

# NICE Collaborating Centre for Social Care

**Intermediate Care (including reablement) Guideline committee meeting 2**  
**22<sup>nd</sup> September 2015, 10.30 – 16.15, SCIE Offices, Kinnaird House, Pall Mall East London SW1Y 5BP**  
***Minutes and working notes***

<b>Guideline Committee Group Members</b>	
<b>Name</b>	<b>Role</b>
Andrew Nwosu (AN)	Regional Allied Health Professional Lead
Antoinette Foers (AF)	Service user carer
Caroline Ryder-Jones (CRJ)	Specialist in Dementia and Reablement
Claire Waddell (CW)	Health service manager
Dee Christie (DC)	GC Chair
John Murray (JM)	Service user/carers
Kate Burgess (KB)	Social care commissioner
Kath Sutherland-Cash (KSC)	Service user/carers
Laura Stuart-Neil (LS)	Topic Adviser
Lisa Langford (LL)	Occupational Therapist
Marion Lockett (ML)	Reablement Team Manager
Philip Whitehead (PW)	Research Fellow, Occupational Therapist
Rosa Hui (RH)	Service user/carers
Sarah Cambridge (SC)	Principal occupational therapist and County Manager

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
Marjorie Edwards (ME)	Project Manager and minutes	NCCSC
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC
Irene Kwan (IK)	Systematic Reviewer	NCCSC
Annette Bauer (AB)	Economist	NCCSC (PSSRU)
Ted Barker(TB)	Research Assistant	NCCSC
Paul Ross (PR)	Senior Information Specialist	NCCSC
Justine Karpusheff (JK)	NICE Programme Manager	NICE
Nick Staples (NS)	NICE Project Manager	NICE
Jaimella Espley (JE)	NICE Editor	NICE
Catherine McEvoy (CE)	NICE Editor	NICE

<b>Apologies</b>	<b>Role</b>
Terry Turner (TT)	GC member (Chairman of Domicillary care agency)
Pam Endeby (PE)	GC member (Professor of Community Rehabilitation)
Beth Anderson (BA)	Senior Lead (NCCSC)

Item	Agenda Item	Minutes for NICE website	Action/Owner
1.	<b>Welcome and apologies</b>	Dee Christie (DC) welcomed members to the second Guideline Committee meeting for this topic.  Apologies were noted as above.	
2.	<b>Note from Chair: Issues emerging from the scope</b>	Note from Chair – DC discussed additional areas that may be considered within scope and the areas that need particular consideration.	
3.	<b>An overview of the practice context</b>	<p>Jo Lenham (JL) gave an overview of the practice context for Intermediate care (including reablement).</p> <p>JL talked about such issues as:</p> <ul style="list-style-type: none"> <li>a) Emergency admissions to hospital and delays in hospital discharge are both increasing.</li> <li>b) Intermediate care and reablement as possible solutions</li> <li>c) Evidence of impact, but investment stalled and provision variable</li> </ul> <p>And the challenges, including:</p> <ul style="list-style-type: none"> <li>• Capacity</li> <li>• Recruitment, training and support of staff</li> <li>• Variety of models</li> <li>• Understanding of service role and function</li> <li>• Variation in terminology, titles, job roles</li> <li>• Access for particular groups</li> <li>• Focus on goals</li> <li>• Separation between IC and reablement</li> <li>• Impact of the Care Act 2014</li> </ul> <p>JL asked the GC to discuss in small groups:</p> <ul style="list-style-type: none"> <li>a) What are your experiences of intermediate care?</li> <li>b) What difference can it make?</li> </ul>	

		<p>c) What do we know about what people want from intermediate care services?  d) Does this create any challenges?  e) What are your aspirations for intermediate care and for this guideline?</p> <p>Members discussed the questions for 15 minutes and then fed back in a group discussions.</p>	
4.	<b>Discuss and agree review questions &amp; draft review protocols</b>	<p>Jennifer Francis (JF) introduced the draft review questions and draft review protocols for home based intermediate care and Bed based Intermediate care. The review questions would be used to guide the systematic review work, which in turn would guide the GC in the development of recommendations.</p> <p>The GC were reminded that, as review questions and searches would be carried out on an individual basis, only 2 review questions had draft Protocols at this stage.</p> <p>The GC discussed and agreed amendments to the objectives outlined in the review protocols for home based intermediate care and Bed based Intermediate care.</p> <p>DC thanked the GC for their contribution to refining the review questions. JF would now update the protocols and circulate them with the GC 3 meeting papers.</p>	<b>ACTION 1: JF/PR to update the protocols in light of GC discussions. These are to be sent back to members prior to GC 3.</b>
4a.	<b>Search approaches</b>	<p>During the presentation by JF on agreeing review questions and draft review protocols, PR presented the search strategies for home based and bed based intermediate care to members. PR explained the approach used to conduct the searches and discussed some of the main terms that would be used in the searches.</p>	
5.	<b>Economic plan and potential priority areas</b>	<p>AB gave a general overview of economics to members to highlight that:</p> <p>Only a few areas were likely to be suitable for additional economic analysis (i.e. modelling) depending on, for example, data availability and expected contribution of additional analysis to help making recommendations</p> <p>Further review work will take place and based on this the economic plan will be drafted and presented for agreement at the next GC</p>	
6	<b>Introduction to Implementation work</b>	<p>JL gave a presentation on the Implementation process including the main implementation stages. The main stages outlined were:</p>	

		<ul style="list-style-type: none"> <li>- Adoption issues log</li> <li>- Guideline implementation section</li> <li>- Needs assessment</li> <li>- Implementation support plan</li> <li>- Implementation support activity</li> <li>- Impact review</li> </ul>	
7	<b>The role of NICE editor and writing recommendations</b>	<p>JE gave a presentation on the role of the NICE editor and writing recommendations</p> <p>JE spoke about the ways we publish recommendations such as recommendations on the NICE app or in more conventional format on screen.</p> <p>JE confirmed that NICE editors will support members throughout the guideline development process and towards the end of process will ask members for their input. They will aim to do this without changing the meaning of the recommendations and members will have the opportunity to comment on proposed edits.</p>	
8	<b>Introduction to NICE pathways</b>	<p>CM presented the NICE pathways and explained that the pathways are a way of viewing NICE guidance and all other NICE products on one broad topic in one place on the NICE website. A simple clear structure allows users to get to information quickly and will include all relevant recommendations from the related NICE products.</p> <p>CM went through an example of a NICE Pathway to show members how to navigate it and gave members the opportunity to ask questions.</p>	
9	<b>Evidence to recommendations</b>	<p>JF gave a presentation on the evidence to recommendations process. She highlighted that:</p> <ul style="list-style-type: none"> <li>• Recommendations focus on who needs to do what, when</li> <li>• Opportunity to review and revise later on</li> <li>• Follow the flowchart process</li> <li>• In absence of research evidence, GC can: <ul style="list-style-type: none"> <li>• make a call for evidence;</li> <li>• call on expert testimony;</li> <li>• arrive at recommendation by GC consensus;</li> <li>• make research recommendations</li> </ul> </li> </ul>	

<b>10.</b>	<b>Reflections from GC members and AOB</b>	DC asked GC members and the project team to share thoughts and reflections on the last two days.  ME will compile contact information details of members to send out prior to the next meeting.	<b>ACTION 2: ME to compile information details for members to send out prior to the next meeting</b>
	<b>Date of next GC</b>	Tuesday 24 November, SCIE offices, London.	

## Appendix A

### Register of Interests - Guideline Committee Meeting 2

Name	Interests declared
Dee Christie	Clinical Advisor to Care Quality Commission
Laura Stuart	Currently work for UCL Partners which is an AHSN and manages a portfolio of projects related to older people including some with a reablement or independence focus. These projects involve working with health, social care and third sector organisations and focus on the translation of innovation and evidence into practice, often using quality improvement methodology. Some of this work is funded by research grants. Co-author on 'I'm still me: a narrative for co-ordinated support for older people' published in December 2014. I have shared the results of this research and my personal reflections via blogs and twitter. This document is not a RCT but may be considered as evidence for this guideline as it describes the views of older people with regards to independence and health and social care services. Also work as bank occupational therapist at King's College Hospital through NHS Professionals.
Kathleen Sutherland-Cash	Owner of a business and work as an Equalities Consultant, providing information, support and advice to disabled people, people with long term health conditions, statutory, voluntary and private sector organisations. Responsible for hosting a national Work Advice Service for the Association of Disabled Professionals and their Disabled Entrepreneurs Network. Work has, at times, 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. Involved in supporting many disabled people to make formal complaints about inappropriate health/social care practice and decisions. Also undertaken published research into the principles of the social model of disability in relation to people with learning difficulties ("learning disabilities") and their life stories.
Caroline Ryder-Jones	None

Andre Adindu Nwosu	Directorship of a consultancy company, limited by shared (AB Therapy services) this company has in the past worked with both social care and health sector providers. Within the social care sector provided training for staff around reablement, within the health sector on a consultancy basis for NHSIQ. However the company's main contracts are within the private sector (Centrica) and are in the realm of Ergonomics/Biomechanics so do not compromise the applicant in respect of the current guideline consultations.
Claire Waddell	None
Kate Burgess	None
Lisa Langford	None
Pamela Enderby	Received royalties from five books related to outcome measurement and assessment, interests relating to academic reputation and have no other financial interests relevant to this work.
Philip Whitehead	Holds an NIHR Doctoral Research Fellowship - the research project attached to this award focusses on "Occupational Therapy in Homecare Reablement", author of a systematic review on "Interventions to Reduce Dependency in Personal Activities of Daily Living in Community Dwelling Adults who use Homecare Services" and three further empirical research publications in preparation which are based on the above fellowship programme. These publications are likely to be of relevance to the committee.
Sarah Cambridge	None
John Murray	None
Rosa Hui	None