National Institute for Health and Care Excellence

NICE consultation – Quality Standards Process Guide

Closing date: 5pm – Wednesday 3 September 2014

<table>
<thead>
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<th>Organisation</th>
<th>British Association of Dermatologists</th>
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Are you happy to be named as a consultee to the Quality Standards Process Guide on the NICE website?

☐ Yes ☐ No

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Please provide comments on the quality standards process guide on the form below, putting each new comment in a new row. When feeding back, please note the paragraph you are commenting on (for example, paragraph 1.2). If your comment relates to the process guide as a whole then please put ‘general’.

Please add rows as necessary.

<table>
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<th>Section</th>
<th>Comments</th>
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<tr>
<td>General</td>
<td>For future updates it would be most helpful if the changes to the process manual could be signposted explicitly to facilitate the review process by consultees. Appendix B is available, however, all the changes were categorised as “General” with no reference to the chapters or pages.</td>
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<td>Addition of ‘developmental’ quality statements:</td>
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| 1.2 Components of a quality standard | There are 2 main components to a quality standard: the **quality statement** and the **quality measure**. Each quality standard contains 6–8 quality statements (with a maximum of 15 in exceptional circumstances) with related measures. The quality statements (enhanced or **developmental**) are clear, measurable and concise. Generally, quality statements are enhanced statements that describe high-priority areas for quality improvement and are aspirational (they describe high-quality care or service provision) but achievable. However some quality statements are considered to be **developmental** in nature as they set out emergent areas of practice that have the potential to lead to wide-spread benefits in improving outcomes over time, but which require specific and significant changes to be put in place.”

→ Guidance around what constitutes a developmental statement is unclear. Also, does it mean that there will be separate developmental quality standards, or can a quality standard include a mix of enhanced and developmental statements?

3.2 Prioritising areas for quality improvement | “Like all quality statements, **developmental quality statements** will be underpinned by NICE or NICE-accredited guidance. A developmental quality statement should also:

- represent an emergent area of practice that is only currently being carried out by a minority of providers
- need specific, significant changes to be put in place, such as reconfiguration of services or new equipment
- have the potential to be widely adopted and therefore drive improvement in outcomes” |
### Section | Comments
--- | ---
3.4 Drafting the quality standards | → We suggest using the term “redesign of services” instead of “reconfiguration of services” as we believe the latter has legal implications and would require (local) public consultation. One could anticipate that there will be difficulties with underpinning developmental quality statements with NICE or NICE-accredited guidance.

**“Wording the quality statements”** describe practice that may only be occurring in a minority of providers at present but has the potential to have wide-spread benefits to the quality of care over time. They both place the person at the centre of the care or service requirement, for example ‘People with [a requirement for social care] are offered…’ or ‘People with [condition] are offered…’. The statements should promote choice and involvement in decision-making.”

→ This is quite vague and requires clarification.

3.9 Reviewing and updating | → The October 2012 edition of the process manual acknowledges that:

“**A 5-year period will allow services to respond to the quality improvement areas as described in the quality standard and embed any changes in usual practice**.”

The draft updated version from June 2014 does not address this at all; with annual reviews now proposed for all quality standards with the distinct possibility of an annual revision and update, we would be interested to learn how NICE foresees the uptake and implementation of these more frequently reviewed (and potentially revised and updated) quality standards and associated quality measures. Perhaps what could also be included in deciding whether or not a quality standard needs revising or updating is the assessment of the extent to which the previous iteration of the quality standard is already being implemented on the ground, if any, via local NICE implementation teams. Trusts may find it difficult to catch up if goalposts are constantly being moved.

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The Institute is unable to accept

- Comments from non-registered organisations - if you wish your comments to be considered please register via the NICE website
- Comments from individuals - please contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.
- Comments received after the consultation deadline (5pm)
- Comments that are not on the correct proforma
- More than one response per stakeholder organisation
- Confidential information or other material that you would not wish to be made public
- Personal medical information about yourself or another person from which your or the person's identity could be ascertained