

## Multimorbidity

**Consultation on draft quality standard – deadline for comments 5pm on 25 February 2017 email: [QSconsultations@nice.org.uk](mailto:QSconsultations@nice.org.uk)**

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. 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 <a href="#">NICE local practice collection</a> on the NICE website. Examples of using NICE quality standards can also be submitted.</li></ol>
<b>Organisation name – stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	Older People’s Advocacy Alliance (OPAAL) UK
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	N/A
<b>Name of commentator person completing form:</b>	Marie McWilliams
<b>Supporting the quality standard</b> - Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a>	Yes
<b>Type</b>	[office use only]

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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.			
1	Statement 3 Adults with multimorbidity are asked about their goals, values and priorities	1	<p>OPAAL has concerns that some older people including those with dementia and other morbidities will struggle to adequately convey their goals, values and priorities without appropriate support. Taking into account equality issues, this Quality Standard should call for the automatic provision of an Independent Mental Capacity Advocate (IMCA) or Independent Mental Health Advocate (IMHA) where appropriate. In addition, consideration should be given to the provision of independent advocacy support where it is apparent that it's provision might be beneficial.</p> <p>Older people tell us that they often struggle to understand and take in everything that they are told by health professionals. As a result, they lose confidence in themselves. An example of how this can be overcome, is explained by Tony, one of our service-users: <i>“Moving forward with the assistance of my advocate I became more confident and better enabled to meet with health professionals. I would be encouraged to write a list in relation to my physical symptoms prior to appointments. This allowed me to ensure that all my symptoms would be addressed and that I would leave my medical appointment fully mentally satisfied. My advocate would also attend them with me which gave me reassurance that I had an independent person with me. My advocate would also take notes during the appointments which we would then discuss straight after. This has helped me feel more in control and I feel better safeguarded.”</i></p>
2	Statement 5 Adults having a review of their medicines and other treatments for multimorbidity discuss whether treatments can be stopped or changed.	1	<p>There is evidence that one-to-one interventions, with advocates to help support and speak up for older people, appear to have the potential to help older people to cope better with long-term conditions and their effects, access appropriate services and help, and to empower them to take greater control of their health.</p> <p>Public Health England and UCL Institute of Health Equity found that qualitative evidence suggests that independent advocacy is having a positive impact on older people's critical and interactive health literacy, from helping them to understand their illness to voicing concerns, exploring health options and claiming benefits.</p> <p>Please see Public Health England &amp; UCL Institute of Equity report: <i>“Local action on health inequalities Improving health literacy to reduce health inequalities”</i>                      Practice resource: September 2015  <a href="https://www.gov.uk/government/publications/local-action-on-health-inequalities-improving-health-literacy">https://www.gov.uk/government/publications/local-action-on-health-inequalities-improving-health-literacy</a></p> <p>Please also see Cancer, Older People and Advocacy programme blog about cancer and co-morbidities:  <a href="https://opaalcopa.org.uk/2016/03/16/coping-with-more-than-cancer/">https://opaalcopa.org.uk/2016/03/16/coping-with-more-than-cancer/</a></p> <p>One of our service users, Diane, who lives in an area of multiple deprivation, and who has multimorbidities including OPD and cancer, says of Andy, her peer advocate: <i>“He supports me at meetings as well as talking through my treatments and their possible consequences. I have never really trusted services to provide the support that I need and have been cautious in accessing them. Andy's continuing support enables me to get the type of help that meets my own</i></p>

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		<p><i>particular individual needs.”</i></p> <p>We have case evidence to demonstrate the life changing, and in some cases life-saving impact of advocacy for people with multimorbidities, as Mike describes, he was recovering from alcoholism and had recently been diagnosed with diabetes when he was “hit with the double whammy of a cancer diagnosis” he was suicidal and his recovery lapsed – Mike describes how his advocate Bob helped him take back control of the situation, gain confidence to speak up in health appointments and make decisions about his treatment. <a href="https://www.youtube.com/watch?v=l2KPasvjbil">https://www.youtube.com/watch?v=l2KPasvjbil</a></p> <p>Independent advocacy support is a vital element in supporting older people with multimorbidities to overcome health inequalities and to ensure that they are able to put a voice to their concerns, feel listened to and have adequate understanding of treatment options available to them. This understanding then supports self-management of multimorbidities and also improves patient experience.</p>
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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 comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received from registered stakeholders and respondents 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

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comments we received, and are not endorsed by NICE, its officers or advisory Committees.