

NICE Collaborating Centre for Social Care

Home Care Guideline Development Group meeting 7
Wednesday 30th July 2014, 1030-1600, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1
6AQ

Minutes

Guideline Development Group Members	
Name	Role
Daphne Branchflower (DB)	Service user
Sandra Duggan (SD)	Carer
Bobbie Mama (BMa)	Topic adviser
Bilgin Musannif (BMf)	Carer
Miranda Okon (MO)	Home Care Worker
Matthew Parris (MP)	Home Care Provider
Katie Tempest (KT)	Social work practitioner and inspector
Nicola Venus-Balgobin (NVB)	Voluntary Sector
Michael Walker (MWr)	Service user and carer
Miranda Wixon (MWn)	Home Care Provider
Max Wurr (MW)	Home Care Provider

The NCCSC is a collaboration led by SCIE



Other invitees		
Name	Role	Organisation
Amanda Edwards (AE)	NCCSC Director, GDG facilitator	NCCSC(SCIE)
Beth Anderson (BA)	Senior Lead	NCCSC(SCIE)
Lisa Boardman (LB)	Project Manager and minutes	NCCSC(SCIE)
Deborah Rutter (DR)	Lead Systematic Reviewer	NCCSC (SCIE)
Irene Kwan (IK)	Systematic Reviewer	NCCSC (SCIE)
Annette Bauer (AB)	Economist	NCCSC(PSSRU)
Nick Staples (NS)	NICE Project Manager	NICE
PA	PA to Daphne Branchflower	NA
Linda Seymour (LS) <i>Observing</i>	NICE Board Member	NICE

Apologies	
Name	Organisation
Bridget Warr (BW)	GDG Chair
Ajibola Awogboro (AA)	Local Authority and Health Manager
Jane Greenstock (JG)	Research Assistant, NCCSC (SCIE)
Tony Smith(TS)	NICE Economist

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, apologies and potential conflicts of interest	<p>AE welcomed members to the Seventh Guideline Development Group meeting. AE was chairing this meeting as BW was unwell and had sent her apologies. Apologies were also received from Ajibola Awogboro (AA), Jane Greenstock (JG) and Tony Smith (TS).</p> <p>AE asked the GDG and other attendees to introduce themselves and to say whether there were any changes to the register of interests and any particular conflicts of interest in relation to the agenda for the meeting today.</p> <p>KT informed that GDG that she was no longer Director of a limited company. MP was now in a different role so a slight amend to the register of interests may be required.</p> <p>With the exception of the above there were no changes to the register of interests (<i>See Appendix 1</i>) and no conflicts in relation to items on the agenda today.</p>	<p>ACTION 1: LB to agree changes to the register of interests with MP</p>
2.	Minutes and matters arising from the last meeting	<p>The minutes of the last meeting held on 26th June 2014 were agreed subject to two minor amendments</p> <p>The minutes were reviewed for matters arising. All actions were completed or in hand.</p>	<p>ACTION 2: LB to agree changes to role on front sheet of minutes with KT.</p> <p>ACTION 3: Review team to check whether there was any more detail in the evidence in relation to male carers</p>
3.	Economic Work update	<p>AB provided an update on the economic plan and some proposed changes to the plan in relation to economic priority area A.</p> <p>AB has been looking for evidence around the review questions that were about effectiveness.</p> <p>Areas suggested in the economic plan were</p> <ol style="list-style-type: none"> 1. Care planning and delivery approaches 2. Telecare 3. Emotional and social support <p>AB explained that she will talk about care planning and delivery today and Telecare and emotional and social support at next meeting.</p>	

		AE thanked AB for the update and considerations about future economic work. The GDG agreed that some further analysis of the some of the data would be very useful and that the economic plan should be revised to reflect any additional work.	ACTION 4: AB to update the economic plan to reflect changes to the plan agreed in GDG meetings since it was first agreed.
4.	Review of the evidence: What are the effects of approaches to promote safe care (Q2.3)	<p>DR updated the GDG that they had found some new and very current evidence in the area of telecare and so this was now going to be discussed at the next meeting along with evidence regarding the training and support of home care workers.</p> <p>DR introduced the evidence that had been identified in relation to safe care. The review team had found two smaller studies about the domestic safety of older people. These included issues around lifting, using equipment, medication management and telecare.</p> <p>Some studies related to training. There was an evidence review and four qualitative studies. There were no experimental studies. Most of the studies were of moderate quality.</p>	
5.	Writing recommendations based on the evidence for Q2.3 and identify dissemination and adoption issues	<p>AE explained that the GDG would now be split into three groups to discuss the evidence in more detail and to develop some draft recommendations.</p> <p>AE summarised the main themes coming from the evidence as:</p> <ul style="list-style-type: none"> • Awareness and training • Making homes safer • Resolving dilemmas with workers and sharing concerns • Service withdrawal • Medication challenges • Generally poor evidence base. <p>The groups worked on recommendations and a scribe from each group captured these notes which were passed to LB for collating and to be presented back to the GDG at a future meeting.</p>	
6.	Introduction to the NICE guideline template	BA introduced the draft NICE template which would be used as the basis for the guideline. This would include a section on the strength of the recommendations and on how recommendations were reached based on the evidence available.	
7.	Working on the recommendations	<p>AE explained that there would be two pieces of work to do this afternoon in relation to the longer draft recommendations document</p> <ol style="list-style-type: none"> 1. There is a proposed structure for the recommendations which the GDG will need to consider 2. There is a lack of detail and content in the section relating to coordinating and delivering home care and the GDG will be asked to review these sections 	

		<p>The GDG discussed and commented on the draft structure for the guideline.</p> <p>NS spoke a little about the set of quality standards that would be developed by NICE after the guideline was complete and that up to 5 members who were on the GDG may be invited to join the Quality Standards Advisory Committee as specialist members to help produce the quality standards relating to that guideline.</p> <p>AE summarised that titles should assist navigation, convey the purpose and reflect aspirations where possible. We need to show a clear person centred thread through the structure</p> <p>AE thanked the GDG for comments. A new version of the structure would be devised and could be discussed again at the next GDG.</p> <p>The GDG were then split into two groups and asked to review and redraft the recommendations.</p> <p>The GDG worked in groups for around two hours and the notes were collated by LB.</p>	<p>ACTION 5: A new structure for the recommendations would be devised by the project team based on GDG feedback.</p>
8.	Plenary Session	The plenary session was used to reflect on the methods that had been used for working on recommendations in small groups.	
9.	AOB	BA explained that with regards the context setting chapter of the guideline on policy and regulation, the GDG will shortly receive an email asking for volunteers to help with that chapter.	

Appendix A

Register of Interests - Guideline Development Group Meeting 7 Home Care

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Ajibola Awogboro	Director: Rembola Social Enterprises	None	Assistant Director Business Support and Commissioning - Royal Borough of Greenwich	None
Daphne Branchflower	None	None	None	None
Sandra Duggan	None	None	None	None
Bobbie Mama	None	None	I work for the Care Quality Commission	None
Bilgin Musannif	None	None	None	None
Miranda Okon	None	None	None	None
Matthew Parris	None	None	None	None
Katie Tempest	None	None	None	Member of the policy advisory group for the Standing Commission on Carers
Nicola Venus-Balgobin	None	None	I am employed as a Project Manager; Older People with Dual Sensory Loss Awareness program, I work for Sense, the leading national charity for people who are deafblind. This post is funded by the Department of Health.	None
Michael Walker	None	None	None	Trustee of the charity, In Control.

Bridget Warr	None	None	I am CEO of the United Kingdom Home Care Association (UKHCA), the professional association for homecare providers from all sectors, (employed for four days per week). I am Chair of two boards/committees at Sense and Chair of NHS England Continuing Health Care IRPs (SouthWest)	
Miranda Wixon	Director: The Home care Partnership Ltd. Chair: Ceretas (Voluntary). Chair: Brent Healthwatch (voluntary). Trustee: Action on elder abuse (Voluntary). Trustee: In Control (Voluntary)	None	None	None
Max Wurr	Employer of City and County Healthcare Group. As of December 2013, I also hold an equity stake in the company.	None	Senior manager of City and County Healthcare Group, a group of domiciliary care providers that collectively constitutes one of the largest providers of domiciliary care services in the UK	I am a Board member of the United Kingdom Homecare Association