Date and Time:  
11 December 2011, 10.00 am to 4.00 pm

Minutes: Confirmed

Guideline Development Group Meeting  Pneumonia GDG 1

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

Present:  
1.  Mark Woodhead (Chair)  
2.  Sani Aliyu  
3.  Jeremy Brown  
4.  Ron Daniels  
5.  Sinan Eccles  
6.  James Hooper  
7.  Ahmed Jaafar  
8.  Wei Shen Lim  
9.  Michael Moore  
10.  Susan Orme (from 10.45 am)  
11.  Lesley Ann Roper  
12.  Steven Searle  
13.  John Watkins (from 11 am)  
14.  Corrine Whittingham

In attendance:

<table>
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<tr>
<th>NICE Staff:</th>
<th>NICE attendee 1</th>
<th>Ben Doak (morning only)</th>
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<tr>
<td>NICE attendee 2</td>
<td>Barbara Meredith (morning only)</td>
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<td>NCGC staff:</td>
<td>NCGC attendee 1</td>
<td>Bernard Higgins</td>
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<td>NCGC attendee 2</td>
<td>Elisabetta Fenu (only Health Economic presentation)</td>
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<td>NCGC attendee 3</td>
<td>Chris Kiff</td>
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<td>NCGC attendee 4</td>
<td>Paul Miller</td>
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<td>NCGC attendee 5</td>
<td>Celia Pincus</td>
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<td>NCGC attendee 6</td>
<td>Ellie Samarasekera</td>
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Notes

1. **Introduction**
The Chair welcomed attendees to the pneumonia guideline development group (GDG) meeting. Apologies were received from Patrick McDermott.

All declarations of interest are tabled in Appendix A.

The remaining GDG members confirmed that they had no personal specific, personal non-specific, non-personal specific or non-personal non-specific interests to declare as per declarations made at appointment to the role.

2. **Presentations**: The following introductory presentations were delivered to the GDG:
   2.1 Working with NICE
   2.2 Patient involvement
   2.3 Working with NCGC
   2.4 Introduction to searching for the evidence
   2.5 Introduction to reviewing the evidence
   2.6 Introduction to health economics
   2.7 Introduction to Claromentis document management system
   2.8 Background to the scope

3. **The GDG discussed potential review questions to address the topics set out in the scope**

**Date, time and venue of the next meeting**

Tuesday 11 December 2012, Donald Hunter Room, House 5, Royal College of Physicians, 11 St Andrews Place, Regent's Park, London, NW1 4LE.
Appendix A – Declarations of interest

MW:
- Personal pecuniary interests - none on-going
- Personal non-pecuniary interest
  - adviser on pneumonia to the Department of Health via the Respiratory Programme Board.

LAR:
- Personal non-pecuniary interest
  - Registered physiotherapist and member of Physiotherapy Society.

JH:
- Personal non-pecuniary interest
  - Member of Association of Chemical Pathologists.
  - Paper on procalcitonin 6 years ago – no strong publically declared.

CW:
- Personal pecuniary interest – not ongoing
  - Astellas Multidisciplinary Advisory Board on Clostridium difficile Infection Management 27/04/2012.

SO:
- Personal pecuniary interest
  - Speaker fees from Pfizer, Braun, and Astellas on dementia care, incontinence management, frailty, end of life are and safeguarding adults
  - Personal family interest
  - My sister is an accountant at acquisitions at GlaxoSmithKline currently on a voluntary charity programme as out of work job experience
- Non-personal pecuniary interest
  - Astellas sponsor a Catheter Surveillance Nurse at our hospital to help reduce catheter associated urinary tract infections

MM:
- Personal pecuniary
  - GP partner
  - Small part owner in dispensing pharmacy providing all medicines
- Personal non-pecuniary
  - RCGP National champion for antibiotic stewardship: Public position for rational use of antimicrobials.

JB:
- Personal pecuniary
  - Two paid lectures in 2012 (both paying about £400):
    - One on TB to Hackney GPs for GlaxoSmithKline (GSK)
    - One to Charing Cross Hospital microbiology department on *Streptococcus pneumoniae* for Pfizer
- Non-personal pecuniary
  - Travel grant from GSK to attend the ATS in 2011 (£500)
  - GSK also paid for my attendance and travel at the ERS in September 2012
- Personal non-pecuniary
  - As Chair of the British Thoracic Society Respiratory Infection Specialist Advisory Group I am part of a professional group with a strong interest in the outcome of the pneumonia guidelines.
  - Although my research has largely been basic science, I have written editorials on pneumonia which express opinions on the value of C reactive protein or other
biomarkers, and on the value of new diagnostic tests for *Streptococcus pneumoniae* infection.

**RD:**
- **Non-personal pecuniary**
  - I am Chief Executive of the Global Sepsis Alliance and member of World Sepsis Day Steering Committee. This registered charity has received unrestricted grants from Thermo Fisher Scientific, who produce assays for procalcitonin which is a biomarker indicative of infection, in the sum of £50,000 and from Roche Diagnostics, who produce biomarker panels in infection, in the sum of £10,000. I receive no honoraria or any remuneration other than standard class travel expenses from Global Sepsis Alliance.
  - I am Chair of the U.K Sepsis Trust, a registered charity which has received services in political consultancy paid for by Becton Dickinson, manufacturers of syringes and blood culture bottles. The account thus far equates to an unrestricted grant of approximately £20,000. I receive no honoraria or any remuneration other than standard class travel expenses from either the UK Sepsis Trust.
- **Personal non-pecuniary interest**
  - My roles in the Global Sepsis Alliance and UK Sepsis Trust demand that I express personal opinion on the management of sepsis (not directly on pneumonia, though pneumonia is the most common source of sepsis). These opinions can be viewed at [http://www.world-sepsis-day.org](http://www.world-sepsis-day.org) and [http://www.sepsistrust.org](http://www.sepsistrust.org).

**SA:**
- **Personal pecuniary**
  - Speaker and scientific advisory board for Gilead (September)
  - In November 2011 I completed consultancy work and provision of specialist input and on-call advisory service for the GSK Clinical Investigations Unit at Addenbrooke’s Hospital in April 2012 in respect of (A18110040 - Study of Intravenous Interleukin-18 Antibody). The trial was completed with the last dose given in November 2011, but the payment for this work didn’t come through until April this year (paid directly to myself and a consultant colleague, not our department). I have no ongoing contractual arrangements or contact with the unit and neither do I plan to start any work with them in the near future.
- **Personal non-pecuniary**
  - British Thoracic Society CAP Guideline chair
  - developed CURB severity score - independently validated
  - Published some papers on pneumonia.

**WSL:**
- **Non-personal pecuniary**
  - In 2011, my department was awarded an unrestricted educational grant from Pfizer for the conduct of a 3-year population based adult pneumonia cohort study. I am Principal Investigator in this study.
  - From 2008 to 2011, Alere (formerly Inverness Medical) provided my department with Pneumococcal BinaxNOW test kits for the conduct of a pneumonia cohort study.
  - In 2008, my department was awarded an unrestricted educational grant from Wyeth for a 2-year adult pneumonia cohort study. I was Principal Investigator.
- **Personal non-pecuniary**
  - British Thoracic Society CAP Guideline chair
  - developed CURB severity score - independently validated
  - Published some papers on pneumonia.

**BH:**
- **Non-personal pecuniary**
  - The department in which I work has taken part in multi-centre studies over the past 12 months, sponsored by the following companies: Novartis, Pro-pharma, Shering-Plough, Aradigm, GSK, ResMed, Astra-Zeneca, Nycomed, Gilead and Chiesi. I do not receive any personal payment or gratuity, and I do not have administrative responsibility for the Fund into which payments are made.
- **Personal non-pecuniary interest**
  - Chair-elect of BTS Executive