

NICE Collaborating Centre for Social Care

Intermediate Care (including reablement)

Guideline Committee Meeting 4

21st January 2016, 09.45-16.30

Holiday Inn London Bloomsbury, Nobel Suite, Coram Street, London, WC1N 1HT

Minutes

Guideline Committee Members	
Name	Role
Antoinette Foers (AF)	Service user/carer
Caroline Ryder-Jones (CRJ)	Specialist in Dementia and Reablement
Claire Waddell (CW)	Health Service Manager
Dee Christie (DC)	GC Chair
John Murray (JM)	Service user/carer
Laura Stuart-Neil (LS)	Frailty Programme Manager
Lisa Langford (LL)	Occupational Therapist
Marion Lockett (ML)	Reablement Team Manager
Pam Enderby (PE)	Professor of Community Rehabilitation
Philip Whitehead (PW)	Research Fellow, Occupational Therapist
Rosa Hui (RH)	Service user/carer
Sarah Cambridge (SC)	Principal occupational therapist and County Manager
Terry Turner (TT)	Chair and Owner of Domiciliary Care agency
Andrew Nwosu (AN)	Regional Allied Health Professional Lead
Kate Burgess (KB)	Social Care Commissioner

The NCCSC is a collaboration led by SCIE



Other invitees		
Name	Role	Organisation
Beth Anderson (BA)	Senior Lead	NCCSC
Palida Teelucknavan (PT)	Project Manager and minutes	NCCSC
Zenette Abrahams (ZA)	Project Manager	NCCSC
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC
Annette Bauer (AB)	Economist	NCCSC (PSSRU)
Ted Barker(TB)	Research Assistant	NCCSC
Paul Ross (PR)	Senior Information Specialist	NCCSC
Peter O'Neill (PO)	Technical Adviser	NICE
Juliet Kenny (JK)	PIP Lead	NICE

Apologies	
Name	Organisation
Kath Sutherland- Cash (KSC)	Service user/carer
Amanda Edwards	Director, NCCSC

No	Agenda Item	Minutes	Action/Owner
1.	Welcome, introductions and potential conflicts of interest	<p>DC welcomed members to the meeting. Apologies were noted as above.</p> <p>DC asked the GC 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>DC declared a new interest that she is now a NICE Fellow.</p> <p>Changes to the register of interests have been updated in Appendix A and there were no conflicts in relation to the items on the agenda.</p>	
2.	Feedback from GC members	The GC provided feedback to DC on the first 3 meetings. DC thanked members and presented a summary of the main points.	
3.	Minutes and matters	<i>Minutes</i>	Action 1: PT to correct

	arising	<p>In-correct spelling of Antoinette Foers – please correct.</p> <p><u>Matters arising</u> NCCSC has captured RH's email address incorrectly.</p> <p>There was a delay in receiving hardcopies of papers which meant that GC members had less time to read papers before the meeting. BA agreed that the NCCSC will aim to send papers 8 days before meetings, but stressed that there is a lot of work in preparing papers and this would depend on the team's workload.</p> <p>The GC asked for minutes to be sent out shortly after meetings. Again, the NCCSC will aim to do this as soon as possible but it will depend on workload.</p> <p>It was agreed that all research papers suggested by GC members are to be forwarded to the Project Manager in the first instance who will then forward to the review team. This is because all papers that the NCCSC receive from GC members need to be screened in exactly the same way as papers derived from the database searches.</p> <p>JF informed the GC that the review protocol for RQ3 has been updated but to avoid confusion with the protocol being tabled for discussion today, rather than sending it to everyone, it is available upon request.</p>	<p>minutes.</p> <p>Action 2: PT to correct RH's email address.</p> <p>Action 3: NCCSC to consider circulating meeting papers at least 8 days prior to meetings, where possible.</p> <p>Action 4: NCCSC to circulate minutes sooner than with the papers for the next GC, where possible.</p>
4.	Recap on guideline development methods	BA delivered a presentation on NICE guideline development methods.	
5.	Additional evidence for Q1. Home based intermediate care and reviewing draft recommendations	JF presented additional evidence for Q1 on Home based intermediate care (presented at GC 3). The GC reviewed the updated evidence statements and considered whether or not they impacted on the draft recommendations and if there are any other considerations. There were no new recommendations made from the additional studies reviewed.	
6.	Completing recommendations for economic evidence Q1	This will be picked up at the next meeting. The relevant findings tables will also be circulated.	Action 5: NCCSC to bring Agenda Item 7 to GC5 & circulate relevant findings tables.
7.	Economic modelling	<p>AB gave overview of the economic modelling work for Reablement.</p> <p>The next steps were for AB to continue working on the economic modelling for Reablement and will provide an update at the next GC meeting.</p>	Action 6: AB to email sub-group of GC members about being involved with economic modelling work.

		AB also suggested that it would also be worth looking at economic work in other areas and a small group of GC members volunteered to work with AB outside the main meetings.	
8.	Review of the evidence: Q2. Bed based intermediate care – reviewing effectiveness and views and experiences (including economic evidence)	<p>JF gave an overview of the evidence for home-based intermediate care (<i>review area 2</i>) and then presented the evidence statements. The GC were then allocated to 2 groups, each given evidence statements to focus on and asked to develop recommendations based on the evidence statements.</p> <p>If there is an absence of research evidence, the GC were reminded that they can consider:</p> <ul style="list-style-type: none"> - a call for evidence - calling on expert testimony - arrive at recommendations by GC consensus - making research recommendations 	
9.	Writing recommendations (groups) + noting implementation considerations for review area 2 (Bed based intermediate care)	Each group wrote recommendations based on the 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 this review area.	
10.	Recommendations Plenary	<p>A nominated GC member shared and fed back the recommendations that were drafted in each group.</p> <p>The recommendations were displayed on the screen and each was discussed and agreed in turn. Some amends were made following discussion and these amends were incorporated.</p> <p>A number of issues and actions were noted as a result of GC discussion and these will be captured on the draft Linking Evidence to Recommendation (LETR) tables which will be reviewed at GC 9 & 10.</p>	
11.	Gaps in the evidence and expert witnesses	The GC looked at the gaps in the evidence and suggested some expert witnesses. GC members will email PT further contacts and the NCCSC with DC will review and agree who to invite and to which meeting.	Action 7: GC members to email PT contact details of possible expert witnesses.
12.	Draft review strategy for	JF and PR presented the review protocol for Review Question 4 - Reablement	

	RQ4: Reablement	and the GC suggested some additional search terms. PR will update the protocol.	
13.	Implementation issues	DC captured some implementation issues when collecting GC feedback. The main themes were: <ul style="list-style-type: none"> • Impact on commissioners • Economic impact on recommendations e.g. cost effectiveness vs implementation. • We need to think about the resource implications. Can organisations afford to implement these things? <p>Joanna Lenham (Dissemination & Implementation lead) will then attend GC 5 to do a stock take on implementation issues.</p>	
14.	AOB	None	
	Date of next GC meeting	GC 5 will take place on the 8 th March 2016.	

Appendix A – Register of Interests

Name	Interests declared
Andrew Nwosu	Directorship of a consultancy company, limited by shared (AB Therapy services) this company has in the past worked with both social care and health sector providers. Within the social care sector provided training for staff around reablement, within the health sector on a consultancy basis for NHSIQ. However the company's main contracts are within the private sector (Centrica) and are in the realm of Ergonomics/Biomechanics so do not compromise the applicant in respect of the current guideline consultations.
Antoinette Foers	None
Caroline Ryder-Jones	None
Claire Waddell	None
Dee Christie	Clinical Advisor to Care Quality Commission and NICE Fellow.
John Murray	None
Kate Burgess	None

Kathleen Sutherland-Cash	Owner of a business and work as an Equalities Consultant, providing information, support and advice to disabled people, people with long term health conditions, statutory, voluntary and private sector organisations. Responsible for hosting a national Work Advice Service for the Association of Disabled Professionals and their Disabled Entrepreneurs Network. Work has, at times, 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. Involved in supporting many disabled people to make formal complaints about inappropriate health/social care practice and decisions. Also undertaken published research into the principles of the social model of disability in relation to people with learning difficulties ("learning disabilities") and their life stories.
Laura Stuart	Currently work for UCL Partners which is an AHSN and manages a portfolio of projects related to older people including some with a reablement or independence focus. These projects involve working with health, social care and third sector organisations and focus on the translation of innovation and evidence into practice, often using quality improvement methodology. Some of this work is funded by research grants. Co-author on 'I'm still me: a narrative for co-ordinated support for older people' published in December 2014. I have shared the results of this research and my personal reflections via blogs and twitter. This document is not a RCT but my be considered as evidence for this guideline as it describes the views of older people with regards to independence and health and social care services. Also work as bank occupational therapist at King's College Hospital through NHS Professionals.
Lisa Langford	None
Marion Lockett	None
Pamela Enderby	Received royalties from five books related to outcome measurement and assessment, interests relating to academic reputation and have no other financial interests relevant to this work.
Philip Whitehead	Holds an NIHR Doctoral Research Fellowship - the research project attached to this award focusses on "Occupational Therapy in Homecare Reablement", author of a systematic review on "Interventions to Reduce Dependency in Personal Activities of Daily Living in Community Dwelling Adults who use Homecare Services" and three further empirical research publications in preparation which are based on the above fellowship programme. These publications are likely to be of relevance to the committee.
Rosa Hui	None
Sarah Cambridge	None
Terence Turner	None