

Quality Standards Lower urinary tract symptoms in men Scoping workshop

Minutes of the meeting held on Thursday 25th October 2012 at the NICE offices in Manchester

Attendees	Ian Pearce (chair) (IP), June Rogers (JR), Peter Baker (PB), Julian Spinks (JS), Paul Abrams (PA), Christopher Chapple (CC) <u>NICE Attendees</u> Sabina Khan (SK), Terence Lacey (TL), Rachel Neary (RN), Jenny Harrisson (JH)
Apologies	Matthew Shaw <u>NICE</u> Tim Stokes

Agenda item	Discussions and decisions	Actions
1. Introductions and apologies	<p>IP welcomed the attendees and the group introduced themselves. IP then reviewed the agenda for the day.</p>	
2. Business items <ul style="list-style-type: none"> • Declarations of interest 	<p>IP reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation.</p> <p>IP outlined the declarations of interest policy and asked the group to declare any additional interests. JR declared that she had been sponsored to attend as conference and would complete an additional DOI form.</p>	<p>JH to send JR a blank DOI form to complete</p>
3. Quality Standard Overview	<p>RN presented the group with an overview of the current process for developing NICE quality standards. She highlighted that QS clarify what high quality care looks like, explained what QS are used for and highlighted the current work programme. RN reported that the NHS White Paper <i>Equity and Excellence: Liberating the NHS</i> and the Health and Social Care Act indicate that Quality Standards (QS) will be very important in the future. RN also stated that QS will also be used for the following: Commissioning for Quality and Innovation (CQUIN), Quality and Outcomes Framework (QOF), Commissioning Outcomes Framework (COF), Quality Accounts and Care Quality Commission special review.</p> <p>RN advised the group that there will be some 'cross cutting' standards and commissioners/providers will be expected to cross refer across the library of topics. RN asked the TEG to be mindful that when considering areas of care and statements some issues could potentially be addressed in other related quality standards.</p> <p>RN gave an overview of the roles and responsibilities of relevant</p>	

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	<p>teams in NICE. RN described the stakeholder consultation process.</p>	
<p>4. Quality Standards Methodology</p>	<p>TL outlined the methods used to develop QS. TL reiterated that QS are aspirational but achievable and are intended to drive quality improvements. They are not intended to reinforce current practice.</p> <p>TL advised the group that NICE quality standards are informed by evidence-based recommendations from published NICE guidance or other NICE accredited sources. They do not review or redefine the underlying evidence base.</p> <p>TL described quality statements as descriptive, clear and concise evidence-based qualitative statements. He informed the group that the statements identify the most important 'markers' or key requirements of high quality care where specific improvements are required and which, if achieved, imply high quality practice in all other areas.</p> <p>TL outlined that quality statements should include only one concept to ensure clarity and measurement.</p> <p>TL gave an outline of NICE's equality commitment and asked the TEG to be mindful of equality issues throughout the development of the QS. Equality impact assessments are developed at three key stages of QS development and the TEG will be asked to consider equalities at each stage.</p> <p>TL advised the group that once the QS has been published the TEG will be invited to undertake further work on the quality standard</p>	<p>.</p>

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	measures in order to develop valid and clearly worded Commissioning Outcomes Framework (COF) and Quality and Outcomes Framework (QOF) indicators.	
5.Example of a quality standard	SK showed the group the lung cancer QS on the NICE website as an example. SK explained to the group that the statements are person centred and should demonstrate patient choice.	
6.Scoping session	<p>The group considered the scope from NICE guideline CG97 and agreed to include 'excluding chronic pelvic pain or urinary tract infection'</p> <p>SK presented the area of care diagram identified from NICE guideline CG97. The group discussed key areas for quality improvement and agreed areas of care that will be considered for further development in the draft quality standard and presented at the next meeting for further refinement. These are outlined below:</p> <ul style="list-style-type: none"> • Initial assessment <ul style="list-style-type: none"> - Physical examination including DRE - Urinary frequency volume chart • Conservative management <ul style="list-style-type: none"> - Urethral milking - Advice on lifestyle interventions • Drug treatment <ul style="list-style-type: none"> - Anti-cholingeric • Specialist assessment 	

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	<ul style="list-style-type: none"> - Flow rate and post void residual volume • Surgery <ul style="list-style-type: none"> - Surgery for voiding symptoms • Containment products <ul style="list-style-type: none"> - Containment products <p>The above areas of importance identified by the TEG will provide the basis of potential draft quality statements following a detailed search and prioritisation of the guidance recommendations.</p> <p>The TEG was asked to review the evidence sources outlined in the topic overview document</p> <p>The group was asked to consider equality issues surrounding the areas of care. No specific equality issues were mentioned. Age was mentioned as a potential issue</p>	<p>NICE technical team to follow up details of any additional suggested sources and confirm NICE accreditation status</p> <p>SK to list any potential issues or considerations identified so far within the Equality Impact Assessment document.</p>
7.Next steps and	The group considered the composition of the TEG and agreed that it	

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<p>AOB</p> <p> </p>	<p>was sufficient on the condition that a nurse, geriatrician and commissioner are recruited as originally advertised. RN confirmed that the NICE team were liaising with the relevant Royal Colleges and professional bodies in order to seek nominations for these positions.</p> <p>The TEG also considered the stakeholder list and agreed that the only key organisation missing was the Men's Health Forum.</p> <p>RN outlined the next steps in the QS development process and highlighted important dates. RN advised the group that they will have chance to comment on the QS at various stages of development. The group highlighted that the next meeting date was not suitable for two members and the NICE team agreed to review this.</p> <p>IP thanked the TEG and NICE team and then closed the meeting.</p>	<p>NICE to contact Men's Health Forum and encourage them to register as a stakeholder</p> <p>NICE to contact the TEG with suggested alternative dates for TEG 2.</p>