Transition between inpatient hospital settings and community or care settings for adults with social care needs
Guideline Development Group meeting 6
21st October 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
Paul Cooper (PC)	Occupational therapist
Olivier Gaillemin (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)
Sarah Lester (SL)	Research Assistant	NCCSC (EPPI)
Anthony Gildea (AG)	NICE Project Manager	NICE
Carol Vigurs (CV)	Systematic Reviewer	NCCSC (EPPI)
Jose-Luis Fernandez (JLF)	Senior Economist	NCCSC (PSSRU)

Apologies	
Name	**Organisation**
Eileen Burns (EB)	Community geriatrician
Annette Bauer (AB)	Economist

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	**Welcome, apologies and potential conflicts of interest**	KS welcomed members to the 6th Guideline Development Group for this topic. Apologies had been received from Eileen Burns and Annette Bauer. 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. There were no changes to the register of interests *(See Appendix 1)* and no conflicts in relation to items on the agenda today.	
2.	**Minutes and matters arising from the last meeting**	The minutes of the joint GDG 4/5 Guideline Development Group meeting held on 27th August 2014 were agreed as an accurate record of the meeting subject to one minor amend.	**ACTION 1: AG to seek advice from Ann Horrell about when decisions should be made concerning easyread versions of the guideline.** **ACTION 2: Proposals to fill gaps in evidence by expert witnesses would be logged by the project team and discussed at the next GDG**
3.	**What is the effectiveness of interventions and approaches designed to improve hospital discharge?**	JF gave an overview of the evidence for review question *what is the effectiveness of interventions and approaches designed to improve hospital discharge* (6) JF explained that the session would include • An overview of the evidence for review area 3, including both views and impact data • Evidence statements based on views and impact data • Overview of economic evidence • Group work to develop recommendations Evidence relating to views and experiences had also been sought in relation to review questions 1.1(a). 1.2 (a), 2.1 (a), 2.2 (a), 3 (a), 4 (a) and 10 (a). 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.	

		Considerations were that overall there was a good amount of evidence. Included views studies (8 in total) were of mainly moderate quality and included impact studies (13 in total) were of mainly good-moderate quality. Findings from the views and impact data were sometimes conflicting. JF then talked through the detail of six evidence statements. The GDG briefly discussed the evidence and evidence statements and sought clarification from JF on a number of areas. JLF briefly talked through the economic evidence. It was important to note the difference between effectiveness analysis and modelling work. JLF talked through nine papers relating to timely discharge planning. These covered three areas • With and without rehabilitation for people with stroke • With and without rehabilitation for older people • Different types of discharge planning as part of other service provision KS thanks JLF for his presentation and asked the GDG to move into groups and to start developing recommendations in response to review area 3 – improving hospital discharge	
4.	**Question 6 – Writing recommendations (groups) + noting implementation considerations**	The GDG formed three groups with a mixture of practitioner and service user/carer members in each. These were chaired by KS, AE and CD respectively and scribes were LB, CV and SL. Group 1 focused on evidence statements 1 and 2, group 2 on 3 and 4 and group 3 on 5 and 6. Each group wrote recommendations based on these evidence statements together with their own collective knowledge and expertise. All groups were asked to take some time to consider whether there were any other evidence statements that could be drawn from the evidence, to note gaps in the evidence, any research recommendations, and to capture notes about policy/practice that was pertinent to the review area.	
5.	**Question 6 - Plenary**	Each small group nominated a member of the GDG to feed back the recommendations that the group was proposing were accepted in draft by the full GDG. The recommendations were put up onto the screen and each was discussed and	

		agreed in turn. Some amends were made following discussion and these amends were incorporated. A number of issues and actions were noted as a result of GDG discussion and these have been captured on the draft LETR tables for GDG7.	
6.	**What is the effectiveness of interventions and approaches designed to reduce hospital re-admissions**	JF gave an overview of the evidence for review question *what is the effectiveness of interventions and approaches designed to reduce hospital re-admissions* (7) JF explained that the session would include • An overview of the evidence for review area 4, including both views and impact data • Evidence statements based on views and impact data • Overview of economic evidence • Group work to develop recommendations Evidence relating to views and experiences had also been sought in relation to review questions 1.1(a). 1.2 (a), 2.1 (a), 2.2 (a), 3 (a), 4 (a) and 10 (a). Considerations were that there were no studies reporting views and experiences but there was a good amount of evidence about impact of interventions to reduce readmission. The evidence was mostly of good quality and there was some overlap with evidence on improving hospital discharge. JF then talked through the detail of six evidence statements. The GDG briefly discussed the evidence and evidence statements and sought clarification from JF on a number of areas. JLF briefly talked through the economic evidence, four papers relating to reducing short-term hospital readmission. These covered two main areas: • Rehabilitation and reablement • Geriatric assessment and care KS thanks JLF for his presentation and asked the GDG to move into groups and to start developing recommendations in response to review area 3 – improving hospital discharge	
7.	**Question 7 – writing recommendations (groups) + noting**	The GDG formed three groups with a mixture of practitioner and service user/carer members in each. These were chaired by KS, AE and CD respectively and scribes were LB, CV and SL.	

	implementation considerations	Group 1 focused on evidence statements 5 and 6, group 2 on 1 and 2 and group 3 on 3 and 4. Each group wrote recommendations based on these evidence statements together with their own collective knowledge and expertise. All groups were asked to take some time to consider whether there were any other evidence statements that could be drawn from the evidence, to note gaps in the evidence, any research recommendations, and to capture notes about policy/practice that was pertinent to the review area.	
8.	**Question 7 - Plenary**	Each small group nominated a member of the GDG to feed back the recommendations that the group was proposing were accepted in draft by the full GDG. The recommendations were put up onto the screen and each was discussed and agreed in turn. Some amends were made following discussion and these amends were incorporated. Appendix C contains all draft recommendations for review area 4. A number of issues and actions were noted as a result of GDG discussion and these have been captured on the draft LETR tables for GDG7.	
9	**Economic modelling update**	JLF gave an update about the work so far to consider economic modelling for this topic. Evidence about outcomes and costs was needed to inform recommendations. JLF would continue working with AB to consider economic modelling for this topic and there would be a further update at the next meeting.	
10.	**AOB**	There was a discussion about terminology and whether or not we would be using the word 'patients' in the guideline. Some GDG members agreed that they would prefer to spend less time listing to presentations about the evidence and more time and groups and agreeing the recommendations	**ACTION 3: Agendas to be amended to reduce time on presentations.**
11.	**Date of next GDG**	Tuesday 2nd December, 1130am – 5.00pm, SCIE offices, Meeting Room 1, 2nd Floor, 206 Marylebone Road, London NW16AQ	

Appendix A

Register of Interests - Guideline Development Group Meeting 6

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	Unsure. 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.
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 transitionary arrangements.