

Date: 4th December 2014

Minutes: Final

Guideline Development Group Meeting 12 Type 2 Diabetes

Place: NICE Offices & City Tower, Piccadilly Plaza, Manchester, M1 4BT

Present: Damien Longson (Chair)
Ian Lewin (IL)
Sailesh Sankar (SS)
Jonathan Roddick (JR)
Prunella Neale (PN) – attended via teleconference
Anne Bentley (AB)
Amanda Adler (AA)
Natasha Jacques (NJ)
Andrew Farmer (AFr)
Yvonne Johns (YJ)

Apologies: Natasha Marsland (NM)
Maria Cowell (MC)

In attendance:

NICE Staff:

Sharlene Ting (ST)
Stephanie Mills (SM)
Steven Ward (SWard)
Gabriel Rogers (GR)
Hugh McGuire (HM)
Clifford Middleton (CM) – attended via teleconference
Sue Spiers (SS)
Sarah Palombella (SP)
Nichole Taske (NT)
Phil Alderson (PA)

Observers:

Ross Maconachie

Technical Adviser (Health
Economics) – Centre for Clinical
Practice

1. DL welcomed the group to the 12th meeting of this guideline development group (GDG). This additional meeting was called to address some issues with the guideline that had been raised during the internal quality assurance checks prior to consultation of the guideline. Apologies were received from MC and NM. All committee members declared that they knew of no personal specific, personal non-specific, non-personal specific or non-personal non-specific interest in the development of this guideline beyond those which had previously been declared.

DL asked whether the group agreed that the minutes of the previous meeting were a clear and accurate record. The minutes were agreed by all present. DL thanked the group for attending the meeting at short notice and gave a brief overview of what the meeting would cover before handing over to GR.

2. GR explained that the meeting would be centred on getting explicit agreement from the GDG to the methodological assumptions underpinning the clinical analysis and health economic (HE) modelling within the guideline, along with viewing amended health economic analysis underpinning the recommendations for pharmacological therapy. The GDG were also made aware that there were a few additional queries on other recommendations.

GR talked through the structural questions about the health economic model which had been raised by the Technical Support Unit (TSU) who supported quality assurance on the guideline. GR read out a number of statements to explain the approach the Internal Clinical Guidelines (ICG) team had taken and asked the GDG to state if they agreed with them. The GDG discussed the situations in which these assumptions may possibly differ but agreed they were rare and not particularly reflective of clinical practice. The group reached consensus that the assumptions were correct subject to amendment of some of the wording on a few of the statements.

Sward re-presented the results for initial therapy to the GDG. The GDG discussed tolerability issues for drugs at initial therapy but agreed the recommendations would not need to change. An existing recommendation from clinical guideline 87 was also discussed.

3. Following lunch, Sward presented the HE results for second intensification of pharmacological therapy. GR explained to the group a bit further about the cost effectiveness acceptability frontier. The GDG discussed insulin and how this should look on the pharmacological algorithm. One GDG member also requested that the ICG team were very clear on the algorithm, using the full drug names where appropriate.
4. Sward presented the HE results for first intensification. The GDG discussed the results and how this would impact on the recommendations. How these changes should be presented in the algorithm was considered by the group.
5. GR presented some queries to the GDG about reflecting multimorbidity within the guideline. The GDG agreed with the suggestions for wording around multimorbidity which were put forward for recommendations and text within the guideline.
6. ST presented on some outstanding queries for existing recommendations from the previous type 2 diabetes guideline. The queries were about self-monitoring, hypertension, and also the updated section on aspirin and clopidogrel for primary prevention of cardiovascular disease. The GDG discussed and resolved these issues.
7. The GDG were asked to check the amended pharmacological management algorithm.

8. SM and DL thanked the group for their hard work. SM explained that the amended recommendations would be sent to the editor on 8th December 2014 and then the GDG would have 24 hours to provide any comments on the recommendations and the algorithm from 9th to 10th December 2014. SM notified the group that the guideline consultation will be from 7th January to 4th March 2015 and that the final GDG meeting post guideline consultation would be on 8th April 2015.

Date, time and venue of the next meeting

Meeting will be a 10am start and will be on 8th April 2015 at the NICE Offices in Manchester.