

Consultation on draft quality standard – deadline for comments 17:00 on 17/05/2016 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: 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):	Independent Age
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	N/A
Name of commentator person completing form:	Adrian McDowell



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Supporting the quality		No			
standard - Would your					
organisation like to express					
an interest in formally					
supporting this quality					
standard? More					
information.					
Type		[office use only	1		
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 – Measure	1	The contingency plan should make clear who is responsible for informing other organisations, notably the local authority or Department for Work and Pensions, of the admission and subsequent consequences.		
2	Statement 5 – Statement	5	This statement should not only be relevant for family and carers who will offer support to the person being discharged from hospital but all relevant family members and carers. The consideration of all carers and family members should reflect the 'willing and able' principle included in the Care Act 2014, which states that an assessment must consider care and support needs separate from any support being provided by a family member or carer. A family member or carer cannot be assumed to be providing support, unless they are willing and able		
3	Statement 5 – Structure	5	There should be an obligation for all relevant carers and family members to be provided with information on hospital discharge and where to get support in the future. This should cover information about their diagnoses and treatment and a complete list of their medicines when they transfer between hospital and home as stated in the NICE guideline. Information should also be available about who to contact in case of emergency or assistance with equipment. This would follow similar suggestions made for the discharge coordinator in the NICE guidelines. Information should be given to carers at least 24 hours ahead of discharge in order that they have time to read the material and ask any questions they might have.		
4	Question 1	N/A	We believe that the recommendation in the NICE guideline that 'a GP or community-based nurse should phone or visit		



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			people at risk of readmission 24-72 hours after discharge' should be included as a quality standard.
5	Question 1	N/A	It would be helpful to include the definition of the discharge co-ordinator more prominently within the document to make
			their responsibilities more obvious.
6	Question 1	N/A	We believe that a key area for quality improvement concerns the quality of information and advice provided to people choosing a care home to move to from an inpatient hospital setting. Adults with social care needs in hospital who are moving to a care home should be supported with information and advice with which to choose which care home to move to. This would build on the point made in the guidelines to 'ensure that people do not have to make decisions about long-term residential or nursing care while they are in crisis'. NICE should consider including information and advice provision as an additional quality standard, or including it in Statement 5 for supporting family and carers in discharge planning.
7	Question 5	N/A	We believe that medicines information is adequately covered by statement 4.

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



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comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received 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.