

National Institute for Health and Care Excellence

End of life care update

Consultation on draft quality standard – deadline for comments 5pm on 09/12/20

Please email your completed form to: QSconsultations@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on these questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Statement 4: Is there a specific aspect of coordination of care that this quality statement should focus on?
5. Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details.

Organisation details

Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank)	Royal College of Physicians and Surgeons of Glasgow
Disclosure	None

Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	
Name of person completing form	Dr Richard Hull, Honorary Secretary with advice from experts in the field and the College Lay Advisory Board
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	Yes with the provisos below
Type	[Office use only]

Comments on the draft quality standard

Comment number	Section	Statement number	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
<i>Example 1</i>	<i>Statement 1 (measure)</i>	<i>1</i>	<i>This statement may be hard to measure because...</i>
1	General		<p>The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow has a membership of 15,000 and represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments.</p> <p>The College welcomes this Quality Standard and endorse its principles. The aims and objectives of all statements are valid, worthy and represent the best possible end of life care.</p> <p>However, the standards have been written for professionals involved in end-of-life care and not for the person at the end of life or their family and friends. The College would suggest a simple document explaining what each standard means.</p>

2	General		One of our lay reviewers said “I found the draft quality standard and its background paper impenetrable. I suspect that its form and content were designed by a quality assurance committee, rather than someone writing for the reader.”
	General		<p>Another of our lay reviewers said “I think it is a laudable set of principles that I would expect to be followed by any of the carer professions irrespective of their existence as a formal standard.</p> <p>My only concern is around the measures that are proposed to determine the “quality” of the compliance with the various standards. Specifically, where ratios are being used. While I believe that it is reasonably feasible to determine an accurate measure for the numerators, in most cases the same cannot be said for the denominators (with the possible exception of “the number of deceased adults”). It seems to me that the denominators for the other measures will often tend to be similar to the numerators as those statistics will potentially be gathered at the same time (i.e. when a care plan is being drawn up). There will always be some who slip through the cracks and are never counted. Thus, the ratios will most likely tend towards unity and be somewhat meaningless.”</p>
3	4	4	This is possibly the most difficult practice to implement. Co-ordinated care between health and social care services is frequently poor, and at times virtually absent. This is especially true when dealing with people with chronic, progressive, physical and mental health disabilities. Training and education in proper co-ordinated care needs much improvement. Effective management of such services is also key.
4			
5			
6			

Insert more rows as needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.

- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to QSconsultations@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.