

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 10
11th February 2015, 0930 - 1600, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ
*Minutes***

Guideline Development Group Members	
Name	Role
Eileen Burns (EB)	Community geriatrician
Olivier Gaillemain (OG)	Consultant Physician in Acute Medicine
Deborah Greig (DG)	Integrated health and social care trust manager
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, GDG facilitator	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)
Anthony Gildea (AG)	NICE Project Manager	NICE
Peter O'Neill (P O'N)	NICE Technical Analyst	NICE
Eileen Taylor (ET)	NICE (Observer)	NICE

Apologies	
Name	Organisation
Paul Cooper (PC)	Occupational therapist
Gerry Bennison (GB)	Service user and carer

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, apologies and potential conflicts of interest	KS welcomed members to the 10th Guideline Development Group for this topic. Apologies were received from Paul Cooper and Gerry Bennison. Attendees introduced themselves and were invited to declare any new interests. There were no new interests.	
2.	Introduction and aims GDG 10	<p>KS explained that in the morning GDG members would continue working in small groups to firstly complete the edit of all recommendations and secondly to develop new/amended recommendations based on new evidence presented at GDG9. The afternoon session would consist of a plenary session for each group to present and agree their draft recommendations with the rest of the GDG.</p> <p>LB had written up some brief notes from the discussions led by Eileen Burns, Rebecca Pritchard and Margaret Lally in GDG 9 and given copies to each group for reference. LB has also distributed a copy of the text concerning person centred care which was to be included within the NICE guideline.</p>	
3.	Group session day 2 – gap analysis and new recommendations	<p>The GDG remained in the same two groups as for GDG 9 with a mixture of practitioner and service user/carer members in each. These were chaired by CD and AE respectively and scribes were LB and SL.</p> <p>Group 1 continued reviewing recommendations in the following sections:</p> <ul style="list-style-type: none"> • During admission to hospital • During hospital stay • Training and development • Supporting infrastructure <p>Group 2 continued reviewing recommendations in the following sections:</p> <ul style="list-style-type: none"> • Transfer of care from hospital – hospital discharge <p>Both groups looked at recommendations currently in section</p> <ul style="list-style-type: none"> • Overarching principles of care and support during transition <p>The groups went through the recommendations one by one, reviewing and resolving NICE editor's comments, identifying the strength and action focus and agreeing who needed to take action.</p> <p>Both groups considered new evidence presented at GDG 9 in revising recommendations.</p>	

		<p>The amended recommendations and notes from each group discussion were captured on the compiled and merged LETR table post GDG 9/10.</p> <p>It was noted that both groups had taken longer on reviewing recommendations than envisaged and therefore neither group had been able to move on to looking at gaps against the scope or considering research recommendations in any detail. Additional work on these two areas would need to be done before and as part of GDG 11.</p>	
4.	Recommendations – Group 2 Plenary	KS invited group 2 to present their draft recommendations. The revised text was put up on the screen and SL read each recommendation out aloud. The GDG discussed and agreed each and made some amends. Changes to recommendations were captured on screen by JF and all changes and notes were saved in the compiled and merged LETR table post GDG9/10	
	Recommendations – Group 1 Plenary	AE invited group 1 to present their draft recommendations. The revised text was put up on the screen and CV read each recommendation out in turn. The GDG discussed each and made some amends. Changes to recommendations were captured on screen by JF and all changes and notes were saved in the compiled and merged LETR table post GDG9/10	
	Summing up/next steps	<p>AE thanked the GDG for their contributions over the two days and set out the areas of outstanding work for the NCC team and the GDG.</p> <p>The NCC team would now work on the next set of draft recommendations, these would be sent to NICE for comment on 3rd March. Key areas of NICE feedback would be discussed with the GDG at the next meeting.</p>	
12.	Date of next GDG	Tuesday 24 th March 2015, 1030am –1700, 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 Sutherland-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	None	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
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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