NICE Quality Standards and Indicators

Nick Baillie, Programme Director: Health & Social Care Quality
Overview

• The role of NICE quality standards in incentivising continuous quality improvement

  – What are quality standards
  – Encouraging the use of quality standards
  – Quality standards in practice (including the development of indicators)
NICE quality standards - policy context

NICE may be directed to prepare statements of standards in relation to the provision of:
   a) NHS service
   b) Public health services or
   c) Social care in England.

In discharging its duty, the NHS England/Secretary of State must have regard to the quality standards prepared by NICE.

Organisations improving the quality of health services must have regard to the quality standards prepared by NICE.
What are NICE quality standards?

A comprehensive set of recommendations for a particular disease or condition, particular need or service.

A NICE quality standard is a concise set of statements designed to drive and measure priority quality improvements within a particular area of care. Around 6-8 statements per standard – up to 15 in exceptional circumstances.
Quality statements

- Originate from evidence based guidance
- Aspirational statements designed to drive quality improvement
- Areas where care is variable or quality improvement is required
- Measurable
- Achievable
- Based on a set of core principles
Quality measures

• Structure, process and outcome measures
  – Structure: Organisational characteristics
  – Process: Interactions, functions, actions
  – Outcome: Changes in individuals and populations

• High level quality measures
  – Use at local level as audit criteria
  – Inform subsequent national indicator development
Key development stages

1. Overview development
2. Identification of quality areas
3. Prioritisation of quality areas
4. Draft development
5. Consultation
6. Final development
Quality standards – three interfaces

Social care

NHS

Public health
Examples of topics

• Acute heart failure
• Alcohol: preventing harmful use in the community
• Autism
• Children’s attachment
• Fertility problems
• Homecare
• Managing medicines in care homes
• Mental wellbeing of older people in care homes
• Obesity
• Physical activity
• Smoking: reducing use in the community
Example – quality standard for hip fracture

Quality statement 5: Timing of surgery

• People with hip fracture have surgery on the day of, or the day after, admission.

Quality measure

• Proportion of people with hip fracture who receive surgery on the day of, or the day after, admission.
  – Numerator: the number of people in the denominator who receive surgery on the day of, or the day after, admission.
  – Denominator: the number of people with hip fracture having surgery.
Encouraging use of quality standards

- National Outcomes Framework
  - Triggering a review of local performance against relevant national outcome indicators

- Local provider payment mechanisms
  - Best practice tariff
  - Commissioning for Quality Improvement Initiatives (CQUIN)
  - Quality Outcomes Framework (QOF)

- Local commissioning mechanisms
  - CCG Outcomes Indicator Set (CCG OIS)
  - Indicators for local use
Encouraging use of quality standards

- CQC inspection activities
- National audits
- Choices website
- Quality accounts
- Patient/service users and representative organisations
## Quality standards in practice

### Example 1 - Explanatory letter to women who have had Caesarean Section

<table>
<thead>
<tr>
<th>Who</th>
<th>York Teaching Hospital - Women who had a CS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What</td>
<td>QS32 - Caesarean section. Statement 1: Pregnant women who have had 1 or more previous caesarean sections have a documented discussion of the option to plan a vaginal birth</td>
</tr>
<tr>
<td>Why</td>
<td>To reduce high CS rates (incl. repeat CS) and educate women on the prospects of vaginal birth after CS</td>
</tr>
<tr>
<td>How</td>
<td>Gained consensus among obstetricians so that the measures could be applied to all women, irrespective of the consultant. Then drafted a letter, designed to be addressed in person to women who had a CS and to be given before they were discharged home after their CS.</td>
</tr>
<tr>
<td>Result</td>
<td>CS rates continually monitored, showing reduction after the introduction of the package of measures, which included the CS letters. The rates reduced from 27% to 24%. The frequent anecdotal reports of women reporting at booking that they thought a previous CS meant always needing a further CS became rare. This meant that the aim of educating women in the community had been achieved.</td>
</tr>
</tbody>
</table>
## Quality standards in practice

### Example 2 - Using Quality & Productivity to Enhance Heart Failure Pathway in Primary Care

<table>
<thead>
<tr>
<th><strong>Who</strong></th>
<th>Eastbourne, Hailsham and Seaford CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>QS9 - Chronic Heart Failure</td>
</tr>
<tr>
<td><strong>Why</strong></td>
<td>To improve the pathway from suspecting chronic heart failure through to treatment in primary care.</td>
</tr>
<tr>
<td><strong>How</strong></td>
<td>The Heart Failure QS informed the Quality &amp; Productivity plan. An outline plan and full implementation document were written and presented at a CCG educational event. Combined work includes rapid access to echocardiography and specialist opinion, access for new patients to a HF specialist nurse for optimisation of medication, personalised care planning and a dedicated HF consultant and well-functioning MDT.</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td>Too soon to assess specific outcomes but ongoing improvements are expected in time to access echo and specialist opinion and to improve treatment of patients in both disease modifying medication and lifestyle changes. Q1 of HF admissions appears to show sustained low levels of admission and further savings. Admissions have reduced from 62 to 58 and costs reduced from £202,949 to £160,957 in Q1</td>
</tr>
</tbody>
</table>
Quality standards in practice – indicator programme

• NICE indicator development programme

• Annual menus of indicators for the:
  – Clinical Commissioning Group Outcome Indicator Set (CCG OIS)
  – Quality Outcomes Framework (QOF)

• Flexibility to develop indicators for a range of purposes
The Indicator development process

1. Identify indicators for development
   - NICE QS, guidance & accredited guidance
   - Annual prioritisation process

2. Advisory Committee rating

3. Advisory Committee prioritisation

4. Evaluation
   - HSCIC testing / piloting
   - Public consultation

5. Advisory Committee for review

6. NICE Menu of indicators
Example - indicators

- **COPD Quality Statement 6**: People with COPD meeting appropriate criteria are offered an effective, timely and accessible multidisciplinary pulmonary rehabilitation programme.

- **CCG OIS Indicator**: Proportion of people with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥3 referred to a pulmonary rehabilitation programme.

- **[DRAFT] Medicines Management in Care Homes Quality Statement 6**: People who live in care homes have at least 1 multidisciplinary medication review per year.

- **[DRAFT] QOF Indicator**: The percentage of patients recorded as being resident in a care home or housebound who have had a medication review recorded in the preceding 12 months.
Summary

• Quality standards provide an evidence based focus for quality improvement across the health and social care system
• Quality measures provide a basis for the development of formal indicators (that may be incentivised)
• There a range of further opportunities to use quality standards for quality improvement