National Institute for Health and Clinical Excellence

Quality Standards Hypertension in pregnancy Scoping workshop

Minutes of the meeting held on Tuesday 21st August 2012 at the NICE offices in Manchester

Attendees	David Williams (Chair) (DW), Moira Mugglestone (MM), Jenny Myers (JM), Judy Shakespeare (JS), Anne Marie Barnard (AB), Frances Garraghan (FG). **NICE Attendees** Michelle Gilberthorpe (MG), Tony Smith (TSm), Tim Stokes (TSt), Andrew McAllister (AM), Jenny Harrisson (JH)
Apologies	Jason Waugh, Chloe Bayfield

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	DW welcomed the attendees and the group introduced themselves. DW then reviewed the agenda for the day.	
2.Business items • Declarations of interest	DW reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation. DW outlined the declarations of interest policy and the group confirmed they had no additional interests to declare.	
3.Quality Standard Overview	AM presented the group with an overview of the current process for developing NICE quality standards. He highlighted that QS clarify what high quality care looks like, explained what QS are used for and highlighted the current work programme. AM reported that the NHS White Paper *Equity and Excellence: Liberating the NHS* and the Health and Social Care Act indicate that QS will be very important in the future. AM advised the group that there will be some 'cross cutting' standards and commissioners/providers will be expected to cross refer across the library of topics. AM asked the TEG to be mindful that when considering areas of care and statements some issues could potentially be addressed in other related quality standards. AM explained that 180 topics have been referred from the Department of Health with a number of maternity topics included. It was queried with so few maternity QS already produced how will the TEG know what will be included elsewhere. AM explained that the TEG will be aware of some areas that would be more suited to different topics. Furthermore it was explained that people/organisations using Quality Standards for maternity can cross refer. AM then explained that there will be a new process for developing NICE quality standards (QS). He explained that quality standards will begin to be developed by Quality Standard Advisory Committees (QSAC) which will consist of both standing members and topic experts for each standard. However, for the time being the Topic Expert Group process will continue to be used alongside this new approach for some topics. Following a diagram on how QS will be used the group asked for more detail regarding the 5	

Agenda item	Discussions and decisions	Actions
	domains in the NHS outcomes Framework. TSm gave a brief overview of the domains. TSt also explained to the group that the new NQB report includes more detail about the framework. The TEG asked how many statements the TEG should be looking at developing. TSt explained that a number of quality standards could apply to a particular service. It is therefore preferable to aim for a smaller number of concise statements, as this will support providers to utilise quality standards in practice. TSt explained that the statements build on the guidance and do not cover all of the areas included in the recommendations. They should include key markers of quality that are aspirational and achievable. Some of the group expressed concern that as things move on in the NHS and new evidence is developed the QS may soon be out of date and asked whether a review process will be put in place. AM stated that we aim to be consistent with the Guideline process and have 5 year reviews of the QS. The group then queried that as the Guidelines have an annual update, would the same process be followed here. TSt explained that as new recommendations come out we will need to update. The process to do this is currently under development. AM gave an overview of the roles and responsibilities of relevant teams in NICE. AM described the stakeholder consultation process. It was explained to the TEG that any organisations who registered to the guideline would automatically be registered to the QS.	
4. Quality Standards Methodology	TSm outlined the methods used to develop QS. TSm highlighted that QS are aspirational but achievable and are intended to drive quality improvements. They 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.	.

Agenda item	Discussions and decisions	Actions
	TSm described quality statements as descriptive, clear and concise evidence-based qualitative statements. He informed the group that 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 include only one concept to ensure clarity and measurement. It was suggested that one area the TEG may want to develop a statement on is preventing pre-eclampsia. Current evidence, as included in NICE guideline CG107 indicates that aspirin is the most beneficial treatment. MG informed the TEG that the consultation version of the Antenatal care QS includes a statement on aspirin. TSt reminded the TEG to be aware of areas covered in related QSs, in order to avoid duplication of statements. The NICE team will make the TEG aware of any potential areas of duplication throughout development of the QS. TSm gave an outline of NICE's equality commitment and asked the TEG to be mindful of equality issues throughout the development of the QS. Equality impact assessments are developed at three key stages of QS development and the TEG will be asked to consider equalities at each stage. The group asked if the Guideline on Pregnancy and social care factors would be useful for the development of the QS. It was explained that it is hard to monitor women with the condition in certain groups. MG explained this had been reviewed but initially ruled out as an evidence source. MG agreed to double check the guideline for relevance to hypertension in pregnancy. TSm advised the group that once the QS has been published the TEG will be invited to undertake further work on the quality standard measures in order to develop valid and clearly worded Commissioning Outcomes Framework (COF) and Quality and Outcomes Framework (QOF) indicators.	MG to review the Guideline for Pregnancy and social complex factors.
5.Example of a	MG showed the group the colorectal cancer QS on the NICE website as an example and circulated	

Agenda item	Discussions and decisions	Actions
quality standard	a paper copy of two of the statements for information. MG explained to the group that the statements are person centred and should demonstrate patient choice. The group queried how the endorsement process works. AM explained that endorsing organisations help to disseminate the QS. He stated that NICE ask for expressions of interest at consultation stage. He explained that the organisations see a final version of the QS after it has been to Guidance Executive and then have a short time to view the standard before it is published. The group queried if any organisations choose not to endorse the standard following consultation. AM explained that this could potentially occur. It was explained that stakeholder consultation comments are published on the website.	
6.Scoping session	The group considered the scope from NICE guideline CG107and agreed the following revisions for the purpose of the QS: **Focus:** Management of hypertensive disorders before, during and after pregnancy. **Population:** 'Women with pre-existing hypertensive disorders, women with increased risk of developing hypertensive disorders during pregnancy and women who develop hypertensive disorders during pregnancy and in the postnatal period' **Excluding** The TEG did not identify any groups for exclusion and agreed that this section should be removed from the scope. **Setting:** Primary care including community midwifery settings, secondary and tertiary care including obstetric, **neonatal** and general medical services. MG presented diagram, of area of care identified from NICE guideline CG107. The group discussed key areas for quality improvement and agreed that the following areas of care will be considered:	

Agenda item	Discussions and decisions	Actions
	• **Pre-pregnancy advice for those with chronic hypertension** - Pharmacological treatment (for people already on treatment for chronic hypertension) • **Antenatal care** - Risk assessment and aspirin (although the TEG acknowledges that this is covered in the draft Antenatal care QS and further consideration will be needed about how this would be addressed). - Consultant-led documented plan of care for women with chronic hypertension or at risk of pre-eclampsia - Assessment for proteinuria - Specialist referral for women with severe hypertension in early pregnancy • **Antenatal management for gestational hypertension or pre-eclampsia** - Consultant-led documented plan of care for women with gestational hypertension or pre-eclampsia • **Fetal monitoring** - Fetal assessment • **Intrapartum care** - Mode and timing of delivery - Women with severe pre-eclampsia are managed in a critical care setting - Maintaining/ targeting to blood pressure - VTE prophylaxis testing • **Postnatal care** - Maintaining/ targeting to blood pressure • **Follow up care** - Transfer to community care with care plan	

Agenda item	Discussions and decisions	Actions
	- Advice about future risks The TEG were asked to review the evidence sources outlined in the topic overview document and let the NICE team know if there are any additional sources that could be of use in the development of the QS. The group were asked to consider equality issues surrounding the areas of care. No specific equality issues were identified in relation to specific areas of care but the TEG acknowledged that there is a higher prevalence of hypertension in certain groups, e.g. black people of African and Caribbean descent and other minority ethnic groups.	TEG to email the NICE team with further evidence sources.
7.Next steps and AOB	DW informed the group that the following roles could be beneficial in the group: Midwife, Commissioner, Neonatologist and an Anaesthetist. DW explained that NICE had sought nominations for Midwives, Neonatologists and Anaesthetists and were awaiting replies. DW asked the TEG for nominations for a Commissioner. JM stated that she knew someone and would forward on the contact details. AM outlined the next steps in the QS development process and highlighted important dates. AM advised the group that they will have chance to comment on the QS at various stages of development. DW thanked the TEG and NICE team and then closed the meeting.	JM to send NICE contact details of potential Commissioner for the group