

Rheumatoid arthritis Quality Standard Topic Expert Group

Minutes of the TEG3 meeting held on 11th March 2013 at the NICE Manchester Office

Attendees	<p>Robert Moots (RM), Patrick Kiely (PK), Diana Finney (DF), Jenny Lewis (JL), Maureen Cox (MC), Kate Betteridge (KB), Ailsa Bosworth (ABO), Louise Warburton (LW), Pauline Taggart (PT), Cristina Estrach (CE), Rikki Abernethy (RA)</p> <p><u>NICE Staff</u></p> <p>Anna Brett (ABr), Daniel Sutcliffe (DS), Jenny Hopes (JHo), Jenny Harrisson (JHa), Rachel Neary (RN)</p> <p><u>External attendees</u></p> <p>Alyson Whitmarsh (AW) (NHS Information Centre)</p>
Apologies	Paul Carroll

Agenda item	Discussions and decisions	Actions
1. Introductions and apologies	<p>RM welcomed the attendees, noted the apologies and reviewed the agenda for the day.</p> <p>The group confirmed that the minutes from the meeting held on 5th November 2012 were an accurate record.</p>	
Declarations of interest	<p>RM asked the group whether they had any new interests to declare since the last meeting. KB stated that she had a new interest and had filled in a new declaration of interest form prior to the meeting.</p>	
2. Review of progress so far and objectives of the day	<p>DS 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.</p> <p>DS 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.</p> <p>DS 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.</p> <p>DS confirmed that the group will have the opportunity to see and comment on the final version of the QS before publication.</p> <p>DS took this opportunity to ask the group their thoughts on whether an indicator on DMARD monitoring in primary could potentially be developed for the Quality Outcomes Framework (QOF). The group stated that there is currently variation across the country and they agreed that this would be a useful addition.</p>	
3. Support for commissioners and others using the quality standard	<p>JHo outlined the role of the NICE 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.</p>	

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	<p>The TEG queried when the QS would be updated as a new biologic drug technology appraisal is due to be published post April. The TEG were reminded that although the commissioning guide would be updated to reflect this, it would not impact on the QS as there are no draft statements covering biologic therapies.</p>	
<p>4. Presentation and discussion of consultation feedback</p>	<p>ABr gave a brief overview of the consultation comments received and highlighted that there had been positive feedback.</p> <p>ABr advised the group that they would consider statement-specific comments received from the consultation as they discussed each statement, and 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.</p> <p>The chair reminded the TEG to keep in mind the newly published 'Best Practice Tariff' when considering the statements.</p>	
<p>5. Presentation, discussion and agreement of final statements</p>	<p>Draft Quality Statement 1: People presenting to a GP with symptoms or signs of inflammatory arthritis are referred to a rheumatology service within 1 working day of presentation</p> <p>'presenting to a GP with symptoms or signs of inflammatory arthritis' to change to 'with suspected persistent synovitis affecting the small joints of the hands or feet or more than one joint'</p> <p>'Persistent' to be defined</p> <p>' 1 working day of presentation' to change to '3 working days of presentation with symptoms that are not resolving'</p> <p>Revised statement: People with suspected persistent synovitis affecting the small joints of the hands or feet or more than one joint are referred to a rheumatology service within 3 working days of presentation with symptoms that are not resolving</p>	<p>ABr to change wording in the statement</p> <p>ABr to define 'persistent'</p>

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	<p>Draft Quality Statement 2: People with suspected inflammatory arthritis are assessed by a rheumatology service within 2 weeks of referral</p> <p>'inflammatory arthritis' to change to 'persistent synovitis'</p> <p>'2 weeks' to change to '3 weeks'</p> <p>Revised statement: People with suspected persistent synovitis are assessed in a rheumatology service within 3 weeks of referral</p>	<p>ABr to change wording in the statement</p>
	<p>Draft Quality Statement 3: People with newly diagnosed active rheumatoid arthritis are offered a combination of disease-modifying antirheumatic drugs and short-term glucocorticoids within 4 weeks of assessment by a rheumatology service</p> <p>'active' to be removed from the statement</p> <p>Reference to glucocorticoids to precede the combination of disease-modifying antirheumatic drugs</p> <p>'4 weeks' to change to '3 weeks'</p> <p>Revised statement: People with newly diagnosed rheumatoid arthritis are offered short term glucocorticoids and a combination of disease-modifying antirheumatic drugs by a rheumatology service within 3 weeks of assessment</p>	<p>ABr to remove wording</p> <p>ABr to change word order</p> <p>ABr to change wording in the statement</p>

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	<p>Draft Quality Statement 4: People with rheumatoid arthritis are offered educational and self-management activities starting around the time of diagnosis</p> <p>'around the time' to change to 'within a month'</p> <p>Revised statement: People with rheumatoid arthritis are offered educational and self management activities starting within a month of diagnosis</p>	<p>ABr to change wording in the statement</p> <p>ABr to make the definitions more robust and include 'ongoing'</p>
	<p>Draft Quality Statement 5: People who have uncontrolled active rheumatoid arthritis receive monthly treatment escalation until the disease is controlled to an agreed target</p> <p>'uncontrolled' to be removed from the statement</p> <p>'agreed target' to change to 'agreed low disease activity target' then define</p> <p>Revised statement: People who have active rheumatoid arthritis are offered monthly treatment escalation until the disease is controlled to an agreed low disease activity target</p>	<p>ABr to remove wording</p> <p>ABr to change wording in the statement</p>
	<p>Draft Quality Statement 6: People with rheumatoid arthritis have access to a multidisciplinary team with inflammatory arthritis expertise.</p> <p>The TEG agreed to progress the statement</p>	<p>ABr to progress the statement</p>
	<p>Draft Quality Statement 7: People with rheumatoid arthritis have rapid access to the rheumatology service for advice or treatment</p> <p>Statement changed to include a timescale and specific reference to disease flares and possible drug related side effects</p> <p>Revised statement: People with rheumatoid arthritis with disease flares or possible drug related side effects receive advice within</p>	<p>ABr to change wording in the statement</p>

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	1 working day of contacting the rheumatology service	
	<p>Draft Quality Statement 8: People with rheumatoid arthritis are offered referral for a specialist surgical opinion if surgery may be indicated</p> <p>The TEG agreed to remove this statement</p>	ABr to remove this statement
	<p>Draft Quality Statement 9: People with rheumatoid arthritis have a comprehensive annual review</p> <p>‘that is coordinated by the rheumatology service’ to be included at the end of the statement.</p> <p>Reference to employment-related issues to be included in the definitions section.</p> <p>Revised statement: People with rheumatoid arthritis have a comprehensive annual review that is coordinated by the rheumatology service</p>	<p>ABr to include wording in the statement.</p> <p>ABr to include employment-related issues in the definitions section.</p>
8. Summary of final statements	DS presented a summary of the revised statements to the TEG.	
9. Equality impact assessment	<p>DS advised the group that an equalities impact assessment would be completed, for the following reasons:</p> <ul style="list-style-type: none"> • 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 	ABr to include points raised in the equalities section.

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	<p>DS asked the group to highlight any new specific issues. The TEG reminded the NICE team to bear in mind the following under educational activities: language barriers, people with sight problems or who cannot read and the need for appropriate interpreters. The TEG asserted that they had been mindful of equality issues throughout the quality standard development process.</p>	
<p>10. Next steps</p>	<p>RN joined the meeting at this stage and outlined the next steps, including key dates in the QS development process.</p> <p>RN briefed the group on the CCGOIS indicators process. They were reminded that they would be invited back to a meeting to discuss these indicators for rheumatoid arthritis. Some TEG members expressed concern that they are unable to attend this meeting. NICE team to email all members and check availability and look for an alternative if required.</p>	<p>NICE team to email the TEG to check availability for the CCGOIS meeting.</p>
<p>11. AOB</p>	<p>RM thanked the group for their hard work and closed the meeting.</p>	