

Quality Standards Eczema in Children Topic Expert Group

Minutes of the TEG2 meeting held on 10th January 2013 at the NICE offices in Manchester

<p>Attendees</p>	<p><u>Topic Expert Group Members</u></p> <p>Sue Lewis-Jones (SLJ), Sandra Lawton (SL), Jean Robinson (JRob), Jane Ravenscroft (JR), Elizabeth Gilmour (EG), Michael Cork (MC), Matthew Ridd (MR), Christine Clark (CC), Helen Cox (HC), Amanda Roberts (AR), Jacqueline Torley (JT), Carole Bell (CB) and Sue Clarke (SC).</p> <p><u>NICE Staff</u></p> <p>Tony Smith (TSm), Sabina Khan (SK), Rachel Neary (RN) Maroulla Whiteley (MW) and Liane Marsh (LM).</p>
<p>Apologies</p>	<p><u>NICE</u></p> <p>Tim Stokes (TS)</p>

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day	<p>SLJ welcomed the attendees and outlined the agenda for the day.</p> <p>The group reviewed the minutes from the TEG 1 meeting held on 1st October 2013. Members agreed that the minutes were an accurate record of the meeting that took place.</p> <p>SLJ introduced two new members of the TEG: CB and SC. CB and SC introduced themselves.</p>	
2. Declaration of Interest	<p>SLJ asked the group whether they had any new interests to declare since the last meeting. MC had some new interests to declare. LM advised that she would send him a new declaration of interests form after the meeting and asked him to complete and return it.</p>	<p>LM to send MC a new DOI form.</p>
3. Objectives of the meeting	<p>SLJ 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. SLJ 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>	
4. Review of process for developing the quality standard	<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. The quality standard will be informed by recommendations from the published NICE clinical guidelines on eczema in children, prioritised on the basis of the areas of care identified at TEG1. The group was asked to highlight any equality issues relating to each statement during the meeting as part of the ongoing equality impact assessment for the quality standards.</p> <p>SK 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. 	

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	<p>SK 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>The TEG asked how many statements should they aim to include in the quality standard? TSm advised that they should aim to include 6-8 statements.</p> <p>The TEG asked if they can include schools and education in the statements as schools may help children manage their condition. TSm advised that NICE is reviewing potential overlaps between the NHS, education services and local authorities in the context of work on public health and social care related quality standards, and would refer this query to the NICE quality standards team.</p>	<p>TSm to check whether quality statements can make references to schools and how they can help children manage their condition.</p>
<p>5 & 6. Draft quality statements (QS) and quality measures (QM)</p> <ul style="list-style-type: none"> • Presentation • Discussion • Agreement 	<p>Draft Quality Statement 1: Children with [suspected] atopic eczema have their detailed clinical and drug histories recorded to identify potential trigger factors including allergies.</p> <p>Group discussion covered:</p> <p>‘suspected’ to be removed from the statement.</p> <p>‘drug histories’ to be replaced with ‘treatment histories.’</p> <p>Explain in statement definitions that ‘treatment histories’ refers to past and present treatments and their efficacy, any untoward reactions and whether they have been used sufficiently/ correctly/ and their frequency, including assessing treatment adherence and addressing any issues about steroid phobia or other fears about side effects.</p> <p>‘offered a holistic assessment’ to be included in the statement.</p> <p>Explain in definitions that the holistic assessment should include a</p>	<p>SK to add/remove wording in the statement</p> <p>SK to amend definitions to reflect the new statement.</p> <p>SK to add/ amend measurements to reflect the new statement</p>

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	<p>detailed clinical and family history;a treatment history and search for trigger factors(including irritants and allergens); the effect on Quality of Life [QoL]on both child and parents/carers; a clinical examination and assessment of infection and severity of eczema</p> <p>‘to identify potential trigger factors including allergies.’ To be replaced with ‘including identification of potential irritant, allergic and psychological trigger factors.’</p> <p>Include reference to family history in the definitions.</p> <p>Revised Draft Quality Statement 1: Children with atopic eczema are offered a holistic assessment that includes the recording of their detailed clinical and treatment histories, including identification of potential irritant, allergic and psychological trigger factors.</p>	
	<p>Draft Quality Statement 2: Children with atopic eczema are offered a holistic assessment of severity and psychological and psychosocial wellbeing at each consultation.</p> <p>Group discussion covered:</p> <p>‘are offered a holistic assessment of severity and psychological and psychosocial wellbeing at each consultation.’ To be removed from the statement.</p> <p>The group agreed to divide the original statement into two separate statements as per below.</p> <p>Revised Draft Quality Statement 2: Children with atopic eczema should be recorded as having mild, moderate or severe eczema at each consultation.</p> <p>Children with atopic eczema and their families or carers should have a record of severity (mild, moderate or severe) impact on</p>	<p>SK to add/ remove wording in the statement.</p> <p>SK and TSm to develop the wording of the second statement.</p>

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	<p>quality of life at each consultation.</p> <p>Draft Quality Statement 3: Children with atopic eczema are offered a stepped approach to management [to achieve condition control].</p> <p>Group discussion covered:</p> <p>‘to achieve condition control.’ to be removed from the statement.</p> <p>‘supported by education which includes verbal, written and practical demonstrations.’ To be added to the statement.</p> <p>Revised Draft Quality Statement 3: Children with atopic eczema are offered a stepped approach to management supported by education which includes verbal, written and practical demonstrations.</p>	<p>SK to add/remove wording in the statement</p> <p>SK to add/amend measurements to reflect the new statement</p>
	<p>Draft Quality Statement 10: Children with atopic eczema should be prescribed unperfumed emollients in large quantities for daily use.</p> <p>The TEG agreed that this statement does not need to be revised.</p> <p>Explain what is meant by ‘large quantities’ in the definitions.</p> <p>The group agreed to include an additional statement under this heading: Children with atopic eczema who are receiving long term treatment should have their condition and medication reviewed. In accordance to NICE guidance. <i>[1.5.2.7 and 1.5.3.9 - something on long term use of steroid and review of medication – or consider covered as part of stepped care approach?]</i></p> <p>Revised Draft Quality Statement 10: Children with atopic eczema should be prescribed unperfumed emollients in large quantities for daily use.</p>	<p>SK to add/remove wording in the statement.</p> <p>SK and TSm to develop the new statement.</p>

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	<p>Draft Quality Statement 4: Children with atopic eczema and their parents or carers are offered information on how to recognise the symptoms and signs of bacterial and viral infection [at each annual review].</p> <p>Group discussion covered:</p> <p>‘eczema flares’ to be added to this statement.</p> <p>Include evidence of local arrangements to support rapid access to a health care professional once problems have been recognised in the statement measures.</p> <p>Revised Draft Quality Statement 4: Children with atopic eczema and their parents or carers are offered information on how to recognise eczema flares and the symptoms and signs of bacterial and viral infection in eczema.</p>	<p>SK to add/remove wording in the statement</p> <p>SK to add/ amend measurements to reflect the new statement</p>
	<p>Draft Quality Statement 8: Children with atopic eczema and their parents or carers are offered information on how to recognise and manage flares [at each annual review].</p> <p>The group agreed that this statement should be merged with statement 4 above.</p>	
	<p>Draft Quality Statement 5: Children with atopic eczema who have suspected eczema herpeticum are offered immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p> <p>The TEG agreed that this statement does not need to be revised.</p>	
	<p>Draft Quality Statement 6: Children with uncontrolled, unresponsive or recurring atopic eczema are offered referral for specialist dermatological advice.</p>	<p>SK to add/remove wording in the</p>

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	<p>[Children with uncontrolled or unresponsive atopic eczema are offered referral for specialist dermatological advice].</p> <p>Group discussion covered:</p> <p>‘recurring’ to be replaced with ‘recurring infections.’</p> <p>‘and psychological problems’ to be included in the statement.</p> <p>Some reference to timeliness to be incorporated into the draft statement – SK to address on the basis of NICE recommendations.</p> <p>Revised Draft Quality Statement 6: Children with uncontrolled or unresponsive atopic eczema or recurring infections [and psych problems] are offered referral for specialist dermatological advice. [timely – 1.7.1.2/3]</p>	<p>statement.</p>
	<p>Draft Quality Statement 7: Children with atopic eczema [that has responded to treatment but] for whom the impact on quality of life and psychosocial wellbeing has not improved should be offered referral for psychological advice.</p> <p>The TEG agreed to remove this statement from the standard.</p>	<p>SK to remove this statement from the quality standard.</p>
	<p>Draft Quality Statement 9: Children with moderate or severe atopic eczema should be offered referral for specialist investigation if food allergy is suspected.</p> <p>Group discussion covered:</p> <p>‘is suspected’ to be removed from the statement.</p> <p>The TEG reworded this statement to focus on hydrolysed formula: Infants under 12 months with moderate or severe atopic eczema that has not by been controlled by optimal treatment with emollients and mild topic corticosteroids should be offered a 6-8 week trial of</p>	<p>SK to add/remove wording in the statement</p>

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	<p>[hydrolysed formula ...] and referred for specialist allergy advice.</p> <p>Revised Draft Quality statement 9: Infants under 12 months with moderate or severe atopic eczema that has not by been controlled by optimal treatment with emollients and mild topic corticosteroids should be offered a 6-8 week trial of [hydrolysed formula ...] and referred for specialist allergy advice.</p>	
	<p>Draft Quality Statement 10: Children with atopic eczema who are receiving long term treatment should have their condition and medication reviewed. In accordance to NICE guidance. [1.5.2.7 and 1.5.3.9 - something on long term use of steroid and review of medication – or consider covered as part of stepped care approach?]</p>	
	<p>The TEG considered other guideline recommendations potentially suitable for QS development, including the labelling of prescribed items.</p>	
	<p>RN outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS. RN advised the TEG to contact the QS team to suggest any additional stakeholders.</p> <p>RN explained the process around endorsement partners, explaining that any interested organisations should send expressions of interest to the Quality Standards team.</p>	<p>The TEG to email any other stakeholder suggestions to QS team.</p>

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7. Other guideline recommendations potentially suitable for QS development	RN 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.	
8. Next steps and AOB	<p>The TEG asked at what point in the QS development process do they have to make a final decision on which statements to include in the quality standard. RN advised that the final decisions will be made after the consultation process at the TEG3 meeting.</p> <p>There was no further business. SLJ thanked the group and closed the meeting.</p> <p>Important dates Eczema TEG3 meeting – 17th May, 10.00 – 16.30 Eczema consultation dates – 15th March – 16th April 2013</p>	