Date and Time: ***Monday 24th & Tuesday 25th September 2012 (10.00 – 4.00pm)***

Minutes: to be confirmed

Guideline Development Group Meeting 2: Dyspepsia & GORD

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

Present:

Peter Barry (Chair) (PB)
Hugh Barr (HB) for 25th Sept only
John de Caestecker (JD)
Mark Follows (MF)
Alex Ford (AF)
Ann Harding (AH)
Janusz Jankowski (JJ)
Mimi McCord (MM)
Cliodna McNulty (CM) for 24th Sept only

In attendance:

NICE Staff: Lynda Ayiku (LA) Emma Banks (EB) Steven Barnes (SB) Jenny Craven (JC) Katy Harrison (KH)	 Michael Heath (MH) Emma McFarlane (EM) Gabriel Rogers (GR) Rachel Ryle (RR) Thomas Wilkinson (TW)	

Observers:

None		

Notes

Day 1

1. PB welcomed the group to the second meeting of this GDG. Declarations of interest were received and recorded. Minutes for the previous meeting were agreed.

2. TW presented an overview of health economics: why a model is useful when answering certain clinical questions, what a good model looks like and the limitations of a model. He then explained how a GDGs understanding and input is vital when developing a model.

   TW then went onto present the REFLUX trial model, published in 2009 - a pragmatic trial to measure health benefits, costs, and cost-effectiveness of laparoscopic fundoplication

Notes

vs. continued medical management for GORD. As this is the same clinical question the GDG aim to make recommendations on TW proposed that some of the cost parameters (drugs, surgery) should be updated and the up to date outputs presented to the GDG. GDG confirmed they were happy with this approach and it was agreed the data would be presented on day 2.

3. SB explained Grading of Recommendations, Assessment, Development and Evaluation (GRADE), which is as process used to quality assess papers included within the guideline by outcome of interest. The group learnt how GRADE differs from traditional quality assessment; it minimises narrative assessments and is not limited to studying the quality of each individual study but assesses the quality across studies for an outcome. SB took the group through an example GRADE profile; explaining each category and how the limitations of different study designs can lead to a downgrading of the evidence for a particular outcome.

4. SB talked the group through the draft review protocol for question 3 (the referral to specialist management) as there were concerns that this had significant overlaps with question 1 which asks what signs and symptoms indicate the need for non-urgent endoscopy. Once discussed it was agreed both questions were relevant and the review protocols for questions 3 and 1 would now be updated in light of feedback from the GDG.

   The group then went onto review protocols for questions 4, 5 and 7 discussing each in turn to help finalise the inclusion and exclusion criteria for the population, intervention, comparison and outcomes.

5. PB closed the meeting with a summary of the day.

Day 2

6. PB opened the meeting with a review of the previous day and discussed the plan for day 2.

7. Review protocols for questions 3 and 1 were revisited for SB to gain further clarifications from the GDG.

8. SB and TW presented a summary of the clinical and health economic evidence for review question 6 on the effectiveness of fundoplication compared with medical management in patients with GORD. The group discussed in the information presented. The GDG were provided further information on the chosen indicators to understand the pooling of papers. Evidence statements were reviewed and agreed and draft recommendations were made.

9. PB closed the meeting and thanked everyone for attending.

Date and venue of the next meeting:

Next Meeting: 10th & 11th December at NICE office, 10 Spring Gardens, London, SW1A 2BU