

NICE Collaborating Centre for Social Care

Transition between inpatient hospital settings and community or care settings for adults with social care needs
Guideline Development Group meeting 8
13th January 2015, 1130 - 1700, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ
Minutes

Guideline Development Group Members	
Name	Role
Eileen Burns (EB)	Community geriatrician
Paul Cooper (PC)	Occupational therapist
Olivier Gaillemin (OG)	Consultant Physician in Acute Medicine
Deborah Greig (DG)	Integrated health and social care trust manager
Robert Henderson (RH)	GP
Rachel Karn (RK)	Local authority senior manager and commissioner
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
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)
Annette Bauer (AB)	Economist	NCCSC (PSSRU)
Anthony Gildea (AG)	NICE Project Manager	NICE
Marjorie Edwards (ME)	Observer	NCCSC (SCIE)
Justine Karpusheff (JK)	Observer	NICE
Rita Parkinson (RP)	Observer	NICE

Apologies	
Name	Organisation
Gerry Bennison(GB)	Service user and carer
Carol Vigurs (CV)	Systematic Reviewer
Amanda Edwards (AE)	NCCSC Director, GDG facilitator

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, apologies and potential conflicts of interest	<p>KS welcomed members to the 8th Guideline Development Group for this topic. Apologies had been received from GB. KS has to leave at 3.30pm.</p> <p>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. KS emphasised the need to declare interests even if members felt they were unlikely to lead to a conflict.</p> <p>Members introduced themselves and a number of changes and additions were made to the Register of interests. These can be found in Appendix A. It was noted that there were no conflicts of interest in relation to the agenda today.</p> <p>OG also requested a slight change to his role, as represented in the minutes.</p>	
2.	Minutes and matters arising from the last meeting	<p>The minutes of GDG 7 Guideline Development Group meeting held on 2nd December 2014 were agreed as an accurate record of the meeting.</p> <p>The minutes were reviewed for matters arising. Actions were all completed.</p>	
3.	Claire Henry – Expert Witness and questions	<p>Claire Henry (CH), The Chief Executive of The National Council for Palliative care and Dying Matters was invited to present expert testimony on the effectiveness of services or interventions to support transitions at the end of life for adults with social care needs.</p> <p>Written testimony from CH had been previously circulated to the members of the GDG. CH talked through this highlighting key points and inviting questions from members.</p> <p>Members of the GDG thanked CH for her presentation and asked CH a number of questions in relation to her testimony.</p> <p>KS thanked CH for a very useful discussion with the GDG and members were asked to reflect for a few minutes on areas of the presentation that might lead to new recommendations or changes to existing ones. The GDG would return to this work at Item 5.</p>	
4.	Economic evidence and evidence	<p>AB presented a summary of all the economic evidence that had previously been shared with the GDG. AB had begun to form this evidence into evidence statements</p>	

	statements	<p>around the following areas</p> <ol style="list-style-type: none"> 1. Older people, Geriatric assessment and care 2. Stroke, different strategies 3. Older people, early supported discharge and rehabilitation service 4. Older people, rehabilitation and reablement 5. Mental Health 6. Carers Support <p>KS thanked AB for her presentation and asked the GDG to move into groups and to start developing recommendations in response to the evidence presented by Claire Henry – Expert Witness and the economic evidence statements.</p>	
5.	Expert witness and Economic evidence – Writing recommendations (groups) and noting implementation considerations	<p>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, AB and SL.</p> <p>Group 1 focused on economic evidence statements 1 and 4, group 2 on 2 and 3 and group 3 on 5 and 6. All groups looked at all aspects of the summary testimony from Claire Henry. 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.</p>	
6.	Expert witness and Economic evidence plenary.	<p>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.</p> <p>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.</p> <p>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.</p>	
7.	What is the impact of training to support transitions between inpatient hospital settings	<p>JF gave an overview of the evidence for review question <i>What is the impact of training to support transitions between inpatient hospital settings and community or care home settings?</i>(12)</p>	

	and community or care home settings?	<p>JF noted the revised question and the fact that the review team hadn't found any evidence initially due to the wording of the question. The GDG agreed the revised review question should focus specifically on the impact of training to support transitions.</p> <p>JF explained that the session would include</p> <ul style="list-style-type: none"> • An overview of the evidence for review area 12, including both views and impact data • Evidence statements based on views and impact data • Overview of economic evidence • Group work to develop recommendations <p>Evidence relating to views and experiences had also been sought in relation to review questions 1.1(a), 1.2 (a), 2.1 (a), 2.2 (a), 3 (a), 4 (a) and 10 (a).</p> <p>JF then talked through the detail of 3 evidence statements.</p> <p>The GDG briefly discussed the evidence and evidence statements and sought clarification from JF on a number of areas.</p> <p>There was no economic evidence.</p> <p>KS thanked JF for her presentation and asked the GDG to move into groups and to start developing recommendations in response to review area 12– Training.</p>	
8.	Question 12 – Writing recommendations (groups) + noting implementation considerations	<p>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, AB and SL.</p> <p>Group 1 focused on evidence statement1, 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.</p>	
9.	Question 12 - Plenary	<p>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.</p> <p>The recommendations were put up onto the screen and each was discussed and</p>	

		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.	
10.	Recommendations so far – pathway, structure, repeats and overlaps	<p>A small group of GDG members consisting of SM, ML, KSC, RH, PC had met with CD, LB and JF between 10 and 11am prior to the GDG meeting today with the aim of highlighting any immediate issues in relation to the following:</p> <ul style="list-style-type: none"> • Checking that the draft recommendations so far deal with all aspects of the scope • To identify any obvious areas of repeats and overlaps • To consider the flow and structure of the recommendations <p>It was agreed that whilst the meeting has been useful in part it had tried to do too much and some members of the GDG felt it was a shame that all the members hadn't been able to be involved in the discussions.</p> <p>LB and JF talked through the notes they had taken from the meeting so that the whole GDG could reflect on them.</p> <p>The group identified some gaps in relation to areas identified in the scope and the Equality Impact Assessment.</p> <p>The GDG were then split into three groups and were given a section of the recommendations to review and edit. The edits were captured in tracked changes.</p> <p>Following this work JF explained that the suggested amends would now be incorporated into a new draft of the recommendations which would be prepared ready for sending to the NICE editors for an early editorial review on 16th January 2015.</p> <p>It was agreed that the GDG would be sent the recommendations sent to NICE on the 16th January. Following edits from NICE, the NCC project team would accept simple editorial changes that did not affect the meaning and would leave in other edits and comments for the GDG to consider at GDG meetings 9 and 10.</p>	
12.	Date of next GDG	Tuesday 10 th February 2015, 11.30am – 5pm, SCIE offices, Shared Meeting Space, 2 nd Floor, 206 Marylebone Road, London NW16AQ.	

Appendix A – Register of GDG member interests

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Kathryn Smith	None	None	Director of Operations at the Alzheimer’s Society and frequently asked to comment in the media on poor transitions between hospital and home.	None
Gerry Bennison	None	None	None	None
Manoj Mistry	None	None	None	<p>In December 2014 appointed ‘Public Representative Interviewer’ at the Medical School, Lancaster University.</p> <p>In January 2015 appointed ‘Public member’ of the N.I.H.R’s ‘Research for Patient Benefit (RFPB)’ Programme Committee, Northwest Region.</p> <p>PPI representative for the Health Research Authority (HRA), London.</p> <p>PPI representative for the Health Quality Improvement Partnership (HQIP), London.</p> <p>Lay member for NICE Clinical Guidelines Update Committee B.</p> <p>PPI representative for the Primary Care Research in Manchester engagement Resource (PRIMER) group at</p>

				<p>the University of Manchester.</p> <p>Lay representative for the MSc Clinical Bio Informatics, at the University of Manchester.</p> <p>Lay Educational Visitor at the Health and Care professions Council (HCPC), London.</p>
Sandy Marks	None	None	None	<p>Chair of Disability Action Islington, London.</p> <p>Co-chair of 'Making it Real', board, London.</p> <p>Integrated Care board of Local Authority and Clinical commissioning Group, London</p> <p>Chair of London Patient Voice.</p> <p>My father will benefit from the improvements we are trying to make.</p>
Kathleen Sunderland-Cash	None	Unsure. My husband is employed regularly by an agency as a Locum Counselling Psychologist for NHS mental health services	None	<p>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.</p> <p>I have asked my MP to assist with issues relating to the co-</p>

				<p>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.</p> <p>I have been involved in lots of work representing the interests of people with learning difficulties.</p>
Eileen Burns	None	None	None	None
Geoff Watson	None	None	None	None
Rebecca Pritchard	My father, for whom I now have Power of Attorney, owns shares in AstraZeneca	None	None	I am involved in campaigning work on behalf of homeless people.
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	Interests are in improving the transition of care for frail older people.
Robert Henderson	None	None	None	None

Margaret Lally	None	None	None	<p>Whilst at the British Red Cross I have contributed to documents on the need to improve transitional arrangements.</p> <p>A trustee of Heritage Care a charity which provides independent living support for people with learning difficulties, people with mental health issues (through a subsidiary) and residential care for older people</p>
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