

Date and Time: 30th July 2014, 10.00 – 15.00

Minutes: Final

Guideline Development Group Meeting 8: Diabetic Foot Problems

Place: NICE Offices
Level 1a
City Tower
Piccadilly Plaza
Manchester
M1 4BT

Present: Damien Longson (Chair)
Rachael Hutchinson (RH)
Laurie King (LK)
Catherine Gooday (CG)
Sheila Burston (SBu)
Stephen Hutchins (SH) (co-opted expert)
Gerry Rayman (GR)
Rachel Berrington (RB)
Issak Bhojani (IB)
Chizo Agwu (CA)
Susan Benbow (SBe)

Apologies: Nicholas Foster (NF)
Stella Vig (SV)
Sue Brown (SBr)

In attendance:

NICE Staff:

Stephanie Mills (SM)
Gabriel Rogers (GR)
Hugh McGuire (HM)
Chris Gibbons (CG)
Stephen Duffield (SD)
Oliver Bailey (OB)

Apologies:

Michael Heath (MH)

Observers:

Jane Birch – NICE staff	
Louise Hartley – NICE staff	

1. DL welcomed all to the eighth diabetic foot guideline development group (GDG) meeting. Apologies were received from NF and SV. DL stated that the objectives for the day were to look at two evidence reviews; the first related to adjunctive treatments for people with charcot arthropathy and the second, assessment and diagnostic tools for charcot arthropathy. No further conflicts of interest above what had already been made known to the NICE team were given from any person present. The group were asked to look at the minutes for GDG 7. They were agreed without amendment.
2. SD presented the evidence for review question 15. The GDG discussed the different adjunctive interventions available for charcot arthropathy, including the limitations on the ability of researchers to generate high quality evidence on surgical interventions. The group talked through the practicality and the expense of using some of the treatments identified in the literature and their applicability within UK clinical practice.

The committee agreed the evidence statements and following presentation of the evidence, the GDG went on to make draft recommendations.

3. Prior to lunch, CG presented to the GDG on health economic modelling for the guideline. The group discussed about disease progression from being identified at high risk of foot problems to developing foot problems between populations in contact with health professionals and those who may not be. The GDG offered a sense check on the types of costing figures which may be used in the model.
4. Following lunch, SD presented the evidence for review question 14. The GDG looked the different imaging available to identify stages of charcot and discussed why and when imaging might be useful for aiding diagnosis. The group thought that the research questions that some of the studies in this area had sought to answer were not particularly helpful and they also thought the evidence based could benefit from consideration of how imaging may be used to identify resolution of charcot arthropathy.

The GDG agreed the evidence statements for question 14 and went on to make recommendations based on the evidence and in the context of those they made around adjunctive therapy.

5. SD talked to the group about the review questions to be presented at the next GDG meeting and clarified the sort of evidence the GDG would find helpful to aid their decision-making.
6. DL thanked the group for their hard work. SM let the group know the date, time and clinical areas to be covered at the next meeting.

Date and venue of the next meeting

Mon 8 & Tues 9 September 2014 – NICE Offices, Manchester, 10:30am start