Quality Standards Advisory Committee 4

Chronic kidney disease (update) – prioritisation meeting

Minutes of the meeting held on 16 December 2016 at the NICE offices in Manchester

Attendees	**Standing Quality Standards Advisory Committee (QSAC) members** Damien Longson (DL) [Chair], Alison Allam, Simon Baudouin, James Crick, Zoe Goodacre, Mathew Sewell, Michael Varrow and David Weaver **Specialist committee members** Hugh Gallagher, Kathryn Griffith, John Roberts, Mark Prentice and Robert Lewis **NICE staff** Nick Baillie (NB), Tony Smith (TS), Stacy Wilkinson (SW), Melanie Carr (MC), Joanne Ekeledo (JE) and Jamie Jason (JJ) **Topic expert advisers** None **NICE Observers** None
Apologies	**Standing Quality Standards Advisory Committee (QSAC) members** Tim Fielding, Allison Duggal, John Jolly, Jane Bradshaw, Nicola Hobbs, Moyra Amess, Asma Khalil, Nadim Fazlani, Jane Ingham, and Jane Putsey **Specialist committee members** Nicholas Palmer **NICE staff** None

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day (private session)	The Chair welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves. The Chair informed the Committee of the apologies and reviewed the agenda for the day.	
2. Committee business (public session)	**Declarations of interest** The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. The Chair asked the specialist committee members to declare all interests. The following interests were declared: <u>Standing committee members</u> • None <u>Specialist committee members</u> • Robert Lewis – declared a personal financial interest. He has been paid to deliver several educational sessions for the following pharmaceutical companies: Janssen, Eli Lilly and Merck Sharpe & Dohme during 2014–16. He also received sponsorship from Janssen (2014 and 2015) and Eli Lilly (2016) to attend educational meetings in USA and Europe. Robert Lewis also declared a non–personal financial interest. He was the chief investigator on a portfolio clinical trial of Balneum Plus skin cream financed (but not initiated or overseen) by the manufacturer Almiral Ltd. • Other specialist members declared no interests. **Minutes from the last meeting** The Committee reviewed the minutes of the last meeting held on 30 November 2016 and confirmed them as an accurate record.	
3. QSAC updates	None	
4 and 4.1 Topic overview and summary of engagement responses	TS and SW presented the topic overview and a summary of responses received during engagement on the topic.	

Agenda item	Discussions and decisions	Actions
4.2 Prioritisation of quality improvement areas	The Chair and SW led a discussion in which areas for quality improvement were prioritised. The QSAC considered the draft areas as outlined in the briefing paper prepared by the NICE team. The outcome of discussions is detailed below.	

Suggested quality improvement area	Prioritised (yes/no)	Rationale for prioritisation decision	If prioritised, which specific areas to be included?
Investigations for CKD	Y	The committee considered the opportunity for the quality standard to address under-diagnosis of CKD, and emphasised the particular need to test at-risk people for both glomerular filtration rate (GFR) and albumin:creatinine ratio (ACR), since these test relate to different, but equally important, aspects of kidney function. The committee asked the NICE team to draft a quality statement in line with NICE guideline CG182 to say that adults who are at risk of CKD should be tested for GFR and ACR. The committee discussed the population for the statement, and the merits of defining a narrower population in terms of the most common at-risk patients: people with diabetes, hypertension or cardiovascular disease; however, the committee recognised that other at-risk populations, such as people with acute kidney injury, should also be tested. The NICE team agreed to consider the population and timeframes in more detail when drafting the quality statement.	Testing at-risk adults for CKD using GFR and ACR.
Monitoring and progression of CKD	Y	The committee discussed the issue of condition monitoring for people with CKD, and agreed it was important to check GFR, ACR and blood pressure	Routine monitoring of GFR, ACR and BP for adults with CKD.

		routinely to support condition management, to support shared decision making and ensure optimal outcomes. Criteria for specialist referral were also discussed but were not agreed to be a priority area for quality improvement. The committee also discussed conservative care, and agreed this comes under renal replacement therapy, which is a separate quality standard topic. Recognising the difficulties of measuring condition monitoring from freetext notes on clinical systems, and issues with the communication of test results from secondary care to primary care, the committee asked the NICE team to draft a quality statement in line with NICE guideline CG182 to say that adults who have CKD should have a review at least annually of GFR and blood pressure, with ACR to be tested routinely as agreed with patients.	
Information, education and self-management	N	The committee noted that some people with CKD, as indicated by GFR or ACR tests, are not informed of their diagnosis, and are unable to self-manage based on information and education about the condition. The committee noted that compared with many other chronic diseases, people with CKD may have to make regular appointments with services over a long period of time if the condition progresses slowly. The existing quality standard on patient experience was considered to cover good clinical practice in terms of communication with patients and providing support. On balance the committee agreed not to progress this as a quality statement at this time, but would try to address informing people of their diagnosis under the second draft statement, and would reflect on responses to the consultation version of the draft quality standard.	No action
Pharmacotherapy	Y	The committee agreed that the risk of cardiovascular disease (CVD) in people with CKD is significant –	Management to BP targets for adults with CKD

		CKD is a risk factor for CVD, and CVD contributes to CKD progression. Many people with CKD will have strokes or myocardial infarctions, and preventative measures such as statin therapy for people with CKD are not provided widely. The committee also agreed that the rate of CKD progression is highly correlated with high blood pressure. The committee therefore asked the NICE team to draft two quality statements in line with NICE guidelines CG182 and CG181 relating to the prevention of CVD for adults with CKD: a statement about managing people with CKD (with and without diabetes) to blood pressure targets; and a statement about the prescription of statins to address CVD risk in adults with CKD.	Statin prescribing for adults with CKD
Other complications	N	The committee discussed the management of anaemia and hyperphosphataemia for people with CKD, noting that these patients are likely to be under specialist care. Overall the committee felt this was not a key area for quality improvement, and noted the difficulty of defining a population relevant to a quality statement. This area was not progressed.	No action

Additional areas suggested	**Committee rationale**	**Area progressed (Y/N)**
Pneumonia vaccination	The committee agreed no supporting guideline recommendations allowed the development of quality statements	**N**
Coding	The committee felt that the issue of better coding of CKD could be addressed within the measures of the first draft statement on identifying adults with CKD from at-risk populations	**N**
Staff training and guidance	The committee agreed that staff training should not be prioritised, noting that quality standards assume staff capability and expertise.	**N**
Multidisciplinary care	The committee agreed no supporting guideline recommendations allowed the	**N**

	development of quality statements	

5. Resource impact	The committee was initially asked to consider resource impact whilst prioritising the areas for quality improvement. The committee asked the NICE team about the resource impact of eGFR and ACR tests as discussed under investigations for CKD. The NICE team will see what further information they can find on this for the next meeting. The members were advised that the resource impact question would be asked at consultation and stakeholders comments considered during the next meeting.	
6.1 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on chronic kidney disease (update). It was agreed that the committee would contribute suggestions as the quality standard was developed.	
6.2 Equality and diversity	The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the Committee to consider any relevant issues. It was agreed that the committee would contribute suggestions as the quality standard was developed.	
7. QSAC specialist committee members (part 1 – open session)	NB asked the QSAC to consider the constituency of specialist committee members on the group and whether any additional specialist members were required. **Specialist members**: The committee agreed no additional expertise is required.	
8. QS21 and QS68 minor update	MC presented the proposed amendments to two QS following the update to NICE CG95. The committee discussed whether the amendments align with the updated guideline. The committee did not feel able to agree to the proposed changes at this time. The NICE team agreed to raise QSAC concerns when the update is discussed at NICE Guidance Executive.	
9. Any other business (part 1 – open session)	The following items of AOB were raised: • None **Date of next meeting for chronic kidney disease (update): 26 April 2017** **Date of next QSAC 4 meeting: 25 January 2017**	