

Consultation on potential new NICE indicators – deadline for comments 5pm on 08/03/17 email: [indicators@nice.org.uk](mailto:indicators@nice.org.uk)

**Please read**

This is the feedback form for the [NICE indicator consultation 2017](#). The consultation document should be read before making comments on the indicators listed in this document.

As stated in the consultation document, this consultation contains 2 separate sets of indicators, 1 set relevant to general practice and the other set relevant to clinical commissioning groups. Each indicator has a separate ID number that includes the setting it is relevant to:

- **CCG** - clinical commissioning group indicators
- **GP** - general practice indicators

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

<b>Organisation name – stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	Together for Short Lives
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry <sup>1</sup> .	None
<b>Name of commentator person completing form:</b>	James Cooper
<b>Type</b>	[office use only]

<sup>1</sup> This is in accordance with Article 5.3 of the [WHO Framework Convention on Tobacco Control](#)

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Topic	Indicator ID and draft wording	Questions	ID	Comments Insert each comment in a new row. <b>Do not paste other tables into this table because your comments could get lost – type directly into this table.</b>
<b>General practice indicators</b>				
<b>Acute kidney injury - register</b>	GP1: The practice establishes and maintains a register of all people aged 18 years and over with an episode of AKI in the preceding 12 months.	Do you think there are any barriers to implementing the care described by this indicator?	1.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	1.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	1.3	
		Do you have any general comments on this indicator?	1.4	
		Is aged 18 years and over a suitable population group?	1.5	
<b>Acute kidney injury – return of renal function</b>	GP2: The percentage of people with an episode of AKI in the preceding 12 months who have had a serum creatinine, eGFR and either an ACR or PCR recorded within 3 months of the record of diagnosis	Do you think there are any barriers to implementing the care described by this indicator?	2.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	2.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	2.3	
		Do you have any general comments on this indicator?	2.4	

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		Is the time frame of 3 months feasible for this population?	2.5	
<b>Acute kidney injury – medication review people that have had an episode of AKI</b>	<b>GP3:</b> The percentage of people aged 18 years and over with an episode of AKI in the preceding 12 months who have had a medication review within 1 month of the record of diagnosis	Do you think there are any barriers to implementing the care described by this indicator?	3.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	3.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	3.3	
		Do you have any general comments on this indicator?	3.4	
		Is the time frame of 1 month feasible in this population	3.5	
<b>Acute kidney injury – information and subsequent prevention</b>	<b>GP4:</b> The percentage of people with an episode of AKI in the preceding 12 months who have been given written information about AKI within 1 month of the record of diagnosis.	Do you think there are any barriers to implementing the care described by this indicator?	4.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	4.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether	4.3	

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		this is adverse or positive and for which group.		
		Do you have any general comments on this indicator?	4.4	
		Is the time frame of 1 month feasible in this population?	4.5	
<b>Autism - register</b>	<b>GP5:</b> The practice establishes and maintains a register of all people on the autistic spectrum	Do you think there are any barriers to implementing the care described by this indicator?	5.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	5.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	5.3	
		Do you have any general comments on this indicator?	5.4	We believe that this indicator is important to make sure that a greater proportion of children with autism are recognised. Children and young people with autism may also have a life-limiting condition. Where this is the case, their autism has an impact on techniques which can be used to manage their symptoms; for example, massage to reduce pain is unlikely to be effective for these children as they do not like to be touched.

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<b>Cancer – cervical screening in women aged 25-49 years</b>	<b>GP6:</b> The proportion of women eligible <sup>2</sup> for screening and aged 25 – 49 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3.5 years	Do you think there are any barriers to implementing the care that would impact on this indicator	6.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	6.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	6.3	
		Do you have any general comments on this indicator?	6.4	
<b>Cancer – cervical screening in women aged 50–64 years</b>	<b>GP7:</b> The proportion of women eligible <sup>3</sup> for screening and aged 50 – 64 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the last 5.5 years	Do you think there are any barriers to establishing and maintaining this register indicator?	7.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	7.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	7.3	

<sup>2</sup> Eligible women are those **not** ceased from recall due to clinical reasons i.e. absence of cervix

<sup>3</sup> Eligible women are those **not** ceased from recall due to clinical reasons i.e. absence of cervix

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		Do you have any general comments on this indicator?	7.4	
<b>The Healthier You: NHS Diabetes Prevention Programme: Diabetes prevention - register</b>	<b>GP8:</b> The practice establishes and maintains a register of all people with a diagnosis of non-diabetic hyperglycaemia	Do you think there are any barriers to implementing the care described by these indicators?	8.1	
		Do you think there are potential unintended consequences to implementing / using these indicators?	8.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	8.3	
		Do you have any general comments on these indicators?	8.4	
<b>The Healthier You: NHS Diabetes Prevention Programme: Diabetes prevention - Intensive lifestyle advice</b>	<b>GP9:</b> The percentage of people newly diagnosed with non-diabetic hyperglycaemia in the preceding 12 months who have been referred to a Healthier You: NHS Diabetes Prevention Programme for intensive lifestyle advice	Do you think there are any barriers to implementing the care described by this indicator?	9.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	9.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	9.3	

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		Do you have any general comments on this indicator?	9.4	
<b>The Healthier You: NHS Diabetes Prevention Programme: Diabetes prevention - HbA1c measurement</b>	<b>GP10:</b> The percentage of people with non-diabetic hyperglycaemia who have had an HbA1c or FPG test in the preceding 12 months.	Do you think there are any barriers to implementing the care described by this indicator?	10.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	10.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	10.3	
		Do you have any general comments on this indicator?	10.4	
<b>Postnatal mental health - Postnatal enquiry</b>	<b>GP11:</b> The percentage of women who have given birth in the preceding 12 months who have had an enquiry about their mental health using the Whooley 2 depression questions and the GAD-2 between 4-10 weeks postpartum	Do you think there are any barriers to implementing the care described by this indicator?	11.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	11.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	11.3	

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		Do you have any general comments on this indicator?	11.4	
<b>CCG Indicators</b>				
<b>Acute heart failure – New suspected acute heart failure - measurement of natriuretic peptide</b>	<b>CCG1:</b> The proportion of people presenting to hospital with new suspected acute heart failure who have a single measurement of natriuretic peptide	Do you think there are any barriers to implementing the care described by this indicator?	12.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	12.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	12.3	
		Do you have any general comments on this indicator?	12.4	
<b>Acute heart failure – New suspected acute heart failure - 2D echocardiogram</b>	<b>CCG2:</b> The proportion of adults admitted to hospital with new suspected acute heart failure and raised natriuretic peptide levels who have a transthoracic doppler 2D echocardiogram	Do you think there are any barriers to implementing the care that would impact on this indicator?	13.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	13.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group. <sup>3</sup>	13.3	
		Do you have any general comments on this indicator?	13.4	
<b>Acute heart failure – specialist input</b>	<b>CCG3:</b> The proportion of adults admitted to hospital with acute heart	Do you think there are any barriers to implementing the care described by this indicator?	14.1	

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<b>within 24 hours of admission</b>	failure who have input within 24 hours of admission from a dedicated specialist heart failure team	Do you think there are potential unintended consequences to implementing / using this indicator?	14.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	14.3	
		Do you have any general comments on this indicator?	14.4	
<b>Acute heart failure – follow up within 2 weeks of discharge from hospital</b>	<b>CCG4:</b> The proportion of adults with acute heart failure who have a follow up clinical assessment by a member of the community or hospital based specialist heart failure team within 2 weeks of hospital discharge.	Do you think there are any barriers to implementing the care described by this indicator?	15.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	15.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	15.3	
		Do you have any general comments on this indicator?	15.4	
<b>Acute kidney injury – diagnosis rate</b>	<b>CCG5:</b> Diagnosis rate of AKI within a CCG population	Do you think there are any barriers to implementing the care described by this indicator?	16.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	16.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender	16.3	

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		reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.		
		Do you have any general comments on this indicator?	16.4	
<b>Acute kidney injury – admission rates</b>	<b>CCG6:</b> Admission rates due to AKI	Do you think there are any barriers to implementing the care described by this indicator?	17.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	17.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	17.3	
		Do you have any general comments on this indicator?	17.4	
<b>Acute kidney injury – specialist care</b>	<b>CCG7:</b> The proportion of people diagnosed with AKI who require specialist care: renal replacement therapy and critical care	Do you think there are any barriers to implementing the care described by this indicator?	18.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	18.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	18.3	
		Do you have any general comments on this indicator?	18.4	

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<b>Acute kidney injury – length of stay</b>	<b>CCG8:</b> Length of stay for people diagnosed with AKI	Do you think there are any barriers to implementing the care described by this indicator?	19.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	19.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	19.3	
		Do you have any general comments on this indicator?	19.4	
<b>Acute kidney injury – hospital readmissions within 30 days</b>	<b>CCG9:</b> Hospital re-admission rates where AKI is coded within 30 and 60 days of discharge	Do you think there are any barriers to implementing the care described by this indicator?	20.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	20.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	20.3	
		Do you have any general comments on this indicator?	20.4	
<b>Acute kidney injury – re-events of AKI within 12 months</b>	<b>CCG10:</b> Proportion of people who experience a repeat admission due to AKI within 12 months of a previous episode of AKI	Do you think there are any barriers to implementing the care described by this indicator?	21.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	21.2	

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		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	21.3	
		Do you have any general comments on this indicator?	21.4	
<b>Acute kidney injury – Progression to CKD</b>	<b>CCG11:</b> Proportion of people with AKI who go onto develop CKD	Do you think there are any barriers to implementing the care described by this indicator?	22.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	22.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	22.3	
		Do you have any general comments on this indicator?	22.4	
<b>Antenatal and postnatal mental health – First booking appointment</b>	<b>CCG12:</b> The proportion of pregnant women who were asked about their mental health at their first booking appointment	Do you think there are any barriers to implementing the care described by this indicator?	23.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	23.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	23.3	
		Do you have any general comments on this indicator?	23.4	

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<b>Antenatal and postnatal mental health – Access to psychological services</b>	<b>CCG13:</b> The proportion of women referred for psychological interventions in pregnancy or the postnatal period who start treatment within 6 weeks of referral	Do you think there are any barriers to implementing the care described by this indicator?	24.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	24.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	24.3	
		Do you have any general comments on this indicator?	24.4	
<b>Cancer – bowel cancer screening</b>	<b>CCG14:</b> The proportion of eligible people aged 60-74 years whose records shows a bowel screening test has been performed within the last 2 years	Do you think there are any barriers to implementing the care described by this indicator?	25.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	25.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	25.3	
		Do you have any general comments on this indicator?	25.4	
<b>Cancer – breast cancer screening</b>	<b>CCG15:</b> The proportion of women aged 50-70 years whose record shows a breast screening test has been performed within the last 3 years	Do you think there are any barriers to implementing the care described by this indicator?	26.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	26.2	
		Do you think there is potential for differential impact (in	26.3	

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		respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.		
		Do you have any general comments on this indicator?	26.4	
<b>COPD – post discharge pulmonary rehabilitation</b>	<b>CCG16:</b> The proportion of people with COPD that start post discharge pulmonary rehabilitation within 4 weeks of discharge	Do you think there are any barriers to implementing the care described by this indicator?	27.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	27.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	27.3	
		Do you have any general comments on this indicator?	27.4	
<b>End of life care – quality of care in the last 3 months of life</b>	<b>CCG17:</b> Reported experience of care across services in the last 3 months of life	Do you think there are any barriers to implementing the care described by this indicator?	28.1	<p>Whereas the majority of adults only need palliative care at the end of their lives, children with life-limiting and life-threatening conditions require palliative care over a much longer period, often from birth as they live with the instability of their condition. It is common for conditions in children to fluctuate and, as such, it is often much more difficult to identify when a child is moving into their end of life phase. It is therefore even more difficult to confidently identify when a child or young person is in the last three months of their life.</p> <p>There are several potential barriers which can prevent children and young people who need palliative care from communicating what their experience of care is. The following groups of children may face barriers:</p> <ul style="list-style-type: none"> <li>• children and young people with profound levels of</li> </ul>

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			<ul style="list-style-type: none"> <li>• learning disability and other specific learning difficulties</li> <li>• children and young people affected by neurodegenerative conditions who have experienced a loss of their cognitive ability</li> <li>• those for whom English is not their first language</li> <li>• children who are pre-verbal.</li> </ul> <p>We assume that the definition of the indicator will be as set out on pages 77 and 78 of the <a href="#">CCG Outcomes Indicator Set 2015/16: Technical Guidance</a>. If this is the case, we ask that the National Bereavement Survey is extended to include bereaved carers of children and young people who received palliative care.</p> <p>In terms of the questions suggested, we suggest that “Overall, do you feel that the care he/she got [at home] from the GP in the last three months of his life was?” should be widened to include care from community children’s nurses, community paediatricians, GPs and hospice and home services.</p> <p>We suggest that the following questions could be added to the survey to measure the experience of care received by children with life-limiting conditions:</p> <ul style="list-style-type: none"> <li>• Whether the family was satisfied with the care provided to the child or young person with care (very satisfied/satisfied/neither satisfied nor unsatisfied/unsatisfied/very unsatisfied)</li> <li>• Whether the child or young person was able to die in the place they chose (yes/no)</li> <li>• How was the child or young person’s mental health - were they depressed? Were they resilient? Were they anxious? To what extent was this the case?</li> <li>• Was the child in pain? If so, how much?</li> <li>• Did the child have distressing symptoms - were they restless or agitated and to what extent?</li> </ul>
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			<ul style="list-style-type: none"> <li>• Was the care provided appropriate to the child or young person's age? (very appropriate/ appropriate /neither appropriate nor inappropriate/ inappropriate /very inappropriate)</li> <li>• Whether the child, young person and their family were able to achieve the outcomes they wish to before and after the child's death; these might include:             <ul style="list-style-type: none"> <li>○ accessing education or training</li> <li>○ starting or maintaining a job</li> <li>○ starting or maintaining a hobby</li> <li>○ living independently</li> <li>○ building and maintaining a social life and social networks</li> <li>○ having relationships (all yes/no)</li> </ul> </li> <li>• Whether children, young people and families could access a regular short break (yes/no)</li> <li>• Whether children, young people and families could access the treatments and equipment they needed (all/most/minority/none)</li> <li>• Whether children, young people and families were aware of the children's palliative care services available to them (all/most/minority/none).</li> <li>• Whether children, young people and families were provided with information in language which they could understand (all/most/minority/none).</li> <li>• The number of times that the family had to tell their story to professionals and agencies across health, social care and education in order to secure the care and support they needed.</li> <li>• Whether children, young people and families had access to generalist professionals who understand how to support and care for children with life-limiting and life-threatening conditions (yes/no).</li> <li>• Whether young people experienced a smooth and well-planned transition to adult palliative care services (very smooth/smooth/neither smooth nor difficult/difficult/very difficult).</li> </ul>
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		<p>Do you think there are potential unintended consequences to implementing / using this indicator?</p>	<p>28.2</p>	<p>As it is currently worded, the indicator will not measure the care experienced by a significant proportion of children and young people who need palliative care. As we state in 28.1, it is very difficult to identify when a child or young person is in the last three months of their life.</p> <p>In <a href="#">‘Our Commitment to you for end of life care: The Government Response to the Review of Choice in End of Life Care’</a>, the Department of Health states that it is essential that the voices of children and young people are heard so that they are involved in their care, able to express their needs and preferences and make informed choices about their care. The commitment is also clear that children and young people with complex needs should enjoy the same independence and choice which we all expect.</p> <p>The <a href="#">NICE guideline ‘End of Life Care for Infants, Children and Young People: Planning and Management’</a> describes the care and support that children with life-limiting conditions - and their families - should expect to receive from the point at which their needs are recognised until the end of their lives. Significantly, NICE recommends that the child and their family should play an active role in discussions about their care; NICE also recommends that where possible, the child should receive palliative care, including end of life care, in the place they choose. These recommendations are not restricted to the last three months of the child or young person’s life.</p> <p>A desired outcome resulting from this independence and choice for children recommended by both government and NICE should be a positive experience of care. Together for Short Lives believes that a new indicator should therefore be drafted to measure this experience for anyone who needs palliative care. This should be in addition to one which measures the experience of care in the last three months of their lives.</p>
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		<p>Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.</p>	28.3	<p>Further to our comments in 28.2, Together for Short Lives believes that the current wording of the indicator discriminates in respect of age against children and young people who need palliative care, including end of life care. This is because it is much more difficult to identify when a child is moving into their end of life phase. We believe that the indicator has been drafted in the spirit of measuring the extent to which choice and control is offered to people who need palliative care in a way which is consistent with the government's end of life care choice commitment. In this spirit, we believe that NICE should redraft the indicator to include children and young people as we suggest in 28.4.</p> <p>The proposed current indicator could also potentially discriminate against children and young people who face barriers in communicating their experience of care, including those described in 28.1. To mitigate against this, we believe that training and support should be offered to professionals and services to give age and developmentally-appropriate support to help children and young people to record their experiences of care. We would also call on professionals and services to support families to record these experiences where children and young people are unable to communicate themselves.</p>
		<p>Do you have any general comments on this indicator?</p>	28.4	<p>Together for Short Lives recommends that a new indicator should be drafted as follows: 'Reported experience of care across services following diagnosis or recognition of a life-limiting or life-threatening condition'. This should be in addition to proposed current indicator which measures the experience of care in the last three months of people's lives.</p>
<p><b>Mental health children and young people – BMI rates</b></p>	<p><b>CCG18:</b> The proportion of children and young people with severe mental illness (SMI) recorded as being overweight or obese</p>	<p>Do you think there are any barriers to implementing the care described by this indicator?</p>	29.1	
		<p>Do you think there are potential unintended consequences to implementing / using this indicator?</p>	29.2	
		<p>Do you think there is potential for differential impact (in</p>	29.3	

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		respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.		
		Do you have any general comments on this indicator?	29.4	
<b>Mental health children and young people – first episode psychosis</b>	<b>CCG19:</b> The proportion of children and young people who are referred to a specialist mental health service with a first episode of psychosis who start assessment within 2 weeks.	Do you think there are any barriers to implementing the care described by this indicator?	30.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	30.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	30.3	
		Do you have any general comments on this indicator?	30.4	
<b>Mental health children and young people – duration untreated psychosis</b>	<b>CCG20:</b> The duration of untreated psychosis in children and young people.	Do you think there are any barriers to implementing the care described by this indicator?	31.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	31.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	31.3	
		Do you have any general comments on this indicator?	31.4	
<b>Mental health</b>	<b>CCG21:</b> The proportion	Do you think there are any barriers to implementing the	32.1	

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<b>children and young people – supported employment and education</b>	of children and young people with SMI who have arrangements for accessing education or employment-related training included in their care plan	care described by this indicator?		
		Do you think there are potential unintended consequences to implementing / using this indicator?	32.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	32.3	
		Do you have any general comments on this indicator?	32.4	
<b>Mental health children and young people – access to family interventions</b>	<b>CCG22:</b> The proportion of children and young people with psychosis and schizophrenia referred for family interventions	Do you think there are any barriers to implementing the care described by this indicator?	33.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	33.2	
		Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.	33.3	
		Do you have any general comments on this indicator?	33.4	

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General comments				
Any general feedback about the proposed indicator list	N/A		34.1	

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**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.
- 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 the proposed indicators 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 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.