

# National Institute for Health and Care Excellence

## Meningitis (bacterial) and meningococcal disease

**Consultation on draft quality standard – deadline for comments 5pm on Tuesday 23 July 2024**

**Please email your completed form to: [QualityStandards@nice.org.uk](mailto:QualityStandards@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.

Use the form to comment on the content of the quality standard (i.e. the statements and other sections e.g. rationale, measures etc.), as well as answer the following questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Can data for the proposed quality measures be collected locally? Please include in your answer any data sources that can be used or reasons why data cannot be collected.
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. For draft quality statement 4: Due to difficulties in measuring whether a person is well enough for audiological assessment, the quality standard suggests that for measurement purposes, this could take place within 4 weeks of discharge from:
  - hospital if the person had an uncomplicated acute admission
  - a high dependency area, for example, an intensive care unit or a paediatric intensive care unit.

The quality standard also notes that preferably this assessment should take place prior to discharge. Are these timescales appropriate and measurable? If they are not, please provide a definition or specific timings.

5. What are the challenges to implementing the NICE guidance underpinning this quality standard? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives).

## Organisation details

<b>Organisation name</b> (if you are responding as an individual rather than a registered stakeholder please leave blank)	Royal College of General Practitioners
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	No disclosures
<b>Name of person completing form</b>	Michael Mulholland/Adrian Hayter/Anika Mandla
<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>	No

## Comments on the draft quality standard

Comment number	Statement or question number Or 'general' for comments on the whole document	<b>Comments</b> 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.
<i>Example 1</i>	<i>Statement 1</i>	<i>This statement may be hard to measure because...</i>
1	Statement 1	We believe that GP access and the delays due to workforce challenges require attention, as it is important to be able to identify who among the presenting patients may have meningitis. The entire system, including 111/999 and other services, need to work collectively to reduce long delays that impact individual patient health. Additionally, it is important to consider all elements of safety netting as we would for other conditions, as well as descriptions of red flag symptoms.

2	Statement 3	There has been a change from giving antibiotics through IM as opposed to now using IV routes. We do not feel that GP is set up to give IV antibiotics and that delays may be caused by attempts to vaccinate when the patient could be transferred to a more appropriate setting. We question the evidence around this and are concerned about the impact of delivering this in general practice. The estimated time of reaching the hospital within an hour is further complicated by rurality and ambulance response times.
3	Statement 4	We are concerned that many audiology services may be delivered by community trusts and hospital follow-ups, when not organised well, could cause the transfer of work to primary care. This will result in an unacceptable workload for primary care and delays to the process.
4	Question 3	
5	Question 4	
6	Question 5	
7	Statement 1	
8	Statement 2	
9	Statement 3	
10	Statement 4	
11	Statement 5	

Insert more rows as needed

## Checklist for submitting comments

- Use this 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.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- 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

Please return to [QualityStandards@nice.org.uk](mailto:QualityStandards@nice.org.uk)

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.