

# Guidelines in practice

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### Key:

- ◉ NHS Evidence accredited guideline
- NICE or Department of Health guideline
- SIGN guideline
- Independent professional body guideline
- Working party guideline
- Other articles

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# NICE provides guidance for management of self-harm

Self-harm is a common problem among young people with one survey estimating that 10% of girls and 3% of boys aged 15–16 years self-harmed in the previous year. The annual prevalence among all age groups is 0.5%. Self-harm is associated with psychiatric problems such as schizophrenia, bipolar disorder, and depression, and it greatly increases the probability that the person will eventually commit suicide.

NICE has published a guideline on the longer-term care of people who self-harm, which aims to help healthcare professionals support these

people in reducing and stopping their behaviour. The key recommendations include:

- ▶ working with people who self-harm, and developing a trusting and supportive relationship with them, while being aware of the stigma and discrimination that can be associated with this condition
- ▶ offering an integrated and comprehensive psychosocial assessment of needs and risks
- ▶ identifying the specific risks for the person who self-harms by taking into account methods and

patterns of past self-harm, specific risk and protective factors that may increase or decrease self-harm, and accounting for coping strategies that the person has used to successfully limit or avert self-harm

- ▶ developing multidisciplinary care plans that identify realistic long-term goals, including employment and occupation, and short-term treatment goals and how to achieve them. Risk management should be clearly identified and addressed within the care plan

- ▶ offering three to twelve sessions of a psychological intervention that aims to reduce self-harm and is tailored to individual need
- ▶ providing psychological, pharmacological, and psychosocial interventions for any associated conditions such as borderline personality disorder and bipolar disorder.

This guidance follows on from NICE Clinical Guideline 16 on short-term physical and psychological management and secondary prevention of self-harm.

[www.nice.org.uk](http://www.nice.org.uk)

## Guidance on colorectal cancer published by NICE

NICE has recently published a guideline on diagnosing and managing colorectal cancer. The recommendations cover topics, such as:

- ▶ performing diagnostic investigations, such as colonoscopies and biopsies
- ▶ offering contrast-enhanced computed tomography to estimate disease stage

- ▶ providing regular surveillance after apparently curative surgery
- ▶ offering chemotherapy for advanced and metastatic colorectal cancer
- ▶ providing information on treatment, risks, benefits, and possible effect on bowel function.

[www.nice.org.uk](http://www.nice.org.uk)

## People at risk of COPD should receive a spirometry test

Several charities, including the British Lung Foundation, are urging people at risk of chronic obstructive pulmonary disease (COPD) to visit their doctor and have a spirometry test.

Of the 3 million people in the UK estimated to have COPD, only 900,000 have been diagnosed. The British Lung Foundation states

that early diagnosis of the condition can delay disease progression through provision of prompt interventions, and avoid the use of expensive emergency care. The NICE guideline on COPD provides further information on when healthcare professionals should consider a diagnosis.

[www.nice.org.uk](http://www.nice.org.uk)

### News in brief

**NICE does not recommend the use of ranibizumab for the treatment of visual impairment resulting from diabetic macular oedema.** People currently receiving ranibizumab for this indication should have the option to continue treatment until they and their clinicians consider it appropriate to stop.  
[www.nice.org.uk](http://www.nice.org.uk)

**The NICE guideline on caesarean section has been updated.** It includes advice on the risks and benefits of planned caesarean section compared with vaginal birth, specific indications for a caesarean section, interventions on reducing morbidity, and management strategies to avoid surgical intervention.  
[www.nice.org.uk](http://www.nice.org.uk)

**The Department of Health has published the NHS Outcomes Framework 2012/13.** The framework describes the changes that have been made to the indicators and has been designed to help organisations focus on outcomes in practical terms.  
[www.dh.gov.uk](http://www.dh.gov.uk)

**The Equality Delivery System has been launched to promote equality and fairness in the NHS.** This toolkit will support the delivery of personal, fair, and more diverse health services. It will also make the NHS more accountable to the communities it serves.  
[www.dh.gov.uk](http://www.dh.gov.uk)

# Early recognition of lung cancer will help to improve outcomes



Dr David Baldwin explains how recent developments in the diagnostic, assessment, and treatment pathways are reflected in the updated NICE guideline on lung cancer

Lung cancer is a leading cause of cancer death: each year over 33,500 people die from this disease,<sup>1,2</sup> which causes 4000 more deaths than breast and bowel cancer combined.<sup>3</sup> Reducing mortality from lung cancer is therefore important if we are to achieve one of the aims of the Cancer Reform Strategy—to save 5000 lives by 2014/15.<sup>4</sup> The median survival time for lung cancer in the UK is 202 days, and only 32% of patients survive for 1 year.<sup>5</sup>

The NICE guideline on the management of lung cancer has been updated to reflect the modern approach to selecting the most effective treatment for patients.<sup>1,2</sup> This article explains:

- ▶ the importance of the GP's role in ensuring a positive approach to early diagnosis and supportive management of lung cancer
- ▶ how the update should enable GPs to offer better treatment to more patients.

## Why update this guideline?

A significant amount of progress has been made since publication of the 2005 NICE guideline on lung cancer, in particular, the provision of new services such as positron emission tomography (PET) scanning and better access to

existing diagnostic techniques. However, although improvements in 5-year survival and surgical resection rates are now being observed, they are modest and we know that there is marked variation in the delivery of active and curative treatments, within the UK.<sup>5,6</sup> Increasing resection and treatment rates would allow scope for marked improvement in outcomes, possibly to levels observed in other countries.<sup>7</sup> Thus, there is a need to encourage lung cancer teams to select patients correctly so that the most effective treatment can be offered. One of the key short-term surrogate measures for improvement in mortality is 1-year survival and this will be used to look for

early signs of progress.<sup>4</sup> Achievement of this outcome requires an effective integrated healthcare service that, at first sight, may seem dominated by secondary care, but in reality is critically dependent on primary care, where issues may be more difficult to tackle.

## The key role of the GP

### Early diagnosis, awareness, and referral

In the UK, almost three-quarters of patients with lung cancer present with advanced disease that is not amenable to curative treatment and 38% of them are first diagnosed following an emergency admission.<sup>4</sup> Therefore, one of the key issues faced is how to ensure that patients recognise and report their symptoms early and are referred promptly. Recently, the National Awareness and Early Diagnosis Initiative (NAEDI) was launched to increase awareness of lung cancer symptoms<sup>8</sup>—GP referral of patients when they present with warning symptoms is key to successful implementation (see Box 1, p.12).

### Communication

Effective integrated care should involve good communication between healthcare professionals and with patients to support them during difficult

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**There is marked variation in the delivery of active and curative treatments within the UK**

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# Patients with diabetes should be at the centre of all parts of their care



Dr Roger Gadsby highlights how the NICE quality standard for diabetes will help to improve care in a number of areas, such as provision of education and initiation of insulin therapy

The Department of Health asked NICE to develop evidence-based quality standards in an initial 150 areas of clinical care. Speaking at the launch of the quality standards, the Health Secretary Andrew Lansley said that: *'Quality standards give an authoritative statement on what high quality NHS care should look like ... (they) will support a service which is focused on outcomes and looks for the evidence on how to achieve continuously improving outcomes.'* The standards will:<sup>1</sup>

- ▶ form a consistent set of measures that will be the basis—rather than volume and price—of commissioning led by clinical commissioning groups
- ▶ be used as part of Care Quality Commission regulations
- ▶ be used in designing incentives.

## Diabetes quality standard

The quality standard for diabetes was published in March 2011 (see Table 1, p.30) and was based on the evidence and recommendations from a number of NICE guidelines in this clinical area.<sup>2-5</sup> Each quality statement within the standard is associated with a measure that is described as a high-level quality indicator. These measures include a numerator and a denominator,

which define a proportion (e.g. for quality statement 2 [see Table 1, p.30] the denominator is the number of people with diabetes, the numerator is the number of those within the denominator who are receiving personalised advice on physical activity).

The standard includes a description of:

- ▶ what the quality statement means for each audience
- ▶ the source clinical guideline reference
- ▶ the data sources that will be used
- ▶ the definitions
- ▶ equality and diversity considerations.

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**The standards will form a consistent set of measures that will be the basis of commissioning led by clinical commissioning groups**

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We can conclude that diabetes care should improve because the quality statements can be measured and their achievement will be monitored as part of the contracting process. Additionally, the quality standard for diabetes will underpin the drawing up of commissioning contracts for delivery of diabetes services.

## Improving diabetes care

The quality standard for diabetes states that it describes markers of high-quality, cost-effective care that, when delivered collectively, should improve the effectiveness, safety, and experience of care for adults by:<sup>6</sup>

- ▶ preventing people from dying prematurely
- ▶ enhancing quality of life for people with long-term conditions
- ▶ helping people to recover from episodes of ill health or following injury
- ▶ ensuring that people have a positive experience of care
- ▶ treating and caring for people in a safe environment and protecting them from avoidable harm.

Several of the quality statements for diabetes relate specifically to hospital