

Date and Time: 9th & 10th Sept 2013

Minutes: Final

Guideline Development Group Meeting 3: Gallstone Disease

Place: NICE Offices, Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD

Present: Gary McVeigh (Chair) (GM)
Elaine Dobson Evans (EE)
Simon Dwerryhouse (SD)
Giles Toogood (GT)
Peter Morgan (PM)
Gerri Mortimore (GMortimore)
Kofi Oppong (KO)
Charles Rendell (CR)
Richard Sturgess (RS)
Luke Williams (LW)
Imran Jawaid (IJ)

In attendance:

<p>NICE Staff:</p> <p>Stephanie Mills (SM) Elizabeth Barrett (EBarrett) Michael Heath (MH) Jaimella Espley (JE) Ben Doak (BD)</p> <p>Apologies:</p> <p>Gabriel Rogers (GR) Toni Tan (TT)</p>	<p>Steven Ward (Sward) Sheryl Warttig (SW) Sue Ellerby (SE)</p>	
--	---	--

Observers:

<p>Stephanie Birtles (Accreditation team) Rebecca Boucher (Editing team)</p>		
--	--	--

Day 1 – 9th September 2013

1. Introductions & guideline development group (GDG) working

GM welcomed the group and asked all attendees to briefly introduce themselves.

The GDG were directed towards the minutes of the last meeting. These were accepted as an accurate record.

GM asked all GDG members to give any declarations over and above the last meeting. RS and KO declared talks they had recently given but no reimbursement was accepted for this work.

The group were asked to think about the guideline title change to Gallstone disease and were informed that Sheryl would be discussing this with the GDG at points later in the meeting. GM introduced the objectives for the meeting to the group; to look at the evidence found so far for evidence reviews 1 and 2 and 3, and to provide clinical knowledge and expertise to allow SW to proceed with the evidence reviews for question 3 and 4. .

2. Presentation on GRADE methodology

SW took the GDG through GRADE and the approach to quality assessment of studies. SW explained how confidence in the results of systematic reviews were judged through factors such as risk of bias, imprecision, inconsistency and indirectness.

3. Review question 1 presentation

Before SW presented the evidence, GM asked the patient/ carer representative members on the group to recount their own experiences of symptomatic gallstone disease. SW then presented the terminology change within the review question to 'gallstone disease' which the GDG agreed. On presentation of the evidence, the GDG noted that the literature on signs and symptoms for gallstone disease was very limited although teaching on signs and symptoms was embedded in clinical practice.

4. Review question 3 presentation

SW presented the evidence for review question 3, which the GDG noted was also sparse.

5. Health economics presentation for review questions 1 & 3

SWard informed the GDG that no health economic evidence which met the review criteria for questions 1 and 3 had been found.

6. Role of the editor presentation

JE spoke to the GDG about the wording and strength of recommendations. The GDG were told how the most important thing was to ensure the essence of what the group wanted to say is captured in GDG meetings and that the editors and technical team would support them in putting this into NICE style.

JE also demonstrated the functionality of pathways on the NICE website. The GDG were asked to start thinking about what one may look like for Gallstones and how pathways can be a great central point to bring together relevant information to the topic of Gallstones from other pieces of guidance too.

JE told the group about the Information for the Public booklet which is created for patients and the public to have access to for more practical advice on how NICE guidance may impact on care and treatment.

SM took the opportunity to ask for volunteers to help with the Information for the Public booklet but also the costing, audit and slide set tools which would be developed by the Implementation team.

7. Introduction to diagnostics presentation

Following the presentation from JE, the GDG were given an educational introduction to the topic of diagnostics. SW talked the group through sensitivity, specificity, positive predictive values and negative predictive values and their mathematical advantages and disadvantages. It was explained how this may impact on GDG interpretation of the results from the evidence review on diagnostics to be presented on day 2.

8. Discussion on review questions 4 & 5

As there was a little extra time at the end of day, SW began to ask the GDG about the terminology found in the literature and what this would mean for synthesis and analysis of data. The GDG debated the meaning of these different terms and were also asked to think about the interventions to be covered in question 4, listed in the review protocol.

This was the final session of day 1.

Day 2 – 10th September 2013

9. Introductions

GM welcomed the group once more and recapped on the business of day. The group was informed that they would be looking at the evidence for review question 2 and also answering further questions for SW and SWard to help in their future technical work.

10. Review question 2 presentation

The GDG were taken through the data on diagnostic tests. They observed that the quality of the study literature was very mixed and the sample sizes for some of the studies was very small. The group talked through their experience of clinical practice and the disadvantages and potential harms of diagnostics tests providing false positive and false negative results.

11. Health economic presentation for review question 2

SWard presented the modified GRADE approach that was used to quality assess the study literature for health economics. SWard then went on to present the results.

12. Review question 2 continued.

In light of the health economic evidence, the GDG were given further time to consider the issues surrounding diagnostics. The group then came onto recommendation making.

13. Health economic update on review questions 4 & 5

SWard talked to the GDG about Markov and decision tree modelling approaches and

demonstrated the potential benefits of using a Markov model.

14. Discussion on review questions 4 & 5 continued

SW asked the GDG to think about the how different surgical and non-surgical interventions should be analysed, whether this would be as one large network or in pairs. The GDG discussed what useful comparisons for this would be and also clarified intervention terminology which appears in the literature.

15. AOB and next steps

SM informed the group of the date of the next meeting and also to keep the NICE team updated with any potential conflicts of interest. GM confirmed that the NICE team would be in touch to update the GDG on the outputs of the meeting and also to ask the GDG some further questions about future evidence reviews.

GM thanked the group for their contributions and confirmed the next meeting will be held in the NICE Manchester Office, on 25th November 2013.