

Quality Standards Management of Venous Thromboembolic (VTE) Diseases TEG1: Scoping workshop

Minutes of the meeting held on Wednesday 2nd May 2012 at the NICE offices in Manchester

<p>Attendees</p>	<p><u>TEG Members:</u> Gerard Stansby (GS), Scott Harrison (SH), Beverly Hunt (BH), David Berridge (DB), Hayley Flavell (HF), Steven Moser (SM), Karen Sheares (KS), Richard Day (RD), Christian Clark (CC), Susan Ballard (SB), Lee Yee Chong (LYC), Nigel Langford (NL),</p> <p><u>DH Attendee:</u> Mike Durkin (MD)</p> <p><u>NICE Attendees:</u> Terrence Lacey (TL), Andy McAllister (AM) , Gavin Flatt (GF)</p> <p><u>External Observers</u></p> <p>None</p> <p><u>NICE Observers</u></p> <p>None</p>
<p>Apologies</p>	<p>David Fitzmaurice (DF), Roshan Agarwal (RA), Tim Stokes (TS), Jenny Harrisson (JH)</p>

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	GS welcomed the attendees and announced the apologies and reviewed the agenda for the day.	
2.Business items • Declarations of interest	GS reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation. GS outlined the declarations of interest policy and the group confirmed they had no additional interests to declare	
3.Quality Standard Overview	<p>AM 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 and focus on specific improvement, explained what QS are used for and highlighted the current work programme. AM reported that the NHS White Paper <i>Equity and Excellence: Liberating the NHS</i> and the Health and Social Care Bill (2012) indicate that QS will be very important in the future.</p> <p>AM 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>AM described the next steps in the development of the QS and highlighted key dates in the process.</p> <p>AM described the stakeholder consultation process and the use of endorsing organisations to help disseminate the QS.</p> <p>GS raised a query over whether the stakeholder list would be the</p>	NICE Team to identify and contact stakeholders

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	<p>same as used in the clinical guideline process. AM confirmed the same stakeholders would be used as the basis. GS requested that any potential stakeholders are identified and contacted as soon as possible</p> <p>AM gave an overview of the roles and responsibilities of relevant teams in NICE.</p> <p>The group raised a query regarding accredited sources. TL explained the core principle for quality standard development is reliance on sources accredited through the NHS Evidence scheme, noting that some secondary sources presented in the in the topic overview are not accredited but could be drawn for reference and context as part of the development.</p>	
<p>4.Quality Standards Methodology</p>	<p>TL outlined the methods used to develop 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>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> <p>TL outlined the need to ensure that the quality statements are</p>	

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	<p>based on one concept to ensure clarity and measurement and that this is the direction for the quality standards. TL also informed the group that statements should be measurable and that input from the NHS Information Centre for Health and Social Care (IC) will be sought to inform the supporting measures. The TEG heard that the numbers of statements would depend on the scope of the topic, but that the emphasis is towards fewer and more concise statements and this would typically number 6-8. The TEG were updated on how quality standards would cross refer within the library, such as the published patient experience quality standard. It was noted that this would need to be made very clear to providers and commissioners when referring to topics within the library.</p>	
<p>5.Example of a quality standard</p>	<p>GF showed the group an example of a QS on the NICE website. The QS shown was hip fracture which has recently been published. GF explained to the group that the statements are person centred and general use the term 'offer' in order to highlight choice. GF also explained about the quality measures and showed the group the audience descriptors available on the website.</p>	
<p>6. Clinical and policy issues</p>	<p>MD (National Clinical Director) gave the group an overview of the current clinical and policy issues surrounding VTE. MD also suggested key areas that he felt the QS should focus on.</p>	
<p>7. Scoping Session</p>	<p>The TEG discussed the topic overview document presented by the NICE team and agreed with the suggested population, which was based on the pre-publication version of the clinical guideline 'venous thromboembolic diseases: the management of venous thromboembolic diseases and the role of thrombophilia testing'</p>	<p>Update the areas of care diagram.</p>

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	<p>(to be published June 2012).</p> <p>The group then considered the areas of care diagram for the quality standard, adapted from the main areas identified in the clinical guideline: GF introduced the key recommendations (key priority for implementation recommendations) from the guideline. It was decided some areas might be merged.</p> <p>The TEG agreed that they should keep focussed on key measurable markers for quality improvement and key priorities. Using the visual areas of care map as the starting point, the TEG discussed a number of areas and agreed that the areas of care outlined below will be considered during the next stage of QS development:</p> <ol style="list-style-type: none"> 1. Diagnostic investigations, including timing of investigation and interim therapeutic dose anticoagulation therapy 2. Mechanical interventions, including graduated compression stockings 3. Assessment of risk factors associated with continuing anticoagulation, including renal function and weight 4. Thrombolytic therapy for pulmonary embolism 5. Thrombophilia testing 6. Investigations for cancer 7. Treatment and review in active cancer patients <p>Following the meeting the above areas of care will be used to create broad headings in the final scope document. The TEG also used the meeting to start the process of drafting statements. The NICE team captured the detail of the provisional statements based on the above headings for further development as part of</p>	

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	<p>the next stage of development. These will be reviewed against the criteria and mapped to back to specific guideline recommendations.</p> <p>The TEG discussed the strength of evidence base for some areas and suitability for quality statement development and agreed to consider further at the next meeting in light of the summaries prepared by the NICE team.</p> <p>The group acknowledged that not all of these areas may require a specific statement and some areas could possibly be combined.</p>	<p>Query timeframes given in the guidelines for appropriate areas</p> <p>Check guideline recommendations around timeframes</p> <p>Review recommendations around Thrombolysis for PE</p> <p>Investigate strength of evidence around screening investigations for cancer</p> <p>Review the suggested statements and ensure they are</p>

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		consistent with the guideline and QS rules
Next Steps and AOB	<p>The group discussed the composition of the group. It was agreed that the important areas were covered.</p> <p>The NICE team outlined the next steps in the QS development process and highlighted important dates. AM 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> <p>GS thanked the group and NICE team and then closed the meeting.</p>	