NATIONAL COLLABORATING CENTRE FOR NURSING & SUPPORTIVE CARE (NCC-NSC)

National Clinical Guideline: The diagnosis, prevention and management of delirium.

Notes of the First and Second Guideline Development Group Meetings
Commencing at 10.00 a.m., Thursday 3rd July 2008
at the Royal College of Nursing HQ, Cavendish Square, London.

Thursday 3rd (Room 107) and Friday 4th (Room 106) July 2008

PRESENT:

John Young (JY, Chair)	Professor and Honorary Consultant Geriatrician, Bradford Teaching Hospitals Foundation NHS Trust
David Anderson (DA)	Consultant in Old Age Psychiatry, Mersey Care NHS Trust
Melanie Gager (MG)	Sister in Critical Care Follow Up, Royal Berkshire NHS Foundation Trust
Jim George (JG, Day 2)	Consultant Physician, North Cumbria Acute Hospitals NHS Trust
Jane Healy (JH)	Senior Clinical Practice Facilitator, UCLH NHS Foundation Trust
John Holmes (JHo, Day 2)	Senior Lecturer - Liaison Psychiatry of Old Age, University of Leeds
Emma Ouldred (EO)	Dementia Nurse Specialist, King's College Hospital NHS Foundation Trust
Najma Siddiqi (NS)	Consultant Psychiatrist, Bradford District Care Trust
Beverley Tabernacle (BT)	Nurse Consultant, Salford Royal Foundation Trust
Rachel White (RW)	Patient/Carer Representative

APOLOGIES

Anne Hicks (AH)	Consultant in Emergency Medicine, Plymouth Hospitals NHS Trust
Christine Sealey (CS)	Guidelines Commissioning Manager, NICE
Gordon Sturmey (GS)	Patient/Carer Representative, Critpal (Intensive Care Society)

IN ATTENDANCE

Anayo Akunne (AA)	Health Economist, NCC NSC
Andrew Clegg (AC, observer)	Specialist Registrar in General Medicine, Calderdale & Huddersfield NHS Foundation Trust
Ian Bullock (IB)	Director, NCC NSC
Sarah Davis (SD)	Senior Health Economist, NCC NSC
Nahara Martinez (NM, Day 2)	Systematic Reviewer, NCC NSC
Lakshmi Murthy (LM)	Research and Development Fellow, NCC NSC
Victoria Thomas (VT, Day 1)	Programme Manager, Patient & Public Involvement Programme, NICE
Maggie Westby (MW)	Senior Research & Development Fellow, NCC NSC

DAY ONE

1. **Welcome session**

   GDG Chair, John Young welcomed everyone to the meeting. He asked if there were any updates to individual Declaration of Interest (DoI). JY handed over to NCC-NSC Director, Ian Bullock who then facilitated the introductory session on:

   - Introductions
   - Claims, concerns and issues
   - Ground rules

2. **NICE Guideline Development Process**

IB presented on behalf of CS an overview of the NICE Guideline Development Process. The presentation providing the context for guideline development in NICE can be found on Claromentis at Root/Delirium/GDG meetings/Meetings 1 and 2. Christine's contact details are **christine.sealey@nice.org.uk**

Action Point: NCC to upload presentation to Claromentis

3. **NICE Patient and Public Involvement Programme**

VT presented an overview of the NICE Patient and Public Involvement Programme (PPIP). The presentation providing the context of patient/carer input to this guideline can be found on Claromentis at Root/Delirium/GDG meetings/Meetings 1 and 2. Victoria's contact details are **victoria.thomas@nice.org.uk**

Action Point: NCC to upload presentation to Claromentis

4. **National Collaborating Centre for Nursing and Supportive**

IB presented an overview of the National Collaborating Centre for Nursing and Supportive Care. The presentation providing the background to the centre's experience and expertise in guideline development, evidence based healthcare and delivering a commissioned work programme for NICE can be found on Claromentis at Root/Delirium/GDG meetings/Meetings 1 and 2. Ian's contact details are **ian.bullock@rcn.org.uk**

Action Point: NCC to upload presentation to Claromentis

5. **Ways of working, roles and function, declarations of interest**

IB presented an overview of the various GDG roles, GDG chair, professional and lay member responsibilities. He also covered the policy designed to protect the guideline and individuals involved in the process, the DoI policy. The current policy executive summary was distributed to the group, and can be found on Claromentis at Root/Delirium/GDG meetings/Meetings 1 and 2.

6. **Delirium guideline scope**

LM presented an overview of the guideline scope. LM confirmed that the scope has now been signed off by NICE and should be posted on their website week beginning 07.07.08. The GDG were able to agree to the detail within the scope during the presentation, and felt that it targeted the key areas of need. The scope can be found on Claromentis at Root/Delirium/GDG meetings/Meetings 1 and 2. MW noted that, in response to consultation on the scope, some of the responses were that 'the GDG will consider these points'. These areas should be highlighted at the next meeting

Action Point: NCC to upload presentation to Claromentis. NCC to produce list of consultation responses committing the GDG to consideration of points raised.

7. **Guideline methodology 1**

MW introduced guideline methodology and review methods and how the technical team approaches clinical effectiveness work for the guideline. IB introduced the patient pathway algorithm that the NCC produces (all the recommendations on one side of A4), with reference to the NCC's recently published guideline on Irritable Bowel Syndrome.

Action Point: NCC to upload presentation to Claromentis

8. **Health economics and cost effectiveness work underpinning the delirium guideline**
   SD presented an overview of health economics and cost effectiveness related to guideline development. The presentation providing the background and context to the NCC's health economic experience and expertise and the principles of placing cost effectiveness at the heart of guideline recommendations. This can be found on Claromentis at Root/Delirium/GDG meetings/Meetings 1 and 2.

   Action Point: NCC to upload presentation to Claromentis

9. **Claromentis**
   SD gave an overview of Claromentis and answered questions relating to accessibility. This presentation can be found on Claromentis at Root/Delirium/GDG meetings/Meetings 1 and 2.

   Action point: NCC to circulate passwords for access

10. **Summary for Day 1**
    IB clarified the various ways of working underpinning guideline development; summarising the day, and clarified expectations for Day 2.

DAY TWO

1. **Welcome session**
   JY welcomed everyone to the meeting. He asked if there were any updates to individual DoIs. NCC-NSC Director, IB then provided the context for today's meeting.

2. **Review of group ground rules; claims, concerns and issues**
   IB thanked the group for their work on these areas relating to the way of working for the group. Ground rules were reviewed and agreed. Claims were shared, and concerns and issues discussed and shared with the group, and where possible IB addressed these. These can be found in Claromentis at Root/Delirium/GDG meetings/Meetings 1 and 2

   Action Point: NCC to upload these documents to Claromentis, and circulate to the group prior to the end of the meeting.

3. **Clinical Questions**
   MW led a full discussion with the GDG relating to the initial outline clinical questions.

   Action Point: NCC to upload redrafted clinical questions to Claromentis; DA to produce item for discussion on DSM IV for next meeting

4. **Priorities for cost effectiveness work in the guideline**
   SD asked the group to consider which areas of the patient care pathway are likely to be most costly in relation to prevention and/or treatment. JG felt that the cost burdens of the guideline would not be in pharmacological treatments, DA and JY agreed. DA raised the issue of immune processes, with the use if immunoglobulins and possibly cox-inhibitors. Costs relating to care provision (skill mix) was raised by BT. DA did raise the point that there was NNT data relating to some of the non-pharmacological prevention interventions. Costs related to post acute care needed to be thought about, and that this was potentially a new area. EO thought the weighting of costs would be different relating to the actual care setting. JHo commented that diagnostic investigations to identify physical causes of delirium may have significant costs. The GDG agreed that costs

associated with admission to hospital, longer hospital stay and new admissions to long-term care would be significant.

SD asked the group to consider which areas of the patient care pathway are likely to be most benefit in relation to prevention. The GDG agreed that important preventable complications of delirium may include pressure ulcers and falls but infection is less likely to be important. The GDG advised that dementia, post-traumatic stress disorder, and the ability to return to work were likely to impact on quality of life. They agreed that mortality would also be an important outcome.

5. **Guideline Development Methodology** 2
   MW introduced review protocols and how the technical team determines the type and amount of data that is extracted in developing the systematic reviews.