

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 4/5
27th August 2014, 1130 - 1700, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ**

Minutes

Guideline Development Group Members	
Name	Role
Gerry Bennison (GB)	Service user and carer
Olivier Gaillemin (OG)	Geriatrician
Deborah Greig (DG)	Integrated health and social care trust manager
Robert Henderson (RH)	GP
Margaret Lally (ML)	Voluntary sector
Sandy Marks (SM)	Service user and carer
Manoj Mistry (MM)	Carer
Rebecca Pritchard (RP)	Voluntary sector and housing
Kath Sutherland-Cash (KSC)	Service user
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 (Chair in KS absence)	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)
Sarah Lester (SL)	Research Assistant	NCCSC (EPPI)
Annette Bauer (AB)	Economist	NCCSC (PSSRU)
Anthony Gildea (AG)	NICE Project Manager	NICE
Jo Lenham (JL)	Observer	SCIE

Apologies	
Name	Organisation
Jose-Luis Fernandez (JLF)	NCCSC (PSSRU)
Eileen Burns (EB)	Community geriatrician
Paul Cooper (PC)	Occupational therapist
Jill Scarisbrick (JS)	Physiotherapist
Kathryn Smith (KS)	GDG Chair
Rachel Karn (RK)	Local authority senior manager and commissioner

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, introductions and potential conflicts of interest	<p>AE welcomed members to the joint 4th/5th Guideline Development Group meeting for this topic. Apologies had been received from Eileen Burns, Paul Cooper, Rachel Karn, Jill Scarisbrick and Kathryn Smith.</p> <p>AE apologised for the late distribution of the minutes.</p> <p>AE 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>MM requested some minor amends to his register of interests.</p> <p>With the exception of the above there were no changes to the register of interests (See Appendix 1) and no conflicts in relation to items on the agenda today.</p>	ACTION 1: LB to ensure minutes are distributed in good time for future GDG meetings
2.	Minutes and matters arising	<p>The minutes of GDG 3 meeting held on 24th June 2014 were agreed subject to several minor amendments.</p> <p>The minutes were reviewed for matters arising. All actions were completed or in hand.</p>	<p>ACTION 2: LB to make amends to minutes and liaise with GDG members to clarify any remaining issues.</p> <p>ACTION 3: LB to send out link to the registered stakeholders list of the NICE website</p> <p>ACTION 4: AG to request feedback from NICE editorial team regarding easyread versions of social care guidelines.</p> <p>ACTION 5: LB to ensure Care Act and audiences is on the agenda for the December GDG and invite speaker on Care Act</p>

			ACTION 6: LB to add a status note to the minutes that were distributed with the papers for the next GDG.
3.	Review work update and approach taken	<p>JF gave an overview of the review work so far and the approach that had been taken and would be taken with the review work going forward.</p> <p>For each review question the following would need to be completed before the evidence could be presented to the GDG:</p> <ul style="list-style-type: none"> • Screening all included studies against that question on full title and abstract • Full text retrieval • Screening on full text • Agreeing the final set of included studies • Data extraction and critical appraisal • Development of narrative summaries and evidence statements <p>Impact and effectiveness questions around particular aspects of transitions between hospital and home would form the focus of each GDG. Views findings would feed into each of these impact/effectiveness areas. This means that the GDG will be able to hear evidence about the impact, effectiveness and cost effectiveness of a particular intervention as well as hearing evidence of the views and experiences of services, users and carers about that particular intervention at the same time.</p> <p>JF then spoke about the focus of review work for today. This covered four impact questions, two about mental health (four studies reviewed) and two regarding end of life care (six studies reviewed). Studies had been mainly excluded because there was no reference to a social care need, no transition or because of evidence type or country.</p> <p>JF then asked the GDG whether they had any questions about the approach that was being taken.</p> <p>Finally JF set out the next steps for review work following the meeting today and set out the question areas for which evidence would be presented at GDGs 6, 7 and 8.</p>	

4.	Economic Plan update	AB thanked the GDG for feedback about the economic plan at and after the last meeting. The economic plan had now been signed off by NICE.	ACTION 7: GDG members who were interested in being contacts for AB on economic modelling to contact LB
5.	Effects of care and support planning and delivery approaches (mental health)	<p>JF gave an overview of the evidence for the review questions: <i>What is the impact of specific interventions to support people with mental health difficulties during transition from general inpatient hospital settings to community or care home settings? (8a)</i> And <i>What is the impact of specific interventions to support people with mental health difficulties during transition to general inpatient hospital settings to community or care home settings? (8b)</i> JF explained that the session would include</p> <ul style="list-style-type: none"> • An overview of the evidence for review area 1, views and impact data • Evidence statements based on views and impact data • Overview of economic evidence • Group work to develop recommendations <p>Evidence relating to views and experiences covered these review questions:</p> <ul style="list-style-type: none"> • Views and experiences of people using services and families and carers (transitions to and from hospital) • Views of health, social care and housing practitioners (transitions to and from hospital) • What do they think works well, what does not work well?, and • What helps and what makes it difficult to ensure successful transitions. <p>Considerations were that there was a small amount of evidence (4 studies in total), views data was particularly lacking, included studies were of mixed, moderate and good quality. Findings from two of the impact studies were conflicting.</p> <p>JF then talked through each of three evidence statements.</p> <p>AB then spoke briefly about the economic evidence. There were two effectiveness</p>	

		<p>studies that included service outcomes and related these to cost savings.</p> <p>AE then invited the GDG to ask any points of clarification about the evidence.</p> <p>The GDG asked for some improvements to the way the papers were formatted and presented.</p> <p>AE thanked JF and AE and suggested the GDG now moved into three groups for a short workshop session. Each group would lead on developing recommendations based on one of the evidence statements and would have around 30 minutes to do this.</p> <p>These recommendations would then be read aloud to the group in a plenary session at the end of the day and other members of the GDG would have the opportunity to challenge, discuss and amend them. The recommendations would remain draft throughout development.</p> <p><i>30 minutes workshop session</i></p>	<p>ACTION 8: the review team and LB to make improvements to the way the papers are formatted.</p>
6.	<p>Effects of care and support planning and delivery approaches (end of life care)</p>	<p>JF gave an overview of the evidence for the review questions: <i>What is the impact of specific interventions to support people with end of life care needs during transition from general inpatient hospital settings to community or care home settings? (9a)</i> and <i>What is the impact of specific interventions to support people with end of life care needs during transition to general inpatient hospital settings to community or care home settings? (9b)</i></p> <p>JF explained that the session would include</p> <ul style="list-style-type: none"> • An overview of the evidence for review area 2, views and impact data • Evidence statements based on views and impact data • Overview of economic evidence • Group work to develop recommendations <p>Evidence relating to views and experiences covered these review questions:</p> <ul style="list-style-type: none"> • Views and experiences of people using services and families and carers (transitions to and from hospital) • Views of health, social care and housing practitioners (transitions to and from hospital) 	

		<ul style="list-style-type: none"> • What do they think works well, what does not work well?, and • What helps and what makes it difficult to ensure successful transitions. <p>Considerations were that there was a moderate amount of views evidence (five studies in total), of mainly good quality, including one UK study and that user, carer and practitioner views were all represented. There was a small amount of effectiveness evidence (one study) of moderate quality.</p> <p>JF then talked through each of five evidence statements.</p> <p>AB spoke briefly about the economic evidence.</p> <p>The GDG would like the review team to check that we are including the costs and outcomes associated with ‘continuing health care’ in the review work.</p> <p>AE thanked JF and AE and suggested the GDG now moved into three groups for a short workshop session.</p> <p>AE thanked JF and AE and suggested the GDG now moved into three groups for a short workshop session.</p> <p>Group 1 would look at statements 1 and 5 Group 2 would look at statements 2 and 4 Group 3 would look at statement 3, and if time continue 1 and 2 also</p> <p>These recommendations would then be read aloud to the group in a plenary session at the end of the day and other members of the GDG would have the opportunity to challenge, discuss and amend them. The recommendations would remain draft throughout development.</p> <p><i>30 minutes workshop session</i></p>	<p>ACTION 9: The review team to check costs and outcomes associated with ‘continuing health care’ are included in review work</p>
8.	<p>Plenary (mental health and end of life care questions)</p>	<p>AE asked each of the three groups to report back in turn on the recommendations they had developed for the two mental health questions (8a and 8b) and the two end of life care questions (9a and 9b).</p> <p>AE asked the note takers to give or send all the group notes to LB. The project team would write them up and distribute them for the next meeting, as context for the next</p>	<p>ACTION 10: Review team to check whether Transport for London have some evidence regarding patient transport in London.</p>

		<p>set of evidence statements that the GDG will be working with to write recommendations.</p> <p>AE thanked the GDG for their contributions and closed the meeting.</p>	<p>ACTION 11: ML to check information that may be available from the ambulance service.</p> <p>ACTION 12: LB to check with Chair as to whether meetings could start slightly earlier</p>
9	Date of GDG 6	21 st October 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 4/5

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	<p>PPI representative for the Health Research Authority (HRA)</p> <p>PPI representative for the Health Quality Improvement Partnership (HQIP)</p> <p>Lay member for NICE Clinical Guidelines Update Committee 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 from the MSC Clinical Science (Clinical Bio Informatics) at the University of Manchester.</p> <p>Lay Educational Visitor at the Health and Care professions Council (HCPC)</p>
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 Greig	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	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.