

Quality Standards Drug use disorders Topic Expert Group

Minutes of the TEG2 meeting held on 12<sup>th</sup> March at the NICE Manchester office

<p><b>Attendees</b></p>	<p><b><u>Topic Expert Group Members</u></b></p> <p>Emily Finch [Chair] (EF), Luke Mitcheson (LM), Paul Hawkins (PH), Sue Pryce (SP), Vivienne Evans (VE), Andre Geel (AG), Kevin Ratcliffe (KR), John Jolly (JJ), Stephen Brinksman (SB), Peter Burkinshaw (PB), Nick Barton (NB), Jood Gibbins (JG), Azim Lakhani (AZ)</p> <p><b><u>NICE Staff</u></b></p> <p>Tim Stokes (TS), Nicola Greenway (NG), Daniel Sutcliffe (DS), Andrew Wragg (AW), Cheryl Thorne (CT), Edgar Masanga (EM) Lucy Spiller [Minutes] (LS)</p> <p><b><u>Observers</u></b></p> <p>Emma Boileau (NICE)</p>
<p><b>Apologies</b></p>	<p><b><u>Topic Expert Group Members</u></b></p> <p>Ed Day</p>

Agenda item	Discussions and decisions	Actions
<b>1. Welcome, introductions and plan for the day</b>	<p>EF welcomed the attendees, noted the apologies and reviewed the agenda for the day.</p> <p>The group agreed the minutes from the TEG1 meeting held on 2<sup>nd</sup> December 2011 were an accurate record.</p>	
<b>2. Declaration of Interest</b>	<p>EF asked the group whether they had any new interests to declare since the last meeting.</p> <p>LM advised the group that he had received funding from Reckitt Benckiser for a clinical trial. EF did not feel any action was required as a result of this.</p> <p>NB advised the group that he had received funding from Reckitt Benckiser. EF did not feel any action was required as a result of this.</p> <p>No other group members had any additional interests to declare.</p>	
<b>3. Objectives of the meeting</b>	<p>EF highlighted that the objective for the day was to discuss and agree the wording of up to a maximum of 20 draft quality statements and measures, which will go out to consultation.</p>	
<b>4. Review of process for developing the quality standard</b>	<p>DS reviewed the process for developing the quality standard (QS). He emphasised the need for clear, focused quality statements and reminded the group that the statements must be aspirational but achievable. He also asked the group to highlight any equality issues relating to each statement to the NICE team during the meeting.</p> <p>NG reiterated that the objective of this meeting was to decide:</p> <ol style="list-style-type: none"> <li>1. Which statements should be progressed for consultation and the wording of these statements.</li> <li>2. Which statements would not be progressed for consultation.</li> </ol> <p>NG gave the group an overview of the key development sources used and EF highlighted that NICE TA114, drug misuse - methadone and buprenorphine, should be added to this list.</p>	<p>Add NICE TA114, drug misuse - methadone and</p>

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		buprenorphine, to the list of key development sources.
<p><b>5. Draft quality statements (QS) and quality measures (QM)</b></p> <ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> <li>• Agreement</li> </ul>	<p>EF advised the group that following discussions at the TEG1 meeting the NICE team had considered the specified age range in the guidelines and the drug misuse service configuration. On the basis of this, the NICE team advised the group that 18+ seemed the most appropriate age range for this QS and the group agreed with this suggestion.</p> <p><b>Draft Quality Statement 1:</b> People who misuse drugs receive interventions from staff competent in delivering the interventions.</p> <p>The group felt it was important to include training and supervision in this statement in addition to competence. They felt it would be important to define 'competent', 'trained' and 'supervised' in the definitions section to ensure the readers understand the meaning of the statement.</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 1:</b> People who misuse drugs receive interventions from staff competent, trained and supervised in delivering the interventions.</p> <p><b>Draft Quality Statement 2:</b> Families and carers of people who misuse drugs are offered information and support [appropriate] to their personal, social and mental health needs.</p>	<p>Include training and supervision within the statement.</p> <p>Include a definition of 'competent', 'trained' and 'supervised' in the definitions section.</p>

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	<p>The group agreed to alter the focus of the statement, as they felt it currently implied the drug misuse services should help the families and carers, rather than signposting them to a more appropriate service. They therefore agreed to change the wording to 'to access services which address their personal, social and mental health needs.'</p> <p>The group agreed to change the wording to 'offered information, advice and support to access services'.</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 2:</b> Families and carers of people who misuse drugs are offered information, advice and support to access services which address their personal, social and mental health needs.</p>	<p>Change the wording of the statement to 'to access services which address their personal, social and mental health needs.'</p> <p>Change the wording of the statement to 'offered information, advice and support to access services'.</p>
	<p><b>Draft Quality Statement 3:</b> People who misuse drugs have access to a range of needle and syringe exchange services [appropriate to their</p>	

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	<p>needs].</p> <p>The group agreed to change the target population to ‘People who inject drugs’.</p> <p>The group agreed to remove ‘a range of’ and add ‘in accordance with NICE guidance.’</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 3:</b>            People who inject drugs have access to needle and syringe exchange services in accordance with NICE guidance.</p>	<p>Change the wording of the statement to ‘People who inject drugs’.</p> <p>Change the wording of the statement to ‘have access to needle and syringe exchange services in accordance with NICE guidance.’</p>
	<p><b>Draft Quality Statement 4:</b> People who misuse drugs are offered a comprehensive assessment of their drug use.</p> <p>The group agreed to change the target population to ‘People who are in drug treatment’.</p>	<p>Change the wording of the statement to ‘People who are in</p>

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	<p>The group agreed to include 'and of their resources for recovery'.</p> <p>The group agreed to alter some aspects of the definitions section and also add some additional aspects, for example physical and mental health problems.</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 4:</b>            People who are in drug treatment are offered a comprehensive assessment of their drug use and of their resources for recovery.</p>	<p>drug treatment'.</p> <p>Include 'and of their resources for recovery' in the statement.</p> <p>Update the definitions section as agreed in the meeting.</p>
	<p><b>Draft Quality Statement 5:</b> People who misuse drugs jointly develop a recovery care plan which is regularly reviewed.</p> <p>The group agreed to change the target population to 'People who are in drug treatment'.</p> <p>The group felt the intent of this statement was not clear and agreed to change the wording to 'review their agreed recovery care plan with their key worker at least 3 monthly to inform treatment.'</p>	<p>Change the wording of the statement to 'People who are in drug treatment'.</p> <p>Change the wording of the statement to 'review their agreed recovery care plan</p>

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	<p>The group agreed the following wording:  <b>Revised Quality Statement 5:</b> People who are in drug treatment review their agreed recovery care plan with their key worker at least 3 monthly to inform treatment.</p>	<p>with their key worker at least 3 monthly to inform treatment.'</p>
	<p><b>Draft Quality Statement 6:</b> People who misuse drugs receive recovery advice about abstinence, maintenance and harm-reduction interventions.</p> <p>The group felt this statement could be improved and agreed to change the wording to 'People who misuse drugs receive information and advice about routes of recovery including abstinence, maintenance and harm-reduction interventions.'</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 6:</b>  People who misuse drugs receive information and advice about routes of</p>	<p>Change the wording of the statement to 'People who misuse drugs receive information and advice about routes of recovery including abstinence, maintenance and harm-reduction interventions.'</p>

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	<p>recovery including abstinence, maintenance and harm-reduction interventions.</p> <p><b>Draft Quality Statement 7:</b> People who misuse drugs have a key worker who delivers psychosocial interventions. or <b>Draft Quality Statement 7:</b> People who misuse drugs are offered appropriate psychosocial interventions.</p> <p>The group agreed to change the target population to ‘People who are in drug treatment’.</p> <p>NG advised the group that she had suggested two statements and queried their intentions for the statement on key workers. The group discussed the two options and felt neither was quite right. They therefore agreed to change the wording to ‘are offered appropriate psychosocial interventions delivered by their key worker.’ The group also agreed that a definition of appropriate psychosocial interventions would be included in the definitions section.</p> <p>The group agreed the following wording: <b>Revised Quality Statement 7:</b> People who are in drug treatment are offered appropriate psychosocial interventions delivered by their key worker.</p>	<p>Change the wording of the statement to ‘People who are in drug treatment’.</p> <p>Change the wording of the statement to ‘are offered appropriate psychosocial interventions delivered by their key worker.’</p>

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	<p><b>Draft Quality Statement 8:</b> People who misuse drugs are offered advice to support recovery and reintegration which includes housing, education, employment and benefits.</p> <p>The group agreed to change the target population to ‘People who are in drug treatment’.</p> <p>The group agreed to change the wording from ‘are offered advice to support recovery and reintegration’ to ‘are offered assistance and support to promote recovery and reintegration’</p> <p>The group agreed to change ‘benefits’ to ‘personal finance’ and to include ‘healthcare’.</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 8:</b>            People who are in drug treatment are offered assistance and support to promote recovery and reintegration which includes housing, education,</p>	<p>Change the wording of the statement to ‘People who are in drug treatment’.</p> <p>Change the wording of the statement to ‘are offered assistance and support to promote recovery and reintegration’</p> <p>Change ‘benefits’ to ‘personal finance’ and to include ‘healthcare’ in the statement.</p>



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	<p>The group agreed the following wording:  <b>Revised Quality Statement 9:</b> People who misuse drugs are supported to attend mutual aid groups.</p>	<p>step principles' in the definitions section.</p>
	<p><b>Draft Quality Statement 10:</b> People who misuse drugs with no or limited contact with drug services are offered brief motivational interventions.</p> <p>The group agreed to change the target population to 'People who are opportunistically identified as misusing drugs'</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 10:</b> People who are opportunistically identified as misusing drugs with no or limited contact with drug services are offered brief motivational interventions.</p>	<p>Change the wording of the statement to 'People who are opportunistically identified as misusing drugs'</p>
	<p><b>Draft Quality Statement 11:</b> People who misuse drugs are offered contingency management and/or behavioural couples therapy.</p>	

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	<p>The group agreed to change the target population to 'People who are in drug treatment'.</p> <p>The group agreed to change the wording to 'formal psychosocial interventions appropriate to their needs.' The group agreed a list of psychosocial interventions would be included in this statement and they also agreed to include a definition of 'appropriate' which details indications and contraindications.</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 11:</b> People who are in drug treatment are offered formal psychosocial interventions appropriate to their needs.</p>	<p>Change the wording of the statement to 'People who are in drug treatment'.</p> <p>Change the wording of the statement to 'formal psychosocial interventions appropriate to their needs.'</p> <p>Include a list of psychosocial interventions and a definition of 'appropriate'.</p>
	<p><b>Draft Quality Statement 12:</b> People who misuse cannabis or stimulants, who achieve abstinence or are stabilised on opioid maintenance treatment and have comorbid depression or anxiety disorders are offered psychological treatments.</p> <p>The group agreed to change the wording to 'People who are in drug treatment and have comorbid depression or anxiety disorders are offered</p>	<p>Change the wording of the statement to</p>



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	<p>The group felt it would be useful to summarise the essential aspects of the NICE guidance (TA114) in the definitions section.</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 13:</b> People who are opioid dependent are offered opioid substitution in accordance with NICE guidance.</p>	<p>Include a summary of the essential aspects of the NICE guidance (TA114) in the definitions section.</p>
	<p><b>Draft Quality Statement 14:</b> People who are opioid dependent and choose to become abstinent are offered detoxification.</p> <p>The group felt the focus was incorrect and agreed to change the wording to 'People who make an informed choice about becoming abstinent are offered detoxification in accordance with NICE guidance.'</p>	<p>Change the wording of the statement to 'People who make an informed choice about becoming abstinent are offered detoxification in accordance with NICE guidance.'</p>

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	<p>The group agreed to change the title of this section from 'Withdrawal – preparation/readiness to change' to 'detoxification - preparation for abstinence'.</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 14:</b> People who are opioid dependent who make an informed choice about becoming abstinent are offered detoxification in accordance with NICE guidance.</p>	<p>Change the title of this section of 'detoxification - preparation for abstinence'.</p>



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	<p>wording could be improved. They therefore agreed to change the wording to 'People who have completed detoxification successfully have access to support for a period of at least 6 months.'</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 16:</b> People who have completed detoxification successfully have access to support for a period of at least 6 months.</p>	<p>of the statement to 'People who have completed detoxification successfully have access to support for a period of at least 6 months.'</p>
	<p><b>Draft Quality Statement 17:</b> People who misuse drugs are offered vaccination for hepatitis B and testing and treatment for blood-borne viruses.</p> <p>The group agreed with the intent of the statement but felt it would be improved if the testing and treatment for blood-borne viruses came before vaccination for hepatitis B. They also felt it was important to identify the potential blood-borne viruses in the statement. They therefore agreed to change the wording to 'testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B.'</p>	<p>Change the wording of the statement to 'testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B.'</p>

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	<p>The group agreed the following wording:  <b>Revised Quality Statement 17:</b> People who misuse drugs are offered testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B.</p>	
	<p><b>Draft Quality Statement 18:</b> People who misuse drugs and are not in regular contact with their GP are offered a general health assessment.</p> <p>The group agreed to remove this statement from the QS.</p>	<p>Remove draft statement 18.</p>
	<p><b>Draft Quality Statement 19:</b> People in prison who misuse drugs are offered the same treatment options as people in the community.</p> <p>The group discussed whether this statement should be included when the QS as a whole incorporates people in prison. However they highlighted its potential influence in a system where security sometimes overrides personal choice. They therefore agreed to include a specific question on its inclusion in the QS at consultation, without any alterations to the wording.</p> <p>The group agreed the following wording:  <b>Quality Statement 19:</b> People in prison who misuse drugs are offered the same treatment options as people in the community.</p>	<p>Include a specific question on this statement's inclusion in the QS at consultation.</p>
	<p><b>Draft Quality Statement 20:</b> Pregnant women who misuse drugs have access to integrated care from [different services].</p> <p>NG advised the group that there is an antenatal care QS in development and asked the group whether they would still like to include this statement in light of this. She showed the group the relevant statements from the antenatal care QS. The group discussed this however they did not feel</p>	

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	<p>the intent of this statement was fully covered within the antenatal care QS, which doesn't specifically refer to integrated care services.</p> <p>The group agreed with the intent of the draft statement but agreed to remove 'from different services'.</p> <p>The group agreed the following wording:  <b>Revised Quality Statement 20:</b> Pregnant women who misuse drugs have access to integrated care.</p>	<p>Remove 'from different services' from the statement.</p>
	<p>The group felt it was important to include a statement on access to residential rehabilitative treatment.</p> <p>The group agreed the following wording:  <b>New Quality Statement:</b> People who are in drug treatment have access to residential rehabilitative treatment in accordance with NICE guidance.</p>	<p>Include a statement on access to residential rehabilitative treatment.</p>
	<p>The group considered the equality and diversity issues relating to the quality statements and highlighted issues relating to providing advice and information in a range of languages, providing access to interpretation and translation services and availability of services to special groups.</p> <p>The NICE team advised the group that the QS usually contains generic text regarding equality and diversity issues but felt it would be useful for the group to comment on this before the QS goes out to consultation.</p>	<p>Circulate the generic equality and diversity text to the TEG for comment.</p>

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<b>6. Other guideline recommendations potentially suitable for QS development</b>	The group agreed that there were no other recommendations they would like to progress into the draft QS.	
<b>7. Consultation on the draft QS</b>	AW outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS. The group agreed to look through the list of registered stakeholder and suggest additional organisations who might like to register.	Circulate the registered stakeholder list.  Suggest additional stakeholder organisations
<b>8. Next steps and AOB</b>	<p>AW outlined the next steps, including key dates in the QS development process and asked the group to hold time in their diaries to comment during the relevant periods.</p> <p>SB noted draft quality statement 17 was very important and asked the group to consider moving it earlier in the order of statements as it is something that needs to be considered early in the treatment process.</p> <p>PB highlighted that public health is moving from the NHS to local government in April 2013 and queried how this will affect the implementation of NICE guidance.</p> <p>EF thanked the group and closed the meeting.</p>	Consider moving draft quality statement 17 earlier in the order of statements.