National Institute for Health & Clinical Excellence

Organ Donation

Fourth (Final) Guideline Development Group (GDG) meeting
Tuesday 29th March 2011

Dee 1 – NICE Offices – Level 1A - City Tower - Piccadilly Plaza - Manchester – M1 4BD

GROUP MEMBERSHIP

In Attendance	
GDG Members	
Gary McVeigh (GM) (Chair)	Tim Collins
Simon Bramhall	James Fraser
Angus Vincent	Karen Morgan
Huw Twamley	Paul Murphy
Jane Nix	Barry Williams
Ronan O'Carroll	
NICE Staff	
Mark Baker (MB)	Prashanth Kandaswamy (PK)
Kathryn Chamberlain (KC)	Rachel Ryle (RR)
Sheryl Warttig (SW)	Mendwas Dzingina (MD)
Pranam Mavahalli (PM)	Gary Shield (GS)
Apologies:	
Gurch Randhawa	

MINUTES OF THE MEETING

Tuesday 29th March 2011

1.1 Agenda item 1:

- **Objectives**
  No apologies were received. GM set out the objectives for the day. The group would discuss the stakeholder comments, where necessary decide on a response and agree any areas where the recommendations would need to be amended.
- **Declarations of Interest**
  None declared
- **Minutes of the last meeting**
  The minutes were agreed as an accurate account of the meeting.

1.2 Agenda item 2: Update on NHSBT data.

MB discussed the NHSBT data – the audit of potential donors.
He summarised the results to say that:

- Prior consideration by patient or family leads to around 90% consent
- Consent ratio in non-whites is very low but make up only 7% of cohort
- Involvement of doctor in approach appears to reduce likelihood of consent
- Skills and experience (of SN-OD) more important than embedding
- Earlier approach for DBD may improve consent.

1.3 Agenda item 3 & 4: Stakeholder consultation - key themes.

SW presented the comments and themes that emerged from the stakeholder consultation. Overall there was a good level of response and general support of the recommendations. The group discussed the comments alongside the recommendations, making appropriate amendments to the recommendations, where necessary.

There was some concern regarding a recommendation from one stakeholder which suggested the guideline may be illegal. It was agreed that a legal opinion on the guideline be sought, and explained that this could result in a change to some of the recommendations.

1.4 Agenda item 5: Stakeholder consultation – costing/Health economics

GS discussed the costing template and report, and took advice from the GDG as to whether the assumptions he had used were a realistic representation.

1.5 Agenda item 6: Update on QRG & UNG

PM showed the group the draft versions of the quick reference guide (QRG) & the understanding NICE guidance (UNG). Once the stakeholder comments had been considered any changes in the recommendations will be reflected in the UNG and QRG, and the group would then see up to date versions with the opportunity to give comments to the editor.

1.6 Agenda item 7: Next steps

KC discussed the timelines and what the next steps for the guideline are. Following the meeting the technical team will write responses to the stakeholders, and finalise the recommendations. These will be sent to the GDG.

The guideline would then be seen by an independent panel (the guideline review panel – GRP), who would ensure that all comments had been responded to fully and appropriately and that any changes agreed in the response were reflected in the guideline. From the 9th to 23rd June 2011, the guideline would go out for another stakeholder consultation, the pre publication check. This is an opportunity for stakeholders to comment on the factual accuracy of the guideline only. The guideline will be published on 24th August 2011.

1.7 Agenda item 8: AOB & Close of meeting

There was no other business. GM closed the meeting and thanked the group for their contribution.