

National Institute for Health & Clinical Excellence**Falls****Guideline Development Group (GDG) meeting 4**Tuesday 19th & Wednesday 20th June 2012

Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD

GROUP MEMBERSHIP

In Attendance	
GDG Members	
Damien Longson (DL) (Chair)	JoAnne Panitzke
Opinder Sahota	Frances Healey
Julie Windsor	Harm Gordijn
Ray Jankowski	John Taylor
Cameron Swift	
Rosemary Leaf	
Lindsay Smith	
NICE Staff	
Stephanie Mills (SM)	
Sheryl Warttig (SW)	
Steven Ward (SWard)	
Gabriel Rogers (GR)	
Dylan Jones (DJ)	
Michael Heath (MH)	
Rachel Ryle (RR)	
Apologies:	
Caroline Brown	Jenny Kendrick (NICE)
Harry Allen	Senel Arkut

MINUTES OF THE MEETINGTuesday 19th June 2012 – Day 1**1.1 Agenda item 1: Introductions & Objectives**

DL welcomed the group and all GDG members. Apologies for the meeting were received from and HA, CB, SA and JK. DL asked if there were any changes to declarations of interest above those already declared. FH took this opportunity to inform the group that the key functions of her current organisation had been transferred to another organisation.

DL explained to the group that through the course of the meeting they would be considering further work on review questions 1, 2 and be presented the clinical evidence for question 3.

1.2 Agenda item 2: Approach to Falls service delivery section of the guideline

SW spoke to the group about the difficulties in developing recommendations on service delivery. The group noted that there was no remit to update existing falls recommendations and this was the reason why some clinical evidence had to be approached carefully to avoid this.

SW suggested that a narrative review be conducted of previously excluded studies to tease out some further salient points around service delivery and the GDG were informed that they would be able to work together to shape the review protocol for question 5 later on the day. SW also told the GDG that consensus methods would be paused.

1.3 Agenda item 3: Health economics presentation (part 1)

SWard presented the structure of the health economic model underpinning the falls guideline. It was noted by the group that there was no ideal source of UK based data on which to model fall rates. The GDG discussed the importance of having clear definitions of care. OS suggested how to present the health economic findings to pick out the clear headlines.

1.4 Agenda item 4: Return to review question 1

SW presented small changes made to review question 1 based on GDG feedback at the previous meeting.

1.5 Agenda item 5: Return to review question 2

SW presented changes made to review question 2 based on GDG feedback at the last meeting. SW also asked for advice on categorising inpatient stays by setting. The GDG discussed whether meta-analysis of data for this question was appropriate. Informal consensus was reached that the appropriate choice was to meta-analyse.

1.6 Agenda Item 6: Health economics presentation (part 2)

Before presenting initial results from the health economic modelling to the GDG SWard gave a brief on cost effectiveness. The criteria underpinning the model as a result of steers from the GDG was also stated. First results showed that interventions in hospital could be cost effective although more sensitivity analysis will need to be carried out to test the parameters of cost-effectiveness within the model.

1.7 Agenda item 7: Return to review question 1 & 2

The GDG was shown extracts from the different studies from question 2 and asked to classify whether the interventions were based in acute, non-acute or mixed settings. Based on the outcome of these decisions the meta-analysis for question 2 was conducted. This instigated GDG discussion and generation of recommendations.

Wednesday 20th June 2012 – Day 2

1.8 Agenda item 1: Review of GDG meeting day 1

DL commented on the progress made in day 1 and the need to keep this momentum going through day 2. MH and SM explained to the group that to fit in an extra review question, the development time for the Falls guideline would need to be extended slightly. SM informed the group that a sheet would be made available in the coffee break for GDG members to indicate availability for a further meeting in the development time of this guideline.

1.9 Agenda item 2: Review question 3

The GDG was presented the evidence for review question 3. After following inclusion/ exclusion criteria only 3 studies were included for this question on patient education. Key themes that emerged were on patient awareness, messages from staff, patient memory, discrepancies in knowledge and developing skills as a result of patient information. The GDG considered the sort of information patients currently received relating to falls in hospital and referring back to the evidence began to generate recommendations.

1.10 Agenda item 3: Protocol for review question 5

SW presented the potential protocol for review question 5, taking the GDG through the protocol in steps. There was discussion amongst the group over study design, study settings and potential date restrictions for the literature search. At the end of this session the GDG acknowledged changes made as a result of their discussions and fully agreed the protocol to move forward with conducting a qualitative literature review.

1.11 Agenda item 4: Return to review question 1 & 2

The GDG were given some further time to discuss the outstanding issues relating to both these questions regarding inpatient setting and length of stay. As a result of these discussions there was some further development and tweaking of recommendations.

1.12 Agenda item 5: Summary of the day

The meeting finished slightly ahead of schedule. SM informed the group that the recommendations from the meeting and review protocol for question 5 would be sent out for information and the date of the next GDG meeting would be set as soon as possible. DL thanked the group for their contributions.