Tuberculosis - Combined Service Delivery and Guideline Development Group meeting

Date: 20/07/2015
Location: Avonmouth House, London
Minutes: Draft

| **Service Delivery Group (SDG) and Guideline Development Group (GDG) members** |
|--------------------------------------------------|--------------------------------------------------|
| Ibrahim Abubakar (IA) (Chair)                    | Present for all items                            |
| Onn Min Kon (OMK) – SDG only                     | Present for items 1 to 4                         |
| John Hayward (JH) – SDG only                     | Present for items 1 to 4                         |
| Andrew Hayward (AH)                              | Present for all items                            |
| Al Story (AS)                                    | Present for all items                            |
| Amy McConville (AM)                              | Present for all items                            |
| Christine Bell (CB)                              | Present for all items                            |
| Timothy Collyns (TC) – GDG only                  | Present for all items                            |
| Sudy Anaraki (SA)                                | Present from item 3 to the end                   |
| Bertie Squire (BS) – GDG only                    | Present from item 3 to the end                   |
| Michael Eisenhut (ME) – GDG only                 | Present for all items                            |
| Marc Lipman (ML)                                 | Present for all items                            |
| Francis Drobniewski (FD) – GDG only              | Present for all items                            |
| Uday Katkar (UK)                                 | Present from item 3 to the end                   |
| Horace Reid (HR)                                 | Present from item 3 to the end                   |

**Apologies:**
- Philip Monk – SDG only
- Ikenna Obianwa – SDG only
- Vanya Grant – SDG only
- Alan Higgins – SDG only
Ann Chapman – GDG only
Mango Hoto

In attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kay Nolan (KN)</td>
<td>Associate Director, NICE</td>
<td>Present until item 5</td>
</tr>
<tr>
<td>Rachel Kettle (RK)</td>
<td>Technical Analyst, NICE</td>
<td>Present until item 5</td>
</tr>
<tr>
<td>Hugh McGuire (HM)</td>
<td>Technical Adviser, NICE</td>
<td>Present from item 3 to the end</td>
</tr>
<tr>
<td>Lucy Hoppe (LH)</td>
<td>Technical Analyst, NICE</td>
<td>Present from item 5 to the end</td>
</tr>
<tr>
<td>Chris Gibbons (CG)</td>
<td>Health Economist, NICE</td>
<td>Present from item 3 to the end</td>
</tr>
<tr>
<td>Gabriel Rogers (GR)</td>
<td>Technical Adviser (Health Economics), NICE</td>
<td>Present from item 3 to the end</td>
</tr>
<tr>
<td>Margaret Derry (MD)</td>
<td>Project Manager, NICE</td>
<td>Present for all</td>
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<tr>
<td>Jaimella Espley (JE)</td>
<td>Medical Editor, NICE</td>
<td>Present from item 3 to the end</td>
</tr>
<tr>
<td>Louisa Regan (LR)</td>
<td>Implementation Adviser, NICE</td>
<td>Present from item 3 to the end</td>
</tr>
<tr>
<td>Gary Shield (GS)</td>
<td>Resource Impact Manager, NICE</td>
<td>Present from item 8 to the end</td>
</tr>
<tr>
<td>Peter Auguste (PA)</td>
<td>Warwick Evidence</td>
<td>Present from item 5 to 8</td>
</tr>
<tr>
<td>Joshua Pink (JP)</td>
<td>Warwick Evidence</td>
<td>Present from item 5 to 8</td>
</tr>
</tbody>
</table>

Apologies:

Sue Spiers | Associate Director

Notes: Service Delivery Group (SDG)

1. Welcome and objectives, declarations of interest and minutes from the last meeting

The Chair welcomed the Committee members and attendees to the SDG part of the meeting. It was explained that because GDG would ratify the SDG recommendations, purely GDG members had also been invited to attend this part of the meeting.

Apologies were noted and the minutes of the last meeting were agreed as an accurate record. The Chair provided a brief overview and objectives for the session.

All SDG members were asked to share any new conflicts of interest which have not previously been declared. No new conflicts of interest were declared by the group or the NICE team.

2. Brief summary of responses from stakeholder consultation
KN briefly summarised the stakeholder consultation comments received about service delivery.

### 3. Consultation issues for discussion

RK talked the group through proposed changes to recommendations in response to comments received. She explained the rationale for each proposed change.

The group discussed each change in turn, reaching a consensus agreement about what action to take and why.

A number of comments received related to areas which were out of scope. The group therefore agreed it important to make very clear at the beginning of the guideline what is in and out of scope.

### 4. Summary

The Chair recapped the discussions and thanked the SDG members for their hard work and input during the development process.
**Notes: Guideline Development Group (GDG)**

**5. Welcome and objectives, declarations of interest and minutes from the last meeting**

The Chair outlined the objectives of the meeting, which included discussing consultation issues, agreeing any subsequent changes to recommendations, discussing the document structure and implementation.

Apologies were noted and the minutes of the last meeting were agreed as an accurate record with some minor amendments.

All GDG members were asked to share any new conflicts of interest which have not previously been declared. No new conflicts of interest were declared by the group or the NICE team.

**6. Brief summary of responses from stakeholder consultation**

LH summarised the key issues raised during consultation and outlined the areas for GDG discussion.

**7. Consultation issues for discussion – diagnosing latent TB**

**Diagnosing Latent TB**

PA and JP recapped the proposed diagnostic strategy for latent TB and rationale for this. They addressed each of the consultation comments, presenting results of an additional set of sensitivity analyses.

The group discussed each of the issues raised, carefully considering the balance of risks and benefits. A consensus view was reached about what to change and why. It was agreed that the Linking Evidence to Recommendations (LETR) table needs to clearly outline the rationale for the recommendations.

**8. Other consultation issues for discussion**

**Other issues for discussion**

The group went onto discuss other consultation issues including: increasing the age of latent TB treatment to 65; managing TB contact in children; the use of negative pressure rooms; treating latent TB; using ethambutol in children under 5 and structure of the final guideline.

A consensus decision was reached for each matter under discussion.

**9. Presentation on unit costs**
CG gave a brief presentation on unit costs.

### 10. Implementation

LR explained that the guideline would be part of a pilot process for trialling a new implementation chapter. She outlined the process, highlighting that the group could select up to 3 implementation issues. 3 areas were suggested and relevant GDG members volunteered to help develop these further.

### 11. Resource Impact Assessment

GS gave a presentation on resource impact assessment, explaining its purpose, what is produced, and how the GDG can help.

### 12. Summary and next steps

IA summarised the discussions from the meeting.

MD ran through the next steps in the process, highlighting key dates. It was agreed these would be confirmed via email.

### 13. Any other business

There were no additional matters arising.

IA thanked the NICE team for their support and guidance throughout the development process and thanked the GDG for their hard work.