum • Society for Acute Medicine GS thanked the group for their hard work and closed the meeting.	JH to contact organisations regarding endorsing the standard.