NATIONAL COLLABORATING CENTRE FOR NURSING & SUPPORTIVE CARE (NCC-NSC)

NICE clinical guideline – The management of transient loss of consciousness

Notes of the Fifth and Sixth Guideline Development Group Meetings
Thursday 4th and Friday 5th 2008, commencing at 10.00 a.m.,
NICE, Conwy Room, Mid City Place, London

PRESENT:

Paul Cooper (Chair,PC)	Neurologist, Hope Hospital, Salford
Robin Beal (RB)	Clinical Director, St Mary's Hospital – Emergency Department
Mary Braine (MB)	Lecturer, School of Nursing, University of Salford
Ian Bullock (IB)	Director, NCC-NSC
Sarah Davis (SD)	Senior Health Economist, NCC-NSC
Melesina Goodwin (MG)	Epilepsy Specialist Nurse, Northampton General Hospital
Richard Grünewald (RG)	Neurologist, Royal Hallamshire Hospital
Paddy Jelen (PJ)	Patient/Carer Representative
John Pawelec (JP)	Paramedic Clinical Tutor, Yorkshire Ambulance Service NHS Trust
David Pitcher (DP)	Cardiologist, Worcester NHS Trust
Sanjiv Petkar (SP)	Clinical Research Fellow, Manchester Heart Centre
Alison Pottle (AP)	Cardiology Nurse Consultant, Harefield Hospital
Greg Rogers (GR)	General Practitioner
Garry Swann (GS)	Consultant Nurse, Birmingham Heartlands Hospital
Maggie Westby (MW)	Senior Research & Development Fellow, NCC-NSC

APOLOGIES:

Julie Fear (JF)	Patient/Carer Representative, Syncope Trust & Anoxic Reflex Seizures (STARS)
Sue Latchem (SL)	NICE Commissioning Manager

1. Welcome, introduction and apologies

Paul Cooper welcomed members in attendance. Especially Paddy Jelen who has recently been appointed to the group as a patient/carer representative. This was following a decision relating to Trudie Loban, who had been appointed as one of two patient/carer representatives but had been unable to attend any of the first six meetings. The NCC NSC, PC and colleagues at NICE in the Patient and public Involvement Programme had contributed to the decision and had been in touch with both Trudie Loban and Julie Fear, since meeting 4.

2. Minutes, declarations of interest (DoI) and matters arising

Minutes:

PC reviewed the minutes from the last meeting. Asking if GDG members had any issues of accuracy or need for correction. One change was made regarding exercise testing. PC shared with the group that he had been in contact with Steven Parry, who is a geriatrician with expertise in treating older people with TLOC. PC recognised that this was expertise that we may need to draw on as we do not have this experience within GDG.

Action Point update: Epilepsy guideline

SD and SL had discussed this at length, and have initially agreed that this GDG would be registered as stakeholders to inform scope shaping through consultation. There appears to be a clear focus on the HTA's being updated, but not necessarily areas of diagnosis confirmation for epilepsy and (non epileptic) psychogenic seizures.

Changes to current declarations:
One GDG member made a new declaration of interest. IB emphasised the importance of maintaining this record accurately. PC highlighted that Medtronic who is active in the field have various levels of funding support and GDG members were invited to share any potential interests with either himself or IB. SP reported to the group that St Jude Medical are introducing technology in the TLOC population and that GDG members should be aware of this.

Action point: NCC with GDG member to update

3. Initial assessment of the patient presenting with TLoC (Incorporating clinical decision tools).

MW clarified the language and terminology supporting the patient algorithm work captured at the previous meeting. PC confirmed that the correct terminology PNES (Psychogenic Non Epileptic Seizures) should be used.
MW presented a reminder of diagnostic language and methodology. IB spoke about the importance of clinical application of guiding principles such as pre and post test probability. MW walked the GDG through relevant included papers that had been assessed for quality assurance and then formed the basis of findings for GDG interpretation.

GDG decisions related to quality assuring the evidence against the reference standard, population and setting, follow up period and applicability. These were recorded and adjustments made to Appendix 3 in the supporting papers for this meeting.

Presentation and discussion of the evidence

- Patient History
- Decision rules
- Physical Examinations
- Laboratory Testing
- 12 Lead ECG

The GDG reviewed results (see MW presentation) and clinically interpreted the findings, reaching agreement prior to moving to clinical recommendations.

End of day 1.

Action point: NCC team to post presentations on Claromentis and to circulate these to GDG members who want hard copies.

Day 2

4. Summary of findings from evidence reviewed from Day 1 (meeting 5)

The GDG reviewed results (see MW presentation) and clinically interpreted the findings, reaching agreement prior to moving to clinical recommendations. Final GDG interpretation can be seen in the Summary Presentation.

Action point: NCC team to post presentations on Claromentis and to circulate these to GDG members who want hard copies.

Presentation and discussion of the evidence

- Patient History
- Decision rules
- Physical Examinations
- Laboratory Testing
- 12 Lead ECG

Significant GDG discussion relating to ECG recording and analysis, the skill base of those who are interpreting ECG's when the TLOC patient initially presents.

Action Point: Explore the literature on the efficacy of automated ECG. IB requested JP, AP, SP, RB and DP to explore their networks.

5. MW continued the presentation of results from the diagnostic review work

Final results from the decision rule tools were discussed at length, with GDG clinical interpretation. Good discussion relating to shaping the patient algorithm, and recognising the important of the first level assessment.

- Key points were agreed that need to be characteristics of a good first level assessment.

See Appendix A for early algorithm thinking relating to summary of diagnostic/narrative review and clinical interpretation.

6. Diagnostic Testing: defining the review questions

SD described to the GDG how decision analytic modelling could be used to quantify the costs and benefits of alternative recommendations and therefore assist the GDG in making an informed decision. SD described the importance of clarifying what happens to patients before and after a diagnostic test as this determines the likely impact of the test on patient outcomes. She then presented an early algorithm and asked the GDG for clarification regarding the possible alternative tests at various points in the algorithm and how test results are likely to influence patient management.

SD in discussion with the GDG confirmed the focus for evidence review and decision modelling in relation to diagnostic tests

Action point: NCC team to post presentation on Claromentis and to circulate this to GDG members who want hard copy.

7. Interpretation of the narrative review findings in GDG specialist sub groups.

IB confirmed the sub group activity with timescales for reporting back to the NCC NSC technical team by e mail by December 24th 08. The focus for the activity for each of the

sub groups to highlight areas of importance from their specialist area that can be extracted from the narrative review that may inform the first level assessment.

Cardiology: **PJ, AP, DP, SP.**
AP to report back to the technical team by December 24th

Neurology: **MB, RG, MG, GR,**
MB to report back to the technical team by December 24th

Pre hospital/ED: **RB, JP, GS**
RB to report back to the technical team by December 24th

8. Date and time of next meeting: To be confirmed

IB clarified with the group that due to the forthcoming NCC merger and planning addressing the impact of the merger on the NCC NSC, there will be some adjustment to future planned GDG meetings. Possible combinations of changes are listed below. Planned changes are also incorporating discussion with NICE on how best to develop this guideline in parallel to the Epilepsy update.

Planned GDG Meeting 7 and 8 on February 9th and 10th 2009 will either be reduced to a single day meeting or postponed. Possible reconfiguration of GDG meeting profile is:

Meeting 7 February 10th 2009 (single day, with meeting on February 9th cancelled).
Meeting 7 April 3rd 2009
Meeting venue will be clarified. Commencement of the meeting will be planned at 10am.