

Developing Quality Standards for the NHS in England: the NICE Quality Standards Programme two years on (2009-2011)

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Overview

- NICE Quality Standards programme update
- A care pathway approach
- Evidence sources
- What do we measure?
- Learning
- The future

What are NICE quality standards?

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

What are NICE quality standards?

- **Quality statements**
 - Descriptive statements (10 to 15) of the critical infra-structural and clinical requirements for high quality care at key points on care pathway
- **Quality measures**
 - Structure, process and outcome measures
 - “High level” quality indicators for use at local level as audit criteria and to inform subsequent national indicator development
- **Audience descriptors**
 - A description of what the quality standards mean for different audiences including service providers, health and social care professionals, commissioners, patients and carers.

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

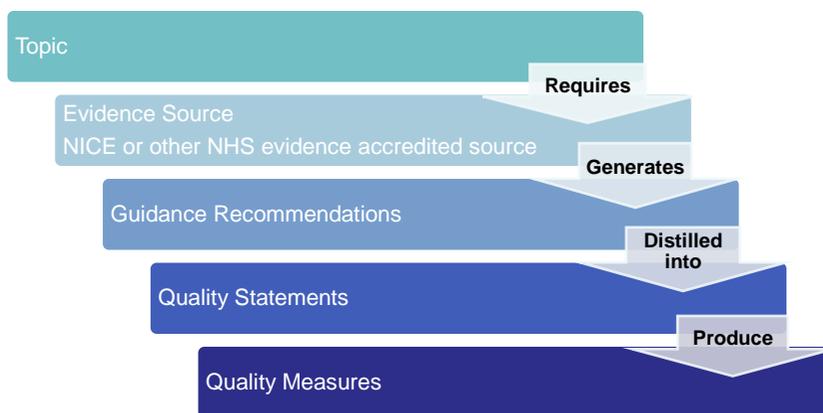
Website

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

www.nice.org.uk/aboutnice/qualitystandards/qualitystandards.jsp



Methods for developing NICE quality standards



NICE Quality Standards programme two years on (2009-2011)

Upscale

Year	Milestone
by Mar 2012	31 new QS started
2011	Start 2 pilot social care QS
	Start 4 pilot QS developed in parallel with clinical guidelines
	10 QS to publish
2010	NHS White Paper
	Interim QS process guide published
	4 pilot QS published
2009	NICE QS programme established

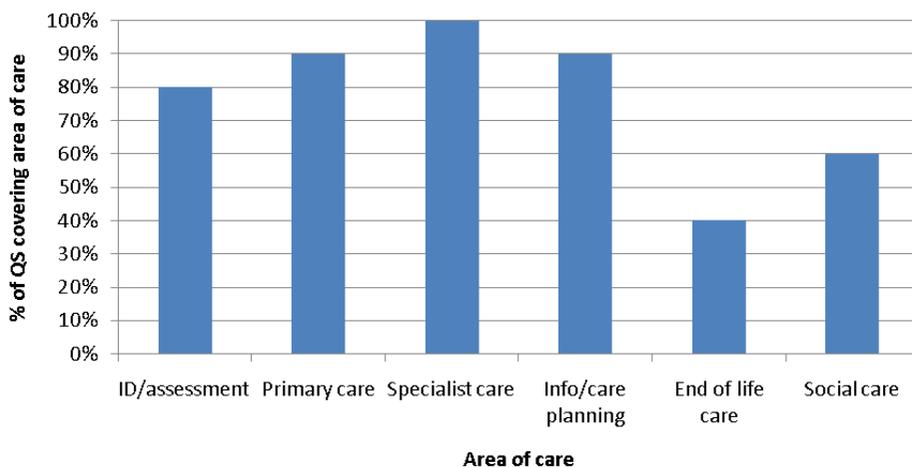
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Quality standards published to date

Published QS	No. of quality statements
VTE prevention	7
Specialist neonatal care	9
Dementia	10
Stroke	11
Glaucoma	12
Depression in adults	13
Diabetes in adults	13
Chronic heart failure	13
COPD	13
Chronic kidney disease in adults	15
Total published quality statements	116

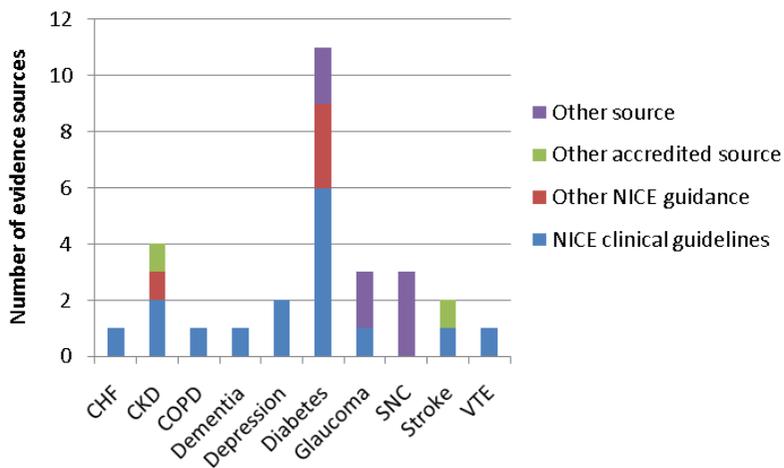
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A care pathway approach



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Evidence sources



- **9/10 (90%)** QS used one or more NICE clinical guideline(s)
- **5/10 (50%)** QS used NICE guidance only

NHS
National Institute for
Health and Clinical Excellence

NICE clinical guideline recommendations

- **154** NICE clinical guideline recommendations used across 10 final QS
- **Almost half** of these are 'key priorities for implementation'¹
- **59%** of all available 'key priorities for implementation' used

¹'Key priority for implementation': typically 5-10 key recommendations likely to have the biggest impact on patient care and patient outcomes in the NHS.

What do we measure?

Measure classification	Example	No.	%
Structure	Local procedures	163	40.0
Process	Recording blood pressure	207	50.7
Outcome	Diabetic foot ulceration	38	9.3
Total		408	100

- Focus on processes linked to health outcomes (direct or indirect)
- 50% (5/10) QS contain outcome measures (health or intermediate)

Learning from the NICE Quality Standards programme

- Covering the care pathway – access to (or development of) comprehensive guidance
- Multiple development methods
- Quality statements – the shorter the better
- Measuring patient choice – clinical guidelines typically say ‘offer’ which is difficult to measure
- Signposting to existing national indicators where possible

Future NICE Quality Standards programme...

- Core library of topics will be agreed, following public consultation, and quality standards will be developed on these topics.
- Over 5 years (by 2015) a library of 150 quality standards is expected to provide a national set of statements and measures.
- Alignment of clinical guidelines programme.
- Social care quality standards will also be developed.

Thank you!