NICE quality standards – supporting quality improvement in adult social care

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What is NICE

- Set up 1999 (special health authority) to reduce variation in the availability and quality of NHS treatments and care
- 2005 additional remit to support public health
- April 2013: established in primary legislation (Health and Social Care Act 2012) and given responsibility for developing guidance and quality standards in social care
- Accountable to DH as our sponsor but operationally independent of government
The role of NICE

• To improve outcomes for people using the NHS, public health and social care services
• To support improvement in the quality and productivity
• Help resolve uncertainty about best quality care and what represents value for money
  – identify good clinical, public health and social care practice using the best available evidence
  – produce guidance and advice
  – support practitioners and commissioners to use
Our position in the social care sector

- **Government**: Provides funding and produces policy and legal framework.
- **Commissioners**: Assess user needs, provide personal budgets, and commission some services.
- **Service Users and Carers**: Commission and purchase services, or receive services commissioned on their behalf.
- **Providers**: Provide services and information, and ensure essential standards are met.
- **Care Quality Commission**: Regulates services. Takes appropriate enforcement action where essential levels of safety are not met.
- **HealthWatch**: Powers to review local service issues.
- **NICE/SCIE**: Sets quality standards – builds the evidence base for care and support.
- **Professional regulators**: Care professionals have accountability and responsibility to the relevant professional regulator.
- **Skills for Care**: Supports the adult social care workforce.
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 Commissioning Board/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.
Guidance and quality standards

- **Evidence**: A comprehensive set of recommendations for a particular condition or service area.

- **Guidance**: A prioritised set of concise, measureable statements designed to drive quality improvements in a particular area of care.

- **Quality Standards**: A prioritised set of concise, measureable statements designed to drive quality improvements in a particular area of care.
Quality statements – nutrition support in adults

A set of 5 statements – markers of high quality care

Associated with process and outcomes measures

List of quality statements

Statement 1. People in care settings are screened for the risk of malnutrition using a validated screening tool.

Statement 2. People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements.

Statement 3. All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings.

Statement 4. People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.

Statement 5. People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.
Process and outcome measures

• Aim to improve structure, process and outcomes
• Link to national indicators where they exist
• Mapped to outcomes frameworks

Quality measure

Structure: a) Evidence of local arrangements to ensure that people in care settings are screened for the risk of malnutrition using a validated screening tool.

b) Evidence of local arrangements to ensure that screening for the risk of malnutrition is carried out by health and social care professionals who have undertaken training to use a validated screening tool.

c) Evidence of local arrangements to ensure that care settings have access to suitably calibrated equipment to enable accurate screening to be conducted.

Process: a) The proportion of people in care settings who are screened for the risk of malnutrition using a validated screening tool.

Numerator – the number of people in the denominator who are screened for the risk of malnutrition using a validated screening tool.

Denominator – the number of people in a care setting.

Outcome: a) Incidence of people at risk of malnutrition.

b) Prevalence of risk of malnutrition.
Delivering best possible outcomes

• NHS Outcomes Framework 2012/13
  – preventing people from dying prematurely
  – enhancing quality of life for people with long-term conditions
  – helping people to recover from episodes of ill health or following injury
  – ensuring that people have a positive experience of care
  – treating and caring for people in a safe environment and protecting them from avoidable harm

• Adult Social Care Outcomes Framework 2011/12
  – enhancing the quality of life for people with care and support needs
  – ensuring that people have a positive experience of care and support
  – safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
Where they fit

• Central to supporting the Government's vision for an integrated health and social care system focussed on delivering the best possible outcomes for people who deliver and receive social care services

• Not mandatory - intended to build on statutory frameworks for regulation, providing practical support to help drive up the quality of adult and children’s care

• Will complement and reinforce CQC Essential Standards.
‘Caring for our future: reforming care and support’ white paper

‘By creating a library of social care quality standards we will provide commissioners and providers with evidence-based descriptions of what good care and support should look like. This will also help people using care and support, carers and families to understand what they should expect.’

‘NICE and the Care Quality Commission will work together to ensure that related standards (whether quality or regulatory) are complementary.’
Principles of development: an example (dementia)

<table>
<thead>
<tr>
<th>NICE principles</th>
<th>How the QS was developed</th>
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</thead>
<tbody>
<tr>
<td>High quality evidence assessment</td>
<td>Based on NICE and SCIE guidance</td>
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<tr>
<td>Real engagement with the people affected by our work</td>
<td>Field testing with users and carers Input from experts, service users and carers</td>
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<tr>
<td>Independence and objectivity</td>
<td>Independent expert group of social care commissioners, providers, academics, service users and carers</td>
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<tr>
<td>Solid methods and processes</td>
<td>Published process and methods guide</td>
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<td>Genuine consultation and contestability</td>
<td>Published response to widespread consultation External reference group</td>
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<td>Regular review and updating</td>
<td>Formal review after 5 years</td>
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Driving quality improvement

They do not restate essential standards or regulatory requirements. Where there is overlap, statements should be mutually supportive and complementary.
How they can be used

“Commissioning services using NICE quality standards allows me to meet my duties as a local authority commissioner to promote integration of health and social care, and support me in ensuring the services I commission are high quality. They inform my contract monitoring and audit processes.”

As a user of care services, they support me in my choices about who provides care for me, and in knowing what to expect from a good quality care service.”

“As a provider of care services, I can use NICE guidance and quality standards to ensure, and therefore demonstrate that I provide high quality care, based on the best available evidence. They help me audit and improve the quality of services I provide, and support me in discussions I have with commissioners.”

“Following NICE quality standards allows the local authority to meet the duty of promoting integration of care, and provide robust business cases for providing the social care services the community needs.”
Quality standards – three interfaces

- Reducing tobacco use in the community
- Preventing harmful alcohol use
- Strategies to prevent obesity
# Referred social care topics and timelines

<table>
<thead>
<tr>
<th>Topic</th>
<th>Guidance</th>
<th>Quality Standard</th>
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<tbody>
<tr>
<td>1. Autism in children and adults</td>
<td>Already available</td>
<td>Early 2014</td>
</tr>
<tr>
<td>2. Mental wellbeing of older people</td>
<td>Already available</td>
<td>Late 2013</td>
</tr>
<tr>
<td>5. Older people with long-term conditions</td>
<td>2015</td>
<td>2017</td>
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<td>7. Transition between child adult services</td>
<td>2016</td>
<td>2017</td>
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<td>8. Child abuse and neglect</td>
<td>2016</td>
<td>2017</td>
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<tr>
<td>9. Children's’ attachment</td>
<td>2015</td>
<td>2017</td>
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# Already available to use

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<tr>
<th>Topic</th>
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<tr>
<td>Dementia</td>
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<td>Stroke</td>
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<td>VTE prevention</td>
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<td>Diabetes in adults</td>
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<td>Depression in adults</td>
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<td>Chronic heart failure</td>
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<td>COPD</td>
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<td>Alcohol dependency</td>
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<td>End of life care</td>
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<td>Service user experience adult mental health</td>
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<td>Hip fracture</td>
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<td>Drug use disorders</td>
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<td>Nutrition support in adults</td>
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<td>Asthma</td>
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<td>The epilepsies in adults</td>
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<tr>
<td>Hypertension</td>
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<td>Supporting people to live well with dementia</td>
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Guidance leads to quality standards

A comprehensive set of recommendations for a particular condition or service area
National Collaborating Centre: Social Care

• Awarded to the Social Care Institute for Excellence (SCIE)

• SCIE will work in partnership with:
  o Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre)
  o Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science and the Uni of Kent
  o Research in Practice (RIP)
  o Research in Practice for Adults (RIPfA)
Role of NCCSC

• Develop social care guidance using NICE methods and processes

• Specifically will provide,
  – social care evidence reviews
  – social care guidance recommendations
  – research recommendations to improve the evidence base
  – dissemination support
  – support for adoption of guidance and quality standards

• NICE will use the guidance to produce the Quality Standards
Want to get involved

• Registered stakeholder
• Member of Guideline Development Group
• Member of Quality Standards Advisory Committee (QSAC)
• Expert advice to QSAC
Summary

• Using NICE guidance and quality standards can support you to:
  – audit the quality of your service
  – improve service quality and outcomes for your clients
  – demonstrate that your service is high quality

• There are opportunities to work with NICE and the NCC Social Care