Transition between inpatient hospital settings and community or care settings for adults with social care needs
Guideline Development Group meeting 7
2nd December, *1130 - 1700,* SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ
Minutes

Guideline Development Group Members	
Name	**Role**
Gerry Bennison(GB)	Service user and carer
Eileen Burns (EB)	Community geriatrician
Paul Cooper (PC)	Occupational therapist
Olivier Gaillemin (OG)	Geriatrician
Robert Henderson (RH)	GP
Margaret Lally (ML)	Voluntary sector
Sandy Marks (SM)	Service user and carer
Manoj Mistry (MM)	Carer
Rebecca Pritchard (RP)	Voluntary sector and housing
Jill Scarisbrick (JS)	Physiotherapist
Kath Sutherland-Cash (KSC)	Service user
Kathryn Smith (KS)	GDG Chair
Geoff Watson (GW)	Integrated health and social care provider

The NCCSC is a collaboration led by SCIE

Other invitees		
Name	**Role**	**Organisation**
Amanda Edwards (AE)	NCCSC Director	NCCSC (SCIE)
Carolyn Denne (CD)	Senior Lead	NCCSC (SCIE)
Lisa Boardman (LB)	Project Manager	NCCSC (SCIE)
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC (SCIE)
Sarah Lester (SL)	Research Assistant	NCCSC (EPPI)
Carol Vigurs (CV)	Systematic Reviewer	NCCSC (EPPI)
Annette Bauer (AB)	Economist	NCCSC (PSSRU)
Patrick Hall (PH)	Practice Development Manager	SCIE
Nick Baille (NB)	NICE Programme Director – Quality Standards and Indicators	NICE
Anthony Gildea (AG)	NICE Project Manager	NICE
Marjorie Edwards (ME)	Observer	NCCSC (SCIE)

Apologies	
Name	**Organisation**
Deborah Greig (DG)	Integrated health and social care trust manager
Rachel Karn (RK)	Local authority senior manager and commissioner

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	**Welcome, apologies and potential conflicts of interest**	KS welcomed members to the 7th Guideline Development Group for this topic. Apologies had been received from Deborah Greig and Rachel Karn. Rebecca Pritchard would need to leave for some of the afternoon session. KS 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. There were no changes to the register of interests *(See Appendix 1)* and no conflicts in relation to items on the agenda today.	
2.	**Minutes and matters arising from the last meeting**	The minutes of GDG 6 Guideline Development Group meeting held on 21st October 2014 were agreed as an accurate record of the meeting subject to one minor amend.	**ACTION 1: The NCCSC will send out an invitation for GDG members to apply for the Vice Chair role**
3.	**NICE manual and flow chart – developing and wording recommndations**	LB talked through a flow chart setting out how evidence is used by the GDG to develop recommendations, how weak or strong evidence should influence the wording and emphasis and how the GDG can use their own knowledge and experience and (via consensus) agree recommndations where there is little or no research evidence. LB also talked through section 9.2 of the NICE guideline manual which concerned the wording of recommendations. It was particularly important for recommendations to be action focused.	
4.	**Economic modelling update**	AB updated the GDG about the economic priority areas for the topic and the findings and work completed to date. A small group of GDG members who were interested in economics had met just before the meeting to discuss. The review team looked for studies that were likely to provide answers to question of cost-effectiveness. The systematic review process had identified 8 systematic reviews or meta-amalyis, 2 single studies, 3 full economic evaluations and no decision modelling studies. The team identified two evidence streams: • **Intervention types** (geriatric assessment, early supported discharge planning with/without rehabilitation, rehabilitation after discharge), and • **Subgroups** (stroke, older people, people admitted from/discharged home, admitted on emergency basis)	**ACTION 2:AB to report back to GDG at next meeting**

		There has since been some additional review work of single economic studies: 5 economic evaulations and one decision modelling study. AB then set out three areas where the evidence would enable the GDG to consider recommendations. The GDG discussed these three areas agreeing potential areas for recommendations. AB would present a further report at the next meeting.	
5.	**How do different approaches to care planning and assessment affect the process of admission to inpatient hospital settings from community or care home settings?**	JF gave an overview of the evidence for review question *How do different approaches to care planning and assessment affect the process of admission to inpatient hospital settings from community or care home settings? (5)* JF explained that the session would include • An overview of the evidence for review area 5, including both views and impact data • Evidence statements based on views and impact data • Overview of economic evidence • Group work to develop recommendations Evidence relating to views and experiences had also been sought in relation to review questions 1.1(b). 1.2 (b), 2.1 (b), 2.2 (b), 3 (b), 4 (b) and 10 (b). Considerations were that there was a good amount of evidence on views and impact. Included views studies (6 in total) were of mainly good quality although mainly non-UK and not entirely within scope. Impact studies (6 in total) were mainly of moderate quality. All impact data related to interventions for older people. There was nothing about adults of working age. Many of the studies were reporting on people's experience of being a hospital inpatient. JF then talked through the detail of 6 evidence statements. The GDG briefly discussed the evidence and evidence statements and sought clarification from JF on a number of areas. AB briefly talked through the economic evidence concerning hospital admissions and geriatric assessment.	

		KS thanked AB for her presentation and asked the GDG to move into groups and to start developing recommendations in response to review area 5– hospital admissions.	
6.	**Question 5 – Writing recommendations (groups) + noting implementation considerations**	The GDG formed three groups with a mixture of practitioner and service user/carer members in each. These were chaired by KS, JF and CD respectively and scribes were LB, CV and SL. Group 1 focused on evidence statements 1 and 2, group 2 on 3 and 4 and group 3 on 5 and 6. Each group wrote recommendations based on these evidence statements together with their own collective knowledge and expertise. All groups were asked to take some time to consider whether there were any other evidence statements that could be drawn from the evidence, to note gaps in the evidence, any research recommendations, and to capture notes about policy/practice that was pertinent to the review area.	
7.	**Question 5 - Plenary**	Each small group nominated a member of the GDG to feed back the recommendations that the group was proposing were accepted in draft by the full GDG. The recommendations were put up onto the screen and each was discussed and agreed in turn. Some amends were made following discussion and these amends were incorporated. A number of issues and actions were noted as a result of GDG discussion and these have been captured on the draft LETR tables for GDG8. The GDG discussed the gaps in the economic evidence and asked AB whether any more work could be done regarding end of life care, specifically on readmissions (see action 2). The GDG were also interested in looking at the speed in with people of working age can get back to work and the economic impact of delays of people staying in hospital.	
8.	**How should services work with families and unpaid carers of adults with social care needs during transition from inpatient hospital settings to community or care home settings?**	JF gave an overview of the evidence for review question *How should services work with families and unpaid carers of adults with social care needs during transition from inpatient hospital settings to community or care home settings? (11a), and How should services work with families and unpaid carers of adults with social care needs during admission to inpatient hospital settings from community or care home settings? (11b)* JF explained that the session would include • An overview of the evidence for review area 11, including both views and impact data	

		• Evidence statements based on views and impact data • Overview of economic evidence • Group work to develop recommendations Evidence relating to views and experiences had also been sought in relation to review questions 1.1(a,b). 1.2 (a,b), 2.1 (a,b), 2.2 (a,b), 3 (a,b), 4 (a,b) and 10 (a,b). Considerations were that there was a moderate amount of evidence although impact date were lacking. Views data was of mainly moderate quality. One of the 4 views studies was non-UK. Both impact studies and two of the views studies relate to support for carers of stroke patients. The group should consider the generalizability of findings to the wider population of carers of adults with social care needs. JF then talked through the detail of 3 evidence statements. The GDG briefly discussed the evidence and evidence statements and sought clarification from JF on a number of areas. AB briefly talked through the economic evidence concerning carers' support. KS thanked AB for her presentation and asked the GDG to move into groups and to start developing recommendations in response to review area 11a and 11b - support for carers.	
9.	**Questions 11a and 11b – writing recommendations (groups) + noting implementation considerations**	The GDG formed three groups with a mixture of practitioner and service user/carer members in each. These were chaired by KS, JF and CD respectively and scribes were LB, CV and SL. Group 1 focused on evidence statement 1, group 2 on 2 and group 3 on 3. Each group wrote recommendations based on these evidence statements together with their own collective knowledge and expertise. All groups were asked to take some time to consider whether there were any other evidence statements that could be drawn from the evidence, to note gaps in the evidence, any research recommendations, and to capture notes about policy/practice that was pertinent to the review area.	
10.	**Questions 11a and 11b - Plenary**	Each small group nominated a member of the GDG to feed back the recommendations that the group was proposing were accepted in draft by the full GDG.	

		The recommendations were put up onto the screen and each was discussed and agreed in turn. Some amends were made following discussion and these amends were incorporated. A number of issues and actions were noted as a result of GDG discussion and these have been captured on the draft LETR tables for GDG8.	
11.	**The Care Act and implications for transitions between hospital and home**	Patrick Hall (PH) from SCIE gave a presentation to members of the GDG about the Care Act 2014 and implications for transitions between hospital and home. PH had also circulated Schedule 3 of the Act, which referred specifically to discharge of hospital patients with care and support needs.	
12	**Expert witnesses - proposals**	CD and LB introduced a paper about the evidence so far and possible gaps and options for the GDG to consider. In particular the GDG agreed the expert witnesses they felt where needed to supplement the research evidence and to enable the GDG to respond to all the review questions.	**ACTION 3: The NCC to proceed with invites to expert witnesses as agreed**
13	**AOB**	There was no AOB	
14.	**Date of next GDG**	Tuesday 13th January 2015, 11.30am – 5pm, SCIE offices, Shared Meeting Space, 2nd Floor, 206 Marylebone Road, London NW16AQ	

Appendix A

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Kathryn Smith	None	None	None	None
Gerry Bennison	None	None	None	None
Manoj Mistry	None	None	None	PPI representative for the Health Research Authority (HRA) PPI representative for the Health Quality Improvement Partnership (HQIP) Lay member for NICE Clinical Guidelines Update Committee B. PPI representative for the Primary Care Research in Manchester engagement Resource (PRIMER) group at the university of Manchester. Lay representative from the MSC Clinical Science (Clinical Bio Informatics) at the University of Manchester. Lay Educational Visitor at the Health and Care professions Council (HCPC)
Sandy Marks	None	None	None	None

Kathleen Sunderland-Cash	None	Unsure. My husband is employed regularly by an agency as a Locum Counselling Psychologist for NHS mental health services	None	Unsure. My work has involved challenging statutory authorities (NHS, DWP and local councils) to ensure that disabled people's needs are met appropriately and policies and procedures are being correctly applied. I have therefore been involved in supporting many disabled people to make formal complaints about appropriate health/social care practice and decisions. I have asked my MP to assist with issues relating to the co-ordination of information and referral to local, regional and national hospitals for people with complex health conditions. As the issues arising relate to cross referral to numerous trusts, as well as access to the specialist services of the NHS as a whole, the issues can only be resolved by the Department of Health.
Eileen Burns	None	None	None	None
Geoff Watson	None	None	None	None
Rebecca Pritchard	None	None	None	None
Jill Scarisbrick	None	None	None	None
Paul Cooper	None	None	None	None
Rachel Karn	None	None	None	None

Deborah Greig	Employed full time by Gloucestershire County Council to undertake the role of Head of Adult Social Care in Gloucestershire Care Services NHS Trust for which I receive an annual salary. I am not a Director of either organisation	My husband is employed full time in Gloucestershire Hospitals NHS Trust for which he receives a salary, he is not a Director	None	None
Olivier Gaillemin	None	None	None	None
Robert Henderson	None	None	None	None
Margaret Lally	None	None	None	Whilst at the British Red Cross I have contributed to documents on the need to improve transitionary arrangements.