

### Diverticular Disease Committee meeting 3

**Date:** 22/03/2018

**Location:** NGC Boardroom, Royal College of Physicians

**Minutes:** Final - Confidential

<b>Committee members present:</b>		
Christina Berry (CB)		(Present for whole meeting)
Stephen Bradley (SB)		(Present for whole meeting)
James Dalrymple (JD)		(Present for whole meeting)
Jonathan Grunewald (JG)		(Present for whole meeting)
David Humes (DH)		(Present for whole meeting)
Nina Powell (NPO)		(Present for whole meeting)
Claire Sheikh (CS)		(Present for whole meeting)
Michael Sproat (MS)		(Present for whole meeting)
Michelle Woodger (MW)		(Present for whole meeting)

<b>In attendance:</b>		
Sophie Hughes (SH)	Health Economist, NGC	(Present for whole meeting)
Ben Mayer (BM)	Research Fellow, NGC	(Present for whole meeting)
Natalie Wood (NW)	Project Manager, NGC	(Present for whole meeting)
Sharon Swain (SS)	Associate Director & Guideline Lead, NGC	(Present for whole meeting)
Caroline Keir	Guideline Commissioning Manager, NICE	(Present for whole meeting)
Sietse Wieringa (SW) (Observer)	GP/Researcher, Nuffield Department of Primary Care Health Sciences at the University of Oxford	(Present for whole meeting)

<b>Apologies:</b>	
Nancy Pursey (NPu)	Senior Project Manager, NGC
John Simpson (JS)	Consultant surgeon, Harrogate. UK
Qudsia Malik (QM)	Senior Research Fellow, NGC
Lauren Ramjee (LR)	Senior Health Economist, NGC
Joseph Runicles (JR)	Information Specialist, NGC

### **1. Welcome and objectives for the meeting**

The Chair welcomed the group to the third committee meeting and apologies were noted as above.

### **2. Confirmation of matter under discussion, and declarations of interest**

The Chair confirmed that, for the purpose of managing conflicts of interest, the matters under discussion were those outlined on the agenda (see section 4).

The Chair asked everyone to verbally declare any interests that have arisen since the last meeting. None were declared. The register of declarations of interest was reviewed prior to the meeting by the Chair and NGC Associate director and there were no interests in conflict with the topics under discussion.

### **3. Minutes of last meeting**

The Chair asked the Committee if it wanted any changes made to the minutes of the last meeting. The Committee made one minor change to the minutes and then they were agreed as a true and accurate account of the meeting.

### **4. Presentations and discussion**

#### 4.1 Overview of research study decision making in guideline development

SW presented an overview of the research study he is involved with.

#### 4.2 Two evidence reviews from GC2: The management of diverticular disease and The management of diverticulosis reviews

JD reviewed with the rationale and impact sections of the reviews from GC2. The GC confirmed these accurately reflected the discussion.

#### 4.3 Evidence review: What is the most clinically and cost-effective non-surgical treatment for acute diverticulitis?

BM and SH presented the evidence for clinical and cost effectiveness. The GC discussed the evidence and drafted recommendations.

4.4 Evidence review: What is the most clinically and cost-effective management strategy for adults with recurrent episodes of acute diverticulitis?

BM and SH presented the evidence for clinical and cost effectiveness. The GC discussed the evidence and drafted recommendations.

4.5 Draft protocol: indications for surgery for acute diverticulitis

BM led a discussion about the protocol. The guideline committee gave feedback and amendments were made.

4.6 Draft protocol: When should people with suspected acute diverticulitis be referred for urgent hospital assessment?

BM led a discussion about the protocol. The guideline committee gave feedback and amendments were made.

4.7 Draft protocol: For people with suspected acute diverticulitis who are not referred for urgent hospital assessment, which investigations are clinically and cost effective in the diagnosis and assessment of acute diverticulitis during and after the acute episode?

BM led a discussion about the protocol. The guideline committee gave feedback and amendments were made.

4.8 Draft protocol: For people with suspected acute diverticulitis who **are** referred for urgent hospital assessment, which investigations are clinically and cost effective in the diagnosis and assessment of acute diverticulitis during and after the acute episode?

BM led a discussion about the protocol. The guideline committee gave feedback and amendments were made.

## **5. Any other business**

NW made the committee aware of the meeting schedule going forward.

The group discussed next steps and agreed action points.

**Date of next meeting:** 10/05/2018

Confidential

**Location of next meeting:** Boardroom, Royal College of Physicians