

Quality Standards Self Harm Topic Expert Group

Minutes of the TEG2 meeting held on 11th October at the NICE offices in Manchester

<p>Attendees</p>	<p><u>Topic Expert Group Members</u></p> <p>Navneet Kapur (Chair) (NK), Carolyn Chew-Graham (CCG), Amrit Sachar (AS), Anthony Cox (AC), Sarah Rae (SR), Safi Afghan (SA), Paul Wilkinson (PW), Kate Hunt (KH), Janet Youd (JY), Gemma Trainor (GT), Caroline Lea-Cox (CLC),</p> <p><u>NICE Staff</u></p> <p>Craig Grime (CDG), Tony Smith (TSm), Cheryl Thorne (CT), Adrian Johnston (AJ), Jenny Harrisson (JH)</p> <p><u>Observers</u></p> <p>Sabina Khan (NICE)</p>
<p>Apologies</p>	<p><u>Topic Expert Group Members</u></p> <p>Dawn Hardman (DH), Anne Hicks (AH)</p> <p><u>NICE</u></p> <p>Tim Stokes (TSt)</p>

Agenda item	Discussions and decisions	Actions
<p>1. Welcome, introductions and plan for the day</p>	<p>NK 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 20th July 2012. CT highlighted an inaccuracy regarding her action from TEG. The wording should be Topic Advisory Group (TAG) not Commissioning Advisory Group. Furthermore CT explained that she agreed to contact members who expressed an interest in being involved in the group and those whose professional group was not already represented by an existing TAG member.</p>	<p>JH to amend TEG 1 minutes</p>
<p>2. Declaration of Interest</p>	<p>NK asked the group whether they had any new interests to declare since the last meeting and none were announced.</p>	
<p>3. Objectives of the meeting</p>	<p>NK 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. NK 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>	
<p>4. Review of process for developing the quality standard</p>	<p>TSm 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. He 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 the published NICE clinical guidelines on self harm. Not all recommendations will be represented but this would not mean that they are not important. He 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>	

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	<p>CDG 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>CDG 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>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 who self-harm are treated with the same respect, dignity and privacy as any patient’</p> <p>‘Treated’ to be replaced with ‘cared’</p> <p>‘Compassion’ to be included in the statement</p> <p>Revised Draft Quality Statement 1: ‘People presenting with self-harm are cared for with compassion and the same respect, dignity, and privacy as any patient’</p>	<p>CDG to add/remove wording in the statement</p>
	<p>Draft Quality Statement 2: ‘People who self-harm are involved in making decisions about their care’</p> <p>The TEG agreed to remove this statement</p>	<p>CDG to remove this statement and move the measures to the prior statement</p>
	<p>Draft Quality Statement 3: ‘People who self-harm are protected under local safeguarding procedures’</p> <p>‘Of all ages’ to be included in the statement</p> <p>‘Are protected under local safeguarding procedures’ to be replaced with ‘are assessed for safeguarding issues, including risks to themselves and others’</p>	<p>CDG to add/remove wording in the statement</p> <p>CDG to add/amend</p>

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	<p>Measurements to reflect the new statement</p> <p>Revised Draft Quality Statement 3: ‘People of all ages presenting with self-harm are assessed for safeguarding issues, including risks to themselves and others’</p>	<p>measurements to reflect the new statement</p>
	<p>Draft Quality Statement 4: ‘People who self-harm are asked if they want their family, carers or significant others to be involved’</p> <p>The TEG agreed to remove this statement</p>	<p>CDG to remove this statement</p>
	<p>Revised Draft Quality Statement 5: ‘People who self-harm have an initial assessment of their emotional and mental state, and likely risk of repetition or suicide’</p> <p>‘Social’ aspect to be included in the statement.</p> <p>Intent of statement 5 and 6 to be combined into this statement.</p> <p>‘Likely risk of repetition’ to be removed</p> <p>Measurements to reflect the new statement</p> <p>Revised Draft Quality Statement 5: ‘People presenting with self-harm have an initial assessment of their physical, mental and social state, including risk of suicide’</p>	<p>CDG to add/remove wording in the statement</p> <p>CDG to add/amend measurements to reflect the new statement</p> <p>CDG to use definitions section in 6 as a definition in the revised statement.</p>
	<p>Draft Quality Statement 6: ‘People who self-harm are offered a preliminary psychosocial assessment at the initial assessment’</p>	<p>CDG to remove this statement</p>

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	<p>The TEG agreed to remove this statement</p> <p>Draft Quality Statement 7: People who self-harm are referred to an emergency department or specialist mental health service if indicated by an assessment of needs and risks'</p> <p>Reference to emergency department or specialist mental health service to be removed and replaced with a focus on a defined care pathway.</p> <p>Inclusion of 'based on initial assessment'</p> <p>Measurements to reflect the new statement</p> <p>Revised Draft Quality Statement 7: 'People presenting with self-harm are cared for on a defined care pathway (physical, mental and social) based on initial assessment' –Wording to be confirmed</p>	<p>CDG to add/remove wording in the statement</p> <p>CDG to add/amend measurements to reflect the new statement</p>
	<p>Draft Quality Statement 8: People who self-harm and are waiting for medical or surgical treatment in an emergency department, are offered a safe and supportive environment in which to wait'</p> <p>'Emergency care' to be replaced with 'acute care'</p> <p>'and are waiting for medical or surgical treatment' to be removed.</p> <p>Definition of safe and supportive to be included</p> <p>Measurements to reflect the new statement</p> <p>Revised Draft Quality Statement 8: 'People presenting with self-harm in acute care are cared for in a safe and supportive environment'</p>	<p>CDG to include definition CDG to add/remove wording in the statement</p> <p>CDG to add/amend measurements to reflect the new statement</p> <p>CDG to draft a definition and</p>

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		circulate to Chair
	<p>Draft Quality Statement 9: ‘People who self-harm and attend an emergency department are seen by a liaison psychiatry service’</p> <p>‘liaison psychiatry service’ to be replaced with ‘age appropriate specialist mental health practitioner’</p> <p>‘Emergency department’ to be replaced with ‘acute care’</p> <p>‘are offered a comprehensive psychosocial assessment’ to be included in the statement</p> <p>Measurements to reflect the new statement</p> <p>Revised Draft Quality Statement 9: ‘People presenting with self-harm in acute care are offered a comprehensive psychosocial assessment by an age appropriate specialist mental health practitioner’</p>	<p>CDG to add/remove wording in the statement</p> <p>CDG to add/amend measurements to reflect the new statement</p>
	<p>Draft Quality Statement 10: ‘People who self-harm are offered a comprehensive psychosocial assessment’</p> <p>Statement removed and ‘comprehensive psychosocial assessment’ to be included in statement 9.</p>	<p>CDG to move ‘comprehensive psychosocial assessment’ to statement 9.</p>
	<p>Draft Quality Statement 11: ‘Children and young people who self-harm are assessed and treated with attention to competency, consent, confidentiality and child protection’</p>	<p>CDG to remove this statement.</p>

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	The TEG agreed to remove this statement.	
	<p>Draft Quality Statement 12: ‘Older people who self-harm are assessed and treated with attention to possible depression, cognitive impairment, physical ill health, and their social and home situation’</p> <p>The TEG agreed to remove this statement.</p>	CDG to remove this statement
	<p>Draft Quality Statement 13: ‘People who self-harm accepting longer-term care and treatment are involved in developing a comprehensive care plan that is reviewed at least once every 12 months’</p> <p>‘that is reviewed at least once every 12 months’ to be removed.</p> <p>Include reference to risk management</p> <p>Include ‘actively’ in the statement</p> <p>Measurements to reflect the new statement</p> <p>Revised Draft Quality Statement 13: ‘People who self-harm accepting longer-term care are actively involved in developing a comprehensive care plan which includes risk management’</p>	<p>CDG to add/remove wording in the statement</p> <p>CDG to add/amend measurements to reflect the new statement</p>
	<p>Draft Quality Statement 14: ‘People who self-harm accepting longer-term care are offered 3 to 12 sessions of a psychological intervention specifically structured for people who self-harm’</p> <p>‘accepting longer-term care’ to be removed</p> <p>Include ‘with the aim of reducing self-harm’ at the end of the statement.</p>	<p>CDG to add/remove wording in the statement</p> <p>CDG to add/amend</p>

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	<p>Measurements to reflect the new statement</p> <p>Revised Draft Quality Statement 14: ‘People who self-harm are offered 3 to 12 sessions of a psychological intervention specifically structured for people who self-harm, with the aim of reducing self-harm’</p>	<p>measurements to reflect the new statement</p>
	<p>Draft Quality Statement 15: ‘People who self-harm accepting longer-term care are involved in planning any move between services and understand who to contact in a crisis’</p> <p>Statement to stay the same</p> <p>Revised Draft Quality Statement 15: ‘People who self-harm accepting longer-term care are involved in planning any move between services and understand who to contact in a crisis’</p>	
<p>6. Other guideline recommendations potentially suitable for QS development</p>	<p>The TEG suggested training as a potential statement but TSm informed the group that as training is an important factor in all quality standards a section on this is now included in the introductory text of each standard. The group did however agree to include training recommendation (1.1.12) as a measure in statement 5.</p> <p>The TEG also suggested prevention as a statement but agreed that this is a public health issue.</p> <p>The TEG wanted to emphasise the completion of actions identified at assessment :</p> <p>New Draft Quality Statement: ‘People presenting with self- harm receive care which is directly informed by their most recent assessment’</p>	<p>CDG to include a training recommendation in statement 5.</p> <p>CDG to include new statement on care based around assessments</p>
<p>7. Consultation on the draft QS</p>	<p>CDG outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS.</p> <p>The TEG reviewed the list of registered stakeholders and suggested a</p>	<p>JH to contact organizations regarding registering as</p>

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	<p>number of organisations to contact. Furthermore the TEG were asked to email JH with any other suggestions</p> <p>CDG explained the process around endorsement partners, explaining that any interested organisations should send expressions of interest to the Quality Standards team.</p>	<p>stakeholders</p> <p>The TEG to email JH with any other stakeholder suggestions.</p>
<p>8. Next steps and AOB</p>	<p>CDG 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>NK thanked the group and closed the meeting.</p>	