

# 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 1**  
**1<sup>st</sup> April 2014, 1130 - 1700, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ**  
**Minutes**

<b>Guideline Development Group Members</b>	
<b>Name</b>	<b>Role</b>
Gerry Bennison(GB)	Service user and carer
Eileen Burns (EB)	Community geriatrician
Paul Cooper (PC)	Occupational therapist
Olivier Gaillemain (OG)	Geriatrician
Deborah Grieg (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)	Social care provider

The NCCSC is a collaboration led by SCIE



<b>Other invitees</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Amanda Edwards (AE)	NCCSC Director	NCCSC (SCIE)
Carolyn Denne (CD)	Senior Lead	NCCSC (SCIE)
Lisa Boardman (LB)	Project Manager	NCCSC (SCIE)
Naila Dracup (ND)	Information Specialist	NCCSC (SCIE)
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC (SCIE)
Jane Greenstock (JG)	Research Assistant	NCCSC (SCIE)
Kim Rutter (KR)	Dissemination and Adoption Lead	NCCSC (SCIE)
Beth Anderson (BA)	Head of Evidence and Guidance	NCCSC (SCIE)
Annette Bauer (AB)	Economist	NCCSC (PSSRU)
John McLean (JM)	NICE Programme Manager	NICE
Jane Cowl (JC)	Public Involvement Programme Lead	NICE

<b>Apologies</b>	
<b>Name</b>	<b>Organisation</b>
Carol Vigurs (CV)	NCCSC (EPPI)
Jose-Luis Fernandez (JLF)	NCCSC (PSSRU)
David Gough (DG)	NCCSC (EPPI)

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	<b>Welcome and aims of GDG 1 and 2</b>	<p>KS welcomed members to the first Guideline Development Group meeting for this topic. KS reminded members about:</p> <ul style="list-style-type: none"> <li>• Travel and expenses for attending meetings</li> <li>• Requirement for all to complete acceptance to join the GDG and confidentiality forms</li> <li>• Making adjustments for people with a disability or health condition in relation to the meeting rooms environment, the printed and electronic information made available and the way in which the meeting is conducted</li> </ul> <p>KS explained that day 1 would focus on training and induction of GDG members and familiarisation with the scope whereas day 2 would focus on agreeing a set of review questions and some potential economic priority areas as well as considering an overview of current practice and emerging dissemination and adoption issues.</p>	
2.	<b>Introductions, apologies, ground rules and declarations of interest</b>	<p>Apologies had been received from Carol Vigurs (CV), Jose-Luis Fernandez (JLF) and David Gough (DG).</p> <p>Before introductions KS invited JM to give a short presentation about declaring interests.</p> <p>KS and AE explained the importance of declaring interests at the start of each meeting and emphasised the difference between a declaration of interest (DOI) and a conflict of interest (COI). It was important to over declare rather than under declare.</p> <p>GDG members, the NCCSC project team and attendees from NICE introduced themselves and verbally declared any interests, including those previously included on DOI forms at GDG recruitment. <i>(see Appendix A)</i></p> <p>SM noted that there were no older people represented on the group. KS suggested that this may have been because of a lack of suitable applications from older people to join the GDG.</p>	<b>ACTION 1: Project team to explore ways of seeking views from older people and at what stage in guideline development</b>
3.	<b>Developing guidance - the NICE perspective</b>	<p>JM presented an overview of the work of NICE and an introduction to the role of Social Care Guidelines.</p> <p>After the presentation, the group had an opportunity to ask questions.</p> <p>JC from the Public Involvement Programme (PiP team) gave a presentation on</p>	

		<p>service user and carer involvement in guideline development and highlighted the importance of having these members on the group.</p> <p>After the presentation, the group had an opportunity to ask questions.</p>	<p><b>ACTION 2: LB to discuss with service users and carers the option of having a dedicated slot on the agenda</b></p>
4.	<b>Introduction to the NCCSC</b>	<p>AE introduced the NCCSC as a collaboration led by SCIE, working with the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI), based at the Institute of Education (IoE); the Personal Social Services Research Unit (PSSRU) based at the London School of Economics; Research in Practice (RIP) and Research in Practice for Adults (RIPFA). The NCCSC covers social care guideline development as well as dissemination and adoption products and activities for guidelines and quality standards.</p> <p>After the presentation, the group had an opportunity to ask questions.</p>	
5.	<b>Guideline development: process and milestones</b>	<p>LB gave a presentation talking through the 8 phases of the guidance development project and the outline time line for the work.</p> <p>It was noted that the guidance would be launched on 25<sup>th</sup> November 2015 but that dissemination and support work for the guidance would continue until around November 2016, where an evaluation report would be completed looking at the impact of the guidance and the tools that had been produced to support its adoption.</p>	
6.	<b>The scope and rationale</b>	<p>JF introduced the scope and talked through the original remit.</p> <p>The remit highlighted the priority within the Health and Social Care Act to promote integration, also to look at transitions in both directions, and to focus on outcomes - not just service level outcomes, but outcomes for individuals including final outcomes. The whole population was covered in the original remit but older people especially those over 75 were emphasised. All settings where a transition might occur were also covered.</p> <p>JF talked through the journey from the wider scope to the final scope which has now been signed off and posted on the NICE website. JF started with the rationale for the draft scope that went to consultation, then explained the themes that came back from scope consultation in January 2014 and the decisions that were made by the scoping group in February 2014.</p> <p>JF then invited comments and questions from the GDG.</p>	<p><b>ACTION 3: GDG members to send any relevant research papers they come across to LB</b></p> <p><b>ACTION 4: Issues raised by GDG in relation to the scope to be taken into account by the project team (guidance development and D+A work)</b></p>

7.	<b>Introduction to dissemination and adoption work</b>	<p>KR provided an introduction to the role of the Dissemination and Adoption team at the NCCSC. The D&amp;A team are responsible for implementing and disseminating the guideline once it has been published. They also engage with stakeholders and main users of the guideline and produce tools and resources.</p> <p>After the presentation, the group had an opportunity to ask questions.</p>	
8.	<b>Introduction to systematic review work</b>	<p>BA (covering for CV) presented an introduction to how evidence is identified and analysed, how review questions are developed and how systematic reviews are planned.</p> <p>After the presentation, the group had an opportunity to ask questions.</p>	
9.	<b>Understanding outcomes</b>	<p>BA went on to deliver a short presentation about outcomes. Inclusion criteria for review questions would take account of PICO methods</p> <ul style="list-style-type: none"> <li>• Population and setting</li> <li>• Interventions</li> <li>• Comparisons</li> <li>• Outcomes</li> </ul> <p>BA spoke about the difference between outputs and outcomes and outlined the outcomes that the project is interested in, as listed in the scope.</p> <p>The GDG discussed how individuals may want different outcomes. For example people have different perspectives on dignity and the standards of service they are prepared to expect.</p>	
10.	<b>Introduction to economics as part of NCCSC guidance development</b>	<p>AB gave a presentation about economic evaluation in social care and invited questions and comments from the GDG.</p>	
11.	<b>AOB</b>	<p>There was no AOB</p>	
12.	<b>Date of next GDG</b>	<p>Wednesday 2<sup>nd</sup> April 2014, 09.30am – 14.15pm, SCIE offices, Shared Meeting Space, 2<sup>nd</sup> Floor, 206 Marylebone Road, London NW16AQ</p>	

## Appendix A

### Register of Interests - Guideline Development Group Meeting 1

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	None
Sandy Marks	None	None	None	None
Kathleen Sunderland-Cash	None	My husband is employed regularly by an agency as a Locum Counselling Psychologist for NHS mental health services	None	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.
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 transitional arrangements.