

Date and Time: *Monday 1 and Tuesday 2 July 2013*
10:00 – 16:30

Minutes: Confirmed

Guideline Development Group Meeting Diabetes in pregnancy guideline update

Place: *Royal College of Obstetricians and Gynaecologists London*

Present:

Thomas Bourke (TB)	(Present for notes 1 – 11)
Kate Chadwick (KC)	(Present for notes 1 – 11)
John Crimmins (JC)	(Present for notes 1 – 11)
Steve Cunningham (SC)	(Present for notes 1 – 11)
Julie McKnight (JMK)	(Present for notes 1 – 11)
Julian Legg (JL)	(Present for notes 1 – 11)
Bhatee Mahesh Patel (BMP)	(Present for notes 1 – 11)
Clare van Miert (CVM)	(Present for notes 1 – 11)
Debra Quantrill (DQ)	(Present for notes 1 – 11)
Anshu Sharma (AS)	(Present for notes 1 – 11)

In attendance:

NCC-WCH staff:		(Present for notes 1 – 11)
Zosia Beckles (ZB)		(Present for notes 1 – 11)
Cristina Visintin (CV)		(Present for notes 1 – 11)
Jiri Chard (JAC)		(Present for notes 1 – 11)
Hannah Rose Douglas (HRD)		(Present for notes 1 – 11)
Stephen Murphy (SM)		(Present for notes 1 – 11)
Cristina Visintin (CV)		(Present for notes 1 – 11)
NICE attendees:		
Sarah Dunsdon (SD)		(Present for notes 1 – 11)
Erin Whittingham (EW)		(Present for notes 8 – 11)

Observers:

None		
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Notes

1. SC welcomed the group to the first meeting of this guideline development group (GDG) and introduced himself as the Chair. SC asked each GDG member to introduce themselves. SC explained the roles and responsibilities of GDG members as part of the guideline development process. After the presentation, the group had an opportunity to ask questions.
2. MSM explained the importance of declarations of interest (DOIs) and clarified the terms used in the National Institute for Health and Clinical Excellence (NICE) DOI form. All the GDG members and other attendees were asked to summarise their interests for the group.

TB

Personal pecuniary

Expenses to attend a meeting from Novartis Pharmaceuticals (not related to Bronchiolitis)

Personal non-pecuniary

Published a paper on Bronchiolitis (Bronchiolitis; Bourke T, Shields M.; Clin Evid, 2011, 04 (0308)).

Notes

CS

Personal non-pecuniary

Co-investigator in a project funded by HTA (BiDS) about oxygen saturation in infant with bronchiolitis at discharge from hospital; current involvement with two pharmaceutical companies for phase I development of RSV treatment: attends lunch meeting sponsored by Glaxo Smith Kline every 3 months

CVM

Personal pecuniary

Clinical doctorate research fellowship funded by the National Institute for Health Research to Measuring Clinical Severity in Infants with Bronchiolitis. This is a multi-centred project which aims to develop and validate a bronchiolitis scoring instrument for infants with bronchiolitis using mixed methods.

Personal non-pecuniary

Speaker at a respiratory meeting where she presented her doctorate research study (this meeting was founded by NIHR which produce inhalers for asthma); co-applicant on a grant [PCORI] with aims to identify important outcomes for parents with children with acute respiratory infections.

DQ

Personal pecuniary

Holds shares in Futura Medical plc - pharmaceutical group that develops products for the consumer healthcare market. www.futuramedical.com

3. SD presented an overview of the work of NICE, and the role of clinical guidelines. After the presentation, the group had an opportunity to ask questions.
4. SC presented the topics that would be covered in the guideline scope, and outlined the draft review questions. After the presentation, the group had an opportunity to ask questions.
5. CV presented an overview on the guideline development work and explained the role of the topic groups in the guideline development. After the presentation, the group had the opportunity to ask questions.
6. JAC presented on the role of protocols as the basis for reviews, and explained the GDG would develop these protocols in the following 2 days.
7. The GDG was divided into topic groups to facilitate the discussion of protocols. Each group was assigned draft protocols to work on. The groups were asked to refine and agreed the protocols and present them to the rest of the GDG later in the meeting.
8. EW gave a presentation on the Patient and Public Involvement Programme (PPIP) at NICE. After the presentation, the group had an opportunity to ask questions.
9. Group work (continued)
10. The GDG reassembled and the topic groups presented the amendments made to the draft protocols. The GDG discussed and agreed the protocols for the following clinical questions:
 - What symptoms, signs and clinical course are typical of bronchiolitis, and allow differentiation from other respiratory conditions?
 - What are the risk factors for severe bronchiolitis?
 - At the time of assessment, what clinical features predict deterioration?
 - What are the criteria for
 - referral to secondary care,
 - hospital admission for observation or treatment,
 - discharge from hospital?
 - What is the efficacy of antibiotic treatment?
 - What is the efficacy of inhaled bronchodilator therapy?
 - What is the efficacy of inhaled corticosteroids therapy?
 - What is the efficacy of systemic corticosteroids therapy?
 - What is the efficacy of nebulised hypertonic saline?
 - What is the efficacy of heliox?
 - What is the efficacy of combined bronchodilator and corticosteroid therapy?
 - What is the efficacy of suction to remove secretions from the upper respiratory tract?

Notes

11. There was no other business. SC thanked the participants for attending and closed the meeting.

Date, time and venue of the next meeting

Wednesday, 11th September 2013, 10:00 – 16:30 at the Royal College of Obstetricians and Gynaecologists, London