

Confirmed NICE Minutes
2nd Care of Pregnant Women with Complex Social Factors Guideline Development Group (GDG) Meeting.
Wednesday the 19th of November 2008 at the RCOG.

Present:	Rhona Hughes (RH)	Lead Obstetrician, Royal Infirmary, Edinburgh. (Chair)
	Daghni Rajasingam (DR)	Consultant Obstetrician
	Poonam Jain (PJ)	Patient / Carer Representative
	Sarah Fishburn (SF)	Patient / Carer Representative
	Jan Cubison (JC)	Social Worker
	Melissa Kate Whitworth (MKW)	Consultant Obstetrician
	Jan Palmer (JP)	Consultant Nurse Substance Misuse
	Yana Richens (YR)	Consultant Midwife/ Public Health
	Helen Adams (HA)	Health Visitor
	Faye Macrory (FM)	Consultant Midwife
	Annette Williamson (AW)	Commissioner
	Mary Sainsbury (MS)	Practice Development Manager, Social Care Institute for Excellence (SCIE)
NCC-WCH:	Roz Ullman (RU)	Senior Research Fellow, NCC-WCH
	Martin Whittle (MW)	Clinical Co-director, Women's Health, NCC-WCH
	Carolina Ortega (CO)	Work Programme Co-ordinator, NCC-WCH
	Katherine Cullen (KC)	Health Economist, NCC-WCH
	Danielle Worster (DW)	Information Scientist, NCC-WCH
	Rupert Franklin (RF)	Project Manager NCC-WCH
Apologies:	Sarah Fishburn (SF)	Patient / Carer Representative
	Eva Perales (EP)	Patient / Carer Representative
	Caroline Keir (CK)	National Institute for Health and Clinical Excellence (NICE) Guidelines Commissioning Manager

Wednesday the 19th of November 2008 at the RCOG.

1. RH welcomed the group to the meeting. Apologies were received from SF, EP and CK.

There were no new interests declared by those present at the meeting. It was agreed that no interests declared at the meeting or previously warranted exclusion of any GDG members from discussions of evidence or formulation of recommendations. Declarations are kept on record at the NCC-WCH and will be published in the full guideline.

[DW joined the meeting at 10.15am]

2. RU gave the GDG an update on searching and systematic reviews. DW gave the GDG a presentation on searching and reviewing update.

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3. RU and RH asked the GDG about the proposed additional dates (14th of May and 22nd of September 2009) and the cancellation of the meeting on the 20th of January 2009. The March meeting would then be the next meeting. The GDG discussed the additional dates and agreed to cancel the meeting on the 20th of January and add two extra dates on the 14th of May and 22nd of September 2009. JP gave apologies in advance as she has other commitments for the 14th of May 2009.

4. RU gave a presentation on barriers to ANC. The GDG discussed the idea of targeted care and all GDG members agreed that flexibility was required to accommodate women in complex social situations.

[11am MKW joined the meeting]

Break for tea/coffee

Lunch break 13.00hrs

5. KC gave a presentation about HE for the SCIP Guideline and showed a model outline to the GDG. KC asked the GDG for their input about risk factors and specialised care available.

6. RU asked the GDG to look at paper 4a (Evidence Summary). She explained the steps from evidence to recommendation. The GDG started on the draft evidence statement.

7. RU explained to the GDG what the GDG interpretation of evidence was. RU mentioned that even evidence from developing countries is relevant from the point of view of service organisation for vulnerable women and women's attitude towards that service.

Lunch break 13.00hrs

8. RU talked to the GDG about the care pathway (CP). She introduced the CP and reminded the GDG of the draft CP from the last meeting (as per in minutes). RU thanked the GDG for sending in a number of care pathways. The chosen ones (distributed and uploaded) were the ones that could be easily adapted. The GDG looked at the distributed copies (now also available on the website) and RU reminded the GDG about the care pathway in the ANC guideline. GDG members were given a copy of the 'understanding NICE guidance' for the 'Routine Antenatal Care for Healthy Pregnant women'. In page 4 & 5 there is a care pathway and Roz asked the GDG to look at it.

AW presented the Tool Development: The top seven risk factors were identified as maternal mental health, smoking, country of birth, domestic violence, consanguinity, substance misuse and households with no earned incomes. The GDG discussed care pathways and their importance and application to NICE guidelines & services providers.

Break for tea/coffee

9. RF gave a presentation on the AAT, which included where the idea originated from, how it started and what the Assessment Tool Development Group (ATDG) is working on at the moment. In December the questions will be finalised and the tool will have to be validated nationally. The GDG discussed the AAT.

10. RU gave the GDG a presentation on writing recommendations. RU gave the GDG the general principles in writing recommendations, such as:

- stay active
- keep it short and in plain English
- avoid jargon

RU gave some examples of poorly and well written recommendations

RU told the GDG that the link to the paper discussed will be circulated amongst GDG members.

11. AOB: There was no other business.

RH thanked the participants for attending and closed the meeting.

CLOSE

Signed:.....Date:.....
Professor Martin Whittle, Clinical Co-director, NCC-WCH

Signed.....Date.....
Rhona Hughes, GDG Chair for Care of Pregnant Women with Complex Social Problems.