

Confirmed NICE Minutes

1st Care of Pregnant Women with Complex Social Factors Guideline Development Group (GDG) Meeting.

Part 1 – Monday the 22nd of September 2008 at the RCOG.

Part 2 – Tuesday the 23rd of September 2008 at the RCOG.

Present:	Rhona Hughes (RH)	Lead Obstetrician, Royal Infirmary, Edinburgh. (Chair)
	Daghni Rajasingam (DR)	Consultant Obstetrician
	Poonam Jain (PJ)	Patient / Carer Representative
	Sarah Fishburn (SF)	Patient / Carer Representative
	Eva Perales (EP)	Patient / Carer Representative
	Jan Cubison (JC)	Social Worker
	Melissa Kate Whitworth (MKW)	Consultant Obstetrician
	Jan Palmer (JP)	Psychiatric Nurse
	Yana Richens (YR)	Consultant Midwife/ Public Health
	Helen Adams (HA)	Health Visitor
	Faye Macrory (FM)	Consultant Midwife
	Annette Williamson (AW)	Commissioner
	Roz Ullman (RU)	Senior Research Fellow, NCC-WCH
	Martin Whittle (MW)	Clinical Co-director, Women's Health, NCC-WCH
	Carolina Ortega (CO)	Work Programme Co-ordinator, NCC-WCH
	Hannah Rose Douglas (HRD)	Senior Health Economist, NCC-WCH
	Katherine Cullen (KC) (day 2)	Health Economist, NCC-WCH
	Danielle Worster (DW)	Information Scientist, NCC-WCH
Invited: (on Part 2)	Caroline Keir (CK)	National Institute for Health and Clinical Excellence (NICE) Guidelines Commissioning Manager
	Victoria Thomas (VT)	National Institute for Health and Clinical Excellence (NICE), PPIP Project Manager
Apologies:	Mary Sainsbury	Practice Development Manager, Social Care Institute for Excellence (SCIE)

Part 1 – Monday the 22nd of September 2008 at the RCOG.

1. RH welcomed the group to the meeting. Apologies were received from MS.

There were no new interests declared by those present at the meeting. 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. Declarations are kept on record at the NCC-WCH and will be published in the full guideline.

2. MW gave a presentation on the roles and responsibilities of GDG members as part of the guideline development process (Paper 2 of the meeting papers). The presentation included ground rules for GDG members and a reminder of the code of

conduct. The GDG were informed that they should attend all meetings, and that declarations of interest must be renewed at each meeting.

3. Item deferred until day two of the meeting.

Break for tea/coffee

4. RU, HRD & DW gave a presentation on the processes used by the technical team to develop recommendations for a guideline (Paper 4 of the meeting papers). The group were informed that evidence needed to be interpreted, debated and agreed by all members at the GDG meetings. Il informed the group that PJ would be the main Health Economist for this guideline.

Lunch break 13.00hrs

5. CO gave a presentation on the role of Work Programme Coordinators within the NCC-WCH and guideline development (Paper 5 of the meeting papers). CO informed the group that she would give a demonstration on how to use the NCC-WCH website the following day.

6. RU talked about the SCiP as an unusual guideline as it is not a clinical guideline, so therefore a departure from the norm. RU spoke to the GDG about the scope and the clinical questions (rather 'guideline questions'). Evidence could come from both published and unpublished literature. The GDG is to decide a collective way of dealing with the literature. The GDG broke into small groups to discuss the questions. Some GDG members asked how 'migrants' were define for the purpose of refining the questions.

7. The GDG members presented the work on questions on the Guideline based on the scope.

Break for tea/coffee

8. The three subgroups made their comments on the questions and submitted their feedback on the list of questions.

AOB: There was no other business.

RH thanked the participants for attending and closed part 1 of the meeting.

Part 2 – Tuesday the 23rd of September 2008 at the RCOG.

9. RH welcomed the group to the meeting for the second part of the SCiP GDG 1 and asked the members to submit a declaration of interests form. It was agreed that no interests declared at the meeting, warranted exclusion of any GDG members from discussions. Declarations are kept on record at the NCC-WCH and will be published in the full guideline. CK and VT were present and RH asked each GDG member to introduce themselves and give a brief account of their working background. Apologies were received from MS and EP.

3. CK presented an overview of the work of the National Institute for Health and Clinical Excellence (NICE) and the work of the Centre for Clinical Practice (guidelines) (Paper 3 of the meeting papers). CK explained that clinical guidelines are

recommendations, based on the best available evidence, to assist practitioner and patient decisions about appropriate health care in specific clinical circumstances.

10. VT introduced herself to the GDG, and gave an overview of the Patient and Public Involvement Programme (Paper 10 of the meeting papers). VT explained that it was vital to incorporate patient perspectives when developing recommendations for guidelines. VT emphasised that everyone within the GDG has equal status and advised the group to avoid jargon, explain technical terms, and to be aware of audibility when speaking during GDG meetings.

11. RU gave a presentation on Developing Guidelines and the role of the GDG members. Including what are topic leads/groups and what they do.

Break for tea/coffee - DR left the meeting at this point.

12. CO gave a brief demonstration on how to use the NCC-WCH website (Paper 12 of the meeting papers). CO informed the group that NCC-WCH accounts would be activated, and that all presentations (from the first meeting), would be accessible, after the meetings.

13. RU gave a presentation on how evidence is graded (Paper 13 of the meeting papers). The presentation covered the different designs of reviews and trials and the hierarchy of evidence. The group were informed that the NCC carry out a literature search at 2 and 4 years after publication to see if there is any new evidence which may require a full or partial update of the guideline.

Lunch Break

13:10 HRD joined the meeting

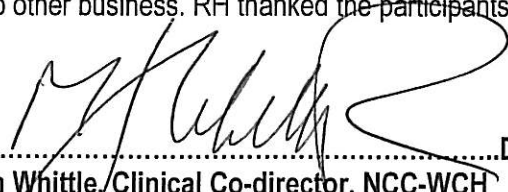
14. MW presented the care pathway of the ANCu (Antenatal Care Guideline update) for the GDG to get an idea of what the care pathway would look like. Some of the points he presented were:

The GDG discussed at length the different possibilities for the care pathway and the treatment of pregnant asylum seekers in the UK. MW proposed to take the GDG's ideas and do some background work with RH and RU and bring it to the next GDG on the 19th of November.

15. RU told the GDG about progress made on Q1 yesterday based on group feedback. RU asked the GDG which Q they would like to do first and asked the GDG to volunteer for topic groups. The topic groups were agreed.

16. There was no other business. RH thanked the participants for attending and closed Part 2 of the meeting.

CLOSE

Signed:  Date: 19/11/08
Professor Martin Whittle, Clinical Co-director, NCC-WCH

Signed:  Date: 19/11/08
Rhona Hughes, GDG Chair for Care of Pregnant Women with Complex Social Problems.

