NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE
CENTRE FOR CLINICAL PRACTICE
QUALITY STANDARDS PROGRAMME

Quality Standards Scoping Workshop – Ovarian Cancer

Minutes of the Quality Standards scoping meeting held at 10.30 on 27th June 2011 at the NICE Manchester office, Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD.

Welcome, introductions and plan for the day

Sean Duffy (SD) and Tim Stokes (TS) welcomed all members of the Topic Expert Group (TEG). SD asked those present to introduce themselves before reviewing the agenda and timescales for the meeting. He explained that the purpose of the meeting was to describe the process of developing NICE quality standards and to scope the topic considering the care pathway.

Quality standards process overview led by Tim Stokes

TS presented the group with an overview of the process for developing NICE quality standards, drawing from the Quality Standards Process Guide. He highlighted the key functions involved in the process including the National Quality Board and the TEG.

TS explained how NICE defines a quality standard and how they are derived from the best available evidence, such as NICE guidance or other NHS Evidence accredited sources.

TS described the purpose of the quality standards, including how they are used at present and their potential uses in the future, particularly in relation to the NHS White Paper *Equity and Excellence: Liberating the NHS* and the Health and Social Care Bill. TS also explained the relationship between the Quality Standards programme and the Quality and Outcomes Framework.

TS outlined the role of the TEG, including drafting quality statements and measures, considering cost and equality impacts of standards and refining draft standards following the consultation period. He also highlighted that members represent themselves and not any particular organisation.

TS then described the consultation and publication processes.

Quality standards example led by Charlotte Bee

Charlotte Bee (CB) outlined the process for developing a quality standard from the original guideline recommendations to the draft and then the finalised quality standard. She said the statements should be specific and concise and reflect high quality patient care. She also added that each statement should have a measurable element. CB showed the TEG how the quality standards look and how they can be accessed on the NICE website.

CB also gave some additional information on the process for developing a quality standard, using the quality standard on dementia as an example. She outlined the scope of this quality standard, the policy context and key development sources and described the use of the mapped areas of care.

Quality standards methodology led by Tim Stokes

TS outlined the draft methodology for the development of NICE quality standards. He said the statements generally relate to key priorities for implementation or areas likely to have the biggest impact on patient care and patient outcomes.

TS also highlighted some important issues for consideration when developing the quality standard, including clinical cost and effectiveness, patient safety, patient experience and equality.

Business items

- **Declarations of interest**

  TS gave an overview of the declaration of interest policy and emphasised that any interests from the last 12 months should be declared. The TEG was informed that any declarations of interest from members should be discussed with Nick Staples (NS).

- **Equality impact assessment**

  TS gave an overview of the equality impact assessment in relation to the quality standards. He confirmed that the NICE approach is to check that decisions made in the TEG meetings meet the equality impact assessment criteria.

Next steps

TS gave an overview of the timelines for the development of this quality standard.

Scoping session

The following areas were discussed as part of the group task in order to establish and agree the scope of the quality standard for ovarian cancer.

Evidence sources and scope

SD confirmed that the scope of this QS will focus on initial diagnosis and primary management in accordance with the recent NICE clinical guideline 122 (CG122), acknowledging a lack of NHS Evidence accredited sources of information for other areas of the pathway, such as follow up. The group agreed to extend the scope of the clinical guideline to consider relapsed ovarian cancer by referring to NICE technology appraisals. The group also

agreed to consider the Royal College of Radiologists (RCR) referral guidelines alongside CG122 for imaging criteria relating to specialist referral or referral to other imaging modalities. CB confirmed the RCR guidelines have NHS Evidence accreditation.

The TEG highlighted that for some patients, initial management of ovarian cancer is end of life care and so this may be appropriate to include. The group commented that end of life care is covered by a separate generic quality standard but if the group wanted to consider any areas of end of life care specific to patients with ovarian cancer, this may be possible if a suitable evidence source could be identified. The group agreed to refer to the generic end of life care QS within the ovarian cancer scope but not to develop any additional quality statements to supplement this.

The group agreed the sources of information outlined in the topic overview to be considered in the development of the quality standard. They agreed that CG122 should be the primary evidence source.

Other development sources

The group agreed that ascites and bowel obstruction would be important to include in the QS if a suitable evidence source could be identified, otherwise they would be excluded. CB agreed to check the scope of NICE clinical guideline 104 on metastatic malignant disease and the accreditation status of NCAT acute oncology guidance for suitability.

Areas of care

The group considered the areas of care diagram, adapted from the areas identified in clinical guideline 122. SD led the group through discussion of the recommendations from the guideline and the group agreed that the draft standard will consider the following areas of care. Recommendations prioritised for QS development, as well as any recommendations that will not be progressed are also highlighted:

1. Detection in primary care - symptoms and signs (1.1.1.2 (KPI), 1.1.1.3, 1.1.1.4 and 1.1.1.5 (KPI). TEG agreed to exclude recommendation 1.1.1.1 on urgent referral, as this is a minimum standard and is already current practice.

2. Detection in primary care - first tests and criteria for specialist referral– (1.1.2.1 (KPI), 1.1.2.2 (KPI), 1.1.2.3, 1.1.2.4 (KPI). The TEG also agreed to consider the RCR referral guidelines here and discussed appropriate management of 'indeterminate mass'.

3. Diagnosis in secondary care, including tumour markers (1.2.1.1), malignancy indices (1.2.2.1 [KPI]), imaging (1.2.3.1, 1.2.3.2, 1.2.3.3) and tissue diagnosis (1.2.4.1 [KPI]). The group agreed to consider the RCR guidelines here also for a broad quality statement on use of non-ultrasound imaging techniques (ultrasound to be addressed separately) in accordance with current guidance. The TEG agreed to exclude recommendation 1.2.1.2 on AFP and beta-hCG as this is a very specific exclusion test for one particular group (women under 40). The group also agreed to exclude recommendations 1.2.4.2 and 1.2.4.3 on tissue diagnosis, as the most important issue for this area (confirming tissue diagnosis for women offered cytotoxic chemotherapy), is captured by the KPI (1.2.4.1).

4. Primary management of suspected early (stage I) ovarian cancer including retroperitoneal lymph node assessment (1.3.1.1 and 1.3.1.2 [KPI]) and circumstances for adjuvant systemic chemotherapy (1.3.2.1 [KPI], 1.3.2.2 and 1.3.2.3). The TEG agreed that recommendations 1.3.2.2 and 1.3.2.3 on high risk stage I and suboptimal staging would be considered for combination with recommendations on advanced disease.

5. Primary management of advanced (stage II-IV) ovarian cancer including primary surgery (1.4.1.1 – agreed to keep for now recognising that this is a minimum accepted standard) and intraperitoneal chemotherapy (1.4.2.1 on use in the context of clinical trials). The TEG discussed expanding this to a broad quality statement on access to clinical trials for women with advanced disease.

6. Support needs of women with ovarian cancer, including appropriate and timely information about the disease as well as psychosocial and psychosexual issues (1.5.1.1 and 1.5.1.2). Specific types of information will be included in the definitions of the relevant quality statement.
7. Relapsed disease – a broad quality statement on access to NICE-approved drugs will be considered.

The group also decided to consider explaining any omissions due to a lack of NHS Evidence accredited sources in the preamble.

Topic expert group membership

The group considered the membership of the TEG and agreed that no additional members were required.

The group felt it would be useful to communicate with each other outside of the TEG meetings and therefore agreed to share their email addresses with the other group members.

Action: Lucy Spiller (LS) to circulate group members' email addresses.

Stakeholders and publication partners

The group considered the list of registered stakeholders and identified the British Association of Gynaecological Pathologists as a potential unregistered stakeholder. SD asked the group to encourage any other unregistered organisations to become stakeholders via the NICE website.

SD explained the role of publication partners and TS clarified that the publication partners do not have any editorial input.

Equality issues

The group did not identify any equality issues.

Attendees

Sean Duffy

Charles Redman

Cathy Hughes

Derek Cruickshank

Evis Sala

Ian Manifold

Jurjees Hasan

Laurence Brown

Linda Facey

Marcia Hall

Michael Scanes

Apologies

Audrey Bradford

Craig Dobson

Frances Reid

Robin Crawford

NICE staff

Tim Stokes

Mark Baker

Nick Staples

Charlotte Bee

Lucy Spiller

Observers

Angela Bennett

Dylan Jones

Nathan Bromham

Sharon Summers-Ma