NHS
National Institute for
Health and Clinical Excellence

Quality Standards Multiple Pregnancy Scoping workshop

Minutes of the meeting held on Monday 29th October 2012 at the NICE offices in Manchester

Attendees	**<u>TEG members</u>** Jane Denton Chair (JD), Keith Reed (KR), Leanne Bricker (LB), Greta Rait (GR), Gail Coster (GC), Joanna Fitzsimons (JF) **<u>NICE Attendees</u>** Alison Tariq (AT), Terence Lacey (TL), Nick Staples (NS), Tim Stokes (TS) Lisa Nicholls (LN) **<u>Apologies (TEG members)</u>** Bridget York (BY)

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	JD welcomed the attendees and the group introduced themselves. JD reviewed the agenda for the day.	
2.Business items • Declarations of interest	JD reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation. JD outlined the declarations of interest policy.	
3.Quality Standard Overview	NS 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. NS also reported that the NHS White Paper *Equity and Excellence: Liberating the NHS* and the Health and Social Care Act emphasise that quality standards will be very important in the future and highlighted that organisations 'must have regard' to quality standards. NS 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. NS described the stakeholder consultation process and the use of endorsing organisations to help disseminate the quality standard.	
4. Quality Standards Methodology	TL outlined the methods used to develop quality standards, noting that statements should be aspirational but achievable, and are not intended to reinforce current practice. TL advised the group that NICE quality standards are informed by	

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	evidence-based recommendations from published NICE guidance or other NICE accredited sources. They do not review or redefine the underlying evidence base. TL 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. TL outlined the need to ensure that the quality statements are based on one concept to ensure clarity and measurement. TL advised the group that there will be some ‘cross-cutting’ standards, and users of quality standards should refer across the library of topics. TL asked the TEG to be mindful that when considering areas of care and statements some issues could be covered in other quality standards. TL mentioned equality needed to be taken into consideration and an assessment would be done after each TEG meeting.	
5.Example of a quality standard	AT showed the group ‘Antenatal Care’ as an example of a quality standard. AT gave information on quality statements, measures and what makes up a good quality statement	
6. Clinical and Policy Issues	HM gave the group a presentation on putting quality standards into context, the policies behind them and the relevance of quality standards. HM slides to be sent to TEG.	LN to send HM presentation to TEG

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6.Scoping session	The group looked at the scope under focus, population, exclusion and setting. The group agreed the focus and setting were fine as they are. Under population and exclusions the TEG agreed to make minor changes to clarify the target population. The group considered the areas of care diagram, adapted from the areas identified in CG129. AT led the group through a discussion of the key recommendations from the guideline. Discussions took place under each heading and the group agreed that they will consider the following areas of care: • **Determine gestation and chorionicity** - Determining gestational age and chorionicity • **General Care** - Information given to women on timing and mode of delivery - The composition and responsibilities of nominated multidisciplinary team - Continuity and consistency of care and holistic care, including instances of intrauterine death. • **Fetal Complications** - Giving information about screening for fetal complications - Offering screening for Down's syndrome - Ultrasound screening for fetal complications, including structural abnormalities, feto-fetal transfusion syndrome and intrauterine growth restriction. **• Maternal complications** - Monitoring by core team, hypertension and diabetes - **Preterm birth**	AT to update the scope. Look at antenatal text for exclusion

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	- The use of targeted corticosteroids - Information on the risk of pre-term birth – timeframe. Preparation for preterm birth - **Referral to tertiary care** - Appropriate location of care when referral is required - Indications for referral to tertiary care - **Timing of birth** - Offer and timing of elective birth - Preparation for parenting , including advice on breastfeeding The TEG looked at the evidence sources and were advised to contact AT if they had any other suggestions.	
7.Next steps and AOB	The group reviewed the membership of the TEG. JD advised the group that another midwife and a neonatologist had recently been appointed. Fetal medicines specialist and commissioner still not appointed. JD asked the group if they had any suggestions. The TEG suggested considering inviting applications from an obstetrician from a district general hospital and to ask the British Maternal Fetal Medicine Society for suggestions. The TEG also asked for details of what we was required from a commissioner to pass on to anyone who might be interested in applying. The TEG looked at but did not identify any equality issues. TL outlined the next steps in the quality standard development process and NS highlighted important dates. JD thanked the TEG and NICE team and closed the meeting.	