Quality standards advisory committee 3 meeting

Date: 21 February 2018

Location: NICE office, Level 1a City Tower, Piccadilly Plaza, Manchester, M1 4TD

Asthma update – prioritisation of quality improvement areas

Minutes: Draft

Attendees

Quality standards advisory committee 3 standing members:

Hugh McIntyre (Chair), Barry Attwood, Deryn Bishop, Amanda de la Motte, Ulrike Harrower, Keith Lowe, Ann Nevinson, David Pugh, Susannah Solaiman, Eve Scott, Jim Stephenson (vice-chair), Julia Thompson

Specialist committee members:

Susan Frost
Erol Gaillard
Andrew Menzies Gow
Val Hudson
Ellen Nicholson
Tahmina Siddiqui

NICE staff
Nick Baillie (NB), Melanie Carr (MC), Shaun Rowark (SR), Jamie Jason (notes)

NICE observers
Judith Richardson

Apologies Ivan Benett, Nadim Fazlani, Malcolm Fisk, Jane Ingham, Ben Anderson, Helen Bromley, Asma Khalil, Madhavan Krishnaswamy, Darryl Thompson

1. Welcome
The Chair welcomed the standing members. NB gave the committee an update on the quality standards for Black, Asian and other minority ethnic groups: promoting health and preventing premature mortality and eating disorders. Due to the additional three statements for eating disorders a second consultation has been planned. Details have been circulated and stakeholders have been informed. The Chair wanted to acknowledge the hard work and efforts of the team in particular Sabina and Julie. The committee were asked to save 18 July in diaries should the forthcoming consultation result in another committee meeting. The Chair welcomed the specialist committee members and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the meeting, which was to prioritise areas for quality improvement for the asthma update quality standard. The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.
2. Confirmation of matter under discussion and declarations of interest
The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was the Asthma update: specifically: • Diagnosis • Self-management • Asthma management in primary care • Acute asthma • Difficult/severe asthma

The Chair asked standing QSAC members to declare verbally any interests that have arisen since the last meeting and all interests specifically related to the matters under discussion. The Chair asked the specialist committee members to verbally declare all interests. Interests declared are detailed in appendix 1.

3. Minutes from the last meeting

The committee reviewed the minutes of the last QSAC meeting held on 24 January 2018 and confirmed them as an accurate record.

4. Prioritisation of quality improvement areas – committee decisions

MC provided a summary of responses received during the asthma update topic engagement, referred the committee to the full set of stakeholder comments provided in the papers and the committee then discussed each of the areas in turn. The committee discussed the comments received from stakeholders and specialist committee members at topic engagement **(in bold text below)**.

The following areas were prioritised for inclusion in the draft quality standard.

Diagnosis

- **Accurate diagnosis** – Prioritised

The committee agreed:

- Objective documented testing is important for accurate diagnosis. Inaccurate diagnosis can lead to people receiving treatment they do not need or not receiving treatment at all. Objective documented testing would therefore improve patient care.

Self-management

- **Personal asthma action plan** – Prioritised

The committee agreed:

- A written plan will enable people to self-manage their asthma which will lead to improved adherence and minimise hospital attendance.
- It is important that the plan is understood and therefore it will be important to identify any equality issues such as people who cannot read.

Asthma management in primary care

- **Content of review** – Prioritised

The committee agreed:

- Annual reviews are happening in practice and therefore the focus of the statement should be on improving the content of all reviews, to include monitoring of asthma control covering adherence and inhaler technique.
- The audience descriptors could refer to the use of a validated questionnaire to monitor asthma control.

Acute asthma

- **Follow-up after severe exacerbation** – Prioritised

The committee agreed:

- The statement in the previous quality standard is still relevant and this area should still be considered a national priority.

- Follow up in primary care following an exacerbation is an area for improvement as it can prevent further exacerbations and hospital attendances. It is important to emphasise the need to improve communication between secondary and primary care in order to improve follow-up.

Difficult/severe asthma

- **Referral to a specialist** – Prioritised

The committee agreed:

- To use the term 'severe' rather than 'difficult' asthma.
- People with severe asthma are not being referred to specialists in current practice and some may wait many years before being referred. It is important that people are referred so that diagnosis and asthma control can be reviewed and access to novel treatments can be provided if relevant.
- There are limited numbers of children's asthma specialist centres and therefore children with severe asthma may not be well managed.

- **ACTION: NICE to review the guidance and consider progressing a placeholder statement if a statement cannot be progressed**

The following areas were not prioritised for inclusion in the draft quality standard.

Occupational Asthma – Not prioritised as a separate statement but refer to this in the supporting information on accurate diagnosis.

Inhaler technique – Not prioritised as a separate statement but will be included as part of a statement on monitoring asthma control.

Identifying people for review - Not prioritised because it was felt that targeting people who are at risk could mean that some people are missed.

Adjusting medication - Not prioritised separately as this follows on from ensuring the content of the review is appropriate.

Severity assessment - Not prioritised as current practice suggests high levels of achievement.

Treatment of exacerbation - Not prioritised as current practice suggests reasonably high levels of achievement.

Non-pharmacological treatment – Not prioritised because the NICE guideline was unable to make any recommendations on breathing retraining.

5. Additional quality improvement areas suggested by stakeholders at topic engagement

The following areas were not progressed for inclusion in the draft quality standard.

- Smoking cessation - covered within the quality standard on 'smoking: supporting people to stop.
- Training - quality statements focus on the resulting action from having well trained staff that demonstrate high quality care or support, rather than the training. Training should underpin all the statements.
- Measuring outcomes - not a separate area for quality improvement but an important underpinning concept for all quality statements.
- Transition - is partially covered within the transition from children's to adult's services quality standard. Also, transition between tertiary, secondary and primary care can be covered within the descriptors for any relevant quality statements rather than as a separate statement in its own right.

6. Resource impact and overarching outcomes

The committee considered the resource impact information presented on FENO testing and agreed that although investment will be required, improving the accuracy of asthma diagnosis has the potential to reduce costs in the longer term. The Committee concluded that the areas prioritised for inclusion in the quality standard should be achievable at a local level.

MC requested that the committee submit suggestions to the NICE team relating to the overarching outcomes of the quality standard when it is sent to them for review.

7. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations:

Age	Disability
Gender reassignment	Sex
Pregnancy and maternity	Race
Religion or belief	Sexual orientation
Marriage and civil partnership	

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

It was suggested that a respiratory physiotherapist may be useful but was noted that we did not have one on guideline development.

8. Any other business

None.

9. Close of meeting

Appendix 1: Declarations of interest

Name	Membership	Declaration
Susan Frost	Specialist	Susan is on a committee of Severe Asthma National Network (co treasurer) which organises conferences for health professionals. The conference will often be subsidised by several pharma companies.
Erol Gaillard	Specialist	Erol has done consultancy work for Boehringer Ingelheim in November 2016 and Anaxsys in July 2017 with money paid to the institution (University of Leicester). Erol received an investigator led research grant from Circassia. This is ongoing.
Andrew Menzies Gow	Specialist	Andrew has attended advisory boards: GlaxoSmithKline, Novartis, AstraZeneca, Boehringer Ingelheim, Teva. Andrew has received speaker fees for: Novartis, AstraZeneca, Vectura, Boehringer Ingelheim, Teva. Andrew has participated in research for: Hoffman La Roche, GlaxoSmithKline, Boehringer Ingelheim. Andrew has attended international conferences: Astra Zeneca, Boehringer Ingelheim. Andrew has consultancy agreements with: AstraZeneca, Vectura. Andrew is a member of the Adult Respiratory Clinical Reference Group for NHS England leading on severe asthma services.
Valerie Hudson	Specialist	None.
Ellen Nicholson	Specialist	Ellen undertook a paid telephone consultation discussing asthma management in the UK with GLG (US based client) at the end of October 2017.
Tahmina Siddiqui	Specialist	None.