

National Collaborating Centre for Women's and Children's Health

2nd Constipation in Children Guideline Development Group Meeting Minutes

Tuesday, 10th June 2008; 10 – 4pm at RCOG

Present:

Jenny Gordon (JG) GDG Chair
Huw Jenkins (HJ) Consultant Paediatric Gastroenterologist
Janet Blannin (JB) Parent Carer and Clinical Nurse Advisor to ERIC
June Rogers (JR) Team Director Promocon, Disabled Living
Karen Tucker (KT) Parent/carer
Kate Blakeley (KB) Consultant Paediatric Clinical Psychologist
Lynne Watson (LW) Specialist Health Visitor - Special Need and Children's Continence
Nick Nelhans (NN) Consultant Paediatrician
Sian Hooban (SH) Team Leader, Community Children's Nurses
James Cave (JC) General Practitioner
Sara Mancell (SM) Dietician/nutritionist
David Tappin (DT) Community paediatrician and public health doctor

NCC staff:

Monica Lakhanpaul (ML) Co-Director (Children's Health), NCC-WCH
Roz Ullman (RU) Senior Research Fellow, NCC-WCH
Lauren Bardisa-Ezcurra (LBE) Research Fellow, NCC-WCH
Michela Tinelli (MT) Health Economist, NCC-WCH
Rosie Crossley (RC) Work Programme Co-ordinator, NCC-WCH

Observing:

Moira Mugglestone (MM) Director of Guideline Development, NCC-WCH
Alix Johnson (AJ) Project Manager, Patient and Public Involvement Unit (PPIP), NICE

Invited Guest Speaker:

Barbara Meredith (BM) Project Manager, Patient and Public Involvement Unit (PPIP), NICE

1. Welcome, apologies, introductions

Declarations of interest

JG welcomed everyone to the meeting. Each member of the technical team and GDG introduced themselves for the benefit of the new members. No declarations of interest were announced. Declarations of interest are kept on file at the NCC-WCH and will be published with the full guideline.

2. Minutes of meeting 1

The minutes of meeting 1 were agreed as an accurate record of the meeting.

3. Reminder on agreed topics

RU went through the list of clinical questions and topic areas. RU and LBE will let the group know which questions will be addressed at each GDG meeting.

The GDG felt that it was important to include delivery of service in the information and support question. They want to give GPs the tools to manage constipation well in primary care. It was suggested that the group state what care is needed and a GDG topic group will work with the implementation team from NICE to take this forward.

4. Consensus methodology and developing recommendations

RU gave a presentation on the consensus process which the group will be using today.

5. History taking – consensus voting and discussion on key components

JG went through the key components of patient history as suggested by the GDG. Each GDG member voted on the consensus paper for whether they agreed or disagreed with each component of history taking and handed it to RU who counted the votes.

The GDG discussed the working definition of idiopathic constipation and are happy with the scope definition. The scope definition consists of all existing definitions put forward by groups such as Impact.

The GDG will be given the opportunity to review the consensus results later on into the guideline's development.

RU read out the results so that GDG members could compare their answers with the group as a whole and to inform them which core components of history-taking are in and which are out. RU read out questions which were close to consensus in the first round; these components were discussed further and there was a show of hands for each to decide whether they were in or out. Numerous chosen components were reworded. For clinical question 2 there was a show of hands for each component to decide whether they were in or out.

ML arrives

MT, AJ and BM arrive

7. Patient and Public Involvement Programme at NICE

BM gave a presentation on the work of the Patient and Public Involvement Programme at NICE and the role of the parent/carers in the guideline.

BM and AJ leave

8. Evidence and discussion on digital rectal examination

LBE read out the evidence statement for digital rectal examination (DRE).

A recommendation will be drafted by RU and LBE and sent for topic group input.

9. Health economics update

MT gave a presentation on health economic input to the guideline and suggested areas for health economic modeling.

10. AOB and tasks for next meeting

MT asked the group to complete a questionnaire for tomorrow's meeting.

There was no other business.

JG thanked everyone and closed the meeting.

**3rd Constipation in Children Guideline Development Group Meeting
Minutes**

Tuesday, 11th June 2008; 10 – 4pm at RCOG

Present:

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Huw Jenkins (HJ) Consultant Paediatric Gastroenterologist
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Lauren Bardisa-Ezurra (LBE) Research Fellow, NCC-WCH
Michela Tinelli (MT) Health Economist, NCC-WCH
Rosie Crossley (RC) Work Programme Co-ordinator, NCC-WCH

In attendance:

Caroline Keir (CK) Commissioning Manager, NICE

Apologies:

James Cave (JC) General Practitioner

1. Welcome and apologies

JG welcomed everyone to the meeting and introduced the guideline's Commissioning Manager, Caroline Keir.

2. Evidence and discussion on digital rectal examination continued

Bullet points for a recommendation were written and RU and LBE agreed to work with the topic group to draft a GDG interpretation of evidence and recommendation.

3. Physical examination – consensus voting and discussion on key components

The language of the key components for questions 1 and 2 were checked and agreed.

For clinical question 3 and 4 there was a show of hands for each component to decide whether they were in or out as components of the physical examination.

4. Evidence on cow's milk allergy

LBE presented the review for cow's milk allergy. The group will come back to this when they look at the evidence for dietary modification and the dietary modification topic group will clarify the review.

HJ leaves

5. Introduction to NICE

CK gave a presentation on the broad context of NICE and guideline development.

6. Health Economics update

MT gave an example of a health economic model and explained how cost effectiveness is used in the guideline.

MT went on to give the results of the questionnaire.

MT asked for GDG input to the patient pathway.

Several GDG members volunteered to make up the health economic topic group and the Paediatric Surgeon soon to join the group was volunteered to help also.

7. How we work and topic groups

RU explained to the GDG how the topic groups will work throughout the guideline's development.

RU asked the GDG to inform the technical team of any ongoing reviews that they ought to be aware of.

8. Agreeing outcomes

RU went through the outcomes for systematic reviewing agreed at the first GDG meeting. The GDG discussed additional key outcomes to add to the list.

Signed:..... Date:.....
Monica Lakhanpaul, Clinical Co-Director (Children's Health)

Signed:..... Date:.....
Jenny Gordon, GDG Chair