

NICE Quality Standards and their role in the new NHS

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What are Quality Standards?

- A **quality standard** is a set of specific, concise statements that:
 - act as markers of **high-quality**, cost-effective patient care across a pathway or clinical area;
 - are derived from the **best available evidence** such as NICE guidance or other NHS Evidence accredited sources; and
 - are **produced collaboratively** with the NHS and social care, along with their partners, service users and carers

Current Work Programme

2009-2010 – Pilot Phase	2010-2011 – Transition Phase
Stroke	COPD
Dementia	CKD (Adults)
VTE – Prevention	Diabetes (Adults)
Specialist Neonatal Care	Depression (Adults)
	End of Life Care (Adults)
	Glaucoma
	Heart Failure
	Breast Cancer
	Alcohol Dependence
	Patient Experience

Current Work Programme

2011-12 topic referrals		
Antenatal Care	Headache/migraine	Osteoarthritis
Asthma	Head injury	Ovarian Cancer
Bipolar disorder in adults AND in children	Hepatitis B	Postnatal Care
Colorectal Cancer	Hip fracture	Pressure Ulcers
Diabetes in children	Intrapartum Care	Prostate Cancer
Drug use disorders	IV Fluid Therapy	Pulmonary Embolism
Epilepsy in adults	Lung Cancer	Safer Prescribing
Epilepsy in children	Management of MI	Schizophrenia
Falls in a care setting	Meningitis in children under 16	Stable angina
Gastro-oesophageal reflux disease (GORD)	Nutrition in hospitals	Ulcerative Colitis

Engagement Exercise on Library for Quality Standards

- The National Quality Board has asked NICE to undertake an engagement exercise to inform the development of a library of NHS healthcare topics, which will decide new Quality Standards
- Engagement exercise Monday 15th August – Friday 14th October
- Full details on NICE website
<http://www.nice.org.uk>

What makes up a Quality Standard?

- **Quality statements**
 - Descriptive statements (10 to 15) of the critical infra-structural and clinical requirements for high quality care as well as the desirable/expected outcomes
 - Key points on care pathway
- **Quality measures**
 - Structure, process and outcome measures
 - Use at local level as audit criteria
 - Inform subsequent national indicator development eg. QOF, COF

Stroke: Quality Statement

- People admitted to hospital with an exacerbation of COPD are reviewed within 2 weeks of discharge.

Quality Measure

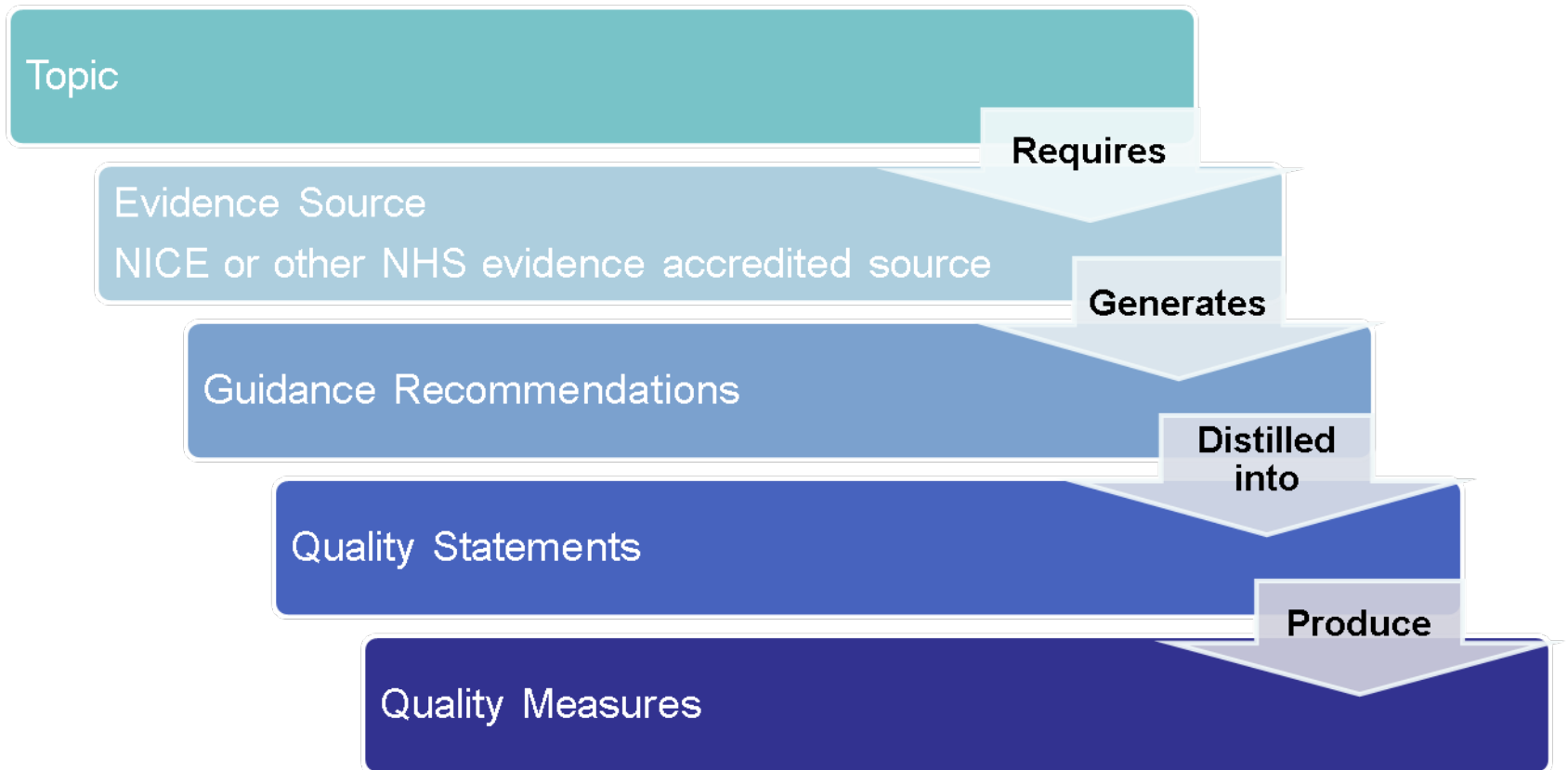
Structure

- **Evidence of local arrangements** to ensure that people admitted to hospital with an exacerbation of COPD are reviewed within 2 weeks of discharge.

Process

- **Proportion** of people discharged from hospital following an admission with an exacerbation of COPD, who are reviewed within 2 weeks of discharge.
 - **Numerator** - the number of people in the denominator reviewed within 2 weeks of discharge.
 - **Denominator** - the number of people discharged from hospital following admission with an exacerbation of COPD

Overview of Quality Standards process



Evidence source

- **To be considered for quality statement development, recommendations MUST:**
 - address variation in the delivery of care to patients
 - be likely to have a big impact on patient care and patient outcomes in the NHS and social care as a whole
 - focus on key infra-structural and clinical requirements for high quality care (aspirational, not minimum standard)
 - promote patient choice and promote equality
 - have the potential to generate measures

Other considerations

- Darzi domains of quality:
 - Effectiveness
 - Safety
 - Patient experience
- NHS Outcomes Framework domains:
 - Preventing people from dying prematurely
 - Ensuring QOL for people with long term conditions
 - Helping people recover
 - Ensuring a positive experience of care
 - Safe environment and protecting from harm

Dementia quality standard

1. People with dementia receive care from staff appropriately trained in dementia care.
2. People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.
3. People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.
4. People with dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.
5. People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of: advance statements, advance decisions to refuse treatment, Lasting Power of Attorney, Preferred Priorities of Care.
6. Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.
7. People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.
8. People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.
9. People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.
10. Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

▶ Dementia
▶ Appropriately trained staff
▶ Memory assessment services
▶ Written and verbal information
▶ Assessment and personalised care plan
▶ Decision making
▶ Emotional, psychological and social needs of carers
▶ Non-cognitive symptoms and behaviour that challenges
▶ Liaison services
▶ Palliative care needs
▶ Respite services for carers

Website

- Web-based resource
- Interactive
- Individual statement pages and general information

www.nice.org.uk/guidance/qualitystandards/dementia/dementiaqualitystandard

What is the purpose of Quality Standards?

- To make it clear what high quality care is by providing definitions of clinical and cost-effective care
- To support benchmarking of performance
- To provide information to patients and the public about the quality of care they can expect

How will quality standards be used?

- **NHS White Paper *Equity and Excellence: Liberating the NHS***
 - “To achieve our ambition for world-class healthcare outcomes, the service must be focused on outcomes and the quality standards [developed by NICE] that deliver them”
- **Health and Social Care Bill (Jan 2011)**
 - Secretary of State and National Commissioning Board have a duty to improve quality of services and in discharging this duty they ‘must have regard’ to NICE quality standards
 - Commissioning guidance for Clinical Commissioning Groups will include NICE quality standards

How will quality standards be used?

- For use by:
 - Patients and the public,
 - Health and social care professionals,
 - Service providers
 - Commissioners
- Tools for:
 - Quality assurance
 - Quality improvement

How will quality standards be used?

- Can be used in:
 - Commissioning
 - Informing commissioning guides
 - Payment mechanisms and incentives schemes such as CQUIN
 - Quality Accounts
 - Care Quality Commission special reviews
 - Developing indicators for the QOF and COF

Conclusions

1. Quality standards are now a key product of NICE
2. They are grounded in but do not replace clinical guidelines
3. They are tools for quality improvement and assurance
4. They will play an important role in the new commissioning architecture