

**NATIONAL COLLABORATING CENTRE FOR NURSING & SUPPORTIVE CARE
(NCC-NSC)**

NICE national clinical guideline – The management of transient loss of consciousness

Third guideline development group meeting

Wednesday 30th July 2008

RCN HQ, Cavendish Square, London

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(NCC-NSC)**

NICE clinical guideline – The management of transient loss of consciousness

**Notes of the Third Guideline Development Group Meetings
Wednesday 30th July 2008, commencing at 10.00 a.m., Room 106,
Royal College of Nursing HQ, Cavendish Square, London.**

PRESENT:

Paul Cooper (Chair,PC)	Neurologist, Hope Hospital, Salford
Robin Beal (RB)	Clinical Director, St Mary's Hospital – Emergency Department
Mary Braine (MB)	Lecturer, School of Nursing, Univeristy of Salford
Ian Bullock (IB)	Director, NCC-NSC
Sarah Davis (SD)	Senior Health Economist, NCC-NSC
Melesina Goodwin (MG)	Epilepsy Specialist Nurse, Northampton General Hospital
Richard Grünewald (RG)	Neurologist, Royal Hallamshire Hospital
Stefanie Kuntze	Health Economist, NCC for Primary Care (Observer)
Hanna Lewin	Information Specialist, NCC Acute Care (Observer)
John Pawelec (JP)	Paramedic - Clinical Tutor, Yorkshire Ambulance Service NHS Trust
David Pitcher (DP)	Cardiologist, Worcester NHS Trust
Sanjiv Petkar (SP)	Clinical Research Fellow, Manchester Heart Centre
Alison Pottle (AP)	Cardiology Nurse Consultant, Harefield Hospital
Greg Rogers (GR)	General Practitioner
Garry Swann (GS)	Consultant Nurse, Birmingham Heartlands Hospital
Maggie Westby (MW)	Senior Research & Development Fellow, NCC-NSC

APOLOGIES:

Julie Fear (JF)	Patient/Carer Representative, Syncope Trust & Anoxic Reflex Seizures (STARS)
Trudie Loban (TL)	Patient/Carer Representative, Syncope Trust & Anoxic Reflex Seizures (STARS)
Christine Sealey (CS)	NICE Commissioning Manager

1. Welcome, introduction and apologies

Paul Cooper welcomed members in attendance and also two observers (Stefanie Kuntze and Hannah Lewin) to today's meeting. Two GDG members were in attendance for the first time, special welcome was given to Robin Beale and David Pitcher.

2. Minutes, declarations of interest and matters arising

PC reviewed the minutes from the last meeting. Asking if GDG members had any issues of accuracy or need for correction.

Matters arising:

2.1 Point 6 (Day 1): Clarification re the Epilepsy Guideline update. SK was able to inform this GDG that the commission had been received by her centre (NCC-PC) who had originally developed the guidance, and planned development would be initiated towards the end of 08. IB asked SK for close communication in relation to the interdependence between the two guidelines, which SK was very happy to do. PC would talk directly to the chair of the Epilepsy GDG once appointed. The action point taken by CS is still open in relation to this, and IB will follow up.

2.2 Point 6 (Day 1): IB suggested to the group that submitting non epileptic seizures (psychogenic) maybe best served through topic selection by NICE in its own right. RG, GR and PC all supported this.

2.3 Point 7(Day 2): Claromentis experience to date positive.

Changes to current declarations:

PC (Funding support for travel to professional conference)

RG (Funding support for travel to professional conference)

GR (Withdrawn from an advisory board role)

SP (Funding support for travel to professional conference)

Action point: NCC with GDG members to update

PC thanked the group and asked for current declarations to be updated at lunchtime. IB reminded the group of the purposes for the policy, in protecting GDG members involved in the process and the guideline end product from being perceived as being biased.

3. Economic literature review

SD presented an overview of the review of published health economic evaluations. The presentation summarised the existing studies, all of which compared alternative diagnostic strategies. The review demonstrated that there is a lack of relevant published evaluations in this area and that further economic evaluation is required to inform recommendations. The presentation can be found on Claromentis at Root/TLOC/GDG meetings 3.

4. Clinical needs assessment

SPD presented an overview of needs assessment work he had engaged in to help the GDG understand the epidemiological profile of TLOC health care population. The presentation looked at trends that emerged from analysis of the data made available from three main sources; telephone advice (eg. NHS Direct), Hospital Episode Statistics (England, HES) and Patient Episode Data (Wales, PED) and ICD coding data relating to mortality. The GDG discussed this at length, and the presentation can be found on Claromentis at Root/TLOC/GDG meetings 3.

5. Economic Plan

SD presented early development of ideas and thinking relating to the guideline's health economics plan and likely priorities for further economic analysis. The presentation can be found on Claromentis at Root/TLOC/GDG meetings 3. The GDG were asked direct questions to establish where the priorities for modelling in the guideline should be focused. Potential modelling approaches were also discussed. SD explained the next steps for the economic plan including sign-off by representatives from the GDG, NICE and the NCC.

Action point: SD to circulate economic plan to GDG for comment prior to sign-off

6. Consensus methods

Deferred to next meeting

7. Information for patients

Deferred to next meeting

- 8.** Date and time of next meeting: GDG Meeting 4, Thursday 30th October 2008, commencing at 10.00 a.m., Royal College of Nursing HQ, Cavendish Square, London.