

# NICE: using quality standards to improve care

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### **Introducing NICE**

The national point of reference for advice on safe, effective and cost effective practice in health and social care, providing guidance, advice and standards aligned to the needs of its users and the demands of a resource constrained system.

Evidence Guidance Quality Improved standards outcomes

### NICE's work



### Guidelines: palliative and end of life care

- Care of dying adults in the last days of life (NG31)
- Palliative care for adults: strong opioids for pain relief (CG140)
- Improving supportive and palliative care for adults with cancer (CSG4)
- End of life care for infants, children and young people with life-limiting conditions: planning and management (NG61)
- End of life care service delivery: 16
   October 2019



### "They're guidelines not tramlines."

Sir David Haslam, Chair of NICE



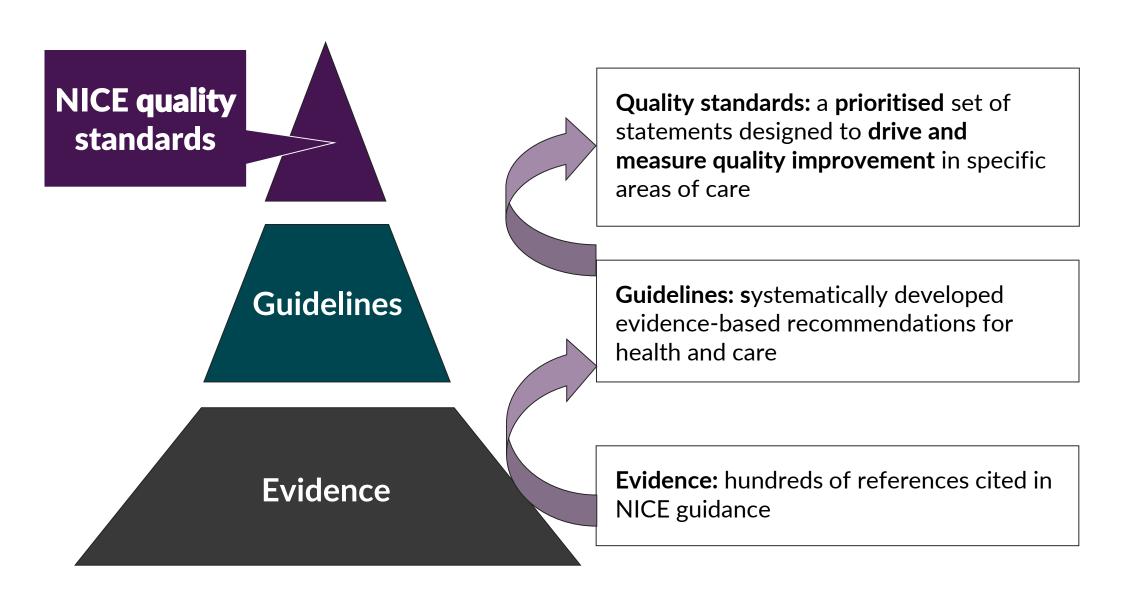
#### Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

### **Quality standards**

### What are NICE quality standards



### **Quality standards**

Set out the priority areas for quality improvement in health and social care

Identify areas of health or care where there is variation

Each standard gives you:

- a set of statements to help you improve quality
- information on how to measure progress

## Quality standards: palliative and end of life care

- End of life care for adults (QS13)
- Care of dying adults in the last days of life (QS144)
- End of life care for infants, children and young people (QS160)
- Plus others including
  - Lung cancer in adults QS17
  - Motor Neurone Disease QS126

## Care of dying adults in the last days of life [QS144]

### **Quality statements**

<u>Statement 1</u> Adults who have signs and symptoms that suggest they may be in the last days of life are monitored for further changes to help determine if they are nearing death, stabilising or recovering.

<u>Statement 2</u> Adults in the last days of life, and the people important to them, are given opportunities to discuss, develop and review an individualised care plan.

<u>Statement 3</u> Adults in the last days of life who are likely to need symptom control are prescribed anticipatory medicines with individualised indications for use, dosage and route of administration.

<u>Statement 4</u> Adults in the last days of life have their hydration status assessed daily, and have a discussion about the risks and benefits of hydration options.

## Quality statement 3: Anticipatory prescribing

Quality statement

Rationale

Quality measures

What the quality statement means for different audiences

Source guidance

Definitions of terms used in this quality statement

#### Quality statement

Adults in the last days of life who are likely to need symptom control are prescribed anticipatory medicines with individualised indications for use, dosage and route of administration.

#### Rationale

As a person approaches the last few days of their life, changes in their condition may lead to changes in existing symptoms, the emergence of new symptoms or changes in the person's ability to take medicines to manage their symptoms (such as swallowing oral medicines). Prescribing medicines in anticipation can avoid a lapse in symptom control, which could otherwise cause distress for the person who is dying and those close to them. The drugs prescribed must be appropriate to the individualised anticipated needs of the dying person and include written clinical indications (current or anticipated), dosage and routes of administration (some drugs may be prescribed for more than one indication at different doses).

### **Quality statement 3: quality measures**

#### Structure

a) Evidence of local arrangements to ensure that adults in the last days of life are assessed for likely symptoms and are prescribed anticipatory medicines

Data source: Local data collection

#### **Process**

a) Proportion of adults recognised as being in the last days of life who have their prescribing needs assessed for symptoms likely to occur in their last days of life.

Numerator – the number in the denominator whose prescribing needs have been assessed for symptoms likely to occur in the last days of life.

Denominator – number of adults recognised as being in the last days of life. **Data source:** Local data collection based on audits of patient care records.

#### **Outcome**

Proportion of adults who had their key symptoms controlled in the last days of life.

**Data source:** Local data collection based on audits of patient care records. National data on the proportion of people who died in hospital who had key symptoms that could be present around the time of death controlled are reported in the Royal College of Physicians' End of life care audit – Dying in hospital report for England.

## What quality statement 3 means for different audiences

**Service providers** (such as hospitals, hospices and GP practices) ensure that systems are in place to assess adults in the last days of life for likely symptoms, to prescribe anticipatory medicines for the likely symptoms using an individualised approach, and to ensure access to medicines.

Healthcare professionals (such as secondary care doctors, specialist palliative care doctors, GPs, non-medical prescribers) assess what symptoms are likely to occur for a person in the last days of life and discuss what medicines might be needed with the dying person, those important to them, and other members of the team caring for them. They prescribe anticipatory medicines appropriate to the individual anticipated needs of the dying person, including indications for use, dosage and route of administration.

Commissioners (such as clinical commissioning groups) use contractual and service specification arrangements to ensure that providers prescribe anticipatory medicines using an individualised approach for adults in the last days of life and ensure access to medicines.

**Adults who are in the last days of life** are prescribed medicines in advance for symptoms that might happen in the future. This avoids a delay in getting medicines that might be needed quickly when symptoms develop. These medicines are prescribed based on the individual needs of the person.

### Use NICE quality standards to

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Do

Study

Understand what good care looks like

Assess current care/service and opportunities

Identify areas for local audit

Prioritise areas for quality improvement

Help make the case for change

Develop metrics to monitor quality improvement

Review and measure progress

Provide assurance of service quality

As an objective, multi-professional framework for identifying and tackling areas of improvement in patient care

### Support to use quality standards

### Into practice resources



Practical steps to improve the quality of care and services using NICE guidance

www.nice.org.uk/into-practice-resources

Principles for putting evidence-based guidance into practice



If you are a policy maker

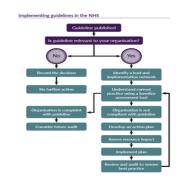
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If you are a policy maker

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How NICE guidance and standards can help you

Implementation flowcharts



### **Quality standards forward planner**

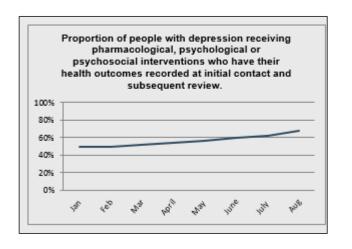


- Excel spreadsheet
- Lists all quality standards in development and the timelines
- Full update or new topic
- Notes when specialist committee member recruitment starts
- Notes dates for consultation on the topic overview and on the draft
- QS Advisory Committee meeting dates
- Date of intended publication
- See <u>www.nice.org.uk/standards-</u> and-indicators

### Quality standards service improvement template

Qua	ality standard templ	ate: Assessme	ent and action plan	1			Assessor	:								
Inst	ructions on use															
					Initial assessment				Action plan							
	Quality standard	Selected stat			How does the current service compare with the statement?	What is the source of evidence to support this?	What are the risks associated with not making these improvements? This should be an initial high-	Has this standard prioritised improvement If no, record a review of the	for quality nt? a date for the	s s	etion(s) to in ervice to me tatement		Date a (dd/mm	action decid	ded	Person
	·	interventions for p appointment and t	people with depression reduced the findings to adjust (													
	QS53 - Anxiety disorders		ng treatment for an anxiet d at each treatment sessi	y disorder have their response to ion.												
(iii)										$\prod$						
(iv)			Process mea	asure(s)												
			Process measure		rith depression receiving pharmacological, psychological or psychosocial their health outcomes recorded at initial contact and subsequent review.											
								Jan	Feb	Mar	April	May	June	July	Aug	
(v)			Kemerator	The number of people in the denominator whose health outcomes are recorded at initial contact and subsequent review.				40	41	44	39	56	36	47	54	
			Benominator	The number of people s interventions.	of people with depression receiving pharmacological, psychological or psychosocial s.					85	72	100	60	75	80	
								50%	50%	52%	542	56%	602	632	682	

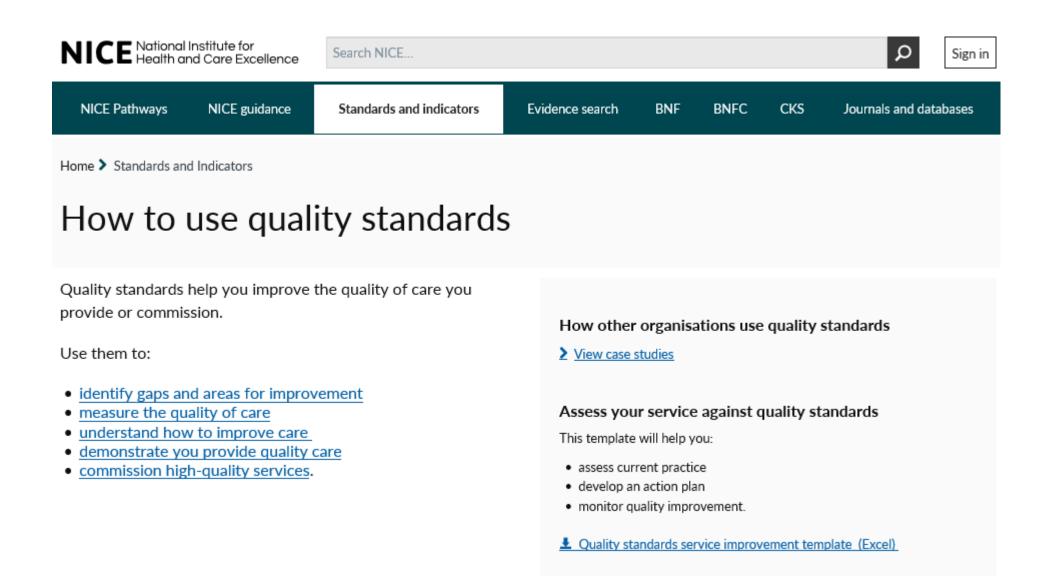
- Support initial assessment and an action plan
- Modifiable sheets
- Drop down menu selection



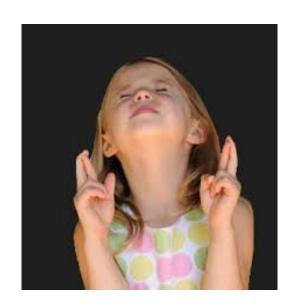
### **Shared learning and success**

#### NICE Local Practice Collection Filter by title Filter by type Filter by publication year About the collection end of life All ΑII Apply Filters Clear filters Title Collection Type Published Year To develop new partnerships to achieve best practice in End of Life Care (EOLC) through the provision of education programmes Shared Learning February 2018 Supporting the children's palliative care sector to implement the NICE End of Life guideline for children and young people Shared Learning February 2018 Networked approach to implementing NG61 (End of life care for infants, children & young people) Shared Learning January 2018 The diagnosis of levels of distress for end of life residents in care homes Shared Learning October 2014

### How to use quality standards



### Finding what you need



Home > NICE guidance

### **NICE** guidance

Evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders.

View all guidance

New and updated products: This month

Last month

Last 6 months

#### Popular in guidance

Conditions and diseases topic pages

Lifestyle and wellbeing topic pages

NICE guidelines

Clinical guidelines

### Browse by topic

Topic pages bring together products on the same subject, for example diabetes, mental health and wellbeing or children and young people.

#### Find a topic page by

Conditions and diseases

Health and social care delivery

Health protection

Lifestyle and wellbeing

Population groups

Settings

### Guidance by programme

#### NICE guidelines

Review the evidence across broad health and social care topics. Includes clinical guidelines.

#### Diagnostics guidance

Review new diagnostic technologies for adoption in the NHS.

#### Interventional procedures guidance

Review the efficacy and safety of procedures

#### Technology appraisal guidance

Review clinical and cost effectiveness of new treatments.

#### Highly specialised technologies guidance

Review clinical and cost effectiveness of specialised treatments.

#### Medical technologies guidance

Review new medical devices for adoption in the NHS.

### Products being developed or updated

#### In consultation

Guidance and quality standards open for consultation.

#### In development

Guidance, quality standards and advice being developed.

#### Proposed

Guidance and quality standards that have been proposed for development.

### Browse guidance by topic



### End of life care

All NICE products on end of life care. Includes any guidance, NICE Pathways and quality standards.

Published products on this topic (38)

### Guidance

We use the best available evidence to develop recommendations that guide decisions in health, public health and social care.

Published guidance on this topic (5)

New in the last 6 months (1)

Updated in the last 6 months (1)

In development (1)

### **Quality standards**

Set out priority areas for quality improvement in health and social care.

Published quality standards on this topic (3)

New in the last 6 months (0) Updated in the last 6 months (0) In development (0)

### **NICE Pathways**

Interactive topic-based flowcharts that allow you to navigate our recommendations on any subject.

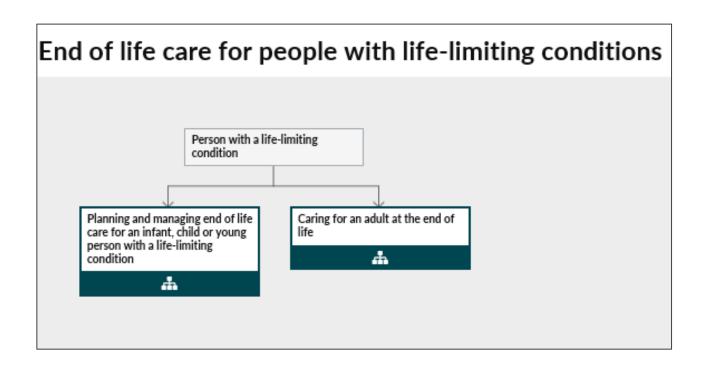
All NICE Pathways on this topic (19)

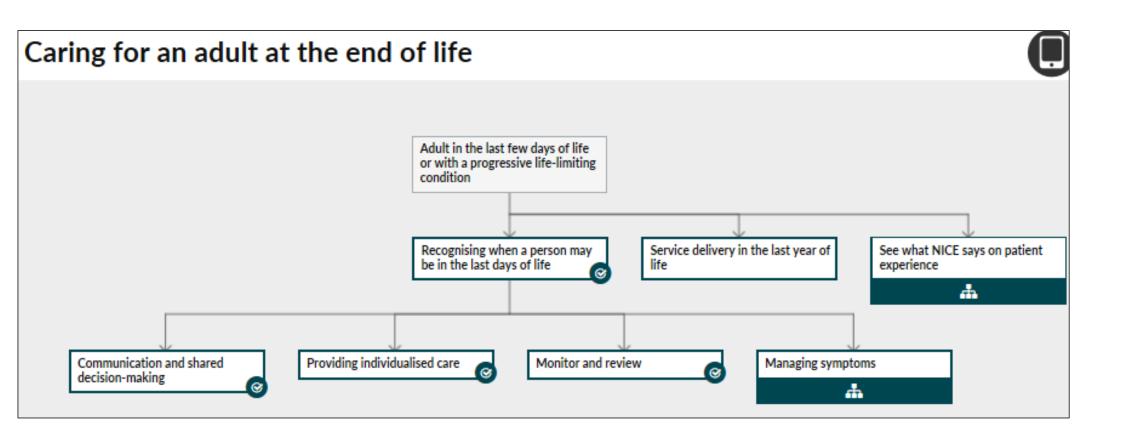


### **NICE Pathways: interactive flowcharts**

Everything NICE says on a topic in an interactive flowchart

A tool to help you find our guidance and advice for health and social care quickly and easily







# How can you make best use of NICE quality standards?