

NICE Collaborating Centre for Social Care

**Social care of older people with multiple long-term conditions Guideline Development Group meeting 4
Wednesday 11th June 2014, 10.30am – 3.00pm, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London
NW1 6AQ**

Minutes

Guideline Development Group Members	
Name	Role
Bernard Walker (BW)	GDG Chair
Beth Britton (BB)	Carer
Kevin Minier (KM)	Carer
Ann MacFarlane (AM)	Service user
Diana Robinson (DR)	Service user and carer
Deborah Read (DRe)	Social Worker
Karin Tancock (KT)	Occupational Therapist
Jeremiah Kelleher (JK)	Local authority manager
Janet Reynolds (JR)	Social Worker
Belinda Black (BBI)	Care home provider
Gillian Crosby (GC)	Researcher
Maggie Winchcombe (MW)	Occupational Therapist
Lelly Oboh (LO)	Consultant Pharmacist

The NCCSC is a collaboration led by SCIE



Other invitees		
Name	Role	Organisation
Beth Anderson (BA)	Senior Lead	NCCSC (SCIE)
Palida Teelucknavan (PTe)	Project Manager	NCCSC (SCIE)
Naila Dracup (ND)	Information Specialist	NCCSC (SCIE)
Isabel Quilter (IQ)	Research Assistant	NCCSC (SCIE)
Carol Vigurs (CV)	Systematic Reviewer	NCCSC (EPPI)
Marija Trachtenberg (MT)	Economist	NCCSC (PSSRU)
Gerry Nosowska (GN)		NCCSC (RIP/RIPFA)
Peter O'Neill (PO)	Technical Adviser	NICE

Apologies	
Name	Organisation
Amanda Edwards (AE)	NCCSC (SCIE)
Deborah Rutter (DRu)	NCCSC (SCIE)
Chris Wood (CW)	GDG member (Researcher)
Philippa Thompson (PT)	GDG member (Home care provider)
Kim Curry (KC)	GDG member (Local authority manager)

No	Agenda Item	NICE website	Action/Owner
1.	Welcome, introductions and declarations of interest	<p>BW welcomed all attendees to the group and apologies are noted as above.</p> <p>The following GDG members declared some new interests (see Appendix A for further details):</p> <ul style="list-style-type: none"> • Diana Robinson • Beth Britton 	

2.	Minutes and matters arising	<p>BA provided an update on the work on engagement of older people and suggested that should be revisited at the next GDG meeting where service user experience/views will be presented as a review question. We can then discuss ideas and decide what, if anything, additional needs to be done. BW also suggested including this as a standing item on each agenda so that it does not get missed.</p> <p>All other actions were completed and the minutes were accepted as an accurate record of the meeting. The GDG approved the minutes for publication.</p>	Action 1: PT to add 'Ideas for engagement' as an agenda item for the next meeting.
3.	Final sign-off of review protocols	The GDG approved the final version of the review protocols.	
4.	Dissemination and Adoption - Where we are	<p>GN reminded GDG members of the D&A process and presented an overview of the issues so far from the D&A issues log.</p> <p>It was also noted that it would be helpful if presentation slides were printed as large full slides so that they were easier to see.</p> <p>The GDG then shared their views on some key themes which reflected their understanding of the D&A issues. For example:</p> <ul style="list-style-type: none"> • Format of the guideline • Measurable recommendations (e.g. emotional wellbeing) • Engaging with frontline staff • Engaging with older people • Accessibility of guideline • Role of GPs • Empowerment of both providers and service users • Link to Care Bill • Promotion at conferences and events • Link to CQC work • Radio as a form of reaching a wider audience • Link to NICE Quality Standard on Older people in care homes • NICE pathways <p>GN will update the D&A log and will attend a future meeting to do</p>	<p>Action 2: PT to ensure that presentations are printed as full slides.</p> <p>Action 3: GN to update the D&A log.</p>

		another D&A stock take with the GDG.	
5.	Review of evidence: Assessment & planning of care (Q2.1.1)	<p>The GDG reviewed the evidence for the review question on Assessment and planning of care.</p> <p>JR informed the GDG that there is a relevant paper from a study in Leeds which is due to be published and will send this link to CV.</p> <p>It was agreed that terminology (and possibility of defining key terms e.g. by way of a glossary) was important and could be discussed at the next meeting.</p>	<p>Action 4: JR to send a link to the Leeds paper to CV.</p> <p>Action 5: Add to next GDG meeting agenda to discuss how terms should be used and which terms might be reasonable?</p>
6.	Review of the evidence: Social isolation (Q2.1.6)	<p>The GDG reviewed the evidence for Social Isolation.</p> <p>IQ explained that although there was limited evidence, the papers which were reviewed were of reasonable quality.</p> <p>The evidence on views of service users and carers (which will be explored at the next meeting) may also provide more insightful information.</p> <p>BB informed that group that a recent report published by the CQC may also be helpful and will circulate it to the group.</p> <p>KT suggested a draft recommendation from the Blickem et al study.</p> <p>BA thanked GDG members for forwarding papers to the NCC and clarified that grey literature is still appraised in the same way. She clarified that the NCC has been offering to circulate papers to all members in lieu of having a shared workspace up-and-running rather than because these papers would necessarily be included in the review or were recommended or quality appraised in any way. The group asked if this could continue. PT will continue to collate and cascade to the rest of the group.</p>	Action 6: BB to circulate the relevant CQC report to the GDG.
7.	Future work plan	<p>The next GDG meeting will focus on the evidence for the review questions on Service users' and carers' views and Carer support.</p> <p>BA informed the GDG that expert witnesses could also be invited to meetings to provide further insight to help shape recommendations but</p>	

		we would need to decide this soon to factor in, in planning.	
8.	Economic plan update	<p>MT gave an update on the economic plan and informed the group of the priority areas.</p> <p>She highlighted that there were no economic studies found for both questions, however further studies could emerge from the systematic reviews.</p> <p>The GDG agreed that the Clarkson et al study should be included in the economics work given that although it is not targeted at individuals with multiple long-term conditions it is still very relevant.</p>	
9.	AOB	None	

Appendix A – DOI Summary Table

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Philippa Thompson	None	None	None	Member of the English steering committee of the Campaign for a Fair Society – campaigning for a fair approach to welfare provision for disabled people.
Beth Britton	<p>Freelance consultant on LD/Dementia and Ageing - MacIntyre.</p> <p>In the last 12 months: I have been part of events or done work for: UK Gov G8 Dementia Summit, NHS IQ (Commitment for Carers), NCPC (Dementia and EOL), Guideposts Trust (Dementia Awareness), Age UK Brent (Dementia and Ageing), Crossroads Care, Sensory Plus, Gracewell Healthcare, Swan Advocacy (Dementia and Advocacy), NHS/BMA 'Timely Diagnosis of Dementia', GB Care Shows, Care Show Bournemouth. Part of events or done work for: GE Healthcare, NHS Expo, CQC and RCPSY MSNAP (Memory Service Peer Review).</p>	None	None	Member of: PHE National Mental Health Intelligence Network Dementia Expert Reference Group

Ann McFarlane	None	None	<p>Work for: Care Quality Commission on work commissioned by Age UK Trustee at SCIE Ad hoc, usually one-day assignments, often for non-payment, only travel expenses, with NHS, DoH.</p> <p>At local level in Kingston upon Thames, Patron of Kingston Centre for Independent Living: ex officio on Board, Healthwatch – Member, Kingston at Home: RBK Older Peoples' Reference Group member, People at Risk Group – interim Chair: service user group that reports to Kingston's Adult Safeguarding Partnership Board, Better Services Better Value: Member for South West Commissioning Group.</p>	None
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Diana Robinson	Has a small shareholding in Reckitt Benckiser (yields less than £1,000 pa) PPI work - the following may pay expenses and/or honorarium for meetings, workshops or conference attendance; and for reviewing research proposals. National Institute for Health Research. PGfAR funding panel (replaces RfPB panel, ended Sept '13) - from June 14. Occasional lay peer reviews. National Cancer Research Institute. National Cancer Intelligence Network, NICE UK DUETs Steering Group. Health Research Authority, University of Leeds (IMPACCT stydt); Leeds Clinical Research Facility Executive (from Feb 14); CQC; NHS England; Health Quality Improvement Partnership - Service User Network. Cancer Research UK (Research Coach from June 2014); Royal College of Radiologists Academic Committee and Lay Network (from September 2014)	Sister-in-law works for UCL in Credit Control Section	None	None
Bernard Walker	Occasional consultancy work for local authorities and other bodies in the social care field. Associate Research in Practice for Adults Provides advice to HSA Global (Health Care Consultancy) on integration of Local Government with NHS.	None	Chair Adults Faculty. The College of Social Work	None
Kevin Minier	None	None	None	None
Gillian Crosby	None	None	None	None
Belinda Black	None	None	None	None
Deborah Read	None	None	None	None

Karin Tancock	Works part time (17.5 hours) for the College of Occupational Therapists as the Professional Affairs Officer for Older People. Responsibilities include: providing advice and information to members to support best practice and highlighting service innovation. Mapping and keeping up to date with national policy and legislation and communicating this to members through briefings and other protects. Coordinating responses to government consultations. Ensuring COT and member participation at key influencing events related to older people. Developing and maintaining professional networks with key organisations and government departments.	None	None	None
Kim Curry	None	None	None	None
Jeremiah Kelleher	None	None	None	None
Lelly Oboh	None	None	None	None
Maggie Winchombe	None	None	None	None
Chris Wood	None	None	Works at Action on Hearing (formerly RNID) as a Senior Research and Policy Officer, and hence receive a salary from them. Action on Hearing Loss is a voluntary sector provider of care services and a campaigning organisation for people with hearing loss.	None
Janet Reynolds	None	None	None	None