NICE National Institute for Health and Care Excellence

Quality standards advisory committee 3 meeting

Date: 20 June 2018

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

Morning session: Asthma update – review of stakeholder feedback

Afternoon session: Sexual health – prioritisation of quality improvement areas

Minutes: Draft

Attendees

Quality standards advisory committee 3 standing members:

Hugh McIntyre (Chair), Ben Anderson, Barry Attwood, Amanda de la Motte, Nadim Fazlani, Keith Lowe, David Pugh, Jim Stephenson (vice-chair), Julia Thompson

Specialist committee members:

Morning session – Asthma update

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

Afternoon session - Sexual health:

Sophie Collins
Kathryn Faulkner
Jayne Fortune
Asha Kasliwal
Richard Ma
John Saunders

NICE staff
Nick Baillie (NB) {1-15}, Melanie Carr (MC) {5-8}, Nicola Greenway (NG) {5-8}, Julie Kennedy (JK) {4} Shaun Rowark (SR) {11-15}, Alison Tariq (AT) {11-15}, Jamie Jason (notes)

Apologies Ivan Benett, Deryn Bishop, Malcolm Fisk, Ulrike Harrower, Madhavan Krishnaswamy, Ann Nevinson, Susannah Solaiman, Eve Scott, Darryl Thompson, Asma Khalil,

1. Welcome, introductions objectives of the meeting
The Chair welcomed the attendees 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 review stakeholder comments on 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 in the morning session was the asthma update: specifically: • Objective tests to support diagnosis • Written personalised action plan • Monitoring asthma control • Follow-up after hospital treatment for an asthma attack • Severe asthma The Chair asked standing QSAC members and specialist committee members to declare verbally any interests that have arisen since the last meeting and all interests specifically related to the matters under discussion during the morning session.
3. Minutes from the last meeting

<table>
<tr><td colspan="2">The committee reviewed the minutes of the last QSAC3 meeting held on 16 May 2018 and confirmed them as an accurate record.</td></tr>
<tr><td colspan="2">4. QSAC updates – Eating disorders</td></tr>
<tr><td colspan="2">JK updated the standing committee members regarding eating disorders. The new statements were well received and the updated quality standard will be sent out on 3 July.</td></tr>
<tr><td colspan="2">5. Recap of prioritisation meeting and discussion of stakeholder feedback</td></tr>
<tr><td colspan="2">MC informed the committee that there was a good response to consultation from most key stakeholders but the Royal College of Emergency Medicine did not provide comments.

MC provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the asthma update draft quality standard.

MC summarised the significant themes from the stakeholder comments received on the asthma update draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.</td></tr>
<tr><td colspan="2">5.1 Discussion and agreement of amendments required to quality standard</td></tr>
<tr><td>Draft statement 1:
Objective tests to support diagnosis

People aged 5 and over with suspected asthma have objective tests to support diagnosis.</td><td>The committee heard that there was support for the statement from stakeholders and agreed it should be progressed for inclusion in the final quality standard with the following amendments and issues to be explored by the NICE team:

• Include additional measures and add to the rationale and definition of objective tests to strengthen the link to the NICE diagnostic algorithms.
• Identify the statement as developmental to reflect the need for significant changes in services.
• Clarify the role of clinical assessment in diagnosis in the rationale.
• Ensure the measures do not only apply to primary care.
• Include pharmacists in the list of healthcare professionals as they are important in primary care.

ACTION: NICE team to retain the wording of the statement, identify it as developmental and amend the supporting information to reflect the issues raised by the committee.</td></tr>
<tr><td>Draft statement 2
Written personalised action plan

People aged 5 and over with asthma have a written personalised action plan.</td><td>The committee heard that there was support for the statement from stakeholders and agreed it should be progressed for inclusion in the final quality standard with the following amendments and issues to be explored by the NICE team:

• Amend the statement wording to ‘discuss and agree’ instead of ‘have’ in order to ensure the person is engaged and understands the plan.
• The committee agreed to remove the measure on review of the action plan following an asthma attack as it is important not to give the impression that it is the only time it should be reviewed.
• The committee agreed that the Asthma UK action plan should be referenced as an example.
• It was agreed not to add prednisolone prescribing or SABA inhalers as outcomes as this will lose the focus on the plan.
• The committee agreed to emphasise the importance of education in order to support self-management.

ACTION: NICE team to amend the wording of the statement and the</td></tr>
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<tr><td></td><td>supporting information to reflect the issues raised by the committee.</td></tr>
<tr><td>Draft statement 3
Monitoring asthma control

People with asthma have their asthma control monitored at every review.</td><td>The committee heard that there was support for the statement from stakeholders and agreed it should be progressed for inclusion in the final quality standard with the following amendments and issues to be explored by the NICE team:
The committee agreed to strengthen the rationale to make it clear that the focus on monitoring is important to ensure poor control is identified so that further assessment (including inhaler technique and adherence), advice and support can be provided. The committee heard that the majority of people with asthma are poorly controlled and this is not always picked up in reviews.
Add ‘at least annually’ to the statement to ensure that as a minimum it is picked up during annual reviews.
It was agreed to remove the measure on annual review of inhaler technique to clarify that the focus of the statement is on monitoring.
The committee asked the NICE team to include the children’s control test as an example of a symptom questionnaire.
ACTION: NICE team to amend the wording of the statement and the supporting information to reflect the issues raised by the committee.</td></tr>
<tr><td>Draft statement 4
Follow-up after hospital treatment for an asthma attack

People who receive hospital treatment for an asthma attack are followed up by their GP practice within 2 working days of discharge.</td><td>The committee heard that there was support for the statement from stakeholders and agreed it should be progressed for inclusion in the final quality standard with the following amendments and issues to be explored by the NICE team:
The committee agreed to change the wording to ‘primary care’ rather than ‘GP practice’ to ensure the focus isn’t just on the GP.
It was agreed to focus the statement on people treated for an asthma attack in A&E as this was included in the guideline. It was noted that this will exclude urgent care settings who may be providing treatment for severe asthma attacks. The committee considered whether to extend the population but agreed not to in order to ensure the statement is achievable.
ACTION: NICE team to amend the wording of the statement and the supporting information to reflect the issues raised by the committee.</td></tr>
<tr><td>Draft statement 5
Severe asthma

People with severe asthma are referred to a specialist severe asthma service for assessment.</td><td>The committee heard that there was support for the statement from stakeholders and agreed it should be progressed for inclusion in the final quality standard with the following amendments and issues to be explored by the NICE team:
Change the population to people with ‘suspected’ severe asthma.
Identify the statement as developmental as there will need to be significant changes to paediatric services and an increase in capacity for adult services.
Emphasise the need for services to have a multidisciplinary team.
Amend measures to reflect the ERS/ATS definition of severe asthma.
Emphasise that most referrals to specialist services will be from secondary care.
ACTION: NICE team to identify the statement as developmental, and amend the wording and the supporting information to reflect the</td></tr>
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	issues raised by the committee.

5.2 Additional quality improvement areas suggested by stakeholders at consultation

The following areas were not progressed for inclusion in the final quality standard as the committee agreed that they were not a priority in relation to the five quality improvement areas already included:

- Additional statements included in the original quality standard – the committee were satisfied that these were considered at the previous meeting.
- Review of inhaler technique –The committee noted that there has been a focus on inhaler technique for several years and this has not improved overall outcomes. Review of inhaler technique is identified as an action which should follow statement 3 when poor asthma control is identified.
- Treatment of asthma attacks – implementation of the BTS Acute Asthma Care Bundle and Royal College of Emergency Medicine standards of care – the committee agreed there are no recommendations to support a statement on this.
- Difficult to control asthma – the committee agreed that there is some information on this in statement 5 on severe asthma and did not prioritise this as a separate statement.

6. Resource impact and overarching outcomes

The committee acknowledged that the 2 developmental statements will require additional resources but confirmed that the other statements should be achievable by local services given the net resources required to deliver them.

It was noted that potential cost savings were highlighted in the guideline in relation to the use of leukotriene receptor antagonists (LTRAs) as an alternative to long-acting beta agonists (LABA) for people with asthma that is not adequately controlled with an inhaled corticosteroid. The specialist members noted that while LTRAs were more cost effective the evidence for the clinical effectiveness of both treatments was similar. The committee agreed this should not be a statement in the quality standard because there was no clear to impact on patient outcomes and concluded that it is an issue to be addressed in local formularies.

The committee confirmed the overarching outcomes are those presented in the draft quality standard.

- health-related quality of life
- sickness absence from work/school
- frequency of asthma attacks
- A&E attendances
- hospital admissions
- mortality

MC requested that the committee submit any further 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

MC provided an outline of the equality and diversity considerations included in the quality standard so far and requested that the committee submit any further suggestions when the quality standard is sent to them for review.

8. Close of morning session

The specialist committee members for the asthma update quality standard left and the specialist committee members for the sexual health quality standard joined.

9. Welcome, introductions and objectives of the afternoon

The Chair welcomed the sexual health specialist committee members and QSAC members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the afternoon, which was to prioritise areas for quality improvement for the sexual health draft quality standard.

The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.

10. 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 in the afternoon session was sexual health specifically:

- Commissioning and coordinating sexual health services
- Condom distribution schemes
- Identifying people at risk of sexually transmitted infections and providing advice
- Helping people with sexually transmitted infection to get their partners tested
- Testing for sexually transmitted infections

The Chair asked both standing and specialist QSAC members to declare verbally all interests specifically related to the matters under discussion during the afternoon session.

11. Prioritisation of quality improvement areas – committee decisions

SR provided a summary of responses received during the sexual health 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)**.

Identifying people at risk of sexually transmitted infections and providing advice

- **Identification – Prioritised**
- **Providing information and support – Prioritised**

The committee discussed identification. It was more important to be asking everyone about their sexual history rather than targeted groups and developing a culture where this is normal. Identifying some at risk groups was already being done well.

The committee discussed systematic and opportunist approaches to identification and testing. They noted it can be a difficult topic to raise at an unrelated appointment. It was also noted that young people do not attend their GP practice often and they are one of the main at risk groups.

The committee discussed how at risk groups are those less likely to have access to services and how to target hard to reach groups

The committee discussed which services and contacts should be focussed on. They noted the best outcome is that long term it becomes the norm for people to be asked to get tested when visiting their GP, but key contacts should be the main focus of the quality standard

The committee discussed what to do once those at risk had been identified and they type of information and support needed. They commented that these discussions should include what STIs are, how to prevent them and where to get tested

The committee agreed that identifying those at risk through systematic sexual history taking and providing information via a discussion to those at risk are areas for quality improvement.

ACTION: NICE team to progress two statements. One on identification through sexual history taking and one on providing information and support after identification.

Referral to specialist sexual health services – Prioritised

The committee discussed that there was already a specific national target in this area.

The 48 hours is from the first contact via any route, to attending appointment.

The committee felt that although it is a current service target there is still a variation in practice in this area and it would be a good area of quality improvement. The target ensures people with concerns around STIs can get tested in a timely way. The current practice information is quite outdated.

The committee discussed that this area was strongly supported by stakeholders.

The committee agreed that referral to specialist sexual health services within 48 hours is an area for quality improvement.

ACTION: NICE team to progress a statement.

Testing for sexually transmitted infections

- **Tests for sexually transmitted infections – Prioritised**

The committee agreed that the frequency of re-testing was a quality improvement area. The committee discussed as per the guidance to focus on MSM and people with a positive Chlamydia test to be re-tested every 3 months.

The committee discussed testing for blood bourne viruses are sometimes forgotten.

ACTION: NICE team to progress a statement on tests for sexually transmitted infections and focus on frequency of re-testing.

Helping people with sexually transmitted infection to get their partners tested

- **Partner notification – Prioritised**

The committee discussed the many barriers to this area including how it would be measured and people not wanting to notify their partners.

It was discussed that the service could be provided for the person if the person was reluctant. The committee suggested exploring the options of anonymity and access to specialists with the right level of experience.

The committee agreed that assisting the person with partner notification was an area of quality improvement. It was felt this will ensure partners can get tested and treated if required.

ACTION: NICE team to progress a statement on partner notification.

Condom distribution schemes – Prioritised

The committee discussed that there was a lack of evidence in this area in the UK.

The current practice data shows that areas are doing one type of scheme but the quality improvement here would be to offer multiple types of schemes to cover all population groups.

It was discussed that access to condoms does not necessarily mean they are being used. It is down to behaviour change.

The committee discussed how this would be measured and the intended outcomes. Would it be the type of service and what percentage use them or the areas that have schemes.

There was strong stakeholder views to progress this area and the committee felt it was important to have as an area in a sexual health quality standard.

ACTION: NICE team to progress a statement in this area and focus on a range of different schemes.

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

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

- Awareness – health promotion is remit of PHE
- Management of gonorrhoea - no guidance
- Pre-exposure prophylaxis of HIV (PrEP) – NHSE are undertaking impact trials. The committee noted it to be confusing when delivering education. It is available in Scotland on NHS. There is limited availability in England and Wales.
- Online services – vary in quality, not covered by NICE guidance.
- Screening (chlamydia and cervical cancer) – remit of UK National Screening Committee in PHE.
- Sex and Relationship Education – no guidance
- Termination of pregnancy services – Quality standard in future development
- Training – quality standards focus on actions rather than training to enable the action.
- Vaccination – covered in Hepatitis B and Vaccine uptake in under 19s quality standards.

13. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard.

It was noted the NICE team will ask at consultation:

- Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources required to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

The committee confirmed the overarching outcomes are those presented in the draft quality standard.

- STI incidence
- Early diagnosis of STIs
- Unprotected sex
- Service user experience

SR 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.

14. 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.

- Heterosexual men – adversely effected depending on how contacts are focussed on.
- Abortion
- Pregnancy related
- GP contacts

15. Any other business

The committee were asked if today’s session could have benefited from any specialist knowledge that was not already included in the current committee.

The Chair made the committee aware of an email from the Royal College of Physicians (RCP) that stated they were not notified of recruitment to this advisory committee and nor where British Association for Sexual Health and HIV (BASHH) who are both key specialists in this area. The Chair assured the committee that the key stakeholders including RCP and BASHH were contacted and had commented at topic engagement. The RCP are not currently aware of the specialist members recruited to this committee and have asked if NICE will consider including 2 further specialists. The NICE team will liaise with RCP and BASHH with full details of all specialist and standing members for this topic and if it is felt the committee would benefit any further expertise it will be considered for the next Quality Standards Advisory Committee in October. **ACTION:** NICE team to contact RCP and BASHH in relation to expert knowledge and specialist committee members.
Close of meeting