Quality Standards Advisory Committee 2

Head and neck cancer – prioritisation meeting

Children's attachment – post-consultation meeting

Minutes of the meeting held on Thursday 14th July at the NICE offices in Manchester

Attendees	**Standing Quality Standards Advisory Committee (QSAC) members** Michael Rudolf [Chair], Barry Attwood, Gillian Baird, Ashok Bohra, Guy Bradley-Smith, Julie Clatworthy, Michael Fairbairn, Jean Gaffin, Malcolm Griffiths, Corrine Moocarme, Anita Sharma, Amanda Smith, Ruth Studley **Specialist committee members** **Head and neck cancer –** Malcolm Babb, Cyrus Kerawala, Laurence Newman, Sarah Orr, Martin Robinson, Wai Lup Wong **Children's attachment –** Joanne Alper, Tony Clifford, Kim Golding, Jonathan Green, Cheryl Kimber **NICE staff** Nick Baillie (NB), Esther Clifford (EC) [agenda items 10-19], Craig Grime (CG) [agenda items 10-19], Julie Kennedy (JK) [agenda items 1-9], Anneka Patel (AP) [agenda items 1-9], Alison Tariq [agenda items 10-19], Eileen Taylor (ET) [agenda items 1-9] **Topic expert advisers** None **NICE Observers** None
Apologies	**Standing Quality Standards Advisory Committee (QSAC) members** Anjan Ghosh, Jim Greer, Robyn Noonan, Tessa Lewis **Specialist committee members** **Head and neck cancer –** none **Children's attachment –** Jane Barlow, June Leat

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 introduced Corrine Moocarmbe as a new standing committee member to QSAC2. 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.	
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> • None to declare <u>Specialist committee members</u> • Malcolm Babb declared that he is the President of the National Association of Laryngectomee Clubs, which is a registered charity providing information and support to patients and clinicians. • Sarah Orr declared that she is a committee member of British Association of head and neck oncology nurses and committee member of cancer nursing partnership • Wai Lup Wong declared that he is a PET CT clinical guardian at NHS England and PET CT clinical reference group chair at NHS England. **Minutes from the last meeting** The committee reviewed the minutes of the last meeting held on Thursday 9th June and confirmed them as	

Agenda item	Discussions and decisions	Actions
	an accurate record.	
4. QSAC updates	NB advised there were no general QSAC updates.	
5 and 5.1 Topic overview and summary of engagement responses	ET and JK presented the topic overview and a summary of responses received during engagement on the topic. ET advised that the quality standard would be using two key development sources, NICE guideline NG36 and CSG6, which appears on the static guideline list. ET highlighted that there had been a typing error in the briefing paper whereby CSG6 was referred to as CSG36. ET reiterated to the committee that there were only two guidelines for consideration and apologised for the error.	
5.2 Prioritisation of quality improvement areas	The Chair and ET led a discussion in which areas for quality improvement were prioritised. The QSAC considered the draft areas as outlined in the briefing paper prepared by the NICE team. ET asked committee to consider the following resource impact question when prioritising quality statements: *Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources required to deliver them?* The Chair also reiterated that the briefing paper was to focus the discussions, grouping together the stakeholder comments and going through each area to ascertain if it should be prioritised as an area for quality improvement.	
5.3 Prioritised area – Investigation	Stakeholders had commented that restorative dentistry is very poorly represented in MDTs across the country. However specialist committee members stated that there was adequate Maxillofacial specialist representation at MDTs. Therefore, it was stated that a restorative dentist did not need to be present at all MDTs and that their time would be better utilised in clinics. The committee discussed the meaning of the phrase 'MDT' as it covers both aspects of the meeting with all specialists prior to treatment, as well as the clinic where treatment is discussed with the patient The committee agreed that there was currently adequate representation of all specialities in both of these environments so the area was therefore not progressed. **Systemic staging** The Chair asked a specialist committee member to define the difference between CTs, PET-CTs, FDG PET-CTs, and MRIs for the benefit of non-clinical committee members. The committee had a discussion	**NICE team to develop a statement on staging using FDG PET-CT (NG36 rec. 1.2.9 and 1.2.10)**

Agenda item	Discussions and decisions	Actions
	around the access to PET scans and it was noted that there was good access, with 80% availability within 30mins travel time and 100% within a one hour travel time. . The specialists advised the committee that a statement on this area is needed in order to ensure that the sub-groups of people who need a staging FDG PET-CT scan receive one, and that people who do not need one do not get it unnecessarily. It was agreed that a statement would be drafted stating that those people identified in recommendations 1.2.9 and 1.2.10 should be offered FDG PET-CT scans for staging, but acknowledging that other groups of patients may need conventional imaging for systemic staging. **FDG PET-CT to detect primary site** The committee agreed that this area should not be progressed because the need to do this is rare and the guideline contains only a 'consider' recommendation. **FDG PET-CT for detection of residual disease** The committee agreed that this is not a priority area as there is currently little published evidence around it and it is not included in a NICE / NICE accredited guideline.	
5.4 Prioritised area – Treatment of early disease	**Sentinel lymph node biopsy** A specialist committee member explained the process undertaken for a sentinel lymph node biopsy (SLNB) and highlighted that it is less time consuming and invasive for the patient than having a neck dissection. This procedure identifies those patients who do require surgery to remove lymph nodes. Currently, the majority of services perform neck dissection on all patients, but only approximately 20% of these patients are found to have cancer in the lymph nodes meaning that approximately 80% of patients have unnecessary surgery. Utilising SLNB would avoid this unnecessary intervention and identify only those that did need lymph node dissection. A committee member highlighted a concern about patients having to wait for treatment, as there are currently only four centres in the country which can perform SLNB. The committee noted that the benefits of 80% of patients not undergoing unnecessary invasive surgery outweighed the potential extra waiting time for the 20% that did subsequently need surgery, and specialist committee members were able to confirm that there is no evidence to suggest that the additional wait for those people identified as requiring an elective neck dissection was detrimental or adversely affected their outcome. A specialist committee member also advised that there is a separate working group developing a framework around SLNB. It is not yet clear whether SLNB will be carried out in a large number of centres across the country or only in designated specialist centres. However, this is a relatively new technique and	**NICE team to develop a developmental statement on sentinel lymph node biopsy (NG36 rec. 1.3.5)**

Agenda item	Discussions and decisions	Actions
	so training, equipment and service re-organisation may be needed to carry it out in addition to identifying the resources needed The committee therefore agreed to progress this as a developmental statement. **Patient choice of surgery or radiotherapy** The Chair began discussions by reminding the committee that there is already a quality standard titled patient experience in adult NHS services (QS15) and that the committee should only progress a statement on patient choice if it goes above and beyond what is already contained in QS15 and is specific for people with head and neck cancer. The committee agreed that it was important that patients should be offered a choice of surgery or radiotherapy where the outcomes of either treatment are similar. Although there is no evidence from current practice as to whether or not this was happening, it was felt that there may well be geographical inequalities as to whether this choice is being offered. It was agreed that the NICE team would develop a draft statement in this area, and ascertain how best this could be measured. **Access to comprehensive surgical reconstruction** The committee agreed that as there were no underpinning NICE recommendations this area will not be progressed. **Trans-oral robotic surgery (TORS)** The committee agreed that as there were no underpinning NICE recommendations this area will not be progressed.	**NICE team to develop a statement on patient choice of surgery or radiotherapy (NG36 rec. 1.3.2, 1.3.3, 1.3.6 and 1.4.1)**
5.5 Prioritised area – Optimising rehabilitation and function	**Dental rehabilitation** The committee agreed that although this was an important aspect of post treatment management, it would be difficult to write an effective statement based on the recommendations, and this in fact affects a small section of the population. It was therefore agreed that this area would not be progressed. **Enteral nutrition support** The committee noted that malnutrition is an important area for this specific patient group and it was highlighted that the impact of chemotherapy and radiotherapy on nutrition is high. The committee agreed that every patient with head and neck cancer should have their need for enteral nutrition support discussed within the MDT at diagnosis and therefore agreed to progress this area. The committee discussed whether this area is already adequately covered by the quality standard on Nutrition support in adults (QS24), but agreed that the statement for people with head and neck cancer will be more specific than the existing QS24.	**NICE team to develop a statement on enteral nutrition support (NG36 rec. 1.7.1)**

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	Best supportive care The committee agreed that as the guideline contains only a 'consider' recommendation this area would not be progressed. **Timely rehabilitation** The committee agreed that as the guideline contains only a 'consider' recommendation this area would not be progressed. **Community rehabilitation** The committee agreed that as the guideline contains only a 'consider' recommendation this area would not be progressed.	
5.6 Non-prioritised area – Information and support	**Information** The committee agreed that, as UK current practice highlights that this is not an area for quality improvement, it would not be progressed. **Named clinical nurse specialist** The committee agreed that as this area is already done well and is the focus of a statement within the Patient experience in adult NHS services quality standard, it would not be progressed.	
6. Resource impact	The NICE team identified the resource impact information from the cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over guideline throughout the meeting discussions.	
6.1 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on head and neck cancer. It was agreed that the committee would contribute suggestions as the quality standard was developed.	
6.2 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. It was agreed that the committee would contribute suggestions as the quality standard was developed.	
7. QSAC specialist	NB asked the QSAC to consider the constituency of specialist committee members on the group and	

Agenda item	Discussions and decisions	Actions
committee members (part 1 – open session)	whether any additional specialist members were required. The committee agreed that there was adequate representation on the group.	
8. Next steps and timescales (part 1 – open session)	ET outlined what will happen following the meeting and key dates for the head and neck cancer quality standard. The Chair thanked the specialist committee members for their input into the development of this draft quality standard.	
9. Any other business (part 1 – open session)	The following items of AOB were raised: • none **Date of next meeting for head and neck cancer QS:** Thursday 10th November 2016	
10. Welcome, introductions and plan for the day (private session)	The Chair welcomed the attendees for the children's attachment topic session and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and reviewed the agenda for the afternoon.	
11. Welcome and code of conduct for members of the public attending the meeting (public session)	There were no public attendees for the afternoon session.	
12. 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: Standing committee members	

Agenda item	Discussions and decisions	Actions
	• none Specialist committee members • Tony Clifford - part of group of virtual headteachers who recently submitted expression of interest to DFE innovation programme relating to research into children with unmet attachment needs. Member of Social Care Institute for Excellence topic expert group on improving mental health and emotional wellbeing support for children and young people in care. • Joanne Alper - manages agency which provides specialist attachment assessments, multidisciplinary teams and parenting programmes. Kim Golding requested that the spelling of her surname be checked across the published documents as it was not consistent.	**NICE team to check and correct spelling of KG's surname.**
13. Recap of prioritisation exercise	AT presented a recap of the areas for quality improvement discussed at the first QSAC meeting for children's attachment: At the first QSAC meeting on 10 March 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 of attachment difficulties – progressed • Supporting children in schools – progressed • Interventions for children - progressed • Interventions for parents and carers - progressed • Access to mental health services – not progressed AT then asked Tony Clifford to present an update on training in relation to education plans. He stated that the Department for Education (DfE) had now published their Framework Report for Core Content in Initial Teacher Training (ITT) which makes reference to awareness of how to identify attachment difficulties. Section 5 states "ITT providers should emphasise the importance of emotional development such as attachment issues and mental health on pupils' performance, supporting trainees to recognise typical child and adolescent development, and to respond to atypical development." The committee agreed that this should be referenced in the QS.	

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14. Presentation and discussion of stakeholder feedback and key themes/issues raised	AT presented the committee with a report summarising consultation comments received on children's attachment. 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	
15. 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 with attachment difficulties, and their parents or carers, have a comprehensive assessment before any referral to specialist services for an intervention. The committee discussed three elements of the statement, namely: which group of people are assessed; who does the assessment; and what the assessment should include. The committee agreed that the population of 'children and young people who may have attachment difficulties' was appropriate and agreed that it could be measured by looking at the people who have had an intervention and measuring whether they had the assessment before. It was not the purpose of this statement to identify those with attachment difficulties.	**NICE team to amend the statement and progress for inclusion in the final quality standard.**

Agenda item	Discussions and decisions	Actions
	The committee stated that the assessments are often undertaken by a multidisciplinary team and so agreed not to be proscriptive about this in the statement. The committee agreed that guideline recommendation 1.3.2 provided sufficient information on what the assessment should include and this could be incorporated into the definitions section of the statement. It was therefore agreed to progress the statement with amendments to take into account the stakeholder comments on the group being assessed and not proscribing who does the assessment..	
	Draft quality statement 2: Children and young people with attachment difficulties have an up-to-date education plan setting out how they will be supported in school. The committee discussed the statement wording and agreed no changes were required. The committee discussed stakeholder comments about clarifying the name and types of different education plans and agreed that it was important to specify what is in the plan, but not the name of it. The committee considered the update provided by Tony Clifford on the DfE Framework Report on Core Content in ITT in light of stakeholder comments on educational staff awareness of attachment and agreed this should be incorporated into the audience descriptors. The committee discussed the definition of the education plan and highlighted that it was essential to include the young person's voice to provide an account from the young person's perspective on their needs and abilities, and agreed that this would be added to the definitions. The committee discussed potential resource implications and agreed that personal education plans are already a requirement within care planning guidance and the special education need (SEN) reforms from 2014 onwards mean the statement would not have a resource impact. It was therefore agreed to progress the statement with amendments to the audience descriptors and definitions to take into account the stakeholder comments on clarifying education plans and educational staff awareness of attachment.	**NICE team to amend the statement and progress for inclusion in the final quality standard.**
	Draft quality statement 3: Parents and carers of preschool age children with or atb risk of attachment difficulties are offered a video feedback programme. The committee discussed the statement wording and agreed no changes were required.	**NICE team to amend the statement and progress for inclusion in the final quality standard.**

Agenda item	Discussions and decisions	Actions
	The committee discussed measurement of the statement, particularly the denominator. It was agreed the measure would be retrospective based on the population having receiving a comprehensive assessment. It was therefore agreed to progress the statement for inclusion in the final quality standard.	
	Draft quality statement 4: Health and social care provider organisations provide training, education and support programmes for carers of primary and early secondary school aged children and young people with attachment difficulties. The committee discussed the statement wording and agreed the term 'primary and early secondary school ages children' should be replaced with 'school-aged children'. The committee considered whether to include examples of training, education and support programmes and agreed that the list could be counter-productive to users of the QS and therefore should be removed. The committee agreed that data source should state school attendance and *exclusions*. It was therefore agreed to progress the statement with amendments to the statement wording, definitions and data sources to take into account stakeholder comments on access to training.	**NICE team to amend the statement and progress for inclusion in the final quality standard.**
	Additional areas suggested by stakeholders **Training for educational staff** – this issue would be covered by statement 2. **Attachment needs of looked-after young people and 18-25 year olds leaving care –** this was not prioritised by the committee as it is not within the scope of the underpinning guidance.	
16. Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on children's attachment. It was agreed that the committee would contribute suggestions as the quality standard was developed. The committee highlighted that the DfE, Association for Directors of Children's Services and National Council for Educational Research are producing social care indicators / overarching outcomes relating to care placement stability which could be signposted in the QS.	

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	The committee requested that 'educational achievement' be amended to 'education progress and attainment' in the list of overarching outcomes.	
17. 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. It was agreed that the committee would contribute suggestions as the quality standard was developed.	
18. Next steps and timescales (part 1 – open session)	AT outlined what will happen following the meeting and key dates for the children's attachment quality standard.	
19. Any other business	The following items of AOB were raised: • None raised. The Chair thanked the specialist committee members for their input into the development of this quality standard, **Date of next QSAC2 meeting:** Thursday 15 September 2016	