National Institute for Health and Clinical Excellence

Quality Standards Topic Expert Group

Stable angina

Minutes of the meeting held on Tuesday 13th December 2011

Meeting held at the NICE offices in Manchester

Attendees	Adam Timmis (AT)- Chair, Aidan MacDermott (AMD), Christopher Blauth (CB), Helen O'Leary (HOL), Leonard Jacob (LJ), Maurice Pye (MP), Rob Henderson (RH), Roger Till (RT), Sotiris Antoniou (SA), John Soady (JS), Norma O'Flynn (NOF), Liz Clark (LC), Jonathan Shribman (JS) **NICE Attendees** Craig Grime (CDG), Terence Lacey (TL), Andy McAllister (AMA), Ben Doak (BD), Edgar Masanga (EM), Jenny Harrisson (JH)- minutes **Observers** Tommy Wilkinson

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	The chair, AT welcomed the attendees, and reviewed the agenda for the day. Members of the Topic Expert Group (TEG) introduced themselves. The group accepted the minutes from the scoping meeting held on 12th September 2011.	
2.Declaration of Interest	AT asked the group whether they had any new interests to declare since the last meeting and none were stated.	
3.Objectives of the meeting	CDG stated that 14 potential areas for development were identified at the scoping meeting and briefly outlined the key objectives of the day: to discuss and agree the wording of up to 20 draft quality statements and measures for consultation.	
4.Review of process for developing the Stable angina quality standard	TL reviewed the process for developing the quality standard and asked the TEG to think about factors which would have a high impact on outcomes, reducing variation in quality, lead to more efficient use of NHS resources and promote choice and equality whilst maintaining clarity and intent. CDG presented the areas of care pathway which was revised from the scoping meeting. RT queried whether the scope of the quality standard had been amended following the decision at the scoping meeting that the quality standard should include assessment and diagnosis. CDG confirmed that the published scope includes reference to assessment and diagnosis and lists NICE clinical guideline 95 as an evidence base. RT queried whether the title of the quality standard should change to reflect this. CDG felt that the title could remain the same; it is convention that the title reflects the main condition irrespective of whether some statements cover people pre-diagnosis.	

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5.Draft quality statements (QS) and quality measures (QM) developed from Stable angina recommendations • Presentation •Discussion •Agreement	**Draft Quality Statement 1: 'People with stable chest pain have a standardised estimation of the likelihood of coronary artery disease using clinical assessment and typicality of angina pain features'** There was initial concern regarding the use of a standardised assessment tool as members of the group believed that it would not be practicable to have such a table in front of the practitioner every time an estimate is given. However the TEG consensus was that to improve practice and correct diagnostic testing, a quantitative estimate needs to be measured at this stage in the pathway. 'with stable chest pain' to be replaced with 'without known CAD who are referred to a chest pain clinic with suspected stable angina'. **Revised statement: 'People without known CAD who are referred to chest pain clinic with suspected stable angina have a standardised estimation of the likelihood of coronary artery disease using clinical assessment and typicality of angina pain features'**	Replace wording.
	Draft Quality Statement 2: 'People with stable chest pain, features of typical angina and an estimated likelihood of coronary artery disease of more than 90% are treated for stable angina without further diagnostic investigation' 'without known CAD' to be included before 'stable chest pain' 'are treated for stable angina without' to be replaced with 'have no' **Revised statement: 'People without known CAD with stable chest pain, features of typical angina and an estimated likelihood of coronary artery disease of more than 90% have no further diagnostic investigation'**	Inclusion of wording. Replace wording.

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	Draft Quality Statement 3: 'People with non-anginal chest pain are assessed for causes other than angina' 'are assessed for causes other than angina' to be replaced with 'do not receive diagnostic testing for stable angina'. The TEG expressed concern that the denominator for this statement could be too large given that there are many types of non-anginal chest pain. The TEG agreed to limit the denominator to those receiving diagnostic testing. LJ queried whether this statement is in scope as it is concentrating on non-anginal pain not stable angina. The group agreed is in the recommendations (CG95 1.3.3.6) and these patients are often incorrectly on the stable angina pathway. **Revised statement: 'People with non-anginal chest pain do not receive diagnostic testing for stable angina'**	Replace wording.

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	Draft Quality Statement 4: 'People with stable chest pain, in whom stable angina cannot be diagnosed or excluded based on clinical assessment alone, are offered further diagnostic testing according to their likelihood of coronary artery disease' 'with chest pain, in whom stable angina cannot be diagnosed or excluded based on clinical assessment alone' to be replaced with 'atypical or typical angina symptoms with 10-90% likelihood CAD' 'further' to be removed from the statement. A process measure to define the tests to be included taken from CG95 1.3.3.16. **Revised statement: 'People with atypical or typical angina symptoms with 10-90% likelihood CAD are offered diagnostic testing according to their likelihood of coronary artery disease'**	Replace wording. Remove wording. Inclusion of process measure
	Draft Quality Statement 5: 'People being investigated for stable angina have their haemoglobin level measured to identify anaemia' 'investigated' to be replaced with 'assessed'. Revised statement: **'People being assessed for stable angina have their haemoglobin level measured to identify anaemia'**	Replace wording.

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	Draft Quality Statement 6: 'People with stable angina are offered personalised information, education, support and opportunities for discussion to help them understand their condition and be involved in its management, if they wish' LC expressed concern that family/carers are an important aspect in the area and were not mentioned in the statement. The group were reminded that the scope does not cover this but CDG to look at this after the meeting. PA queried how this would be measured and it was suggested that a patient survey would be most appropriate. 'information' to be defined in the definitions section.	Look at scope re family/carers.
	Draft Quality Statement 7: 'People with stable angina are offered a short-acting nitrate' The TEG agreed to keep the statement the same.	

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	Draft Quality Statement 8: 'People with stable angina are offered a beta blocker or a calcium channel blocker as first line treatment, which is reviewed if there are intolerable side effects or symptoms are not satisfactorily controlled' 'which is reviewed if there are intolerable side effects or symptoms are not satisfactorily controlled' to be replaced with 'unless contra-indicated'. LC raised a concern around the same brand of medication being prescribed for patients as consistency is important. TA reminded the group that this statement is not regarding renewed prescription but the initial offering of treatment. **Reviewed statement: 'People with stable angina are offered a beta blocker or calcium channel blocker as first line treatment unless contra-indicated'**	Replace wording
	Draft Quality Statement 9: 'People with stable angina are offered statins in accordance with NICE guidance' 'in accordance with NICE guidance' to be removed from the statement. **Revised statement: : 'People with stable angina are offered a statin'**	Remove wording.

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	Draft Quality Statement 10: 'People with stable chest pain, features of typical angina and an estimated likelihood of coronary artery disease of more than 90% are treated for stable angina without further diagnostic investigation' Statement reworded to read ' People with stable angina and established hypertension are offered antihypertensive treatment' 'in accordance with NICE guidance' to be removed from the measures. The TEG were unsure whether the statement was of enough relevance specifically to people with stable angina to warrant inclusion in the quality standard and decided to query this at consultation stage. **Revised statement: 'People with stable angina and established hypertension are offered antihypertensive treatment'**	Reword the statement . Remove wording from measures. Query at consultation stage re necessity.

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	Draft Quality Statement 11: 'People with stable angina have the opportunity to discuss continuing treatment strategies following optimal medical treatment' The statement was restructured along with the inclusion of 'optimal medical treatment' and 'discuss benefits, limitations and risks of revascularisation (CABG and PCI)' From discussion at the end of the meeting it was agreed to define 'optimal medical treatment' using recommendations1.4.1, 1.4.5 and 1.4.6. Through discussion on this statement it was agreed to include a new statement which would be placed before statements on revascularisation. The statement would focus on optimal medical treatment and read 'People with stable angina should be receiving optimal medical treatment before revascularisation is considered'. **Revised statement: 'People with stable angina on optimal medical treatment have the opportunity to discuss benefits, limitations and risks of revascularisation (CABG and PCI) or continuing medical treatment'**	Inclusion of wording alongside a restructure of the statement. Define wording in the definitions section. Include new statement.
	Draft Quality Statement 12: 'People with stable angina whose symptoms are not satisfactorily controlled with optimal medical treatment are offered coronary angiography to help decide on a treatment strategy' The TEG discussed removing 'stable' from the statement as it may apply to all angina but consensus was leave this in for consistency. 'are offered coronary angiography to help decide on a treatment strategy' To be replaced with 'and who wish to consider revascularisation (CABG and PCI) are offered coronary angiography'' **Revised statement: 'People with stable angina whose symptoms are not satisfactorily controlled with optimal medical treatment and who wish to consider revascularisation (CABG and PCI) are offered coronary angiography'**	Replace wording.

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	Draft Quality Statement 13: 'People with stable angina undergoing angiography because symptoms are not satisfactorily controlled with optimal medical treatment have their continuing treatment directed by a multidisciplinary team' The statement was reworded. **Revised statement: 'People with stable angina on optimal medical treatment in whom angiography shows left main stem or anatomically complex three-vessel disease or doubt about the best method of revascularisation, are discussed by a multidisciplinary team'**	Reword the statement.
	Draft Quality Statement 14: 'People with stable angina that has not responded to drug treatment or revascularisation are offered a comprehensive re-evaluation of their diagnosis and treatment strategy' 'strategy' to be removed from the statement. 'that has not responded to drug treatment or revascularisation' to be replaced with 'whose symptoms are refractory to treatment (optimal medical treatment and with or without revascularisation)'. The group stated that the statement may be difficult to measure. CDG to look at after the meeting and query at consultation stage. **Revised statement: 'People with stable angina whose symptoms are refractory to treatment (optimal medical treatment with or without revascularisation) are offered a comprehensive re-evaluation of their diagnosis and treatment'**	Remove wording Replace wording Measures to be looked at after the meeting and at consultation stage

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6. Other Recommendations	CDG asked the group for recommendations for further statements. After discussion and looking at the 'Provisional prioritisation of recommendations' handout the TEG agreed a statement on lifestyle, in particularly smoking and weight loss, should be included. CDG to develop this using recommendation 1.2.6 from CG126. Through discussion of 'optimal medical treatment' the TEG believed it important to define this in the definitions section under statement 11 using the recommendations 1.4.1, 1.4.5 and 1.4.6. LC's earlier concern of prescribing the same brand of medication to patients for consistency was raised again. However the group were reminded that this is not just limited to stable angina and therefore a statement should not be used for this area. LJ queried whether the group should include another treatment in statement 8 if the patient is intolerant to those stated. The TEG agreed that the statement as it is would be the best indicator of quality of care and that adding this could make measuring the statement difficult. .	Develop new quality statement regarding lifestyle. Define wording in the definitions section under statement 11.
7.Consultation on the draft Quality standard	CDG concluded by guiding the TEG through the draft quality statements compiled during the day. There are a total of 16 statements to go to consultation. AM discussed stakeholders with the group and explained that to comment on the draft quality standard an organisation must register as a stakeholder on the NICE website. The TEG was asked for any organisations they had in mind that could be approached to register as a stakeholder. The Primary Care Cardiovascular Society was suggested.	Contact 'The Primary Care Cardiovascular Society' regarding registering as a stakeholder.

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8.Next steps and AOB	TEG members were given an update of the next steps along with key dates in the development process. RT asked for clarification on the TEG 4 meeting on 15th October 2012. It was stated to the group that this meeting is to develop the Commissioning outcomes framework indicators as the Quality standards will feed this area and the TEG would be the most appropriate group to carry this out. AT thanked CDG and the TEG for their work so far and closed the meeting.	