

Quality Standards Rheumatoid Arthritis

Minutes of the TEG 2 meeting held on 5th November at the NICE offices in Manchester

<p>Attendees</p>	<p><u>Topic Expert Group Members</u></p> <p>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), Paul Carroll (PC)</p> <p><u>NICE Staff</u></p> <p>Anna Brett (ABr), Daniel Sutcliffe (DS), Lisa Nicholls (LN)</p> <p><u>External Attendees</u></p> <p>Azim Lakhani (ALa) (Head of Clinical Analysis Research and Development, NHS Information Centre)</p> <p><u>Observers</u></p> <p>Kristina Bennert</p>
<p>Apologies</p>	<p>Tim Stokes (TSt)</p>

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day	<p>RM welcomed the attendees, noted the apologies and outlined the agenda for the day.</p> <p>The group reviewed the minutes from the TEG 1 meeting held on 2nd August. Group agreed as accurate recording.</p>	
2. Declaration of Interest	<p>RM asked the group whether they had any new interests to declare since the last meeting. Nothing declared.</p>	
3. Objectives of the meeting	<p>RM outlined the objective for the day: to discuss and agree the wording of the draft quality statements and measures, which will go out to consultation. RM explained that the group was tasked with developing a small number of key evidence-based statements that focus on high quality care and identify critical markers of challenging but achievable care to drive up quality.</p>	

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<p>4. Review of process for developing the quality standard</p>	<p>ABr reviewed the process for developing the quality standard (QS) and core principles for development, including their purpose to pick out only critical markers for improvement. She emphasised the need for clear, focused, measurable quality statements and reminded the group that the statements must be aspirational but achievable. It was also stated that the statements need to be in plain English. The quality standard will be informed by recommendations from accredited guidance only and would focus on quality improvement. She also asked the group to highlight any equality issues relating to each statement to the NICE team during the meeting as part of the ongoing equality impact assessment for the quality standard.</p> <p>ABr reiterated that the objective of this meeting was to decide:</p> <ol style="list-style-type: none"> 1. Which statements should be progressed for consultation and the wording and intent of these statements. 2. Which statements would not be progressed for consultation if they did not fulfill the criteria. <p>ABr gave the group an overview of the key development sources used and confirmed that the TEG would have opportunity to comment on the draft version prior to consultation.</p> <p>ABr gave an overview and re-cap to date and said the briefing paper would be the main document for today.</p> <p>ABr highlighted the areas used for the draft statements. ABr also reminded the TEG that each statement or concept should be patient focused.</p>	

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<p>5. Draft quality statements (QS) and quality measures (QM)</p> <ul style="list-style-type: none"> • Presentation • Discussion • Agreement 	<p>Draft Quality Statement 1: People with [suspected synovitis] affecting the small joints of the hands or feet or more than one joint are [seen by a specialist] [within 2 weeks of presentation] OR</p> <p>People with [suspected synovitis] are referred for a [specialist opinion]</p> <p>The TEG wanted to add in a timing to avoid GP and referral delay. Keen to shorten time between GP consultation and seeing the specialist.</p> <p>The TEG felt the two issues were important: urgent referral and being seen quickly by the rheumatology service.</p> <p>TEG felt inflammatory arthritis was a better description than synovitis.</p> <p>Added 'immediately' to draft QS 1 to avoid delay.</p> <p>TEG revisited the QS later and felt separating the issues into two statements would be better.</p> <p>TEG felt 'symptoms or signs' was better than suspected, and that 'symptoms or signs of inflammatory arthritis' would then need to be defined.</p> <p>Define immediately as same day or within 1 working day.</p> <p>Outcome measures on delay in referral.</p> <p>Revised Draft Quality Statement 1: 'People presenting with [symptoms or signs of inflammatory arthritis] are referred [immediately] to the rheumatology service</p> <p>Revised Draft Quality Statement 2: 'People referred with suspected inflammatory arthritis are assessed in a rheumatology service within 2 weeks of referral</p>	<p>ABr to amend QS 1 to draft QS 1 and 2</p>

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	<p data-bbox="719 191 1570 292">Draft Quality Statement 2: People with suspected rheumatoid arthritis who are negative for rheumatoid factor are offered anti-cyclic citrullinated peptide antibodies testing</p> <p data-bbox="719 328 1581 496">The TEG originally discussed changing this statement to cover 'receive investigations' but on later reflection the TEG felt this statement was not aspirational and that investigations could be included in the definitions for QS2 as being part of the assessment by the rheumatology service.</p>	<p data-bbox="1599 328 1814 628">ABr to remove original QS2 and add appropriate investigations in a rheumatology service to the definitions section of the 'new' QS2.</p>

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	<p data-bbox="721 194 1590 327">Draft Quality Statement 3: People with [newly diagnosed active rheumatoid arthritis] are offered a combination of disease modifying antirheumatic drugs [within 3 months of the onset of [persistent symptoms]]</p> <p data-bbox="721 363 1590 462">The TEG felt the term 'newly diagnosed' should be removed so that the statement covered all people with rheumatoid arthritis. Also 'active' to be removed as it included only a minority of people.</p> <p data-bbox="721 499 1590 563">The TEG felt steroids should be explicitly included in the statement with DMARDs.</p> <p data-bbox="721 600 1590 730">TEG felt that speed of diagnosis was important and replaced 3 months of onset with within 6 weeks of referral, to ensure that delayed diagnosis did not impact upon the speed of treatment initiation.</p> <p data-bbox="721 767 1590 895">Revised Draft Quality Statement 3: People with rheumatoid arthritis are offered a combination of disease modifying antirheumatic drugs and glucocorticoids within 6 weeks of referral.</p>	<p data-bbox="1608 363 1807 462">ABr to amend statement wording.</p>

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	<p data-bbox="721 194 1536 256">Draft Quality Statement 4: People with rheumatoid arthritis have [ongoing access] to a multidisciplinary team</p> <p data-bbox="721 296 1585 359">The TEG felt it important to define ongoing access, which was also important for measurability.</p> <p data-bbox="721 397 1585 459">TEG felt it important to include 'with inflammatory arthritis expertise' to ensure specialist knowledge within the MDT.</p> <p data-bbox="721 497 1480 528">TEG felt that access to MDT from diagnosis was important.</p> <p data-bbox="721 566 1570 628">The TEG felt in terms of order this statement should be statement 6.</p> <p data-bbox="721 667 1547 759">Revised Draft Statement 6: People with rheumatoid arthritis have [ongoing access] to a [multidisciplinary team with inflammatory arthritis expertise] from diagnosis</p>	<p data-bbox="1608 296 1783 391">ABr to amend statement wording.</p> <p data-bbox="1608 467 1805 663">ABr to define ongoing access and MDT with inflammatory arthritis expertise.</p>

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	<p>Draft Quality Statement 5: People with rheumatoid arthritis are offered [educational activities] that [include self-management programmes] OR</p> <p>People with rheumatoid arthritis are offered [self-management programmes]</p> <p>The TEG felt the second version of the statement contained insufficient detail and should include more than just self-management.</p> <p>The TEG felt it was important to explain the types of activities included in the definitions section and potentially mention the role of the MDT.</p> <p>Range of activities offered to be listed for measurability.</p> <p>The TEG felt adding a timescale was important, so 'from diagnosis' was added to the end of statement. Possibly ask at consultation whether stakeholders think this is important.</p> <p>Revised Draft Quality Statement 5: People with rheumatoid arthritis are offered [educational and self-management activities] at diagnosis.</p>	<p>ABr to update the statement wording.</p> <p>Define educational activities.</p> <p>ABr to add a question to consultation on whether 'from diagnosis' was important.</p>

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	<p>Draft Quality Statement 6: People with [recent onset active rheumatoid arthritis] are offered monthly measurement of disease activity until the [disease is controlled]</p> <p>The TEG felt 'recent onset' should be removed so that everyone with rheumatoid arthritis is included and not just those newly diagnosed.</p> <p>In definitions monthly treatment could be flexible to 6 weeks, as not everyone needs monthly treatment.</p> <p>Define 'agreed target'. This would be agreed between patient and clinician.</p> <p>The TEG felt in terms of order this statement should be statement 4.</p> <p>Revised Draft Quality Statement 4: People with [active rheumatoid arthritis] are offered monthly treatment escalation until the [disease is controlled to an agreed individualised target]</p>	<p>ABr to make change to statement. Remove 'recent onset'</p> <p>Define agreed target.</p>
	<p>Draft Quality Statement 7: People with rheumatoid arthritis are offered treatment to an [agreed individualised disease activity target]</p> <p>The TEG decided to remove this statement. The TEG felt this could be incorporated into statement 6 as it included treatment to an agreed target.</p>	<p>ABr to remove original statement 7</p>

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	<p>Draft Quality Statement 8: People with rheumatoid arthritis whose [symptoms do not respond to optimal non-surgical management] are referred for a [specialist surgical opinion]</p> <p>The TEG felt it was important to include 'where indicated' in the statement, as referral wouldn't be necessary for all cases.</p> <p>Removed 'where optimal non-surgical management' and added to refer where indicated.</p> <p>Due to removal of statement 7 this statement becomes statement 7</p> <p>Revised Draft Quality Statement 7: People with rheumatoid arthritis are offered referral for a [specialist surgical opinion] where indicated</p>	<p>ABr to update statement wording.</p>
	<p>Draft Quality Statement 9: People with rheumatoid arthritis [reporting inadequate pain control] are offered analgesics</p> <p>The TEG decided to remove this statement as it represented standard care.</p> <p>The TEG discussed with ABr the quality standard topic referral on management of long term conditions and considered that symptom management may be covered by this cross-cutting standard.</p>	<p>ABr to remove statement</p>

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	<p data-bbox="721 194 1529 288">Draft Quality Statement 10: People with [satisfactorily controlled rheumatoid arthritis] have access to [additional visits] for disease flares</p> <p data-bbox="721 328 1570 392">The TEG re-worded this statement to include rapid access, as the TEG felt this was important for patients.</p> <p data-bbox="721 432 1480 496">Removed satisfactorily controlled as felt this wording was a contradiction within the statement.</p> <p data-bbox="721 536 1559 568">'have access' to be defined as telephone, appointment or advice.</p> <p data-bbox="721 608 1473 632">Define 'when required' and what is meant by rapid access.</p> <p data-bbox="721 671 1581 767">Revised Draft Quality Statement 9: People with rheumatoid arthritis have [rapid] access to [the multidisciplinary team] for advice or treatment [when required]</p>	<p data-bbox="1608 296 1783 392">ABr to amend statement wording</p>

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	<p>Draft Quality Statement 11: People with rheumatoid arthritis have a face to face [holistic annual review]</p> <p>The TEG felt the ‘face to face’ aspect of the review was important.</p> <p>The TEG included ‘overseen by the rheumatology service’ as not one person would necessarily do it all, but the rheumatology service would ultimately be responsible for ensuring that all elements of the review had taken place. The TEG felt this was better than ‘by the rheumatology service’ as that would imply the rheumatology service must undertake the entirety of the annual review which is not the case (aspects could be undertaken in primary care).</p> <p>The key issue was to ensure the review took place.</p> <p>The TEG felt it was important for the review to be overseen by the rheumatology service.</p> <p>Revised Draft Quality Statement 9: People with rheumatoid arthritis have a face to face [holistic annual review] overseen by the rheumatology service.</p>	<p>ABr to amend statement wording</p>
<p>6. Other guideline recommendations potentially suitable for QS development</p>	<p>The TEG did not prioritise any further recommendations for statement development.</p>	
<p>7. Consultation on the draft QS</p>	<p>ABr outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS.</p> <p>ABr explained the process around endorsement partners.</p>	
<p>8. Next steps and AOB</p>	<p>ABr outlined the next steps, including key dates in the QS development process, and asked the group to hold time in their diaries to comment during the relevant periods.</p> <p>RM thanked the group and closed the meeting.</p>	