Hyperglycaemia Scoping Workshop 15th June 2010

Notes & Key Points from the meeting

1. PA welcomed the group and explained the format and purpose of the workshop. The whole group introduced themselves

2. CK gave a presentation on the short clinical guideline programme

3. NE gave a presentation on the patient and public involvement programme (PPIP)

4. AS presented the draft scope to the group

5. Questions for the workshop

The group discussed the following questions on the scope

Is the appropriate population covered by the draft scope?

The group agreed the correct population was covered.

Are the healthcare settings proposed appropriate?

The group discussed the various clinical settings which would be involved in the management of hyperglycaemia and those patients who present with ACS. It was agreed that secondary and tertiary care were the appropriate settings and covered the services mentioned.

Have the main clinical issues been covered?

The group discussed whether the scope should exclude the diagnosis and assessment of hyperglycaemia and ACS. The short clinical guidelines team felt it would not be appropriate to include this within this short clinical guideline as the remit from the Department of Health was to ‘to produce a short clinical guideline on the management of hyperglycaemia in acute coronary syndrome in patients both with and without diagnosed diabetes mellitus'.. This should also exclude devices for diagnosis.

The group agreed the scope should include advice on the timing and frequency of testing glucose levels and the timings for discharge are to link in with other NICE guidance on ACS and Hyperglycaemia. It was noted that diagnoses of ACS and diabetes may have a significant impact on the patients' quality of life. It was noted that hospitals have an inpatient team to support people with diabetes and new hyperglycaemia. Individualised dietary support is needed but may be outside the Scope of this guideline.

Have all the important outcomes appropriate for this guideline been covered in the current draft scope?

The group noted other various adverse events associated with metabolic management including hypokalemia.

The group were in agreement on the rest of the outcomes outlined.

The group also discussed the agreed definition of hyperglycaemia. It was noted that according to observational data from various sources the agreed blood glucose level for diagnosing hyperglycaemia is 9.3.

Clinical effectiveness of Intensive glucose control compared to standard glucose control compared to standard glucose control in the management of hyperglycaemia in people with ACS.

The group was in agreement on the health economic question.

Proposed GDG Constituency

Consultant Cardiologist

Consultant physician in one of the following specialties:

- Acute Medicine
- ED
- Diabetologist

Inpatient diabetes/cardiology nurse specialist

Clinical Pharmacist with specialist interest in patient safety

GP

2 Patient/Carer representatives