National Institute for Health and Clinical Excellence

Quality Standards Rheumatoid Arthritis Scoping workshop

Minutes of the meeting held on Thursday 2nd August 2012 at the NICE offices in Manchester

Attendees	Robert Moots (RM), Patrick Kiely (PK), Diana Finney (DF), Ailsa Bosworth (ABo), Kate Betteridge (KB), Maureen Cox (MC), Louise Warburton (LB), Pauline Taggart (PT), Jenny Lewis (JL), Cristina Estrach (CE), Rikki Abernethy (RA) **NICE Attendees** Anna Brett (ABr), Daniel Sutcliffe (DS), Andy McAllister (AM), Jenny Harrisson (JH) **NICE Observers** Alison Tariq, Lisa Nicholls **External Observers** Kristina Bennert
Apologies	Tim Stokes (TS)

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	RM welcomed the attendees and the group introduced themselves. RM reviewed the agenda for the day.	
2.Business items • Declarations of interest	RM reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation. RM outlined the declarations of interest policy. The TEG had no further interests to declare.	
3.Quality Standard Overview	AM presented the group with an overview of the current process for developing NICE quality standards. He highlighted that quality standards clarify what high quality care looks like, explained what quality standards are used for and described the current work programme. AM also reported that the NHS White Paper *Equity and Excellence: Liberating the NHS* and the Health and Social Care Act emphasise that quality standards will be very important in the future and highlighted that organisations 'must have regard' to quality standards. AM advised the group that after the quality standard has been published they will be invited to undertake further work on the quality standard measures to develop Commissioning Outcomes Framework (COF) and Quality and Outcomes Framework (QOF) indicators. AM explained that there will be a new process for developing NICE quality standards. Quality standards will be developed by Quality Standard Advisory Committees (QSAC) which will consist of standing members and topic experts for each standard. The new process will enable NICE to develop 150 standards by 2015. However, for the time being the Topic Expert Group process will continue to be used alongside this new approach for some topics. ABo explained to the group that a survey had been undertaken a year on from the publication of the NICE Rheumatoid arthritis guideline which indicated that there had	

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	been no significant improvement. ABo queried whether the quality standards will have more impact. AM explained that organisations 'must have regard' to quality standards. Furthermore the quality standard will eventually be used to develop COF and QOF indicators which will be mandatory. AM gave an overview of the roles and responsibilities of relevant teams in NICE. AM described the stakeholder consultation process and the use of endorsing organisations to help disseminate the quality standard.	
4. Quality Standards Methodology	DS outlined the methods used to develop quality standards, noting that statements should be aspirational but achievable, and are not intended to reinforce current practice. DS 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. DS described quality statements as descriptive, clear and concise evidence-based qualitative statements. 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. DS outlined the need to ensure that the quality statements are based on one concept to ensure clarity and measurement. DS advised the group that there will be some 'cross-cutting' standards, and users of quality standards should refer across the library of topics. DS asked the TEG to be mindful that when considering areas of care and statements some issues could be covered in other quality standards. The group queried whether any overlap of areas would be mentioned in the final quality standards. ABr confirmed that they would be.	.

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	The group queried whether the quality standard would be based just on the NICE guideline as there are numerous other guidelines and evidence available. DS explained that other sources can be used but they will need to be NICE accredited. They then queried whether audit tools can be used for measurability. ABr explained that any available audit tools will be included in the standard. The TEG explained that the current audit tool is difficult to use and would like this to be fed back to the NICE audit team.	Inform audit team of difficulty in using the current audit tool.
5.Example of a quality standard	ABr showed the group an example of a Quality Standard on the NICE website. ABr showed one of the cross cutting standards, Patient Experience in adult NHS services. DS emphasised that if the TEG identify really specific/unique areas that they feel the generic quality standards do not cover then this can be considered. The group queried what quality measures are. ABr explained that a quality standard is made up of a number of quality statements which are then measured by quality measures; these can be process, structure and outcome. The group queried whether thresholds for achievement can be set in the statements. ABr confirmed that as quality measures form the basis for audit criteria developed and used locally the levels of expected achievement would not usually be included in the QS. The group raised concern that quality standards could be ignored. RM explained that it will be beneficial if the TEG are very specific in their statements, the statements will be seen as a lever in driving up quality. DS referenced back to the Health and Social care Act in that all organisations 'must have regard' to the quality standards. The group queried whether Rheumatoid Arthritis will be defined in the standard. He explained that early identification of Rheumatoid Arthritis needs to be clear. DS explained that a statement on early identification could be included and defined here.	

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	The group asked the NICE team what the life span of quality standards are. AM explained that we aim to reflect the guideline process and have a 5 year review.	
6.Scoping session	The group considered the areas of care diagram, adapted from the areas identified in CG79. ABr led the group through a discussion of the key recommendations from the guideline and the group agreed that they will consider the following areas of care: • **Referral and diagnosis** - Referral for specialist assessment and treatment - Identification and urgent referral • **Controlling disease activity** - Investigations - Pharmacological management treat to target - Measuring disease activity • **Optimising quality of life** - Ongoing review of function (work, home etc) - Ongoing access to MDT within appropriate timeframe - Education and self management - Appropriate referral for surgery - Symptom control/ pain and fatigue **• Prevention and management of comorbidity** - Drug monitoring - Annual review ABr emphasised the requirement that all statements will need an evidence base to be included.	

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	RM then asked the lay members to share their experiences of care and highlight any issues that may have been missed. They asked whether there could be a statement on outcomes for patients; ABr highlighted that where outcomes for patients could be identified they would be included as outcome measures against the statements. Furthermore involvement of family/ carers was identified although the group felt that this could be included under 'Education and self management'. The lay members felt that the areas the group had identified were sufficient. The group also queried whether continuity of care could be included although DS explained that this area is already covered in the Patient Experience quality standard. The group reviewed equality issues surrounding the areas of care and none were identified.	
7.Next steps and AOB	The group discussed the composition of the TEG and thought a commissioner could be recruited. ABo explained that she knew a commissioner and could give their contact details. ABo to pass these to AM. AM outlined the next steps in the quality standard development process and highlighted important dates. AM advised the group that they will have chance to comment on the quality standard at various stages of development. RM thanked the TEG and NICE team and closed the meeting.	NICE to recruit a Commissioner. ABo to give AM contact details of a commissioner she knows.