NICE National Institute for Health and Care Excellence

NICE quality standard

Multimorbidity

Quality standard

Published: 29 June 2017

www.nice.org.uk/guidance/qs153

Contents

This standard is based on NG56.

This standard should be read in conjunction with QS86, QS136, QS132, QS120, QS164, QS170, QS173, QS174, QS184 and QS187.

Quality statements

Statement 1 Adults with multimorbidity are identified by their GP practice.

Statement 2 Adults with an individualised management plan for multimorbidity are given opportunities to discuss their values, priorities and goals.

Statement 3 Adults with an individualised management plan for multimorbidity know who is responsible for coordinating their care.

Statement 4 Adults having a review of their medicines and other treatments for multimorbidity discuss whether any can be stopped or changed.

Quality statement 1: Identification

Quality statement

Adults with multimorbidity are identified by their GP practice.

Rationale

Identifying all adults with multimorbidity is the first step towards finding those who may benefit from an approach to care that takes account of multimorbidity. Multimorbidity is often associated with reduced quality of life, higher mortality, polypharmacy and high treatment burden, higher rates of adverse drug events, and much greater health services use. Some people with multimorbidity have conditions that significantly affect their everyday functioning. Some people find that managing their care is burdensome and involves a number of services working in an uncoordinated way.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence that GP practices identify all adults with multimorbidity.

Data source: Local data collection from service protocols.

Process

Proportion of adults with multimorbidity identified by the GP practice.

Numerator – the number in the denominator identified as having multimorbidity by the GP practice.

Denominator – the number of adults registered with the GP practice.

Data source: GP practice health records.

Outcome

Number of adults with multimorbidity identified by the GP practice who may benefit from an approach to care that takes account of multimorbidity.

Data source: GP practice health records.

What the quality statement means for different audiences

Service providers (GP practices) ensure that systems are in place to identify all adults with multimorbidity. Identification may be opportunistic during routine care or involve a systematic search of electronic health records.

Healthcare practitioners (such as GPs, practice nurses and practice managers) identify adults with multimorbidity proactively using health records and opportunistically during routine care. They record this information in health records.

Commissioners (NHS England) ensure that GP practices identify all adults with multimorbidity and have monitoring arrangements that show this is being done.

Adults with more than 1 long-term health condition, including a physical condition, are identified by their GP practice. The practice may do this by looking at health records or having discussions about health problems during routine appointments.

Source guidance

Multimorbidity: clinical assessment and management. NICE guideline NG56 (2016), recommendation 1.3.1

Definitions of terms used in this quality statement

Adults with multimorbidity

Adults with multimorbidity have 2 or more long-term health conditions where at least 1 of these conditions must be a physical health condition.

Long-term health conditions can include:

- defined physical and mental health conditions such as diabetes or schizophrenia
- ongoing conditions such as learning disability
- symptom complexes such as frailty or chronic pain
- sensory impairment such as sight or hearing loss
- alcohol and substance misuse.

People who have multiple mental health problems and no physical health conditions are not included because their care will be largely delivered by psychiatric services. [Adapted from NICE's guideline on multimorbidity, recommendation 1.1.1 and full guideline]

Identifying adults with multimorbidity

GP practices can identify adults with multimorbidity:

- opportunistically during routine care
- proactively using electronic health records.

[NICE's guideline on multimorbidity, recommendation 1.3.1]

Quality statement 2: Assessing values, priorities and goals

Quality statement

Adults with an individualised management plan for multimorbidity are given opportunities to discuss their values, priorities and goals.

Rationale

A person's values, priorities and goals can affect how they experience long-term health problems and how these affect their life. They can also affect their need for care and support. Discussing and exploring what is important to a person with multimorbidity, recording this in their individualised management plan, and sharing the information can ensure that the planning and delivery of care reflects personal preferences. A person's circumstances may change, so values, priorities and goals should be reviewed and updated.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults with an individualised management plan for multimorbidity are given opportunities to discuss their values, priorities and goals.

Data source: Local data collection from service protocols.

Process

Proportion of adults with an individualised management plan for multimorbidity whose plan

has a record of values, priorities and goals.

Numerator – the number in the denominator whose individualised management plan has a record of values, priorities and goals.

Denominator – the number of adults with an individualised management plan for multimorbidity.

Data source: Audit of patient's individualised management plans.

Outcome

Adults with an individualised management plan for multimorbidity feel that the decisions about their treatment have taken into account their values, priorities and goals.

Data source: Patient survey.

What the quality statement means for different audiences

Service providers (such as GP practices, district nursing services, community pharmacies, hospitals) ensure that staff providing care to adults with an individualised management plan for multimorbidity give them opportunities to discuss values, priorities and goals, and record these in the management plan.

Healthcare professionals (such as GPs, practice nurses, district nurses, community pharmacists) give adults with an individualised management plan for multimorbidity opportunities to discuss values, priorities and goals. They ask if the person would like a relative, friend or independent advocate to join the discussion; they explore if the person has any advance care plans or other preferences for care; they check throughout care if the person has any new or changed preferences. They record the discussions in the person's individualised management plan.

Commissioners (NHS England) ensure that they commission services that use individualised management plans to deliver and coordinate care for adults with multimorbidity, and that these include up-to-date details of personal values, priorities and goals.

Adultswith a management plan for multimorbidity are given chances to discuss what is important to them with a member of their care team. This includes their quality of life, their values, priorities and future life goals. Discussions are recorded in the plan so that all those providing care can take them into account.

Source guidance

Multimorbidity: clinical assessment and management. NICE guideline NG56 (2016), recommendation 1.6.7

Definitions of terms used in this quality statement

Individualised management plan for multimorbidity

A plan for a person's care that takes account of multimorbidity based on personalised assessment. The aim is to improve quality of life by reducing treatment burden, adverse events, and unplanned or uncoordinated care. The plan includes a person's individual needs, preferences for treatments, health priorities and lifestyle. It aims to improve coordination of care across services, particularly if this has become fragmented. [Adapted from NICE's guideline on multimorbidity]

Values, priorities and goals

These may include:

- maintaining independence
- undertaking paid or voluntary work, taking part in social activities and playing an active part in family life
- preventing specific adverse outcomes (for example, stroke)
- reducing harms from medicines
- reducing treatment burden
- lengthening life.

[NICE's guideline on multimorbidity, recommendation 1.6.7]

Equality and diversity considerations

Healthcare professionals should take into account the needs of adults who are less able to understand and express their values, priorities and goals (for example, those with learning disabilities, cognitive impairment or language barriers). They should also assess a person's knowledge, skills and confidence in managing their own health and care. Reasonable adjustments should be made such as providing information in a format that suits their needs and preferences, asking if a friend or relative should be involved, and providing access to an interpreter or advocate if needed. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's accessible information standard.

Quality statement 3: Coordination of care

Quality statement

Adults with an individualised management plan for multimorbidity know who is responsible for coordinating their care.

Rationale

Managing multiple long-term conditions can be difficult because of the complexity of the conditions and treatment options. An individualised management plan helps ensure that decisions about optimising treatment take account of a person's preferences, needs and priorities; and that the resulting actions are clear. A key aspect is agreement between the person with multimorbidity and the healthcare professional about who is responsible for coordinating care. It is important that the person feels comfortable with the decision and that this information is clearly recorded in the management plan. This can then be shared with healthcare professionals, a partner, family members and carers.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults with an individualised management plan for multimorbidity know who is responsible for coordinating their care.

Data source: Local data collection from service specifications.

Process

Proportion of adults with an individualised management plan for multimorbidity whose plan

states who is responsible for coordinating their care.

Numerator – the number in the denominator whose individualised management plan states who is responsible for coordinating their care.

Denominator – the number of adults with an individualised management plan for multimorbidity.

Data source: Audit of patient's individualised management plans.

Outcome

a) Number of adults with an individualised management plan for multimorbidity who feel they were involved in the discussion about who is responsible for coordinating their care.

Data source: Patient survey.

b) Number of adults with an individualised management plan for multimorbidity who know which healthcare professional is coordinating their care.

Data source: Patient survey.

What the quality statement means for different audiences

Service providers (such as primary care services) ensure that systems are in place for adults with an individualised management plan for multimorbidity to know who is responsible for coordinating their care, and to record this in the individualised management plan.

Healthcare professionals (such as GPs, practice nurses and practice pharmacists) agree who is responsible for coordinating care with adults with an individualised management plan for multimorbidity. They record this in the management plan, and share the plan with the person and (with the person's permission) other people involved in the care, including other healthcare professionals, a partner, family members and carers.

Commissioners (NHS England) commission services in which adults with an individualised

management plan for multimorbidity know who is responsible for coordinating their care and have this information recorded in the plan.

Adults with a management plan for multimorbidity are involved in deciding who is responsible for coordinating their care. This is recorded in their plan and the plan is given to the person, and if they wish, to family members and carers. Doing this will make sure everyone knows who will organise different parts of the care so that they work well together.

Source guidance

Multimorbidity: clinical assessment and management. NICE guideline NG56 (2016), recommendation 1.5.2 and 1.6.17

Definitions of terms used in this quality statement

Individualised management plan for multimorbidity

A plan for a person's care that takes account of multimorbidity based on personalised assessment. The aim is to improve quality of life by reducing treatment burden, adverse events, and unplanned or uncoordinated care. The plan includes a person's individual needs, preferences for treatments, health priorities and lifestyle. It aims to improve coordination of care across services, particularly if this has become fragmented. [Adapted from NICE's guideline on multimorbidity]

Quality statement 4: Reviewing medicines and other treatments

Quality statement

Adults having a review of their medicines and other treatments for multimorbidity discuss whether any can be stopped or changed.

Rationale

Once preferences and priorities have been explored and any burdens of treatment understood, a healthcare professional and patient can review medicines and other treatments and consider whether they are serving a person's interests. This review might lead to treatments being stopped or changed, or new treatments being started. A family member, friend, or independent advocate may help a person to explain their preferences and better understand their choices. Discussions should include agreement on how frequently future reviews should happen to take account of changes in circumstances.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults having a review of their medicines and other treatments for multimorbidity discuss whether any can be stopped or changed.

Data source: Local data collection from service protocols.

Process

Proportion of adults having a review of their medicines and other treatments for

multimorbidity who discussed whether any could be stopped or changed.

Numerator – the number in the denominator who discussed whether any treatments could be stopped or changed.

Denominator – the number of adults having a review of their medicines and other treatments for multimorbidity.

Data source: Audit of health records.

Outcome

a) Number of adverse events from medicines in adults with multimorbidity.

Data source: Audit of health records.

b) Adults having a review of their medicines and other treatments for multimorbidity feel that the decisions about their treatments have taken into account the outcomes they felt were important.

Data source: Patient survey.

c) Adults having a review of their medicines and other treatments for multimorbidity feel that their treatment burden is reduced.

Data source: Patient survey.

What the quality statement means for different audiences

Service providers (such as primary care services) ensure that reviews of medicines and other treatments for adults with multimorbidity include discussing whether any can be started, stopped or changed and the frequency of future reviews.

Healthcare professionals (such as GPs and practice nurses) discuss with adults having a review of their medicines and other treatments for multimorbidity whether any can be stopped or changed to better serve the person's interest. They agree a frequency for

ongoing reviews and record this in the individualised management plan.

Commissioners (NHS England) commission services in which adults having a review of their medicines and other treatments for multimorbidity discuss whether any can be started, stopped or changed and the frequency of future reviews.

Adults with multimorbidity who are having a review of their treatments with their GP or practice nurse discuss if some treatments can be stopped or changed. The aim of this is to improve the person's quality of life.

Source guidance

Multimorbidity: clinical assessment and management. NICE guideline NG56 (2016), recommendations 1.5.2 and 1.6.11

Definitions of terms used in this quality statement

Review of their medicines and other treatments for multimorbidity

A review of medicines and non-pharmacological treatments, such as diets and exercise programmes, that takes account of likely benefits and harms for the individual patient, and outcomes for the patient. [Adapted from NICE's guideline on multimorbidity, recommendation 1.5.2 and full guideline]

Multimorbidity

The presence of 2 or more long-term health conditions where at least 1 of these conditions must be a physical health condition.

Long-term health conditions can include:

- defined physical and mental health conditions such as diabetes or schizophrenia
- ongoing conditions such as learning disability
- symptom complexes such as frailty or chronic pain

- sensory impairment such as sight or hearing loss
- alcohol and substance misuse.

Multiple mental health problems and no physical health conditions are not included. Care for people with only mental health problems would largely be delivered by psychiatric services and is not covered by this quality standard.

[Adapted from NICE's guideline on multimorbidity, recommendation 1.1.1 and full guideline]

Stopped or changed

Stopping, changing or starting of medicines and non-pharmacological treatments. [Adapted from NICE's guideline on multimorbidity, recommendations 1.6.11 and 1.6.15]

Equality and diversity considerations

Healthcare professionals should take into account the needs of adults who may find it difficult to fully participate in a review of medicines and other treatments (for example, those with learning disabilities, cognitive impairment or language barriers). They should also assess a person's knowledge, skills and confidence in managing their own health and care. Reasonable adjustments should be made such as providing information in a format that suits their needs and preferences, and providing access to an interpreter or advocate if needed. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's accessible information standard.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-2541-4

Endorsing organisations

This quality standard has been endorsed by the following organisations, as required by the Health and Social Care Act (2012):

- Department of Health and Social Care
- NHS England

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of Nursing (RCN)
- British Geriatrics Society
- Older People's Advocacy Alliance
- Royal Pharmaceutical Society
- Royal College of General Practitioners (RCGP)