National Institute for Health and Clinical Excellence

Quality Standards Acute Upper Gastrointestinal Bleeding Scoping workshop

Minutes of the meeting held on Thursday 23rd August 2012 at the NICE offices in Manchester

Attendees	Kelvin Palmer (Chair) (KP), Mimi McCord (MM), Carlos Gomez (CG), Mark Vaughan (MV), Mark Donnelly (MD), Joseph Varghese (JV), Daniel Greer (DG), Lynda Greenslade (LG), Markus Hauser (MH) **NICE Attendees** Carl Prescott (CP), Terence Lacey (TL), Andrew Wragg (AW), Jenny Harrisson (JH)
Apologies	Kenneth Halligan, David Patch, Simon McPherson **NICE** Tim Stokes

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	KP welcomed the attendees and the group introduced themselves. KP then reviewed the agenda for the day.	
2.Business items • Declarations of interest	KP reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation. KP outlined the declarations of interest policy and the group confirmed they had no additional interests to declare.	
3.Quality Standard Overview	AW 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. AW reported that the NHS White Paper *Equity and Excellence: Liberating the NHS* and the Health and Social Care Act indicate that Quality Standards (QS) will be very important in the future. AW also stated that QS will also be used for the following: Commissioning for Quality and Innovation (CQUIN), Quality and Outcomes Framework (QOF), Commissioning Outcomes Framework (COF), Quality Accounts and Care Quality Commissioning special review. AW 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. AW 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. MM queried whether any other gastrointestinal QS are in development. It was explained that a library of all the QS topics scheduled to be developed is available on the NICE website, and the QS will cross-	

Agenda item	Discussions and decisions	Actions
	refer to any topics which the TEG feel are directly relevant or cross-cutting. AW explained that a QS can only be developed once a guideline is available. KP asked the NICE team what level of quality the group should be aiming for in a quality statement. CP explained that all statements should be aspirational but achievable. MV stated his belief that the statements shouldn't be too aspirational as we would still want organisations to adhere to them. LG asked the team how the statements would be measured and if we would know that the QS was actually being used for. CP explained that measures underpin each statement. Furthermore NICE have an implementation team to help implement the QS and a process to assist organisations using the QS is under development. CG stated that he knew what a clinical guideline was but was unsure of the role of a quality standard. CP explained that guidelines are fundamental and are the underlying evidence source to QS. He explained that QS are a different product which are not mandatory but aim to drive up quality in areas identified by the TEG. CP explained that TL will be explaining the process in more detail in the next section of the meeting. AW gave an overview of the roles and responsibilities of relevant teams in NICE. AW described the stakeholder consultation process.	
4. Quality Standards Methodology	TL outlined the methods used to develop QS. TL reiterated that QS are aspirational but achievable and are intended to drive quality improvements. They are not intended to reinforce current practice.	.

Agenda item	Discussions and decisions	Actions
	TL 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. JV queried whether the TEG will be given a list of recommendations. CP explained that the KPIs are mentioned in the topic overview document and that a list of the relevant recommendations to the identified areas of care will be brought to the second TEG meeting. MD queried why QS are developed and why organisations cannot simply implement the guideline. TL explained that the QS distills the guideline, highlighting key areas that address quality improvement or variation in practice. TL 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. TL outlined that quality statements should include only one concept to ensure clarity and measurement. TL 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.	

Agenda item	Discussions and decisions	Actions
	TL 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.	
5.Example of a quality standard	CP showed the group the colorectal cancer QS on the NICE website as an example. CP explained to the group that the statements are person centred and should demonstrate patient choice. KP asked whether thresholds will be included in the quality statements. CP explained that individual measures do not contain thresholds as they are high level and designed for local adaptation, but the supporting text for the QS clearly states that, as QS are intended to drive up standards of care, achievement levels of 100% (or 0% if the quality statement states that something should not be done) should be expected, taking into account patient safety, patient choice and clinical judgement. CG asked what audience descriptors are. CP explained that the audience descriptors rewrite the quality statement in a manner which makes them directly relevant for all four key audiences for the QS.	
6.Scoping session	The group considered the scope from NICE guideline CG141 and agreed its content CP presented the area of care diagram identified from NICE guideline CG141. 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
	• **Risk assessment** - Formal assessment score • **Timing of endoscopy** - Immediate endoscopy for unstable patients with severe acute upper gastrointestinal bleeding - Endoscopy with 24 hours for stable patients • **Management of non-variceal bleeding** - Endoscopic treatment - Treatment after first or failed endoscopic treatment • **Management of variceal bleeding** - Prophylactic antibiotic therapy - Endoscopic treatment of varices - TIPS • **Controlling for aspirin or clopidogrel** - Controlling for aspirin or clopidogrel The TEG discussed transfusion and resuscitation and suggested that these areas would be best suited to be covered in the future QS of 'Blood transfusion' and 'Resuscitation following major trauma and blood loss' MM suggested that patient information should be included in the QS. CP explained that there is already a statement on this in the 'cross cutting' QS 'Patient Experience in adult NHS services'. CP stated that	

Agenda item	Discussions and decisions	Actions
	if there is something very specific to acute upper gastrointestinal bleeding in regards to patient information then this could be included. The TEG agreed not to include this. The TEG was asked to review the evidence sources outlined in the topic overview document. No additional sources were suggested. The group was asked to consider equality issues surrounding the areas of care. No specific issues were identified.	
7.Next steps and AOB	The TEG were asked to consider the composition of the group and suggested a Commissioner would be a useful addition. MV explained that he does have some commissioning experience. CG stated that he would make enquires. The TEG were asked to email the NICE team with any suggestions. AW outlined the next steps in the QS development process and highlighted important dates. AW advised the group that they will have chance to comment on the QS at various stages of development. KP thanked the TEG and NICE team and then closed the meeting.	TEG to email NICE with suggestions and contact details of potential Commissioners.