

Date and Time:	24th February 2012, 10.00 – 16.00 hrs
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Minutes:	
5th Guideline Development Group Meeting	
Place:	National Clinical Guidelines Centre, 180 Great Portland Street, Boardroom
Present:	<p>Nik Hirani (Chair) Annette Duck Geraldine Burge Sue Copley (am) Ann Millar Malcolm Weallans Melissa Hippard Nicholas Harrison Nick Scream Patrick Wilson Tessa Lewis</p> <p>Joanna Ashe, Information Scientist (pm) Vicki Pollit, Health Economist Zahra Naqvi, Research Fellow Nina Balachander, Senior Research Fellow and Project Manager Vanessa Delgado Nunes, Guideline Lead</p>
In attendance:	
Clifford Middleton, NICE Guidelines Commissioning Manager Andrew Nicholson, Consultant Histopathologist, and Professor of Respiratory Pathology (co-opted expert to the guideline development group)	
Apologies:	
Angela Key Richard Hubbard	

Notes

- Nik Hirani welcomed the group to the fifth GDG meeting. Apologies were received from Angela Key and Richard Hubbard. The Chair asked all GDG members to declare any relevant conflicts of interest.

Annette Duck declared a personal non-pecuniary interest that she had attended two IPF patient support group meetings since the last GDG meeting.

Geraldine Burge declared a personal non-pecuniary interest that she had attended an IPF patient support group since the last month.

There were no changes in any of the other GDG members' and NCGC staff's DOI's since the last meeting.

No actions were taken following these declarations and none of the GDG members withdrew as none of the declarations conflicted with clinical areas to be discussed during the GDG meeting.

Presentations

- Each of the following presentations were given:

Notes

- Clinical Evidence review for IPF Diagnosis – Zahra Naqvi
 - Recap of clinical evidence for Biopsy
 - Clinical evidence for MDT
 - HE considerations for IPF Diagnosis – Vicki Pollit
 - HE evidence and recap of concepts for biopsy and evidence for MDT
 - Further clarification on clinical questions and HE considerations – Nina Balachander
2. ZN presented the clinical evidence review for ‘added value of biopsy’. The clinical evidence for BAL, transbronchial biopsy and surgical lung biopsy was revisited and the clinical evidence.
3. VP presented an overview of diagnostic concepts and economic considerations for diagnosing a patient with IPF, including revisions to MDT. The GDG acknowledged the economic considerations presented by VP and drafted recommendations for bronchoalveolar lavage, transbronchial biopsy, surgical lung biopsy and MDT.

The discussion on the clinical and cost effectiveness evidence for diagnosing patients with IPF overran, so it was agreed to continue further work on the revisions to the evidence review and clarification on the recommendations with the GDG members between GDG meetings.

Any other business:

None

Date, time and venue of the next meeting

28th March 2012, 10:00 – 16:00hrs, NCGC Boardroom