

**Meeting Minutes**  
**Incontinence in Neurological Disease - GDG Meeting 11**  
**Location: National Clinical Guidelines Centre - Boardroom**  
**14<sup>th</sup> October, 2011**

<b>GDG</b>		<b>NCGC</b>	
Alun Williams	AW	Gill Ritchie	GR
Amelia Denny	AD	Mark Perry	MP
Clare Fowler	CF	Ralph Hughes	RH
Judith Jesky	JJ	Sharon Swain	SS
Julie Vickerman	JV	Tamara Diaz	TD
Keith MacDermott	KM		
Laura Graham	LGr	<b>Apologies</b>	
Noreen Barker	NB	Christine Anderson	CA
Paul Tophill	PT	Doreen Mc Clurg	DM
Simon Harrison (Chair)	SH		
Sue Woodward	SW	<b>Observers</b>	
Susie Orme	SO	Clifford Middleton (NICE)	CM
		David Wonderling (NCGC)	DW
		Michelle Wallwin (NICE)	MW
<b>Cooptee</b>			
Joanne Mangnall	AP		

**1. Welcome and Apologies**

- 1.1. The Chair (SH) welcomed attendees to the Incontinence in Neurological Disease (IND) guideline development group (GDG) meeting 11 and apologies were heard for Doreen Mc Clurg and Christine Anderson.
- 1.2. Dr. Joanne Mangnall, recruited as a co-optee expert continence advisor was introduced to the group along with observers from NICE: Michelle Wallwin, the editor for this guideline and Clifford Middleton the guideline's commissioning manager. The group introduced themselves for the benefit of meeting observers.

**2. Declarations of Interest**

- 2.1. There were no declarations related to the day's clinical reviews.

**3. Minutes of GDG 10**

- 3.1. The Minutes of GDG 10 were reviewed and agreed by the GDG.

**4. The Chair presented an overview of the agenda.**

**5. Review of clinical and economic evidence:**

**5.1. Does provision of information about the management of neurological lower urinary tract dysfunction improve patient outcomes?**

**5.1.1. Clinical evidence**

Four studies were included in the review. This included a prospective single-group observational study, one randomised controlled trial and two non-randomised trials. All four studies looked at episodes of Symptomatic UTIs, but only the RCT reported on additional outcomes, which included health beliefs, locus of control and self efficacy. All outcomes from all four studies were graded as very low.

#### 5.1.2. Economic evidence

No relevant economic evaluations were identified for this review. The GDG recognised that there are costs attached to training and information delivery but that these are likely to be offset by health gains of patients being better informed.

### 6. Economic Model

#### 6.1. Model Results

RH presented the results of the economic model for augmentation cystoplasty vs OnabotulinumtoxinA (BTX). A recap of the base case setup and model structure was presented to the group, before the model results were discussed.

### 7. Review of clinical and economic evidence:

#### 7.1. For patients and their carers with lower urinary tract dysfunction associated with neurological disorders, what are the experiences of access to and interaction with services that address these issues?

##### 7.1.1. Clinical evidence

Four papers were included in the review. These included three qualitative studies which presented results from a focus group, a mail survey and a patient survey. The final paper was a national services audit for people with multiple sclerosis. Quality of life and patient satisfaction were the outcomes assessed for this review. However, as the size of intervention effect could not be estimated from documented results, evidence statements could not be produced for the studies.

##### 7.1.2. Economic evidence

No relevant economic evaluations were identified for this review. The GDG recognised that there are costs attached to training and information delivery but that these are likely to be offset by health gains of patients being better informed.

### 8. The role of the NICE Editor

8.1. MW delivered a presentation, entitled 'the role of the NICE editor' explaining the editing process, the different versions of the guideline that will be produced after development, and how the web-based care pathway works. A call was made for members of the group to consider volunteering to assist with drafting the 'Using NICE Guidance', version of the guideline.

### 9. Any other business

9.1. The GDG was invited to raise any questions or concerns related to the Implementation and Media relations papers circulated ahead of the meeting. There were no questions from the group.

### 10. Close of meeting

There being no further business the meeting ended at 3:30 p.m. The next meeting of the IND GDG will take place on 11<sup>th</sup> November, 2011 from 10:30 a.m. – 4:30 p.m. at the NCGC's offices located at 180 Great Portland Street, London, W1W 5QZ.