

Date and Time: 13th December 2013, 10.00 – 15.05

Minutes: Final

Guideline Development Group Meeting 4: Diabetic Foot Problems

Place: Floor 24
City Tower
Piccadilly Plaza
Manchester
M1 4BT

Present: Damien Longson (Chair)
Rachael Hutchinson (RH)
Laurie King (LK)
Catherine Gooday (CG)
Sheila Burston (SBu)
Rachel Berrington (RB)
Gerry Rayman (GR)
Susan Benbow (SBe)
Sue Brown (SBr)
Nicholas Foster (NF)
Issak Bhojani (IB)
Chizo Agwu (CA)

Apologies: Stella Vig (SV)

In attendance:

NICE Staff:

Stephanie Mills (SM)
Mike Heath (MH)
Gabriel Rogers (GR)
Toni Tan (TT)
Sarah Palombella (SP)
Vicky Gillis (VG)
Chris Gibbons (CG)
Besma Nash (BN)

Apologies

Sarah Dunsdon (SD)

Observers:

Charlotte Purves – NICE Staff

1. DL welcomed all to the fourth diabetic foot guideline development group (GDG) meeting. Apologies were received from SV. DL stated that the objectives for the day were to look at antibiotic and antimicrobial therapies for foot infection (with or without osteomyelitis). Following this conflicts of interest were taken from the group. DL welcomed CA to the group, who had recently been appointed to provide additional paediatric expertise to the committee. No conflicts above what had already been made known to the NICE team were given. The group were asked to look at the minutes for GDG 3. They were agreed without amendment.
2. VG presented the evidence for review question 10. VG took the group through GRADE and also explained how factors such as indirectness and imprecision impact on the quality of the evidence base. The GDG discussed the quality of the presented evidence and also how many of the studies were conducted outside the UK and the impact this could have on their interpretation of the evidence.

The GDG agreed that the evidence statements presented were representative summary of the conclusions of the studies which were included in the evidence review.

The GDG then went on to consider recommendations in CG119, CG15 and CG10 which related to antibiotic and antimicrobial therapy and considered how these might differ based on the updated evidence review.

3. The GDG were able to consider the review protocols for review questions 9,11 and 12 following lunch. For review questions 9 and 11, the GDG were asked to consider if the protocols should differ from CG119. For all the review protocols, including question 12, the GDG considered what words would be useful in searching and sifting, outcomes that should be identified in the literature and whether these might be considered critical or important to decision-making based on GRADE methodology.
4. In the last session of the day, the health economists gave an update on their progress with modelling for prevention and surveillance of diabetic foot problems. CG explained to the GDG about the types of studies and databases, data on quality of life, costs and utilities could be taken from. The GDG were asked to let the team know of any potentially useful sources of information. The GDG were also asked to define clinical terminology, for example what is classified as major and minor amputation so that the economists may be able to start identifying quality of life values that would be meaningful to everyday clinical practice. CG encouraged GDG members to attend the NICE health economic workshop.
5. DL thanked the group for their hard work. SM let the group know the date, time and clinical area to be covered at the next meeting.

Date and venue of the next meeting

Tues 4th Feb 2014 – NICE Offices, Manchester, 10am start

