

Quality Standards Atopic Eczema in Children Topic Expert Group

Minutes of the TEG3 meeting held on 17th May 2013 at the NICE offices in Manchester

<p>Attendees</p>	<p><u>Topic Expert Group Members</u></p> <p>Sue Lewis-Jones (SLJ) chair, Amanda Roberts (AR), Carole Bell (CB), Elizabeth Gilmour (EG), Helen Cox (HC), Jacqueline Torley (JT), Jane Ravenscroft (JR), Jean Robinson (JRob), Michael Cork (MC), Paul Iggulden (PI), Sandra Lawton (SL), and Sue Clarke (SC).</p> <p><u>NICE Staff</u></p> <p>Tony Smith (TSm), Sabina Khan (SK), Paula Prior (PP) and Rita Parkinson (RP).</p>
<p>Apologies</p>	<p><u>Topic Expert Group Members</u></p> <p>Christine Clark (CC), Matthew Ridd (MR)</p> <p><u>NICE</u></p> <p>Rachael Neary (RN)</p>

Agenda item	Discussions and decisions	Actions
<p>1. Welcome, introductions, plan for the day and declaration of interests</p>	<p>SLJ welcomed the attendees and outlined the agenda for the day.</p> <p>SLJ asked the group whether they had any new interests to declare since the last meeting. MC declared a new interest.</p> <p>The group reviewed and agreed the minutes from the TEG 2 meeting held on 10th January 2013. Members asked why some of the statements in the consultation version of the quality standard differed slightly from the text agreed at the TEG 2 meeting. TSm advised that the statements had undergone editorial review to make them more concise without distorting the key themes.</p>	<p>MC to complete a new DOI form.</p>
<p>2. Review of progress so far and objectives of the day</p>	<p>SLJ outlined progress so far and the objectives for the day:</p> <p>Consultation on the draft quality standard ended in April and the group will discuss the results of consultation comments today.</p> <p>The group will agree the final wording of the quality statements and measures.</p> <p>TSm emphasised the need for concise, precise and measurable quality statements and reminded the group that the statements must be aspirational to drive up quality of care.</p>	<p>Chair asked the TEG to email SK or TSm any</p>

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	<p>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>TSm informed the TEG that the final quality standard will have an introductory section which will cover principles that can be applied across all statements.</p> <p>TSm also explained that the final quality standard may look slightly different after NICE internal sign off and editorial processes. TSm advised that the TEG will have a further opportunity to comment on the quality standard before it is published.</p>	<p>thoughts they have on equality impact issues</p>
<p>3. Support for commissioners and others using the quality standard</p>	<p>PP explained that the NICE Costing and Commissioning team will develop a support document to help commissioners and service providers consider the commissioning implications and potential resource impact of implementing the quality standard.</p> <p>PP explained that NICE would welcome TEG input to help develop the support document and invited TEG members to contribute.</p> <p>PP advised that the final document should be drafted by early July and will be circulated to the TEG for comment.</p>	<p>SC, CB, EG & MC all volunteered to help the NICE Costing and Commissioning Team</p>
<p>4. Presentation and discussion of consultation feedback Key themes and issues</p>	<p>SK presented an overview of the consultation comments and key themes for consideration:</p> <ul style="list-style-type: none"> • Clear focused statements • Clear populations • Clarity of definitions <p>SK informed the TEG that there is support for the quality standard and the current prioritised statements.</p>	

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<p>5, 6, 7 Draft quality statements (QS) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</p> <ul style="list-style-type: none"> • Presentation • Discussion • Agreement of final statements 	<p>Draft Quality Statement 1: Children with atopic eczema are offered an assessment that includes recording of their detailed clinical and treatment histories and identifying potential trigger factors, [including irritants, allergens and psychological factors].</p> <p>Group discussion covered:</p> <p>Agreement on removal of ‘including irritants, allergens and psychological factors’ from the statement, but to be added to definitions along with infection as a possible trigger.</p> <p>Change of heading to Assessment at Diagnosis, and ‘at diagnosis’ to be added to the statement for clarity (and reflected in measures).</p> <p>Definition section to state that the statement can apply to both primary & secondary settings, & infection is a trigger for treatment.</p> <p>Revised Draft Quality Statement 1: Children with atopic eczema are offered an assessment at diagnosis that includes recording their detailed clinical and treatment histories and identification of potential trigger factors.</p>	<p>SK to update statement, measures and definitions</p> <p>The chair asked the TEG to formulate a sentence to that effect & email back to SK/ TSm</p>
	<p>Draft Quality Statement 2: Children with atopic eczema have their eczema recorded as clear, mild, moderate or severe at each consultation.</p> <p>Draft Quality Statement 4: Children with atopic eczema are offered a stepped-care plan supported by education.</p> <p>Parents & children can be affected by their eczema regardless of its severity.</p> <p>Draft statements 2 and 4 were considered together, because of scope for potential merger. Group discussion covered:</p>	<p>SK to add/remove wording of QS2</p> <p>SK to rename QS 3 as new QS 4</p> <p>SK to remove QS4 and merge into definition</p>

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	<p>The TEG agreed that quality statement 2 should be dropped, but the recording of severity should underpin the stepped-care plan in statement 4 (with associated definition added).</p> <p>The statement should be expressed in terms of ‘treatment according to a stepped-care plan – to be clear this is not about the once-only giving of a plan.</p> <p>Integral to the stepped-care plan is medication review, so this would allow draft statement 6 (see below) to be dropped.</p> <p>New QS 4 Ask editorial to re-word it not at each consultation but specifically at each eczema consultation</p> <p>The TEG agreed the following merged statement:</p> <p>Revised Quality Statement 2: Children with atopic eczema are offered treatment using the stepped-care plan based on recorded eczema severity supported by education.</p>	<p>section of the new QS4</p> <p>New QS4 Chair asked HC to email comments regarding education to SK/TSm</p>
	<p>Draft Quality Statement 8: Children with atopic eczema who have suspected eczema herpeticum are given immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p> <p>The TEG agreed this should be retained as a separate statement, and that ‘are given’ should be changed to ‘receive’.</p> <p>The underpinning definitions should state that systemic aciclovir would be given orally in a primary care setting and intravenously in secondary care.</p> <p>Diagnostic markers should be added to the definitions (MC to liaise with</p>	<p>MC to email SK/ TSm team on diagnostic markers to add to definitions section.</p>

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	<p>NICE team).</p> <p>The TEG agreed the following wording:</p> <p>Revised Quality Statement 3: Children with atopic eczema who have suspected eczema herpeticum receive immediate treatment with systemic aciclovir and are referred for same-day specialist dermatological advice.</p>	
	<p>Draft Quality Statement 3: Children with atopic eczema have a discussion of their psychological wellbeing and quality of life recorded at each consultation.</p> <p>The TEG agreed there should be a focus on a record of a discussion about the impact of eczema. This was considered an important statement because the impact on eczema on quality of life can be underestimated.</p> <p>There was discussion about use of specific tools, and it was agreed that use of tools could be covered in the underpinning definitions.</p> <p>The rationale for the statement should outline what happens as a result of the assessment on psychological wellbeing impact.</p> <p>The TEG agreed the following wording:</p> <p>Revised Quality Statement 4: Children with atopic eczema are asked about the impact of the eczema on their psychological wellbeing and quality of life of themselves and their families recorded at each eczema consultation.</p>	
	<p>Draft Quality Statement 5: Children with atopic eczema are prescribed sufficient quantities (up to 500g weekly) of unperfumed emollients of their choice for daily use.</p> <p>Group discussion covered:</p>	<p>SK to add wording to definition section</p>

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	<p>Should a minimum quantity be included in the statement (250g weekly as per recommendation 1.5.2.1 in the clinical guideline)? The TEG decided that this statement should remain unchanged to avoid unnecessary overprescribing, but the minimum amount should be covered in the definition section.</p> <p>The statement should include the element of patient choice of suitable emollients, as recommended in the NICE guideline.</p> <p>The TEG agreed the following wording:</p> <p>Revised Quality Statement 5: Children with atopic eczema are prescribed sufficient quantities (up to 500g weekly) of unperfumed emollients of their choice for daily use.</p>	
	<p>Draft Quality Statement 6: Children with atopic eczema should have their repeat prescriptions of individual and combinations of products reviewed at least annually.</p> <p>The TEG discussed medication review in the context of annual clinical reviews, but agreed that the main concept of this draft statement (medication review) should be integral to the stepped-care plan. The TEG therefore agreed to remove this statement and add review of medication to the definition section of new quality statement 2 (see above).</p> <p>QS 6 can go in underpinning info of new QS4 within definition stepped-care plan – as medication review is part of this plan.</p>	<p>SK to remove this QS & merge into definition section of new QS4</p>

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	<p>Draft Quality Statement 7: Children with atopic eczema (and their parents and/or carers) are given information on how to recognize the symptoms and signs of bacterial and viral infection in eczema.</p> <p>The TEG considered whether this statement should be merged with quality statement 8, but agreed that statement 8 was a distinct and important area of care.</p> <p>The TEG agreed to remove this statement but merge into relevant definition sections (e.g. on information underpinning the stepped-care approach) in new statement 2.</p>	<p>SK to remove this QS & merge into definition section of new quality statement 2.</p>
	<p>Draft Quality Statement 9: Children with uncontrolled or unresponsive atopic eczema including recurring infection and psychological problems are referred for specialist dermatological advice.</p> <p>The TEG agreed not to add a timescale to this statement as there was no consensus from the consultation exercise, and the intent of the statement is to ensure appropriate referrals are made (not when).</p> <p>The TEG agreed the definitions should be developed to include reference to the role of parental assessment.</p> <p>The statement was unchanged:</p> <p>Revised Quality Statement 6: Children with uncontrolled or unresponsive atopic eczema, including recurring infection and psychological problems, are referred for specialist dermatological advice.</p>	<p>SK to rename as QS6</p>

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	<p>Draft Quality Statement 10: Bottle-fed infants under 6 months with moderate or severe atopic eczema that has not been controlled by optimal treatment with emollients and mild topical corticosteroids should be offered a 6 to 8 week trial of an extensively hydrolysed hypoallergenic formula or amino acid formula and referred for specialist advice.</p> <p>The TEG noted the need to make this statement more concise, and considered redrafting the statement to refer to milk / egg allergies. There was extensive discussion, that included reference to the 166 NICE Clinical Guideline on food allergy and the potential inclusion of gastrointestinal symptoms as a referral indication from the NICE eczema guideline (CG57)</p> <p>The TEG agreed on a redrafted statement, based on the NICE eczema 57 guideline, and asked that the new statement be underpinned by definitions that included reference to milk allergy and breast feeding:</p> <p>Revised Quality Statement 7: Infants and young children with moderate or severe eczema that has not been controlled by optimal treatment are referred for specialist allergy advice to identify possible allergens, including food.</p>	<p>SK to rename as QS7</p>
<p>8. Summary of final statements</p>	<p>SK presented the TEG with a summary of the 7 revised quality statements.</p>	
<p>9. Equality impact assessment</p>	<p>TSm asked the TEG if there were any equality issues arising from each statement. The TEG highlighted that the ability of the parents/carers to articulate symptoms may have an effect on access to referrals.</p>	<p>TEG to flag and equality issues with the technical team</p>
<p>10. Next Steps</p> <ul style="list-style-type: none"> • Timelines • Final Quality Standard produced 	<p>RP outlined the next steps, including key dates in the quality standard development process and asked the group to hold time in their diaries to comment during the relevant periods.</p> <p>RP confirmed the final quality standard will be published on the NICE</p>	<p>NICE to email TEG members a CCGOIS meeting invitation</p>

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	<p>website on 3rd September 2013.</p> <p>TSm advised the TEG that a further meeting to discuss development of potential draft quality indicators has been scheduled for 7th October 2013.</p>	
11. AOB	<p>There was no other business.</p> <p>SLJ thanked the group and closed the meeting.</p>	