National Institute for Health and Clinical Excellence

Quality Standards Self Harm Scoping workshop

Minutes of the meeting held on Friday 20th July 2012 at the NICE offices in Manchester

Attendees	Navneet Kapur (Chair) (NK), Amrit Sachar (AS), Safi Afghan (SA), Sarah Rae (SR), Anthony Cox (AC), Paul Wilkinson (PW), Janet Youd (JY), Gemma Trainor (GT) **NICE Attendees** Tony Smith (TSm), Tim Stokes (TSt), Esther Clifford (EC) Jenny Harrisson (JH) **Observers** Elizabeth Fleming, Cheryl Thorne, Jenny Craven, Linda Seymour
Apologies	Kate Hunt, Anne Hicks, Carolyn Chew-Graham, Craig Grime (NICE), Andy McAllister (NICE)

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	NK welcomed the attendees and the group introduced themselves. NK reviewed the agenda for the day.	
2.Business items • Declarations of interest	NK reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation. NK outlined the declarations of interest policy. PW declared that his organisation receives research grants. PW to fill in a new DOI to this affect.	JH to send PW a new DOI form for completion.
3.Quality Standard Overview	TSt presented the group with an overview of the current process for developing NICE quality standards. He highlighted that quality standards clarify what high quality care looks like, explained what quality standards are used for and described the current work programme. TSt advised the group that after the quality standard has been published they will be invited to undertake further work on the quality standard measures to develop Commissioning Outcomes Framework (COF) and Quality and Outcomes Framework (QOF) indicators. TSt explained that there will be a new process for developing NICE quality standards. Quality standards will be developed by Quality Standard Advisory Committees (QSAC) which will consist of standing members and topic experts for each standard. The new process will enable NICE to develop 150 standards by 2015. However, for the time being the Topic Expert Group process will continue to be used alongside this new approach for some topics. The group queried how NICE fit in with SCIE. TSs explained that we have a working relationship with SCIE who not only provide input for the guidelines but more currently some quality standards. TSt gave a brief overview of the social care quality standards programme. The group also queried the difference between a guideline and a quality standard. TSt explained that a guideline covers the whole pathway of a topic whereas a quality standard drives quality in areas within the pathway.	

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	The TEG suggested the NPSA audit tools/ toolkit (2009) could be helpful in developing the standard. TSm suggested that this be discussed in depth during the afternoon session. TSm also took this opportunity to mention that all evidence sources used to develop the standard need to be accredited. AS explained to the group that she will soon be chairing her trust's group on self harm and queried whether information in these meeting could be discussed. NICE explained that she will only be able to discuss any information in the public domain and all information once the quality standard is published. TSt gave an overview of the roles and responsibilities of relevant teams in NICE. The NICE Costing and Commissioning team would be running a Topic Advisory Group (TAG) in September, and members of the TEG were invited to contact NICE if they wished to be involved. TSt described the stakeholder consultation process and the use of endorsing organisations to help disseminate the quality standard. The group queried when consultation will take place. EC explained that it will take place in January following discussion at the TEG 2 meeting in October.	CT to contact TEG members who express an interest in joining the TAG.
4. Quality Standards Methodology	TSm outlined the methods used to develop quality standards, noting that statements should be aspirational but achievable, and are not intended to reinforce current practice. TSm advised the group that NICE quality standards are informed by evidence-based recommendations from published NICE guidance or other NICE accredited sources. They do not review or redefine the underlying evidence base. TSm described quality statements as descriptive, clear and concise evidence-based qualitative statements. The statements identify the most important 'markers' or key requirements of high quality care where specific improvements are required and which, if achieved, imply high quality practice in all other areas. TSm outlined the need to ensure that the quality statements are based on one concept to ensure clarity and measurement.	.

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	TSm advised the group that there will be some 'cross-cutting' standards, and users of quality standards should refer across the library of topics. TSm asked the TEG to be mindful that when considering areas of care and statements some issues could be covered in other quality standards. For example, a copy of the patient experience in adult NHS services quality standard statements was circulated.	
5.Example of a quality standard	TSm showed the group examples on the NICE website, including end of life care, alcohol dependence and service user experience in adult mental health. TSm emphasised that if the TEG identify really specific/unique areas that they feel the generic quality standards do not cover then this can be looked considered. TSm also showed the group the self harm topic on the Pathways area of the NICE website. SR stated that the patient versions/ information are not easily found on the website. EC explained that they are currently in the process of being changed to reflect the layout of the guideline pages. The changes will make patient versions more prominent.	
6.Scoping session	The group considered the scope and agreed the following changes: **Focus:** '48 hours' to be removed. **Exclusions:** Specify tattoos and body piercing as exclusions along with eating disorders and alcohol/ substance abuse. CG to confirm against exclusions in other guidelines. **Setting:** change to 'All health and social care professionals who come in to contact with people who self harm', reflecting audience for guidelines. The group considered the areas of care diagram, adapted from the areas identified in CG16 and CG133. TSm 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:	CG to check exclusions in other guidelines. CG to update the scope.

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	• **Principles** (new area heading) - Respect and dignity (be non-judgemental) – this is important to this topic, over and above the expectations of the patient experience quality standard - Episodes to be treated in own right - Communication with service users - Communication with parents/carers (consent issues) - Safeguarding – consider issues when younger people present with self harm - Education – for people who self harm; to be focused on recovery – information and courses - Shared decision making - Environment (safe clinical environment; privacy; availability of translators) - NPSA audit toolkit 2004 • **Immediate management in primary care** (split from original combined primary care and ambulance services) - Assessment (including safeguarding issues for younger people who present with self harm). Use of internet was mentioned – issues of imitation and contagion – what has influenced the self harm? - Initial management (re-worded from 'triage') - Referral to secondary care • **Immediate management by ambulance services** (split from original combined PC and ambulance services) - Assessment (including safeguarding issues for younger people who present with self harm).Initial management (including use of charcoal) - Transfer to secondary care **• Immediate management in acute care settings** (changed from 'emergency departments' - Initial assessment (re-worded from 'triage'), to include the four assessment criteria from CG16 recommendation 1.4.1.5; to specify timely assessment – people should not be left - Medical and surgical management	CG to update the areas of care diagram.

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	- Psychosocial assessments
	  o Who by – by a mental health specialist, or not always necessary? If there is 20% prevalence for some groups of younger people, be aware of resource implication of carrying out assessments on all.
	  o When – not always possible immediately if patients are in ICU, for example; so should time be specified at all?
	  o Where?
	  o Frequency – observation may need to be constant not intermittent if it is to be effective
	  o Follow-up – how to determine relevance and timing?
	- Issues for children and older people
	
	• **Longer term management**
	- Care and risk management plans (including psychosocial assessments); cultural issues not to be covered explicitly
	- Treating associated mental health conditions
	- Psychological interventions. Not provided in all areas because of the cost – there are waiting lists. Interventions should be aimed at underlying disorders, which should be focus of treatment. Repeat self harm most likely within 5 days.
	- Harm reduction strategies (prescribing, safe clinical environment to be included, but do not include alternative pain or safer harming strategies such as elastic bands, clean blades, information on safer cutting because of lack of good evidence)
	
	TSm emphasised the requirement that all statements will need an evidence base to be included.
	
	It was noted that some of the above areas could be classed as 'cross cutting' but CG/TSm to work on these outside of the meeting and find appropriate evidence sources.
	
	It was also suggested by the TEG to include staffing/training. TSm highlighted that this is a generic issue in every quality standard and the adult patient experience quality standard includes a statement around this. Furthermore a sentence has now been included in the quality standard template to cover	

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	this issue and will be included in all future published quality standards. TSm asked the group for any further useful evidence sources, andthe following were suggested: - Royal college of Psychiatrists - self harm suicide and risk (2010) - Royal college of Psychiatrists - 'Who cares wins'- improving the outcome for older people - NPSA audit toolkit (2011) - based on 2004 guidance - NPSA audit tools (2009) - National enquiry into self harm - AIMS - acute inpatient mental health services - National workforce programme - self harm in children and young people handbook - Guidance from Royal College of Emergency Medicine - Guidance from Royal College of Paediatrics - Department for Education - children who self harm The above evidence sources will need to be checked to see if they are accredited. The group reviewed equality issues surrounding the areas of care. The following areas were identified for consideration: BME groups, gender inequalities, sexual identity and protective characteristics. Furthermore the TEG noted that CAMHS services differ to mental health services. Also the standard should be mindful of life transitions/ transitions between services.	CG to check evidence sources to see if they are accredited.
7.Next steps and AOB	The group discussed the composition of the TEG and thought a representative from social care and a commissioner could be recruited. They suggested a social worker that could be contacted. CT to email commissioners and ask for interest in being involved. TEG members to email JH with any other commissioners or social care representatives' details. EC outlined the next steps in the quality standard development process and highlighted important dates. EC advised the group that they will have chance to comment on the quality standard at various stages of development. JH to send list of stakeholders out with the minutes to the TEG. The TEG to email through any key	NICE to recruit a Commissioner and Social care representative. TEG to email JH with any contact details for Commissioners and social care representatives.

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	organisations to be contacted to ask to register as stakeholders. NK thanked the TEG and NICE team and closed the meeting.	JH to email out list of self harm stakeholders. TEG to email JH with key organisations.