

MEETING MINUTES

Rehabilitation after Stroke – GDG Meeting 7

Location: NCGC – Board Room, 180 Great Portland Street, London, W1W 5QZ

23rd February, 2011

Present			
GDG		NCGC Technical Team	
Anne Forster	AF	Antonia Morga	AM
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		
Khalid Ali	KA	Observers	
Martin Bird	MB	Clare Turner (NICE)	CT
Robin Cant	RC	Kate Kelley (NCGC)	KK
Rory O'Connor	ROC		
Sandra Chambers	SC	Apologies	
Sue Thelwell	ST	Najma Khan-Bourne	NKB
		Pamela Holmes	PH
		Louise Clark	LC
Coopteers			
Ronald White	RW		
Fiona Rowe	FR		

1. Introduction

1.1. Welcome and Apologies

The Chair welcomed all to the meeting. Apologies were heard for Najma Khan-Bourne, Louise Clark and Pamela Holmes. The cooptees were welcomed to the GDG and group members introduced themselves.

1.2. Declarations of Interest

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

1.3. GDG 6 Minutes

Point 2.1.1. The technical team was asked to check the official name of the Nottingham EADL2, members suggested that it should be named Nottingham EADL. Pending this change the minutes of GDG 6 were approved.

1.4. Health Economics Update

AM presented the model structure on one of the high priority health economic questions: Intensive rehabilitation versus standard rehabilitation. Resource use, and utility and mortality data were discussed with the GDG. The meeting was offered a guide on interpreting the results of the model and were advised on the next steps for its development and validation.

Evidence Reviews

1.5. In people after stroke what is the clinical and cost-effectiveness of orthoses for prevention of loss of range of the upper limb versus usual care.

1.5.1. Clinical evidence: Two (2) randomised controlled trials were summarised for the GDG. The methodological quality of the studies ranged from low to very low quality. Outcomes were downgraded based on limitations, indirectness and inconsistencies, and no study data was reported for one of the studies. After discussions, the GDG drafted recommendations for the clinical question.

1.5.2.Economic Considerations: No evidence was found on the cost effectiveness of the interventions, therefore an assessment on cost was based on information sourced from the clinical evidence, where possible.

1.6. In people after stroke what is the clinical and cost-effectiveness of ankle/foot orthoses of all types to improve walking function versus usual care?

1.6.1.Clinical evidence: JN presented the clinical evidence which included three (3) randomised cross-over trials and one randomised controlled trial. The methodological quality of the studies ranged from low to moderate quality based on the outcomes assessed. Outcomes were downgraded on limitations and indirectness. After discussions, the GDG drafted recommendations for the clinical question.

1.6.2.Economic Considerations: No evidence was found on the cost effectiveness of the interventions, therefore an assessment on cost was based on information from the clinical evidence and the GDG. NHS supply chain catalogue data was circulated to the GDG.

1.7. In people after stroke what is the clinical and cost effectiveness of eye movement therapy for visual field loss versus usual care?

1.7.1.Clinical evidence: JN presented a summary of the two (2) randomised controlled trials included in the review. The methodological quality of the studies was low based on outcomes assessed. Outcomes were downgraded based on limitations.

1.7.2.Economic Considerations: No published evidence was identified, addressing the cost effectiveness of eye movement therapy versus usual care. The Cooptee GDG expert helped to calculate the cost to the NHS for this intervention and this was presented by AM to the group.

1.8. Close:

1.8.1.The next meeting of the Stroke Rehabilitation GDG will take place on 30th March, 2011 at the NICE offices in Holborn, from 10:00 – 16:00.