Date and Time: Monday 29th and Tuesday 30th March 2013

10:00 - 16:30

Minutes: Confirmed

Guideline Development Group Meeting Diabetes in children and young people

guideline update

Place: Royal College of Obstetricians and Gynaecologists

London

Present: Jerry Wales (Chair) (JW) (Present for notes 1 – 19)

Francesca Annan (FA) (Present for notes 1 - 19) Sarah Eaton (SE) (Present for notes 1 - 19) Jo Dalton (JD) (Present for notes 1 – 19) Jacqueline Double (JDo) (Present for notes 1 - 19) Julie Edge (JE) (Present for notes 1 - 19) Nikhil Gokani (NG) (Present for notes 1 - 19) William Lamb (WL) (Present for notes 1 - 19) Claire Pesterfield (CP) (Present for notes 1 - 19)

In attendance:

NCC-WCH staff: Frauke Becker (FB) Zosia Beckles (ZB) Paul Jacklin (PJ) Juliet Kenny (JK) Hugh McGuire (HM) Moira Mugglestone (MM) Nitara Prasannan (NP) Stephen Murphy (SM) Su Park (SP)	(Present for notes 11 – 19) (Present for notes 1 – 14) (Present for notes 1 – 14) (Present for notes 1 – 14) (Present for notes 1 – 8) (Present for notes 1 – 14) (Present for notes 1 – 10) (Present for notes 1 – 10)
NICE attendees: Palida Teelucknavan	(Present for notes 1 – 10)

Observers:

None	

Notes

Day 1

- 1. JW welcomed the group to the fifth meeting of this guideline development group (GDG). Apologies were received from Sarah Dunsdon (SD).
- JW asked all the GDG members and other attendees to declare any new interests that they had accrued since GDG 4 and reiterate any interests declared previously that were relevant to the meeting agenda.

FΑ

Personal non-pecuniary:

Appointed as chair of Paediatric Sub Group of Diabetes Management and Education Group (a specialist group of The British Dietetic Association).

JD

Personal pecuniary:

JD confirmed that no funds had yet been awarded in relation to the personal pecuniary interests she declared at GDG 4.

<u>JDo</u>

Personal pecuniary:

Attended another Friends For Life conference in April 2013 where hospitality was provided by commercial sources unknown to JDo.

Personal non-pecuniary:

The previously declared interest (director of INPUT (a patient-run organisation that advocates for access to insulin pumps and diabetes technology in the UK)) came to an end in December 2012.

JΕ

Non-personal pecuniary:

Holds managerial responsibility for departmental funding from Novo Nordisk and Roche for sponsorship of educational meetings in 2013. Further industry sponsorship expected but sources currently unknown.

CP

Personal non-pecuniary:

Co-founder and director of Team Blood Glucose a not-for-profit social enterprise that provides peer support and education resources to encourage people with or at risk of diabetes to participate in exercise.

No other new declarations of interest were received from the GDG members or the other attendees. It was agreed that no interests declared at the meeting or previously warranted exclusion of any GDG members from discussions of evidence or formulation of recommendations at the meeting.

Declarations are kept on record at the NCC-WCH and will be published in the full guideline.

- 3. The minutes from GDG 4 were agreed.
- 4. HM presented the draft review on frequency of capillary blood glucose monitoring for type 1 diabetes (the list of excluded studies, the evidence tables, the evidence profiles and the evidence summary). The group had an opportunity discuss the evidence presented.
- 5. HM led the group through the process of interpreting the evidence and drafting recommendations for frequency of capillary blood glucose monitoring for type 1 diabetes. Notes were made live on screen.
- 6. SP presented the draft review for capillary blood glucose monitoring versus continuous glucose monitoring for type 1 diabetes (the list of excluded studies, the evidence tables, the evidence profiles and the evidence summary). The group had an opportunity discuss the evidence presented.
- 7. NP presented the draft review for intermittent retrospective continuous glucose monitoring versus sustained real-time continuous glucose monitoring for type 1 diabetes (the list of excluded studies, the evidence tables, the evidence profiles and the evidence summary). The group had an opportunity discuss the evidence presented.
- 8. JK led the group through the process of interpreting the evidence and drafting recommendations for capillary blood glucose monitoring versus continuous glucose monitoring and intermittent retrospective continuous glucose monitoring versus sustained real-time continuous glucose monitoring for type 1 diabetes. Notes were made live on screen.
- 9. MM updated the group on the progress that the type 1 diabetes in adults team had made so far on the draft review for tests to distinguish between a diagnosis of type 1 and type 2 diabetes.
- MM updated the group on NICE's recent decision to remove the review question on needle phobia in children and young people with type 1 diabetes from the guideline. MM also told the group that NICE had requested that the NCC-WCH carry out a systematic review of the evidence for dietetic advice based on glycaemic index for adults with type 1 diabetes. It was agreed that the GDG for diabetes in children and young people would

formulate their recommendations based only on the evidence for children and young people.

Day 2

- 11. PJ gave a presentation updating the group about the health economic analysis being undertaken for the topic of multiple daily injections versus mixed insulin for type 1 diabetes. The group had an opportunity discuss the proposed model and comment on the draft costing data.
- 12. MM presented the draft review protocol for structured education programmes in children and young people with type 2 diabetes. The group then discussed the protocol and notes were made live on screen.
- 13. MM presented the draft review protocol for behaviour interventions (general and to promote engagement with clinical services) in children and young people with type 2 diabetes. The group then discussed the protocol and notes were made live on screen.
- 14. PJ gave a presentation introducing the group to decision analysis for health economics. The group had an opportunity to ask questions.
- 15. MM presented the draft review protocol for dietetic advice to optimise glycaemic control in children and young people with type 2 diabetes. The group then discussed the protocol and notes were made live on screen.
- 16. MM presented the draft review protocol for weight loss in children and young people with type 2 diabetes who are overweight or obese to improve glycaemic control as measured by haemoglobin A1c (HbA_{1c}). The group then discussed the protocol and notes were made live on screen.
- 17. MM updated the group on NICE's recent decision that the NCC-WCH should convene a sub-group to work alongside the main diabetes in children and young people GDG to enable the diabetic ketoacidosis (DKA) reviews and recommendations to be developed concurrently to the rest of the guideline. The group had an opportunity to ask questions and volunteer to become members of the sub-group. The group agreed that it would be advisable to appoint an expert adviser (paediatric intensivist) for the DKA review questions.
- 18. MM described next steps.
- 19. There were no items of other business and as time permitted JW invited MM to present one further un-scheduled item. MM presented the draft review protocol for symptoms, signs and biochemical abnormalities of DKA in children and young people. The group then discussed the protocol and notes were made live on screen.

Date, time and venue of the next meeting

Tuesday 18th June 2013, 10:00–16:30 at the Royal College of Obstetricians and Gynaecologists, London