

NICE quality standards: setting standards for high-quality care

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Figure 1. NICE intends to release the first quality standards this year

The NHS review *High Quality Care for All*¹ found that the breadth and depth of guidance on best practice was 'impressive but daunting'. NHS staff, it noted, found it too hard to find the knowledge and experience needed to deliver excellent care. National Service Frameworks had worked, but sometimes at the expense of other clinical areas.

'Greater clarity on standards, and where to go to find them, will support the commissioning and uptake of the most clinically and cost-effective diagnostics, treatments and procedures,' the review stated. It said the National Institute for Health and Clinical Excellence (NICE) should take on the role of

establishing quality standards and managing their dissemination via NHS Evidence (www.evidence.nhs.uk).

NICE has now published an interim guide to how it will develop quality standards² and plans to publish the first standards in 2010.

What is a quality standard?

The aim of the Quality Standards Programme is to ensure that patient care is safe and effective and considers the patient experience. NICE defines a quality standard as a set of specific, concise statements that act as markers of high-quality, cost-effective patient care across a pathway or clinical

NICE is planning to publish the first quality standards this year. Steve Chaplin explains what quality standards are and why they are being introduced, and how they are being developed by NICE.

area, covering treatment or prevention; it is derived from the best-available evidence and produced collaboratively with the NHS and social care, along with their partners and service users. It contains descriptions of the infrastructure and clinical requirements needed to deliver high-quality care, and the expected outcomes.

Quality indicators, preferably using data sourced from routinely collected data (including QOF), will specify the expected level of achievement.

How will quality standards be developed?

The heart of a quality standard will be a structured briefing paper

develop and publish quality standards that address clinical effectiveness, patient safety and patient experience using the best available evidence of clinical and cost effectiveness data where available
 provide stakeholders and individuals with an opportunity to contribute through consultation and field testing, using processes that are inclusive, open, transparent and consistently applied with appropriate governance
 consider the cost impact of quality standards
 consider the equality impact of quality standards
 regularly review and update quality standards
 seek alignment with other national quality initiatives

Table 1. Key activities of the Quality Standards Programme²

prepared by the Quality Standards Programme team. This will summarise relevant NICE guidance and other sources of information, outlining key health outcomes and listing the relevant standards currently used in England.

NICE aims to build a comprehensive evidence base using an independent, transparent process that takes into account the views of clinicians and patients and is regularly reviewed.

Professional and lay input into its development will come from Topic Expert Groups (TEGs). They will assess the proposed standard against the evidence in the briefing paper, review feedback from field testing and expert comment, and consider the cost and equality impact of the proposals.

A TEG will comprise about 10 members from relevant clinical and public health disciplines, professional groups and generalists (including commissioners) and lay

people. Their conclusions will be based on a consensus.

The draft Standard will undergo public consultation (ultimately a three-month process), assessment and field testing to determine its feasibility. When this is incorporated into the final document, the Quality Standards Programme Board will scrutinise the final draft, agree its content with publication partners and pass it to the NICE Guidance Executive for sign-off.

The key activities of the Programme are listed in Table 1. The new structures will be supported by existing NICE services, such as the Information Team and the Patient and Public Involvement Programme.

NICE has provisionally identified a long list of potential partners from the statutory and voluntary sectors and goes to some length in this document to spell out who stakeholders will be and how they will be included in the development process.

The National Quality Board (established by the Review to provide strategic oversight and leadership)¹ will establish a library of around 100 topics plus up to 50 additions in response to emerging issues. The order in which the Standards are developed each year will be determined according to objective criteria such as Department of Health priorities, evidence base and workload.

The current pilot project will include neonatal care, dementia, stroke and preventing venous thromboembolism.

Quality assurance and advice on implementation will come from the Quality Standards Programme Board, initially comprising NICE directors and senior representatives of patients' organisations, health professionals and the NHS.

Publication and review

Quality standards will be published on the NICE and NHS Evidence websites six monthly, and on other sites (eg the royal colleges) when appropriate. Each will be reviewed every four years unless new evidence comes to light sooner. Procedures for implementation and evaluation have yet to be developed but are likely to build on NICE's capacity.

The future

This pilot will be completed by April 2010, after which final guidance will be published. NICE will then review it annually, with a formal consultation every three years.

References

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2. National Institute for Health and Clinical Excellence. *Developing NICE quality standards. Interim process guide*. August 2009 (www.nice.org.uk/media/61B/AC/DevelopingNICEQualityStandardsInterimProcessGuide.pdf; accessed 1.2.10).

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