Dementia Guideline Committee meeting 16 – development

Date: 10/07/2017 & 11/07/17

Location: NICE offices, Manchester

Minutes: Final



NICE National Institute for Health and Care Excellence

Committee members present:	
Damien Longson (DL) (chair)	Present for all
Louise Allan (LA)	Present for all
Joanne Brady (JB)	Present for all
Carol Duff (CD)	Present for all
Linda Clare (LC)	Present for all
Richard Clibbens (RC)	Present for all
Kim Grosvenor (KG)	Present for all
Sandra Evans (SE)	Present for all
Karen Harrison-Denning (KHD)	Present for all
Wayne Goddard	Present for day 2, from item 2
Jeremy Isaacs (JI)	Present for all
Hannah Luff (HL)	Present for all
Kevin Minier (KMin)	Present for all
John O'Brien (JO)	Present for all
Chris Roberts (CR)	Present for day 2
Louise Robinson (LR)	Present day 1 from item 5
	Present for day 2
Tracy Wright (TW)	Present for all

In attendance:		
Sohaib Ashraf (SA)	NICE - Health Economist	Present for all
Elizabeth Barrett (EB)	NICE - Information Specialist	Present for day 1, until item 4
Justine Karpusheff (JK)	NICE - Commissioning Manager	Present for day 1
Marie Harrisingh	NICE – Technical Analyst	Present for day 1 for part of item 5 Present for day 2
Andy Hutchinson (AH)	NICE – Medicines Education Technical Adviser	Present for day 2, until item 3
Edgar Masanga (EM)	NICE – Business Analyst	Present for day 1 Present for day 2 from item partway through item

		3
Vonda Murray (VM)	NICE - Project Manager	Present for day 1, until item 4
Gabriel Rogers (GR)	NICE - Technical Adviser	Present for day 1, items 4 & 5
Angela Parkin (AP)	NICE - Medicines Advisor	Apologies day 1, Present for day 2 until item 3
Joanna Perkin (JCP)	NICE – Digital Editor	Present for day 1, until item 3
Joshua Pink (JP)	NICE – Technical Adviser	Present for day 1 items 1 to 3, and 5 to 7 Present for day 2
Susan Spiers (SS)	NICE – Associate Director	Present for day 1

Observers:	
Alice Biggane	Seconded to NICE – day 2, from item 2
Michelle Hilton-boon	NICE Research Fellow – day 1
Jane Roberts	Lay member carer – day 2
Verena Wolfram	NICE-Technical Analyst- day 1 from item 4

Apologies:	
Vicky Gillis-Elliott (VG)	NICE - Technical Analyst
Toby Mercer (TM)	NICE - Technical Analyst
Ruth O'Dea (RO)	Committee member
Sarah Partington (SP)	Committee member

Day 1 – Monday 10th July 2017

1. Welcome, apologies, objectives for the meeting, declaration of interests and minutes of previous meeting

The Chair welcomed the Committee members, attendees and observers to day 1 of the sixteenth dementia committee meeting.

The Chair invited JCP, EM and observer to introduce themselves to the committee

Apologies were noted, as recorded above.

The Chair invited each attendee to declare any new conflicts since the previous meeting. The following conflicts were noted;

Attendee	Declaration	Action
Linda Clare	Involved in a trail, of individual goal-oriented cognitive	Declare and
	rehabilitation for people with early-stage Alzheimer's,	participate

	vascular or mixed dementia. Funded by NIHR HTA. Study commenced in 2013.	
Linda Clare	Involved in a pilot study of an awareness-based staff training intervention to improve quality of life for residents with severe dementia in long-term care settings. Published 2016	Declare and participate
Linda Clare	Involved in a RCT, on the effect of cognitively- stimulating activities for the symptom management of delirium superimposed on dementia. Published 2016	Declare and participate
Linda Clare	Involved in a pilot of an awareness-based staff training intervention to improve quality of life for residents with severe dementia in long-term care settings. Published 2013	Declare and participate

It was agreed that all committee members were eligible to attend the committee meeting and contribute to the discussions and drafting of any recommendations.

The minutes were reviewed from GComm 15, Thursday 25 May 2017, the minutes were agreed to be an accurate record.

2. NICE PATHWAYS

JCP provided an overview of the NICE PATHWAYS, and walked the committee through an example of a NICE pathway. JCP explained the role of the committee in developing these tools. Volunteers will be asked to review the NICE PATHWAY on dementia ahead of a teleconference and then provide feedback during the teleconference to aid in its development. The teleconference will be held during the guideline consultation period and should last no longer than an hour.

Anyone interested in being involved in the development of the dementia NICE PATHWAY to contact VM

3. RQ28 to RQ30 preview

RQ28: What are the most effective non-pharmacological interventions for supporting cognitive functioning in people living with dementia?

RQ29: What are the most effective non-pharmacological interventions for supporting functional ability in people living with dementia?

RQ30: What are the most effective non-pharmacological interventions to support wellbeing in people living with dementia?

The Chair welcomed VG to the meeting, which she attended via telephone. JP provided an overview of the interventions that were found in the evidence for the effectiveness of non-pharmacological interventions for supporting cognitive function, functional ability and wellbeing in people living with dementia. A breakdown of the number of studies found in each intervention category was provided. The committee provided feedback to assist VG to carry out further

analysis of the data in preparation for GComm 17.

4. Health Economics model

SA reminded the committee which review questions had been agreed that economic modelling would be carried out for, and which non-pharmacological interventions would be modelled first. A summary was provided of the progress made to date and what the timeline for modelling would look like. A committee discussion on resource use and costs to deliver first three non-pharmacological interventions (Cognitive Stimulation Therapy, Cognitive Training and Cognitive Rehabilitation) was undertaken.

5. RQ15 & RQ16

RQ15: How effective are carers' assessments in identifying the needs of carers of people living with dementia?

RQ16: What interventions/services are most effective for supporting the wellbeing of informal carers of people living with dementia?

- Presentation of clinical evidence
- Agree evidence statements

JP provided a summary of the types of studies that were found in the evidence for how effective are carers' assessments in identifying the needs of carers of people living with dementia and what interventions/services are most effective for supporting the wellbeing of informal carers of people living with dementia. JP presented the clinical evidence that was found for these 2 review questions.

6. RQ15 & RQ16

RQ15: How effective are carers' assessments in identifying the needs of carers of people living with dementia?

RQ16: What interventions/services are most effective for supporting the wellbeing of informal carers of people living with dementia?

• Recommendations

The committee discussed the evidence and made a number of recommendations, including research recommendations.

5. Any other business

DL reminded the committee of the earlier start time for the next day's meeting, and thanked the committee for their input.

1. Welcome, apologies, objectives for the meeting, declaration of interests and minutes of previous meeting

The Chair welcomed the committee members and attendees to day 2 of the meeting.

Apologies for the meeting were received as detailed above.

The Chair asked each attendee to declare any new conflicts since day one. One conflict was raised as being relevant to the meeting, documented below

Attendee	Declaration	Action
	relating to xxx imaging technology used in dementia.	Declare and participate, with the exception of where evidence relating to Amyloid imaging is discussed and / or associated recommendations drafted

It was agreed that all committee members were eligible to participate in the committee meeting, with the exception detailed above. The Chair outlined the proposed objectives of the meeting.

2. Shared decision making

AH explained what shared decision making is and why it is important. The committee asked questions, and discussed which guideline sections and recommendations led to decision making that could be improved by a decision making aid. The committee decided to consider this issue further in their own time and discuss their thoughts at a later meeting.

3. RQ20 & RQ21

RQ20: What are the most effective methods of primary assessment to decide whether a person with suspected dementia should be referred to a dementia diagnostic service? RQ21: What are the most effective methods of diagnosing dementia and dementia subtypes in specialist dementia diagnostic services?

- Presentation of clinical evidence
- Agree evidence statements

MH provided an overview of the number of studies that was found in the searches, in the screening phases, along with the common reasons for evidence to be excluded. MH presented the evidence that was found on the most effective methods of primary assessment to decide whether a person with suspected dementia should be referred to a dementia diagnostic service, and of diagnosing dementia and dementia subtypes in specialist dementia diagnostic services. The committee discussed the evidence presented and agreed the evidence statements. Evidence was presented for diagnosing dementia and the most common dementia subtypes, but due to the sheer volume of evidence there was insufficient time to finish the evidence review.

4. RQ20 & RQ21

RQ20: What are the most effective methods of primary assessment to decide whether a person with suspected dementia should be referred to a dementia diagnostic service? RQ21: What are the most effective methods of diagnosing dementia and dementia subtypes in specialist dementia diagnostic services?

• Health Economics

SA provided an overview of the evidence that was found on health economics for most effective methods of primary assessment to decide whether a person with suspected dementia should be referred to a dementia diagnostic service, and of diagnosing dementia and dementia subtypes in specialist dementia diagnostic services. The committee asked questions, and discussed the evidence, and agreed the evidence statements. There was insufficient time complete the economic evidence review.

5. RQ20 & RQ21

RQ20: What are the most effective methods of primary assessment to decide whether a person with suspected dementia should be referred to a dementia diagnostic service? RQ21: What are the most effective methods of diagnosing dementia and dementia subtypes in specialist dementia diagnostic services?

• Recommendations

The committee agreed at this stage that they could make recommendations for diagnosing dementia and the most common dementia subtypes (AD, FTD, VaD and DLB). It was agreed that the reminder of the clinical and economic evidence would be presented at the next meeting (GCom17) and that additional recommendations would be made then.

VM to add a 1 hour slot at GComm 17, for RQ20 and RQ21

6. AOB & Close

DL thanked the committee for their hard work over the 2 day meeting. Date and time of the next meeting was confirmed.

Date of next meeting: Wednesday 20 & Thursday 21 September 2017

Location of next meeting: NICE offices, London