

Date and time: Monday 9 February 2015, 1000-1600

Place: Boardroom, National Clinical Guideline Centre, 180 Great
Portland Street, London W1W 5QZ

Present: Julian Bion, Chair and Professor of Intensive Care Medicine,
Birmingham University, and Consultant in Intensive Care Medicine at
Queen Elizabeth Hospital, Birmingham (Chair)
Philip Dyer, Deputy Chair and Consultant in Diabetes and
Endocrinology, Diabetes Centre Heart of England NHS Foundation
Trust
Nerys Conway, Trainee in Acute Internal Medicine, Bristol Royal
Infirmary, Bristol
Christopher Dykes, Out of hours GP, Bristol
Timothy Edwards, Consultant paramedic, London Ambulance Service
NHS Trust, and Emeritus Flight Paramedic, London Air Ambulance
Royal London Hospital
Anna Farley, Patient Member, Kent
Amanda Farrer, Residential Care Home Owner and Manager of The
Knells Country House, Houghton
Cathy Finnis, Patient Member, Kent
Michael Gill, Medical Director, Health 1000: The Wellness Practice,
King George Hospital, Ilford
Jeremy Henning, Consultant in Anaesthesia and Critical Care, British
Army, James Cook University Hospital, Middlesbrough, and Defence
Lecturer in Critical Care, Royal College Defence Medicine / Royal
College Anaesthetists
Mike Jones, Consultant in Acute Medicine, County Durham and
Darlington Foundation Trust, and Senior Lecturer, University of
Durham
Jason Kendall, Consultant in Emergency Medicine, Emergency
Department, North Bristol NHS Trust
Daniel Lasserson, Senior Trust General Practitioner, Department of
Geratology, Oxford University Hospitals NHS Trust, Abingdon
Community Hospital, and Urgent Care GP, Oxford Health NHS
Foundation Trust
Sara Morgan, Emergency Department Matron and acting Head of
Nursing, St. George's Hospital, Tooting, London
Opinder Sahota, Honorary Professor in Orthogeriatric Medicine,
University of Nottingham, and Consultant Physician, Health Care of
Older People, QMC, Nottingham
Dalia Dawoud, Health Economist, NCGC
Amraj Dhillon, Research Fellow, NCGC
Jennifer Hill, Guideline Lead, NCGC
Paul Miller, Senior Information Scientist, NCGC
Smita Padhi, Senior Research Fellow, NCGC
Grit Scheffler, Research Fellow, NCGC
Dave Wonderling, Head of Health Economics, NCGC
Giulia Zuodar, Document Editor/ Process Assistant, NCGC

Apologies: Stacey Lockyer, Research Fellow, NCGC
Celia Pincus Project Manager, NCGC

In attendance:

Minutes: Unconfirmed

Guideline Development Group Meeting 1 Service Delivery and Organisation for Acute Medical Emergencies

NICE Staff:		
NICE attendee 1	Clifford Middleton, Guidelines Commissioning Manager	

Observers:

Clare Walnutt	Information scientist, NCGC	
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1. Welcome, apologies and declarations of interest

The Chair welcomed the group to the first meeting of this GDG. Apologies were received from CP and SL.

JB declared being the Chief Investigator for the HiSLAC project – HS&DR-funded research to examine the impact of intensity of specialist-led acute care on outcomes of patients admitted to hospitals as emergencies at weekends. JB is also an associate non-executive director for Worcestershire Acute Hospitals Trust and chairs the Trust's Quality Governance Committee. This was classified as a personal non-pecuniary interest and it was agreed that JB should withdraw from chairing relevant questions.

PD declared receiving fees for services as expert advisor for GSK (12/03/2014) on their new drug for type 2 diabetes. This was classified as a personal pecuniary non-specific interest and the Chair agreed that he should declare and participate.

NC declared being a Trainee Representative on the Society for Acute Medicine. This was classified as a personal, non-pecuniary interest and no action was required.

CD declared being an employed GP working for the BrisDoc out of hours service. This was classified as a personal pecuniary non-specific interest and no action was required.

TE declared currently undertaking a PhD investigating the influence of pre-hospital airway management strategies on mortality and morbidity in cardiac arrest patients who achieve return of spontaneous circulation and undergo direct transfer to regional heart attack centres. Results of PhD research are due for dissemination and potential publication in 2015/16. This was classified as a personal non-pecuniary non specific interest and no action was required.

AF declared currently working as a strategy manager for the Care Quality Commission. This was classified as a Personal pecuniary non-specific interest and no action was required.

AMF declared being the owner of a residential care home providing personal care

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to clients over 65 and those with dementia. This was classified as a personal pecuniary non-specific interest and no action was required.

MG declared being Medical Director at Health 1000: The Wellness Practice; Consultant Physician, Barts Health NHS Trust; member of the Council of the Royal College of Physicians; Member of the London Clinical Senate Council; member of North Central and East London Local Education Training Board; Member of the London Clinical Strategic Network for Dementia; Member of North London Regional ACCEA awards Committee. These were all classified as personal pecuniary non-specific interests and no action was required. MG also declared working with Mobius as a consultant to support their implementation of a new admin and clerical model which develops a new role of patient pathway coordinator as an alternative to the multiple other traditional roles like medical secretaries, booking clerks, etc. The work does not relate directly to service delivery for acute medical emergencies. The Chair agreed that he should declare and participate.

JHE declared having no financial interests outside his normal pay by the Army. This was classified as a personal pecuniary non-specific interest and no further action was required. JHE also declared researching Cardio-vascular effects of drugs in hypovolaemia. This is directly supported by the Army, with no grants. This was classified as a personal non-pecuniary non-specific interest and no action was required.

MJ declared being the Director of Standards Royal College of Physicians of Edinburgh. This was classified as a personal non-pecuniary interest and no action was required. MJ also declared receiving an honorarium from Novartis for a talk in October 2014 on acute heart failure. This was classified as a personal, pecuniary non specific interest and no action was required.

DL declared undertaking one consultancy session via Oxford University Consulting Service, with payments made to his academic department by the company SHARP, over acute care pathways and potential for point of care diagnostics to improve patient outcomes. No specific devices or products were under discussion, and he presented an overview of the potential for point of care diagnostics to change acute care pathways. This was classified as a non personal pecuniary interest specific to point of care tests. Should these be considered in the reviews, he will need to withdraw from decision making in that area.

OS declared having previously undertaken two speaker meetings on behalf of a pharmaceutical company in the past 6 months with respect to the management of osteoporosis and having been paid honoraria for these services. This was classified as a personal pecuniary – non specific interest and no action was required.

SM, JK, CF declared having no interests.

The NCGC technical team is salaried by the RCP and receives commissions from NICE.

The Chair requested updates to the declarations of interest register. CD declared holding shares in the out-of-hours- GP service BrisDoc. This was classified as a personal pecuniary specific interest and the Chair agreed that CD should withdraw from the discussions on out-of-hours-GP services and only answer direct questions of fact on this topic as requested by the Chair.

TE declared being Chief investigator for upgraded PhD study investigating out-of-hospital airway management and Examiner for RCS (Ed) Diploma in Immediate Medical Care. This was classified as a personal non-pecuniary non specific interest and the Chair agreed that he should declare and participate.

CF declared that she is currently receiving a grant from the University of Kent for a PhD investigating younger adults experience in healthcare including positive and negative experience (including emergency care). As a PhD student, she has given

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presentation/lectures to the British sociological Association and UK/USA universities regarding access to healthcare for younger adults. This was classified as a personal non pecuniary, specific interest and the Chair agreed that she should declare and participate.

OS declared receiving a NIHR: HS&DR grant as chief investigator for a community in reach and care transition in elderly medical in-patients study. This was classified as a personal, non pecuniary, specific interest and the Chair agreed that he should declare and participate.

No other new declarations of interest were received therefore no further action was required.

2. **NICE introductory presentation**

The GDG was given a presentation on NICE's involvement in guideline development.

3. **Declarations of interest**

The GDG was given a presentation on the NICE policy for declaring and dealing with declarations of interest (DOI).

4. **Guideline development process**

The GDG was given a presentation on the guideline development process.

5. **Information science introduction**

The GDG was given a presentation on searching for the evidence.

6. **Systematic reviewing introduction**

The GDG was given a presentation on reviewing the evidence.

7. **Introduction to health economics**

The GDG was given a presentation on health economics in NICE clinical guidelines.

8. **Topic introduction and scope**

The GDG was given a presentation on the scope and topic of the guideline.

9. **Survey and review questions**

The GDG was given a presentation on the review questions and the stakeholders' survey which underlies the review questions.

10. **Summary of GDG comments on review questions and discussion**

The GDG discussed and amended the draft review questions.

11. **Protocols for first review**

The GDG discussed the protocols for the first review.

12. **Claromentis presentation**

The GDG was given a presentation on the NCGC document management system.

13. **Any other business**

None.

Date, time and venue of the next meeting

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Friday 26 February 2015, 1000-1600, 41 Portland Place, W1B 1QH.