

Quality standards advisory committee 1 meeting

Date: 2 November 2017

Location: NICE office, Level 1a City Tower, Piccadilly Plaza, Manchester, M1 4TD

Morning session: Mental health of adults in contact with the criminal justice system – review of stakeholder feedback

Afternoon session: Parkinson’s disease – review of stakeholder feedback

Minutes: Draft

Attendees

Quality standards advisory committee 1 standing members:

Bee Wee (chair), Simon Baudouin, Gita Bhutani (vice-chair), Phillip Dick, Zoe Goodacre, Sunil Gupta, Nicola Hobbs, John Jolly, Rhian Last, Tessa Lewis, Teresa Middleton, Ian Reekie, Hazel Trender, Hugo Van Woerden.

Specialist committee members:

Morning session – Mental health of adults in contact with the criminal justice system:
Vikki Baker, Mark Bolt, Steffan Davies, Nick Kosky, Leroy Simpson, Mark Warren, Joanne White

Afternoon session - Parkinson’s disease:
Paul Cooper, Richard Grunewald, Fiona Lindop, Jane Little, Lynne Osborne, Matthew Sullivan, Richard Walker

NICE staff

Nick Baillie, Shaun Rowark, Jamie Jason, Eileen Taylor (items 1-8), Melanie Carr (items 9-15), Esther Clifford (items 9-15)

NICE observers

Seifa Afiesimama (items 1-8), Rachel Gick (items 9-15)

Apologies

Ivan Benett (Parkinson’s disease), Tim Fielding, Ruth Halliday, Alyson Whitmarsh.

<p>1. Welcome, introductions objectives of the meeting</p> <p>The Chair welcomed the attendees 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 comments on the mental health of adults in contact with the criminal justice system quality standard.</p> <p>The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.</p>
<p>2. Confirmation of matter under discussion and declarations of interest</p> <p>The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the morning session was the mental health of adults in contact with the criminal justice system: specifically, recognition and response to mental health problems; mental health assessment; sharing mental health care plans; and risk management plans.</p> <p>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 during the morning session. The Chair asked the specialist committee members to verbally declare all interests. Interests declared are detailed in appendix 1.</p>
<p>3. Minutes from the last meeting</p> <p>The committee reviewed the minutes of the last QSAC1 meeting held on 7 September 2017 and confirmed them as an accurate record. A specialist committee member for mental health of adults in contact with the criminal justice system raised an issue about the minutes of the previous meeting for this topic. Page 9 - 'It</p>

<p>was discussed that people in contact with the CJS who do not go to prison are often not in the system for long enough for guidance on mental health to apply'. This is inaccurate. The minutes should state that: This is a point of crisis and potentially an opportunity to pick up mental health issues that have previously been missed and to divert people appropriately to ensure that any future pathway is mental health aware.</p>	
<p>4. QSAC updates</p>	
<p>There were no updates from the NICE team.</p>	
<p>5.1 Recap of prioritisation meeting and discussion of stakeholder feedback</p>	
<p>ET provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the mental health of adults in contact with the criminal justice system draft quality standard.</p> <p>ET summarised the significant themes from the stakeholder comments received on the mental health of adults in contact with the criminal justice system draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.</p>	
<p>5.2 Discussion and agreement of amendments required to quality standard</p>	
<p>Draft statement 1 Adults taken into police custody are cared for by police officers who recognise and respond to mental health problems.</p>	<p>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:</p> <ul style="list-style-type: none"> • Change this to a structural statement and confine measures to structure and outcome only • Further define the population. Amend police custody to a broader term including those in contact with the criminal justice system. • Focus the statement on response to mental health problems on the basis that recognition is a necessary prerequisite to response.
<p>Draft statement 2 Adults taken into police custody who have a suspected mental health problem are referred for a comprehensive mental health assessment.</p>	<p>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:</p> <ul style="list-style-type: none"> • Consider an additional process measure on uptake of the referral.
<p>Draft statement 3 Adults with mental health problems in contact with the criminal justice system have a care plan that is communicated with relevant services.</p>	<p>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:</p> <ul style="list-style-type: none"> • Review the definitions of a care plan.
<p>Draft statement 4 Adults who have a mental health risk management plan have their plan reviewed by the receiving service when they are transferred within the criminal justice system.</p>	<p>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:</p> <ul style="list-style-type: none"> • Amend the rationale and include discharge from the criminal justice system as well as transfer within the system

5.3 Additional quality improvement areas suggested by stakeholders at consultation	
<p>The following areas were not progressed for inclusion in the final quality standard as the committee agreed that they were out of the scope of this quality standard:</p> <ul style="list-style-type: none"> • Mental health and social care staff working within police call centres • Triage by a mental health professional on entry to police custody • Implementation of rehabilitation for people with acquired brain injury in prison. • Access to mental health beds for adults in contact within the criminal justice system. 	
6. Resource impact and overarching outcomes	
<p>The committee considered the resource impact of the quality standard and noted that there was some resource impact for statements 1 and 2 and a cost-saving for statements 3 and 4 but that they were not quantifiable.</p> <p>The committee confirmed the overarching outcomes are those presented in the draft quality standard. ET requested that the committee submit suggestions to the NICE team relating to the overarching outcomes of the quality standard when it is sent to them for review.</p>	
7. Equality and diversity	
<p>The committee agreed the following groups should be included in the equality and diversity considerations: people with brain injury, dementia or autism; people with sensory impairments; people whose first language is not English; and the homeless population. It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.</p>	
8. Close of morning session	
<p>The specialist committee members for the mental health of adults in contact with the criminal justice system quality standard left and the specialist committee members for the Parkinson’s disease quality standard joined.</p>	
9. Welcome, introductions and objectives of the afternoon	
<p>The Chair welcomed the Parkinson’s disease specialist committee members and QSAC members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the afternoon, which was to review stakeholder comments on the Parkinson’s disease quality standard.</p> <p>The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.</p>	
10. Confirmation of matter under discussion and declarations of interest	
<p>The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the afternoon session was Parkinson’s disease: specifically: named specialist healthcare professional; information about impulse control disorders; supportive therapies; medicines in hospital or a care home; and clozapine for hallucinations and delusions.</p> <p>The Chair asked both standing and specialist QSAC members to declare verbally all interests specifically related to the matters under discussion during the afternoon session. Interests declared are included in appendix 1.</p>	
11. Discussion and agreement of amendments required to quality standard	
<p>MC summarised the significant themes from the stakeholder comments received on the Parkinson’s disease draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers. She confirmed that treatment of parkinsonism not caused by Parkinson’s disease is not included in the quality standard.</p>	
<p>Draft statement 1: Adults with Parkinson’s disease have a named</p>	<p>The committee agreed that as there was support for the statement from stakeholders but some reservation about the focus being on a named professional, it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team:</p>

specialist healthcare professional	<ul style="list-style-type: none"> Amendment of wording so that it focuses on ease and continuity of access to the person's specialist service rather than simply having a named contact.
Draft statement 2 Adults with Parkinson's disease starting dopaminergic therapy are given information about the risk of impulse control disorders	<p>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:</p> <ul style="list-style-type: none"> Expand audience descriptors to include improving awareness of healthcare professionals
Draft statement 3 Adults with Parkinson's disease are referred to supportive therapies if they have problems with balance, motor function, activities of daily living, communication, swallowing or saliva	<p>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:</p> <ul style="list-style-type: none"> Amend 'supportive therapies' in the statement wording to specify the appropriate allied health professionals Add the word respectively
Draft statement 4 Adults with Parkinson's disease who are admitted to hospital or a care home take their antiparkinsonian medicines at the appropriate times	<p>The committee agreed that as there was support for the statement but recognition that the time-critical issue applied primarily to levodopa 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:</p> <ul style="list-style-type: none"> Focus the statement on within 30 minutes of usual administration time for levodopa only Retain both hospitals and care homes in the statement but have separate measures for each
Draft statement 5 Adults with Parkinson's disease are offered clozapine to treat hallucinations and delusions, if standard treatment is not effective	<p>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:</p> <ul style="list-style-type: none"> Explore guideline definition of standard treatment and update definition section accordingly
12. Additional quality improvement areas suggested by stakeholders at topic engagement	
<p>The following areas were not progressed for inclusion in the final quality standard as they were considered at the first QSAC meeting and not prioritised:</p> <ul style="list-style-type: none"> Referral to a specialist to ensure accurate diagnosis Holistic care planning Advance care planning – also covered by QS13 end of life care in adults <p>The following area was not progressed for inclusion in the final quality standard as it was considered at the first QSAC meeting and agreed to focus on the provision of information about impulse control disorders and avoid duplication of QS15 patient experience in adult NHS services.</p> <ul style="list-style-type: none"> Information and advice <p>The following area was not progressed for inclusion in the final quality standard as it is covered by statements 1 and 3 as the most important elements of the MDT approach:</p>	

<ul style="list-style-type: none"> • Joint assessments and interventions from an MDT
<p>13. Resource impact and overarching outcomes</p> <p>The committee considered the resource impact of the quality standard and agreed that statement 3 would have the greatest resource impact; that access to clozapine in rural areas would also have an impact; but that statement 5 may have some resource benefit in reducing the number of people who need care homes.</p> <p>The committee confirmed the overarching outcomes are those presented in the draft quality standard and suggested that self-management and independence; and improving the quality of life of carers and/or families should be added. MC requested that the committee submit any other suggestions to the NICE team relating to the overarching outcomes of the quality standard when it is sent to them for review.</p>
<p>14. Equality and diversity</p> <p>The committee agreed the following issues should be included in the equality and diversity considerations: accessible written information; the monitoring of clozapine in rural areas due to the travelling required; monitoring and obtaining medicines for people who are homeless; and people in prison. It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.</p>
<p>15. Any other business</p> <p>None.</p>
<p>Close of meeting</p>

Appendix 1: Declarations of interest

Table 1: Morning session

Name	Membership	Declaration
Vikki Baker	Specialist	Employed within the offender Personality Disorder pathway as joint service director at Resettle. This is an intensive community based risk management and intervention service working with men on release from long prison sentences. Is seconded into this role from a Mental Health Trust.
Mark Bolt	Specialist	None
Steffan Davies	Specialist	None
Nick Kosky	Specialist	Director of Waddon Productions and Trustee of the Horse Course.
Leroy Simpson	Specialist	None
Mark Warren	Specialist	Previous interim chair of the Royal College of Nursing Criminal Justice Nursing Forum. Term expired end of 2016.
Joanne White	Specialist	None

Table 2: Afternoon session

Name	Membership	Declaration
Paul Cooper		<p>June 2014 - received support from Britannia Pharmaceuticals to attend the European Federation of Neurological Societies,</p> <p>December 2016 - received support from Bial Pharmaceuticals to attend the American Epilepsy Society Meeting. All support was within Association of British Pharmaceutical Industry guidelines, and was declared under the NICE declaration of interest's policy.</p> <p>Hold modest shareholdings in a range of pharmaceutical companies, held within ISA funds, and managed on their behalf, without our involvement in any investment decisions.</p> <p>Principal Investigator for a trial of a novel agent for cataplexy, funded by Jazz Pharmaceuticals, and Co-Investigator for a trial of a treatment for super refractory status epilepticus, funded by Sage Therapeutics.</p> <p>Joint supervisor for a doctoral student at Manchester Heart Centre, funded by Medtronic; no personal financial benefit for any of these roles.</p>
Richard Grunewald		None
Fiona Lindop		<p>Member of the National Parkinson's UK Excellence Network group for Service Development (representing physiotherapy) and also on the National Oversight board (representing allied health professionals).</p> <p>Member of the Parkinson's UK Steering Group for the national Parkinson's UK Audit of NICE Guidelines for Physiotherapy.</p> <p>A family member owns a business which is the only UK company marketing walking aids that are specifically designed for people with Parkinson's and</p>

		<p>similar neurological conditions (the USTEP walker and the laser cane). The business is called Attainability UK. No financial (or otherwise) interest in the business.</p> <p>September 2016 – Received a grant from a pharmacy company (UCB) for the funding of the registration fee to attend the World Parkinson’s Congress in Portland, Oregon, USA.</p> <p>Invited to attend the Positive Steps Conference, held at Hinkley Island Jurys Hotel on 3 and 4 March free of charge. This was organised by Parkinson’s UK and Bamboo.</p> <p>December 2016 - Co-led a day-long conference on Parkinson’s disease for the Association of Physiotherapists in with an Interest in Neurology (AGILE) regional group, and held in Llaneli, Wales and received a fee of £250 for running the course.</p> <p>March 2017 - Co-leading a day-long conference on Parkinson’s disease for a group of Physiotherapists in the Manchester region. Payment of £250 along with travel expenses.</p>
Jane Little		None
Lynne Osborne		<p>Nights accommodation prior to Deep Brain Stimulation Meeting in Bristol – 17th March 2017.</p> <p>Nights accommodation arranged for 7th April 2017 pre to SW Parkinson’s Nurse Meeting that I am facilitating. Co-ordination for further meeting 17/11/2017, both meeting are pharmaceutical funded and include lunch & refreshments.</p> <p>Travel reimbursement for Abbvie Duodopa meeting 3.11.2017</p>
Matthew Sullivan		<p>Worked voluntarily with Parkinson’s UK in respect of advocating and facilitating patient involvement by researchers.</p> <p>Worked with Dr Ellen Poliakoff, a psychologist at the University of Manchester to provide patient perspective on research proposals. This was unpaid.</p> <p>Involved in research projects at Manchester Metropolitan University looking at movement in Parkinson’s patients, which include technology SME’s s a new partner. These are funded by the Greater Manchester Academic Health Science Network, not Pharma.</p>
Richard Walker		None.

