National Institute for Health and Clinical Excellence

Quality Standards Drug use disorders Topic Expert Group

Minutes of the TEG3 meeting held on 16th July 2012 at the NICE Manchester Office

Attendees	**TEG Members** Emily Finch [Chair] (EF), Luke Mitcheson (LM), Sue Pryce (SP), Vivienne Evans (VE), Andre Geel (AG), Kevin Ratcliffe (KR), John Jolly (JJ), Stephen Brinksman (SB), Peter Burkinshaw (PB), Nick Barton (NB), Azim Lakhani (AZ), Ed Day (ED) **NICE Staff** Tim Stokes (TS), Nicola Greenway (NG), Daniel Sutcliffe (DS), Andrew Wragg (AW), Cheryl Thorne (CT), Jamie Jason (Minutes) **Observers** Alison Tariq (NICE)
Apologies	**TEG Members** Jood Gibbons Paul Hawkins **NICE Staff** Edgar Masanga

Agenda item	Discussions and decisions	Actions
1. Introductions and apologies	EF welcomed the attendees, noted the apologies and reviewed the agenda for the day. The group confirmed the minutes from the meeting held on 12th March 2012 were an accurate record.	
2. Declarations of interest	EF asked the group whether they had any new interests to declare since the last meeting. NB declared interest as a training provider. No other group members had any additional interests to declare.	
3. Review of progress so far and objectives of the day	DS reviewed the progress made on the quality standard (QS) so far. He advised the group that the main objectives of the day were to discuss the results of the consultation and agree the quality statements for progression into the final QS. He reminded the group that the QS should only consist of aspirational statements addressing key areas of quality and variation in care. The group was also reminded that the QS should be as concise as possible and it should not include anything that is standard practice. DS also confirmed that the group will have the opportunity to see the final version of the QS before publication.	
4. Support for commissioners and others using the quality standard	CT outlined the role of the costing and commissioning team and advised the group that they will develop a support document for commissioners and other users to accompany the QS. CT stated that the purpose of this document is to help commissioners and service providers consider the commissioning implications and potential resource impact of using the QS. CT advised the group that they may need to provide input during its development. CT also advised the TEG that they will have the opportunity to comment on the document. CT asked the group to contact them if they have any questions or would like to contribute.	TEG members to contact CT if they would like to contribute to the commissioning document.
5. Presentation and discussion of consultation feedback	NG gave a brief overview of the consultation comments. NG advised the group that they would consider statement-specific comments received from the consultation as they discussed each statement. NG also highlighted that responses will be formulated to comments received from registered stakeholders and these responses will be published on the NICE website alongside the final quality standard.	

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	NG informed the group that in total 16 comments forms were accepted at consultation.	
	SB asked why the statements at consultation were different from those agreed at the last TEG meeting. DS reminded the TEG that further changes were made to the QS following the meeting, subject to discussion with and agreement of the TEG Chair. AW informed the group that NICE was considering how to position the QS with respect to the funding shifting to Local Authorities in April 2013 and services being commissioned via that route. AW advised the group that a meeting of relevant NICE Directors was taking place to discuss how to handle this. AW advised the group a range of options exist ranging from publishing the QS as normal through to using this as the model/example QS for discussion with Public Health England and the Local Government Association. However, AW advised these issues should not affect the development of the product. Aw advised he would keep the TEG updated over the coming weeks. PB asked AW if the NTA could be involved in any discussions had with PH England. PB asked that the introduction to the QS acknowledges the current public health transition and reflects the structures that are in place now and in the future. TS informed the group that as part of the consultation process the QS was reviewed internally. The comments provided will be discussed alongside each statement. TS emphasised the need to reduce the final number of statements to 10.	NICE team to keep the TEG updated on positioning of QS in light of funding shifting to Local Authorities in April 2013.

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6. Presentation, discussion and agreement of final statements	**Draft Quality Statement 1:** "People with drug use disorders receive interventions only from staff competent and trained in delivering the interventions, and receiving appropriate supervision" NG informed the group that the QS could no longer contain statements on generic training and competencies of staff as these requirements should underpin all statements within the QS. NG also highlighted the introduction to the QS was currently being updated to include wording on training and competencies as this issue would be applicable to all QS. The TEG discussed the measurability of the statement and decided it would be difficult to measure.	Remove draft statement 1 Include information on training and competencies in the introduction
	Draft Quality Statement 2: "Families and carers of people with drug use disorders are offered information and advice to help them access services that address their personal, social and mental health needs" NG asked the TEG to clarify the intent of the statement; provision of information and advice or the availability of services as this was not clear. NG proposed two new statements separating the two intentions. The TEG discussed the options and decided to reword the statement to include an assessment as this was more concise, definable and measureable. The TEG also decided to include 'their own specified needs' instead of 'that address their personal, social and mental health needs' to make clear the statement was about the needs of the families and carers and not the needs of the person with the drug use disorder. The TEG queried if families and carers would include parents. It was suggested a definition of families/carers was added to the QS. **Revised quality statement 2 (now quality statement 1):** "Families and carers of people with drug use disorders are offered an assessment of their own specified needs"	Progress the statement with the revised wording Add a definition of families and carers to the QS
	Draft Quality Statement 3: "People who inject drugs have access to	Progress

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	needle and syringe programmes in accordance with NICE guidance" NG asked the TEG to clarify the quality issue within the statement and whether this was access to services or the quality of the services. The TEG confirmed it was the quality of the services. NG informed the group a consultation comment had been received to include people who inject other substances e.g. steroids and methamphetamines in the equality and diversity section. The TEG agreed to include this issue **Revised quality statement 3 (now quality statement 2): Statement accepted with original wording.**	statement 3 with the original wording Update the equalities and diversity section
	Draft Quality Statement 4: "People accessing drug treatment are offered a comprehensive assessment of their drug use and their own resources for recovery" NG highlighted to the group the consultation comments on the use of the word recovery and its inclusion within the statement. The TEG decided assessment of drug use was standard practice however assessment of resources for recovery was the area for quality improvement and changed the statement accordingly. They discussed the definition of 'recovery' and decided it was clearly defined in other documents. The TEG discussed the consultation comments with regard to the definition of an assessment and decided to maintain the definition from the DH guideline. In response to consultation comments the TEG changed the wording of the statement to 'in drug treatment' as an assessment should be done for everyone in treatment. **Revised quality statement 4 (now quality statement 3):** "People in drug treatment are offered an assessment of their resources for recovery"	

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	Draft Quality Statement 5: "People in drug treatment review their agreed recovery care plan with their keyworker at least every 3 months to inform their treatment" Following consideration of the stakeholder comments and further discussion at length the TEG decided to remove this statement as they did not think the statement as worded could be regarded as an area of high quality care. The aspects of high quality care e.g. continued review were not seen to be measurable.	Remove draft statement 5
	Draft Quality Statement 6: "People accessing drug treatment services are offered testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B" In response to stakeholder comments the TEG decided to add 'referral for' treatment as this action is within the remit of drug treatment services. **Revised quality statement 6 (now quality statement 4):** "People accessing drug treatment services are offered testing and referral for treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B"	Change the wording of the statement to include 'referral for treatment'
	Draft Quality Statement 7, 8 & 9: **DS7:** "People in drug treatment are given information and advice about treatment options by their keyworker" **DS8:** "People in drug treatment are offered appropriate psychosocial interventions by their keyworker" **DS9:** "People in drug treatment are offered support, by their keyworker, to access services that promote recovery and reintegration including housing, education, employment, personal finance, healthcare and mutual aid" Draft quality statements 7, 8 and 9 were presented to the TEG together in response to consultation comments which suggested they may be merged. The TEG decided each individual statement was	

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	important for high quality care and agreed to progress each statement individually with some revised wording. The TEG decided to list the treatment options in draft statement 7 to ensure those using the standard provide information and advice on the same types of treatment options. They also decided to remove 'by their keyworker' as this information can be provided by a range of professionals. The TEG agreed it was important to specify that some psychological treatments should be provided by the keyworker and therefore progressed draft statement 8. They decided to change the statement to 'as part of keyworking' as they felt this was clearer than the original wording. The TEG decided draft statement 9 was important in providing high quality care and therefore agreed to progress the statement. They decided to remove 'by their keyworker' to make the statement more concise. **Revised quality statement 7 (now quality statement 5):** "People in drug treatment are given information and advice about treatment options including harm-reduction, maintenance, detoxification and abstinence." **Revised quality statement: 8 (now quality statement 6):** "People in drug treatment are offered appropriate psychosocial interventions as part of key working." **Revised quality statement: 9 (now quality statement 7):** "People in drug treatment are offered support to access services that promote recovery and reintegration including housing, education, employment, personal finance, healthcare and mutual aid"	Progress draft statement 7 and change the wording to include treatment options and remove 'by their keyworker' Progress draft statement 8 and change the wording to 'as part of keyworking'. Progress draft statement 9 and remove 'by their keyworker' from the statement.

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	Draft Quality Statement 10: "People in drug treatment are offered appropriate formal psychosocial interventions" The TEG highlighted that this area of care was variable and an important treatment option to be offered to patients and therefore felt the statement should be progressed. The TEG discussed whether this statement could be merged with draft statement 8. The TEG decided these were two different sets of interventions delivered by different groups of people with a different skill set and therefore it would not be appropriate to merge with draft statement 8. Following further discussions the TEG agreed to merge this statement with draft statement 11.	Merge with statement 11 and progress with the revised wording.
	Draft Quality Statement 11: "People in drug treatment who have comorbid depression or anxiety disorders are offered psychological treatments in accordance with NICE guidance for those diseases" NG informed the TEG that as currently worded, the statement overlaps with the depression QS and does not appear to be specific for people with drug use disorders. The TEG felt psychological treatments for co morbid depression or anxiety disorders was important and needed to be part of the range of treatments offered to people with drug use disorders to help their recovery. The TEG agreed to merge statements 10 and 11. **Revised quality statement 11 (now quality statement 8): "**People in drug treatment are offered appropriate formal psychosocial interventions and/or psychological treatments "	Merge with statement 10 and progress with the revised wording
	Draft Quality Statement 12: "People who are opioid dependent and undergoing opioid substitution receive methadone or buprenorphine daily under supervision for at least the first 3 months of treatment" Following consideration of stakeholder comments and further discussion the TEG agreed to remove this statement. As worded the statement may have negative consequences and prevent people from	Remove draft statement 12

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	accessing treatment and moving forward and therefore was not regarded as a key marker of quality care.	
	Draft Quality Statement 13: "People undergoing opioid detoxification are offered a choice of methadone or buprenorphine" Following consideration of stakeholder comments and further discussion the TEG agreed to remove this statement as it was not felt to be measurable or reflect the underlying guideline recommendation.	Remove draft statement 13
	Draft Quality Statement 14: "People undergoing opioid detoxification, for whom a community-based programme is not appropriate, are offered inpatient or residential detoxification" Following consideration of stakeholder comments and cost implications and further discussion the TEG agreed to remove this statement.	Remove draft statement 14
	Draft Quality Statement 15: "People who have achieved abstinence following a period of drug treatment are offered continued treatment, support and monthly monitoring, designed to maintain abstinence for at least 6 months" At consultation a question was asked as to the group of people to be included within this statement and whether it should be expanded to all people who have achieved abstinence. Following consideration of the consultation comments the TEG agreed to remove 'following a period of drug treatment' from the statement. The TEG agreed to remove 'monthly monitoring' from the statement as support was the aspect of high quality care. The TEG agreed to remove 'designed to maintain abstinence' from the statement to make the statement concise. **Revised quality statement 15 (now quality statement 9):** "People who have achieved abstinence are offered continued treatment or support for at least 6 months"	Progress draft statement with the revised wording

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	Draft Quality Statement 16: "People in drug treatment are considered for residential rehabilitative treatment in accordance with NICE guidance" NG informed the group there were concerns with the measurement of the statement. 'Considered' is not measurable and therefore cannot be included in a quality statement. It was noted the guidance uses the word 'consider' to reflect the lack strong evidence to support the recommendation. The TEG considered this statement at length and the lack of available residential rehabilitation and decided it was an important area of care and therefore should be included in the QS. The TEG agreed to add 'who meet the eligibility criteria' to the statement and list the criteria from the NICE guidance in the definitions. The TEG also agreed to remove 'in accordance with NICE guidance' as the same information will be provided in the eligibility criteria. **Revised quality statement 16 (now quality statement 10):** "People in drug treatment who meet the eligibility criteria are offered residential rehabilitative treatment"	Progress the statement with the revised wording List the eligibility criteria in the definitions.
	Consultation questions NG informed the TEG that the consultation had sought views on whether quality statements on the availability of services in prisons and integrated care for pregnant women should be included in the QS. Following review of the consultation comments and further discussions the TEG agreed these areas should not be included in the QS as statements but information on prisons as a setting should be added to the introduction.	Include additional information as prison as a setting in the introduction
7. Equality impact assessment	NG advised the group that an equalities impact assessment would be completed, for the following reasons: • to confirm that equality issues identified have been considered and appropriately addressed. • to ensure that the outputs do not discriminate against any of the equality groups	

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	• to highlight planned action relevant to equality • to highlight areas where statements may promote equality NG asked the group to highlight any specific issues. The TEG highlighted treatment in prisons as an equalities issue.	
8. Next steps	AW outlined the next steps, including key dates in the QS development process. AW gave a brief outline of the endorsement process and advised the group that at present no organisations have expressed an interest in endorsing the QS to date. He asked the group to identify and contact any relevant organisations to ask them to express an interest in endorsing the QS. The TEG members were urged to make use of their contacts to encourage organisations to express an interest in endorsing the standard. The group suggested the following organisations. Rcpsych NTA SMPG Drug scope BPSEN The group was reminded that the date for the next meeting, to begin working on indicators, will be confirmed via email if required.	TEG members to encourage organizations to express an interest in endorsing the QS.
9. AOB	The TEG had no other business to discuss. EF thanked the group for their hard work and closed the meeting.	