

**National Institute for Health & Clinical Excellence****Neuropathic Pain****Guideline Development Group (GDG) meeting 2**4<sup>th</sup> September 2012

City Tower, Piccadilly Plaza, Manchester, M1 4BD

**GROUP MEMBERSHIP**

<b>In Attendance</b>	
<b>GDG Members</b>	
Damien Longson (DL) (Chair)	Vera Neumann (VN)
Brigitta Brandner (BB)	Charles Lane (CL)
Annette Gibb (AG)	Ammy Pui-Chi Lam (AP)
Sam Chong (SC)	Paul Howard (PH)
Issak Bhojani (IB)	
Sailesh Sankar (SS)	
Karen Cavanagh (KC)	
<b>NICE Staff</b>	
Stephanie Mills (SM)	Jasdeep Hayre (JH)
Heather Stegenga (HS)	Sarah Palombella (SP)
Rachel Ryle (RR)	James Mahon (MH)
Gabriel Rogers (GR)	
Chris Chesters (CC)	
Michael Heath (MH)	
Nicole Elliott (NE)	
<b>Apologies:</b>	
Heather Wallace (HW)	Sarah Glover (SG) - NICE
Marie Fallon (MF)	Dylan Jones (DJ) - NICE

**MINUTES OF THE MEETING**Tuesday 4<sup>th</sup> September 2012**1.1 Agenda item 1: Introductions & guideline development group (GDG) working**

DL welcomed all GDG members and also SC who has not been able to attend the first meeting and also JH and JM. Apologies for the meeting were received from MF and HW. The group checked the minutes of the first meeting, which were agreed with no amendments to be made. Each person was asked to declare any conflicts of interest over and above what had been declared since the last meeting. There were no declarations to add from any members.

## **1.2 Agenda item 2: Role of the editor presentation**

The GDG learned that the editing role was essential to making the final guideline product. The editing of the guideline will ensure recommendations are active and follow NICE style, that there is consistency across the guideline and that suitable versions of the guideline, pathways and implementation tools are created for the guideline.

The group also learned about the way 'offer', 'consider' and 'do not' are used in guidelines and how these terms are used to reflect the strength of the evidence underpinning the recommendation. The editor will not look to change the sense or spirit of what the GDG want to say but simply to refine recommendations so that they can be easily understood by the reader.

SP showed the GDG the pathways tool on the NICE website and explained how all the neuropathic pain guidance and related technology appraisals, interventional procedures and quality standards would be presented within the pathways for this guideline.

SP advertised the opportunity for GDG members to be involved in putting together the neuropathic pain pathway and information for patients guide. SM also asked for any volunteers to be involved with developing the costing and implementation tools for the guideline.

## **1.3 Agenda item 3: GRADE presentation**

HS took the group through Grading of Recommendations, Assessment, Development and Evaluation (GRADE), which is used to quality assess papers included within the guideline by outcome of interest. HS explained how GRADE differs from traditional quality assessment and would minimise narrative quality assessments. GRADE is adopted by a large number of national and internal organisations, among which are the British Medical Journal (BMJ) and the World Health Organisation (WHO). HS talked about the limitations of different study designs and how these are downgraded in GRADE profiles.

As part of this session, HS asked the GDG what they would like the technical team to consider as critical and important outcomes. Discussion also moved on to how information around adverse events could be considered in the recommendations as RCTs would not likely offer much information around these. The GDG mentioned the inclusion of observational studies, which the technical team agreed to go away and consider.

## **1.4 Agenda item 4 & 5: Health Economics presentation**

GR explained to the GDG what the health economic literature search and modelling for the guideline would be able to cover. Health economics within NICE guidelines covers costs to the NHS and personal social services (PSS). GR asked the group to think of cost-effectiveness as what provides best value for money when the trade-off between benefits and harms of a particular intervention or treatment are considered. The group learned about the Quality Adjusted Life Year (QALY) and how this captures length of life but also the quality of those years of additional life.

The presentation got the group thinking about what should be captured by the model and the GDG discussed background pain, breakthrough pain and potential earlier mortality as elements that the model should possible reflect. There was also discussion around definitions of chronic and acute pain.

The GDG were also encouraged to sign up to attend a health economic workshop for further information on the principles behind health economics and modelling. The 12<sup>th</sup> September and 23<sup>rd</sup> November were advertised as the next dates for the course and the GDG were advised to let SM know if they wished to attend.

### **1.5 Agenda item 6 & 7: Network meta-analysis presentation**

Referring to the GRADE presentation in the morning, HS explained the GDG how results from the network meta-analysis for this guideline would be presented to the GDG at the meeting in November. The GDG saw some examples of mini-networks and how this type of analysis would allow us to draw some indirect comparisons between pharmacological agents where this was appropriate.

During these sessions the GDG talked through the issue around grouping and splitting the evidence.

### **1.6 Agenda Item 6: Summary of the day**

DL thanked the group for their attendance and acknowledged it had been a real day of learning but and making decisions on some of the critical issues to the guideline. The group were informed that the next meeting would be on the 28<sup>th</sup> & 29<sup>th</sup> November 2012, where the first results from the network meta-analysis and the economic modelling would be presented.