

Date and time: Friday 11 July 2014, 1000-1600

Minutes: Confirmed

Guideline Development Group Meeting 1 **Assessment and management of non-alcoholic fatty liver disease (NAFLD)**

Place: Boardroom, NCGC, 180 Great Portland Street, London W1W 5QZ

Present: Christopher Byrne, Professor of Endocrinology & Metabolism, University of Southampton
Chris Day, GDG Chair, Professor of Liver Medicine & Honorary Consultant Hepatologist, Newcastle University
Kevin Moore, Professor of Hepatology, University College London
Benjamin Mullish, ST in Hepatology & Gastroenterology, Imperial College London (Specialist Trainee Adviser)
Philip Newsome, Professor of Experimental Hepatology & Honorary Consultant Hepatologist, Birmingham University
Rachel Pryke, General Practitioner Partner, Winyates Health Centre, Redditch
Jane Putsey (JPu), Patient/carer representative
Roy Sherwood, Professor of Clinical Biochemistry, King's College London (co-opted expert adviser)
Indra van Mourik, Consultant Paediatric Hepatologist & Clinical Lead Liver Unit, Birmingham Children's Hospital NHS Foundation Trust
Bronwen Williams, Gastroenterology & Hepatology Research Nurse, Hull Royal Infirmary
Joanna Ashe, Senior Information Scientist, NCGC
Peter Cain, Health Economist, NCGC (present from item 8 onwards)
Angela Cooper, Senior Research Fellow, NCGC
Martin Harker, Senior Health Economist, NCGC
Qudsia Malik, Research Fellow, NCGC
Jill Parnham (JPa), Operations Director, NCGC
Carlos Sharpin, Joint Head of Information Science/Research Fellow, NCGC (present from item 8 onwards)
Amelia Unsworth, Project Manager, NCGC (notes)

Apologies: Serena Carville, Associate Director, NCGC
David Fitzmaurice, Professor of Primary Care, University of Birmingham

In attendance:

NICE Staff:		
NICE attendee 1	Caroline Keir, Guidelines Commissioning Manager (present for items 1-7 only)	
NICE attendee 2	Emma Chambers, Public Involvement Programme Adviser (present for items 1-7 only)	

Observers:

Emily Holmes, Student, NICE		
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1. **Welcome, apologies and introductions**
The Chair welcomed the group to the first meeting of this GDG. Apologies were received from DF.
2. **Working with NICE**
The GDG was given a presentation on the NICE guideline development process.
3. **NCGC guidelines programme, DOIs**
The GDG was given a presentation on the NCGC guidelines programme and the NICE policy for declaring and dealing with declarations of interest (DOI).
4. **Patient involvement**
The GDG was given a presentation on the NICE Public Involvement Programme.
5. **Searching for the evidence**
The GDG was given a presentation on searching for the evidence.
6. **Reviewing the evidence**
The GDG was given a presentation on reviewing the evidence.
7. **Health economics**
The GDG was given a presentation on health economics in NICE clinical guidelines.
8. **Declarations of interest**
The GDG individually verbally declared their declarations of interest as follows:
 - CD declared that he is a Non-Executive Director for Newcastle Hospital and also a Board member for a small diagnostic company called HB Innovations. These were classified as non-specific personal pecuniary interests. The guideline lead agreed that no further action was required.
 - KM declared that he is an adviser for the Servier Liver Specialist Committee. This was classified as a non-specific personal pecuniary interest. The Chair agreed that no further action was required.
 - PN declared the following interests:
 - PN received payment for a talk in July 2013 from Novo Nordisk who manufactures Liraglutide (type 2 diabetes drug). This personal pecuniary interest occurred 12 months ago and is therefore no

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- longer current and no further action is required.
- PN is chief investigator of an RCT funded by NIHR, Wellcome Trust and Novo Nordisk of Liraglutide in patients with non-alcoholic fatty liver disease. This was classified as a specific non-personal pecuniary interest. The NICE DOI policy states the action taken should be '*Declare and participate, unless the individual has personal knowledge of the intervention or matter either through his or her own work, or through direct supervision of other people's work. In either of these cases he or she should declare this interest and not take part in the proceedings except to answer questions*'. The Chair agreed that PN should withdraw from the discussions on pharmacological treatment for the extra-hepatic condition type 2 diabetes and only answer direct questions of fact on this topic as requested by the Chair.
- PN has received an honorarium for a talk in June 2014 sponsored by Norgine. This was classified as a non-specific personal pecuniary interest. The Chair agreed that no further action was required.
- PN is chief investigator of a diagnostic study funded by Echosens in patients with non-alcoholic fatty liver disease (Echosens also supplied a FibroScan machine for the study). The study compares CAP (assessment of fat) with liver biopsy. Echosens manufactures the transient elastography machine marketed as FibroScan®. This was classified as a specific non-personal pecuniary interest. The Chair agreed that PN should withdraw from the discussions on assessment tools for i) the diagnosis and ii) the progression of NAFLD and only answer direct questions of fact on these 2 topics as requested by the Chair.
- RP declared the following interests:
 - RP has received payment for three talks from Janssen Cilag. This was classified as a non-specific personal pecuniary interest. The Chair agreed that no further action was required.
 - RP is a member of the Lancet Liver Disease commission (unpaid). This was classified as a specific personal non-pecuniary interest. The Chair agreed that no further action was required.
 - The RCGP Nutrition Committee, of which RP is a member, has received funding from Nutricia. This was classified as a non-specific non-personal pecuniary interest. The Chair agreed that no further action was required.
 - The RCGP received funding from Public Health England for RP's work in developing e-learning sessions on obesity and malnutrition. This was classified as a non-specific non-personal pecuniary interest. The Chair agreed that no further action was required.
- JPu declared that she has no declarations of interest but her father has shares in GlaxoSmithKline. [*JPu subsequently advised that her father has divested himself of this pecuniary interest and is therefore no longer current and no action is required.*]
- BM declared that he has no declarations of interest.
- IvM declared that she has no declarations of interest. However, Echosens has approached her to provide use of MRI scanner but nothing further has occurred. IvM agreed to keep the team updated on this.
- CB declared that he is involved in NIHR-funded trials where a drug has been donated by the manufacturer but the manufacturer had no academic input in the study. The Chair agreed that no further action was required.
- BW declared that she is applying for funding from the Health Foundation for

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a study on developing an integrated care pathway for NAFLD for GPs. This was classified as a specific non-personal pecuniary interest. The Chair agreed that no further action was required.

- JPa declared that she is salaried by the RCP and receives commissions from NICE. The same applies to all other members of the NCGC technical team.

9. **Scope**

The GDG was given a presentation on the scope.

10. **Draft review questions and protocols**

The GDG discussed the draft review questions and protocols.

11. **Any other business**

None.

Date, time and venue of the next meeting

Thursday 4 September 2014, 1000-1600 at the RCP, 11 St Andrews Place, London NW1 4LE