**National Institute for Health and Care Excellence**

**Quality Standards Advisory Committee 2 meeting**

**Date: Tuesday 11 April 2023**

**Alcohol use disorders – review of stakeholder feedback**

**Minutes:** Final

**Quoracy:** The meeting was quorate.

**Attendees**

**Quality Standards Advisory Committee 2 standing members:**

Sunil Gupta (Chair), Anica Alvarez Nishio (vice Chair), Jane Putsey, Mark Temple, Peter Hoskin, John Jolly, Julia Gallagher, Murugesan Raja, Ruth Studley, Devina Maru

**Specialist committee members:**

Anthony Gartland, Steven Masson, Julia Lewis, Roya Vaziri, Annette Furley, James Halls

**NICE staff**

Mark Minchin (MM), Craig Grime (CG), Daniel Smithson (DS), Jamie Jason (notes), Rosalee Mason (host)

**NICE observers**

Nicola Cunliffe, Jessica Bailey

**Apologies**

Nick Screaton, Nadim Fazlani, Ivan Benett, Steve Hajioff, Lindsay Rees, Moyra Amess, Rachael Ingram, Michael Varrow

1. **Welcome, introductions objectives of the meeting**

The Chair welcomed the attendees and public observers, and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the meeting, which was to review stakeholder feedback.

1. **Confirmation of matter under discussion and declarations of interest**

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was:

* Identification and referral
* Assessment in specialist alcohol services
* Assisted alcohol withdrawal
* Intervention after successful withdrawal

The Chair asked standing QSAC members to declare verbally any interests that have arisen since the last meeting and all interests specifically related to the matters under discussion. The Chair asked the specialist committee members to verbally declare all interests.

1. **Minutes from the last meeting**

The committee reviewed the minutes of the last QSAC 2 meeting held on 15 November 2022 for alcohol use disorder update and noted that on page 2 the PH guidance should say PH24 not PH22.

1. **Recap of prioritisation meeting and discussion of stakeholder feedback**

DS provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the alcohol use disorders update draft quality standard.

DS summarised the significant themes from the stakeholder comments received on the alcohol use disorders update draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.

**Discussion and agreement of amendments required to quality standard**

**Draft statement 1: People who are being asked about their alcohol use have a validated alcohol questionnaire completed to identify any need for intervention.**

The committee felt that identifying intervention needs of family and carers was important. It was highlighted that often the person closest to people with alcohol use disorders need support, this may not always be family members or carers.

The committee noted that staff expertise with the questionnaire is needed but recognised that training in generally is outside of scope of NICE quality standards.

It was pointed out that there is currently an alcohol clinical guideline being created by DHSC (with OHID providing secretariat) and that wherever possible the NICE quality standard should align to avoid possible confusion across the system.

It was noted that the statement should explain the interventions that may be needed in more detail. The committee also noted that there could be accessibility issues to consider when filling out the questionnaire and that the statement should be clear that it is only filled out alone if the person is able.

The committee noted that the appropriate validated questionnaire for each age group wasn’t clear, and that children and young people may require a different version than adults.

The committee discussed that the time it takes for referral to specialist alcohol services is too long in current practice. The committee noted that capacity of provision differs regionally, but agreed this is an opportunity for quality improvement. The committee highlighted that not everyone will want a referral, and that sometimes just the information in a brief intervention is helpful.

The committee discussed whether the statement was measurable. It was agreed that the statement was measurable and frequently people presenting at secondary care complete a questionnaire.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE team to check age appropriateness of referenced tools.

ACTION: NICE team to strengthen the reference to family / carers and training

**Draft statement 2: People seeking help for an alcohol-use disorder are given information and support to access community support networks and self-help groups.**

The committee noted again that the link to people close to them including families and carers could be strengthened and that ‘support to access’ needed to be clarified. The committee highlighted an equality issue for homeless people who will find it hard to access services.

The committee highlighted that people seeking help require different support to access the networks and groups. People will be at different stages in their recovery, and some might require referral while others may only need information.

The committee was concerned with the routine data collection for the outcome measure. There is no national data collected or published, or consistent recording in patient records.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE team to remove the current outcome measure and consider alternatives.

ACTION: NICE team to include people experiencing homelessness in equality and diversity considerations.

**Draft statement 3: Adults seen by specialist alcohol services have a brief triage assessment that includes comorbidities and associated risks.**

The committee suggested changing the statement wording to be more holistic, such as "assess people’s health needs and associated risks” as opposed to comorbidities.

The committee pointed out that there was already NICE guidance on liver disease and suggested addition of a reference to it in this statement.

The committee were concerned that children and young people weren’t included in this statement. NICE guidance does not include brief triage assessments for children and young people, only comprehensive assessments, and while the principle is similar the definitions are different. It was also noted that children and young people are unlikely to develop liver disease.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE team to amend statement wording to highlight holistic approach of brief triage assessment.

ACTION: NICE team ensure the liver disease quality standard is signposted to.

**Draft statement 4: People in acute alcohol withdrawal in hospital are assessed and monitored following locally specified protocols.**

The committee highlighted that people will present in hospital when stopping alcohol use for various reasons. It was noted that there is often a stigma attached to people who frequently attend hospital in acute alcohol withdrawal. It was noted that not all hospitals have access to alcohol care teams. The committee noted that there should be a hand over to the community when discharged from hospital to prevent a relapse.

The committee discussed how to define successful withdrawal. It was noted that avoiding complications, critical care needs and DTs would be the main indicators. The committee suggested adding reference to Wernicke’s encephalopathy as another element to be managed as part of withdrawal.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE to amend definitions based on specialist committee member input.

ACTION: NICE team consider how reference to Wernicke’s encephalopathy can be made.

**Draft statement 5: People with moderate or severe alcohol dependence are offered psychological and, if appropriate, pharmacological interventions, to prevent relapse following a successful unplanned withdrawal.**

The committee highlighted that Dame Carol Blacks ten-year from harm to hope strategy should be improving capacity in this area, including through a rise in LEROs (Lived Experience Recovery Organisations).

The committee pointed out that the three medications suggested for addition in a consultation comment are used for withdrawal which is different to preventing relapse, and therefore should not be included. There was a suggestion of Baclofen as a possible addition to the list of medications in the definition. The committee noted that some medications may only be able to be prescribed by specialised services, and therefore not by GPs.

The committee highlighted the importance of timing of interventions, and that help needs to be given as soon as possible. The committee suggested a timeframe of two weeks, ideally shorter, for psychological interventions. This is not in the guideline, however CG suggested noting it as an aspirational timescale. The committee agreed it is key that there is a plan in place when being discharged, and that pharmacological interventions should be included in this.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE team to amend wording in audience descriptor that says psychological **or** pharmacological interventions and review the medications.

ACTION: NICE team to try and add reference to providing a discharge plan including medication and community support.

1. **Additional quality improvement areas suggested by stakeholders at consultation**

The following areas were not progressed for inclusion in the final quality standard as the committee agreed that they were not a priority in relation to the five quality improvement areas already included:

Opportunistic screening of alcohol use disorders, including screening of alcohol use disorders and brief interventions in care homes

Referral to specialist alcohol services

Assessment and treatment for older people with alcohol use disorders

Comprehensive assessment by validated tools for children and young people

Long term physical health needs

1. **Resource impact**

The committee considered the resource impact of the quality standard.

The committee noted that peer led groups have minimal impact on health and social care funding and may be a disinvestment opportunity. They highlighted that alcohol care teams will improve care and save money in the long run.

1. **Equality and Diversity**

The committee noted the following as considerations for the quality standard:

Children in care

People within the criminal justice system

Impact of rural exclusion

Stigma within health and social care services

Ethnicity

LGBTQI

Low-income individuals

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

1. **Any other business**

None

**Close of meeting**