Quality standards advisory committee 2 meeting

Date: 9 January 2018

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

Morning session: Intermediate care including reablement – prioritisation of quality improvement areas

Afternoon session: Drug misuse prevention – review of stakeholder feedback

Minutes: Final

Attendees

Quality standards advisory committee 2 standing members:

Michael Rudolf (chair), Gillian Baird (vice-chair), Jane Bradshaw, Julie Clatworthy, James Crick, Allison Duggal, Michael Fairbairn, Malcolm Griffiths, Corinne Moocarme, Robyn Noonan, Jane Putsey, Ruth Studley, Arnold Zermansky.

Specialist committee members:

Morning session – intermediate care including reablement
Kate Burgess
Lisa Langford
Frances McCabe
Andrew Nwosu
Claire Waddell

Afternoon session – drug misuse prevention
Charlotte Ashton
Pete Burkinshaw
Paul McArdle
April Wareham

NICE staff
Nick Baillie (NB), Melanie Carr (MC), Nicola Cunliffe (NC), Michelle Gilberthorpe (MG), Julie Kennedy (JK)

NICE observers
Charlotte Goulding

Apologies: Moyra Amess, Guy Bradley-Smith, Jean Gaffin, Steven Hajioff, Mathew Sewell, Michael Varrow, David Weaver.

Rachel Bundock (drug misuse prevention)

1. Welcome, introductions objectives of the meeting
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 prioritise areas for quality improvement for the intermediate care including reablement quality standard. The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.
2. Confirmation of matter under discussion and declarations of interest
The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the morning session was the intermediate care including reablement QS: specifically, assessment; referral into immediate care; delivering immediate care; transition from intermediate care; information for service users and families. 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.
3. Minutes from the last meeting

The committee reviewed the minutes of the last QSAC 2 meeting held on 14 December 2017 and confirmed them as an accurate record.

4. QSAC updates

There were no updates from the NICE team.

5. Prioritisation of quality improvement areas – committee decisions

JK provided a summary of responses received during the intermediate care including reablement engagement, referred the committee to the full set of stakeholder comments provided in the papers and the committee then discussed each of the areas in turn. The committee discussed the comments received from stakeholders and specialist committee members at topic engagement **(in bold text below)**.

The following areas were prioritised for inclusion in the draft quality standard.

Referral to intermediate care

- **Timely access** – Prioritised. The committee agreed that it is important that the bed-based intermediate care service starts within 2 days of receiving the referral but acknowledged that this won't be possible in areas that do not have bed-based intermediate care services. The committee acknowledged that there are no recommendations for access time to home-based intermediate care services. The committee agreed that once an assessment has been completed and the referral to bed-based intermediate care is received, care should commence within 2 days. NICE team to check this includes all referrals for bed-based intermediate care including those from the acute setting and other settings.

Delivering intermediate care

- **Care plans/reviews –** Prioritised. The committee discussed the importance of involving patients and carers in planning care goals. The committee was unsure if this is already happening in practice so agreed to ask a question at consultation to clarify. The committee discussed the importance of positive risk taking to enable people to achieve their optimum.

Transition from intermediate care

- **Transition from intermediate care –** Prioritised. The committee discussed transition into intermediate care and the importance of ensuring existing care plans are taken into consideration. It was agreed this should be captured in the quality standard if possible. The committee agreed it is important that information is given and there is a clear plan about what happens once intermediate care has been completed which may include reinstating care plans.

Information for service users and families

- **Information for service users and families –** Prioritised. The committee agreed that there is often confusion about what intermediate care is because there is considerable local variation and it is a short term service. The committee stated that good, easy and accessible information for patients about what is offered in their area would be an improvement, it was also highlighted that this information will help in clarifying what intermediate care does not provide. It was noted that it may be useful to reference the NICE quick guide on intermediate care.

The following areas were not prioritised for inclusion in the draft quality standard.

Assessment

- **Assessment for need for immediate care** – Not prioritised. The committee discussed the variation currently in access to intermediate care for people with dementia, specifically those with mobility problems, but agreed that the guideline recommendations would not support a statement on assessing people with dementia for intermediate care.
- **Single assessment process** – Not prioritised. The committee acknowledged that although this

would be beneficial, the recommendation to support a single assessment process is not sufficient to support a quality statement.
- **Referral to other services** - Not prioritised.

Referral into intermediate care
- **Types of intermediate care service –** Not prioritised**.**
- **Single point of access –** Not prioritised**.** The committee agreed that a single point of access could reduce multiple problems with referrals but agreed the recommendation is not sufficient to support a quality statement.

Delivering intermediate care
- **Multidisciplinary team –** Not prioritised. The committee considered a statement around identifying key skills and competencies but felt it was unnecessary given that commissioning guidance was released by NHS England last year.
- **Co-ordination/integration –** Not prioritised. It was agreed this is an important issue and should be highlighted throughout the quality standard but guideline recommendations would not support a separate statement.

6. Additional quality improvement areas suggested by stakeholders at topic engagement

The following areas were not progressed for inclusion in the draft quality standard because:
- Funding - is not within the remit of quality standards.

7. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard.

The committee suggested that the following be added to the overarching outcomes of the quality standard:
- Avoiding admissions to residential care

JK 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.

8. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations: people who are homeless and people who arrive in the country illegally. It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

9. Close of morning session

The specialist committee members for the intermediate care including reablement quality standard left and the specialist committee members for the drug misuse prevention quality standard joined.

10. Welcome, introductions and objectives of the afternoon

The Chair welcomed the drug misuse prevention 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 drug misuse prevention quality standard.

The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.

11. Confirmation of matter under discussion and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the afternoon session was drug misuse prevention: specifically, assessment of looked-after children and young people; assessment of care leavers; assessment of children and young people in contact with youth offending services; information and advice for adults.

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.

12.1 Recap of prioritisation meeting and discussion of stakeholder feedback

MG provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the drug misuse prevention draft quality standard.

MG summarised the significant themes from the stakeholder comments received during consultation on the drug misuse prevention draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.

MG informed committee that the definition of drugs covered by the quality standard will be updated to include exactly the same drugs listed in the guideline definition.

The committee agreed that further work should be done on the outcome quality measures for all of the statements to make sure they link closely to the statement.

12.2 Discussion and agreement of amendments required to quality standard

Draft statement 1: Looked-after children and young people are assessed for vulnerability to drug misuse at their annual health plan review	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: • The committee discussed the benefit of assessment of vulnerability to drug misuse being done by someone who the child or young person knows well and trusts. It was agreed that the health plan review should be retained as a defined point of care where assessment could take place, and that it could be agreed at local level who asks these questions, and how they feed into the review. • The committee agreed that CRAFFT is only given as an example of a good tool that can be used within quality statements 1-3. The NICE team will re-check whether the guideline refers to a valid or validated tool to confirm wording for use in the quality standard.
Draft statement 2: Care leavers are assessed for vulnerability to drug misuse at their health assessment	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: • The committee discussed feedback that health assessments can stop after 18 years of age. It was agreed that the assessment is a measurable point in time for care leavers to have an assessment of vulnerability to drug misuse.
Draft statement 3: Children and young people having a young offender assessment are assessed for vulnerability to drug misuse	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: • The committee discussed terminology, whether rather than 'youth offenders' should the statement refer to 'people entering the criminal justice system'. It was agreed to retain the current wording as the guideline refers to youth offending teams.
Draft statement 4: Adults assessed as vulnerable to drug misuse are given information and advice	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: • The committee considered feedback about the broad scope of the statement. It was agreed that it would be most beneficial to focus on information on local services and where to find further advice and support which was one of 3 bullet point in the QS definition on information. The committee acknowledged that all 3 points in recommendation 1.4.1 were important but this was the most appropriate

	and achievable because it does not require specific training and competencies, and could therefore be provided by any professional who has assessed an adult as being vulnerable to drug misuse. • The committee discussed the providing of information and agreed that this could be written, e.g. a leaflet or verbally, as needed by the individual receiving it. • The committee suggested adding a link for NHS Choices to access local information.

12.3 Additional quality improvement areas suggested by stakeholders at consultation

The following areas were not progressed for inclusion in the final quality standard:

- Drug prevention within wider approaches to increase resilience – it was agreed that there will be information on the QS landing page on NICE's website that refers to or links to wording used to provide context for the guideline about wider approaches to drug misuse prevention.
- Social support, for example to find work or housing – it was agreed that there will be information on the QS landing page on NICE's website that refers to or links to wording used to provide context for the guideline about wider approaches to drug misuse prevention.
- Testing of street drugs for their contents – it was agreed that the quality standard is focused on prevention of drug misuse and this is outside of the scope.
- Safe supply of drugs – it was agreed that the quality standard is focused on prevention of drug misuse and this is outside of the scope.
- Referral for a comprehensive assessment – it was agreed that further work will be done on the quality outcome measures, and this will be considered as a potential measure
- Various additional populations/settings - the committee acknowledged that there are a number of additional vulnerable groups. It was considered that the quality standard focuses on high-risk groups with standard assessments that assessment of vulnerability to drug misuse can link into.

13. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard.

The committee suggested that the following be added to the overarching outcomes of the quality standard:

- Drug related death

MG 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.

14. Equality and diversity

MG provided an outline of the equality and diversity considerations included so far and requested that the committee submit suggestions when the quality standard is sent to them for review.

15. Any other business

None.

Close of meeting

Appendix 1: Declarations of interest

Table 1: Morning session

Name	Membership	Declaration
Andrew Nwosu	SCM	Directorship of a consultancy company, limited by shares (AB Therapy services) this company has in the past worked with both social care and health sector providers. It has in the past worked with the social care sector providing training for staff around reablement, and on a consultancy basis for NHSIQ, however the company's main contracts are within the private sector and are in the realm of Ergonomics/Biomechanics so do not compromise the applicant in respect of the current guideline consultations. I am also involved in NHS England's work on Care Closer to Home and Improving Delayed Transfers of Care.

Table 2: Afternoon session

Name	Membership	Declaration
Charlotte Ashton	SCM	Consultant in Public Health Camden and Islington (employed by London Borough of Islington Hon. Senior Research Associate, University College London
April Wareham	SCM	Lay Member- Advisory Committee on the Misuse of Drugs (Recovery Committee) PPV Partner Programme Advisor to the NHS-E NHS Citizen Programme Board Consultant and Trainer – have accepted money to deliver training from Martindale Pharma about naloxone and overdose prevention. Also current drug policy and practice, particularly OST. Have also co-ordinated a contract to provide the patient perspective of OST for pre-reg pharmacists.