

Caesarean Section Quality Standard Topic Expert Group

Minutes of the TEG3 meeting held on 18<sup>th</sup> February 2013 at the NICE Manchester Office

<b>Attendees</b>	<p>Malcolm Griffiths (Chair) (MG), David James (DJ), Andrew Loughney (ALo), Nuala Lucas (NL), Christine Johnson (CJ), Debbie Chippington Derrick (DCD), Olujimi Jibodu (OJ), Pippa Nightingale (PN),</p> <p><b><u>NICE Staff</u></b></p> <p>Tim Stokes (TSt), Brian Bennett (BB), Tony Smith (TSm), Maxine Adrian-Fleet (MAF), Jenny Harrisson (JH)</p> <p><b><u>External attendees</u></b></p> <p>Azim Lakhani (ALa) (Head of Clinical Analysis Research and Development, NHS Information Centre)</p>
<b>Apologies</b>	<p>Nina Khazaezadeh (NK)</p>

Agenda item	Discussions and decisions	Actions
<p><b>1. Introductions and apologies</b></p>	<p>MG welcomed the attendees, noted the apologies and reviewed the agenda for the day.</p> <p>The group confirmed that the minutes from the meeting held on 23<sup>rd</sup> October 2012 were an accurate record.</p>	
<p><b>Declarations of interest</b></p>	<p>MG asked the group whether they had any new interests to declare since the last meeting and none were declared.</p>	
<p><b>2. Review of progress so far and objectives of the day</b></p>	<p>TSm 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>TSm 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>TSm 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>TSm confirmed that the group will have the opportunity to see and comment on the final version of the QS before publication.</p>	
<p><b>3. Support for commissioners and others using the quality standard</b></p>	<p>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.</p> <p>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.</p>	<p>TEG members to contact MAF if they would like to contribute to the commissioning document.</p> <p>JH to email the TEG with the antenatal care</p>

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	<p>MG asked NICE to forward the TEG a copy of the Costing and Commissioning document for the antenatal care quality standard for information.</p>	<p>Costing and Commissioning document.</p>
<p><b>4. Presentation and discussion of consultation feedback</b></p>	<p>BB gave a brief overview of the consultation comments received and highlighted that there had been positive feedback.</p> <p>BB advised the group that they would consider statement-specific comments received from the consultation as they discussed each statement. BB 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.</p> <p>BB gave a brief overview of the Patient Experience quality standard highlighting that an ‘experience’ statement can be drafted only when a specific ‘experience’ issue is identified. BB asked the TEG to be mindful of this when reviewing the statements.</p>	
<p><b>5. Presentation, discussion and agreement of final statements</b></p>	<p><b>Question 1: ‘Can you suggest any appropriate healthcare outcomes for each individual quality statement?’</b></p> <p>Breastfeeding was suggested by stakeholders as an outcome area but the TEG agreed not to include this.</p> <p><b>Question 2: ‘What important areas of care, of any, are not covered by the quality standard?’</b></p> <p>Four areas were suggested by stakeholders:</p> <ul style="list-style-type: none"> <li>• Availability of different types of anaesthesia for CS</li> <li>• Post hospital discharge for women who have had a CS</li> <li>• Skin to skin contact rates in women who have had a CS</li> <li>• Use of prophylactic antibiotics</li> </ul> <p>The TEG agreed not to progress any of the suggested areas.</p> <p>The TEG agreed to change the order statements 1, 2 and 3 as they felt that they read better. (See individual statements below for</p>	

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	change).	
	<p><b>Draft Quality Statement 1: ‘Pregnant women who request a CS (when there is no other indication) discuss this with members of the maternity team within a suitable time frame depending on the number of weeks left in their pregnancy’</b></p> <p><b>Now to be Quality Statement 2</b></p> <p>‘clinical’ to be included in the statement.</p> <p>‘including anxiety’ to be included in the statement.</p> <p>‘within a suitable time frame depending on the number of weeks left in their pregnancy’ to be removed from the statement.</p> <p>‘discuss this’ to change to ‘have a documented discussion’</p> <p>Include a patient experience measure about how supported women felt.</p> <p><b>Revised statement: ‘Pregnant women who request a CS (when there is no other clinical indication including anxiety) have a documented discussion with members of the maternity team’</b></p>	<p>BB to change wording in the statement.</p> <p>BB to amend measures as per the re drafted statement</p>
	<p><b>Draft Quality Statement 2: ‘Pregnant women who request a CS because of anxiety about childbirth are offered a referral to a healthcare professional with relevant expertise’</b></p> <p><b>Now to be Quality Statement 3</b></p> <p>‘with relevant expertise’ to change to ‘able to help address her anxiety in a supportive manner’ . The TEG accepted that there isn’t a clear definition of what is meant by “relevant expertise”. The focus of the statement was therefore based on the experience of women and whether they felt that they were supported to manage their anxiety. An</p>	<p>BB to change wording in the statement</p> <p>BB to amend measures as per the re drafted statement</p>

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	<p>additional outcome measure focused on the women's experience is to be included.</p> <p><b>Revised statement: 'Pregnant women who request a CS because of anxiety about childbirth are offered a referral to a healthcare professional able to help address her anxiety in a supportive manner'</b></p>	
	<p><b>Draft Quality Statement 3: 'Pregnant women for whom CS is being considered have a consultant obstetrician involved in the decision making process'</b></p> <p><b>Now to be Quality Statement 1</b></p> <p>The content of the statement to stay the same but the structure to be amended. The TEG discussed whether this should focus on decision making for unplanned CS. The TEG agreed that the involvement of a consultant obstetrician in the decision making processes for all CS's is important and would lead to significant quality improvement in services. It was therefore agreed to cover all CS's in this statement</p> <p><b>Revised Statement: 'Pregnant women have a consultant obstetrician involved in their decision making process when a CS is being considered'</b></p>	<p>BB to restructure the statement</p>
	<p><b>Draft Quality Statement 4: 'Pregnant women who have had a previous CS are given the option to attempt a vaginal birth'</b></p> <p>'1 or more' to be included in the statement.  'are informed that they have' to be included in the statement.,  'attempt' to be replaced with 'plan'.  'and are supported in their choice' to be included in the statement.</p> <p><b>Revised statement: 'Pregnant women who have had 1 or more previous CS are informed that they have the option to plan a vaginal birth and are supported in their choice'</b></p>	<p>BB to change wording in the statement</p> <p>BB to amend measures as per the re drafted statement</p>

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	<p><b>Draft Quality Statement 5: ‘Pregnant women having a planned CS undergo the procedure at or after 39 weeks 0 days of gestation, unless an earlier delivery is necessary because of maternal or fetal complications’</b></p> <p>‘of gestation’ to be removed from the statement.</p> <p>Dedicated CS list to be included in the definition for ‘planned CS’</p> <p><b>Revised statement: ‘Pregnant women having a planned CS undergo the procedure at or after 39 weeks 0 days, unless an earlier delivery is necessary because of maternal or fetal complications’</b></p>	<p>BB to change wording in the statement</p> <p>BB to include definition</p>
	<p><b>Draft Quality Statement 6: ‘Pregnant women having a planned CS before 39 weeks of gestation due to maternal or fetal complications are offered a course of antenatal corticosteroids’</b></p> <p>Statement to be removed</p>	<p>BB to remove statement</p>
	<p><b>Draft Quality Statement 7: ‘Women in labour for whom a CS is being considered for suspected fetal compromise are offered fetal blood sampling to inform decision making’</b></p> <p>Statement to stay the same.</p> <p>‘offered’ to be defined.</p>	<p>BB to include definition</p>
	<p><b>Draft Quality Statement 8: ‘Women who have had a CS are offered a discussion with a health professional about her CS and birth options for future pregnancies’</b></p> <p>‘are offered a discussion with a health professional about her’ to be replaced with ‘are given written information and have a discussion about their’</p> <p>‘and’ to be replaced with ‘including’</p>	<p>BB to change wording in the statement</p> <p>BB to amend measures as per the re drafted statement</p>

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	<p><b>Revised statement: ‘Women who have had a CS are given written information and have a discussion about their CS, including birth options for future pregnancies’</b></p>	
	<p><b>Draft Quality Statement 9: ‘Women who have had a CS are monitored for potential risks and complications until ready to be transferred to core postnatal care’</b></p> <p>‘potential risks and’ to be removed from the statement</p> <p>‘until ready to be transferred to core postnatal care’ to be removed from the statement.</p> <p><b>Revised statement: ‘ Women who have had a CS are monitored for complications’</b></p>	<p>BB to change wording in the statement</p>
<p><b>8. Summary of final statements</b></p>	<p>BB presented a summary of the revised statements to the TEG.</p>	
<p><b>9. Equality impact assessment</b></p>	<p>BB advised the group that an equalities impact assessment would be completed, for the following reasons:</p> <ul style="list-style-type: none"> <li>• To confirm that equality issues identified have been considered and appropriately addressed.</li> <li>• To ensure that the outputs do not discriminate against any of the equality groups</li> <li>• To highlight planned action relevant to equality</li> <li>• To highlight areas where statements may promote equality</li> </ul> <p>BB asked the group to highlight any new specific issues. The TEG reminded the NICE team to bear in mind ‘written information’ and the issues that surround this. The TEG asserted that they had been mindful of equality issues throughout the quality standard development process.</p>	<p>BB to include ‘written information’ in the equalities impact assessment.</p>

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<b>10. Next steps</b>	<p>JH 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 further organisations in which they stated they would contact.</p> <p>TSm 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 caesarean section. TSm explained to the group that the NICE team would forward them a link to the NHS Commissioning Board website for information.</p>	<p>JH to send TEG members endorsement information for them to send to their relevant contacts.</p> <p>NICE team to send the TEG a link to the NHS Commissioning Board website.</p>
<b>11. AOB</b>	MG thanked the group for their hard work and closed the meeting.	