

NICE Collaborating Centre for Social Care

Transition between inpatient hospital settings and community or care settings for adults with social care needs
Guideline Committee meeting 11
24th March 2015, 1030 - 1700, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ
Minutes and working notes

Guideline Development Group Members	
Name	Role
Eileen Burns (EB)	Community geriatrician
Olivier Gaillemain (OG)	Consultant Physician in Acute Medicine
Margaret Lally (ML)	Voluntary sector
Sandy Marks (SM)	Service user and carer
Manoj Mistry (MM)	Carer
Rebecca Pritchard (RP)	Voluntary sector and housing
Jill Scarisbrick (JS)	Physiotherapist
Kath Sutherland-Cash (KSC)	Service user
Kathryn Smith (KS)	GDG Chair
Geoff Watson (GW)	Integrated health and social care provider

The NCCSC is a collaboration led by SCIE



Other invitees		
Name	Role	Organisation
Amanda Edwards (AE)	NCCSC Director, GDG facilitator	NCCSC (SCIE)
Carolyn Denne (CD)	Senior Lead	NCCSC (SCIE)
Lisa Boardman (LB)	Project Manager	NCCSC (SCIE)
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC (SCIE)
Naila Dracup (ND)	Information Specialist	NCCSC (SCIE)
Carol Vigurs (CV)	Systematic Reviewer	NCCSC (EPPI)
Annette Bauer (AB)	Economist	NCCSC (PSSRU)
Sue Jelley (SJ)	NICE Editor	NICE
Peter O'Neill (P O'N)	NICE Technical Analyst	NICE
Stacey Wilkinson (SW)	NICE Technical Analyst (Observer)	NICE
Justine Karpusheff (JK)	NICE Acting Programme Lead	NICE

Apologies	
Name	Organisation
Paul Cooper (PC)	Occupational therapist
Gerry Bennison (GB)	Service user and carer
Deborah Grieg (DG)	Integrated health and social care trust manager
Robert Henderson (RH)	GP
Sarah Lester (SL)	Research Assistant NCCSC (EPPI)
Anthony Gildea (AG)	NICE Project Manager
Jane Silvester (JS)	NICE Associate Director

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, apologies and potential conflicts of interest	<p>KS welcomed members to the 11th Guideline Committee meeting for this topic. Apologies were received from Paul Cooper, Gerry Bennison, Deborah Grieg and Robert Henderson.</p> <p>KS asked the GC and other attendees to introduce themselves and to say whether there were any changes to the register of interests and any particular conflicts of interest in relation to the agenda for the meeting today. KS emphasised the need to declare interests even if members felt they were unlikely to lead to a conflict.</p> <p>Members introduced themselves. There was one addition to the register of interests (see appendix A). Manoj Mistry – In February 2015 appointed a member of the Patient Panel at N.I.H.R’s “The Collaboration for Leadership in Applied Health Research and Care” (CLAHRC) Great Manchester”. It was noted that there were no conflicts of interest in relation to the agenda today.</p>	
2.	Minutes and matters arising from the last meeting	<p>The minutes of GC 9 and 10 Guideline Development Group meeting held on 10th and 11th February 2015 were agreed as an accurate record of the meeting.</p> <p>The minutes were reviewed for matters arising. There were no actions from the last meeting.</p>	
3.	Gaps in the evidence and areas in need of recommendations -NICE and NCCSC analysis -Gaps identified by GDG members -agree new or amended recommendations	<p>JF explained that the GC needed to talk through gaps and areas of the scope not adequately covered by recommendations. These identified gaps were based on NICE and NCCSC analysis and observations by GC members.</p> <p>There may be additional recommendations that can be derived from evidence previously presented and/or the GC may wish to develop recommendations on the basis of consensus discussions.</p> <p>The GC reconsidered a number of evidence statements and agreed a number of new recommendations and amendments to existing recommendations, as well as some areas which may be suitable for research recommendations.</p>	
4.	Forward citation searching agree new or amended recommendations	<p>JF introduced the results from the forward citation searching. Forward citation searching was conducted on all included papers.</p> <p>There were three studies found relating to medicines management. From these two evidence statements were derived. The GC discussed these two evidence</p>	

		<p>statements and considered the impact of this new evidence on existing recommendations as well as considering whether any new recommendations should be agreed.</p> <p>The GC agreed a small number of changes to the recommendations as a result of forward citation searching.</p>	
5.	Economic report -Questions for the GDG agree new or amended recommendations	<p>AB introduced her presentation which talked through the economic evidence statements and invited the GC to discuss the recommendations they had agreed so far and areas where they might wish to consider new recommendations.</p> <p>The GC agreed changes to some of the recommendations derived from economic evidence.</p>	
6.	Review draft recommendations. - NICE feedback - Agree amendments to recommendations	<p>JF talked through the feedback recently received from NICE, following their review of the draft recommendations.</p> <p>NICE had suggested some changes to the structure and headings. The GC were happy with all the suggested changes.</p> <p>NICE had suggested some general issues that needed to be resolved. The GC discussed the use of different terminology and agreed a number of terms to be used in the guideline and agreed terms that would not be used.</p> <p>The draft set of recommendations were shown on the screen and the GC went through each of the NICE comments in turn. The amendments to wording were captured on screen, in tracked changes, on the version 240315 of the short guideline.</p>	
7.	Research recommendations	The GC discussed and agreed a number of research recommendations.	
8.	Guideline section: <i>Implementation: getting started – looking at the challenges and priorities</i>	<p>KR introduced the session. The main aims of the session were to identify three main areas that the guideline committee believe will be the most challenging to implement when the guideline is published. Also to consider what are the benefits and potential impact of each area.</p> <p>GC members each shared what they thought should be the priority areas and three main themes were identified.</p>	
9.	Next steps and AOB	LB gave a brief presentation about the next steps towards the completion of the	

		<p>guideline and set out the timeline for the next few weeks.</p> <p>While the guideline was out for consultation NICE would start developing the pathway and the information for the public version.</p> <p>KS thanked the GC and the team for all the hard work they had put in.</p>	
10.	Date of next GDG	Tuesday 18 th August 2015, 11am –1700, SCIE offices, Meeting Room 1, Kinnaird House, 1 Pall Mall East, London SW1Y	

Appendix A – Register of GDG member interests

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Kathryn Smith	None	None	Director of Operations at the Alzheimer’s Society and frequently asked to comment in the media on poor transitions between hospital and home.	None
Gerry Bennison	None	None	None	None
Manoj Mistry	None	None	None	<p>In February 2015 appointed a member of the Patient Panel at N.I.H.R’s “The Collaboration for Leadership in Applied Health Research and Care” (CLAHRC) Great Manchester”.</p> <p>In December 2014 appointed ‘Public Representative Interviewer’ at the Medical School, Lancaster University.</p> <p>In January 2015 appointed ‘Public member’ of the N.I.H.R’s ‘Research for Patient Benefit (RFPB)’ Programme Committee, Northwest Region.</p> <p>PPI representative for the Health Research Authority (HRA), London.</p> <p>PPI representative for the Health Quality Improvement Partnership (HQIP), London.</p> <p>Lay member for NICE Clinical Guidelines Update Committee</p>

				<p>B.</p> <p>PPI representative for the Primary Care Research in Manchester engagement Resource (PRIMER) group at the University of Manchester.</p> <p>Lay representative for the MSc Clinical Bio Informatics, at the University of Manchester.</p> <p>Lay Educational Visitor at the Health and Care professions Council (HCPC), London.</p>
Sandy Marks	None	None	None	<p>Chair of Disability Action Islington, London.</p> <p>Co-chair of 'Making it Real', board, London.</p> <p>Integrated Care board of Local Authority and Clinical commissioning Group, London</p> <p>Chair of London Patient Voice.</p> <p>My father will benefit from the improvements we are trying to make.</p>
Kathleen Sutherland-Cash	None	Unsure. My husband is employed regularly by an agency as a Locum Counselling Psychologist for NHS mental health services	None	<p>My work has involved challenging statutory authorities (NHS, DWP and local councils) to ensure that disabled people's needs are met appropriately and policies and procedures are being correctly applied. I have therefore been involved in supporting many disabled people to make formal</p>

				<p>complaints about appropriate health/social care practice and decisions.</p> <p>I have asked my MP to assist with issues relating to the co-ordination of information and referral to local, regional and national hospitals for people with complex health conditions. As the issues arising relate to cross referral to numerous trusts, as well as access to the specialist services of the NHS as a whole, the issues can only be resolved by the Department of Health.</p> <p>I have been involved in lots of work representing the interests of people with learning difficulties.</p>
Eileen Burns	None	None	None	None
Geoff Watson	None	None	None	None
Rebecca Pritchard	None	None	None	I am involved in campaigning work on behalf of homeless people.
Jill Scarisbrick	None	None	None	None
Paul Cooper	None	None	None	None
Deborah Grieg	Employed full time by Gloucestershire County Council to undertake the role of Head of Adult Social Care in Gloucestershire Care Services NHS Trust for which I receive an annual salary. I am not a Director of either organisation	My husband is employed full time in Gloucestershire Hospitals NHS Trust for which he receives a salary, he is not a Director	None	None
Olivier Gaillemin	None	None	None	Interests are in improving the transition of care for frail older

				people.
Robert Henderson	None	None	None	None
Margaret Lally	None	None	None	<p>Whilst at the British Red Cross I have contributed to documents on the need to improve transitional arrangements.</p> <p>A trustee of Heritage Care a charity which provides independent living support for people with learning difficulties, people with mental health issues (through a subsidiary) and residential care for older people.</p>