Date and Time:  Friday 23rd October 2015, 10:00 – 16:00
Place:  Boardroom, NCGC, 180 Great Portland Street, London, W1W 5QZ

Present:  
**GDG members**  
Bruce Guthrie (BG) – Chair  
Alaster Rutherford (AF) – Pharmacist  
Andrew Clegg (AC) – Geriatrician  
Cate Seton-Jones (CSJ) – Palliative Care Specialist  
David Kernick (DK) – General Practitioner  
Emily Lam (El) – Lay member  
Jonathan Inglesfield (JI) – General Practitioner  
John Hindle (JH) – Geriatrician  
Nina Barnett (NB) – Pharmacist  
Rupert Payne (RP) – General practitioner/Pharmacologist  
Sam Barnett-Cormack (SBC) – Lay member  
Carolyn Chew-Graham (CCG) – General practitioner

**NCGC**  
Kate Ashmore (KA) – Documents Editor/Process Assistant  
Elisabetta Fenu (EF) – Senior Health Economist  
Caroline Farmer (CF) – Senior Research Fellow  
James Gilbert (JG) – Research Fellow  
Hannah K (HK) – Research Fellow  
Norma O’Flynn (NOC) – Guideline Lead/Clinical Director

**NICE**  
Caroline Keir (CK) – Guidelines Commissioning Manager  
Anna Louise Clayton (ALC) – NICE Editor

Apologies:  None.
Notes

Minutes: Confirmed

Guideline Development Group Meeting 9 – Multimorbidity

1. Introduction, apologies and minutes
Chair welcomed the group to the ninth meeting of this GDG. No apologies were received. The minutes from the previous meeting were signed off.

2. Declaration of interests
BG declared an academic interest in the ways of presenting effectiveness of interventions. It was agreed that he would act as an expert to the GDG when this area is discussed and that NOF would chair this section of the meeting.

3. Health economic model
EF presented a health economic model for the outpatient holistic assessment and the GDG discussed this.

4. Evidence review: Stopping drugs - Bisphosphonates
CF presented the clinical evidence for the review of stopping bisphosphonates in people with multi-morbidity. The GDG discussed the evidence and drafted recommendations for this review.

5. Review of other evidence on stopping common drug treatments (statins and anti-hypertension)
CF presented the clinical evidence for stopping common drug treatments. The GDG discussed the evidence and considered how it might be used in the guideline.

6. Ranking/display of clinical effectiveness of interventions
Presentation and discussion with the GDG, chaired by NOF, on how data from condition-specific guidance may best be used and presented to inform a ranking of treatments including absolute risk and benefit and time to achieve benefits.

7. Evidence review: Principles of care
NOF presented options, suggested by the GDG, on how to combine the information provided by the evidence reviews on barriers and principles of care. The GDG discussed the best possible options for this guideline.

8. Any other business
The GDG members were asked to review the draft recommendations and provide feedback to the team.

Date, time and venue of the next meeting
Friday 27th November 2015, 1000–1600, Boardroom, NCGC