

## MEETING MINUTES

Rehabilitation after Stroke – GDG Meeting 8  
Location: NICE Offices MidCity Place, 71 High Holborn, London, WC1V 6NA  
30<sup>th</sup> March, 2011

<b>Present</b>			
<b>GDG</b>		<b>NCGC Technical Team</b>	
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 (NCGC)	LA
Khalid Ali	KA		
Louise Clark	LC	<b>Observers</b>	
Martin Bird	MB	Michelle Wallwin (NICE)	MW
Najma Khan-Bourne	NKB		
Robin Cant	RC	<b>Coptee</b>	
Rory O'Connor	ROC	Fiona Rowe	FR
Sandra Chambers	SC		
Sue Thelwell	ST		

### 1. Introduction

#### 1.1. Welcome and Apologies

The Chair welcomed all to the meeting and introduced Dr. Michelle Wallwin, the NICE medical editor. The Chair reported that Pamela Holmes has resigned from the GDG as her contract with SCIE has ended. Discussions are underway with NICE with regards a replacement SCIE representative to address the social care aspects of the guideline. Antonia Morga is now on maternity leave and Lola Adedokun has been assigned to support Kate Lovibond on the Health Economics aspect of the guideline.

#### 1.2. Declarations of Interest

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

#### 1.3. GDG 7 Minutes

Pending the following change the minutes of the meeting held on 23<sup>rd</sup> February, 2011 were confirmed as a true and accurate record of the day's events:

- On page 1, in the list of attendees, Anne Forster attended the full meeting so 'a.m. only', should be deleted.

#### 1.4. GDG 7 Matters Arising

The technical team confirmed that the Nottingham Extended Activities of Daily Living scale referred to as the 'Nottingham EADL2', on page 1 of the minutes of meeting 6 is a typographical error and will be amended to read 'Nottingham EADL'.

### **Evidence Reviews**

#### **1.5. In people after stroke what is the clinical and cost-effectiveness of interventions to aid return to work versus usual care?**

- 1.5.1. GS presented the clinical evidence to the GDG: One randomised controlled trial was included in this review. The study was conducted in a mixed population of participants with acquired brain injury, of whom 59% had experienced stroke. After discussions, the GDG drafted recommendations for the clinical question.

1.5.2.Economic Considerations: No economic studies were found that addressed the cost effectiveness of the interventions to aid return to work, therefore an assessment on cost was based on information sourced from the PSSRU 2010 and focused on rates of pay for relevant health care professionals for home visits and hospital based services. The GDG contributed costing details.

**1.6. In people after stroke what is the clinical and cost-effectiveness of interventions for swallowing versus alternative interventions / usual care to improve swallowing? (dysphagia)**

1.6.1.JN presented the clinical evidence for the question to the GDG: four (4) randomised controlled trials were included in the review. The outcome measures covered by the studies included: Return to pre-stroke diet in 6 months, severe chest infection, pneumonia, aspiration pneumonia and pulmonary aspiration, assessed clinically and with pulse oximetry.

1.6.2.Economic Considerations: KL presented health economic data related to this question. There were no published studies that addressed the cost effectiveness of interventions for swallowing versus alternative interventions/usual care to improve swallowing, therefore relevant costs were presented for the GDG's information. Resource use was discussed among the group.

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

1.7.1.JN presented clinical evidence on this question: the review included three (3) studies, including two randomised controlled trials and one pre-test post-test quasi-experimental feasibility design. The outcomes covered by the studies included: cancellation tests, Visual-Spatial matching to sample (Identifying objects), reading speeds, eye movements, visual field perimetry, line bisection and the NAS(1ry outcome) developed specifically for visual impairment; validated for assessing psychological effects of rehabilitation.

1.7.2.Economic Considerations: No studies were found that looked at the cost effectiveness of eye movement therapy for visual field loss versus usual care. KL presented costs and resource use details for the GDG's discussion.

**1.8. NICE Editor Presentation**

A presentation was delivered by MW, clarifying the role of the NICE editor and describing the final drafting and editing process for the guideline. The group was advised that they would be contacted via email inviting them to volunteer to support the writing of the NICE quick reference guide and the understanding NICE versions of the guideline.

**1.9. Any other business**

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

**1.10. Close:**

1.10.1. The next meeting of the Stroke Rehabilitation GDG will take place on 11<sup>th</sup> May, 2011 at the NCGC offices located at 180 Great Portland Street, London, W1W 5QZ from 10:00 – 16:00.