**Quality Standards Drug Use Disorder Topic Expert Group**

**Minutes of the scoping workshop held on 2nd December at the NICE Manchester office**

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| **Attendees** | **Topic Expert Group Members**<br><br>Emily Finch [Chair] (EF), Luke Mitcheson (LM), Paul Hawkins (PH), Sue Pryce (SP), Vivienne Evans (VE), Andre Geel (AG), Kevin Ratcliffe (KR), John Jolly (JJ), Stephen Brinksman (SB), Peter Burkinshaw (PB), Nick Barton (NB), Jood Gibbins (JG), Ed Day (ED)<br><br>**NICE Staff**<br><br>Tim Stokes (TS), Nicola Greenway (NG), Daniel Sutcliffe (DS), Andrew Wragg (AW), Caroline Kier (CK), Lucy Spiller [Minutes] (LS)<br><br>**Other Attendees**<br><br>Phil Conley (PC), Regional Manager, National Treatment Agency<br><br>**Observers**<br><br>Michelle Standing (NICE), Brian Bennett (NICE), Julie Ball (NICE) |

| Agenda item | Discussions and decisions | Actions |
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| **1.Welcome, introductions and plan for the day** | EF welcomed the attendees and reviewed the agenda for the day. | |
| **2.Declaration of Interest** | EF outlined the declaration of interests policy and emphasised the areas most relevant to this topic expert group. It was highlighted that the group contained members from different providers who tender for contracts and members were informed they represent themselves and not the organisation they work for. The group confirmed they had no additional interests to declare. | |
| **3. Quality standards overview** | AW presented the group with an overview of the process for developing NICE quality standards (QS). He highlighted that QS clarify what high quality care looks like. He explained what QS are used for and outlined the current work programme. AW explained how QS are used at present and highlighted that the NHS White Paper *Equity and Excellence: Liberating the NHS* and the Health and Social Care Bill indicate that QS will be very important in the future. TS advised that we are unsure of the exact mechanisms for this but assured the group that we will bring any updates to future meetings.<br><br>AW described the role of the TEG and reinforced that members represent themselves rather than a particular organisation. He advised the group that there will be one additional meeting in December 2012 where they will meet to develop draft QOF and COF indicators.<br><br>AW outlined the role of registered stakeholders in the quality standard consultation process and explained the role of the NICE QS team. He also described the involvement of other NICE teams and external organisations in the development process. | |
| **4.Review of process for developing the quality standard** | DS outlined the method used to develop a QS, highlighting that QS are aspirational but achievable and not intended to reinforce current practice. He outlined NICE's equality commitment and | |

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| | emphasised the need to eliminate unlawful discrimination and promote equality of opportunity within the QS. DS described the relationship between QS and the QOF/COF programmes and advised the group that they will be invited to undertake further work on the QS measures in order to develop valid and clearly worded QOF and COF indicators. | |
| **5. Quality standard example** | NG showed the group an example of a QS. She provided more detail on what a QS looks like and explained the purpose of quality measures and audience descriptors. She emphasised that each individual quality statement must have one concept to ensure clarity. She showed the group how they will get from a clinical guideline recommendation to a quality statement. NG used the online version of the dementia QS to show the group what a completed QS looks like. | |
| **6. Clinical and policy issues surrounding drug use disorders** | PC presented the group with clinical and policy issues surrounding drug use disorders. | |
| **7. Scoping session** | The group considered and agreed the proposed scope, with one slight change to the wording.<br><br>The group discussed whether the quality standard should apply to people of all ages, those over 16 or those over 18 but felt unable to make the decision at this stage. They felt it would be useful to see where the line was drawn in the evidence sources and to use this information to make a decision. | Change the wording from 'opioids, cannabis or stimulants' to 'opioids, cannabis, stimulants or other drugs'<br><br>Review the evidence sources to see whether an age range is specified. Identify why 16+ was specified in CG51 and CG52. |

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| | The group agreed to exclude the following groups:<br>• Adults with a dual diagnosis where the primary diagnosis is a severe mental health diagnosis.<br>• Adults whose primary drug of misuse is benzodiazepines.<br>• Adults whose primary drug of misuse is alcohol.<br><br>The group agreed the setting for the quality standard should be 'in all treatment settings'.<br><br>The group considered the areas of care diagram, adapted from the areas identified in CG51, CG52 and Department of Health UK guidelines on clinical management of drug misuse and dependence (2007). NG led the group through a discussion of the key recommendations from the guideline and the group agreed that they will consider the following areas of care:<br>**1. Training and competencies**<br>**2. Families and carers**<br>**3. Needle and syringe exchange programmes**<br>• Needle and syringe exchange programmes<br>**4. Assessment and care planning**<br>• Assessment, care plan and review<br>**5. Keyworking**<br>• Drug related and harm reduction information and advice<br>• Content of keyworking<br>• Recovery and reintegration<br>• Mutual aid<br>**6. Formal Psychosocial Interventions**<br>• Brief motivational interventions<br>• Psychosocial interventions<br>• CBT for depression and anxiety<br>**7. Pharmacological interventions** | Add 'in all treatment settings' to the scope.<br><br>Update the areas of care diagram. |

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| | • Supervised consumption<br>• Opioid maintenance prescribing<br>**8. Withdrawal**<br>• Preparation/readiness for change<br>• Setting<br>• Support and monitoring during and after detoxification<br>**9. Health considerations**<br>• Blood borne infections<br>• Monitoring long term health<br>**10. Care settings and populations**<br>• Residential setting<br>• Criminal justice and prison setting<br>• Pregnancy and neonatal care<br><br>The group decided not to include quality statements on the following topics at this stage, but agreed that they may need considering further into the development process:<br>**1. Choice of medicine in opioid detoxification**<br>**2. Dosage and duration of opioid detoxification**<br>**3. Symptomatic treatment of withdrawal**<br><br>The group did not feel it was necessary to include specific statements on the following areas as they felt they were covered by the quality standard as a whole:<br>**1. Mental health**<br>**2. Young people**<br>**3. Older current and ex-drug users**<br>**4. Hospitals**<br><br>The group discussed which guidelines should be used as primary evidence sources and agreed on the following:<br>• NICE clinical guideline CG51 (2007) Drug misuse: psychosocial interventions<br>• NICE clinical guideline CG52 (2007) Drug misuse: opioid | Use the guidelines listed as the primary evidence sources. |

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| | detoxification<br>• Department of Health UK guidelines on clinical management. (2007) Drug misuse and dependence<br><br>The group felt the following guidance should be included in the 'other UK guidance' section of the topic overview:<br>• The NTA's 'Psychosocial interventions for drug misuse: a framework and toolkit for implementing NICE-recommended treatment interventions' (2010)<br>• The NTA's 'Recovery orientated drug treatment: an interim report' (2011)<br>• The RCGP's 'Guidance for the use of buprenorphine for the treatment of opioid dependence in primary care' (2004). The group noted that an update was due to be published in 2011.<br><br>The group reviewed the equality issues but could not identify any at present. | |
| **7. TEG membership and stakeholder list** | The group discussed the composition of the topic expert group and felt it was sufficient to cover the areas of care identified for inclusion.<br><br>The NICE team advised the group of the need for registered stakeholder input to the development of the QS and the group agreed to look through the current registered stakeholder list and suggest additional organisations. | Circulate the registered stakeholder list. |
| **8. Next steps and timescales** | The NICE team outlined the next steps in the QS development process and highlighted important dates. AW advised the group that they will have chance to comment on the QS at various stages of development and asked the group to set aside some time during these periods.<br><br>EF thanked the group and closed the meeting. | |