# Constipation in children and young people

# NICE quality standard

## Draft for consultation

December 2013

## Introduction

This quality standard covers the diagnosis and management of idiopathic constipation in children and young people (from birth to 18 years). For more information see the topic overview.

### *Why this quality standard is needed*

Constipation is the inability to pass stools regularly or completely empty the bowels. It can cause hard, lumpy and large or small stools. Constipation is common in childhood. It is referred to as ‘idiopathic’ if it cannot be explained by anatomical or physiological abnormalities. The exact cause of idiopathic constipation is not fully understood but factors that may contribute include pain, fever, dehydration, dietary and fluid intake, psychological issues, toilet training, medicines and family history of constipation.

Estimates for the prevalence of idiopathic constipation vary from 5% to 30% of children and young people, depending on the criteria used for diagnosis, and are at their highest in toddlers. It is estimated that 1 in 100 children and young people aged between 11 and 18 years have idiopathic constipation. Children and young people with Down's syndrome or autism are particularly prone to idiopathic constipation, and some children and young people with physical disabilities, such as cerebral palsy, are prone to idiopathic constipation as a result of impaired mobility. There is also a higher prevalence in children and young people in local authority care.

Symptoms of constipation become chronic in more than one-third of children and young people, and constipation is a common reason for referral to secondary care. Morbidity may be under-reported because people may be too embarrassed to seek advice.

Inpatient data from hospital episode statistics (HES) in 2011/12 show that there were 12,865 admissions for constipation in children and young people, of which 78% were emergency admissions.

Early diagnosis and treatment are important to prevent chronic constipation. However, people often do not recognise the signs and symptoms of constipation. If constipation goes undiagnosed an acute episode can lead to anal fissure and become chronic. In some cases conflicting advice is given and practice is often inconsistent, which can make treatment frustrating and less effective.

Continence problems (including soiling) can have a significant emotional impact in children and young people, and managing these problems can be stressful for parents and carers. Many children and young people experience social, psychological and educational consequences that require prolonged support.

The diagnosis and management of idiopathic constipation may be carried out by a number of different healthcare professionals, such as GPs, school nurses, health visitors, practice nurses, continence advisors, paediatricians or a specialist continence service.

### *How this quality standard supports delivery of outcome frameworks*

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS Outcomes Framework 2013/14
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Part 1 and Part 1A.

Tables 1–2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1** NHS Outcomes Framework 2013/14

| Domain | Overarching indicators and improvement areas |
|---|---|
| 4 Ensuring that people have a positive experience of care | ***Improvement areas***<br>***Improving people's experience of outpatient care***<br>4.1 Patient experience of outpatient services<br>***Improving children and young people's experience of healthcare***<br>*4.8 An indicator is under development* |

**Table 2** Public health outcomes framework for England, 2013–2016

| Domain | Objectives and indicators |
|---|---|
| 1 Improving the wider determinants of health | ***Objective***<br>Improvements against wider factors that affect health and wellbeing and health inequalities<br>***Indicators***<br>1.3 Pupil absence |
| 2 Health improvement | ***Objective***<br>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities<br>***Indicators***<br>*2.5 Child development at 2–2.5 years (under development)* |

## *Coordinated services*

The quality standard for constipation in children and young people specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole constipation care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children and young people with constipation.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality constipation service are listed in 'Related quality standards'.

### Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating children and young people with constipation should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

### Role of families and carers

Quality standards recognise the important role families and carers have in supporting children and young people with constipation. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

## List of quality statements

Statement 1. Children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made.

Statement 2. Children and young people with idiopathic constipation receive oral macrogols as first-line treatment.

Statement 3. Children and young people with idiopathic constipation undergoing laxative treatment have their treatment reviewed by a healthcare professional.

Statement 4. Children and young people with idiopathic constipation undergoing laxative treatment receive a written personalised management plan.

Statement 5. Children and young people with idiopathic constipation who do not respond to initial treatment within 3 months are referred to a specialist.

## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

## *Questions about the individual quality statements*

**Question 3** For quality statement 3: Is one review type often carried out better than the other or do both types of treatment review need equal levels of improvement?

**Question 4** For draft quality statement 4: What is the most important piece of information that should be provided as part of a written personalised management plan?

**Question 5**For draft quality statement 5: Is it clear what ‘respond to initial treatment’ means?

# Quality statement 1: Assessment

## *Quality statement*

Children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made.

## *Rationale*

Children and young people can present with constipation to different types of healthcare professional in primary, community and secondary care. Once constipation in children and young people has been recognised it is important to ensure that underlying causes of constipation are excluded. A diagnosis of idiopathic constipation, in which the constipation cannot be explained by anatomical or physiological abnormalities, can only be made through a full assessment including a detailed history and physical examination by a healthcare professional.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made.

***Data source:*** Local data collection.

### Process

Proportion of children and young people with constipation who receive a full assessment before a diagnosis of idiopathic constipation is made.

Numerator – the number of children and young people in the denominator who receive a full assessment before a diagnosis of idiopathic constipation is made.

Denominator – the number of children and young people with constipation for the first time.

***Data source:*** Local data collection. NICE clinical guideline 99 audit support tool, criteria 1, 2, 5, 7 and 9.

**Outcome**

Rates of accident and emergency department attendance and unplanned hospitalisation for constipation.

***Data source:*** Local data collection. The Child and Maternal Health Intelligence Network, Child health indicator profiles collects data on hospital admissions for constipation in those aged 0–24 years.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** ensure that staff assessing children and young people with constipation are trained to perform a full assessment, including history-taking and physical examination for children and young people with constipation before a diagnosis of idiopathic constipation is made.

**Healthcare professionals** perform a full assessment for children and young people with constipation, including a detailed history and physical examination, before making a diagnosis of idiopathic constipation.

**Commissioners** ensure that they commission services from providers whose staff can perform a full assessment, which includes a detailed history-taking and physical examination, before children and young people with constipation are diagnosed with idiopathic constipation.

### *What the quality statement means for patients, service users and carers*

**Children and young people** with constipation are given a detailed assessment, which includes asking about their symptoms and other problems, and carrying out a physical examination. This will help to diagnose constipation and check that there is no serious underlying cause.

### *Source guidance*

- Constipation in children and young people (NICE clinical guideline 99), recommendation 1.1.1 key priority for implementation, 1.1.2 key priority for implementation and 1.1.3, key priority for implementation.

## *Definitions of terms used in this quality statement*

### Full assessment

A combination of history-taking and physical examination should be used to diagnose idiopathic constipation. Key components of assessment can be found in tables 1, 2 and 3 of NICE clinical guideline 99.

Assessment can be undertaken by healthcare professionals such as GPs, school nurses, health visitors, practice nurses, continence advisors and paediatricians.

### Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE clinical guideline 99, Introduction]

## *Equality and diversity considerations*

Certain groups of children and young people are more prone to idiopathic constipation than others, such as those with Down's syndrome or autism and some children and young people with physical disabilities, such as cerebral palsy. There is also a higher prevalence in children and young people in local authority care. These children and young people may have additional needs that need to be considered when assessing them for idiopathic constipation.

# Quality statement 2: First-line treatment with laxatives

## *Quality statement*

Children and young people with idiopathic constipation receive oral macrogols as first-line treatment.

## *Rationale*

Laxative treatment is effective for constipation. Children and young people should either start disimpaction therapy with an escalating dose regime or maintenance therapy, depending on the results of the physical examination. Macrogols are the first-line laxative of choice unless otherwise indicated.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that children and young people with idiopathic constipation receive oral macrogols as first-line treatment.

***Data source:*** Local data collection.

### Process

Proportion of children and young people with idiopathic constipation who receive oral macrogols as first-line treatment.

Numerator – the number of children and young people in the denominator who receive oral macrogols as first-line treatment.

Denominator – the number of children and young people who are diagnosed with idiopathic constipation.

***Data source:*** Local data collection. NICE clinical guideline 99 audit support tool; criterion 9.

### Outcome

Rates of accident and emergency department attendance and unplanned hospitalisation for idiopathic constipation.

***Data source:*** Local data collection. The Child and Maternal Health Intelligence Network, Child health indicator profiles collects data on hospital admissions for constipation in those aged 0-24 years.

## *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** ensure that staff prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation

**Healthcare professionals** prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation.

**Commissioners** ensure that they commission services from providers that can demonstrate that staff prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation.

## *What the quality statement means for patients, service users and carers*

**Children and young people** with constipation receive a laxative (called an oral macrogol), which comes as a powder that you add to water and drink, as initial treatment.

## *Source guidance*

- Constipation in children and young people (NICE clinical guideline 99) recommendations 1.4.2 and 1.4.3, key priority for implementation, 1.4.4 and 1.4.11.

## *Definitions of terms used in this quality statement*

### Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE clinical guideline 99, Introduction]

### Macrogol

A type of laxative. [British National Formulary] .

# Quality statement 3: Reviewing laxative treatment

## *Quality statement*

Children and young people with idiopathic constipation undergoing laxative treatment have their treatment reviewed by a healthcare professional.

## *Rationale*

Children and young people with idiopathic constipation receiving disimpaction treatment for faecal impaction should have their treatment reviewed within 1 week. If the bowel is not impacted it is important to review their treatment during maintenance therapy to prevent faecal impaction and to assess for and address possible issues in maintaining treatment such as problems with taking medicine and toileting.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that children and young people with idiopathic constipation undergoing laxative treatment have their treatment reviewed by a healthcare professional.

***Data source:*** Local data collection.

### Process

a) Proportion of children and young people with idiopathic constipation undergoing laxative treatment for disimpaction who receive a review of their treatment from a healthcare professional within 1 week of starting treatment.

Numerator – the number of children and young people in the denominator who receive a review of their treatment from a healthcare professional within 1 week of starting treatment.

Denominator – the number of children and young people with idiopathic constipation undergoing laxative treatment for disimpaction.

***Data source:*** Local data collection. NICE clinical guideline 99 audit support tool, criterion 14.

b) Proportion of children and young people with idiopathic constipation undergoing laxative treatment for maintenance therapy, who receive a review of their treatment from a healthcare professional within 6 weeks of starting treatment.

Numerator – the number of children and young people in the denominator who receive a review of their treatment from a healthcare professional within 6 weeks of starting treatment.

Denominator – the number of children and young people with idiopathic constipation undergoing laxative treatment for maintenance therapy.

***Data source:*** Local data collection. NICE clinical guideline 99 audit support tool, criterion 16.

**Outcome**

a) Rates of reimpaction.

***Data source:*** Local data collection.

b) Production of regular soft stools.

***Data source:*** Local data collection.

c) Rates of attendance to accident and emergency departments for constipation.

***Data source:*** Local data collection. The Child and Maternal Health Intelligence Network, Child health indicator profiles collects data on hospital admissions for constipation in those aged 0–24 years.

## *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** ensure that staff perform reviews of the laxative treatment in children and young people with idiopathic constipation at intervals appropriate to the type of treatment being provided.

**Healthcare professionals** provide reviews for children and young people with idiopathic constipation who are undergoing laxative treatment at intervals appropriate to the type of treatment being provided.

**Commissioners** ensure that they commission services from providers that can demonstrate that they provide reviews for children and young people with idiopathic constipation who are undergoing laxative treatment at intervals appropriate to the type of treatment being provided.

## *What the quality statement means for patients, service users and carers*

**Children and young people** with constipation receive regular reviews of their laxative treatment from a healthcare professional. The timing can vary depending on the needs of the child or young person (usually within 6 weeks of starting treatment). However, it should be within a week if the child or young person has a blockage in the bowel caused by constipation (this is called faecal impaction).

## *Source guidance*

- Constipation in children and young people (NICE clinical guideline 99) recommendations 1.4.8 and 1.4.10.

## *Definitions of terms used in this quality statement*

### Disimpaction treatment

Treatment with laxative stimulants for the evacuation of impacted faeces. [NICE clinical guideline 99]

### Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE clinical guideline 99, Introduction]

### Review during maintenance treatment

Review during maintenance treatment includes ensuring the child or young person does not become impacted and assessing for possible issues in maintaining treatment such as problems with taking medicine and toileting. [Adapted from NICE clinical guideline 99, recommendation 1.4.10]

The timing of review during maintenance treatment will depend on the individual needs of the child or young person and their family. It could range from daily contact to every few weeks. [Adapted from NICE clinical guideline 99, recommendation 1.4.10]

A pragmatic timeframe for review of maintenance treatment within 6 weeks is proposed for measuring the quality statement. [Expert opinion]

The review of laxative treatment can be undertaken by a number of healthcare professionals such as GPs, school nurses, health visitors, practice nurses, continence advisors and paediatricians.

### *Question for consultation*

Is one review type often carried out better than the other or do both types of treatment review need equal levels of improvement?

# Quality statement 4: Written personalised management plan

## *Quality statement*

Children and young people with idiopathic constipation undergoing laxative treatment receive a written personalised management plan.

## *Rationale*

A written personalised management plan that includes information about constipation and its management helps empower children, young people and their parents or carers to be more involved in their treatment. Parents and carers play a key role in supporting the child or young person’s self-management, so it is important that they are provided with clear information about the condition as appropriate, and how to administer laxative therapy, assess the response and change the dosage as needed.

## *Quality measures*

### Structure

Evidence of local arrangements for children and young people with idiopathic constipation undergoing laxative treatment to receive a written personalised management plan.

***Data source:*** Local data collection.

### Process

Proportion of children and young people with idiopathic constipation undergoing laxative treatment who receive a written personalised management plan.

Numerator – the number of children and young people in the denominator receiving a written personalised management plan.

Denominator – the number of children and young people with idiopathic constipation undergoing laxative treatment.

***Data source:*** Local data collection. NICE clinical guideline 99 audit support tool, criteria 21 and 22.

**Outcome**

Children, young people and their family's satisfaction with involvement in management.

***Data source:*** Local data collection.

## *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** ensure that staff provide children and young people with idiopathic constipation who are undergoing laxative treatment with a written personalised management plan that details their condition and how it can be managed.

**Healthcare professionals** provide a written personalised management plan that details their condition and how it can be managed to children and young people with idiopathic constipation who are undergoing laxative treatment.

**Commissioners** ensure that they commission services from providers that can demonstrate that they provide a written personalised management plan for children and young people with idiopathic constipation who are undergoing laxative treatment.

## *What the quality statement means for patients, service users and carers*

**Children and young people** with constipation who are taking laxative treatment receive a written care plan with information about their condition and treatment.

## *Source guidance*

- Constipation in children and young people (NICE clinical guideline 99) recommendation 1.8.1.

## *Definitions of terms used in this quality statement*

### Written personalised management plan

A written personalised management plan should be tailored to the clinical circumstances of the child or young person, and may need to be designed to support their parent or carers; it may include the following:

- Information on possible responses to laxative treatment that can be measured by the frequency, amount and consistency of stools using the Bristol Stool Form Scale and on how to adjust laxative doses in response. [Adapted from NICE clinical guideline 99, recommendation 1.8.1]
- Evidence-based information about their condition and its management such as NICE's information for the public for NICE clinical guideline 99. [Adapted from NICE clinical guideline 99, recommendation 1.8.1]
- Information about how bowels work, symptoms that might indicate a serious underlying problem, how to take their medication, what to expect when taking laxatives, how to poo, origins of constipation, criteria to recognise risk situations for relapse and the importance of continuing treatment until advised otherwise by the healthcare professional. [Adapted from NICE clinical guideline 99, recommendation 1.8.1]
- Advice that a balanced diet should include adequate fluid intake and adequate fibre. [Adapted from NICE clinical guideline 99, recommendations 1.5.3 and 1.5.4]

## *Equality and diversity considerations*

Personalised written management plans aim to ensure that the individual circumstances of the child, young person and their family or carers is taken into account when providing information on idiopathic constipation and its management. Other conditions the child or young person may have, such as learning or physical disabilities, should also be taken into account when providing a child, young person or their family or carers with a written personalised management plan.

## *Question for consultation*

What is the most important piece of information that should be provided as part of a written personalised management plan?

# Quality statement 5: Referral if no response to treatment

## *Quality statement*

Children and young people with idiopathic constipation who do not respond to initial treatment within 3 months are referred to a specialist.

## *Rationale*

The majority of children and young people respond well to laxative treatment delivered within primary care. However, there are some children and young people for whom specialist help and support is needed. Constipation is a self-perpetuating condition; the longer it is left untreated the more difficult it becomes to treat, and further investigations may be needed to understand a non-response to initial treatment.

## *Quality measures*

### Structure

Evidence of local arrangements and written clinical protocols to ensure that children and young people with idiopathic constipation who do not respond to initial treatment within 3 months are referred to a specialist.

***Data source:*** Local data collection.

### Process

Proportion of children and young people with idiopathic constipation who do not respond to initial treatment within 3 months who are referred to a specialist.

Numerator – the number of children and young people in the denominator who are referred to a specialist.

Denominator – the number of children and young people with idiopathic constipation who do not respond to initial treatment within 3 months.

***Data source:*** Local data collection.

### Outcome

Rates of recurrent presentation to general practice.

***Data source:*** Local data collection.

## *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** ensure that staff refer children and young people with idiopathic constipation who do not respond to initial treatment within 3 months to a specialist.

**Healthcare professionals** refer children and young people with idiopathic constipation who do not respond to initial treatment within 3 months to a specialist.

**Commissioners** ensure that they commission services from providers who can demonstrate that children and young people with idiopathic constipation who do not respond to initial treatment within 3 months are referred to a specialist.

## *What the quality statement means for patients, service users and carers*

**Children and young people** whose constipation does not improve after 3 months of laxative treatment are referred to a specialist.

## *Source guidance*

- Constipation in children and young people (NICE clinical guideline 99) recommendation 1.8.4.

## *Definitions of terms used in this quality statement*

### Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE clinical guideline 99, Introduction]

### Specialist

A healthcare professional with interest, experience and/or training in the diagnosis and treatment of constipation in children and young people, such as specialist continence nurse, community paediatrician or GP with a special interest. [Adapted from NICE clinical guideline 99]

### Question for consultation

Is it clear what ‘respond to initial treatment’ means?

# Status of this quality standard

This is the draft quality standard released for consultation from 10 December 2013 to 14 January 2014. It is not NICE's final quality standard on constipation in children and young people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5 pm on 14 January 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from May 2014.

# Using the quality standard

## *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

## *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### *Using other national guidance and policy documents*

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, healthcare professionals and social care and public health practitioners, patients, service users and carers alongside the documents listed in 'Development sources'.

## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and are available.

Good communication between healthcare professionals and social care and public health practitioners and children and young people with constipation, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with constipation and their families or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## Development sources

Further explanation of the methodology used can be found in the quality standards Process guide on the NICE website.

### *Evidence sources*

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Constipation in children and young people. NICE clinical guideline 99 (2010).

### *Policy context*

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2010) National service framework for children, young people and maternity services – continence issues for a child with learning difficulties.
- Department of Health (2007) National service framework for children, young people and maternity services – continence.
- Department of Health (2004) National service framework for children, young people and maternity services: core document.

### *Definitions and data sources for the quality measures*

- The Child and Maternal Health Intelligence Network.

## Related NICE quality standards

### *Published*

- Patient experience in adult NHS services. NICE quality standard 15 (2012).

### *In development*

- Faecal incontinence. Publication expected February 2014.

### *Future quality standards*

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Coeliac disease

- Nocturnal enuresis.

# Quality Standards Advisory Committee and NICE project team

## *Quality Standards Advisory Committee*

This quality standard has been developed by Quality Standards Advisory Committee 1.

Membership of this committee is as follows:

**Dr Bee Wee (Chair)**
Consultant/Senior Lecturer in Palliative Medicine, Oxford University Hospitals NHS Trust/Oxford University

**Mr Lee Beresford**
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The following specialist members joined the committee to develop this quality standard:

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**Dr Huw Jenkins**

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## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

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