Date and Time:  
8th September 2014, 10.30 – 16.20

Guideline Development Group Meeting 9:  
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)  
Nicholas Foster (NF)  
Stella Vig (SV)

Apologies:  
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)

Observers:
Susan Spiers – NICE staff (Internal Clinical Guidelines Associate Director)  
Julia Bidonde – NICE staff (Internal Clinical Guidelines Technical Analyst)  
Juliana Uribe – NICE staff (Commissioning team Technical Analyst)
1. DL welcomed all to the ninth diabetic foot guideline development group (GDG) meeting. Apologies were received from SB. DL stated that the objectives for the day were to look at two evidence reviews; strategies for the prevention of diabetic foot problems in those at risk and when to refer people with diabetic foot problems on to specialist services. 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 8. All present agreed they were an accurate record of the previous meeting.

2. SD presented the evidence for review question 5. SD highlighted to the group the included criteria and the prioritised outcomes searched for in the evidence. A fair amount of evidence was available for the GDG to discuss covering interventions such as education to augmented foot examination. The GDG discussed the quality of the evidence, the limitations of the studies and the applicability of the interventions to UK clinical practice.

The committee agreed the evidence statements and following presentation of the evidence, the GDG were presented with some literature on health economics in the area. CB explained what had been found on health economics in the area of prevention and the approach these studies had taken.

The GDG then went on to make recommendations.

3. CB talked further about the health economic modelling which would underpin this question. The GDG were asked their views about what would be the most important interventions to model and if there was any literature which could support development of the modelling.

4. Following lunch, SD presented the evidence for review question 13. Very limited evidence was available in this area and the GDG debated how much they would be able to draw from the review about when to refer people with diabetic foot problems to other specialists to enable improved patient outcomes. The GDG also discussed time points within the patient pathway of a person with diabetic foot and the importance of being able to make comment on when referral should take place. The NICE team agreed to take into consideration the queries of the GDG to see if there was anything else which could be drawn from the evidence base for this question.

5. SP talked to the GDG about the role of the editor and how the editor supports the guideline development process.

6. SM presented to the group recommendations which had been made for review question 3 and 6 to clarify some of the wording and to ensure that the way they were written encapsulated the messages the committee wanted to convey.

7. 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

Wed 22 & Thurs 23 October 2014 – NICE Offices, Manchester, 10:00am start