

NICE Collaborating Centre for Social Care

**Social care of older people with multiple long-term conditions Guideline Development Group meeting 11
28th January 2015, 10.30am, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ**

Minutes

Guideline Development Group Members	
Name	Role
Bernard Walker (BW)	GC Chair
Beth Britton (BBr)	Carer
Kevin Minier (KM)	Carer
Ann MacFarlane (AM)	Service user
Diana Robinson (DRo)	Service user and carer
Gillian Crosby (GC)	Researcher
Belinda Black (BBI)	Care home provider
Deborah Read (DRe)	Social Worker
Karin Tancock (KT)	Occupational Therapist
Jeremiah Kelleher (JK)	Local authority manager
Lelly Oboh (LO)	Consultant Pharmacist
Maggie Winchcombe (MW)	Occupational Therapist
Chris Wood (CW)	Researcher
Janet Reynolds (JR)	Social Worker
Philippa Thompson (PTh)	Home care provider

The NCCSC is a collaboration led by SCIE



Ann Workman (AW)	Local authority manager
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Other invitees		
Name	Role	Organisation
Amanda Edwards (AE)	NCCSC Director	NCCSC (SCIE)
Beth Anderson (BA)	Senior Lead	NCCSC (SCIE)
Naila Dracup (ND)	Information Specialist	NCCSC (SCIE)
Carol Vigurs (CV)	Lead Systematic Reviewer	NCCSC (EPPI)
Isabel Quilter (IQ)	Research Assistant (Minutes)	NCCSC (SCIE)
Joanna Lenham (JL)	Dissemination and Adoption Lead	NCCSC (SCIE)
Gerry Nosowska (GN)	Dissemination and Adoption Support	NCCSC (RIP/RIPFA)
Marija Trachtenberg (MT)	Economist	NCCSC (PSSRU)
Peter O'Neill (PO)	Technical Advisor	NICE
Jaimella Espley (JE)	Editor	NICE

Apologies	
Name	Organisation
Palida Teelucknavan (PTe)	SCIE

No	Agenda Item	Minutes	Action/Owner
1.	Welcome and apologies and potential conflict of interest.	<p>The Chair welcomed all attendees to the meeting and the apologies were noted above.</p> <p>The following GC members declared new interests:</p> <p>BBr – Appointed as a member on the standing commission on carers.</p>	
2.	Minutes and matters arising from the last meeting	<p><u>Minutes:</u></p> <p>A correction was noted on page 6 of the minutes from the last meeting</p>	Action 1: PT to make correction to page 6 of the minutes from the previous meeting.

		<p>(e.g. the Care Plan) and needs to be changed to (e.g. the Care Act).</p> <p><u>Matters arising:</u></p> <p>There was discussion from the GC about a lack of engagement with older people. JL informed the GC that the NCC and SCIE have been working together to think through how to address this.</p> <p>We also need to think about how to engage older people for the guideline consultation. Members questioned the appropriate number of people to be consulted and whether we have time for more expert witnesses. BA and AE reiterated that expert witnesses can only be invited to cover a gap in the evidence.</p> <p>JL said the NCC would welcome suggestions about organisations to involve that represent older people</p> <p>The GC also raised the issue of professionals not part of the GC constituency, specifically GPs GPs, housing officers, front line care worker and community matrons. BA suggested that organisations representing these groups could be involved during the consultation period where they will be able to submit comments.</p>	
3.	Review draft recommendations	The GC reviewed all draft recommendations and suggested some further edits.	
4.	Economic Evidence	MT provided an update on the economic analysis and how this may inform the recommendations.	
5.	Review of new evidence from citation searching	CV presented new evidence produced from citation searching, outlined the process and described how the team followed up the studies.	
6.	Agree any changes to/new recommendations based on new evidence & economic evidence	The GC discussed the implications of the new papers produced in the citation searching and discussed whether amendments to the draft recommendations needed to be made.	
7.	Who should take action – agree audiences	The GC reviewed the guideline section ‘Who should take action’ and agreed the terms of the audience.	Action 23: NCC to make amendments to the audiences in ‘Who should take action’.

8.	Implementation: getting started – looking at the challenges and priorities.	The GC identified the three priority areas for implementation.	
9.	AOB	None.	