

Quality Standards Nutrition Support in Adults Topic Expert Group

Minutes of the TEG2 meeting held on 25th April at the NICE Manchester office

<p>Attendees</p>	<p><u>Topic Expert Group Members</u></p> <p>Marinos Elia (ME) (Chair), Stephen Lewis (SL), Timothy Bowling (TB), Jose Bennell (JB), Rachael Masters (RM), Peter Austin (PA), Marion Sloan (MS), Carolyn Wheatley (CW), Natalie Laine (NL), Jackie Kay (JK), Joy Merriman (JM), Azim Lakhani (AL)</p> <p><u>NICE Staff</u></p> <p>Brian Bennett (BB), Terence Lacey (TL), Andrew Wragg (AW), Jennifer Hopes (JHo), Jenny Harrisson (JHa)</p> <p><u>Observers</u></p> <p>Andrew Harding</p>
<p>Apologies</p>	<p><u>Topic Expert Group Members</u></p> <p>Simon Lal, Kirstine Farrer</p> <p><u>NICE</u></p> <p>Tim Stokes</p>

Agenda item	Discussions and decisions	Actions
<p>1. Welcome, introductions and plan for the day</p>	<p>ME welcomed the attendees, noted the apologies and reviewed the agenda for the day.</p> <p>The group agreed the minutes from the TEG1 meeting held on 30th January 2012 were an accurate record. JB stated that she had not received the slides that David Oliver (NCD) had presented.</p> <p>ME enquired if the minutes taken at TEG meetings are published on the NICE website. JHa explained that the minutes are published after both the chair and TEG had reviewed them.</p>	<p>JHa to send JB NCD slides</p>
<p>2. Declaration of Interest</p>	<p>ME asked the group whether they had any new interests to declare since the last meeting.</p> <p>JM stated that she was attending a conference at Nestle and explained that the payment was going to her organisation and not herself. AW asked JM to fill in a DOI form to reflect this.</p> <p>No other group members had any additional interests to declare.</p>	<p>JHa to send JM a DOI form.</p>
<p>3. Objectives of the meeting</p>	<p>ME highlighted that the objective for the day was to discuss and agree the wording of the draft quality statements and measures, which will go out to consultation. ME explained to the group that they were tasked with developing a small number of key evidence-based statements that focus on high quality care and identify critical markers of challenging but achievable care to drive up quality</p>	
<p>4. Review of process for developing the quality standard</p>	<p>TL reviewed the process for developing the quality standard (QS) and core principles for development, including their purpose to pick out only critical markers for improvement. He emphasised the need for clear, focused, measurable quality statements and reminded the group that the statements must be aspirational but achievable. The quality standard will be informed by recommendations from the published NICE clinical guideline on nutrition support. Not all recommendation will be represented but this would not mean that they are not important. He also asked the group to highlight any equality issues relating to each statement to the NICE team during the meeting as part of the ongoing equality impact assessment for the quality standard.</p>	

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	<p>BB reiterated that the objective of this meeting was to decide:</p> <ol style="list-style-type: none"> 1. Which statements should be progressed for consultation and the wording and intent of these statements. 2. Which statements would not be progressed for consultation if they did not fulfill the criteria. <p>BB gave the group an overview of the key development sources used and confirmed that the TEG would have opportunity to comment on the draft version prior to consultation</p>	
<p>5. Draft quality statements (QS) and quality measures (QM)</p> <ul style="list-style-type: none"> • Presentation • Discussion • Agreement 	<p>Draft Quality Statement 1: People in all appropriate settings are offered screening for malnutrition or the risk of malnutrition using a validated risk assessment tool</p> <p>The TEG included the word appropriate at the beginning of the statement.</p> <p>The TEG agreed for ‘appropriate people’ and ‘appropriate care settings’ to be included in the definitions section</p> <p>The TEG decided to remove ‘or the risk of malnutrition’</p> <p>The TEG agreed to replace ‘assessment’ with ‘screening’</p> <p>Measures to be changed accordingly.</p> <p>Revised Quality Statement 1: Appropriate people in all appropriate care settings are offered screening for malnutrition using a validated risk screening tool.</p>	<p>BB to make changes to the statement</p> <p>BB to include ‘appropriate people’ and ‘appropriate care settings’ in the definitions section.</p>
	<p>Draft Quality Statement 2: People who are screened for malnutrition and the risk of malnutrition have the screening undertaken by professionals with appropriate skills and training in using a validated tool.</p> <p>The TEG agreed that statement 2 and statement 9 should be merged.</p> <p>The TEG agreed to rewrite the statement without mentioning training and</p>	<p>BB to make changes to the statement</p> <p>BB to merge statement 2 and 9</p> <p>.</p>

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	<p>focusing on documentation. Training however would captured within the measures.</p> <p>Measures to be changed accordingly</p> <p>Revised Quality Statement 2: People who are screened for risk of malnutrition have the result documented and goals set out in a care plan which accompanies the patient throughout their care pathway.</p>	
	<p>Draft Quality Statement 3: People receiving enteral tube feeding have the position of their nasogastric tube confirmed after placement and before each use by aspiration and pH graded paper (with X-ray if necessary).</p> <p>The TEG decided to remove this statement.</p>	<p>BB to remove this statement</p>
	<p>Draft Quality Statement 4: People receiving enteral and parenteral nutrition support are offered training and information on how to manage their nutrition support needs.</p> <p>The TEG agreed to remove this statement</p>	<p>BB to remove this statement</p>
	<p>Draft Quality Statement 5: People receiving nutrition support receive nutrient intake in accordance with NICE Guidance</p> <p>The TEG discussed whether a specific marker of quality improvement from the underlying tables for these guideline recommendations could be identified which would fulfil the criteria for good quality standard development. It was noted that a core requirement for quality statements is that they are readily measurable, for example to enable local commissioners to track quality improvement and for a range of other purposes. It was agreed that a broad statement would be taken forward to consultation covering statement 5 and 6 although it was noted that</p>	<p>BB to make changes to the statement.</p> <p>BB to merge statement 5 and 6</p>

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	<p>these overarching statements may not be suitable for measurement, beyond low level clinical audit.</p> <p>The TEG agreed to change 'nutrition intake' with 'treatment'</p> <p>The TEG changed 'receive' to 'offered'</p> <p>The word 'holistic' to be considered within the draft statement. Measures to be changed accordingly</p> <p>Revised Quality Statement 5: People requiring nutritional support are offered holistic treatment in accordance with NICE guidance.</p>	
	<p>Draft Quality Statement 6: People who are malnourished or at risk of malnutrition are offered oral, enteral or parenteral nutrition support, alone or in combination, in accordance with NICE guidance.</p> <p>The TEG agreed a broad statement could be taken forward covering statement 5 and 6.</p>	<p>BB to merge statement 5 and 6</p>
	<p>Draft Quality Statement 7: People receiving nutrition support are monitored by healthcare professionals using protocols in accordance with NICE Guidance.</p> <p>The TEG agreed to replace the word 'receiving' with 'requiring'.</p> <p>'Requiring' to be included in the definitions section</p> <p>The TEG agreed to remove 'by healthcare professionals'</p> <p>Measures to be changed accordingly</p> <p>Revised Quality Statement 7: People requiring nutritional support are monitored using protocols in accordance with NICE Guidance</p>	<p>BB to make changes to the statement.</p> <p>BB to include 'requiring' in the definitions section</p>

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	<p>Draft Quality Statement 8: People who are receiving nutrition support have the indications, route, risks, benefits and goals of nutrition support reviewed at regular intervals.</p> <p>The TEG agreed to change the word 'regular' to 'planned' but noted that such a term would need to be defined. 'Planned' to be included in the definitions sections.</p> <p>Measures to be changed accordingly</p> <p>Revised Quality Statement 8: People who are receiving nutrition support have the indications, route, risks, benefits and goals of nutrition support reviewed at planned intervals.</p>	<p>BB to make changes to the statement.</p> <p>BB to include 'planned' in the definitions section</p>
	<p>Draft Quality Statement 9: People receiving nutrition support have up to date documentation of nutrition status in their records</p> <p>The TEG agreed to merge statement 9 and statement 2</p>	<p>BB to merge statement 9 and 2</p>
	<p>Draft Quality Statement 10: Health and social care professionals who are directly involved in patient care receive relevant education and training on the importance of providing adequate nutrition.</p> <p>The TEG agreed to remove this statement</p>	<p>BB to remove this statement.</p>
	<p>Draft Quality Statement 11: People who need nutrition support have their treatment and care coordinated by a multidisciplinary team.</p> <p>The TEG agreed to replace 'have their treatment and care coordinated by a multidisciplinary team' with 'will have access to multidisciplinary care'</p> <p>'multidisciplinary care' to be included in the definitions section.</p> <p>Revised Quality Statement 11: People who need nutritional support have</p>	<p>BB to make changes to the statement</p> <p>BB to include 'multidisciplinary care' in the definitions section.</p>

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	<p>access to multidisciplinary care.</p> <p>It was noted that this new statement would need to be check for consistency with the Stroke Quality Standard</p> <p>Draft Quality Statement 12: People who need nutrition support have their care and treatment overseen by a nutrition steering committee.</p> <p>The TEG changed the wording of the statement. They initially found it difficult to word the statement so it was still patient focused. They agreed the wording of the below statement but raised concerns that it would still need some work. There was general consensus in the group to take this forward within the overall NICE quality standards framework.</p> <p>Using recommendation 1.1.7 the TEG raised the concern that the composition of a nutrition steering group does not include a Lay member. BB suggested that this could be queried at consultation.</p> <p>Revised Quality Statement 12: People access nutritional care which is overseen by a nutrition steering committee</p>	<p>BB to check consistency with the Stroke Quality Standard.</p> <p>BB to make changes to the statement</p> <p>BB to query lay membership in a nutrition steering committee at consultation.</p>
<p>6. Other guideline recommendations potentially suitable for QS development</p>	<p>The group discussed including a statement on emotional support for patients and carers. BB stated CG32 1.9.1 was a recommendation for this but expressed concern that there may be an overlap with a statement in the Patient experience Quality Standards. The group acknowledged this as an important issue and the team agreed to look at this further in the context of the quality standard. Whilst reviewing the other statements it was suggested that 'holistic' could be included in statement 5 so it would now read 'People requiring nutritional support are offered holistic treatment in accordance with NICE guidance'.</p>	
<p>7. Consultation on the draft QS</p>	<p>AW outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS.</p> <p>The TEG reviewed the list of registered stakeholders and suggested a number of organisations to contact.</p>	<p>JH to contact organisations regarding Stakeholder registration.</p>

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	<p>Furthermore AW explained the process around endorsement partners and that any organisations interested in this should send an expression of interest to the Quality Standards team.</p>	
<p>8. Next steps and AOB</p>	<p>AW outlined the next steps, including key dates in the QS development process and asked the group to hold time in their diaries to comment during the relevant periods.</p> <p>ME thanked the group and closed the meeting.</p>	