Quality standards advisory committee 3 meeting

Date: 24 January 2018

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

Morning session: Black, Asian and other minority ethnic groups: promoting health and preventing premature mortality – review of stakeholder feedback

Afternoon session: Eating disorders – review of stakeholder feedback

Minutes: Draft

Attendees

Quality standards advisory committee 3 standing members:

Hugh McIntyre (Chair), Barry Attwood, Ivan Benett, Amanda de la Motte, Nadim Fazlani, Malcolm Fisk, Ulrike Harrower, Madhavan Krishnaswamy, Keith Lowe, Ann Nevinson, David Pugh, Jim Stephenson (vice-chair), Darryl Thompson, Deryn Bishop (am only)

Apologies Ben Anderson, Helen Bromley, Jane Ingham, Asma Khalil, Susannah Solaiman, Eve Scott, Julia Thompson

Specialist committee members:

Morning session – Black, Asian and other minority ethnic groups: promoting health and preventing premature mortality:

Jill Dunbar
Nayab Nasir
Andrew Smith
Irfan Syed

Apologies: Tauseef Hassan Mehrali
Abdul Ghafoor

Afternoon session – Eating disorders :

Christopher Fairburn
Dasha Nicholls
Hannah Turner
Ursula Philpot

Apologies: Andrea Morrall, Jessica Parker (who submitted comments which were discussed in the QSAC session)

NICE staff
Nick Baillie (NB), Anna Wasielewska (AW) {Items 1-7}, Julie Kennedy (JK), Sabina Keane (SK) {Items 9-13}, Jamie Jason (JJ), Esther Clifford (EC) {Items 1-7}

NICE observers
Judith Richardson

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 black, Asian and other minority ethnic groups: promoting health and preventing premature mortality quality standard. The Chair confirmed that there were no public observers joining the morning session of 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 in

the morning session was black, Asian and other minority ethnic groups: promoting health and preventing premature mortality, specifically:

- Designing health and wellbeing programmes
- Peer and lay roles
- Referring people at high risk of type 2 diabetes
- Cardiac rehabilitation
- Support for people with mental health problems
- Physical health checks for people with serious mental illness

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 QSAC3 meeting held on 22 November 2017 and confirmed them as an accurate record.

The committee discussed the new style and format of the minutes and provided feedback to the NICE team, confirming that the main purpose of the minutes was to demonstrate how the committee reached their decisions and that they also needed to included key discussion points as a public record.

4. QSAC updates

NB informed the committee that there is a new board-approved policy for recording and collecting declarations of interest and this will be in effect from April 2018.

5. Recap of prioritisation meeting and discussion of stakeholder feedback

AW provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the Black, Asian and other minority ethnic groups: promoting health and preventing premature mortality draft quality standard.

AW summarised the significant themes from the stakeholder comments received on the black, Asian and other minority ethnic groups: promoting health and preventing premature mortality draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.

5.1 Discussion and agreement of amendments required to quality standard

General topic comments	Following on from the suggestion from the DH presented by AW, the committee agreed to add a paragraph at the beginning of the QS which highlights that BAME groups are not a homogenous population and should not be treated as such in applying this QS. The paragraph should also mention that the application of each statement should be tailored to the ethnicity profile of the local population. The committee expressed concerns that Healthwatch England and BME Health Forum decided not to respond to the consultation. AW informed the committee that the NICE team had contacted these organisations directly to ensure they were aware of the consultation and had offered to extend the deadline for submitting comments. AW also highlighted a number of other key stakeholders that did comment.
Draft statement 1 Health and wellbeing programmes	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 no changes to the wording.

People from black, Asian and other minority ethnic groups have their views represented in the setting of priorities and design of health and wellbeing programmes.	The committee agreed: • It would be helpful to thread the locality concept into the rationale. • To make the responsibility of the commissioner more prominent • To include health equity assessment as a way of evidencing that the commissioners use local data/intelligence to inform actions.
Draft statement 2 **Peer and lay roles** People from black, Asian and other minority ethnic groups are represented in peer and lay roles within local health and wellbeing programmes.	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 no changes to the wording. The committee agreed: • The statement action was not happening in current practice and the statement should emphasise the role of commissioners • The need for commissioners to make a long term commitment to recruiting and supporting people in the community who take on those roles • The role of religious, community leaders and already existing community groups should be highlighted in the rationale/audience descriptors
Draft statement 3 **Referring people at high risk of type 2 diabetes** People from black, Asian and other minority ethnic groups who are at high risk of developing type 2 diabetes are referred to a behaviour change programme.	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 no changes to the wording. The committee discussed whether people were completing the programme and agreed the key issue was to have people referred.
Draft statement 4 **Cardiac rehabilitation** People from black, Asian and other minority ethnic groups referred to a cardiac rehabilitation programme are given choice of time and venue for the sessions and are followed up if they do not attend.	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 no changes to the wording. The committee agreed: • Making the services accessible should remain the focus of this statement. • There is poor engagement with this population. It is important to understand the barriers and the reasons for poor uptake. • Culturally certain times of the day/ days of the week are not convenient for people due to their faiths/religions and this could be reflected in the definitions. • Transport can be a problem.
Draft statement 5 **Support for people with mental health problems** People from black, Asian and other minority ethnic groups can access mental health services in a variety of	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 no changes to the wording. The committee agreed: • It is important to gain trust within the community between people and professionals.

community based settings.	• People are discouraged from accessing services due to stigma and fear of being detained. • There needs to be an increase in the range of community settings people have access to including outside of the community as well as in. • It is important that services are visible and easy to find. **ACTION: The NICE team will look into the implications of the immigration act 2016.**
Draft statement 6 **Physical health checks for people with serious mental illness.** People from black, Asian and other minority ethnic groups with serious mental illness have a physical health assessment at least annually.	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 no changes to the wording. The committee agreed: • An assessment annually gives opportunity for continued engagement and to develop a relationship.

5.2 Additional quality improvement areas suggested by stakeholders at consultation

The following areas were not progressed for inclusion in the final quality standard as the committee agreed that:

1. Cancer (including screening and prostate cancer in black African men) – screening programmes are out of scope for QS, statements 1 and 2 are applicable to all cancer related programmes,QS91 on prostate cancer already highlights men of black African or Caribbean origin as a group at an increased risk.
2. Blood-borne viruses (including viral hepatitis) – due to the diversity of BAME population, the prevalence and risk factors cannot be applied to the group as a whole; selecting specific subgroups could be seen as stigmatising; QS65 on Hepatitis B and QS157 on HIV testing already highlight certain groups as those with higher risk or prevalence;
3. Pain management services – lack of evidence and guideline recommendations to support a statement
4. Breastfeeding – data suggests that people in BAME groups have higher uptake of breastfeeding than white British; QS37 on Postnatal care already highlights the importance of breastfeeding;
5. Organ donation – statements 1 and 2 would be applicable to any work done to increase organ donation among people from BAME groups; there are currently no guideline recommendations to support a statement in this area.

6. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard. The committee were satisfied that the statements progressed would be achievable by local services given the resources required to deliver them.

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

- Access to mental health services
- Detentions under the Mental health Act

7. Equality and diversity

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

- Age
- Gender reassignment
- Pregnancy and maternity
- Religion or belief

- Marriage and civil partnership
- Disability
- Sex
- Race
- Sexual orientation

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

8. Close of the morning session

The specialist committee members for the black, Asian and other minority ethnic groups: promoting health and preventing premature mortality quality standard left and the specialist committee members for the eating disorders quality standard joined.

9. Welcome, introductions and objectives of the afternoon

The Chair welcomed the eating disorder 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 eating disorders quality standard.

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

10. 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 eating disorders specifically:

- First-line psychological treatments for people with anorexia nervosa
- First-line psychological treatment for people with binge eating disorder
- Bulimia-nervosa-focused family therapy
- Monitoring treatment impact

The Chair asked both standing 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.

11.1 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 eating disorders draft quality standard.

SK summarised the significant themes from the stakeholder comments received on the eating disorders draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers. BEAT provided a significant response which included input from twenty-six people (18 Policy and research advisor volunteers and 8 Beat Ambassadors) with personal experience of eating disorders.

11.2 key quality improvement areas- access to services and coordination of care

At consultation for this draft quality standard there was a question on access of services. Also, the 2017 Parliamentary and Health Service Ombudsman report on 'Ignoring the alarms: How NHS eating disorder services are failing patients' and NHS England (Children and Young People's and Adult Mental Health Programme in the Medical Directorate) comments which were presented by SK both supported access to services and coordination of care.

The committee therefore agreed to add the 2 below key quality improvement areas which will be developed by the NICE team for a second 4 week consultation with dates on this to be confirmed:

- Access to services
- Coordination of care

The statements' order will now be revised to include these 2 additional areas on the care pathway.

Access to services

Stakeholders felt this was an important area to include in the quality standard.

The committee noted the following areas which are key for inclusion in this area:

- Early assessment and treatment
- Age appropriate treatment?
- Duration of stay
- Same service for adults as for children

The committee agreed to apply the treatment timescales in the Access and Waiting Time Standard for Children and Young People with an Eating Disorder to adults with suspected eating disorders for emergency, urgent and non-urgent cases. The NICE team advised that stakeholders will be asked a specific question about whether applying these timescales to adults is appropriate.

ACTION: NICE team to draft a new statement for a second 4 week consultation.

Coordination of care

Stakeholders felt this was an important area to include in the quality standard.

The committee noted the following areas which are key for inclusion in this area:

- Anticipated transitions
- Roles and responsibilities with more than one service being involved
- Nature of the risk
- Shared understanding of the eating disorder and need
- Risk assessment
- Communicating risk status
- Care plans

ACTION: NICE team to draft a new statement for a second 4 week consultation.

Following agreement of the additional statements NICE confirmed a further consultation will be undertaken.

ACTION: NICE team to schedule a second 4 week consultation on the quality standard and communicate dates of this to specialist committee members and stakeholders.

11.3 Discussion and agreement of amendments required to quality standard

Draft statements 1-3 were discussed by the committee simultaneously. It was suggested that the 3 statements should be combined into 1 statement about people with eating disorders having psychological treatment. However, the technical team advised that this approach is not supported by the guideline recommendations. The committee agreed that the addition of the new statements covering people with any type of eating disorder will address concerns about the statements having a narrow focus.

Draft statement 1: First-line psychological treatments for people with anorexia nervosa People with anorexia nervosa (AN) have a	The committee discussed whether this statement could be broadened to people with any type of eating disorder having a discussion about psychological treatments. This would address the narrow focus of this standard which was raised at consultation. The committee agreed that this was an important issue for all people with an eating disorder, not just those with anorexia so the statement should be amended.

discussion about their options for first-line psychological treatment.	The committee agreed: • NICE team to broaden statement to people with all eating disorders have a discussion about their options for psychological treatments.
Draft statement 2 **First-line psychological treatment for people with binge eating disorder** People with binge eating disorder (BED) participate in guided self-help programmes as first-line psychological treatment.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard. The committee discussed the evidence base and agreed that this statement must reflect what is stated in NICE guideline NG69 recommendations 1.4.2 and 1.4.8. The committee agreed: • NICE team to review whether this statement should say 'offer' rather than 'participate'. • NICE team to review outcomes based on stakeholder comments.
Draft statement 3 **Bulimia-nervosa-focused family therapy** Children and young people with bulimia nervosa participate in bulimia-nervosa focused family therapy (FT-BN).	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard. The committee discussed the evidence base and agreed that this statement must reflect what is stated in NICE guideline NG69 recommendation 1.5.6. The committee agreed: • An important area to implement. • NICE team to review whether this statement should say 'offer' rather than 'participate'. • NICE team to review whether this statement should state 'first-line psychological treatment' for consistency with statement 2. • NICE team to review outcomes based on stakeholder comments. • Inclusion of an equality impact consideration on when family therapy is inappropriate for children.
Draft statement 4 **Monitoring treatment impact** People with eating disorders and comorbidities have the impact of all their treatments monitored using outcome measures.	The committee agreed not to progress this statement for inclusion in the final quality standard because the statement was too generic. Using outcome measures is a part of every quality statement and the committee felt it would add no specific benefit to people with eating disorders.
11.4 Additional quality improvement areas suggested by stakeholders at consultation	
The following areas were not progressed for inclusion in the final quality standard as the committee agreed that it was out of the scope of this quality standard: • Patient safety-patient choice and clinical decision will be in the statement's rationale on people with eating disorders having a discussion about psychological treatment options. • Long term follow-ups at end of treatment– Follow-up will now be included in the new coordination of care statement for people with eating disorders who continue to engage with services using their care plan after transfer. This statement will be going out for a second 4 week consultation. • Multi-agency working and standardising collaborative care between healthcare services with patient care plans- NICE team to review whether these actions and care plans can be added to the new coordination of care statement which will be going out for a second consultation. • Family or carer support and their assessment of need- added as an overarching outcome of this	

quality standard.

- Risk assessment and local medical monitoring- risk assessment will now be included in the new coordination of care statement which will be going out for a second 4 week consultation.
- Transition between children to adult services during treatment gaps-transition will now be captured in the new coordination of care statement which will be going out for a second 4 week consultation.
- First-line psychological treatment for other specified feeding and ED (OSFED)-NICE team to review whether OSFED can be appropriately added to any of the draft statements.
- Young people with eating disorders and problems- the committee agreed that this area is not within the top 5 priorities for this quality standard so should not be prioritised.
- Young people with growth, physical health and pubertal development monitoring- the committee agreed that this area is not within the top 5 priorities for this quality standard so should not be prioritised.
- Children and young people education and social needs- there is lack of support by the committee to progress an additional statement on this.

12. Resource impact and overarching outcomes

The committee agreed that the NICE team should investigate the resource impact of the 2 additional statements on access to services and coordination of care.

When asked about the overarching outcomes, the committee stated they would like to include family or carer wellbeing or quality of life.

13. Equality and diversity

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

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

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

14. Any other business

None.

Close of meeting

Appendix 1: Declarations of interest

Table 1: Morning session

Name	Membership	Declaration
Jill Dunbar	Specialist member	None.
Nayab Nasir	Specialist member	None.
Andrew Smith	Specialist member	None.
Irfan Syed	Specialist member	None.

Table 2: Afternoon session

Name	Membership	Declaration
Christopher Fairburn	Specialist member	Christopher has written a guide for therapists who wish to implement CBT for eating disorders, a treatment strongly endorsed by the new NICE guidelines. Christopher has written a cognitive behavioural self-help book of the type that is likely to be used in the context of "guided self-help", another approach endorsed by the new guidelines. He receives royalties from both books. Christopher occasionally give workshops to clinicians wanting to treat patients
Dasha Nicholls	Specialist member	Dasha works for a Foundation Trust that receives national referrals outside the scope of typical commissioning pathways, and whose role and profile in national policy in the field is a factor in attracting referrals. Dasha has co-edited a book of which generates modest royalties, about management of medical risk in eating disorders based on guidance that is cited in the NICE guideline for ED.
Ursula Philpott	Specialist member	Ursula is a British Dietetic Association representative on the Clinical Advisory Group for the Clinical reference Group for eating disorders.
Hannah Turner	Specialist member	Teaching and supervising CBT. Research and publications in CBT.