National Institute for Health and Clinical Excellence

Date and Time: **31st September 2009**

Minutes:

Quality Standards VTE Prevention and Neonatal Care Topic Expert Group Induction

Place: Level 1A
City Tower
Piccadilly Plaza
Manchester
M1 4BD.

Present:

VTE Prevention Topic Expert Group

Professor Gerard Stansby (GS)
Peter Walton (PW)
Kim Carter (KC)
Donald McBride (DM)
Carlos Sharpin (CS)
Steve Finney (SF)
Nick Chalmers (NC)
Steven Barden (SB)

Neonatal Care Topic Expert Group

Farrah Pradhan (FP)
Allison Binns (AB)
Jacqueline Lowdon (JL)
Sandy Calvert (SC)
Roz Ullman (RU)
Vanessa Attrell (VA)
Julian Eason (JE)
Tony Lander (TL)
Kim Davies (KD)
Gurdeep Singh Mann (GSM)
Nina James (NJ)
Maria Jenkins (MJ)

National Quality Board representatives

Sally Brearley (SB)

Additional input from Sumaira MacDonald (SM) [Stroke TEG], Mark Dinsdale (MD) [Department of Health]

NICE Staff

Val Moore (VM)
Nicola Bent (NB)
Justine Karpusheff (JK)
Richard Diaz (RD)
Tim Stokes (TS)
Rachel Neary (RN)
Chantelle Bailey (CB)
Craig Grime (CG)
Rona McCandlish (RM)

Apologies:
Dr Tahir Mahmood
Neena Modi
Lynne Radbone
Nandan Gautam
Jim Gardner
Professor Beverley Hunt
Bill Moyes

1.1 Agenda item 1: Welcome, introductions and plan for the day

VM welcomed the group, noted the apologies and reviewed the agenda for the day.

1.2 Agenda item 2: Introduction to NICE

VM gave the group a brief introduction to NICE, including a description of the Institute's work and the role of advisory bodies.

1.3 Agenda item 3: Quality Standards Process Overview

NB presented the group with an overview of the process for developing quality standards.

SB gave the group a brief description of the National Quality Board and the role that it will play in the Quality Standards Programme.

The group discussed the potential uses of quality standards and whether they would be mandatory. MD advised that, as the intention is to produce 150 standards over five years, not all quality standards could be made a high priority. They would therefore be 'priority neutral'.

1.4 Agenda item 4: Quality standards methodology

TS outlined the draft methodology for the development of NICE quality standards. He highlighted that the sources of evidence for VTE Prevention and Neonatal Care were significantly different, as there is no NICE guideline on Neonatal Care. This would lead to differences in the methodology.

The group discussed measurement of the quality standards and agreed that they should be accompanied by a quantitative measure. However, there was some concern over these standards being used punitively if levels of achievement were not reached and it was therefore agreed that context notes for individual audiences would be included with the statements.

The group then discussed alignment of the quality standards with other quality initiatives and it was agreed that these should be considered during development to avoid duplication.

1.5 Agenda item 5: TEG breakout sessions

The group separated into individual TEGs to consider for their particular topic.

1.5.1 VTE Prevention

The group agreed that the scope for this topic should cover primary and secondary care and prioritised the following areas for consideration: information giving, risk assessment including bleeding risk, discharge planning and VTE death reporting.

The group suggested the following additional data sources: Cochrane reviews, American College of Chest Physicians guidance and Patient experience data such as Patient Reported Outcome Measures (PROMs).

1.5.2 Neonatal care

The group discussed the correct definition of the topic and agreed that the scope should cover ‘specialist’ neonatal care within secondary, tertiary and community care. They defined the target population of the standard as ‘babies up until a corrected gestational age of 44 weeks and requiring specialist neonatal care’ and ‘those who require specialist neonatal care who are older than 44 weeks’ and that the standards should state that this group should also receive care in line with the standards.

The group acknowledged the lack of evidence-based guidelines for the topic area to guide the scope and agreed that further definition was still required to determine the approach to identifying a coherent set of evidence-based quality statements. It was however agreed to use a care pathway approach in order to identify potential quality statements and to consider this further at the first TEG meeting.

The following evidence sources were identified by the group: DH Neonatal Taskforce Toolkit (2009), BAPM (published in 2001 - currently re-writing standards in draft form), National Audits and experiences of care from Bliss and voluntary sector organisations.

The group prioritised the following areas for consideration: high risk pregnancies, training, staffing levels, family-centred care, neonatal transportation and access to care.

1.6 Agenda item 6: Feedback from the group work

The groups each fed back the key points raised during their discussions.

1.7 Agenda item 7: Evaluation plans

VM outlined the plans for field testing and consultation utilising the NICE Implementation Consultants. For VTE, the group suggested contacting the Thrombosis UK, Lifeblood and Anti-coagulation UK during consultation. They also suggested utilising the VTE Exemplar Network during field testing.

1.8 Agenda item 8: Business items

The group were taken through the NICE policies on expenses, declarations of interest and equality impact assessments and reviewed the terms of reference for the TEGs.

1.9 Agenda item 9: Next steps

VM thanked the group for their input during the induction and confirmed that the Quality Standards team would now review the pilot process against the key points raised.

1.10 Agenda item 10: Meeting dates

VM asked the group to note the upcoming meeting dates.

1.11 Agenda item 11: Any other business

There was no AOB.

Close of the meeting

VM thanked the group for their work and closed the meeting.