

Date and Time: 10.00am – 4.45pm 14th March 2014

Minutes: confirmed

Guideline Development Group Meeting: Tuberculosis

Place: NICE offices
London

Present: Ibrahim Abubakar (IA) (Chair)
Andrew Hayward (AH)
Sudy Anaraki (SA)
Christine Bell (CB)
Ann Chapman (AC)
Timothy Collyns (TC)
Francis Drobniowski (FD)
Michael Eisenhut (ME)
Mango Hoto (MH)
Uday Katkar (UK)
Marc Lipman (ML)
Meridan Peachey (MP)
Al Story (AS)

Apologies: Horace Reid (HR)
Amy McConville (AM)
Bertie Squire (BS)

In attendance:

NICE Staff:

Emily Aidoo (EA)
Emma Banks (EB)
Joy Carvill (JC)
Stephen Duffield (SD)
Alastair Fischer (AF)
Chris Gibbons (CG)
Michael Heath (MH)
Ruairaidh Hill (RH)
Lucy Hoppe (LH)
Rachel Kettle (RK)
Claire McCleod (CM)
Hugh McGuire (HM)
Gabriel Rogers (GR)
Catherine Swann (CS)

Theo Lorenc (TL)
Mark Jit (MJ)

Notes

14th March 2014

1. IA welcomed all to the 9th TB GDG meeting. IA introduced MP from the Association of Public Health Directors who has joined the group as a Co-opted expert. Apologies were noted and the minutes of the last meeting were agreed as an accurate record of the previous meeting. The Chair provided a brief overview of the day highlighting the information that would be discussed, introducing the two external contractors presenting during the day and describing the actions the committee would be undertaking during the meeting.
2. All GDG members were asked to share any new conflicts of interest which have not been previously declared. No conflicts of interest were declared by the group or the NICE team.
3. SD requested further input and advice from the GDG on the approach for analysing evidence for the review questions on the treatment of latent TB.

MJ then went on to provide the group with an update on the HE modelling for these review questions. The group discussed the information presented including the parameters and assumptions made. Feedback from the group was noted.

5. TL presented the evidence review for the following questions: *What case management strategies and interventions are effective and cost-effective in increasing the uptake of, or adherence to, treatment for people with active or latent TB?* and *What is known from studies of case management interventions about the barriers to uptake and adherence to treatment for active or latent TB?* The GDG discussed the evidence. This included cost effectiveness, the importance of incentives, and the use of DOT.

The GDG worked in small groups to discuss the evidence and what impact they considered it had on the relevant recommendations from PH37. Each group reported back to the main group and recommendations were drafted or updated based on the evidence received and group discussions.

4. LH led the group in a discussion on the recommendations from CG117 that will be affected by the Update. The group's thoughts and feedback was noted.
5. IA provided a summary of the day and thanked all for their attendance and input. EB highlighted that the next GDG was scheduled to be a 2 day meeting but would probably be a 1 day meeting and the group would be informed of this as soon as possible.

Date, time and venue of the next meeting

10am – 14th & 15th April – NICE offices, London.