NICE National Institute for Health and Care Excellence

Multiple Pregnancy Quality Standard Topic Expert Group

Minutes of the TEG3 meeting held on 30th May 2013 at the NICE Manchester Office

Attendees	**Topic Expert Group Members** Jane Denton (JD), Keith Reed (KR), Greta Rait (GR), Gail Coster (GC), Joanna Fitzsimons (JF), Bridgette York (BY), Sandra Bosman (SB), Paul Carroll (PC) and Janet Wright (JW). **Health and Social Care Information Centre** Paul Iggulden (PI) **NICE Staff** Terence Lacey (TL), Alison Tariq (AT), Maxine Adrian-Fleet (MAF) and Liane Marsh (LM). **Observers** Gary Shield (GS) and Alexa Biesty (AB)
Apologies	Leanne Bricker (LB) and Jon Dorling (JSD).

Agenda item	Discussions and decisions	Actions
1. Introductions and apologies	JD welcomed the attendees, noted the apologies and reviewed the agenda for the day. JD welcomed PC to the meeting who has joined the TEG as a new member. The group confirmed that the minutes from the meeting held on 28th January 2013 were an accurate record.	
Declarations of interest	JD asked the group whether they had any new interests to declare since the last meeting. JD declared that she has recently been appointed as a member of the Clinical Reference Group for Fetal Medicine.	
2. Review of progress so far and objectives of the day	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. 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. 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. TL confirmed that the group will have the opportunity to see and comment on the final version of the QS before publication.	
3. Support for commissioners and others using the quality standard	MAF 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. She 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.	TEG members to contact MAF if they would like to contribute to the commissioning document.

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	MAF advised the group that they may need to provide input during its development. She also told them that they will have the opportunity to comment on the document. MAF asked the group to contact her if they have any questions or would like to contribute.	
4. Presentation and discussion of consultation feedback	AT gave a brief overview of the consultation comments received and highlighted that there had been positive feedback. AT advised the group that they would consider statement-specific comments received from the consultation as they discussed each statement. AT also highlighted 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. TEG members noted that there is not a statement on multiple pregnancy and patient experience in the quality standard and asked if this would be covered by the patient experience quality standard. TL advised the group that the patient experience quality standard is quite generic and if the TEG identified a specific patient experience issue relating to multiple pregnancy then they could develop a statement for this or they may be able to develop an indicator for the Clinical Commissioning Group Outcome Indicator Set or the Quality Outcome Framework. The group asked how patient experience is measured. PI responded that there are some national data collection systems including PROMS and the CQC Maternity Survey – but this does not specifically focus on multiple pregnancy.	
5. Presentation, discussion and agreement of final statements	**Draft Quality Statement 1: 'Women with a multiple pregnancy have the chorionicity and amnionicity of their pregnancy determined between 11 weeks and 0 days to 13 weeks 6 days using ultrasound.'** There were no changes to the wording of this statement. The group discussed whether they should combine draft statement's 1 and 2 as suggested by stakeholders during the consultation. The TEG agreed to keep them separate. Specify that a copy of the USS is recorded to show chorionicity and	AT to update the statement measures and definitions.

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	amnionicity in the statement measures and in the definitions.	
	Draft Quality Statement 2: 'Women with a multiple pregnancy have the position of the fetuses mapped and recorded between 11 weeks and 0 days to 13 weeks and 6 days using ultrasound.' 'mapped' to be replaced with 'determined.' Remove 'for example' from rationale section Specify that a copy of the USS is recorded to show fetal position in the statement measures and in the definitions. **Revised statement: 'Women with a multiple pregnancy have the position of the fetuses determined and recorded between 11 weeks and 0 days to 13 weeks and 6 days using ultrasound.'**	AT to change wording in the statement AT to amend the measures and definitions.
	Draft Quality Statement 3: 'Women with a multiple pregnancy are cared for by a multidisciplinary core team.' There were no changes to the wording of this statement. Specify that the core team includes primary and community care in the statement definitions. Replace 'the MCT includes' with 'the MCT consists of' in the statement definitions. Add definition of Ultrasonographer to definitions section.	AT to update the definitions.

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	Draft Quality Statement 4: 'Women with a multiple pregnancy have a care plan which specifies the timing of appointments appropriate for the chorionicity and amnionicity of their pregnancy with the multidisciplinary core team.' There were no changes to the wording of this statement. Members noted that they would like to include an element of patient experience in this statement. AT and TL to do some more research on this and see if it is possible to make reference to the CQC maternity services survey.	AT and TL to do some research on multiple pregnancy and patient experience and do some more work to develop the statement. .
	Draft Quality Statement 5: 'Women with a multiple pregnancy are monitored for fetal complications according to the chorionicity and amnionicity of their pregnancy.' There were no changes to the wording of this statement. Exclude bi-parietal diameter from fetal biometric parameters in the statement definitions. Replace 'intrauterine growth restriction' with 'fetal growth restriction' in the statement definitions. Remove incidence of low birth weight from the outcome measures and add infant and neonatal mortality.	AT to update the statement definitions and outcome measures.
	Draft Quality Statement 6: 'Women with a multiple pregnancy are referred for a consultant opinion from a tertiary level fetal medicine centre if the pregnancy is higher risk or if there are complications.' 'are referred for a consultant opinion' to be replaced with 'have an opinion sought about their pregnancy from a consultant'. Replace 'referred' for 'a specialist opinion to be sought' in the process measures.	AT to amend the wording of the statement. AT to update the measures to reflect the new statement.

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	Explain in the structure measures that it needs to be documented in the medical notes when a specialist opinion is sought. Amend statement title to ' Indications for seeking a consultant opinion from a tertiary level fetal medicine centre' **Revised statement: 'Women with a multiple pregnancy have an opinion sought about their pregnancy from a consultant at a tertiary level fetal medicine centre if the pregnancy is higher risk or if there are complications.'**	
	Draft Quality Statement 7: 'Women with a multiple pregnancy have a discussion by 24 weeks with a member of the multidisciplinary core team about the risks, signs and symptoms of preterm labour and possible outcomes of preterm birth.' Replace 'a member' with 'one or more members of the…'. Highlight in the statement measures that women should be prepared early on in their pregnancy about the risks, signs and symptoms of preterm labour and possible outcomes of preterm birth. Add sentence on information given about neonatal services to rationale section. Amend title for statement to 'Advice and preparation for preterm birth' **Revised statement: 'Women with a multiple pregnancy have a discussion by 24 weeks with one or more members of the multidisciplinary core team about the risks, signs and symptoms of preterm labour and possible outcomes of preterm birth.**	AT to update the statement measures.
	Draft Quality Statement 8: 'Women with a multiple pregnancy have a discussion with a member of the multidisciplinary core team by 32 weeks gestation about the timing of birth and possible modes of delivery in order to agree their birth plan.' Replace 'a member' with 'one or more members.' Outline benefits of corticosteroids in the definitions.	AT to update the statement wording. AT to update the statement definitions.

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	Add contact required with neonatal services to rationale section. Remove 'rates of elective birth' from outcome measures Amend process measure b to say ' The proportion of women who by 32 weeks gestation have documented plans for the timing of elective delivery, if spontaneous labour does not occur' **Revised statement: Women with a multiple pregnancy have a discussion with one or more members of the multidisciplinary core team by 32 weeks gestation about the timing of birth and possible modes of delivery in order to agree their birth plan**	
8. Summary of final statements	AT presented a summary of the revised statements to the TEG.	
9. Equality impact assessment	AT advised the group that an equalities impact assessment would be completed, for the following reasons: • 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 AT asked the group to highlight any new specific issues. One of the TEG members highlighted that there are some cultures where women would only feel comfortable being examined by another woman. The group agreed that this should no longer be an issue as arrangements should be in place to accommodate all women who request this. The TEG confirmed that they had been mindful of equality issues	

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	throughout the quality standard development process.	
10. Next steps	LM outlined the next steps, including key dates in the QS development process. The TEG was also informed of the organisations who expressed interest at consultation stage to endorse the standard. The TEG suggested 5 further organisations that they would like to endorse the QS. LM to contact them. LM briefed the group on the CCGOIS indicators process. They were reminded that they would be invited back to a meeting to discuss these indicators for multiple pregnancy. Dates will be circulated in due course.	LM to contact additional organizations suggested by the TEG members.
11. AOB	JD thanked the all the members of the group for their hard work and closed the meeting.	