

MEETING MINUTES

Rehabilitation after Stroke – GDG Meeting 9
Location: NCGC Offices 180 Great Portland Street, W1W 5QZ
11th May, 2011

<u>Present</u>			
GDG		NCGC Technical Team	
Anne Forster	AF	Kate Lovibond	KL
Avril Drummond	AD	Gill Ritchie	GR
Diane Playford	DP	Grammati Sarri	GS
Helen Hunter	HH	Jonathan Nyong	JN
Kathryn Head	KH	Tamara Diaz	TD
Keith Mac Dermott	KMD	Lola Adedokun	LA
Khalid Ali	KA		
Louise Clark	LC	Observers	
Martin Bird	MB	Claire Turner (NICE)	CT
Najma Khan-Bourne	NKB		
Robin Cant	RC	Expert Advisor	
Rory O'Connor	ROC	Julia Parnaby	JP
Sandra Chambers	SC	(Stroke Association)	
Sue Thelwell	ST		

1. Welcome and Apologies

- 1.1. The Chair welcomed all to the meeting and introduced Dr. Julia Parnaby, the Stroke Association's, Head of Communications who will be acting as an expert member for the supported information provision question. The Chair advised that there was no update available from NICE on possibly replacing the Social Care Institute of Excellence (SCIE) representative on the guideline. There were no apologies from the group.

2. Declarations of Interest

- 2.1. The following personal non-pecuniary interest was declared to the group by AF:
- 2.1.1. Co-author of relevant paper. Instigating author and author of Cochrane Review on Information provision. Research interest in information provision. There were no further declarations relevant to the day's agenda.
AF acted as expert on psychological therapies during this meeting.
- 2.2. There were no further declarations of interest relevant to the day's agenda.

3. Minutes of GDG 8

The minutes of GDG 8 were agreed.

3.1. Matters arising GDG 8

The technical team was asked to ensure that the recommendations made at the last meeting had been uploaded to Claromentis. Excluding this, there were no matters arising from the minutes of GDG 8.

4. The Chair presented an overview of the agenda.

5. Review of Clinical and Health Economic Evidence

5.1. What is the clinical and cost-effectiveness of supported information provision on mood and depression in people with stroke?

5.1.1. Clinical Evidence:

5 studies were included in the review; of these, 4 were randomised controlled trials and 1 was a feasibility study. The interventions covered by these studies included the use of: educational meetings or sessions with or without the use of a multidisciplinary team, additional input from Specialist Stroke Nurses, and in the case of the feasibility study,

the implementation of the care-file project (an information booklet designed to meet each patient's individual needs).

5.1.2. Health Economic Evidence:

No studies were identified that analysed the cost-effectiveness of supported information provision and its effectiveness on mood and depression in people with stroke. KL presented costs related to the resource use evaluated in the available clinical evidence, for the consideration of the group.

5.2. In people after stroke what is the clinical and cost effectiveness of psychological therapies provided to the family (including the patients)?

5.2.1. Clinical Evidence:

3 randomised controlled trials were included in the review. The interventions were different for each study. The Dennis 1997 study looked at contact with a stroke family care worker from a social work background plus counselling, the Forster, 1996 study assessed visits by specialist outreach nurses over 12 months to provide information, counselling and support and the Mant, 2000 study looked at assigning family support to patients and carers and referral to the Family Support Organiser (FSO).

5.2.2. Health Economic Evidence:

No studies were identified that analysed the cost-effectiveness of providing psychological therapies to the family (including the patients) after stroke. KL presented costs related to the resource use evaluated in the available clinical evidence and this was presented to the group along with other costs potentially relevant to the NHS.

5.3. Update Reruns – Results

5.3.1. Findings:

Update searches had been conducted for the the following clinical areas:

- Treadmill
- Intensity of rehabilitation
- Intensive occupational therapy
- Orthoses (ankle foot, upper limb)
- Dysphagia/swallowing
- Early Supported Discharge
- Functional Electrical Stimulation
- Eye Movement Therapy
- Patient Information
- Psychological therapies)

Studies were found for the Treadmill review only, and these were presented to the group.

5.3.2. Clinical Evidence:

Two RCTS were included in the update review for the Treadmill questions. One study looked at the use of treadmill with partial body weight support when compared to traditional physical therapy plus aggressive bracing and walking. The other study assessed treadmill when compared to usual physiotherapy.

6. Health Economics

6.1. Intensity of Rehabilitation Model:

KL presented the Health economic model to the group. The presentation covered the cost effectiveness analysis, the model overview, model inputs, and final results for the group's consideration. One study was found that addressed the cost effectiveness of intensive rehabilitation and the model was based on this review.

7. Any other business

7.1. UNG/QRG versions

It was announced that following a round of requests for volunteers via email the following GDG members will work on other versions of the NICE guidance:

7.1.1. Understanding NICE Guidance: (HH, KA, RC, NKB)

7.1.2. Quick Reference Guide (AF, DP, ROC, SC)

7.2. Guideline outline – Contents Page

The finalised guideline contents page was circulated for the group's information. A summary of discussions held on Claromentis was discussed and it was agreed that the World Health

Organisation's classification of disability would be used to categorise the clinical areas covered throughout the guideline for ease of reference and to support the multi-disciplinary theme within the guideline.

8. Close:

8.1. There being no further business the meeting ended at 3:25 p.m.

8.2. The next meeting of the Stroke Rehabilitation GDG will take place on 22nd June, 2011 at the NCGC offices located at 180 Great Portland Street, London, W1W 5QZ from 10:00 – 16:00.