NICE National Institute for Health and Care Excellence

Quality Standards Advisory Committee 4

Maternal and child nutrition - improving nutritional status – prioritisation meeting

Managing medicines in care homes – post-consultation meeting

Minutes of the meeting held on 19th December 2014 at the NICE offices in Manchester

<table>
<tr><td>Attendees</td><td><u>Standing Quality Standards Advisory Committee (QSAC) members</u>
Damien Longson (DS), Zoe Goodacre (ZG), Tim Fielding (TF), Allison Duggal (AD), Alaster Rutherford (AR), Rubin Minhas (RM), John Jolly (JJ), Harry Allen (HA), Francis Garraghan (FG), John Walker (JW), Michael Varrow (MV), Jane Bradshaw (JB) and Moyra Amess (MA).

<u>Specialist committee members</u>
Maternal and child nutrition - Helen Crawley (HC), Judith Jones (JJ) and Val Finigan (VF).
Managing medicines in care homes - Amanda Thompsell (AT), Amanda De La Motte (ADLM), Barbara Jesson (BJ) and Susan Lee (SL).

<u>NICE staff</u>
Nicola Greenway (NG) [agenda items 1-6], Eileen Taylor (ET) [agenda items 1-6], Thomas Walker (TW) [agenda items 7-13], Stephanie Birtles (SB) [agenda items 7-13], Christina McArthur (CM) [agenda items 7-13], Rachel Neary-Jones (RNJ) and Liane Marsh (LM).

<u>Topic expert advisers</u>
None attended.

<u>NICE Observers</u>
Kay Nolan (KN) [agenda items 1-6].</td></tr>
<tr><td>Apologies</td><td><u>Standing Quality Standards Advisory Committee (QSAC) members</u>
Allison Allam (AA), Julie Rigby (JR), Roger Hughes (RH), Nicola Hobbs (NH) and David Weaver (DW).

<u>Specialist committee members</u>
Maternal and child nutrition - Bridget Halnan (BH).
Managing medicines in care homes - Gerry Bennison (GB) and Delyth Curtis (DC).</td></tr>
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	NICE staff None. **Topic expert advisers** None.

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day (private session)	Damien Longson welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves. DL informed the Committee of the apologies and reviewed the agenda for the day.	
3. Committee business (public session)	**Declarations of interest** DL 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. DL asked the specialist committee members to declare all interests. The following interests were declared: Specialist committee members • VF declared that she has completed 3 years on the UNICEF designation Committee 12 months ago. She is also a current member of the RCM editorial board and an International Board Certified Lactation Consultant. • HC declared that she is the Director of First Steps Nutrition Trust, a public health charity which provides practical support to health professionals in relation to Healthy Start. The First Steps Nutrition Trust has have recently set up the Healthy Start Alliance, a network of organisations and individuals who want to support the concept of a welfare food scheme/Healthy Start. This network is voluntary, receives no funding and is currently simply providing information on Healthy Start to interested parties. The network says in its draft manifesto that it supports free universal vitamins for pregnant women, infants and young children and an expansion of the Healthy Start scheme. • JJ declared that she works with Cracking Good Food. **Minutes from the last meeting** The Committee reviewed the minutes of the last meeting held on 24th November 2014 and confirmed them	

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Agenda item	Discussions and decisions	Actions
	as an accurate record.	
4. Topic session – maternal and child nutrition – improving nutritional status (public session)	The Committee then moved on to discuss maternal and child nutrition – improving nutritional status.	
4.1 and 4.2 Topic overview and summary of engagement responses	NG and ET presented the topic overview and a summary of responses received during engagement on the topic. It was explained that this topic overlaps with several other quality standards and that the committee should consider this when prioritising areas for improvement. The related quality standards are: Antenatal care (published) Postnatal care (published) Obesity – prevention and management in children (in development) Childhood obesity (referred) Obesity in adults (referred) Obesity – prevention and management in adults (referred) Oral health promotion in the community (referred)	
4.3 Prioritisation of quality improvement areas	ET and DL 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. • Healthy start • Breastfeeding • Weaning • Nutrition in pre-school settings • Food education • Infant formula • Maternal diet pre/ during pregnancy The Committee queried the maintenance of the Healthy start scheme to support vulnerable women and children, however they agreed that this is a national issue and not within the remit of the QSAC. The specialist committee members also advised that Sure Start Centres are now commonly called Children's Centres.	

Agenda item	Discussions and decisions	Actions
	The QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard: • **Healthy Start – Use of food vouchers –** The QSAC felt that this is an important area because pregnant women and young children are vulnerable nutritionally. Access to food vouchers was felt to be important for these women as was appropriate information on what they can be used for and where they can be used as the committee felt that, although there was a reasonably high uptake for these vouchers, there was no evidence about how effectively they are being used to ensure a balanced diet. Committee members discussed whether food vouchers could be abused, however they agreed that the abuse of healthy start vouchers is minimal from the evidence. • **Healthy start – Healthy start vitamin scheme –** The QSAC felt that this is an important area because pregnant women and young children are vulnerable nutritionally and therefore access to appropriate nutritional supplements is really important for these women. They also felt that, due to the vast amount of supplements available, it can be difficult for women to know which to take and which contain the appropriate amounts of each vitamin. There was also some anecdotal evidence that women are being given confused messages about vitamins therefore committee members noted the importance of health professionals giving clear advice about supplements. The committee discussed the potential benefits of making healthy start vitamins universally available however noted that other work was going to assess the cost effectiveness of this and therefore agreed that it should not be progressed as an area for quality statement development. • **Breastfeeding – initiation and duration/ continuation:** The QSAC noted that there is a variation in breastfeeding rates across the country and suggested that this is largely due to cultural and socio-economic reasons. For example, breastfeeding rates are lower among young white women from lower socio-economic backgrounds and higher in BME populations. They also noted that outcomes for breastfeeding are currently poor as only 1% women are exclusively breastfeeding at 6 months. The committee however felt that the current quality statement on breastfeeding which sits within QS37 Postnatal Care adequately addressed the issues raised by stakeholders and should therefore be linked to from this quality standard rather than duplicated. • **Weaning/ complimentary feeding –** The Committee agreed that the timing of weaning at 6 months in line with the NICE guideline is an important area for quality improvement as there was evidence that some babies are being weaned too early and some, for religious reasons, are being weaned much later. They suggested that food labelling which suggests that foods are suitable 'from 4 months' was making this situation worse but agreed that this was not something that could be addressed by the quality standard, They also discussed that 'weaning' is now referred to as 'complimentary feeding' in the WHO recommendations and specialist committee members	**NICE to progress a statement on the food aspect of Healthy Start.** **NICE to progress a statement on the supplement aspect of Healthy Start.** **NICE to link to the quality statement on breastfeeding from QS37 Postnatal Care.** **NICE to progress a statement on weaning/ complimentary feeding.** **NICE to progress a statement on maternal diet pre-conception.**

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Agenda item	Discussions and decisions	Actions
	recommended that the quality standard should use this terminology. • **Maternal diet pre-conception –** The Committee felt that this is an important area as currently maternal diet pre-conception is not discussed at length with most women. They felt that this was an issue for both low and high BMI. It was accepted that it may be difficult to catch all women pre-conception but the committee felt that those women planning a pregnancy did want advice on nutrition. The QSAC agreed that the following areas should not be progressed for potential inclusion in the draft quality standard: • **Healthy start – food poverty, signposting to local classes/ groups –** The QSAC agreed that this is not an area for quality improvement. • **Breastfeeding – training of healthcare professionals and peer support –** The Committee discussed that quality statements would not usually focus on training as we would assume that everyone would be adequately trained. They also agreed that this was adequately covered by the existing statement in QS37 which mentions peer support. • **Nutrition in pre-school settings –** The Committee noted that there is already a focus on nutrition in pre-school settings because of the political spotlight on reducing obesity at ages 4 and 5 and therefore agreed that it was not an area for quality improvement which should be addressed by a quality statement. • **Food education –** The Committee agreed that this is not an area for quality improvement as the recommendations in the guideline related to educating children about food in early years settings and it was felt that this is done well in general. • **Infant formula –** Committee members agreed that this area does not need to be prioritised because there is already a statement on the safe preparation of infant formula in the quality standard on postnatal care (QS37). • **Maternal diet during pregnancy –** The Committee felt that this is not an area for quality improvement as good advice on nutrition is already given during the antenatal care period. • **Additional areas –** The committee agreed not to progress these areas as they are outside the remit of quality standards or are outside the remit of this quality standard and are covered by other topics both published and in the quality standards library. **Equality and diversity considerations –** The Committee noted that there could be religious and cultural reasons for weaning at a specific time. The Committee raised the issue of same-sex couples and queried how they would access advice on maternal and child nutrition. The Committee noted that in order to	

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Agenda item	Discussions and decisions	Actions
	address the issue of same-sex couples they use the term 'parents and families' and not 'mums and dads' within the guidance and this should be replicated in the quality standard. The QSAC also raised the issue of the stigma associated with breastfeeding in public places. Although they discussed that the Equalities Act enables women to breastfeed wherever they choose.	
5. QSAC specialist committee members and stakeholder list (part 1 – open session)	RNJ asked the QSAC to consider the constituency of specialist committee members on the group and whether any additional specialist members were required. **Specialist members**: It was agreed that no additional specialist Committee members are required. **Stakeholder list**: The QSAC reviewed the stakeholder list and agreed that that they would send any suggestions for additional stakeholders to LM.	**QSAC members to send any suggestions for additional stakeholders to LM.**
6. Next steps and timescales (part 1 – open session)	LM outlined what will happen following the meeting and any key dates for the maternal and child nutrition – improving nutritional status quality standard.	
8. Committee business (public session)	**Declarations of interest** DL asked standing QSAC members to declare any interests that specific to the topic(s) under consideration at the meeting today. DL asked the specialist committee members to declare all interests. The following interests were declared: Standing committee members • JB declared that she works with care homes. Specialist committee members • BJ declared that she advises The Royal Pharmaceutical Society (RPS) on accreditation of training programmes for care homes. • AT is a member of clinical advisory group on Telehealth for Good Governance Institute • SL declared that she is employed by Biodose Systems. • AR declared that he is Director of a consultancy company and that he has recently received funding from Estella Pharma for work on an implementation tool for the guideline.	
9. Topic session –	The Committee then moved on to discuss Managing medicines in care homes.	

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Agenda item	Discussions and decisions	Actions
Managing medicines in care homes (public session)		
9.1 Recap of prioritisation exercise	TW and SB presented a recap of the areas for quality improvement discussed at the first QSAC meeting for Managing medicines in care homes: **At the first QSAC meeting on Managing medicines in care homes the QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard:** • Medicines policy – prioritised • Record keeping – prioritised • Prescribing and ordering medicines – prioritised • Medication reviews – prioritised • Administration of medicine – prioritised • Training and competency – not prioritised • Medicines related incidents and safeguarding – not prioritised The full rationale for these decisions is available in the prioritisation meeting minutes which can be found here: http://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Quality-Standards-Advisory-Committee/QSAC4/QSAC%204%20minutes%20July%2014.pdf	
9.2 and 9.3 Presentation and discussion of stakeholder feedback and key themes/issues raised	TW and SB presented the Committee with a report summarising consultation comments received on Managing medicines in care homes. The Committee was reminded that this document provided a high level summary of the consultation comments, prepared by the NICE quality standards team, and was intended to provide an initial basis for discussion. The committee was therefore reminded to also refer to the full list of consultation comments provided throughout the meeting. The committee was informed that comments which may result in changes to the quality standard had been highlighted in the summary report. Those comments which suggested changes which were outside of the process, were not included in the summary but had been included within the full list of comments, which was within the appendix. These included the following types of comment: • Relating to source guidance recommendations • Suggestions for non-accredited source guidance	

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Agenda item	Discussions and decisions	Actions
	• Request to broaden statements out of scope • Inclusion of overarching thresholds or targets • Requests to include large volumes of supporting information, provision of detailed implementation advice • General comments on role and purpose of quality standards • Requests to change NICE templates	
9.4 Commissioning implications	CM presented to the Committee on the supporting documentation that would be developed and published alongside the quality standard.	
9.5 Discussion and agreement of final statements	The Committee discussed each statement in turn and agreed upon a revised set. **These statements are not final and may change as a result of the editorial and validation processes.** The Committee discussed the overarching outcomes highlighted in the quality standard and queried 'medication errors' as the ideal outcome would be for the errors to go down but the reporting to go up due to current under-reporting.	**NICE team to clarify medication errors outcome.**
	Draft Quality Statement 3: People who live in care homes have an accurate listing of their medicines made on the day that they transfer into a care home. Committee members were keen to retain this statement as it was written, to keep an onus on care home staff to obtain medicines information for people who transfer into a care home. The Committee discussed the stakeholder comments on whether or not it is reasonable to expect care homes to make an accurate listing of a resident's medicines on the day they transfer into a care home. Committee members agreed that it was very important to keep 'made on the day of transfer' in the quality statement as this will result in improved quality of care and would address a big safety issue. They also felt that the statement should include people moving from home or in a crisis. The Committee discussed the question of who should make this list and agreed that it would either be a nurse or someone trained in medicines management. It was therefore agreed to progress the statement.	**NICE team to progress this statement.**
	Draft Quality Statement 4: People who live in care homes have details of their medicines shared with their new care provider when they move from one care setting to another.	**NICE team to progress this statement,**

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	The group discussed the suggestion by stakeholders that health and social care providers send discharge summaries with people who transfer to a care home and that this was sufficient. The Committee felt that the discharge summary may not be widely used in care homes with a less 'medical focus', but felt that this could be a useful term if it is used and defined in the source guideline. NICE team agreed to check use in the source guideline and potentially include in this statement if there is basis for it in the guideline. The Committee also emphasised that continuity of care and details of dosage of medicines should also be included within the rationale for this statement. It was therefore agreed to progress the statement and to move draft statements 3 and 4 to the start of the quality standard.	**potentially amending to use the term 'discharge summary' if this is used in the source guidance.** **NICE team to move draft statements 3 and 4 to the start of the quality standard.**
	Draft Quality Statement 2: People who live in care homes are supported to self-administer their medicines unless a risk assessment has indicated that they are unable to do so. The QSAC discussed the suggestion by stakeholders that this statement should focus on carrying out the risk assessment for self-administration, and the need for reviewing risk assessments. The Committee however felt that this focus on risk would reduce patient support and patient autonomy as the output of this quality statement would be a risk assessment and not patient autonomy. It was felt that patient choice is really important and the Committee considered adding an additional statement on patient choice. However, they agreed that this is covered by the quality standard on patient experience. The Committee also disagreed with the stakeholder comment which suggested that people in nursing homes cannot self-administer and agreed that the assumption in the first instance should always be that people are able to self-administer if they so wish. The NICE team raised the issue that without being able to define what 'supported' means, this statement could be difficult to measure consistently and asked the Committee to highlight one or two elements of support that the statement could focus on instead. Committee members discussed what was meant by 'supported' and felt that it is important to provide support with the practical aspects of self-administering medicines as well as ensuring that the culture of the care homes encouraged self-administration. The Committee however felt that such a wide range of support was required that it was not possible to focus down on just one element. The NICE team therefore agreed to take this statement away and look at whether it could be made measurable. It was therefore agreed to progress the statement.	**NICE team to progress this statement with further consideration given to the measurability aspects.**
	Draft Quality Statement 5: GP practices have a clear written process for prescribing medicines for	**NICE team to try and**

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Agenda item	Discussions and decisions	Actions
	their patients who live in care homes. The Committee discussed the suggestion by stakeholders that this statement should focus on 'prescribers' rather than GP's. Committee members acknowledged that there are other prescribers in addition to GP practices, although they felt that there is no need to extend this statement to cover additional prescribers as the key element of the statement was the support that GPs give care homes. The NICE team reminded the committee that quality standards are intended to be very action focussed and therefore explained that the statement should specify actions that should be carried out to improve quality, rather than specifying that GP practices should 'have a process' as this in itself would not guarantee quality improvement. The NICE team therefore asked the Committee which parts of the written process specified in the draft statement weren't being done and should be the focus of the statement. The Committee highlighted the need for comprehensive instruction for use to be provided with medicines and also any monitoring required. The Committee highlighted that this was the case for all medicines, not just variable dose and 'when required' medicines. NICE team agreed to try and develop a statement which captures these specific actions. However, the Committee raised some concerns about picking out specific elements of the policy, as the underpinning guideline had not looked at the elements of the process at an individual micro level. The NICE team agreed to further consider this concern.	**develop a statement focusing on providing instruction for how to use and monitor prescribed medicines.**
	Draft Quality statement 6: People who live in care homes have at least 1 multidisciplinary medication review per year. The committee noted that medication reviews were an important area to have a statement on – and that the multidisciplinary aspect of the review is the aspirational part. The Committee discussed whether this statement is already covered by the CQC fundamental standards but agreed that focusing on the multidisciplinary aspect of medication reviews means that the statement is not covered by CQC fundamental standards. It was therefore agreed to progress the statement with some amendments.	**NICE team to progress this statement, focusing on the multidisciplinary aspect of the medication review.**
	Draft Quality Statement 7: Care homes have a documented process for the covert administration of medicines for adult residents.	**NICE team to try and develop a statement**

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Agenda item	Discussions and decisions	Actions
	The Committee discussed whether the statement should be re-written to say that, 'Care homes have a documented process for the covert administration of medicines for adult residents *if needed.'* as they felt that it is important not to imply that the covert administration of medicines is ok for every resident, but is rather an exceptional occurrence. The NICE team agreed to emphasise this in the final statement. The Committee also highlighted that it is important that covert medicines administration is planned in advance, if a decision to administer in this way has been taken. The NICE team commented that this statement needs to have an identifiable action to be carried out and proposed that the statement could focus on planning how medicines could be administered covertly once it had been decided that the medicine should be administered covertly. The Committee agreed that this was in line with the intention of the statement so long as it was made clear that an assessment should be undertaken for each and every person who may require medicine to be administered covertly. Only after that would you consider a plan for how the covert administration should be done. The committee added that the circumstances for covert administration of medicines change frequently and so every decision should be subject to review in a timely fashion. It was therefore agreed to progress the statement with required amendments.	**which specifies a particular action related to the covert medicine administration process.**
	Draft Quality Statement 1: Care homes have a medicines policy that is regularly reviewed. The QSAC discussed the stakeholder comment that the CQC already require care homes to have a medication policy in place that is in line with current legislation and guidance – and whether this statement is necessary. Committee members emphasised that the intention of this statement is to ensure that the medicines policy is reviewed regularly and kept up-to-date, and felt that the statement set higher expectations than described in the legislation. The NICE team emphasised that, as the CQC requires care homes to have medicines policies that are 'in line with current legislation and guidance', care homes would have to review their polices regularly anyway to ensure compliance with this. The NICE team therefore agreed to take this statement away and consider it further.	**NICE team to consider statement further.**
	Additional areas suggested by stakeholders • Statement about management and response to medication errors in care homes • Staff training and competencies	**NICE team to try and include reference to information on allergies in the QS.**

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Agenda item	Discussions and decisions	Actions
	• A statement on allergy/ sensitivity documentation • Supply of medicines • A statement with greater consideration of medicines administration at the point of initial admission and also admission from hospital The QSAC emphasised the importance of obtaining information about allergies. NICE team agreed to try and include reference to this within existing statements. None of the other additional areas were prioritised by the committee for inclusion. **Equality and diversity considerations –** religion was highlighted as an important protected characteristic for this group given the potential for Ramadan changing medication times and the issues of medications containing gelatine products.	
11. Supporting the quality standard (part 1 – open session)	RNJ presented a summary of the organisations who have expressed an interest in supporting the quality standard and asked the QSAC to consider whether any key organisations were missing. The Committee agreed to email any suggestions to LM.	**Committee to email suggestions to LM.**
12. Next steps and timescales (part 1 – open session)	LM outlined what will happen following the meeting and any key dates for the Managing medicines in care homes quality standard.	
13. Any other business (part 2 – Private session)	There was no further business. DL thanked the specialist committee members for their input into the development of this quality standard, **Date of next QSAC4 meeting: Friday 27th February 2015.** **DATE OF NEXT MATERNAL & CHILD NUTRITION MEETING: Thursday 30th April 2015**	