

NICE Collaborating Centre for Social Care

**Transition between inpatient hospital settings and community or care settings for adults with social care needs
Guideline Development Group meeting 3
24th June 2014, 1130 - 1630, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ
Minutes**

Guideline Development Group Members	
Name	Role
Eileen Burns (EB)	Community geriatrician
Paul Cooper (PC)	Occupational therapist
Olivier Gaillemain (OG)	Geriatrician
Deborah Greig (DG)	Integrated health and social care trust manager
Robert Henderson (RH)	GP
Rachel Karn (RK)	Local authority senior manager and commissioner
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	NCCSC (SCIE)
Carolyn Denne (CD)	Senior Lead	NCCSC (SCIE)
Lisa Boardman (LB)	Project Manager	NCCSC (SCIE)
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC (SCIE)
Carol Vigurs (CV)	Systematic Reviewer	NCCSC (EPPI)
Jane Greenstock (JG)	Research Assistant	NCCSC (SCIE)
Annette Bauer (AB)	Economist	NCCSC (PSSRU)
Naila Dracup (ND)	Information Specialist	NCCSC (SCIE)
Lisa Smith (LS)	Dissemination and Adoption Support	NCCSC (RIP/RIPFA)
Sue Jelley (SJ)	NICE Editorial team	NICE
Alison Lake (AL)	NICE Pathways team	NICE
Tony Smith (TS)	NICE Economist	NICE

Apologies	
Name	Organisation
Jose-Luis Fernandez (JLF)	NCCSC (PSSRU)
Gerry Bennison(GB)	Service user and carer

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, introductions and potential conflicts of interest	<p>KS welcomed members to the third Guideline Development Group meeting for this topic Apologies had been received from Jose-Luis Fernandez (JLF) and Gerry Bennison (GB). Rachel Karn (RK) would arrive at the meeting at 1300</p> <p>KS asked the GDG 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.</p> <p>KSC raised a new declaration of interest regarding the department of health and work with an MP.</p> <p>MM gave LB a list of personal non-pecuniary interests which he asked to be included on the register.</p> <p>With the exception of the above there were no changes to the register of interests (<i>See Appendix 1</i>) and no conflicts in relation to items on the agenda today.</p>	ACTION 1: LB to clarify details of declaration of interest with KSC outside of meeting and update the register of interests with KSC and MM new interests
2.	Minutes and matters arising	<p>The minutes of GDG 1 meeting held on 1st April 2014 were agreed as an accurate record of the meeting.</p> <p>The minutes were reviewed for matters arising. All actions were completed or in hand.</p>	
3.	Agree review protocols	<p>JF gave an overview of the changes that had been made and the work that had been done on the review questions and protocols since they were discussed by the group at GDG 2 and following further discussions with NICE.</p> <p>The final set of questions have now been signed off by NICE along with our workplan so these questions and protocols are what all the review work and all the work developing recommendations will be based on.</p> <p>JF then went through the questions and asked the GDG for any questions or points of clarification.</p> <p>The GDG agreed and signed off the review protocols for use throughout the</p>	

		development period.	
4.	An overview of the evidence	<p>JF introduced the flow diagram that had been circulated to the group setting out the studies that had been screened so far and which questions they were associated with.</p> <p>JF explained the screening process to date, initial results from screening and early identified gaps in the evidence.</p> <p>JF invited the GDG to discuss briefly in pairs any gaps in the evidence and how gaps could be filled.</p> <p>The GDG discussed these issues for about five minutes and then shared observations and ideas.</p> <p>The GDG discussed relevant stakeholder organisations and asked to see the list of stakeholders registered with NICE for this topic.</p> <p>KS thanked JF and the review team for all the work done to date and for the input of the GDG at this early stage.</p>	ACTION 2: NCC to get most recent list of registered stakeholders from NICE and share names of organisations with the group.
5.	The role of the NICE editor and writing recommendations	<p>SJ introduced herself and began by talking about how NICE audiences access guidance, through different formats, all online. People skim read online and then try to find the info that you are interested in. So the way recommendations are written is important.</p> <p>SJ talked through the NICE style guide and what the GDG should consider when writing recommendations.</p> <p>SJ explained that there would be a substantial edit of the recommendations just before the guidance went out to consultation and also following consultation, once the GDG had responded to stakeholder comments.</p> <p>The editors' team also lead on writing the information for the public version of the guideline.</p>	

6.	Introduction to NICE pathways	<p>AL introduced herself and her role in developing and maintaining NICE pathways. A Pathway was a version of the guideline that NICE produced along with the full text guideline.</p> <p>NICE want to give people quick access to the info they need and make it easy for them to find it across the NICE website, so the Pathways concept has been designed with that in mind.</p> <p>AL then demonstrated what a pathway looked like and particularly what the ‘transition between hospital and home’ pathway could look like (this early version was based on the scope and review questions).</p> <p>AL then invited questions from the GDG</p>	
7.	Dissemination and adoption issues	<p>LS presented a brief recap of the opportunities so far to gather issues relating to implementation of this guideline. Issues were captured from scoping right through development and then used to inform activities and tailored products that would support the implementation of the guideline.</p> <p>LS introduced a small group activity. The GDG was divided into three groups and each group had between 5 and 10 minutes to identify all the potential audiences for this guideline.</p> <p>The group then discussed blocks and enablers to implementation.</p> <p>LS thanked the GDG for their ideas and suggestions which will be captured on the D&A log and reviewed later in the process to inform needs analysis and support planning.</p>	
8.	Economic Plan	<p>AB introduced the draft economic plan and the priority areas for detailed economic analysis.</p> <p>Members reflected on proposals for economic priority areas and made a number of suggestions.</p> <p>KS reminded members to send further comments regarding the draft economic plan to Lisa and Annette by the end of next week (4th July). The final economic plan would be signed of by KS before submission to NICE.</p> <p>Some GDG members said that they had struggled having the economic item at the</p>	<p>ACTION 3: Members of the GDG to send comments and feedback to AB about the economic plan by the end of next week (4th July)</p> <p>ACTION 4: LB to ensure that the economic update at the</p>

		very end of the day and would prefer it earlier as some of the discussion was very technical.	next session is earlier in the day.
9	Date of GDG 4	22 nd July 2014, 11.30am – 5.00pm, SCIE offices, Shared Meeting Room, 2 nd Floor, 206 Marylebone Road, London NW16AQ	

Appendix A

Register of Interests - Guideline Development Group Meeting 3

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Kathryn Smith	None	None	None	None
Gerry Bennison	None	None	None	None
Manoj Mistry	None	None	None	PPI representative for the Health Research Authority (HRA) PPI representative for the Health Quality Improvement Partnership (HQIP) Lay member for NICE Clinical Guidelines Update Committee B. PPI representative for the Primary Care Research in Manchester engagement Resource (PRIMER) group at the university of Manchester. Lay representative from the MSC Clinical Science (Clinical Bio Informatics) at the University of Manchester. Lay Educational Visitor at the Health and Care professions Council (HCPC)
Sandy Marks	None	None	None	None

Kathleen Sunderland-Cash	None	Unsure. My husband is employed regularly by an agency as a Locum Counselling Psychologist for NHS mental health services	None	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 complaints about appropriate health/social care practice and decisions. 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.
Eileen Burns	None	None	None	None
Geoff Watson	None	None	None	None
Rebecca Pritchard	None	None	None	None
Jill Scarisbrick	None	None	None	None
Paul Cooper	None	None	None	None
Rachel Karn	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 Gaillemain	None	None	None	None
Robert Henderson	None	None	None	None
Margaret Lally	None	None	None	Whilst at the British Red Cross I have contributed to documents on the need to improve transitional arrangements.