

MEETING MINUTES

Rehabilitation after Stroke – GDG Meeting 6

Location: NICE – Conwy Room Mid City Place, 71 High Holborn, London, WC1V 6NA
12th January, 2011

<u>Present</u>			
<u>GDG</u>		<u>NCGC Technical Team</u>	
Diane Playford	DP	Gill Ritchie	GR
Anne Forster	AF	Tamara Diaz	TD
Sandra Chambers	SC	Antonia Morga	AM
Robin Cant	RC	Serena Carville	SCa
Sue Thelwell	ST	Jonathan Nyong	JN
Khalid Ali	KA	Lina Gulhane (PM only)	LG
Louise Clark	LC		
Kathryn Head	KH	<u>Observers</u>	
Rory O'Connor	ROC	Rebecca Kearney (NICE Scholar)	RK
Najma Khan-Bourne	NKB	Abitha Senthinathan (NICE)	AS
Helen Hunter	HH	Quyen Chu (NCGC)	QC

1. Introduction

1.1. Welcome and Apologies

The Chair welcomed all to the meeting. There were no apologies.

1.2. Declarations of Interest

There were no declarations of interest relevant to the day's agenda.

1.3. GDG 5 Minutes

There were no amendments to the minutes of GDG 5.

1.4. GDG 5 Matters Arising

1.4.1. MID Scores are still outstanding for a few GDG members and the meeting was advised that TD will be following up on this shortly.

2. Evidence Reviews: Rehabilitation Interventions

2.1. In people after stroke what is the clinical and cost-effectiveness of early supported discharge versus usual care?

2.1.1. Clinical evidence:

The clinical evidence included 10 randomised control trials that looked at early supported discharge compared to usual care or nothing. A range of outcomes were considered, including: Barthel scores, the Caregiver Strain Index, recorded Falls, the Functional Independence Measure, the Hospital Anxiety Depression Score, Mortality rates, the Nottingham EADL, Quality of life measures and the length of hospital stays.

2.1.2. Economic Considerations

The GDG was provided with copies of the NICE methodology checklist for economic evaluations. AM explained that this checklist is used to determine whether economic evaluations provide evidence that is useful to inform decision-making by the GDG. The GDG was reminded that the clinical question on early supported discharge is one of the key areas for economic consideration.

The economic evidence presented included: 6 cost analyses and one decision analytic model.

2.2. In people after stroke what is the clinical and cost-effectiveness of Functional Electrical Stimulation for hand function versus usual care?

2.2.1. Clinical evidence:

The clinical evidence included 12 randomised control trials that looked functional electrical stimulation compared with usual care. The outcomes included: the Action Research Arm Test, the Fugl-Meyer Assessment, the 9-hole Peg Test and grip strength.

2.2.2. Economic Considerations

No published economic evidence was available for this clinical question, so costing information of an FES device was presented to the GDG.

3. Clinical Questions and Search protocols

3.1. Review Protocols

The GDG finalised the review protocol for the clinical questions on psychological therapies and information provision.

4. Any other business

There being no further business the meeting ended at 4:00 p.m.

5. Close

The next meeting of the Stroke Rehabilitation GDG will take place at the National Clinical Guidelines Centre on 23rd February, 2011 in the Boardroom from 10:00 – 16:00.