

**Date and Time:** 10 July 2013, 10.15 – 16.30

**Minutes:** Final

**Guideline Development Group Meeting**

**Place:** NICE Offices  
10 Spring Gardens  
London  
SW1A 2BU

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

**Apologies:** Stella Vig (SV)  
Rachael Hutchinson (RH)

**In attendance:**

NICE Staff:

Craig Grime (CDG)  
Stephanie Mills (SM)  
Mike Heath (MH)  
Chris Gibbons (CG)  
Gabriel Rogers (GR)  
Toni Tan (TT)  
Jenny Kendrick (JK)  
Laura Norburn (LN)  
Sue Ellerby (SE)  
Sarah Dunsdon (SD)

**Observers:**

Jenna Byers (JB) – NICE Urooba Masood (UM) – NICE student placement Anas Ahmed (AA) – NICE student placement	
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1. DL welcomed all new GDG members. Apologies for the meeting were received from SV

and RH. DL began the GDG working presentation and asked everyone to introduce themselves.

As part of the presentation, DL explained the task of the group – to update with NICE's input a clinical guideline on diabetic foot problems in children, young people and adults, which shows how the GDG moved from evidence to recommendations. The scope was highlighted to be the boundary of the project and that the approach of the group must always be consistent with the scope.

DL talked about the different role each member had but how each person on a GDG is equal. The Chair highlighted it was not his role to write the guideline but to facilitate this process, moving the group towards consensus, ensuring everyone is heard, ensuring jargon is avoided and declarations of interest are handled appropriately.

GDG members were encouraged to express their own views and not that of their respective organisations. It was also explained that the content of meetings was confidential and this should be respected by all GDG members. DL thanked the group for committing their time to the guideline and hoped that they would enjoy the experience.

2. LN talked to the GDG about the Public Involvement Programme (PIP). The importance of patient/ carer involvement in clinical guidelines was highlighted and how in writing the guideline, the views and choices of patients and carers should be an on-going consideration. LN explained more about the public sector equality duty and also highlighted that GDG lay members will be crucial to develop understandable versions of the guideline for the public.

JK explained the role of the Information Specialist working on a clinical guideline. The group were advised of the different databases which are searched to look for articles relevant to the guideline. The GDG looked at example search terms for review question A to develop a greater understanding of this work.

SD presented to the GDG on the role of the Guidelines Commissioning Manager (GCM) and the Commissioning team. The GDG were shown the different phases of guideline development. SD gave an overview of the number of clinical guidelines NICE produces with the different developing centres. The group heard about the different guideline products that are produced.

SM talked to the group about the role of the project manager, timelines, expenses and declarations of interest. SM emphasised that a declaration of interest was an activity or work that may influence or affect your ability to participate on a guideline development group or how that participation is perceived. SM encouraged GDG members to get in touch if they had anything around this timelines and declarations of interest they needed to discuss.

CDG talked the group through what was in and out of scope and the areas that the clinical review questions would cover. CDG explained the background the guideline update, the guidelines which were to be brought together in the update and that sections of the more recent CG119 would be incorporated. The group were also made aware that this guidance would complement other diabetes guidance in production and anticipated for publication in 2015.

3. CDG talked briefly about the process of guideline development and the work the GDG could expect to receive from the technical analyst prior to GDG meetings.
4. CG gave a talk on the role of health economics in guideline development and why it is undertaken. The importance of considering resources in a constrained environment such as the NHS was explained to the GDG, along with some key health economic concepts such as quality-adjusted life years (QALYs).

5. As there was some time available prior to lunch, SM gave a brief demonstration of the NICE expenses system to the GDG.
6. Following lunch CG gave a presentation to the GDG on setting priorities for health economic analyses. The GDG were made aware that consideration of the priorities for health economic analysis was an initial discussion and that they would be asked about this again at the next GDG meeting. The GDG commented on the importance of health economic modelling in a number of clinical areas but in particular noted that prevention and early management of foot problems was a key issue.
7. CDG presented the narrative review for question A around the composition of footcare and multidisciplinary teams (MDT). An overview of the included and excluded literature was provided. The GDG noted the significant variability of practice across the UK and how essential it would be to have rapid access to certain clinical specialisms even if they were not part of a footcare team or core part of an MDT. The GDG were asked to list into groups the roles they felt might need to be required in early identification of those at risk of foot problems, in early treatment and prevention and continued management of foot problems. The GDG were reassured that we would come back to this review question later in guideline development.
8. The GDG were moved on to discuss some of the review protocols underpinning the clinical areas covered by the guideline. CDG explained the purpose and format of the review protocols and asked the GDG to look at the PICO (population, intervention, comparator and outcome) for each question.
9. SM reminded the group when the next GDG meeting would be taking place and confirmed that the presentations from today would be sent onto them for information. DL thanked the group for their hard work and input.

### **Date and venue of the next meeting**

Tues 3<sup>rd</sup> Sept 2013 – NICE Offices, Manchester