Multimorbidity

NICE National Institute for Health and Care Excellence

Consultation on draft quality standard – deadline for comments 5pm on 25 February 2017 **email:** 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? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal Pharmaceutical Society
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of commentator person completing form:	Heidi Wright
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	Yes

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Type		[office use only]	
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.
Example 1	Statement 1 (measure)		This statement may be hard to measure because…
1	Statement 1	1	This statement should be expanded to include other healthcare professionals in the identification of adults with multimorbidity. For example, community pharmacists are well situated to identify such people in line with NICE guidance. Currently they would need to feed back this information to the person's GP so a note could be made in the electronic patient record but over time pharmacists should be able to write to the electronic patient record themselves.
2	Statement 2	2	We agree with this statement as it stands. In the supporting text it would be useful if pharmacists are included as an example of healthcare professionals who are trained in the use of validated tools to assess frailty as they are often the healthcare professional who discharges people from hospital as community pharmacists are often the first point of contact with people in the community, particularly whilst undertaking medicine reviews.
3	Statement 3	3	We agree with the statement but it should be expanded to include outcomes from the action of asking adults with multimorbidity about their goals, values and priorities. This could be in the form of then delivering personalised care to that person. This could be achieved by ensuring shared decisions with patients by using evidence based patient decision aids, where available, to help patients reach informed decisions about their treatment options. This statement is partly covered by statement number 5 but it is potentially wider than medicines and other treatments so we believe it should remain as a separate statement with the addition of ensuring outcomes are acted on.
4	Statement 4	4	We agree with this statement. We do not believe there is overlap between this statement and having a named GP as the person who is responsible for the coordination of care may be someone other than a GP, such as a care coordinator.
5	Statement 5	5	Whilst we agree that part of the purpose of a personalised approach is to find ways of reducing treatment burden and

			optimising care the focus should not just be on whether treatments can be stopped or changed. The main purpose of a personalised approach for adults with multimorbidity is to find the most appropriate ways to support each individual to live well with their condition(s). This should be expressed in the language of the person and in relation to their self-identified goals. If this primary purpose is achieved it is likely to reduce the treatment burden and optimise care; but these are secondary purposes. A third purpose is to avoid unnecessary episodes of recourse to urgent and emergency care.
6	General	General	It is not clear as to why this quality standard only covers adults with multimorbidities as many children also live with multiple conditions.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- 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
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons).We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received from registered stakeholders and respondents during our consultations 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.