

Lower urinary tract symptoms in men Quality Standard Topic Expert Group
Minutes of the TEG3 meeting held on 3rd June 2013 at the NICE Manchester Office

Attendees	<p>Ian Pearce (Chair) (IP), June Rogers (JR), Peter Baker (PB), Paul Abrams (PA), Matthew Shaw (MS), Catherine Briggs (CB), Julian Spinks (JS)</p> <p><u>NICE Staff</u> Sabina Khan (SK), Terence Lacey (TL), David Tyldesley (DT), Maxine Adrian Fleet (MAF), Jenny Harrisson (JH), Katie Worrall</p> <p><u>External attendees</u></p> <p>Alyson Whitmarsh (AW) (Health and Social Care Information Centre)</p>
Apologies	<p>Chris Chapple, Amanda Wells</p>

Agenda item	Discussions and decisions	Actions	Rationale	Res p.
1. Introductions and apologies	<p>IP welcomed the attendees, noted the apologies and reviewed the agenda for the day.</p> <p>The group confirmed that the minutes from the TEG 1 meeting held on 25th October 2012 were an accurate record. The Topic Expert Group (TEG) was reminded that due to the exceptional circumstances on 8th February 2013 the TEG 2 meeting did not take place and therefore no minutes were produced. They were also reminded that discussions took place over a structured teleconference to agree the statements to take to consultation.</p>			
Declarations of interest	<p>IP asked the group whether they had any new interests to declare since the last meeting. The only additional interest came from CB who explained she had received a small fee from Pfizer for a presentation she gave. JH to ask CB to update her DOI form.</p>	<p>JH to ask CB to update her DOI form</p>		<p>JH</p>
2. Review of progress so far and objectives of the day	<p>TL 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>TL 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>TL 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>TL confirmed that the group will have the opportunity to see and</p>			

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	comment on the final version of the QS before publication.			
3. Support for commissioners and others using the quality standard	DT 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. He 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.			
4. Presentation and discussion of consultation feedback	<p>SK gave a brief overview of the consultation comments received and highlighted that there had been positive feedback.</p> <p>SK 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>			
5. Presentation, discussion and agreement of final statements	<p>Draft Quality Statement 1: 'Men with lower urinary tract symptoms (LUTS) are offered a full physical examination including a digital rectal examination, as part of their initial assessment'</p> <p>No changes to be made to the statement.</p> <p>TEG agreed to mention the training competency of the person to undertake the digital rectal examination in the rationale section</p> <p>Statement progressed as it is.</p>	SK to progress the statement.	The TEG agreed to progress the statement in its current form as they felt none of the stakeholder comments were significant enough to change the statement.	SK

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	<p>Draft Quality Statement 2: ‘Men with bothersome lower urinary tract symptoms (LUTS) are asked to complete a urinary frequency and volume chart, as part of their initial assessment’</p> <p>No changes to be made to the statement.</p> <p>Statement progressed as it is, to retain the term ‘bothersome’ and expand the rationale.</p> <p>The TEG agreed to change the wording in the rationale to ‘a higher proportion producing urine during the night-more than a third’.</p> <p>TEG agreed to state bothersome symptoms ‘does not include men seeking reassurance’ in the rationale section.</p> <p>TEG agreed to clarify that the initial assessment is not a single consultation but part of a process.</p>	<p>SK to progress the statement.</p> <p>SK to include ‘does not include men seeking reassurance’ in the rationale section.</p>	<p>The TEG agreed to progress the statement in its current form as they felt none of the stakeholder comments were significant enough to change the statement.</p> <p>The TEG agreed to state bothersome symptoms ‘does not include men seeking reassurance’ in the rationale section as they felt the statement is unnecessary for this group of people.</p> <p>The TEG agreed to change the wording in the rationale to ‘a higher proportion producing urine during the night-more than a third’</p> <p>TEG agreed to clarify that the initial assessment is not a single consultation but part of a process.</p>	SK
	<p>Draft Quality Statement 3: ‘Men with lower urinary tract symptoms (LUTS) are given written advice on lifestyle interventions at their initial assessment’</p> <p>‘at their’ to change to ‘as part of their’.</p>	<p>SK to change wording in the statement.</p>	<p>The TEG agreed that an initial assessment is not a single occurrence therefore information could be given at any point throughout their initial assessment. This would</p>	SK

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	<p>Technical team to look at the new information standard about information provision in the NHS and see if appropriate to cross reference.</p> <p>Revised statement: ‘Men with lower urinary tract symptoms (LUTS) are given written advice on lifestyle interventions as part of their initial assessment’</p>		<p>also aid consistency with statements 1 and 2.</p>	
	<p>Draft Quality Statement 4: ‘Men with lower urinary tract symptoms (LUTS) who have post-micturition dribble are informed about how to perform urethral milking’</p> <p>‘informed’ to change to ‘are given information’.</p> <p>Revised statement: ‘Men with lower urinary tract symptoms (LUTS) who have post-micturition dribble are given information about how to perform urethral milking’</p>	<p>SK to change wording in the statement.</p>	<p>The TEG agreed to change ‘informed’ to ‘are given information’ as this is easier to measure. The TEG felt that ‘written’ information didn’t need to be included as the information given would be a mixture of verbal and written instructions plus a demonstration of the technique (to be clarified in the definitions).</p>	<p>SK</p>
	<p>Draft Quality Statement 5: ‘Men with lower urinary tract symptoms (LUTS) who have urinary incontinence are offered a choice of temporary containment products’</p> <p>‘following their initial assessment’ to be included at the end of the statement.</p> <p>‘according to need’ to be included in the rationale section.</p> <p>Take out reference to penile clamps and catheters from definition section.</p>	<p>SK to include wording in the statement.</p> <p>SK to include wording in the rationale section.</p> <p>SK to change wording in the</p>	<p>The TEG felt that the timing is important and felt that it should be fairly urgent therefore ‘following initial assessment’ was included. The rationale section should also reflect this urgency so that it is clear men should not be left without products while a plan is being put in place.</p>	<p>SK</p>

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	<p>Include reference to disposable and washable products in definition section.</p> <p>Include reference to products being offered by a competent person in rationale section.</p> <p>Revised statement: Men with lower urinary tract symptoms (LUTS) who have urinary incontinence are offered a choice of temporary containment products following their initial assessment.</p>	<p>definitions section.</p>	<p>The TEG felt that some products may or may not be appropriate for different patients and therefore it was agreed to include 'according to need' in the rationale section.</p> <p>The TEG agreed to remove reference to penile clamps and catheters from the definition section as these were deemed inappropriate temporary products for this statement.</p> <p>The TEG agreed to include reference to disposable and washable products in the definition section as they felt these are also important temporary products.</p>	
	<p>Draft Quality Statement 6: 'Men with lower urinary tract symptoms (LUTS) and voiding symptoms which are severe or have not responded to drug treatment and conservative management options are offered surgery'</p> <p>Statement reworded but the TEG were still concerned about exact wording. The NICE technical team to work on this outside of the meeting.</p>	<p>SK to reword the statement</p> <p>SK to swap position of statement 6 and 8</p>	<p>The TEG agreed to change the wording of the statement as there is a risk that it currently reads or would be interpreted as a suggestion or expectation that surgery will always be an option. The quality issue is that an informed discussion has taken place.</p>	<p>SK</p>

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	<p>Emphasise importance for shared decision making and that this would take place in secondary care.</p> <p>Statement 6 to become statement 8</p> <p>Draft revised statement: (now to be statement 8): ‘Men with lower urinary tract symptoms (LUTS) with severe voiding symptoms or whose (voiding?) symptoms have not responded to drug treatment and conservative management options have been unsuccessful or are not appropriate have a discussion about the option of surgery’</p>		<p>There is a need to clarify that the underlying recommendation is for men with voiding symptoms</p> <p>The TEG agreed to swap the position of this statement as surgery would come later than medication and specialist assessments in the care pathway.</p>	
	<p>Draft Quality Statement 7: ‘Men with lower urinary tract symptoms (LUTS) are offered a measurement of flow rate and post void residual volume, as part of their specialist assessment’</p> <p>No changes to be made to the statement.</p> <p>Statement progressed as it is.</p>	<p>SK to progress the statement.</p>	<p>The TEG agreed to progress the statement in its current form as they were happy with its content and received no stakeholder comments.</p>	<p>SK</p>
	<p>Draft Quality Statement 8: ‘Men with lower urinary tract symptoms (LUTS) taking drug treatments receive a timely medication review’</p> <p>‘initial’ to be included in the statement.</p> <p>Update measures accordingly and include timeframes.</p> <p>Update rationale to state that review would be carried out by the prescriber.</p>	<p>SK to include wording in the statement</p> <p>SK to change position of statement 6 and 8</p>	<p>The TEG felt that this should focus on an initial review and therefore agreed to include this in the statement, i.e. to refocus statement on the initial review and remove supporting measures relating to follow up.</p> <p>TEG clarified that this statement is not aimed at a clinical review of symptoms</p>	<p>SK</p>

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	<p>Statement 8 to become statement 6.</p> <p>Revised statement: (now to be statement 6): ‘Men with lower urinary tract symptoms (LUTS) taking drug treatments receive a timely initial medication review’</p>		<p>and treatment response.</p> <p>The TEG agreed to move the position of this statement as medication would come before referral for surgery.</p>	
8. Summary of final statements	<p>SK presented a summary of the revised statements to the TEG. The TEG again discussed statement 6 (to become statement 8) and agreed that the technical team would work on the wording outside of the meeting. The TEG agreed to re-order the statements 1-5, 8, 7 and 6.</p>	<p>SK/TL to work on the wording of statement 6.</p>		
9. Equality impact assessment	<p>TL 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 <p>TL asked the group to highlight any new specific issues and none were identified.</p>			
10. Next steps	<p>JH outlined the next steps, including key dates in the QS development process.</p> <p>TL briefed the group on the CCGOIS indicators process. They were reminded that they would be invited back to a meeting (provisional date of Monday 28th October 2013) to discuss these indicators for lower urinary tract symptoms.</p>			

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11. AOB	IP thanked the group for their hard work and closed the meeting.			