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

National Clinical Guideline: Sedation for diagnostic and therapeutic procedures in children and young people.

Notes of the First and Second Guideline Development Group Meetings
Commencing at 10.30 a.m., Monday 26th January 2009
at the Kings Fund, Cavendish Square, London.

PRESENT:

Paul Averley (PA)	General Dental Practitioner, Queensway Dental Practice, Billingham
Peter Crean (PC)	Consultant Paediatric Anaesthetist, Royal Belfast Hospital for Sick Children
Nick Croft (NC)	Reader and Consultant Paediatric Gastroenterologist & Co-Director London SENCE Medicines for Children Local Research Network, Queen Mary's School of Medicine and Dentistry
Nick Girdler (Day 1; NG)	Professor of Sedation Dentistry, Newcastle Dental Hospital & School
Susan King (SK)	Consultant Radiologist, Weston General Hospital
Christina Liossi (CL)	Senior Lecturer in Health Psychology, University of Southampton
Liz McArthur (LM)	Lead Clinical Nurse Specialist - Paediatric Pain & Sedation, Royal Liverpool Children's Hospital
Heather McLelland (HM)	Nurse Consultant, Emergency Care, Calderdale Royal Hospital
Neil Morton (NMo)	Consultant in Paediatric Anaesthesia & Pain Management, Royal Hospital for Sick Children, Glasgow
Farrah Pradhan (FP)	Patient/Carer Representative
Mike Sury (Chair; MS)	Consultant Anaesthetist, Great Ormond St Hospital for Children NHS Trust
Daniel Wallis (DW)	Consultant - A&E Medicine, St George's Hospital
Madeleine Wang (MWg)	Patient/Carer Representative, Ass. of Paediatric Anaesthetists for GB & N. Ireland

APOLOGIES

IN ATTENDANCE

Ian Bullock (IB, Day 1)	Chief Operating Officer, NCGC-AC
Sarah Davis (SD)	Senior Health Economist, NCC NSC
Nahara Martinez (NMa)	Systematic Reviewer, NCC NSC
Victoria Thomas (VT, Day 1)	Programme Manager, Patient & Public Involvement Programme, NICE
Sue Latchem (SL, Day 1)	Guidelines Commissioning Manager, NICE
Maggie Westby (MWy)	Senior Research & Development Fellow, NCC NSC

DAY ONE

1. **Welcome session**

   GDG Chair, Mike Sury (MS) welcomed everyone to the meeting. He then handed over to NCC-NSC Director, Ian Bullock who facilitated a session on:

   - Introductions
   - Claims, concerns and issues
   - Ground rules

2. NICE Guideline Development Process

SL presented an overview of NICE and the Guideline Development Process. MWg raised the concern that key patient groups may be missing from the list of registered stakeholders. SL agreed to circulate the latest list of stakeholders and asked the group to identify any key stakeholders who have not registered and encourage them to do so. The presentation providing the context for guideline development in NICE can be found on Claromentis at Root/Sedation/GDG meetings/Meetings 1 and 2. Sue's contact details are **susan.latchem@nice.org.uk**

Action Point: NCC to upload presentation to Claromentis
Action Point: SL to circulate the latest list of registered stakeholders

3. NICE Patient and Public Involvement Programme

VT presented an overview of the NICE Patient and Public Involvement Programme (PPIP). The presentation providing the context of patient/carer input to this guideline can be found on Claromentis at Root/Sedation/GDG meetings/Meetings 1 and 2. GDG members suggested two potential implementation outputs in addition to the standard NICE implementation tools; a carer information leaflet and an e-learning module. Victoria's contact details are **victoria.thomas@nice.org.uk**

Action Point: NCC to upload presentation to Claromentis

4. National Collaborating Centre for Nursing and Supportive

IB presented an overview of the NCC-NSC team and the centre's experience and expertise in guideline development, evidence based healthcare and delivering a commissioned work programme for NICE. He also introduced the new National Clinical Guidelines Centre for Acute and Chronic Conditions into which the current NCC-NSC team will be moving from April. The presentation can be found on Claromentis at Root/Sedation/GDG meetings/Meetings 1 and 2. Ian's contact details are **ian.bullock@rcplondon.ac.uk**

Action Point: NCC to upload presentation to Claromentis

5. Ways of working, roles and function, declarations of interest

IB presented an overview of the various GDG roles, GDG chair, professional and lay member responsibilities. He also covered the policy designed to protect the guideline and individuals involved in the process, the Declaration of Interest (DoI) policy. The current policy executive can be found on Claromentis at Root/Sedation/GDG meetings/Meetings 1 and 2. Some members had not yet completed their DoIs.

Action Point: NCC to facilitate the completion of DoIs.

6. Guideline scope

MS presented an overview of the guideline scope. He pointed out that training had been added as a key area within the scope following stakeholder consultation and that this was unusual for NICE Clinical Guidelines. SL said she would be able to advise the group on the type of guidance they can provide in this area. The GDG were able to agree to the detail within the scope during the presentation, and felt that it targeted the key areas of need. The scope can be found on Claromentis at Root/Sedation/GDG meetings/Meetings 1 and 2.

Action Point: NCC to upload presentation to Claromentis.

7. **Guideline methodology 1**

MWy introduced guideline methodology and review methods and how the technical team approaches clinical effectiveness work for the guideline. NMo asked whether this guideline would use GRADE (Grading of Recommendations Assessment, Development and Evaluation) and MWy confirmed that they would be using some aspects of GRADE and she would be providing the GDG with an overview of GRADE later in the process.

Action Point: NCC to upload presentation to Claromentis

8. **Health economics and cost effectiveness**

SD presented an overview of health economics and cost effectiveness related to guideline development. The presentation providing the background and context to the NCC's health economic experience and expertise and the principles of placing cost effectiveness at the heart of guideline recommendations. This can be found on Claromentis at Root/Sedation/GDG meetings/Meetings 1 and 2.

Action Point: NCC to upload presentation to Claromentis

DAY TWO

1. **Welcome session**

MS welcomed everyone to the meeting

2. **Review of group ground rules; claims, concerns and issues**

The ground rules, claims, concerns and issues collected on day one were shared with the whole group and discussed. These will be posted on Claromentis at Root/Sedation/GDG meetings/Meetings 1 and 2. Any ongoing issues can be raised through the forums or directly with the NCC team.

Action Point: NCC to upload these documents to Claromentis and set up a forum discussion

3. **Clinical Questions**

MWy facilitated a small group session followed by a plenary session on the clinical questions and review questions arising from these. MWy pointed out that there was a need to constrain the number of review questions to a maximum of 15-20, as recommended in the NICE guidelines manual. This was to enable the technical team to manage the work in the time available. The GDG identified that many of the questions would be answered by consensus particularly in the areas of information and communication, monitoring, equipment and facilities, training and skills. Key areas for review work were identified as the efficacy and safety of sedation techniques, risk assessment tools, fasting, and monitoring standards.

Action Point: NCC to upload clinical questions to Claromentis;

Protocol for pharmacological reviews

The GDG agreed that they should avoid looking at all potential sedation drugs but should target particular pharmacological agents within the guideline. This would based on whether the agent is being commonly used for sedation within the NHS or is likely to become more commonly used in the near future. The NCC informed the GDG that they are only able to look at off-licence use if the agent is already commonly used off-licence for sedation and that recommendations regarding off-licence use will need to be supported by good evidence. Systemic opioids were included as they have some

sedative properties. The GDG decided to include midazolam but exclude temazepam, lorazepam, and diazepam as these are not commonly used for procedural sedation. A final list will be agreed outside of the meeting.
The GDG agreed to review the evidence for painless procedures such as MRI scans separately from other procedures where there may be pain and/or discomfort. They felt that there may be the need for specific recommendations within specific procedures but did not wish to separate the evidence reviews into specific procedures.
The GDG discussed the review outcomes, with the aim of reducing the number to the 7 recommended in the GRADE process for decision making.

Action point: NCC to facilitate consensus discussion to finalise the review protocol

9. Claromentis

SD gave an overview of Claromentis and answered questions relating to accessibility. This presentation can be found on Claromentis at Root/Sedation/GDG meetings/Meetings 1 and 2.

Action point: NCC to circulate passwords for access

4. Priorities for cost effectiveness work in the guideline

SD asked the group to consider which areas of the sedation care pathway are likely to vary significantly in cost between the alternative interventions. It was agreed that clinical time was likely to be the greatest cost driver for the sedation technique itself and that the opportunity cost of this was real as it would impact on the throughput of patients. In terms of patient outcomes, the GDG felt a failure to complete the procedure would be a significant cost driver as the procedure would need to be repeated. SD explained that the QALY gains associated with a good patient (and carer) experience during sedation may be too small to quantify due to the short time-frame, but that there may be evidence on long-term consequences such as post-traumatic stress symptoms in patients undergoing frequent repeated procedures. Monitoring equipment was also identified as a potential additional cost where the equipment is not currently in routine use e.g capnography. Length of stay or unplanned admission were also identified as potential cost drivers. Mortality or high morbidity outcomes (such as brain injury) following complications were identified as being potentially significant drivers of QALY estimates in the economic model.

Action Point: NCC to upload presentation to Claromentis.

5. Summary, Feedback and Questions

MS concluded day 2 and thanked all GDG members and members of the technical team for their energy and commitment during the two days.

6. Date and time of GDG meeting 3

19th March 2009 from 10.00 am to 4.30 pm, in Room 107 at the Royal College of Nursing HQ, 20 Cavendish Square, London W1