British Thoracic Society
Quality Standards Production Process
June 2024

1. Introduction

1.1 The British Thoracic Society has been at the forefront of the production of clinical guidance in respiratory medicine since the Society was established in 1982. The Society was awarded NICE Accreditation for its clinical guideline production process in November 2011, which has been renewed every 5 years since. Details of the guideline production process are set out in the BTS Guideline Production Manual.

1.2 The development of a statement on quality standards will be considered by the BTS Standards of Care Committee (SOCC) for each BTS Guideline, or Clinical Statement as a key part of the range of supporting materials that the Society produces to assist in the dissemination and implementation of a Guideline/Clinical Statement's recommendations.

1.3 This document sets out the process by which a Quality Standards document should be prepared.

1.4 The production of Quality Standards statements are the responsibility of the SOCC. The BTS Quality Improvement Committee (QIC) will be invited to provide input during the preparation of the QS document (either before or during the consultation process).

2. Outline of the Quality Standards document

2.1 BTS references the NICE Quality Standards Process guide for developing quality standards (see Appendix 1). The purpose of a Quality Standard is to provide commissioners, service providers, and patients with a guide to the minimum standards of care that patients with a particular disease/condition should expect, together with measurable markers of good practice. The document should aim to support the provision of high-quality care at an organisational level.

2.2 Quality standards are a set of specific, concise statements that:

- Act as markers of high-quality, cost-effective patient care across a pathway or clinical area, covering treatment or prevention.
- Are derived from the best available evidence.

2.3 There are two components to a quality standard. These are:

Qualitative statements: Descriptive statements (ideally a maximum of six) of the key infrastructural and clinical requirements for high-quality care, as well as the desirable or expected outcomes.

Quantitative measures: Quality measures that set the expected degree of achievement. These will be 'quality indicators'.

2.4 When sourcing indicators for the quantitative component of quality standards, existing measures will be highlighted if appropriate.

2.5 Wherever possible, quality standards will promote measures derived from the prospective use of routinely collected data.

3. Production of the Quality Standards document

Topic selection

3.1 The topic for the Quality Standards document will be selected by the Standards of Care Committee and will usually, but not exclusively, be related to the publication of a BTS Guideline or Clinical Statement.

Group recruitment

3.2 The chair/co-chair of the QS groups will usually be invited from the BTS Guideline or Clinical Statement group to ensure continuity. Members of the group will be selected via a combination of direct invitation and, in some cases, an open call for volunteers. The Group will usually comprise no more than 10 members, all with a good knowledge of professional practice in the relevant field. It is expected that the group would be multi-disciplinary and include at least one specialty trainee member.

Declarations of Interest

3.3 The chair/co-chairs and group members are expected to adhere to the Society's policy for declarations of interest and the principles outlined below:

- The proposed chair/co-chairs of the group must complete a BTS Declaration of Interest (DoI) form. Any potential conflicts of interest will be considered by the BTS Honorary Secretary and the Chair of the SOCC before appointment to the role of chair/co-chair and any work on the Quality Standards (QS) is undertaken. The chair/co-chairs should not have any conflicts of interest in relation to the QS. Each member of the QS Group must also complete a BTS DoI form before, or at, the first meeting of the QS group and on an annual basis thereafter for the period that the QS Group is active. This is in line with the BTS Policy for Declarations of Interest. Information on the BTS Declaration of Interests can be found in Section 3.3. Declarations of Interest (DoIs) of the 'BTS and Biomedical Industries Policy 2021' at https://www.brit-thoracic.org.uk/about-us/governance-documents-and-policies/
- The Chair of the SOCC and chair/co-chairs of the QS Group have responsibility for scrutinising Declarations submitted by QS Group members. QS Group members are required to complete a DoI form as part of the annual BTS DoI scheme. Copies of DoI forms for group members will be kept on file at BTS Head Office for the duration of the work of the QS Group (and then for the subsequent period of time that the Quality Standards remain valid). Completed returns for active QS Group members will be available on the public area of the BTS website, and following publication of the Quality Standards, DoI forms for each QS Group member are held on file at BTS Head Office and can be provided on request.
- DoI are a standing item at the beginning of each QS Group meeting. Members will be asked if any new declarations have arisen, and forms can be unlocked by BTS Head Office staff if amendments are required. It is expected that the majority of the QS Group will have no conflicts of interest. Should a consensus vote be required for any reason, those with conflicts of interest will be excluded from the process.

- A statement should be included in each Quality Standards document when published to confirm that GDG members have adhered to the BTS policy for Declaration of Interests and, where appropriate, specific interests should be declared. An example of such a statement for inclusion in the final Quality Standards document is given below:

"All members of the Quality Standards Group made declarations of interest in line with BTS Policy, and further details can be obtained on request from BTS."

Support

3.4 BTS Head Office will provide project support for the Quality Standards working group. All invitations to group members will be issued by BTS. BTS Head Office staff will make arrangements for meetings, ensure that accurate meeting notes are produced, and support the Group chair/co-chairs/members in the timely production of the Quality Standards document. Administration of the public consultation process and liaison with the SOCC and with BMJ Open Respiratory Research takes place via BTS Head Office.

Quality Standards document format and content

3.5 The QS Working Group will be expected to:

- Develop a detailed document to the specified template which will include the patient population, target audience, etc. The document will also set out a summary of the relevant BTS Guideline and other sources of information on that topic, as well as outlining key health outcomes. The Group may also need to assess current levels of practice in the area concerned (and this may draw on the BTS Audit Programme and/or survey data).
- Draft a set of Quality Statements and measures for public consultation. Ideally, a maximum of six statements will be reached by a process of informal consensus of opinion within the group. The group will also be asked to consider cost implications for the NHS where appropriate and where information is available.
- A statement on environment/sustainability????

4. Public consultation and final approval

4.1 After completion of the first draft, the document will be circulated to the SOCC for approval to proceed to the consultation stage. Following revision of the document to address any comments from the SOCC, the document will then be placed on the BTS website for a period of public consultation and comments invited from key experts/stakeholder organisations. Feedback from peer review will be returned to the QS group for consideration and amendment of the draft. At the consultation stage, the chair/co-chairs of the group will need to consider each comment received and document how each has been addressed. The purpose of the peer review stage is to ensure that the Quality Standards are sound and achievable. The draft will also be circulated to the BTS Quality Improvement Committee and relevant SAG for feedback.

4.2 It is expected that the QS document would reach the public consultation stage within six months from the date the group was convened.

Approval by SOCC

4.3 After the document is revised in light of the consultation and stakeholder feedback, itshould then be submitted to the SOCC for approval. At this point the SOCC Chair may request a further review of the document before approval is given.

5. Publication/Dissemination/Review

5.1 Following approval, the document will be published on the BTS website and considered for submission for publication in BMJ Open Respiratory Research, with an accompanying press statement. A copy would also be shared with relevant stakeholder organisations. Each statement would also be supported by a corresponding webinar, to help with dissemination.

5.2 The Quality Standards contained in the document may be used to inform the development of an audit tool under the direction of the BTS Quality Improvement Committee.

5.3 The Quality Standards document should be reviewed at the time the source Guideline is due for review by the BTS SOCC.

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Appendix 1
NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE, Health and Social Care Directorate, Quality standards Process guide, July 2021

https://www.nice.org.uk/Media/Default/Standards-and-indicators/Quality-standards/quality-standards-process-guide.docx

Components of a quality standard

There are two main components to a quality standard: the quality statements and the quality measures. Each quality standard typically contains five quality statements with related measures.

Quality statements are clear, measurable and concise. Most quality statements describe 'enhanced practice', which is both aspirational and achievable. A minority of quality statements describe 'developmental practice', which indicates outstanding performance. Developmental statements focus on cutting-edge service delivery or technology requiring specific and significant changes over time to lead to wide-spread benefits.

Each quality statement specifies one concept or requirement for high-quality care or service provision (for example, a single intervention, action or event). In exceptional circumstances a statement may contain two concepts or requirements if they are closely linked (for example, treatment or service options that depend on the results of an assessment).

Quality measures accompany each quality statement and can be used to assess the quality of care or service provision specified in the statement.

In addition, each statement is accompanied by a description of its implications for different audiences (service providers, health, public health and social care practitioners, commissioners, people using services and carers), the guidance used, the sources of data for measurement, definitions of the terms used and, where relevant, equality and diversity considerations.