

Acute kidney injury

National Clinical Guideline Centre

13th Guideline Development Group Meeting

Date and Time: 15 May 2013, 10:00 – 16:00

Place: Pickering Rosenheim room, Royal College of Physicians, 11 St Andrews Place, London NW1 4LE

Minutes: Confirmed

GDG Present:

Mark Thomas (Chair) (MT)	Chris Laing (CL)
Annette Davies (AD)	Andrew Lewington (AL)
Anne Dawnay (ADw)	David Milford (DM)
Mark Devonald (MD)	Marlies Ostermann (MO)
Coral Hulse (CH)	Sue Shaw (SS)

NCGC technical team:

- Caroline Blaine (CB)
- Elisabetta Fenu (EF)
- Saoussen Ftouh (SF)
- Sue Latchem (SL)

Apologies:

- Fiona Loud (FL)
- Nicholas Palmer (NP)
- Lyndsey Unwin (LU)

In attendance:

NICE Staff:

- Ben Doak (BD)
- Mandy Harling (MH)
- Anne-Louise Clayton (ALC)

Observers:
None

Minutes

1. **Introductions and apologies.** MT welcomed everyone to the final AKI GDG meeting. He introduced MH who is a senior implementation adviser at NICE. Apologies were received from FL, NP and LU.

ADw declared a personal pecuniary interest: she gave a presentation on the guideline during the consultation period and was paid her train fare.

MD declared a non-personal pecuniary interest: he organised the 'Nottingham Acute Kidney Injury Course' held on the 20th April. It was supported in part by unrestricted educational grants from 4 companies: Amgen, Boehringer Ingelheim, Shire and MSD. The first 3 paid £400 direct to the venue to contribute to costs. MSD paid for a dinner for the speakers, as they were not paid a fee. He did not receive any fee from any of the companies.

AL declared a personal pecuniary interest. He has been an AM Pharma Advisory Board Member for

a Phase 2 clinical trial using recombinant alkaline phosphatase in treating sepsis and AKI. He has attended 2 meetings in San Diego (November 2012 and February 2013) and received £480 for each meeting.

DM declared a personal pecuniary interest: he received £500 travel grant from Astellas to attend African Nephrology Congress in Ghana, to give a talk on congenital abnormalities of kidneys and urinary tracts.

There were no changes to any of the other GDG members' and NCGC technical team's DOIs since the last meeting. No actions were taken following these declarations and none of the GDG members withdrew during discussion.

The minutes of GDG 12 were agreed as an accurate summary of the meeting.

2. **CI-AKI comments, update on the health economics model and review of the recommendations:** EF summarised the changes that had been made to the economic model on CI-AKI in response to stakeholder comments. The GDG also discussed the outstanding comments on this chapter and agreed appropriate responses. The group then reviewed the recommendations and agreed on the changes required.
3. **Stakeholder comments and review of the recommendations:** subgroup leads presented the outstanding comments on their respective chapters. The GDG discussed and agreed possible responses. The group then reviewed the recommendations and agreed on the changes required.
4. **AKI guideline pathway and information for patients:** ALC presented the pathway and explained that it will be linked to other relevant guideline pathways such as the chronic kidney disease pathway. She also explained that there will be a version of the guideline called 'Information for the Public' which includes a simplified version of the recommendations for the lay public.
5. **Costing and Implementation strategies:** MH explained the role of the implementation lead and presented an overview of the implementation strategy for the guideline.
6. **Publications policy and communications:** SL gave a presentation on behalf of LU the communications lead at NICE. SL discussed plans for the launch which will include a press conference. GDG volunteers were required. She re-emphasised that all press enquiries should be directed to the NICE press office. She also explained that GDG members wishing to publish articles related to the guideline need to adhere to NICE publication policy. This involves sending a copy of the publication and a cover form at least 10 working days before the date of submission.
7. **Timelines and next steps** SF re-emphasised that the GDG need to complete the responses to SH comments by the end of May. This will allow enough time for the technical team to make the necessary changes in the guideline before submitting to NICE in June. She explained that a quality assurance team at NICE will check that the GDG have responded to all SH comments appropriately after which there may be further changes. The guideline is on target to being published on the 28th of August.
8. **Any other business:** There was no other business to discuss. MT closed the meeting and thanked everyone for their hard work over the course of the guideline development process.