Date and Time:  Thursday 26th January 2012 (10:30–16:30h)

Minutes: Confirmed

Pressure Ulcer Guideline Development Group Meeting 1

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

Present:  Gerard Stansby (Chair)
           Nigel Broad
           Jane Willock
           Laura Stuart
           Pradeep Thumbikat
           Richard Bull
           Elizabeth McGinnis
           Carolyn Taylor
           Chandi Vellodi
           John Borthwick
           Raquel Siganporia

           (All present for notes 1–11)

In attendance:  NICE Staff:
               Sarah Dunsdon
               Barbara Meredith

               NCGC Staff:
               Liz Avital
               Katie Jones
               Julie Neilson
               Ebenezer Tetteh
               Paul Miller

               Guidelines Commissioning Manager
               Patient and Public Involvement Programme

               Associate Director
               Project Manager
               Senior Research Fellow
               Senior Health economist
               Senior Information Scientist

               (Present for notes 1–11)
               (Present for notes 1–4)
               (All present for notes 1–11)

Observers:

               NCGC Staff:
               Grace Marsden
               Erin Whittingham
               Angela Martin

               Health Economist, NCGC
               Patient and Public Involvement Programme
               University of Oxford

               (Present for notes 1–11)

Notes

1. The Chair welcomed the group to the first Pressure Ulcer Guideline Development Group Meeting (GDG1) and asked attendees to introduce themselves. Apologies were received from Mark Collier (GDG).

2. Introductory presentations were given by members of NICE, NCGC and the Patient and Public Involvement Unit on their role in NICE guideline development.
Notes

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 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:

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

LS: declared that she knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

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

SD: declared that she knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

JB: declared a personal non-specific pecuniary interest: he has been paid expenses and received a fee during the last 12 months to attend three workshops run by Holister on continence products, bowel irrigation systems and intermittent catheterisation products. He also declared a personal specific non-pecuniary interest in that he is a trustee of the Spinal Injuries Association.

JW: declared a personal specific non-pecuniary interest: she has developed the Glamorgan scale, a paediatric risk assessment tool for pressure ulcers.

CV: declared a personal non-specific pecuniary interest: she is an Associate Dean for the London Deanery and Associate Medical Director for Barnet and Chase Farm Hospitals NHS Trust.

NB: declared a personal specific non-pecuniary interest: he has been involved in creating the contract to provide mattresses and other devices from a specific company however, he was not involved in the initial tender or procurement process.

PT: declared a personal non-specific pecuniary interest: he acts as an expert witness in legal cases that may relate to management of pressure ulcers, for which payment is received.

EM: declared a non-personal specific pecuniary interest: a devices company part funds a tissue viability nurse position in her department. She also declared a non-personal specific pecuniary interest in that she is a co-applicant on a NIHR grant looking at pressure ulcer prevention and risk assessment. She also declared a personal specific non-pecuniary interest as she had previously provided advice to hospitals developing tenders to provide mattresses and other devices to trusts.

RS: declared a non-personal specific pecuniary interest: she is a clinical negligence solicitor but has agreement with her firm not to take on or supervise any cases relating to pressure ulcers during development of the guideline. She also declared a personal specific non-pecuniary interest in that she is a trustee of the Spinal Injuries Association.

CT: declared a personal specific non-pecuniary interest: she had completed a systemic review on nutritional interventions in the management of pressure ulcers as part of a Masters degree.
Notes

**NCGC staff:** LA, KJ, JN, ET and PM 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. GS introduced the final scope for the NICE guideline on 'Pressure Ulcer prevention and management' 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.

9. The meeting closed at 4.30pm.

10. **Date, time and venue of the next meeting**
    Wednesday 21st March 2012 (10:30–16:30h); Boardroom, NCGC, 180 Great Portland Street, London W1W 5QZ