

**Quality Standards Acute Upper Gastrointestinal Bleeding (AUGIB) Topic Expert Group**

**Minutes of the TEG2 meeting held on 27<sup>th</sup> November at the NICE offices in Manchester**

<p><b>Attendees</b></p>	<p><b><u>Topic Expert Group Members</u></b></p> <p>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), Kenneth Halligan (KH), David Patch (DP), Simon McPherson (SM).</p> <p><b><u>NICE Staff</u></b></p> <p>Daniel Sutcliffe (DS), Carl Prescott (CP), Tim Stokes (TS), Andrew Wragg (AW), Stephen Brookfield (SB) and Liane Marsh (LM).</p> <p><b><u>HSC IC Staff</u></b></p> <p>Azim Lakhani (AL)</p>
<p><b>Apologies</b></p>	<p><b><u>NICE</u></b></p> <p>Terence Lacey (TL)</p>

Agenda item	Discussions and decisions	Actions
<b>1. Welcome, introductions and plan for the day</b>	<p>KP welcomed the attendees, noted the apologies and outlined the agenda for the day.</p> <p>The group reviewed the minutes from the TEG 1 meeting held on 23<sup>rd</sup> August 2012. Members agreed that the minutes were an accurate record of the meeting that took place.</p>	
<b>2. Declaration of Interest</b>	<p>KP asked the group whether they had any new interests to declare since the last meeting. No new interests were declared.</p>	
<b>3. Objectives of the meeting</b>	<p>KP outlined the objective for the day: to discuss and agree the wording of the draft quality statements and measures, which will go out to consultation. KP explained that the group was tasked with developing a small number of key evidence-based statements that focus on high quality care and identify critical markers of challenging but achievable care to drive up quality.</p>	
<b>4. Review of process for developing the quality standard</b>	<p>DS reviewed the process for developing the quality standard (QS) and core principles for development, including their purpose to pick out only critical markers for improvement. He emphasised the need for clear, focused, measurable quality statements and reminded the group that the statements must be aspirational but achievable. It was also stated that the statements need to be in plain English. The quality standard will be informed by recommendations from the published NICE clinical guidelines on acute upper gastrointestinal bleeding (AUGIB). Not all recommendations will be represented but this would not mean that they are not important. He also asked the group to highlight any equality issues relating to each statement to the NICE team during the meeting as part of the ongoing equality impact assessment for the quality standards.</p> <p>CP reiterated that the objective of this meeting was to decide:</p> <ol style="list-style-type: none"> <li>1. Which statements should be progressed for consultation and the wording and intent of these statements.</li> </ol>	

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	<p>2. Which statements would not be progressed for consultation if they did not fulfill the criteria.</p> <p>CP gave the group an overview of the key development sources used and confirmed that the TEG would have opportunity to comment on the draft version prior to consultation.</p>	
<p><b>5 &amp; 6. Draft quality statements (QS) and quality measures (QM)</b></p> <ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> <li>• Agreement</li> </ul>	<p><b>Draft Quality Statement 1: ‘People with acute upper gastrointestinal bleeding are offered a formal risk assessment, using the Blatchford score at first assessment, and the full Rockall score after endoscopy, with early discharge considered for those with a pre-endoscopy Blatchford score of 0.’</b></p> <p>‘using the Blatchford score at first assessment, and the full Rockall score after endoscopy, with early discharge considered for those with a pre-endoscopy Blatchford score of 0’ to be removed from the statement.</p> <p>‘validated’ to be added to the statement.</p> <p><b>Revised Draft Quality Statement 1: ‘People with acute upper gastrointestinal bleeding are offered a validated risk assessment.’</b></p>	<p>CP to add/remove wording in the statement</p> <p>CP to add/amend measurements to reflect the new statement</p>
	<p><b>Draft Quality Statement 2: ‘People with unstable severe acute upper gastrointestinal bleeding are offered endoscopy immediately after resuscitation.’</b></p> <p>‘immediately after’ to be replaced with ‘within 2 hours of.’</p> <p>Measurements to reflect the new statement.</p> <p>Define ‘unstable severe acute upper gastrointestinal bleeding’ in the definitions.</p>	<p>CP to add/remove wording in the statement.</p> <p>CP to add/amend measurements to reflect the</p>

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	<p><b>Revised Draft Quality Statement 2: 'People with unstable severe acute upper gastrointestinal bleeding are offered endoscopy within 2 hours of resuscitation'</b></p>	<p>new statement</p>
	<p><b>Draft Quality Statement 3: 'People with [non-urgent] acute upper gastrointestinal bleeding are offered endoscopy within 24 hours of admission.'</b></p> <p>'non-urgent' to be removed from the statement.</p> <p><b>Revised Draft Quality Statement 3: 'People with acute upper gastrointestinal bleeding are offered endoscopy within 24 hours of admission.'</b></p>	<p>CP to add/remove wording in the statement</p> <p>CP to add/amend measurements to reflect the new statement</p>
	<p><b>Draft Quality Statement 4: 'People with non-variceal upper gastrointestinal bleeding are offered [endoscopic treatment].'</b></p> <p>'acute' to be added to the statement.</p> <p>'and stigmata of recent haemorrhage' to be added to the statement</p> <p>'endoscopic treatment' to be replaced with 'combination endoscopic treatments.'</p> <p>Measurements to reflect the new statement.</p> <p><b>Revised Draft Quality Statement 4: 'People with non-variceal acute upper gastrointestinal bleeding and [stigmata of recent haemorrhage] are offered [combination endoscopic treatments]'</b></p>	<p>CP to add/remove wording in the statement.</p> <p>CP to add/amend measurements to reflect the new statement.</p>
	<p><b>Draft Quality Statement 5: 'People with non-variceal upper gastrointestinal bleeding and stigmata of recent haemorrhage shown at endoscopy are offered proton pump inhibitors.'</b></p>	<p>CP to remove this statement from the</p>

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	This TEG agreed not to progress this statement.	standard.
	<p><b>Draft Quality Statement 6: ‘People with non-variceal upper gastrointestinal bleeding who have received first or failed endoscopic treatment [who are at high risk of re-bleeding] are [considered for] repeat endoscopy [with treatment as appropriate?].’</b></p> <p>This TEG agreed not to progress this statement.</p>	CP to remove this statement from the standard.
	<p><b>Draft Quality Statement 7: ‘People with unstable non-variceal acute upper gastrointestinal bleeding who re-bleed after endoscopic treatment are offered interventional radiology, or urgent referral for surgery if interventional radiology is not [promptly] available.’</b></p> <p>‘or urgent referral for surgery if interventional radiology is not [promptly] available’ to be removed from the statement.</p> <p><b>Revised Draft Quality Statement 7: ‘People with unstable non-variceal acute upper gastrointestinal bleeding who re-bleed after endoscopic treatment are offered interventional radiology.’</b></p>	<p>CP to add/remove wording in the statement</p> <p>CP to add/amend measurements to reflect the new statement.</p>
	<p><b>Draft Quality Statement 8: ‘People with suspected or confirmed variceal [acute upper gastrointestinal] bleeding are offered prophylactic antibiotic therapy at presentation.’</b></p> <p>‘prophylactic’ to be removed from the statement.</p> <p><b>Revised Draft Quality Statement 8: ‘People with suspected or confirmed variceal [acute upper gastrointestinal] bleeding are offered antibiotic therapy at presentation.’</b></p>	CP to add/remove wording in the statement
	<b>Draft Quality Statement 9: ‘People with bleeding from upper gastrointestinal oesophageal or gastric varices are offered</b>	CP to add/remove

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	<p><b>[endoscopic treatment].’</b></p> <p>This statement to be separated into 2 separate statements.</p> <p>Measurements to reflect the new statement</p> <p><b>Revised Draft Quality Statement 9:</b>  <b>‘People with upper gastrointestinal bleeding from oesophageal varices are offered band ligation.’</b>  <b>‘People with gastric varices are offered endoscopic injection of N-butyl-2-cyanoacrylate.’</b></p>	<p>wording in the statement</p>
	<p><b>Draft Quality Statement 10: ‘People with uncontrolled bleeding from gastric varices are offered transjugular intrahepatic portosystemic shunts (TIPS), with consideration given to offer TIPS to those with uncontrolled bleeding from oesophageal varices.’</b></p> <p>‘gastric’ to be removed from the statement.</p> <p>‘with consideration given to offer TIPS to those with uncontrolled bleeding from oesophageal varices’ to be removed from the statement.</p> <p>Measurements to reflect the new statement.</p> <p>CP asked whether it is appropriate to use the word ‘offer’ in the statement when referring to oesophageal varices, given the fact that the main underpinning clinical guideline recommendation only states to ‘consider’ TIPS for oesophageal varices. The TEG felt this was appropriate, however the NICE technical team will consider this in more detail after the meeting.</p> <p>The TEG noted the link between this statement and statement 9 (now split into two), which they felt was addressed by the use of the words ‘uncontrolled bleeding’. However they may ask a question at consultation to ensure this link is clear.</p>	<p>CP to add/remove wording in the statement</p> <p>CP to add/amend measurements to reflect the new statement.</p> <p>NICE technical team to consider whether the use of the word ‘offer’ is appropriate</p>

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	<p><b>Revised Draft Quality statement 10: ‘People with [uncontrolled bleeding] from varices are offered transjugular intrahepatic portosystemic shunts (TIPS).’</b></p> <p><b>Draft Quality Statement 11: ‘People with acute upper gastrointestinal bleeding [who take aspirin and] in whom haemostasis has been achieved should continue on low-dose aspirin [for secondary prevention of vascular events.]’</b></p> <p>‘should’ to be replaced with ‘are advised to.’</p> <p>Rearrange the sentence structure of this statement.</p> <p>Remove ‘NSAID’s’ from the title of this statement.</p> <p><b>Revised Draft Quality Statement 11: ‘People with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved are advised to continue on low-dose aspirin.’</b></p> <p><b>Draft Quality Statement 12: ‘People with acute upper gastrointestinal bleeding [who take clopidogrel or any other thienopyridine antiplatelet agents] are advised on the risks and benefits of continuing clopidogrel (or any other thienopyridine antiplatelet agents) by the appropriate specialist.’</b></p> <p>This TEG agreed not to progress this statement.</p>	<p>CP to add/remove wording in the statement.</p> <p>CP to amend the wording of the statement title.</p> <p>CP to remove this statement from the standard.</p>
<p><b>7. Other guideline recommendations potentially suitable for QS development</b></p>	<p>The TEG considered other guideline recommendations potentially suitable for QS development and did not identify any other suitable topics.</p>	
<p><b>8. Consultation on the draft QS</b></p>	<p>AW outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS.</p> <p>The TEG recommended the following organisations as potential</p>	<p>The TEG to email JH with any other</p>

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	<p>stakeholders:            Royal Pharmaceutical Society            Society of Acute Medicine            Hepatitis C Trust            National Blood service            Scottish Society of Gastroenterology            British Liver Trust            AGIS            BSRI            British Association for the Study of Liver            Royal College of Physicians            Royal College of Nurses            Royal College of General Practitioners            AW explained the process around endorsement partners, explaining that any interested organisations should send expressions of interest to the Quality Standards team.</p>	<p>stakeholder suggestions.             JH to check if these suggested organisations are already on the stakeholder list and contact organisations if not.</p>
<p><b>8. Next steps and AOB</b></p>	<p>AW outlined the next steps, including key dates in the QS development process, and asked the group to hold time in their diaries to comment during the relevant periods.</p> <p>Some members noted the next TEG meeting is during the Easter holidays. The NICE team agreed to contact TEG members for their availability for the next meeting scheduled for 5<sup>th</sup> April 2013.</p> <p>KP thanked the group and closed the meeting.</p>	<p>NICE team to contact TEG members for their availability for the next meeting</p>