

Quality Standards Multiple Pregnancy Topic Expert Group

Minutes of the TEG2 meeting held on 28<sup>th</sup> January 2013 at the NICE offices in Manchester

<p><b>Attendees</b></p>	<p><b><u>Topic Expert Group Members</u></b></p> <p>Jane Denton (JD), Keith Reed (KR), Leanne Bricker (LB), Greta Rait (GR), Gail Coster (GC), Joanna Fitzsimons (JF), Bridgette York (BY), Sandra Bosman (SB), Jon Dorling (JD) and Janet Wright (JW).</p> <p><b><u>Health and Social Care Information Centre</u></b></p> <p>Alyson Whitmarsh (AW)</p> <p><b><u>NICE Staff</u></b></p> <p>Tim Stokes (TS), Terence Lacey (TL), Alison Tariq (AT) Rachel Neary (RNy), Gary Shield (GS) and Liane Marsh (LM).</p>
<p><b>Apologies</b></p>	<p><b><u>Topic Expert Group Members</u></b></p> <p>Paul Carroll (PC).</p>

Agenda item	Discussions and decisions	Actions
<b>1. Welcome, introductions and plan for the day</b>	<p>JD welcomed the attendees and outlined the agenda for the day.</p> <p>The group reviewed the minutes from the TEG 1 meeting held on 29<sup>th</sup> October 2013. Members agreed that the minutes were an accurate record of the meeting that took place.</p> <p>JD introduced three new members of the TEG: SB, JD and JW. All members of the TEG introduced themselves.</p>	
<b>2. Declaration of Interest</b>	<p>JD asked the group whether they had any new interests to declare since the last meeting. SB and LB both declared new interests. They are both taking part in a NICE evidence review for Multiple Pregnancy.</p>	
<b>3. Objectives of the meeting</b>	<p>JD 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. JD 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>TL 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. The quality standard will be informed by recommendations from the published NICE clinical guidelines on multiple pregnancy, prioritised on the basis of the areas of care identified at TEG1. The group was asked to highlight any equality issues relating to each statement during the meeting as part of the ongoing equality impact assessment for the quality standards.</p> <p>AT 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>AT 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>The TEG asked how many statements should they aim to include in the quality standard and TL advised that they should aim to include 6-8 statements.</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: Women with a multiple pregnancy have the chorionicity of their pregnancy determined by ultrasound by 13 weeks 6 days.</b></p> <p>‘and amnionicity’ to be added to the statement.</p> <p>‘by’ to be replaced with ‘using.’</p> <p>‘by 13 weeks 6 days’ to be replaced with ‘between 11 weeks and 13 weeks and 6 days.’</p> <p>The TEG developed a new statement: Women with a multiple pregnancy have the nomenclature of their pregnancy determined using ultrasound between 11 weeks and 13 weeks and 6 days.</p> <p>‘correctly’ to be removed from the outcome measures.</p> <p><b>Revised Draft Quality Statement 1:</b>  <b>Women with a multiple pregnancy have the chorionicity and amnionicity of their pregnancy determined using ultrasound between 11 weeks and 13 weeks 6 days.</b>  <b>Women with a multiple pregnancy have the nomenclature of their pregnancy determined using ultrasound between 11 weeks and 13 weeks and 6 days.</b></p>	<p>AT to add/remove wording in the statement</p> <p>AT to add/amend measurements to reflect the new statement</p> <p>AT to amend definitions to reflect the new statement.</p>
	<p><b>Draft Quality Statement 2: Women with a multiple pregnancy have</b></p>	<p>AT to add/</p>

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	<p><b>a personalised care plan that is appropriate for the chorionicity of her pregnancy.</b></p> <p>‘and amnionicity’ to be added to the statement.</p> <p>‘personalised’ to be removed from the statement.</p> <p>‘which specifies the minimum number of antenatal contacts’ to be added to the statement.</p> <p>‘number’ to be replaced with ‘appropriate number’ in the outcome measures.</p> <p><b>Revised Draft Quality Statement 2: Women with a multiple pregnancy have a care plan which specifies the minimum number of antenatal contacts appropriate for the chorionicity and amnionicity of her pregnancy.</b></p>	<p>remove wording in the statement.</p> <p>AT to add/ amend measurements to reflect the new statement</p> <p>AT to amend definitions to reflect the new statement.</p> <p>AT and TL to think about how to reword ‘minimum number of antenatal contacts’ statement while maintaining the meaning of the statement.</p>
	<p><b>Draft Quality Statement 3: Women with a multiple pregnancy are seen for all of their antenatal appointments with a member of the multidisciplinary core team following confirmation of multiple pregnancy.</b></p> <p>‘all’ to be replaced with ‘scheduled.’</p> <p><b>Revised Draft Quality Statement 3: Women with a multiple pregnancy are seen for their scheduled antenatal appointments by</b></p>	<p>AT to add/remove wording in the statement</p>

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	<p>a member of the multidisciplinary core team following confirmation of multiple pregnancy.</p>	
	<p><b>Draft Quality Statement 4: Women with a multiple pregnancy are monitored for fetal complications according to the chorionicity of their pregnancy.</b></p> <p>‘and amnionity’ to be added to the statement.</p> <p><b>Revised Draft Quality Statement 4: Women with a multiple pregnancy are monitored for fetal complications according to the chorionicity and amnionity of their pregnancy.</b></p>	<p>AT to add/remove wording in the statement.</p>
	<p><b>Draft Quality Statement 5: Women with a multiple pregnancy are referred for a consultant opinion at a tertiary level fetal medicine centre if their pregnancy is determined to be high risk at any time during their pregnancy.</b></p> <p>‘high risk’ to be replaced with ‘higher risk and/ or complicated’.</p> <p>Explain what is meant by ‘higher risk and/ or complicated’ in the definitions.</p> <p>Explain that invasive testing should only happen at specialist tertiary centres in the statement definitions.</p> <p><b>Revised Draft Quality Statement 5: Women with a multiple pregnancy are referred for a consultant opinion at a tertiary level fetal medicine centre if their pregnancy is determined to be higher risk and/or complicated at any time during their pregnancy.</b></p>	<p>AT to add/remove wording in the statement.</p> <p>AT to update the statement definitions.</p> <p>AT and TL to consider the wording of this statement – should it be ‘referred’ or ‘seek opinion.’</p>
	<p><b>Draft Quality Statement 6: Women with a multiple pregnancy have the timing of birth discussed with them early in the third trimester.</b></p>	<p>AT to add/remove wording in the</p>

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	<p>'timing of birth' to be replaced with 'the risks and implications of preterm birth'.</p> <p>'early in the third trimester' to be removed from the statement.</p> <p>'by a member of the multidisciplinary core team by 24 weeks' to be added to the statement.</p> <p>Explain in the definitions that women should be provided with information on the symptoms and signs of preterm labour.</p> <p><b>Revised Draft Quality Statement 6: Women with a multiple pregnancy have the risks and implications of preterm birth discussed with them by a member of the multidisciplinary core team by 24 weeks.</b></p>	<p>statement.</p> <p>AT to add/ amend measurements to reflect the new statement</p>
	<p><b>Draft Quality Statement 7: Women with an uncomplicated multiple pregnancy are offered elective birth timed according to the chorionicity of their pregnancy.</b></p> <p>'by 34 weeks' to be added to the statement.</p> <p><b>Revised Draft Quality Statement 7: Women with an uncomplicated multiple pregnancy are offered elective birth timed according to the chorionicity of their pregnancy by 34 weeks.</b></p>	<p>AT to add/ remove wording in the statement.</p>
	<p><b>Draft Quality Statement 8: Women with a multiple pregnancy have a discussion about the possible mode of delivery by 34 weeks.</b></p> <p>The TEG developed the new statement above.</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 new areas.</p>	

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<p><b>8. Summary of agreed quality statements.</b></p>	<p>The group considered whether they were content that screening is covered by the quality standard on antenatal care, and concluded that they are.</p> <p>The group felt that it is important to include a discussion on giving steroids somewhere in the quality standard. This will be included in the definitions section for statement 7.</p>	
<p><b>9. Next steps and AOB</b></p>	<p>RN outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS. RN advised the TEG to contact the QS team to suggest any additional stakeholders.</p> <p>RN explained the process around endorsement partners, explaining that any interested organisations should send expressions of interest to the Quality Standards team.</p> <p>RN 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. The draft QS and programme minutes will be emailed to the TEG for comment the week commencing 18<sup>th</sup> February 2013.</p> <p>The group queried how patient experience is audited and highlighted that there needs to be some feedback on this. AT, TL and AW advised that patient experience is often audited using patient surveys. Also, there is currently a lot of work going on around this and measurement tools are constantly being developed.</p> <p><b>Next meeting:</b> Thursday 30<sup>th</sup> May 2013</p>	<p>The TEG to email any other stakeholder suggestions to LM.</p>