

## **“Upper GI Bleeding” (UGIB) Scoping Workshop: Royal College of Surgeons 12<sup>th</sup> February 2010**

The stakeholder scoping workshop is held in addition to the scoping consultation on the first draft of the scope, which is scheduled from 17<sup>th</sup> March 2010 until the 16<sup>th</sup> April 2010.

The objectives of the scoping workshop were to:

- obtain feedback on the key clinical issues included in the first draft of the scope
- identify which patient or population subgroups should be specified
- seek views on the composition of the Guideline Development Group (GDG)
- encourage applications for GDG membership.

The scoping group (Technical Team, NICE and GDG Chair) presented a summary of the guideline development process, the role and importance of patient representatives, the process for GDG recruitment and proposed constituency for this group, and the scope. The stakeholders were then divided into 3 groups which included a facilitator and a scribe and each group had a structured discussion around the following discussion points:

### **Points of discussion**

Stakeholders discussed the following areas:

- is the population included appropriate?
- are the interventions included relevant?
- can the proposed interventions be prioritised?
- are the outcomes included the correct ones?
- what information and support should be provided to patients and their carers?
- is the proposed GDG composition appropriate?

### **Discussion outcomes**

#### ***A. Population***

The stakeholder groups considered that the population specified in the draft scope can be limited to adults with acute variceal and non-variceal upper GI bleeding as well as the adults in the HDU/ITU setting at high risk of acute upper GI bleeding.

#### ***B. Key clinical issues***

Most stakeholders agreed that the most commonly used interventions had been proposed. Many felt that most of the proposed interventions should be included. However overall there was agreement that few aspects of UGIB management included in the draft scope (e.g. angiography & embolisation, feeding, prevention of late re-bleeding, sclerotherapy) could be excluded, either because there is insufficient information on these or/and these approaches are applied to a small minority of UGIB patients.

The group agreed that the timing of endoscopy following admission to hospital of a patient with UGIB is key and should be explored from both a clinical-effectiveness and cost- effectiveness perspective. The

group also considered important the clarification of what information should be given to patients (and their carers) and when.

### **C. Outcomes**

Stakeholders agreed with the proposed list of outcomes

- Mortality
- Re-bleeding
- Surgery
- Blood transfusion requirements
- Length of hospital stay
- Quality of life

No other issues were considered specific to this guideline

### **D. GDG membership**

The stakeholders were asked for feedback on the following GDG constituency;

#### **GDG constituency**

1x Gastroenterologist  
1x Hepatologist  
1x Surgeon specialising in "Upper GI"  
1x A&E specialist  
1 Intensivist (Intensive Care Specialist)  
1x GP with special interest in upper GI  
1x Specialist Nurse (e.g. in Upper GI Endoscopy)

1x Hospital Pharmacist (with GI formulary responsibilities/member of formulary committee)  
2x Patients (1 who suffered from GI bleed due to ulcer and 1 due to varices)

#### **Co-Optees**

1x Interventional Radiologist  
1x Blood Transfusion Specialist

Overall, stakeholders agreed with the proposed GDG membership. Stakeholders discussed the appropriateness of including the interventional radiologist as a full time GDG member.

The facilitators for each group closed the meeting by explaining the scoping group will subsequently meet to summarise all key themes that emerge from the workshop and will update the scope accordingly.

The facilitators for each group also encouraged that stakeholders should submit all their comments more formally through the scoping consultation process.