

**Date and Time:** 05 May 2015 10:30 – 17:00

**Minutes:** Confirmed

**Guideline Development Group Meeting 5**

**Place:** Boardroom, National Clinical Guideline Centre, 180 Great Portland Street, London, W1W 5QZ

**Present:**

**Guideline Development Group**

Bruce Guthrie	(Chair) BG
Alaster Rutherford	(Pharmacist) AR
Andrew Clegg	(Geriatrician) AC
Carolyn Chew-Graham	(General Practitioner) CCG
Cate Seton-Jones	(Palliative Care Specialist) CSJ
David Kernick	(General Practitioner) DK
Emily Lam	(Lay member) EL
Jonathan Inglesfield	(General Practitioner) JI
John Hindle	(Geriatrician) JH
Nina Barnett	(Pharmacist) NB
Rupert Payne	(General Practitioner) RP
Sam Barnett-Cormack	(Lay member) SBC

**National Clinical Guidelines Centre**

Norma O'Flynn	(Guideline Lead/Clinical Director) NOF
Emma Madden	(Research Fellow) EM
Joanna Ashe	(Senior Information Scientist) JA
Caroline Farmer	(Senior Research Fellow) CF
Hannah K	(Research Fellow) HK
Sophia Kemmis-Betty	(Senior Health Economist) SKB
Katie Broomfield	(Document Editor / Process Assistant) KB

**In attendance:**

**NICE Staff**

Anne-Louise Clayton (Senior Medical Editor, NICE) ALC  
Linda Seymour (Non-Executive Director, NICE)

**Apologies:**

Julia Botsford	(CPN) JB
Tamara Diaz	(Project Manager) TD
Neil Askew	(Health Economist) NA

**Observers:**

Kate Ashmore (Document Editor/Process Assistant) KA

## Notes

### 1. Welcome, apologies and declarations of interest

The Chair welcomed the group to the fifth meeting of this GDG. Apologies were received from JB, TD and NA.

The Chair reviewed and requested updates to the declarations of interest register. The declarations of interest received for this meeting include:

Insert initials	Declaration	Classification	Chair's action
BG	<p>I have a research interest in multimorbidity, polypharmacy and guideline development for people with multimorbidity. Specifically, I have published papers that relate to guidelines and multimorbidity (cited below), and currently am Chief Investigator on a research grant from NIHR Health Services and Delivery Research Programme which is exploring how multimorbidity might be better accounted for in clinical guidelines (<a href="http://www.nets.nihr.ac.uk/projects/hsdr/11200327">http://www.nets.nihr.ac.uk/projects/hsdr/11200327</a>). This project includes NICE staff as co-applicants (Dr Phil Alderson and Dr Bhaish Naidoo).</p> <p>An element of this study was examining how best to compare treatments for different conditions in terms of absolute benefit.</p> <p>Finally, I was a co-applicant on a Scottish Government Chief Scientist Office funded study to develop and evaluate in a pilot trial a complex intervention to improve quality of life in younger people with multimorbidity living in very deprived area, and am a co-applicant on a current NIHR HS&amp;DR funded study to develop and evaluate a general practice based complex intervention for people with multimorbidity (<a href="http://www.nets.nihr.ac.uk/projects/hsdr/1213015">http://www.nets.nihr.ac.uk/projects/hsdr/1213015</a>). I am therefore on record as stating that clinical guidelines do not currently address multimorbidity very effectively, and work is needed to remedy this, and am involved in several projects either seeking to improve guideline development in this regard or to provide evidence of effectiveness of interventions.</p>	Personal non-pecuniary	Declare and participate. Will not chair sessions examining this area of guideline.
Jl	Leads programmes on models of care in his practice.	Personal non-pecuniary	Declare and participate.

### 2. Agree GDG 4 minutes

The minutes of the last meeting were reviewed by the GDG. No amendments were required and the minutes were then agreed as a true and accurate record of the meeting.

- 2.1 The Chair offered an overview of the day's agenda, and asked that any other business be highlighted for the group's information. There were no additional items to be added to the agenda.

## Notes

### 3. **Presentation from the NICE editor: Drafting recommendations**

ALC gave a presentation on the role of the editorial lead and drafting recommendations.

### 4. **Work on vignettes/working definition of guideline population/conceptual model**

The group considered discussions held to date on defining the guideline's population.

### 5. **Evidence review: Models of care**

EM presented the updated clinical evidence (including the CGA update search) for the review question on models of care to the group. The economic evidence was presented later on the agenda, by SKB. The GDG considered the evidence and developed drafted recommendations.

### 6. **Evidence review: Format of encounters**

HK/CF/SKB led a discussion on the clinical and economic evidence presented at the last meeting for the review question on format of encounters. The GDG discussed the evidence and drafted potential areas for research recommendations.

### 7. **Evidence review: Self-management**

CF presented the clinical evidence for the review question on self-management to the group. There was no health economic evidence. The GDG did not make any recommendations.

### 8. **AOB**

The group discussed next steps including upcoming agenda items and meeting arrangements.

### 9. **Summary of next steps and close.**

## **Date, time and venue of the next meeting**

GDG6: 06 May 2015, Sloane Room, RCP