Quality standards advisory committee 1 meeting

Date: 7 June 2018

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

Morning session: emergency and acute medical in over 16s – review of stakeholder feedback

Minutes: Final

Attendees

Quality standards advisory committee 1 standing members:

Bee Wee (chair), Anita Sharma, Phillip Dick, Gita Bhutani, Jane Scattergood, Linda Parton, Hazel Trender, Tessa Lewis, Liz Wigley, Tim Fielding, Simon Baudouin, Hugo van Woerden, Sunil Gupta, John Jolly

Specialist committee members (SCMs for emergency and acute medical care in over 16s):

Tim Edwards
Amar Mashru
Mike Jones
Philip Dyer
Oliver Phipps
Debra Quantrill

NICE staff
Nick Baillie (NB)
Sabina Keane (SK)
Julie Kennedy (JK)
Rick Keen (notes)

Apologies Alyson Whitmarsh, Rhian Last, Zoe Goodacre, Teresa Middleton, Nicola Hobbs, Daniel Albert (SCM)

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 review stakeholder comments on the endometriosis quality standard. The Chair confirmed that there were no public observers joining the committee meeting.
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 was the emergency and acute medical care in over 16s quality standard: specifically: • Health-related quality of life • Social care-related quality of life • Length of hospital stay • Emergency readmissions following discharge from hospital • Deaths attributable to problems in healthcare • Sever harm attributable to problems in healthcare • Patient safety incidents The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.
3. Minutes from the last meeting

The committee reviewed the minutes of the last QSAC 1 meeting held on 1 March 2018 and confirmed them as an accurate record.	
4. Recap of prioritisation meeting and discussion of stakeholder feedback	
SK provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the emergency and acute medical care in over 16s draft quality standard. SK summarised the significant themes from the stakeholder comments received on the emergency and acute medical care in over 16s draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.	
Discussion and agreement of amendments required to quality standard	
Draft statement 1: **Ambulance services have specialist and advanced paramedic practitioners**	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 consultation question 4 comments were considered with queries raised on the methodology used in the 2017 National Audit Office report on job banding rather than job positions. The committee agreed that there is still limited access to these paramedics so therefore it is a quality improvement area to be progressed for inclusion. • Paramedic dispatch systems within ambulance services were discussed. It was agreed that the current wording should be amended to reflect that there are different ways to deploy specialist and advanced paramedics. Also the detail within the service provider audience descriptor should be added to the rationale. • The draft outcome measures were discussed with suggested additions including re-contact rates within 24 hours and within 7 days and patient experience. The strength of evidence of these measures was also discussed. **ACTION: NICE team to retain the wording of the statement but explore potential amendments to the rationale and outcome measures.**
Draft statement 2: **Adults admitted with undifferentiated medical emergencies have initial assessment in an acute medical unit (AMU)**	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 highlighted the potential issues with the use of the words ‘admitted’ and ‘initial’ in the statement wording. It was agreed that specifying ‘adults admitted into hospital’ would clarify that these were medical emergency admissions, rather than medical emergencies attending A&E. • The committee raised concerns on the term ‘undifferentiated’. It was agreed that the definition of this needs reviewing. • The committee discussed whether the rationale should mention exclusions of when AMU admission may not be appropriate. This is currently reflected in the service provider audience descriptor. • The committee highlighted that not every hospital has an AMU and that there is national variation in what these units are called. The definition on AMU therefore needs reviewing. • The draft outcome measure was discussed with suggested additions including readmission rates, length of stay, patient satisfaction and quality of care. The strength of evidence of these measures was also discussed.

	ACTION: NICE team to amend statement wording to: 'Adults admitted into hospital with undifferentiated medical emergencies are assessed and initially treated in an AMU'. NICE team to explore potential amendments to the rationale, outcomes and definitions.
Draft statement 3: Adults admitted with a medical emergency have a consultant assessment to determine their care pathway	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: • Concerns were raised that the statement's current wording reflects basic patient care. The statement's intent on timing and frequency of consultant assessment needs to be made clearer in the statement wording with a timeframe needed within the statement wording. Concerns were however raised over the limited strength of evidence of 14 hours within admission. • The word 'timely' could be added to the statement with a process measure also added on a 6 hour timeframe for people to be seen and assessed by a consultant during working hours. • Consultant assessment definition needs to be added to the supporting information. **ACTION: NICE team to amend statement wording to state 'timely assessment and review' and remove the wording 'to determine their care pathway'. NICE team to review adding a process measure on a NHSE seven day services clinical standard measure for people being seen and assessed within a 6 hour timeframe during working hours.**
Draft statement 4: Adults admitted with a medical emergency have a structured patient handover when they transfer between healthcare setting	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: • Transitions between healthcare settings was highlighted as problematic and that the change of settings was stressful in terms of patient experience. It was therefore suggested that transitions of care is added to the statement wording. • The committee suggested to add social care within the audience descriptors. • The draft outcome measure on staff satisfaction was discussed with mixed support. Suggested additions included effective discharge planning, patient safety, adverse events and patient experience. The strength of evidence of these measures was also discussed. **ACTION: NICE team to amend statement to 'Adults admitted with a medical emergency have a structured patient handover during transitions of care'. NICE team to explore suggested additional outcome measures and adding social care to the audience descriptors.**
5. Additional quality improvement areas suggested by stakeholders at consultation	
1. **Access to investigations** Discussed before at the QSAC prioritisation meeting, There was significant cost associated with the point-of-care C-reactive protein (POC CRP) testing compared to other available tests not included in the draft guideline. Again it was not felt to be an area within the top 5 priorities for this quality standard so should not be prioritised. 2. **Access to liaison psychiatry** Discussed before at the QSAC prioritisation meeting. The current guideline recommendation is limited to psychiatry and does not apply to wider mental health. Therefore it was felt a statement could not be progressed based on this terminology.	

3. **Advance care planning towards end of life**
   The whole infrastructure which is wider than emergency care needs to be addressed for advance care planning to be effective so again it was felt this should not be prioritised as part of this quality standard.
4. **Nutrition**
   No recommendations on this in the source guideline recommendations.
5. **Surgical and orthopaedic emergencies**
   Acute surgical emergencies are out of scope and orthopaedic emergencies was not raised at the engagement stage. It was not felt to be an area within the top 5 priorities for this quality standard so should not be prioritised.

Intermediate care

The committee considered whether a statement should be progressed on intermediate care based on consultation question 5 and the consultation comments. The draft quality standard on intermediate care including reablement currently in development was also discussed. Overall there was mixed support to progress this as an area within this quality standard. It was concluded that a statement on intermediate care in this quality standard would be very broad and not specific to this topic area. It was however agreed that a reference to intermediate care would be added to the introductory section of this quality standard.

ACTION: No statement on intermediate care to be progressed but NICE team to add a reference to this topic within the introductory section of the quality standard.

6. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard.

Paramedics who are training to become advanced or specialist practitioners need time to undertake training and study. This may create a temporary gap in service provision. It was noted that without funding to cover this backfill statement 1 could be difficult to implement.

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

Patient experience
Emergency readmissions following discharge from care or community

7. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations:

Age	Disability
Gender reassignment	Sex
Pregnancy and maternity	Race
Religion or belief	Sexual orientation
Marriage and civil partnership	
Socio-economic status	

Other definable characteristics (for example looked after children, prisoners who are homeless)
It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

It was noted that the Royal College of Psychiatry had submitted comments in regards to mental health which should be added to these considerations.

8. Any other business

Appendix 1: Declarations of interest

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Name	Membership	Declaration
Daniel Albert	Specialist member	Daniel provides services to Cumbria Health on Call, a social enterprise provider of urgent care. Daniel has no financial interest in the company and is not a director. Daniel has recently worked for United Hospitals of Morecambe Bay NHS Trust and Cumbria Partnership NHS Trust. In a clinical capacity only.
Tim Edwards	Specialist member	Recent submission (July 2017) of PhD thesis/dissertation – observational study addressing out of hospital airway management in resuscitated patients transferred directly to specialist heart attack centres.
Mike Jones	Specialist member	Mike is a Director of Standards at the Royal College of Physicians of Edinburgh
Amar Mashru	Specialist member	Amar is an Emergency Medicine Higher Specialist Trainee with London Deanery (Doctor in Emergency Medicine) Amar holds an executive position on the Emergency Medicine Trainees' Association – an unpaid and unfunded organisation advocating for Emergency Medicine Trainees' in the UK to the Royal College of Emergency Medicine. From August 2018 Amar will be the Prehospital Emergency Medicine Trainee at Kent, Surrey, Sussex Air Ambulance for 12 months.
Oliver Phipps	Specialist member	Oliver is Chair of the Advanced Nurse Practitioner Forum, Royal College of Nursing. Oliver is a member of the Advanced Clinical Practice Group, Health Education England.
Debra Quantrill	Specialist member	Debra has shares held in Futura Medical plc, pharmaceutical group that develops products for the consumer healthcare market.