NICE National Institute for Health and Care Excellence

Date and Time: ***24 April 2013, 10.15 – 15.00***

Minutes: Final

Guideline Development Group Meeting

Place: *NICE Offices*
Piccadilly Plaza
Manchester

Present:
Damien Longson (Chair)
Mohammed Roshan (MR)
Natasha Jacques (NJ)
Yvonne Johns (YJ)
Amanda Adler (AA)
Natasha Marsland (NM)
Anne Fittock (AF)
Prunella Neale (PN)
Bernard Clarke (BN) – co-opted expert Cardiologist

Apologies:
Ian Lewin (IL)
Sailesh Sankar (SS)
Maria Cowell (MC)

In attendance:

NICE Staff:

Abitha Senthinathan (AS)
Stephanie Mills (SM)
Sarah Palombella (SP)
Jenny Kendrick (JK)
Mike Heath (MH)
Gabriel Rogers (GR)
Claire Ruiz (CR)

Observers:

Notes

1. DL welcomed the group to the third meeting of this GDG. Apologies were received from *IL, SS and MC*. The Chair asked all GDG members to declare any relevant conflicts of interest. All 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.

   DL asked the group to look over the minutes of the last meeting which were agreed with no amendments. The GDG heard that the objectives of the meeting would be to look at the evidence on antiplatelet therapy for primary prevention.

   CR introduced herself as the new Guidelines Commissioning Manager (GCM) working on the guideline and updated the GDG on the overall governance of the different diabetes

Notes

guidelines in development.

2. AS presented the evidence on aspirin and clopidogrel for the primary prevention of cardiovascular events in people with type 2 diabetes. The GDG considered the included studies for this question and discussed issues such as the consistency of the evidence, how primary prevention is defined and whether the populations within the study literature were generalisable to the UK population. BC contributed to this discussion.

3. GR presented the potentially relevant health economic literature to the group. The GDG discussed health economic issues in relation to the clinical evidence presented.

4. DL thanked BC for his contribution to the meeting and kindly asked BC to leave the room so GDG decision-making could begin. The GDG continued discussion on the quality of the evidence and moved onto draft recommendations.

5. SM gave a brief presentation on using the NICE expenses system.

   SP presented to the GDG on the role of the editor within clinical guidelines. The GDG were given information on the wording and strength of recommendations. SP demonstrated how the NICE pathways worked and also talked about the shortened NICE version of the guideline to be produced and Information for the Public.

   The GDG discussed the current functionality of NICE pathways and made suggestions as to how it might be improved.

   SM let the group know that if they wanted to be involved in the developing information for the public or in the development of implementation and costing tools, that volunteers would be very welcome.

6. AS updated the GDG on the continuing work for the pharmacological management of blood glucose question, target values, self-monitoring and long term safety questions in the scope. AS asked for views from the GDG on a number of issues in the evidence and presentation of these review questions.
7. There was no further business to discuss and DL thanked the group for their attendance and input. SM reminded the group of the date of the next meeting and which review question would be presented.

Date, time and venue of the next meeting

Friday 21st June 2013 – NICE Offices, Manchester