NICE National Institute for Health and Care Excellence

NICE quality standard

Personality disorders: borderline and antisocial

Quality standard

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Contents

This standard is based on CG77 and CG78.

This standard should be read in conjunction with QS11, QS14, QS23, QS34, QS43, QS53, QS59, QS8, QS102, QS99, QS95, QS115, QS116, QS154 and QS39.

Quality statements

Statement 1 Mental health professionals use a structured clinical assessment to diagnose borderline or antisocial personality disorder.

Statement 2 People with borderline personality disorder are offered psychological therapies and are involved in choosing the type, duration and intensity of therapy.

Statement 3 People with antisocial personality disorder are offered group-based cognitive and behavioural therapies and are involved in choosing the duration and intensity of the interventions.

Statement 4 People with borderline or antisocial personality disorders are prescribed antipsychotic or sedative medication only for short-term crisis management or treatment of comorbid conditions.

Statement 5 People with borderline or antisocial personality disorder agree a structured and phased plan with their care provider before their services change or are withdrawn.

Statement 6 People with borderline or antisocial personality disorder have their long-term goals for education and employment identified in their care plan.

Statement 7 Mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision.

Quality statement 1: Structured clinical assessment

Quality statement

Mental health professionals use a structured clinical assessment to diagnose borderline or antisocial personality disorder.

Rationale

Borderline and antisocial personality disorders are complex and difficult to diagnose. Even when borderline or antisocial personality disorder is identified, significant comorbidities are frequently not detected. People often need support that goes beyond healthcare and this makes care planning complex. Carrying out a structured assessment using recognised tools is essential to identify a range of symptoms, make an accurate diagnosis and recognise comorbidities.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that mental health professionals use a structured clinical assessment to diagnose borderline or antisocial personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of people with a diagnosis of borderline or antisocial personality disorder who

had the diagnosis made by a mental health professional using a structured clinical assessment.

Numerator – the number in the denominator who had the diagnosis made by a mental health professional using a structured clinical assessment.

Denominator – the number of people with a diagnosis of borderline or antisocial personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (mental health trusts) ensure that mental health professionals are trained and competent to carry out a structured clinical assessment to diagnose borderline or antisocial personality disorder.

Mental health professionals carry out and document a structured clinical assessment to diagnose borderline or antisocial personality disorder.

Commissioners ensure that they commission services with mental health professionals who are trained and competent to carry out and document a structured clinical assessment to diagnose borderline or antisocial personality disorder.

People with possible borderline or antisocial personality disorder have a structured assessment by a specialist in mental health before they are given a diagnosis. The results of the assessment are written in their records. This means that the diagnosis is accurate and that their needs and other health problems are identified from the outset.

Source guidance

- Antisocial personality disorder: prevention and management. NICE guideline CG77 (2009, updated 2013), recommendations 1.3.1.1 and 1.3.1.2
- Borderline personality disorder: recognition and management. NICE guideline CG78

(2009), recommendation 1.3.1.2

Definitions of terms used in this quality statement

Structured clinical assessment

Structured clinical assessment should be undertaken using a standardised and validated tool. The main tools available for diagnosing borderline and antisocial personality disorders include:

- Diagnostic Interview for DSM–IV Personality Disorders (DIPD–IV)
- Structured Clinical Interview for DSM–IV Personality Disorders (SCID–II)
- Structured Interview for DSM–IV Personality (SIDP–IV)
- International Personality Disorder Examination (IPDE)
- Personality Assessment Schedule (PAS)
- Standardised Assessment of Personality (SAP).

[Adapted from NICE's full guideline on borderline personality disorder and NICE's full guideline on antisocial personality disorder]

Equality and diversity considerations

People with borderline or antisocial personality disorder frequently experience a range of comorbid conditions. These may be physical as well as mental health problems. Those working with people with borderline or antisocial personality disorder should always assess all of their needs and offer support accordingly. Diagnosis of borderline or antisocial personality disorder should never exclude people from receiving the help they need.

Quality statement 2: Psychological therapies – borderline personality disorder

Quality statement

People with borderline personality disorder are offered psychological therapies and are involved in choosing the type, duration and intensity of therapy.

Rationale

The NICE guideline on borderline personality disorder recommends psychological therapies for managing and treating the disorder. Because of the variety of symptoms and the variation in needs, flexible approaches that are responsive to the needs of each person with personality disorder are important. Involving people with borderline personality disorder in decisions regarding their own care is key for their engagement with treatment.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that psychological therapies are available to people with borderline personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

b) Evidence of local arrangements to ensure that people with borderline personality disorder are involved in choosing the type, duration and intensity of psychological

therapies that they receive.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of people with borderline personality disorder who received psychological therapies.

Numerator – the number in the denominator who received psychological therapies.

Denominator – the number of people with borderline personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of people with borderline personality disorder who chose the type, duration and intensity of psychological therapy they received.

Numerator – the number in the denominator who chose the type, duration and intensity of psychological therapy they received.

Denominator – the number of people with borderline personality disorder who received psychological therapies.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Evidence from experience surveys and feedback that service users feel actively involved in shared decision-making.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient surveys.

What the quality statement means for different audiences

Service providers (mental health trusts) offer people with borderline personality disorder psychological therapies that are defined by the service user in terms of type, duration and intensity.

Healthcare professionals offer people with borderline personality disorder psychological therapies that are defined by the service user in terms of type, duration and intensity.

Commissioners commission services that have sufficient resources to provide psychological therapies for people with borderline personality disorder that are defined by the service user in terms of type, duration and intensity.

People with borderline personality disorder are offered psychological therapies that help them manage their condition. They can choose the type, the length of the sessions, treatment and frequency of the therapy they receive.

Source guidance

- Borderline personality disorder: recognition and management. NICE guideline CG78 (2009), recommendations 1.3.4.1 and 1.3.4.3
- Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. NICE guideline CG136 (2011), recommendation 1.1.2

Equality and diversity considerations

Adults within the prison population who present with symptoms of borderline personality disorder should have equitable access to services received by people in the community.

Specialist mental health services should ensure that culturally appropriate psychological interventions are provided to people from diverse ethnic and cultural backgrounds and that interventions address cultural and ethnic differences in beliefs regarding biological, social and family influences on mental states and functioning.

Quality statement 3: Psychological therapies – antisocial personality disorder

Quality statement

People with antisocial personality disorder are offered group-based cognitive and behavioural therapies and are involved in choosing the duration and intensity of the therapy.

Rationale

The NICE guideline on antisocial personality disorder recommends psychological therapies for managing and treating the symptoms and behaviours associated with antisocial personality disorder. Group-based cognitive and behavioural therapies help to address problems such as impulsivity, interpersonal difficulties, and antisocial behaviour, and can help to reduce offending behaviours. Because of the variety of symptoms and the variation in needs, flexible approaches that are responsive to the needs of each person with the disorder are important. Involving people with antisocial personality disorder in decisions about their own care is key for their engagement with treatment.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that group-based cognitive and behavioural therapies are available to people with antisocial personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

b) Evidence of local arrangements to ensure that people with antisocial personality disorder are involved in choosing the duration and intensity of group-based cognitive and behavioural therapy that they receive.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of people with antisocial personality disorder who received group-based cognitive and behavioural therapy.

Numerator – the number in the denominator who received group-based cognitive and behavioural therapy.

Denominator – the number of people with antisocial personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of people with antisocial personality disorder who chose the duration and intensity of group-based cognitive and behavioural therapy they received.

Numerator – the number in the denominator who chose the duration and intensity of the group-based cognitive and behavioural therapy they received.

Denominator – the number of people with antisocial personality disorder who received group-based cognitive and behavioural therapy.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Evidence from experience surveys and feedback that service users feel actively involved in shared decision-making.

Data source: Data can be collected from information recorded locally by healthcare

professionals and provider organisations, for example from patient surveys.

What the quality statement means for different audiences

Service providers (mental health trusts) offer people with antisocial personality disorder group-based cognitive and behavioural therapies that are defined by the service user in terms of duration and intensity.

Healthcare professionals offer people with antisocial personality disorder group-based cognitive and behavioural therapies that are defined by the service user in terms of duration and intensity.

Commissioners commission services that have sufficient resources to provide group-based cognitive and behavioural therapies for people with antisocial personality disorder that are defined by the service user in terms of duration and intensity. They also ensure that referral pathways are in place for people with antisocial personality disorder to be referred to these services.

People with antisocial personality disorder are offered group therapy that helps them manage their condition. They can choose the length of the sessions, treatment and frequency of the therapy they receive.

Source guidance

Antisocial personality disorder: prevention and management. NICE guideline CG77 (2009, updated 2013), recommendations 1.1.3.1, 1.4.2.1, 1.4.2.2 and 1.4.2.4

Equality and diversity considerations

Consideration should be given to the provision of services for adults within the prison population who present with symptoms of antisocial personality disorder.

Specialist mental health services should ensure that culturally appropriate psychological interventions are provided to people from diverse ethnic and cultural backgrounds and that interventions address cultural and ethnic differences in beliefs regarding biological,

social and family influences on mental states and functioning.

Quality statement 4: Pharmacological interventions

Quality statement

People with borderline or antisocial personality disorders are prescribed antipsychotic or sedative medication only for short-term crisis management or treatment of comorbid conditions.

Rationale

No drugs have established efficacy in treating or managing borderline or antisocial personality disorder. However, antipsychotic and sedative medication can sometimes be helpful in short-term management of crisis (the duration of treatment should be no longer than 1 week) or treatment of comorbid conditions.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that people with borderline or antisocial personality disorder are prescribed antipsychotic or sedative medication only for short-term crisis management or treatment of comorbid conditions.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

b) Evidence of local arrangements to ensure that when people with borderline or antisocial personality disorder are prescribed antipsychotic or sedative medication, there is a record of the reason for prescribing the medication and the duration of the treatment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of people with borderline or antisocial personality disorder prescribed antipsychotic or sedative medication in a crisis or to treat comorbid conditions.

Numerator – the number in the denominator who were prescribed the antipsychotic or sedative medication in a crisis or to treat comorbid conditions.

Denominator – the number of people with borderline or antisocial personality disorder prescribed antipsychotic or sedative medication.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of people with borderline or antisocial personality disorder prescribed antipsychotic or sedative medication in a crisis and who had it prescribed for no longer than a week.

Numerator – the number in the denominator prescribed antipsychotic or sedative medication for no longer than a week.

Denominator – the number of people with borderline or antisocial personality disorder prescribed antipsychotic or sedative medication in a crisis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome measure

Antipsychotic and sedative medication prescribing rates.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (GPs and mental health trusts) ensure that staff only prescribe antipsychotic or sedative medication for people with borderline or antisocial personality disorder for short-term crisis management or treatment of comorbid conditions.

Healthcare professionals only prescribe antipsychotic or sedative medication for people with borderline or antisocial personality disorder for short-term crisis management or treatment of comorbid conditions.

Commissioners commission services that only prescribe antipsychotic or sedative medication for people with borderline or antisocial personality disorder for short-term crisis management or treatment of comorbid conditions.

People with borderline or antisocial personality disorder are only prescribed antipsychotic or sedative medication for a short time if they have a crisis or if they have another condition that needs that medication.

Source guidance

- Antisocial personality disorder: prevention and management. NICE guideline CG77 (2009, updated 2013), recommendations 1.4.3.1 and 1.4.3.2
- Borderline personality disorder: recognition and management. NICE guideline CG78 (2009), recommendations 1.3.5.1, 1.3.5.2, 1.3.5.3 and 1.3.5.4

Definitions of terms used in this quality statement

Short-term crisis management

Using sedative or antipsychotic medication for short-term crisis management means using it cautiously in a crisis as part of the overall treatment plan for people with borderline or antisocial personality disorder. The duration of treatment should be agreed with the person, but should be no longer than 1 week. [NICE's guideline on borderline personality disorder]

Crisis may be suicidal behaviour or intention, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control, or irrational and likely to endanger the person or others. [Department of Health Mental health crisis care concordat (2014) and expert opinion]

Quality statement 5: Managing transitions

Quality statement

People with borderline or antisocial personality disorder agree a structured and phased plan with their care provider before their services change or are withdrawn.

Rationale

Once in treatment, people with borderline or antisocial personality disorder may build a strong attachment with practitioners and services that support them. Any change to the familiar arrangements is likely to cause anxiety and be associated with an increased risk of crisis. Self-harming behaviour and suicide attempts often occur at the time of change. Discussing changes in advance and coming up with a structured and phased plan acceptable to the service user, gives them a greater sense of control and reduces associated anxiety. People with borderline or antisocial personality disorder also need to know that they can access services easily in time of crisis. Integrating services is important to establish clear pathways for transitions between services and agencies, and facilitating well-organised services, care and support.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements that people with borderline or antisocial personality disorder agree with their care provider a structured and phased plan before their services change or are withdrawn.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

b) Evidence of local arrangements to ensure that people with borderline or antisocial personality disorder can easily access services in time of crisis.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of changes to services or service withdrawals that have been planned and agreed beforehand by people with borderline or antisocial personality disorder and their care provider.

Numerator – number in the denominator planned and agreed beforehand by people with borderline or antisocial personality disorder and their care provider.

Denominator – changes to services or service withdrawals for people with borderline or antisocial personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

a) Service user experience of integrated care.

Data source: Adult Social Care Outcomes Framework

b) Frequency of crisis situations linked to transitions.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

c) Evidence from experience surveys and feedback that service users feel actively involved in shared decision-making.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient surveys.

What the quality statement means for different audiences

Service providers (mental health trusts, primary care services, social services, care homes, probation and prison services) ensure that systems and processes are in place for people with borderline or antisocial personality disorder to agree with their care provider a structured and phased plan before their services change or are withdrawn. This should include plans for accessing services at times of crisis.

Health and social care practitioners ensure that they agree with people with borderline or antisocial personality disorder a structured and phased plan before their services change or are withdrawn. This should include plans for accessing services at times of crisis.

Commissioners commission services that allow people with borderline or antisocial personality disorder to agree with their care provider a structured and phased plan before their services change or are withdrawn. This should include plans for accessing services at times of crisis.

People with borderline or antisocial personality disorder agree with the people providing their care a plan setting out how their services will change before any changes happen. The plan includes what will happen if services are stopped and how they can get help if they have a crisis.

Source guidance

- Antisocial personality disorder: prevention and management. NICE guideline CG77 (2009, updated 2013), recommendation 1.6.1.1
- Borderline personality disorder: recognition and management. NICE guideline CG78 (2009), recommendation 1.1.6.1

Definitions of terms used in this quality statement

Changes to services

Changes to services include but are not limited to:

- transition from 1 service to another
- transfers from inpatient and detention settings to community settings
- transition from child and adolescent mental health services to adult mental health services
- discharges after crisis
- withdrawal of treatment or services
- ending of treatments or services
- changes to therapeutic relationship.

Any changes need to be discussed, agreed and documented in a care plan written in collaboration with the service user to enable smooth transitions. The care plan should clearly identify the roles and responsibilities of all health and social care practitioners involved for each person with a personality disorder. [Adapted from NICE's guideline on antisocial personality disorder and NICE's guideline on borderline personality disorder]

Equality and diversity considerations

Specialist mental health services should ensure that interpreters and advocates are present if any changes need to be discussed with a service user who may have difficulties in understanding the meaning and implications of these changes.

Quality statement 6: Education and employment goals

Quality statement

People with borderline or antisocial personality disorder have their long-term goals for education and employment identified in their care plan.

Rationale

The symptoms of borderline and antisocial personality disorders can often be improved with a range of interventions yet people still find it difficult to live well in the community. Health and social care practitioners develop comprehensive multidisciplinary care plans in collaboration with service users, which identify short-term aims such as social care and housing support. However, these care plans should also look at long-term goals for education and employment.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people with borderline or antisocial personality disorder have their long-term goals for education and employment identified in their care plan.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care planning templates.

Process

Proportion of people with borderline or antisocial personality disorder who have their long-term goals for education and employment identified in their care plan.

Numerator – number in the denominator who have their long-term goals for education and employment identified in their care plan.

Denominator – number of people with borderline or antisocial personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Proportion of people in contact with secondary mental health services who are able and fit to work and are in paid employment.

Data source: Adult Social Care Outcomes Framework.

What the quality statement means for different audiences

Service providers (mental health trusts, primary care services, social services, care homes, probation and prison services) ensure that systems are in place for people with borderline or antisocial personality disorder to have their long-term goals for education and employment identified in their care plan.

Health and social care practitioners ensure that people with borderline or antisocial personality disorder have their long-term goals for education and employment identified in their care plan.

Commissioners commission services that ensure that people with borderline or antisocial personality disorder have their long-term goals for education and employment identified in their care plan.

People with borderline or antisocial personality disorder have a care plan that sets out

their goals for education and employment.

Source guidance

- Antisocial personality disorder: prevention and management. NICE guideline CG77 (2009, updated 2013), recommendation 1.3.1.1
- Borderline personality disorder: recognition and management. NICE guideline CG78 (2009), recommendations 1.3.1.2 and 1.3.2.1

Equality and diversity considerations

Services should work in partnership with local stakeholders, including those representing minority ethnic groups, to enable people with borderline or antisocial personality disorder to stay in work or education or access new employment, volunteering and educational opportunities.

Some people may be unable to work or may be unsuccessful in finding employment. In these cases, other occupational or education activities should be considered, including pre-vocational training.

Quality statement 7: Staff supervision

Quality statement

Mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision.

Rationale

Some mental health professionals may find working with people with borderline or antisocial personality disorder challenging. People with personality disorder can experience difficulties in communication, building trusting relationships and respecting boundaries. This can be stressful for staff and may sometimes result in negative attitudes. Mental health professionals have a varied remit when supporting people with borderline or antisocial personality disorder. This means that the level and frequency of support and supervision that mental health professionals receive from their managers needs to be tailored to their role and individual needs.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations.

b) Evidence of local arrangements to ensure that the level and frequency of supervision of mental health professionals supporting people with borderline or antisocial personality

disorder is monitored.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from care protocols.

Process

Proportion of mental health professionals supporting people with borderline or antisocial personality disorder who have an agreed level and frequency of supervision.

Nominator – number in the denominator who have an agreed level and frequency of supervision.

Denominator – number of mental health professionals supporting people with borderline or antisocial personality disorder.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

a) Staff retention among mental health professionals.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from staff employment records.

b) Job satisfaction among mental health professionals.

Data source:NHS Outcomes Framework and NHS Staff Survey.

What the quality statement means for different audiences

Service providers (mental health trusts) ensure that mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision with their managers. This is recorded and reflects the individual professional's needs.

Mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision with their managers. This is recorded and reflects the individual professional's needs.

Commissioners commission services that ensure that mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision with their managers. This is recorded and reflects the individual professional's needs.

People with borderline or antisocial personality disorder are supported by mental health professionals who are supervised by their managers to make sure they provide a good level of care.

Source guidance

- Antisocial personality disorder: prevention and management. NICE guideline CG77 (2009, updated 2013), recommendation 1.6.3.4
- Borderline personality disorder: recognition and management. NICE guideline CG78 (2009), recommendation 1.1.8.2

Definitions of terms used in this quality statement

Staff supervision

Staff supervision can be focused on monitoring performance, supporting the individual professional or a mix of both these objectives. Staff supervision should:

- make use of direct observation (for example, recordings of sessions) and routine outcome measures
- support adherence to the specific intervention
- promote general therapeutic consistency and reliability
- counter negative attitudes among staff.

[Adapted from NICE's guideline on antisocial personality disorder]

Update information

Minor changes since publication

August 2024: Changes have been made to the source guidance recommendation references to align with updated NICE guidelines on mental health. The guidelines were simplified by removing recommendations on general principles of care that are covered in other NICE guidelines.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

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.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- BPDWORLD
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Royal College of Psychiatrists (RCPsych)
- Royal College of Paediatrics and Child Health