#### **National Institute for Health & Clinical Excellence**

### **Organ Donation**

## First Guideline Development Group (GDG) meeting

Thursday 2<sup>nd</sup> & Friday 3<sup>rd</sup> September 2010

Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD

#### **GROUP MEMBERSHIP**

In Attendance	
GDG Members	
Gary McVeigh (GM) (Chair)	Tim Collins
Simon Bramhall	James Fraser
Lesley Lappin	Karen Morgan
Angus Vincent	Paul Murphy
Huw Twamley	Barry Williams
Jane Nix	
NICE Staff	
Mark Baker (MB)	Kathryn Chamberlain (KC)
Beth Shaw (EJS)	Faisal Siddiqui (FS)
Prashanth Kandaswamy (PK)	Gary Shield (GS)
Sarah Chalmers (SC)	Pranam Mavahalli (PM)
Sarah Glover (SG)	
Apologies:	
Gurch Randhawa	Ronan O'Carroll
Hanna Lewin	

#### **MINUTES OF THE MEETING**

## Thursday 2<sup>nd</sup> September 2010

# 1.1 Agenda item 1:Introductions & GDG working

GM welcomed the group and all GDG members and NICE staff introduced themselves and described their interest in this guideline. The NICE staff introduced themselves and explained their role. Apologies for were received from Hanna Lewin, Ronan O'Carroll and Gurch Randhawa.

GM gave a presentation of GDG working including his role as the chair of the group.

#### 1.2 Agenda item 2:

- **Literature searching:** SG gave a presentation on literature searching, on behalf of Hanna Lewin, who was unable to attend the meeting today.
- **PPIP:** SC gave the presentation on the patient and public involvement programme.

- Process of guideline development: MB gave a presentation on clinical guidelines and process development, indicating how the process with work for this guideline.
- Role of the Guidelines Commissioning Manager (GCM)/Equality: CT discussed the role of the GCM and NICE's equality scheme.
- Role of the Editor: PM informed the group that he had left some copies
  of the Quick Reference Guides (QRG) and Understanding Nice Guidance
  (UNG), for the GDG to see some of the products produced by the editorial
  team. He then gave his presentation on the role of the editors.
- Health Economics: PK gave a presentation on health economics. PK will talk about the health economics specific to this guideline at a later stage in the meeting.
- **Costing:** GS gave an overview of the implementation team, and discussed the costing tools.

#### 1.3 Agenda item 3: Role of the Project Manager and Dol

KC gave an overview on the role of the project manager. She discussed declarations of interest (DoI) policy. Declarations of interest were noted.

#### 1.4 Agenda item 4: Summary of the scope

FS presented a summary of the scope. MB explained that following stakeholder consultation, we had added 2 additional bullet points to include: timing of referral and criteria for consideration. The GDG discussed the scope and raised concerns that children were not a group for special consideration. The team assured the GDG that these would be considered, and where necessary, recommendations would be made separately for children.

### 1.5 Agenda item 5: Agree definitions and terms

The group helped to confirm the definitions of the terms to be used in the guideline and discussed the definitions and terms. It was agreed that DBD and DCD are terms that are used universally and will be defined in the glossary.

### 1.6 Agenda item 6 : Care Pathway

The GDG discussed and drew an example of the pathway.

### Friday 3<sup>rd</sup> September 2010

## 1.7 Agenda item 1: Review of day 1

GM gave a quick recap of the previous day. The group had had presentations on the workings of NICE, discussed the scope, and agreed some terms and conditions. He reminded the group to complete the evaluation form. He also gave an outline for day 2 of the meeting, and mentioned that EJS would give a presentation on GRADE, the principles of GRADE and how it links the evidence to recommendations, even though it cannot be used fully for this guideline. He asked the group to forward any evidence that they were aware of to KC.

#### 1.8 Agenda item 7 (from day 1): Review Protocol

FS gave a presentation on the review protocol, and explained that following the discussions of the previous day, question 1 will be amended to include clinical triggers. He discussed what we would be covering at each meeting and that we

will revisit question 1 at GDG 3, following an updated search. The group discussed the new search strategies for question 1.

## 1.9 Agenda item 2: An introduction to GRADE

EJS gave a presentation on GRADE. Explaining to the group what GRADE is, why it doesn't fit in properly with this guideline and how a modified version would be used for the evidence in this guideline. She confirmed that in the guideline the technical team will be clear why we haven't used GRADE in the traditional way. The GDG also had a discussion on the outcomes.

### 1.10 Agenda item 3: Evidence presented/discussion of the evidence

FS gave his presentation on the evidence and the group discussed this. The GDG requested that HM Coronial Society be added as a stakeholder. KC agreed to approach them and request that they register.

### 1.11 Agenda Item 4: Call for Evidence

EJS explained that if the group felt that there was data that we had not managed to find during our searches, we could write to all out stakeholders with a call for evidence. The GDG agreed that this was the best course of action.

## 1.12 Agenda item 5: Agree evidence statements

The GDG had discussed the summary of the evidence, and agreed the evidence statements.

#### 1.13 Agenda item 6: Drafting recommendations

The GDG wrote some draft recommendations, based on the current evidence. These will be revisited, and amended appropriately if new evidence if presented.

### 1.14 Agenda Item 7: Any other business

The next meeting will be held in the NICE Manchester Office, on Monday 18<sup>th</sup> & Tuesday 19<sup>th</sup> October 2010.

GM closed the meeting