

Date and Time: *Thursday 15th March 2012 (10:00–16:00h)*

Minutes: Confirmed

**Myocardial infarction: secondary prevention in primary and secondary care
Guideline Development Group Meeting 1**

Place: *Boardroom, National Clinical Guideline Centre, 180 Great Portland Street, London W1W 5QZ*

Present: Phil Adams (GDG Chair) (All present for notes 1-11)
 Maria Wray (Patient member)
 John Walsh (Patient member)
 Kathryn Carver (Cardiac Rehabilitation Specialist nurse)
 Sanjay Ramdany (Community matron with a special interest in CHD)
 Caroline Levie (Cardiovascular clinical team lead)
 Linda Speck (Consultant clinical health psychologist)
 William Cunningham (General practitioner)
 Jennifer Jones (Honorary superintendent physiotherapist)
 Paul Wright (Principal clinical pharmacist)
 Jo Farrington (Dietician and public health specialist) (Co-optee)

In attendance:

NICE Staff: Clifford Middleton	Guidelines Commissioning Manager	(Present for notes 1–11)
Erin Whittingham	Patient and Public Involvement Programme	(Present for notes 1–4)
NCGC Staff: Liz Avital	Associate Director	(All present for notes 1– 11)
Katie Jones	Project Manager	
Leanne Saxon	Research Fellow	(Present for notes X – XX)
Julie Neilson	Senior Research Fellow	
Kate Lovibond	Senior Health Economist	
Lina Gulhane	Senior Information Scientist	
Paul Miller	Senior Information Scientist	

Notes

1. The Chair welcomed the group to the first Myocardial Infarction: Secondary Prevention (update) Guideline Development Group Meeting (GDG1) and asked attendees to introduce themselves. Apologies were received from Ivan Bennett, Joseph Mills, Jerry Murphy (GDG) and Joanna Ashe (NCGC).
2. Introductory presentations were given by members of NICE, NCGC and the Patient and Public Involvement Unit on their role in NICE guideline development.
3. LA introduced the National Clinical Guideline Centre (NCGC) and how the GDG will be working with the technical team during the guideline development process. LA highlighted

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the importance of the declarations of interest policy and ensuring that all declarations are made to ensure clarity and transparency. All GDG members were asked by the Chair to declare their interests verbally. LA noted that all GDG members would be asked to declare any further interests at each subsequent meeting if there were any changes. Declarations were made as below:

PA: declared that he knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

LS: declared a specific personal non-pecuniary interest in that she was currently involved in rewriting the cardiac rehabilitation standards for the British Association of Cardiovascular Prevention and Rehabilitation (BACPR). LS declared that she was also a BACPR Council Member.

PW: declared a personal specific pecuniary interest in that he had presented on NICE technology appraisal process for Astra Zeneca. KJ/LA to investigate further as to whether this would require PW to sit out of any discussions.

JF: declared a specific personal non-pecuniary interest in that she was currently involved in rewriting the professional guidelines for the British Dietetic Association. LA noted that importance of ensuring that confidentiality is maintained.

JJ: declared a specific personal non-pecuniary interest in that she too was involved in rewriting the cardiac rehabilitation standards for BACPR. She also declared a specific non-personal pecuniary interest in that she was a member of a taskforce, sponsored by Roche, which aimed to develop a tool to improve cardiac rehabilitation attendance.

CL: declared a specific non-personal pecuniary interest in that a cardiac nurse in her department was adopted by the British Heart Foundation, however monies were received by the department.

SR, JW, MW, CM, EW declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

NCGC staff: LA, KJ, LS, JN and KL declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

No actions were taken following these declarations and none of the GDG members withdrew as this was an introductory meeting and therefore no evidence or recommendations were to be discussed.

4. PA introduced the final scope for the update of the NICE guideline on 'MI: Secondary Prevention' which had been out for consultation with stakeholders and amended as a result of their comments.
5. Introductory presentations were given by members of the NCGC technical team on searching for the evidence and health economics.
6. The proposed review questions were presented by members of the NCGC technical team and discussed by the group.
7. An introductory presentation was given by members of the NCGC technical team on reviewing the evidence.
8. Protocols for the questions to be discussed in GDG 2 and 3 were discussed by the group and distributed for comments.

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9. The meeting closed at 4.00pm.
10. **Date, time and venue of the next meeting**
Wednesday 25th April 2012 (10:00–16:00h); Boardroom, NCGC, 180 Great Portland Street,
London W1W 5QZ