

National Collaborating Centre for Women's and Children's Health

Confirmed NICE Minutes 3rd Neonatal Jaundice Guideline Development Group Meeting Part 1 – Wednesday 30th of July 2008 (10am – 4pm) at the RCOG Part 2 – Thursday 31st of July 2008(9.30am – 3.30pm) at the RCOG

Present:		
GDG members		
	Janet Rennie (JR)	Consultant Neonatologist; GDG Chair
	Jeffrey Barron (JBar) (from 13.30pm on Part 2)	Clinical Pathologist
	Christiana Aride (CA)	General Practitioner
	Maria Jenkins (MJ)	Patient/Carer Representative
	Alison Johns (AJ)	Neonatal Nurse
	Donal Manning (DM)	Consultant Paediatrician
	Debra Teasdale (DT)	Advanced Neonatal Nurse Practitioner
	Farrah Pradhan (FP)	Patient/Carer Representative
	Karen Ford (KF)	Health Visitor
NCC-WCH Technical team		
	Jay Banerjee (JB) (Part 1)	NCC-WCH Clinical Co-Director
	Carolina Ortega (CO)	Work Programme Coordinator, NCC-WCH
	Itrat Iqbal (II)	Trainee Health Economist, NCC-WCH
	Rajesh Khanna (RK)	Senior Research Fellow, NCC-WCH
Invited		
Guest speakers:	Andrew Welsh (AW) (Part 2)	Freelance Editor
Apologies:		
	Kevin Ives (KI)	Consultant Neonatologist
	Hannah Rose Douglas (HRD)	Senior Health Economist, NCC-WCH
	Jay Banerjee (JB) (Part 2)	NCC-WCH Clinical Co-Director
	Caroline Keir (CK)	NICE Guidelines Commissioning Manager
	Sally Cottrell (SC)	Consultant Midwife

Part 1 (Wednesday 30th of July 2008)

1. Welcome, Introductions, Housekeeping, Apologies, and Declarations of Interests

JR introduced herself as the Chair, and welcomed the group to the meeting. Janet introduced Karen Ford and each GDG member then introduced themselves and gave a brief account of their working background. Apologies were received from KI, HRD, JB, CK and SC.

2. Prevalence of Severe Jaundice in UK (Paper 2a and 2b) (DM).DM gave a presentation on Prevalence of Severe Jaundice in the UK as per meeting papers 2a and 2b.

3. Different parameters of diagnostic accuracy (Paper 3) (JB): JB gave a presentation about diagnostic tests and how information from clinical trials applies to an actual patient.

4. Break

5. Health Economic Modelling (II) – (Paper 19 pg 1-17 and Paper 5): II gave a presentation on QALY's.

6. Revisiting Evidence on Recognition and New Evidence (RK): RK gave a presentation on recognition and revisited five previous studies from the last meeting. (Paper 6, 6a and 6b of the meeting papers).

7. Break

8. Different ways of predicting Hyperbilirubinaemia and its importance (Paper 7): JR gave a presentation on Different ways of predicting Hyperbilirubinaemia and its importance.

9. Evidence on Tests for Predicting Hyperbilirubinaemia (Paper 9): RK gave a presentation on evidence tests for predicting Hyperbilirubinaemia.

10. Break

11. Discussion on Evidence (Paper 9): The group discussed the evidence on tests for predicting Hyperbilirubinaemia (Paper 9) and revisited drafting recommendations.

12. AOB: There was no other business.

End of part 1.

Part 2 (Thursday 31st of July 2008)

15. Welcome Apologies and Declarations of interest: JR welcomed the group to Part 2 of the meeting, and asked GDG members if they had any new declaration of interests. It was agreed that if any competing interests were declared at the meeting this warranted exclusion of any GDG members from further discussions on that topic. Declarations are kept on record at the NCC-WCH and will be published in the full guideline. Apologies were received from KI, HRD, JB (for Part 2), CK and SC.

16 & 18. Discussion and drafting recommendations – Item 16 was deferred until after lunch. Instead the GDG drafted recommendations on Chapter 3 (Recognition of Jaundice). DT and CA went through their drafting input for the recommendations and these were discussed by members of the GDG.

17. Break & Tea

21. Break

19. Decision Tree Modelling (HE) Itrat Iqbal. (Paper 19): II gave a presentation about Health Economics decision tree modelling.

20. Group Work and 24. Feedback from GDG Group Work: The GDG were assigned to do some group work after II's presentation on health economics.

25. Patient and Carer leaflets & information: MJ stressed the fact that information should be given to parents.

26. Revising the final list of questions: The GDG revised the final list of questions.

28. Drafting recommendations: The GDG continued to draft recommendations.

29. AOB: No other business.

Close.

Signed:..... Date:.....
Dr Jay Banerjee, Clinical Co-director, NCC-WCH

Signed:..... Date:.....
Dr Janet M Rennie, Neonatal Jaundice GDG Chair

