

Date and Time: Friday 23rd October 2015, 10:00 – 16:00

Place: Boardroom, NCGC, 180 Great Portland Street, London, W1W 5QZ

Present: GDG members

Bruce Guthrie (BG) - Chair

Alaster Rutherford (AF) – Pharmacist Andrew Clegg (AC) – Geriatrician

Cate Seton-Jones (CSJ) – Palliative Care Specialist

David Kernick (DK) - General Practitioner

Emily Lam (EI) – Lay member

Jonathan Inglesfield (JI) - General Practitioner

John Hindle (JH) – Geriatrician Nina Barnett (NB) – Pharmacist

Rupert Payne (RP) – General practitioner/Pharmacologist

Sam Barnett-Cormack (SBC) – Lay member

Carolyn Chew-Graham (CCG) – General practitioner

NCGC

Kate Ashmore (KA) – Documents Editor/Process Assistant

Elisabetta Fenu (EF) – Senior Health Economist Caroline Farmer (CF) – Senior Research Fellow

James Gilbert (JG) – Research Fellow Hannah K (HK) – Research Fellow

Norma O'Flynn (NOC) – Guideline Lead/Clinical Director

NICE

Caroline Keir (CK) – Guidelines Commissioning Manager

Anna Louise Clayton (ALC) - NICE Editor

Apologies: None.

Notes

Minutes: Confirmed

Guideline Development Group Meeting 9 – Multimorbidity

1. Introduction, apologies and minutes

Chair welcomed the group to the ninth meeting of this GDG. No apologies were received. The minutes from the previous meeting were signed off.

2. Declaration of interests

BG declared an academic interest in the ways of presenting effectiveness of interventions. It was agreed that he would act as an expert to the GDG when this area is discussed and that NOF would chair this section of the meeting.

3. Health economic model

EF presented a health economic model for the outpatient holistic assessment and the GDG discussed this.

4. Evidence review: Stopping drugs - Bisphosphonates

CF presented the clinical evidence for the review of stopping bisphosphonates in people with multi-morbidity. The GDG discussed the evidence and drafted recommendations for this review.

5. Review of other evidence on stopping common drug treatments (statins and antihypertension

CF presented the clinical evidence for stopping common drug treatments. The GDG discussed the evidence and considered how it might be used in the guideline.

6. Ranking/display of clinical effectiveness of interventions

Presentation and discussion with the GDG, chaired by NOF, on how data from condition-specific guidance may best be used and presented to inform a ranking of treatments including absolute risk and benefit and time to achieve benefits.

7. Evidence review: Principles of care

NOF presented options, suggested by the GDG, on how to combine the information provided by the evidence reviews on barriers and principles of care. The GDG discussed the best possible options for this guideline.

8. Any other business

The GDG members were asked to review the draft recommendations and provide feedback to the team.

Date, time and venue of the next meeting

Friday 27th November 2015, 1000–1600, Boardroom, NCGC