

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 9
10th February 2015, 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
Eileen Burns (EB)	Community geriatrician
Paul Cooper (PC)	Occupational therapist
Olivier Gaillemin (OG)	Consultant Physician in Acute Medicine
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
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)
Sarah Lester (SL)	Research Assistant	NCCSC (EPPI)
Carol Vigurs (CV)	Systematic Reviewer	NCCSC (EPPI)
Annette Bauer (AB) <i>morning only</i>	Economist	NCCSC (PSSRU)
Anthony Gildea (AG)	NICE Project Manager	NICE
Jane Silvester (JS)	Associate Director	NICE
Sue Jelley (SJ)	NICE Editor	NICE

Apologies	
Name	Organisation
Nicola Bent (NB)	NICE (Programme Director)

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, apologies and potential conflicts of interest	<p>KS welcomed members to the 9th Guideline Development Group for this topic. There were no apologies. KS informed the GDG that Rachel Karn has resigned from the GDG due to other work commitments.</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. KS emphasised the need to declare interests even if members felt they were unlikely to lead to a conflict.</p> <p>Members introduced themselves and a number of minor amendments were made to the Register of interests. These can be found in Appendix A. 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 GDG 8 Guideline Development Group meeting held on 13th January 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.	Aims of the meeting and introduction to the group session day 1	<p>KS explained that the main aim of the two day meeting was to arrive at a good set of draft recommendations for sending to NICE in early March. Some new evidence would be presented and so the group would also need to look at how this new evidence might affect existing recommendations and whether any new recommendations were needed to fill gaps.</p> <p>Members had been given a copy of the NICE manual section on developing and wording guidance recommendations and the process flowchart about revising evidence and making recommendations was available for group work.</p> <p>KS and AE explained that the focus at this meeting would be on the action focus of the recommendations and to make sure it was clear who needed to take action. Issues around consistent use of terminology would be picked up in more detail at GDG 11.</p> <p>SJ noted that the editors would undertake a full edit of the recommendations in early March. SM asked about ownership of the recommendations. LB reassured SM that the GDG own the recommendations and would have the chance to respond to the comments from NICE editors at GDG11 on 24th March.</p>	

		LB gave a brief presentation about the structure of the guideline the recommendations would eventually sit within.	
4.	Group session Day 1 – refine and edit all draft recommendations	<p>The GDG split into two groups with a mixture of practitioner and service user/carer members in each. These were chaired by CD and AE respectively and scribes were LB and SL.</p> <p>Group 1 reviewed recommendations in the following sections:</p> <ul style="list-style-type: none"> • During admission to hospital • During hospital stay • Training and development • Supporting infrastructure <p>Group 2 reviewed recommendations in the following sections:</p> <ul style="list-style-type: none"> • Transfer of care from hospital – hospital discharge <p>Both groups looked at recommendations currently in section</p> <ul style="list-style-type: none"> • Overarching principles of care and support during transition <p>The groups went through the recommendations one by one, reviewing and resolving NICE editor’s comments, identifying the strength and action focus and agreeing who needed to take action.</p> <p>The amended recommendations and notes from each group discussion were captured on the compiled and merged LETR table post GDG9/10.</p>	
5.	End of life care New economic evidence	AB presented new economic evidence in relation to End of life care as requested by the GDG. AB presented these evidence statements and they were discussed by the GDG.	
6.	Hospital discharge - New evidence and gaps - Emerging practice	<p>JF began by setting out the six evidence statements previously presented to the GDG on this review area.</p> <p>JF then presented some new evidence relating to hospital discharge. These were papers which were likely to lead to new evidence statements or change existing evidence statements or recommendations.</p> <p>The GDG agreed that they would look at both of the new evidence statements in GDG 10 and agree whether any new recommendations could be developed in this area.</p>	

		<p>The remaining new evidence resulted in changes to existing evidence statements and potential changes to recommendations. The GC agreed these changes.</p> <p>JF then invited Eileen Burns (EB) to say a few words about emerging practice in the area of hospital discharge. It was noted that the GDG particularly needed to capture areas where the guideline should be making research recommendations.</p> <p>KS thanked JF and EB and members of the GDG for a useful discussion about hospital discharge and suggested the GDG took these points into small group work on the recommendations in GDG 10.</p>	
7	Equality Impact Assessment (EIA) Populations and strengths/weaknesses of evidence	<p>JF talked about the purpose of the Equality Impact Assessment (EIA) and reminded the GDG of the equality issues and particular population groups identified for this guideline during the scoping stage of the project.</p> <p>Groups had been identified who were thought to be particularly vulnerable to poor transitions. It was important to ensure the recommendations within the guideline did not discriminate against any of the groups identified in the EIA.</p> <p>JF then gave some examples of recommendations which should positively benefit many of the groups listed in the EIA. For example a number of the recommendations about support for older people were about the way in which they were treated in hospital.</p> <p>One of the groups previously identified in the EIA were people without a home. JF invited Rebecca Pritchard (RP) to say a few words about the particular challenges around transitions for people without a home.</p> <p>JF then invited Margaret Lally (ML) to say a few words about transitions and the impacts of not making reasonable adjustments for people with a learning disability.</p> <p>JF and KS thanked RP and ML for their contributions and suggested that the GDG took these points into small group work on the recommendations in GDG 10.</p>	
12.	Date of next GDG	Wednesday 11th February 2015, 0930 – 1600, SCIE offices, Shared Meeting Space, 2 nd Floor, 206 Marylebone Road, London NW16AQ.	

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 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 B.</p> <p>PPI representative for the Primary Care Research in Manchester engagement Resource (PRIMER) group at</p>

				<p>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 complaints about appropriate health/social care practice and decisions.</p> <p>I have asked my MP to assist with issues relating to the co-</p>

				<p>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>
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