NICE National Institute for Health and Care Excellence

Quality Standards Advisory Committee 3

Older people with social care needs and multiple long term conditions – post consultation meeting

Intravenous fluid therapy in children and young people in hospital – post consultation meeting

Minutes of the meeting held on Wednesday 22 June 2016 at the NICE offices in Manchester

Attendees	**Standing Quality Standards Advisory Committee (QSAC) members** Hugh McIntyre [Chair], Jim Stephenson, Eve Scott, Malcolm Fisk, Darryl Thompson, David Pugh, Ben Anderson, Lauren Aylott, Ann Nevinson, Margaret Goose, Susannah Solaiman, Deryn Bishop, Gillian Parker, Geeta Kumar, Ulrike Harrower, Martin Siddorn, Keith Lowe **Specialist committee members** **Older people with social care needs and multiple long term conditions** Ann Workman, Manoj Mistry, Peter Sims, Derry Kelleher, Julie Blake **Intravenous fluid therapy in children and young people in hospital** Peter Crean, Chris Gildersleve, Peter Wilson, Jan Dudley, Claudia Fisher, Debbie Evans **NICE staff** Items 1 to 11 - Mark Minchin (MM), Craig Grime (CG), Christina Barnes (CB) Items 1 to 6 – Melanie Carr (MC) Items 7 to 11 - Nicola Greenway (NG) **NICE observers** Vimal Sriram (NICE Fellow)
Apologies	**Standing Quality Standards Advisory Committee (QSAC) members** Karen Ritchie, Jan Dawson, Madhavan Krishnaswamy, Matthew Fay, Rhian Last, Julia Thompson **Specialist committee members** **Older people with social care needs and multiple long term conditions** Teresa Morris, Bernard Walker

	Intravenous fluid therapy in children and young people in hospital None

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day (private session)	The Chair welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and reviewed the agenda for the day.	
2. Welcome and code of conduct for members of the public attending the meeting (public session)	The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow. It was stressed that they were not able to contribute to the meeting but were there to observe only. They were also reminded that the committee is independent and advisory therefore the discussions and decisions made today may change following final validation by NICE's guidance executive. The Chair presented Margaret Goose, lay member with a card which has been signed by all committee members as a thank you for her contribution to the work undertaken with QSAC 3. The committee members wished her well in her future ventures. The Chair welcomed new standing members to QSAC 3. Keith Lowe who will be representing social care, Martin Siddorn who will be representing commissioners and Ulrike Harrower who has transferred from QSAC 2 to QSAC 3 and she will be representing public health.	
3. Committee business (public session)	**Declarations of interest** The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. The Chair asked the specialist committee members to declare all interests. The following interests were declared: <u>Standing committee members</u> • Margaret Goose declared she was a Vice-President and former Chief Executive of The Stroke	

Agenda item	Discussions and decisions	Actions
	Association. • Gillian Parker declared that she has received a number of NIHR research grants in areas relevant to the topic. She has recently reviewed the progress report of a research unit at the University of Luxembourg, for which she received payment from the European Science Foundation. • Susannah Solaiman declared that she is the integrated lead for Tower Hamlets. <u>Specialist committee members</u> Derry Kelleher declared that he is a voluntary member of Healthwatch Norfolk and takes part in their projects. **Minutes from the last meeting** The committee reviewed the minutes of the last meeting held on Wednesday 18 May 2016 and confirmed them as an accurate record subject to the following amendment: Page 5 – **Allocating resources** The committee discussed resource allocation and it was recognised that some of the structures for allocating resources such as Joint Strategic Needs Assessment may, at times, not be conductive for supporting community engagement. Should read: **Allocating resources** The committee discussed resource allocation and it was recognised that some of the structures for allocating resources such as Joint Strategic Needs Assessment may, at times, not be conducive for supporting community engagement. A committee member stated that during the last meeting it was raised that stakeholder engagement for both topics was poor and it was requested that committee members review the stakeholder list and identify any other organisations that we should try to engage with to maximise inclusiveness. They felt that this should be reflected as an action within the minutes of the last meeting.	**NICE Team to make minor revision to minutes prior to publication.**
4. QSAC updates	**Management Changes** MM informed the committee that there will be some management changes within the NICE team. From 1st July Dr Judith Richardson will be the NICE Programme Director with responsibility for the quality standards and indicators work programmes, MM also advised the committee that there will be a wider organisational management of change process	

Agenda item	Discussions and decisions	Actions
	commencing in September 2016 but assured the committee that they will be kept up to date of any further changes. **Skin cancer QS** MM advised the committee that due to the complexity of the skin cancer topic, further consultation has taken place with specialist committee members and it is currently being reviewed by both the specialist committee members and the colleagues from the Royal College of General Practitioners. MM informed the committee that this will be presented to the QSAC prior to the publication in September 2016. The chair requested that the updated skin cancer quality standard be presented at the next QSAC meeting as it will be a half day meeting, the update could be added to agenda following the morning session. It would be a good opportunity for standing members to be updated of the changes. MM agreed to present a summary of the updated skin cancer quality standard at the next meeting,	**NICE Team to present updated skin cancer QS at the next meeting and ensure meeting timings are communicated to standing committee members.**
5.1 Recap of prioritisation exercise	**Older people with social care needs and multiple long term conditions** MC presented a recap of the areas for quality improvement discussed at the first QSAC meeting. At the first QSAC meeting on Wednesday 17 February 2016 the QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard: • Comprehensive assessment of care needs • Care planning • Care co-ordinator • Providing information • Technology and telecare The rationale for these decisions is available in the prioritisation meeting minutes which can be found here: https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Quality-Standards-Advisory-Committee/QSAC3/qsac3-minutes-17-feb-16.pdf	

Agenda item	Discussions and decisions	Actions
5.2 and 5.3 Presentation and discussion of stakeholder feedback and key themes/issues raised	MC presented the committee with a report summarising consultation comments received on older people with social care needs and multiple long term conditions. The committee was reminded that this document provided a high level summary of the consultation comments, prepared by the NICE quality standards team, and was intended to provide an initial basis for discussion. The committee was therefore reminded to also refer to the full list of consultation comments provided throughout the meeting. The committee was informed that comments which may result in changes to the quality standard had been highlighted in the summary report. Those comments which suggested changes which were outside of the process, were not included in the summary but had been included within the full list of comments, which was within the appendix. These included the following types of comment: • Relating to source guidance recommendations • Suggestions for non-accredited source guidance • Request to broaden statements out of scope • Inclusion of overarching thresholds or targets • Requests to include large volumes of supporting information, provision of detailed implementation advice • General comments on role and purpose of quality standards • Requests to change NICE templates The committee discussed some confusion amongst stakeholders as to the target population of the quality standard and agreed that more emphasis should be placed on the presence of social care needs. A separate guideline (September 2016) and quality standard will focus on the clinical assessment and management of multimorbidity. The committee discussed frailty and its possible inclusion as a long term condition. It was explained that the current definition of multiple long term conditions does not explicitly include nor exclude frailty. It was agreed specific actions related to frailty were being addressed by the multimorbidity quality standard which is focused on clinical management rather than social care for people with multiple long term conditions. The committee discussed the inclusion of younger people and agreed the introduction should be clearer about the inclusion of younger people with complex needs. The committee discussed the inclusion of family and carers. Some stakeholders felt the quality standard did not adequately acknowledge the support provided by family and carers. MC explained that, as a	

Agenda item	Discussions and decisions	Actions
	general rule, family and carers are not included in individual quality statements unless they are the specific focus. However, it was agreed the more reference should be made to family and carers in the supporting text.	
5.4 Discussion and agreement of final statements	The committee discussed each statement in turn and agreed upon a revised set. **These statements are not final and may change as a result of the editorial and validation processes.**	
	Draft Quality Statement 1: Older people with multiple long term conditions having a social care needs assessment discuss their physical and mental health needs. The committee discussed suggestions to explicitly include sensory impairment. The committee felt that sensory impairments should be covered under the umbrella of the physical and mental health needs but agreed that sensory needs should also be identified within the equality impact assessment. The committee stressed the importance of retaining a patient centred focus and requested that it be emphasised within the rationale of the statement. It was also felt the importance of multi-agency working or multiple disciplinary teams, as well as carers, should be included within the rationale. The committee noted consultation comments that the statement would not address variation in referrals for social care needs assessment. However without specific criteria on who should be referred, other than by using professional judgement, it would not be possible to develop a statement on this part of the pathway. It was queried whether people who would ultimately fund their own social support still receive a social care needs assessment from the local authority. It was confirmed that the duty to carry out a needs assessment applies regardless of the authority's view of the level of the person's financial resources. The committee discussed comments that the statement places the burden on the individual and suggested changing the wording of the statement to 'that includes' rather than 'discuss'.	**The NICE team to progress the quality statement**
	Draft Quality Statement 2: Older people with multiple long term conditions having a social care needs assessment are given information about the services that can help them, the cost of these services and how they can be paid for. The committee discussed the statement and agreed to emphasise a person centred focus. It was suggested that in addition to the giving of information, it is important that understanding and interpretation is correct and people are informed of the options that are available. The committee noted that provision of	**The NICE team to progress the quality statement**

Agenda item	Discussions and decisions	Actions
	information is a requirement of the Care Act but this statement gives detailed definitions and include those who self-fund social care.	
	Draft Quality Statement 3: Older people with multiple long term conditions and social care needs have a named care co-ordinator. The committee discussed consultation queries on whether this would be a new role or be carried out as part of an already established role. The committee noted the guideline wording and agreed that this would generally be a professional already involved in the care of the individual and with a good understanding of their requirements. The committee suggested changing the wording of the statement to 'named individual to coordinate the care'. The NICE team advised that the quality standard should mirror the guideline. The committee discussed the term "social care needs". Some stakeholders had felt this was a disempowering phrase that should be replaced with the phrase "care and support needs". MC explained that there are other NICE products in development to which the comment would also apply. The committee felt the wording should match the Care Act, however it would be for NICE to decide upon one consistent approach. The committee discussed the population and queried whether this statement was for all people with social care needs or only those matching the eligibility criteria as outlined in the Care Act. The committee agreed that to identify a measurable population, the statement will apply only to those matching the eligibility criteria. The committee noted the guideline recommendation was specifically part of the care planning phase. The committee noted this was not eligibility for financial assistance.	**The NICE team to progress the quality statement**
	Draft Quality Statement 4: Older people with multiple long term conditions and social care needs have a jointly agreed health and social care plan that identifies how their personal priorities and outcomes will be met. The committee discussed the content of care plans and the requirement for a signature. The committee agreed that a signature was necessary from both the professional and individual (or their advocate). It was suggested that signing the plan demonstrates agreement to the content, provides more ownership and helps support engagement. It was suggested that the rationale of the statement could emphasise the	**The NICE team to progress the quality statement**

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	intention of ownership and signing as well as the person centred approach. The committee requested that “identifies” be changed to “documents”, however the NICE team suggested “includes” may be preferable.	
	Draft Quality Statement 5: Older people with multiple long term conditions and social care needs have a review of their personal health and social care plan at least annually. The committee discussed consultation comments that the review be more responsive than an annual. However, it was that an annual review is reflective of the Care Act and is measurable.	**The NICE team to progress the quality statement**
	Additional areas suggested by stakeholders **Carers assessments** The committee agreed that carer’s assessment are covered under the Care Act. However it may be useful to include reference in the introduction to the quality standard and in the rationale of quality statement 5. **Access to a comprehensive geriatric assessment** The committee discussed referral for comprehensive geriatric assessment. The NICE team identified a relevant recommendation however it is a ‘consider’ recommendation with no clearly identifiable population for which the referral should always take place. It was agreed not to progress a quality statement in this area. This topic may be considered by the multimorbidity quality standard.	
5.5 Resource Impact	The committee discussed the resource impact of the older people with social care needs and multiple long term conditions quality standard. It was noted there may be some additional costs relating to establishing processes but these could result in cost savings in the long term.	
5.6 Overarching outcomes	**The NICE team explained that the quality standard would describe overarching outcomes that would be improved.** Additional outcomes suggested were independent living at home (in line with the international consortium for health outcomes measurements) and out of hospital care.	
5.7. Equality and diversity	The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the committee to consider any relevant issues. . The committee identified further equality considerations:	

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	• Sensory loss i.e. hearing and sight loss • Communication difficulties • Age and appropriate language around sexuality.	
6. Next steps and timescales (part 1 – open session)	The NICE team outlined what will happen following the meeting and key dates for the older people with social care needs and multiple long term conditions quality standard.	
7.1 Welcome, introductions and plan for the day (private session)	**IV fluid therapy in children and young people** The Chair welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and reviewed the agenda for the day.	
7.2. Welcome and code of conduct for members of the public attending the meeting (public session)	No public attendees.	
8. Committee business (public session)	**Declarations of interest** The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. The Chair asked the specialist committee members to declare all interests. The following interests were declared: <u>Standing committee members</u> • None to declare. <u>Specialist committee members</u> • Jan Dudley declared that she had attend the International Paediatric Nephrology Association conference in Shanghai which had been funded by the Alexion pharmaceutical company.	
9.1 Recap of prioritisation	NG presented a recap of the areas for quality improvement discussed at the first QSAC meeting for intravenous fluid therapy in children and young people in hospital	

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exercise	At the first QSAC meeting on Wednesday 17 February 2016 the QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard: • Assessment and monitoring • Type of fluids • Governance It was agreed that the following areas would not be progressed: hypernatraemia and hyponatraemia The full rationale for these decisions is available in the prioritisation meeting minutes which can be found here: https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Quality-Standards-Advisory-Committee/QSAC3/qsac3-minutes-17-feb-16.pdf	
9.2 and 9.3 Presentation and discussion of stakeholder feedback and key themes/issues raised	NG presented the committee with a report summarising consultation comments received on intravenous fluid therapy in children and young people in hospital. The committee was reminded that this document provided a high level summary of the consultation comments, prepared by the NICE quality standards team, and was intended to provide an initial basis for discussion. The committee was therefore reminded to also refer to the full list of consultation comments provided throughout the meeting. The committee was informed that comments which may result in changes to the quality standard had been highlighted in the summary report. Those comments which suggested changes which were outside of the process, were not included in the summary but had been included within the full list of comments, which was within the appendix. These included the following types of comment: • Relating to source guidance recommendations • Suggestions for non-accredited source guidance • Request to broaden statements out of scope • Inclusion of overarching thresholds or targets • Requests to include large volumes of supporting information, provision of detailed implementation advice • General comments on role and purpose of quality standards • Requests to change NICE templates The committee requested that term neonates needed to be made clearer within the statements and	

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	confirmed all statements were applicable for this group. The NICE team agreed to reflect this in all relevant statements.	**The NICE team to include reference to 'term neonates' in all statements**
9.4 Discussion and agreement of final statements	The committee discussed each statement in turn and agreed upon a revised set. These statements are not final and may change as a result of the editorial and validation processes.	
	Draft Quality Statement 1: Children and young people receiving intravenous (IV) fluid therapy have their fluid balance and electrolyte status assessed. NG informed the committee that the standardised chart discussed at the prioritisation meeting is still undergoing NICE endorsement, and it is unlikely it will be available for the publication of the quality standard. NG informed the committee that the statement has been written so reference to the standardised chart can be added at a later date. The committee discussed how to make the statement more focussed and suggested splitting the statement, having one on electrolyte status and glucose and a second on fluid balance status. It was agreed that it is important to assess electrolytes status and glucose upon the initiation of intravenous therapy and at least every 24 hours, and to check the fluid balance on initiation and at least every 12 hours. The committee highlighted that the two statements are linked and suggested that the introduction include the concept that these assessments are part of a package of care. The committee also suggested that a caveat be included to state an exception for those children and young people undergoing elective surgery. The committee discussed the rationale with reference the standardised chart and suggested that a structure measure be changed to state evidence of standardised assessment.	**The NICE team to progress the 2 quality statements**
	Draft Quality Statement 2: Children and young people receiving intravenous (IV) fluids for fluid resuscitation are not given hypotonic fluids or glucose-containing fluids. The committee discussed whether the statement should be phrased as a positive statement. The committee requested that this statement remain unchanged as it is a key 'do not do' statement which they felt could have been lost in a positive worded statement. The committee suggested that the rationale could	**The NICE team to progress the quality statement**

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	emphasise the avoidance of the adverse consequences. They confirmed this was not already standard practice and therefore a key area for quality improvement. The committee also discussed consultation comments on the rationale and whether it should highlight the earlier signs of hyponatraemia as well as the late signs. The committee agreed the action would help prevent the earlier signs of hyponatraemia but felt the focus should be on the on the late signs of hyponatraemia as these have a greater impact on patient mortality and morbidity.	
	Draft Quality Statement 3: Children and young people receiving intravenous (IV) fluids for routine maintenance are not given hypotonic fluids as the initial fluid. The committee discussed comments similar to those received for statement 2 and suggestions to reword into a positive statement. However it was agreed that the statement remain unchanged. The committee stressed that this could not be changed to a positive statement as different fluids are given to neonates compared to children and young people and they felt that the current statement covered everything. The committee requested that the rationale be made clearer to reflect that a hypotonic fluid with the addition of dextrose does not result in an isotonic fluid. Reference should be made to the table within the guideline on the correct fluid. It was therefore agreed to progress the statement.	**The NICE team to progress the quality statement**
	Draft Quality Statement 4: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, audit and review of IV fluid prescribing, and patient outcomes. The committee discussed the statement and suggested that this could be the same lead as for adults as highlighted in the adult quality standard on intravenous fluid therapy. They discussed whether this person should have expertise in child health but agreed this was not necessary as long as they had support from the paediatric team which could be highlighted in the rationale and definitions sections. The committee agreed the statement should remain unchanged. It was therefore agreed to progress the statement.	**The NICE team to progress the quality statement**

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	Additional areas suggested by stakeholders **Pre mixed solutions** The committee discussed the use of premixed solutions and agreed that there were benefits to not having to mix your own but the evidence was lacking particularly in relation to children and young people. The committee agreed this topic had already been discussed at the prioritisation meeting and was not pursued as an area for improvement. It was therefore agreed not to progress a statement in this area.	
9.5 Resource Impact	The NICE team examined the resource impact of the intravenous fluid therapy in children and young people in hospital quality standard. The committee agreed the quality standard would not save nor require significant additional money so would likely be cost neutral and possibly generate some savings.	
9.6 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing the quality standard on intravenous fluid therapy in children and young people in hospital. The committee stated that patient safety incidents and adverse events resulting from errors in IV fluid therapy are the same thing and therefore only one needed to be included.	
9.7 Equality and diversity	The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the committee to consider any relevant issues. The committee noted that religion was not an appropriate reason to deny provision of fluids. This is an issue of safety and where necessary a court order could be requested in the interest of the child or young person.	
10. Next steps and timescales (part 1 – open session)	The NICE team outlined what will happen following the meeting and key dates for the intravenous fluid therapy in children and young people in hospital quality standard.	
11. Any other business (part 2 –	The following items of AOB were raised:	**The NICE team to finalise timings for the next**

Agenda item	Discussions and decisions	Actions
Private session)	• **Timing of next meeting** The chair requested the NICE team to circulate timings of the next meeting to the standing committee members to include the discussions around the updated skin cancer quality standard and enable clarity around travel requirements. The chair thanked the specialist committee members for their input into the development of this quality standard. **Date of next QSAC3 meeting: Wednesday 20 July 2016 – coeliac disease (half day only)**	**meeting and circulate to standing members.**