

National Institute for Health and Care Excellence

Stakeholder comments proforma – engagement exercise for quality standard on medicines optimisation

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| Please enter the name of your registered stakeholder organisation below. | |
| Stakeholder organisation: | British HIV Association (BHIVA) and HIV Pharmacy Association (HIVPA) (joint comments) |
| Commenter name: | Dr David Asboe (BHIVA Chair), Ms Sharon Byrne and Ms Nadia Naous, (Co-Chairs of HIVPA) |
| Job title: | BHIVA Chair and HIVPA Co-Chairs |
| Address and postcode: | BHIVA Secretariat: Mediscript Ltd, 1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD |
| Email address: | BHIVA@bhiva.org |
| Telephone number: | 020 8369 5380 |
| Please note: comments submitted are published on the NICE website. | |
| Would you like to express an interest in formally supporting this quality standard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| Key area for quality improvement | Why is this important? | Why is this a key area for quality improvement? | Supporting information |
|---|--|--|---|
| <p>Separately list each key area for quality improvement that you would want to see covered by this quality standard.</p> <p>EXAMPLE: Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)</p> | <p>EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.</p> <p>Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when</p> | <p>EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK.</p> <p>Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.</p> | <p>EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation.</p> <p>http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit</p> |

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| | <p>symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.</p> | | |
| <p>Key area for quality improvement 1</p> | <p>Standard around ensuring adherence is discussed in consultations and that there are clear guidelines to help aid these discussions .And if there is an issue with adherence that the prescriber has some way of referring the patient for support</p> | | |
| <p>Key area for quality improvement 2</p> | <p>Appropriate screening of prescriptions by competent pharmacists particularly in specialised areas such as oncology, transplant patients and HIV, etc., including expert knowledge of drug interactions</p> | | |
| <p>Key area for quality improvement 3</p> | <p>Supporting self-management. Putting patient at the centre of care so they are empowered to know about their medicines and can inform prescribers about the drugs they take for interactions</p> | | |

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|---|------------------------|---|------------------------|
| | etc. | | |
| Additional developmental areas of emergent practice | | | |

Please email this form to: QStopicengagement@nice.org.uk

Closing date: 5pm Monday 22nd June 2015