DAY ONE

1. Welcome session
   GDG Chair, Paul Cooper welcomed everyone to the meeting. He asked if there were any updates to individual DoI’s. NCC-NSC Director, Ian Bullock then facilitated a session on
   - Introductions
   - Claims, concerns and issues
   - Ground rules

2. NICE Guideline Development Process
   CS presented an overview of the NICE Guideline Development Process. The presentation providing the context for guideline development in NICE can be found on Claromentis at Root/TLOC/GDG meetings/Meetings 1 and 2. Chris’s contact details are christine.sealey@nice.org.uk
3. **NICE Patient and Public Involvement Programme**
   BM presented an overview of the NICE Patient and Public Involvement Programme (PPIP). The presentation providing the context of patient/carer input to this guideline can be found on Claromentis/TLOC work programme. Barbara’s contact details are barbara.meredith@nice.org.uk

4. **National Collaborating Centre for Nursing and Supportive Care**
   IB presented an overview of the National Collaborating Centre for Nursing and Supportive Care. The presentation provided the background to the centre’s experience and expertise in guideline development, evidence based healthcare and delivering a commissioned work programme for NICE can be found on Claromentis/TLOC work programme. Ian’s contact details are ian.bullock@rcn.org.uk

5. **Ways of working, roles and function**
   IB presented an overview of the various GDG roles, GDG chair, professional and lay member responsibilities. He also covered the policy designed to protect the guideline and individuals involved in the process, the DoI policy. The current policy executive summary was distributed to the group, and can be found on Claromentis at Root/NICE Guidelines Manual/ Appendix A.

6. **TLOC guideline scope**
   SD presented an overview of the guideline scope. SD confirmed that the scope has now been signed off by NICE and should be posted on their website week beginning 23.06.08. The GDG were able to clarify emergent issues from the scope during the presentation. GS asked for clarification on the lower age limit for the guideline (16), PC answered this. GR raised an issue relating to alcohol or drug induced unconsciousness, asking whether the guideline would address this. FJ pointed out the importance of covering NHS telephone advice/triage systems which was agreed. RG asked if we would be looking at treatments for people with non epileptic seizures (psychogenic), JF asked for clarification of this which PC provided. IB requested that CS facilitate a discussion with the group updating the epilepsy guideline in relation to this. The scope can be found on Claromentis at Root/TLoC/Guidelines core documents.

   **Action Point:** CS to talk to the NCC-PC in relation to the epilepsy guideline update. CS to facilitate a discussion between the two GDG chairs, including the NCC-NSC.

7. **Health economics and cost effectiveness work underpinning the TLOC guideline**
   SD presented an overview of health economics and cost effectiveness related to guideline development. The presentation provided the background and context to the NCC’s health economic experience and expertise and the principles of placing cost effectiveness at the heart of guideline recommendations. This can be found on Claromentis at Root/TLOC/GDG meetings/Meetings 1 and 2.

8. **Needs assessment work, initial findings of Dr Sanjiv Petkar**
   PC presented the findings of Sanjiv’s initial needs assessment work, which helped contextualise SD’s health economic presentation. The full report should be available for presentation at the GDG meeting 3.
9. **Summary for Day 1**
IB clarified the various ways of working underpinning guideline development; summarising the day, and clarified expectations for Day 2.

**DAY TWO**

1. **Welcome session**
   PC welcomed everyone to the meeting. He asked if there were any updates to individual DoI’s. NCC-NSC Director, IB then provided the context for today’s meeting.

2. **Guideline Development Methodology**
   MW introduced review methods and how the technical team approach clinical effectiveness work for the guideline. GS raised the issue relating to types of research, including qualitative evidence. The GDG discussed types of evidence, and the value of these different types of evidence, concluding that the clinical question will determine what type of evidence will be searched. The technical team affirmed that where the clinical question merited a review of qualitative evidence, this would be carried out.

3. **Clinical Questions**
   A full discussion took place on the clinical questions for the guideline.

4. **Review protocols**
   Review protocols and cohort studies in systematic reviews were discussed.

5. **Economic priorities for development**
   Deferred to GDG meeting 3.

6. **Consensus methods in this guideline**
   Deferred to GDG meeting 3.

7. **Claromentis**
   SD gave an overview of Claromentis and answered questions relating to accessibility. This presentation can be found on Claromentis at Root/TLOC/GDG meetings/Meetings 1 and 2.
   **Action point: NCC to circulate passwords for access**

8. **Summary, Feedback and Questions**
   IB concluded day 2 and thanked all GDG members and members of the technical team for their energy and commitment during the two days.

9. **Date and time of next meeting**
   July 30th 2008, commencing at 10am at the Royal College of Nursing HQ, Cavendish Square, London.