NICE National Institute for Health and Care Excellence

Quality Standards Advisory Committee 1

Drug allergy: diagnosis and management prioritisation meeting and Falls: assessment and secondary prevention in older people

Minutes of the meeting held on Tuesday 6th January 2015 at the NICE offices in Manchester

<table>
<tr><td>Attendees</td><td><u>Standing Quality Standards Advisory Committee (QSAC) members</u>
Bee Wee (BW) [Chair], Amanda De La Motte (AM), Arnold Zermansky (AZ), Gavin Maxwell (GM), Gita Bhutani (GB), Hazel Trender (HT), Helen Bromley (HB) [agenda items 1-5), Hugo van Woerden (HW), Ian Manifold (IM), Jane Worsley (JW) [agenda items 1-5], Jennifer Bostock (JB), Karen Whitehead (KW), Nourieh Hoveyda (NH), Teresa Middleton (TM)

<u>Specialist committee members</u>
Drug allergy: diagnosis and management (agenda items 1-5)- Deborah Baidoo (DB), Mandy East (ME), Michael Ardern-Jones (MAJ), Shuaib Nasser (SN), Yousef Karim (YK)
Falls: assessment and secondary prevention in older people (agenda items 6-12)- Harm Gordijn (HG), John Taylor (JT), Opinder Sahota (OS), Vicki Goodwin (VG)

<u>NICE staff</u>
Adam Storrow (AS) [agenda items 6-12], Jenny Mills (JM), Julie Kennedy (JK) [agenda items 6-12], Nick Baillie (NB), Sabina Keane (SK) [agenda items 1-5], Stephanie Birtles (SB)

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

<u>NICE Observers</u>
Jessica Fielding</td></tr>
<tr><td>Apologies</td><td><u>Standing Quality Standards Advisory Committee (QSAC) members</u>
Alyson Whitmarsh, Hasan Chowhan, Juliette Millard, Phillip Dick, Phyllis Dunn, Robyn Noonan
<u>Specialist committee members</u>
Drug allergy: diagnosis and management- Scott Hackett</td></tr>
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Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day (private session)	BW welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves. BW informed the committee of the apologies and reviewed the agenda for the day.	
2. Committee business (public session)	**Declarations of interest** BW 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. BW asked the specialist committee members to declare all interests. The following interests were declared: Standing committee members • AZ- has conducted some work around managing medicines. Specialist committee members • MAJ- Has conducted research and published work in the area of drug allergy. • SN- Is a member of the British Society for Allergy & Clinical Immunology and has some commercial interests in Asthma. **Minutes from the last meeting** The committee reviewed the minutes of the last meeting held on 2nd December 2014 and confirmed them as an accurate record.	
3. Topic session – Drug allergy: diagnosis and management(public session)	The committee then moved on to discuss drug allergy: diagnosis and management.	
3.1 and 3.2 Topic overview and summary of engagement responses	SK and SB presented the topic overview and a summary of responses received during engagement on the topic.	
3.3 Prioritisation of quality improvement areas	SK and BW 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	**NICE to progress statements on assessment and**

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	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: • **Assessment and documentation** The Committee initially discussed assessment and documentation together as they felt that the quality improvement area was specifically on the structured recording of documentation following assessment rather than the assessment itself, which would be difficult to measure. The Committee highlighted the use of the guideline algorithm in KPI recommendation 1.1.1 and how this should be used for assessment and consequently the structured documentation of the assessment. In order to aid measurability on a defined population rather than those 'suspected' of a drug allergy reaction the Committee agreed that this should be focused on those who, following assessment, had been given 'a new label' of drug allergy reaction. • **Documenting and sharing information with other healthcare professionals** The Committee discussed stakeholder feedback on how the recording of drug allergy status lacks consistency. The Committee explained that current GP systems do not include full information on those 'unknown' or 'suspected' by only stating a 'none' or 'drug allergy' status which can lead to over or under diagnosis of drug allergy. The NICE team highlighted recommendation 1.2.1 to support this. • **Providing information and support to patients** The Committee discussed the overlaps with 'Patient experience in adult services' Quality Standard (QS15) and so were encouraged to only consider areas specific to drug allergy. The Committee highlighted the need for patients to carry structured detailed information of their drug allergy reaction around with them at all times. Such detailed information would aid clinical judgement in the event that a drug which might cause a drug allergy was being considered. The Committee also highlighted that the information should be updated if required at a later date with the drug allergy status being recorded in any GP letters or hospital discharge letters. To aid measurement the Committee agreed that in line with statement 1 this statement should also refer to those with a 'new label' of drug allergy reaction. • **Non-specialist management and referral to specialist services** Following stakeholder comments the Committee agreed to progress a statement on referring patients who have had a previous reaction to specific drug groups but require the drug treatment again to specialist services. The Committee agreed to combine recommendations 1.4.2, 1.4.8 and	**documentation, providing information and support to patients and non-specialist management and referral.** **NICE to progress potential developmental statements on recording drug allergy status and re-designing and standardising FP10 prescriptions.**

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	1.4.11 (a severe non-immediate cutaneous reaction, Beta-lactam antibiotics, local anaesthetics and general anaesthesia), highlighting that these groups are key for specialist referral. NICE team explained that the groups could be defined and measured separately underneath the statement, within the process measures. **Additional areas** NICE explained that the following 6 additional areas suggested by stakeholders are either out of scope or have no recommendations and therefore the Committee agreed not to progress. • Lack of vitro (serum specific IgE and cellular) testing • Drug allergy reaction difference between adults and children • Pharmacogenomics • Junior doctors' prescribing training • Improved diagnostic tests for delayed type drug allergy reactions • Oral antibiotic challenge for diagnosing antibiotic allergy in children The Committee discussed the area of designing electronic systems in particular re-designing and standardising FP10 prescriptions in recommendation 1.2.4. NICE team suggested that this could be a national level issue rather than local service delivery however the Committee agreed that it could potentially be a quality improvement area and therefore should be progressed. NICE explained that as this statement is supported by recommendation 1.2.4 it could potentially be developmental with a re-design of service. **Equality and diversity considerations** The Committee identified no additional equality and diversity considerations to the issue of tailored patient information.	
4. QSAC specialist committee members and stakeholder list (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. The Committee agreed that no additional roles are required. **Stakeholder list**: The QSAC reviewed the stakeholder list and agreed that the following organisations should be approached to comment at consultation for the drug allergy: diagnosis and management quality standard: • Anaphylaxis campaign	**NICE to contact suggested organisations.**

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	• Royal College of Anaesthetists • British Society for Allergy & Clinical Immunology • Health Care Infection Society • British Association of Dermatologists • Association of Anaesthetists of Great Britain and Ireland	
5. Next steps and timescales (part 1 – open session)	JM outlined what will happen following the meeting and any key dates for the drug allergy: diagnosis and management quality standard.	
6. Welcome and introductions (private session)	BW welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves.	
7. Welcome and code of conduct for members of the public attending the meeting (public session)	BW welcomed the public observers and reminded them of the code of conduct that they were required to follow. It was stressed that they were not able to contribute to the meeting but were there to observe only. They were also reminded that the Committee is independent and advisory therefore the discussions and decisions made today may change following final validation by NICE's guidance executive.	
8. Committee business (public session)	**Declarations of interest** BW asked the specialist committee members to declare all interests. The following interests were declared: Specialist committee members • HG- Has delivered a number of training sessions and conferences in the area of falls. • VG- Chair of the British Geriatrics Society committee for bone health and falls	
9. Topic session Falls: assessment and secondary prevention in older people (public	The committee then moved on to discuss Falls: assessment and secondary prevention in older people. JK explained to the Committee that the title of the QS has changed since the first meeting to 'Falls: assessment and secondary prevention in older people' to provide more clarity. JK also explained that during consultation stakeholders raised concern that the scope is not broad enough	**NICE to consider points raised by SCMs in future consultations.**

Agenda item	Discussions and decisions	Actions
session)	but JK explained that other areas in Falls will be covered in the additional QS referred to the library. The relevant topics are 'Falls: prevention' and 'Falls: regaining independence for older people who experience a fall'. The specialist committee members (SCMs) expressed concern that many of the stakeholder comments are concerning the guideline and highlighted that it should be made clearer in consultation information that comments on the guideline cannot be addressed through this process and should highlight the difference between a guideline and QS. Furthermore they highlighted that the consultation should have made it clearer that 3 QS on Falls will be developed. NBa thanked the SCMs for their views and agreed to take these on board for future consultations.	
9.1 Recap of prioritisation exercise	JK and SB presented a recap of the areas for quality improvement discussed at the first QSAC meeting for Falls: assessment and secondary prevention in older people **At the first QSAC meeting on 2nd September 2014 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:** • **Assessment** • **Emergency care** • **Intervention** 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/QSAC1/qsac1-minutes-2-september-14-final.pdf	
9.2 and 9.3 Presentation and discussion of stakeholder feedback and key themes/issues raised	JK and SB presented the Committee with a report summarising consultation comments received on Falls: assessment and secondary prevention in older people. 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	

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<tr><th>Agenda item</th><th>Discussions and decisions</th><th>Actions</th></tr>
<tr><td></td><td>Suggestions for non-accredited source guidance
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</td><td></td></tr>
<tr><td>9.4 Commissioning implications</td><td>AS presented to the Committee on the supporting documentation that would be developed and published alongside the quality standard.</td><td></td></tr>
<tr><td>9.5 Discussion and agreement of final statements</td><td>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.</td><td></td></tr>
<tr><td></td><td>Draft Quality Statement 1: Older people who fall during a hospital stay are cared for in accordance with a post-fall protocol.

JK explained that a question was asked at consultation whether there is a specific element of the post-fall protocol that should be focused on in the statement and explained that a mixed response was received. The Committee discussed this issue and highlighted that if the protocol was broken down it could be potentially hard to follow and measure as they can differ dependant on setting. Furthermore they highlighted that protocols can give consistency but some elements may not be appropriate for every patient if broken down into separate elements. NICE explained that the National Patient Safety Agency guideline currently includes having a protocol and questioned what a QS statement would add to this. Furthermore NICE explained that the Royal College of Physicians (2012) Report of the 2011 inpatient falls pilot audit stated that 93% of participating trusts had a protocol with a lower % including all elements highlighted in the NPSA guidance. NICE suggested splitting into separate statements to improve its impact and measurability. The Committee did not agree and stated that the components underpinning the statement should be strengthened as they currently lack specificity. The Committee also agreed that a timeframe should be included as these elements should be done as soon as practicable. NICE to liaise with SCMs outside of the meeting regarding what the timeframe should be, and also to consult whether it would be possible to proceed with a quality statement based on a ‘protocol’ although it was recognised that the Committee would prefer this.</td><td>NICE to progress statement, strengthen the underpinning definitions of a protocol and liaise with SCMs regarding timeframe.</td></tr>
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Agenda item	Discussions and decisions	Actions
	Overall it was agreed to strengthen the underpinning definitions of a protocol and liaise with SCMs regarding timeframe.	
	Draft Quality Statement 2: Older people who present for medical attention because of a fall have a multifactorial falls assessment. JK explained that a question was asked at consultation whether the list of essential components includes all the right things for a multifactorial falls assessment. Again stakeholders provided a mixed response. The Committee queried why Osteoporosis is included and highlighted that this should instead be fracture risk. The Committee queried whether the guideline can be referenced as this includes the full list, allowing clinical judgement. The Committee then discussed where the variation in care lies highlighting that this is both in primary care and hospital settings. NICE highlighted that the statement and the source recommendations in the guideline relates to all settings. The Committee discussed the challenges created by trying to measure the statement that includes all settings. The Committee discussed the possibility of focusing on just people presenting to hospital for medical attention to aid measurement but it was agreed that they did not want to exclude people presenting to primary care. The NICE team suggested reviewing the measures to see if they can be broken down into different settings in order to make the statement more measurable. The Committee agreed if this cannot be done then the statement should cover hospital settings only. Overall it was agreed to reference the guideline in relation to the components of a multifactorial falls assessment. Furthermore NICE agreed to look whether all settings can be included.	**NICE to progress the statement and reference the guideline in relation to the components of a multifactorial falls assessment. Furthermore NICE agreed to look whether all settings can be included.**
	Draft Quality Statement 3: Older people living in the community who have a known history of recurrent falls are referred for strength and balance training. The Committee explained that the group is hard to define and therefore suggested specifying people presenting to different settings e.g. GPs, hospital and 999. The Committee highlighted that this would provide clarity and would be easier to measure. The NICE team agreed to review the measures to break the population down into groups presenting to different setting. By doing this the Committee agreed that ‘recurrent falls’ needs to be defined and agree that 2 or more falls in a year would be appropriate. The Committee also highlighted that a number of appropriately trained people can carry out strength and balance training and agreed that this should be defined. Overall it was agreed to expand the statement to include GPs, hospitals and 999, define ‘recurrent falls’ and define ‘appropriately trained’.	**NICE to progress the statement, expand the measures to include GPs, hospitals and 999, define ‘recurrent falls’ and define ‘appropriately trained’.**

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	Draft Quality Statement 4: Older people who have had treatment in hospital after a fall are offered a home hazard assessment and safety intervention. Stakeholders stated that the population needs to be defined here, with which the Committee agreed, suggesting it should be people who are admitted to hospital due to a fall and received subsequent treatment. Following this the Committee agreed to change the wording in the statement from 'Older people who have had treatment' to 'Older people who are admitted to hospital'. The Committee queried whether the assessment would include walking aids and NICE confirmed that the College of Occupational Therapist practice guideline which is referenced in the QS includes this intervention. The Committee also highlighted that a timeframe for the intervention should be included as this should be as soon as possible. NICE agreed to check source guidance to see if a timeframe can be included. Overall it was agreed to define the population and change wording in the statement. NICE to check whether a timeframe can be included.	**NICE to progress the statement, define the population, change the wording in the statement and reference the College of Occupational Therapist practice guideline. Furthermore NICE to check whether a timeframe can be included.**
	Additional areas suggested by stakeholders • **Multifactorial interventions** The Committee discussed this area highlighting that it would be hard to measure due to needs changing amongst patients. The Committee agreed that this should not be a standalone statement but suggested including something in draft statement 2 about multifactorial interventions following assessment. **Equality and diversity considerations** The Committee agreed that the following considerations should be included in the EQIA: • Women are more likely to have fractures as are at a higher risk of osteoporosis.	**NICE to include multifactorial interventions following assessment in draft statement 2.**
10. Supporting the quality standard (part 1 – open session)	NB 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 following organisations were highlighted: • Royal College of General Practitioners • College of Emergency Medicine	**NICE to contact suggested organisations to see if they are interested in supporting the Falls: assessment and secondary prevention in older people quality standard.**
11. Next steps and	JM outlined what will happen following the meeting and any key dates for the Falls quality standard.	

Agenda item	Discussions and decisions	Actions
timescales (part 1 – open session)		
12. Any other business (part 2 – Private session)	No items of business were raised. BW thanked the specialist committee members for their input into the development of this quality standard, **Date of next QSAC 1 meeting: Thursday 5th February 2015**	