Date and Time: **21st & 22nd July**

Minutes:

Guideline Development Group Meeting

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

Present
Stephen Brett (Chair) (SB)
Carl Waldmann (CW)
Brian Cuthbertson (BC)
Nichola Chater (NC)
Christina Jones (CJ)
Melanie Gager (MG)
David McWilliams (DM)
Amanda Thomas (AT)
Karen Hoffman (KH)
Barry Williams (BW)
Peter Gibb (PG)
Dawn Roe (DR)

NICE staff
Beth Shaw (EJS)
Nicole Elliott (NE)
Ruth McAllister (RM)
Daniel Tuvey (DT) (Observer 2nd day only)
Kathryn Chamberlain(KC)
Toni Tan (TT)
Sara Palombella (SP)
Lynda Ayiku (LA)

Apologies
Jane Eddleston (JE)
Bipin Bhakta (BB)
Amanda Lurie (AL)
Dr Tim Stokes (TS)

21st July 2008

Agenda item 1.1: Introductions and objectives

General introductions & apologies. SB discussed the objectives of this meeting and future meetings, highlighting the fact that the guideline will not look at service delivery.

Agenda item 1.2: Developing NICE clinical guidelines

NE gave a short presentation giving a short overview of NICE, the work of the centre for clinical practice, interactions with other teams and declarations of interest (DoI). It was noted that any DoI were unlikely to be pecuniary, but may be related to research interests or publicly stated views.

Agenda item 1.3: Developing NICE clinical guidelines

EJS gave an overview of the short clinical guideline team followed by an introduction to clinical

guidelines. Presentations were given by RM, KC & SP regarding the development of NICE clinical guidelines. RM highlighted that she will not undertake an economic model unless the GDG are convinced that there are enough, good-quality data to populate the model. The editors will consider producing the UNG in different languages.

Agenda item 1.4: GDG working

SB noted that the main points of GDG working had been covered during the morning.

Agenda item 1.5: Summary of scope

TT presented a summary of the scope, highlighting changes that had been made following the consultation. The exclusion of adolescents was questioned. The response was that the guideline focus is on adults but that we may need to recognise that an age limit is needed. It was discussed and agreed that no vulnerable groups are excluded.

Agenda item 1.6: Presenting the clinical questions

TT presented the clinical questions. We need to consider a wide remit for information needs – including benefit information. It was noted that there is a need to clarify which population we are referring to. The need to balance extrapolated evidence (for example, from other condition based evidence or from non-RCT studies for interventions) with additional work and additional benefit was discussed. Return to work not covered but that QoL would take some of this into account.

Agenda item 1.7 Presentation of care pathway

SB & BC drew a suggested care pathway. The pathway is a good means of determining the route(s) of patients.

Agenda item 1.8 Summary of day 1

SB closed the meeting. KC asked all attendees to return the travel and subsistence forms to her with related invoices attached.

22nd July 2008

Agenda item 1: Review of day 1

It was agreed that the care pathway is a useful framework to work with. We need to ensure that those groups of patients who are on critical care for a long period of time are not missed and captured by the rehab team.

Agenda item 2: Literature searching

LA gave a presentation on the literature searching, She explained that no date limit is imposed on searches. EmBase tends to capture European data, MedLine is more North American, but search many databases to capture as much of the relevant data as possible. A query was raised as to how evidence is excluded. There is no restriction placed on searches, but will restrict on sifting for specific study designs as appropriate.

Agenda item 3: Evidence presented

TT informed the group that there had been only 8 studies found. 1 on physical function. Of the 8 only 4 were considered good enough to include. TT talked through the studies that were included. It was suggested that the population included in the Italian study were neuro-rehab patients.

Agenda item 4: Evidence discussed/statements agreed

The draft evidence statements were revised as agreed with the GDG.
Evidence statements should be a direct reflection of the evidence not an interpretation.
The group discussed the problem of what to do in the absence of evidence?

Agenda item 5: Health economics

It was agreed not to model screening (ideal model) but if there are equivalent interventions in terms of effectiveness, then could develop a costing assessment in this case.

Agenda item 6: Issues when drafting recommendations

EJS gave a presentation on what the group should be considering when drafting recommendations.

Agenda item 7: Drafting recommendations

The group spent part of the day suggestions recommendations.

Agenda item 8: AOB

No one had AOB. SB closed the meeting and reminded the members of the date of the next meeting.