Date and Time:	**25th July 2012, 10.00 – 16.00 hrs**

Minutes:	
9th Guideline Development Group Meeting	
Place:	National Clinical Guidelines Centre, 180 Great Portland Street, Boardroom
Present:	Nik Hirani **(Chair)** Angela Key Annette Duck Malcolm Weallans Melissa Hippard Nicholas Kim Harrison Nick Screaton Patrick Wilson Richard Hubbard Sue Copley Izaba Younis, Research Fellow Vicki Pollit, Acting Senior Health Economist Nina Balachander, Senior Research Fellow and Project Manager Vanessa Delgado Nunes, Guideline Lead
In attendance: Clifford Middleton, NICE Guidelines Commissioning Manager Prof Sally Singh, Head of Cardiac and Pulmonary Rehabilitation, External Co-optee	
Apologies: Geraldine Burge Tessa Lewis	

Notes

1. Nik Hirani welcomed the group to the ninth GDG meeting. Apologies were received from Geraldine Burge and Tessa Lewis. The Chair asked all GDG members to declare any relevant conflicts of interest.

   NH declared a personal non-pecuniary interest. NH will be a an adviser on the NIHR HTA report, which is evaluating the clinical and cost effectiveness of treatments for idiopathic pulmonary fibrosis. This systematic review is due for completion in spring 2013.

   AD declared a personal pecuniary interest for consulting at an IPF patient support day organised by Intermune on the 19th July [2012, for which she received a fee of £225. Intermune manufactures Pirfenidone, which is not a drug highlighted in the scope of this guideline. AD also declared non-personal pecuniary interests. AD attended a meeting to develop a national support group in Nottingham on 20th July 2012. No expenses or reimbursement was received for this attending meeting. AD is also a co-author on two articles, one on the benefits of a MDT in ILD diagnosis and another on the benefits of ambulatory oxygen in IPF, which have both been submitted to the European Respiratory

Notes

Journal.

SS declared a personal non-pecuniary interest. She will be a an adviser on the NIHR HTA report, which is evaluating the clinical and cost effectiveness of treatments for idiopathic pulmonary fibrosis. This systematic review is due for completion in spring 2013.

VDN declared a non-personal pecuniary interest. VDN attended a meeting in St Petersburg, for which travel and accommodation was funded by Pfizer. The consultancy fee was paid into the NCGC account. Pfizer does not manufacture any IPF related drugs.

There were no changes in any of the other GDG members' or NCGC staff's DOIs 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:

1. Clinical and cost effectiveness evidence review for best supportive care – IY and VP
2. Clinical and cost effectiveness evidence review for pulmonary rehabilitation – IY and VP
3. Health economic model for pulmonary rehabilitation - VP
4. Discussion on linking evidence to recommendations – NB
    a. Best supportive care
    b. Pulmonary rehabilitation
    c. Scene setting recommendation
5. Agreeing protocols for lung transplantation and ventilation - NB
6. Workplan - NB

1. IY presented the clinical evidence for best supportive care. VP presented the costs of drugs used to treat cough, breathlessness and fatigue, as well as the costs required for equipment or health professional's time associated with providing best supportive care to patients with IPF.

2. IY presented an update on the clinical evidence for pulmonary rehabilitation, which was presented at GDG 3 and included evidence from RCTs and observational studies.

3. VP presented the planned sensitivity analysis for the health economic model and assumptions considered for pulmonary rehabilitation.

4. The GDG discussed the clinical and economic considerations when drafting recommendations for best supportive care, pulmonary rehabilitation and a scene setting recommendation, which acknowledges the input of primary care physicians.

5. NB presented the evidence review protocols for lung transplantation and ventilation. Evidence for these questions will be presented at the next GDG meeting.

6. NB reminded the GDG of key upcoming dates in the IPF guideline and ongoing work required from the GDG.

Any other business:

The NCGC technical team are collaborating with the NIHR HTA regarding the potential for the HTA group to act in an advisory capacity on certain clinical areas of the guideline. Further discussions are required to agree specifics of this agreement.

Notes

Date, time and venue of the next meeting: **GDG 10:** Friday 7th September, RCP Sloane Room