NICE National Institute for Health and Care Excellence

NICE quality standard

# Dyspepsia and gastro-oesophageal reflux disease in adults

Quality standard

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# Contents

This standard is based on CG184 and NG12.

This standard should be read in conjunction with QS11, QS38, QS43, QS85, QS15, QS104, QS112, QS124, QS146 and QS176.

# Quality statements

Statement 1 Adults with dyspepsia or reflux symptoms who present to community pharmacists are given advice about making lifestyle changes, using over-the-counter medicines and when to consult their GP.

Statement 2 Adults presenting with dyspepsia or reflux symptoms are referred for urgent direct access endoscopy to take place within 2 weeks if they have dysphagia, or are aged 55 and over with weight loss.

Statement 3 Adults with dyspepsia or reflux symptoms have a 2-week washout period before a test for *Helicobacter pylori* if they are receiving proton pump inhibitor therapy.

Statement 4 Adults aged 55 and over with dyspepsia or reflux symptoms that have not responded to treatment have a discussion with their GP about referral for non-urgent direct access endoscopy.

Statement 5 Adults with persistent, unexplained dyspepsia or reflux symptoms have a discussion with their GP about referral to a specialist service.

# Quality statement 1: Advice to support self-management

## Quality statement

Adults with dyspepsia or reflux symptoms who present to community pharmacists are given advice about making lifestyle changes, using over-the-counter medicines and when to consult their GP.

## Rationale

Adults with dyspepsia or reflux symptoms who present to their community pharmacist may be able to alleviate and manage their symptoms by making changes to their lifestyle (eating healthily, losing weight if they are overweight, not smoking) and using over-the-counter medicines. It is also important that adults receive advice about when they should consult their GP to ensure that symptoms are investigated and managed appropriately.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that adults with dyspepsia or reflux symptoms who present to their community pharmacist are given advice about making lifestyle changes, using over-the-counter medicines and when to consult their GP.

**Data source:** Local data collection.

### Process

Proportion of presentations of adults with dyspepsia or reflux symptoms to community pharmacists in which advice is received about making lifestyle changes, using over-the-counter medicines and when to consult a GP.

Numerator – the number in the denominator in which advice is received about making lifestyle changes, using over-the-counter medicines and when to consult a GP.

Denominator – the number of presentations of adults with dyspepsia or reflux symptoms to community pharmacists.

**Data source:** Local data collection.

### Outcome

Adults with dyspepsia or reflux symptoms are satisfied that they are able to self-manage their condition.

**Data source:** Local data collection.

Patient-reported health outcomes for adults with dyspepsia or gastro-oesophageal reflux disease.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** (community pharmacists) ensure that processes are in place so that adults presenting with dyspepsia or reflux symptoms receive advice about making lifestyle changes, using over-the-counter medicines and when to consult their GP. This may include providing information leaflets when over-the-counter medicines are purchased.

**Community pharmacists** advise adults presenting with dyspepsia or reflux symptoms about making lifestyle changes, using over-the-counter medicines and when to consult their GP.

**Commissioners** (NHS England area teams and clinical commissioning groups) commission services that ensure community pharmacists advise people presenting with dyspepsia or reflux symptoms about making lifestyle changes, using over-the-counter medicines and when to consult their GP. Commissioners should work collaboratively with available minor ailment schemes to ensure that advice to adults with dyspepsia or reflux symptoms is included in any relevant service specifications.

**Adultswith indigestion or heartburn** receive advice from their pharmacist about what they can do to relieve their symptoms. This should include advice about eating healthily, losing weight if they are overweight and not smoking. They should also receive information about medicines that can be bought 'over-the-counter' without a prescription and when people should make an appointment to see their GP. This information will help adults with indigestion or heartburn to manage their condition themselves.

# Source guidance

Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. NICE guideline CG184 (2014, updated 2019), recommendations 1.1.1 and 1.2.1 to 1.2.3

# Definitions of terms used in this quality statement

## Advice about lifestyle changes

Adults presenting with dyspepsia or reflux symptoms should be given simple lifestyle advice including:

- Healthy eating, weight loss for people who are overweight and smoking cessation for people who smoke.
- Avoiding known causes that may be associated with symptoms, including smoking, alcohol, coffee, chocolate, fatty foods and being overweight.
- Other factors that might help, such as raising the head of the bed and having a main meal at least 3 hours before going to bed.

[NICE's guideline on gastro-oesophageal reflux disease and dyspepsia in adults, recommendations 1.2.1, 1.2.2 and information for the public]

### Advice about using over-the-counter medication

Adults presenting with dyspepsia or reflux symptoms should be advised to avoid long-term, frequent dose, continuous antacid therapy, because it only relieves symptoms in the short-term rather than preventing them. Adults with these symptoms should also be advised that non-steroidal anti-inflammatory drugs (NSAIDs) can be a potential cause. [Adapted from NICE's guideline on gastro-oesophageal reflux disease and dyspepsia in adults, recommendations 1.3.2 and 1.8.7]

### Advice about when to consult their GP

Adults presenting with dyspepsia or reflux symptoms should be advised to see their GP if their symptoms have persisted for several weeks, get worse over time, or do not improve with medication. They should be advised to see their GP urgently if they have dysphagia or if they are aged 55 and over with additional symptoms that may be a cause for concern including weight loss, haematemesis, nausea or vomiting, or upper abdominal pain. [Adapted from NICE's guideline on gastro-oesophageal reflux disease and dyspepsia in adults, section 4.1.2.1, NICE's guideline on suspected cancer, recommendations 1.2.1 to 1.2.3 and 1.2.7 to 1.2.9, and expert opinion]

## Equality and diversity considerations

Healthcare professionals should offer prescriptions to socially disadvantaged adults for over-the-counter medicines for dyspepsia or reflux symptoms if needed.

Community pharmacists should take into account cultural and communication needs when providing advice and educational materials.

Not all adults will want to self-manage their dyspepsia or reflux symptoms, or be able to do so, and community pharmacists should identify any vulnerable people who may need additional support.

# Quality statement 2: Urgent endoscopy

## Quality statement

Adults presenting with dyspepsia or reflux symptoms are referred for urgent direct access endoscopy to take place within 2 weeks if they have dysphagia, or are aged 55 and over with weight loss.

## Rationale

There is currently wide geographical variation in referral rates for endoscopy for adults with dyspepsia or reflux symptoms. Although many adults presenting with dyspepsia or reflux symptoms will not need an endoscopy, it is important that those with additional symptoms that indicate a higher risk of oesophagogastric cancer are referred urgently for investigation. Direct access endoscopy will ensure that referrals from primary care to the suspected cancer pathway are focused on people with symptoms of suspected cancer.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that adults presenting with dyspepsia or reflux symptoms are referred for urgent direct access endoscopy to take place within 2 weeks if they have dysphagia, or are aged 55 and over with weight loss.

**Data source:** Local data collection.

### Process

a) Proportion of adults presenting with dyspepsia or reflux symptoms and dysphagia who

are referred for urgent direct access endoscopy.

Numerator – the number in the denominator who are referred for urgent direct access endoscopy.

Denominator – the number of adults presenting with dyspepsia or reflux symptoms and dysphagia.

**Data source:** Local data collection. NHS Digital Hospital Episode Statistics collects data on upper gastrointestinal endoscopies.

b) Proportion of referrals for adults presenting with dyspepsia or reflux symptoms and dysphagia who receive urgent direct access endoscopy within 2 weeks.

Numerator – the number in the denominator who receive endoscopy within 2 weeks.

Denominator – the number of referrals for urgent direct access endoscopy for adults presenting with dyspepsia or reflux symptoms and dysphagia.

**Data source:** Local data collection. NHS Digital Hospital Episode Statistics collects data on upper gastrointestinal endoscopies.

c) Proportion of adults aged 55 and over presenting with dyspepsia or reflux symptoms and weight loss who are referred for urgent direct access endoscopy.

Numerator – the number in the denominator who are referred for urgent direct access endoscopy.

Denominator – the number of adults aged 55 and over presenting with dyspepsia or reflux symptoms and weight loss.

**Data source:** Local data collection. NHS Digital Hospital Episode Statistics collects data on upper gastrointestinal endoscopies.

d) Proportion of referrals for adults aged 55 and over presenting with dyspepsia or reflux symptoms and weight loss who receive urgent direct access endoscopy within 2 weeks.

Numerator – the number in the denominator who receive endoscopy within 2 weeks.

Denominator – the number of referrals for urgent direct access endoscopy for adults aged 55 and over presenting with dyspepsia or reflux symptoms and weight loss.

**Data source:** Local data collection. NHS Digital Hospital Episode Statistics collects data on upper gastrointestinal endoscopies.

### Outcome

a) Incidence of oesophagogastric cancer.

**Data source:** Local data collection. Office for National Statistics Cancer Registration Statistics collects data on the incidence of cancer.

b) Oesophagogastric cancer survival rates.

**Data source:** Local data collection. Office for National Statistics Geographic patterns of cancer survival in England provide data on 1- and 5-year survival rates.

c) Patient satisfaction with investigation of dyspepsia and reflux symptoms.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** (general practices and community healthcare providers) ensure that processes and resources are in place so that adults presenting with dyspepsia or reflux symptoms are referred for urgent direct access endoscopy to take place within 2 weeks if they have dysphagia or are aged 55 and over with weight loss. Endoscopy services should record and report inappropriate urgent direct access referrals for adults with dyspepsia or reflux symptoms.

**Healthcare professionals** refer adults presenting with dyspepsia or reflux symptoms for urgent direct access endoscopy to take place within 2 weeks if they have dysphagia or are aged 55 and over with weight loss.

**Commissioners** (clinical commissioning groups and NHS England area teams) ensure that

they commission services that refer adults presenting with dyspepsia or reflux symptoms for urgent direct access endoscopy to take place within 2 weeks if they have dysphagia or are aged 55 and over with weight loss. Commissioners should monitor inappropriate urgent direct access referrals for endoscopy for adults with dyspepsia or reflux symptoms as well as investigate particularly low rates of referral.

**Adults with indigestion or heartburn** will be referred for an endoscopy if they have additional symptoms that need to be investigated, such as pain or difficulty swallowing or weight loss when they are over 55. An endoscopy is a procedure that is sometimes carried out to investigate indigestion symptoms and find out what is causing them. It involves using an endoscope (a narrow, flexible tube with a camera at its tip), to see inside the oesophagus and stomach. The person may be offered sedation before the procedure or given a local anaesthetic to numb the throat. The endoscope is then guided down the person's throat and into their stomach. Not everyone with indigestion or heartburn will need an endoscopy.

# Source guidance

Suspected cancer: recognition and referral. NICE guideline NG12 (2015, updated 2021), recommendations 1.2.1 and 1.2.7

# Definitions of terms used in this quality statement

## Urgent direct access endoscopy

Primary care arranges for an endoscopy to be carried out within 2 weeks and retains clinical responsibility throughout, including acting on the result. [NICE's guideline on suspected cancer]

# Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when arranging and explaining a referral for direct access endoscopy.

Healthcare professionals should respect an adult's choice to refuse an endoscopy if they consider themselves to be too frail due to age.

# Quality statement 3: Testing conditions for Helicobacter pylori

## Quality statement

Adults with dyspepsia or reflux symptoms have a 2-week washout period before a test for *Helicobacter pylori* if they are receiving proton pump inhibitor therapy.

## Rationale

To improve the accuracy of *Helicobacter pylori* (*H pylori*) testing it is important to have a 2-week washout period after using a proton pump inhibitor (PPI). Improving the accuracy of the test will ensure that treatment for *H pylori* infection is given only if needed. Treatment for *H pylori* infection is complex and there is concern that treatment without an accurate diagnosis may lead to increasing antimicrobial resistance. In addition, treatment for *H pylori* can be unpleasant for the patient and has an increased risk of antibiotic-associated diarrhoea and enteric infections such as *Clostridium difficile*.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that adults with dyspepsia or reflux symptoms have a 2-week washout period before a test for *H pylori* if they are receiving PPI therapy.

**Data source:** Local data collection.

### Process

Proportion of adults with dyspepsia or reflux symptoms receiving PPI therapy who are

tested for *H pylori* who had a 2-week washout period before the test.

Numerator – the number in the denominator who had a 2-week washout period before the test.

Denominator – the number of adults with dyspepsia or reflux symptoms receiving PPI therapy who are tested for *H pylori*.

**Data source:** Local data collection.

### Outcome

*H pylori* antimicrobial resistance rate.

Data source: Local data collection.

## What the quality statement means for different audiences

**Service providers** (general practices and hospitals) ensure that adults with dyspepsia or reflux symptoms have a 2-week washout period before a test for *H pylori* if they are receiving PPI therapy.

**Healthcare professionals** ensure that adults with dyspepsia or reflux symptoms have a 2-week washout period before testing for *H pylori* if they are receiving PPI therapy.

**Commissioners** (clinical commissioning groups and NHS England area teams) commission services that ensure that adults with dyspepsia or reflux symptoms have a 2-week washout period before a test for *H pylori* if they are receiving PPI therapy.

**Adultswith indigestion or heartburn** may need to have a test for an infection called *Helicobacter pylori* (*H pylori* for short), which can cause stomach and duodenal ulcers (the duodenum is the section of intestine immediately after the stomach). *H pylori* infection is detected using a breath or stool test, or sometimes a blood test. If the person is taking a medicine called a proton pump inhibitor (PPI) for their indigestion or heartburn symptoms, their GP will tell them if they need to stop taking the PPI or any other medicine before the *H pylori* test.

# Source guidance

Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. NICE guideline CG184 (2014, updated 2019), recommendations 1.4.2 (key priority for implementation), 1.4.4 and 1.9.1

# Definitions of terms used in this quality statement

## Proton pump inhibitor (PPI)

Proton pump inhibitors inhibit gastric acid secretion by blocking the hydrogen-potassium adenosine triphosphatase enzyme system (the 'proton pump') of the gastric parietal cell. [BNF's information on proton pump inhibitors]

## Test for H pylori

Use a carbon-13 urea breath test, a stool antigen test or laboratory-based serology where its performance has been locally validated to test for *H pylori*. Ensure that no antibiotics have been taken for any infection in the 4 weeks before the test.

If laboratory-based serology is to be used, its performance should be locally validated to test for *H pylori*. The serology test should have high positive predictive value in the intended population, or positives should be confirmed with a second test. Validation is an evidence-based assessment of how a test performs in the laboratory, and demonstrates suitability for intended purpose. Local validation will provide documentary evidence that a commercial serology kit is performing within the manufacturer's specifications. This will include results of experiments to determine its accuracy, sensitivity, reliability and reproducibility. Local validation should meet the requirements set out in the Public Health England UK Standards for Microbiology Investigations. [Adapted from NICE's guideline on gastro-oesophageal reflux disease and dyspepsia in adults, recommendations 1.4.2 and 1.9.1, Public Health England's UK Standards for Microbiology Investigations – SMI Q1: Commercial and in-house diagnostic tests: evaluations and validations, and expert opinion]

# Equality and diversity considerations

Serological tests are less reliable in older people and therefore, where laboratory-based

serology tests are used, their suitability for people over 65 should be carefully considered.

It is important to use an accurate test for *H pylori* for people from ethnic minority groups because resistance rates are higher than in the general population. Where laboratory-based serology tests are used, their suitability for people from ethnic minority groups should be carefully considered.

# Quality statement 4: Discussion about referral for non-urgent endoscopy

## Quality statement

Adults aged 55 and over with dyspepsia or reflux symptoms that have not responded to treatment have a discussion with their GP about referral for non-urgent direct access endoscopy.

## Rationale

There is currently wide geographical variation in referral rates for endoscopy for adults with dyspepsia or reflux symptoms. Although many adults with dyspepsia or reflux symptoms will not need an endoscopy, it is important that those with an increased risk of oesophagogastric cancer have a discussion with their GP about referral for endoscopy to investigate the cause.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that adults aged 55 and over with dyspepsia or reflux symptoms that have not responded to treatment have a discussion with their GP about referral for non-urgent direct access endoscopy.

**Data source:** Local data collection.

### Process

Proportion of adults aged 55 and over with dyspepsia or reflux symptoms that have not

responded to treatment who have a recorded discussion with their GP about referral for non-urgent direct access endoscopy.

Numerator – the number in the denominator who have a recorded discussion with their GP about referral for non-urgent direct access endoscopy.

Denominator – the number of adults aged 55 and over with dyspepsia or reflux symptoms that have not responded to treatment.

**Data source:** Local data collection.

### Outcome

a) Incidence of oesophagogastric cancer.

**Data source:** Local data collection. Office for National Statistics Cancer Registration Statistics collect data on the incidence of cancer.

b) Oesophagogastric cancer survival rate.

**Data source:** Local data collection. Office for National Statistics Geographic patterns of cancer survival in England provide data on 1- and 5-year survival rates.

c) Patient satisfaction with investigation of dyspepsia and reflux symptoms.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** (general practices) ensure that processes are in place so that adults aged 55 and over with dyspepsia or reflux symptoms that have not responded to treatment have a discussion with their GP about referral for non-urgent direct access endoscopy.

**Healthcare professionals** (GPs) discuss referral for non-urgent direct access endoscopy with adults aged 55 and over with dyspepsia or reflux symptoms that have not responded

to treatment.

**Commissioners** (NHS England area teams) commission services that ensure adults aged 55 and over with dyspepsia or reflux symptoms that have not responded to treatment have a discussion with their GP about referral for non-urgent direct access endoscopy.

**Adults with indigestion or heartburn** whose symptoms do not respond to treatment should have a discussion with their GP about referral for an endoscopy. An endoscopy is a procedure that is sometimes carried out to investigate indigestion symptoms and find out what is causing them. It involves using an endoscope (a narrow, flexible tube with a camera at its tip), to see inside the oesophagus and stomach. The person may be offered sedation before the procedure or given a local anaesthetic to numb the throat. The endoscope is then guided down the person's throat and into their stomach. Not everyone with indigestion or heartburn will need an endoscopy.

# Source guidance

Suspected cancer: recognition and referral. NICE guideline NG12 (2015, updated 2021), recommendations 1.2.3 and 1.2.9

# Definitions of terms used in this quality statement

## Not responded to treatment

Adults with uninvestigated dyspepsia or reflux symptoms should try a full dose proton pump inhibitor (PPI) for a month and, if there is an inadequate response, $H_2$ receptor antagonist ($H_2$RA) therapy for a month, in order to manage their symptoms. If there is no improvement in symptoms after 8 weeks of treatment and testing for *Helicobacter pylori* is negative, it should be concluded that the condition has not responded to treatment. [Adapted from NICE's guideline on gastro-oesophageal reflux disease and dyspepsia in adults, recommendations 1.4.3, 1.4.4 and 1.4.6]

## Discussion about referral for endoscopy

Endoscopy should not routinely be offered to diagnose Barrett's oesophagus. If endoscopy is considered, the discussion should focus on the person's preferences and their individual risk factors (long duration of symptoms, increased frequency of symptoms, previous

oesophagitis, previous hiatus hernia, oesophageal stricture or oesophageal ulcers, or male gender; Bennett et al. BOB CAT: a large-scale review and Delphi consensus for management of Barrett's esophagus with no dysplasia, indefinite for, or low-grade dysplasia). If people have had a previous endoscopy and there is no change in symptoms, discuss continuing management according to previous endoscopic findings. [NICE's guideline on gastro-oesophageal reflux disease and dyspepsia in adults, recommendations 1.3.4 and 1.6.11]

### Non-urgent direct access endoscopy

Primary care arranges for a non-urgent endoscopy to be carried out and retains clinical responsibility throughout, including acting on the result. [NICE's guideline on suspected cancer]

## Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when discussing a referral for non-urgent direct access endoscopy.

Healthcare professionals should respect a person's choice to refuse an endoscopy if they consider themselves to be too frail due to age.

# Quality statement 5: Referral to a specialist service

## Quality statement

Adults with persistent, unexplained dyspepsia or reflux symptoms have a discussion with their GP about referral to a specialist service.

## Rationale

Long-term symptoms can negatively affect an adult's quality of life, so they should have a discussion with their healthcare professional about possible referral to a specialist service based on their individual risk factors and preferences. A referral to a specialist service will enable treatment and potential causes to be reviewed in order to reduce symptom burden. It could also reduce the risk of further complications developing, such as scarring of the oesophagus and pylorus, oesophageal stricture, pyloric stenosis and Barrett's oesophagus, which is a risk factor for cancer.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that adults with persistent, unexplained dyspepsia or reflux symptoms have a discussion with their GP about referral to a specialist service.

**Data source:** Local data collection.

## Process

Proportion of adults presenting with persistent, unexplained dyspepsia or reflux symptoms with a recorded discussion with their GP about referral to a specialist service.

Numerator – the number in the denominator with a recorded discussion with their GP about referral to a specialist service.

Denominator – the number of adults presenting with persistent, unexplained dyspepsia or reflux symptoms.

**Data source:** Local data collection.

## Outcome

a) Incidence of Barrett's oesophagus.

**Data source:** Local data collection.

b) Incidence of oesophageal stricture.

**Data source:** Local data collection.

c) Incidence of pyloric stenosis in adults.

**Data source:** Local data collection.

d) Patient-reported health outcomes for people with dyspepsia or reflux symptoms.

**Data source:** Local data collection.

# What the quality statement means for different audiences

**Service providers** (general practices) ensure that processes are in place so that adults with persistent, unexplained dyspepsia or reflux symptoms discuss referral to a specialist service.

**Healthcare professionals** (GPs) discuss referral to a specialist service with adults with persistent, unexplained dyspepsia or reflux symptoms.

**Commissioners** (NHS England area teams) ensure that they commission services that ensure that GPs discuss referral to a specialist service with adults with persistent, unexplained dyspepsia or reflux symptoms. Commissioners should also ensure that a suitable specialist service is available.

**Adultswith unexplained indigestion or heartburn** that does not go away should talk to their GP about the possibility of being referred to see a specialist.

# Source guidance

Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. NICE guideline CG184 (2014, updated 2019), recommendation 1.11.1 (key priority for implementation)

# Definitions of terms used in this quality statement

## Persistent unexplained dyspepsia or reflux symptoms

Symptoms that have not led to a diagnosis being made by the healthcare professional in primary care after initial assessment (including history, examination and any appropriate primary care investigations such as endoscopy or *Helicobacter pylori* test). Symptoms have continued beyond a period that would normally be associated with self-limiting problems. [NICE's guideline on suspected cancer and expert opinion]

## Discussion about referral to a specialist service

The discussion should focus on the person's preferences and their individual risk factors (long duration of symptoms, increased frequency of symptoms, previous oesophagitis, previous hiatus hernia, oesophageal stricture or oesophageal ulcers, or male gender). If people have had a previous endoscopy and there is no change in symptoms, discuss continuing management according to previous endoscopic findings. [NICE's guideline on gastro-oesophageal reflux disease and dyspepsia in adults, recommendations 1.3.4 and 1.6.11]

### Specialist service

A consultant-led medical or surgical service. [Adapted from NICE's full guideline on gastro-oesophageal reflux disease and dyspepsia in adults, review question 4.9.1]

## Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when discussing referral to a specialist service.

# Update information

**Minor changes since publication**

**April 2022:** The definition of proton pump inhibitors in statement 3 has been updated in line with changes to the BNF website.

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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# Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

# Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of General Practitioners (RCGP)
- Royal Pharmaceutical Society
- Heartburn Cancer UK