National Institute for Health & Clinical Excellence

Dyspepsia/GORD

Guideline Development Group (GDG) meeting 1
Tuesday 31st July 2012

Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD

GROUP MEMBERSHIP

In Attendance	
GDG Members	
Peter Barry (PB) (Chair)	Mimi McCord (MM)
Hugh Barr (HB)	Cliodna McNulty (CM)
John de Caestecker (JD)	
Mark Follows (MF)	
Alex Ford (AF)	
Ann Harding (AH)	
Janusz Jankowski (JJ)	
NICE Staff	
Lynda Ayiku (LA)	Michael Heath (MH)
Emma Banks (EB)	Emma McFarlane (EM)
Steven Barnes (SB)	Gabriel Rogers (GR)
Jenny Craven (JC)	Heather Stegenga (HS)
Ben Doak (BD)	Tommy Wilkinson (TW)
Nicole Elliott (NE)	Erin Whittingham (EW)
Dylan Jones (DJ)	
Katy Harrison (KH)	
Apologies:	
Marco Novelli (MN)	
Rachel Ryle (NICE)	

MINUTES OF THE MEETING

Tuesday 31st July 2012

1.1 Agenda item 1: Introductions & guideline development group (GDG) working

PB welcomed the group. All GDG members and NICE staff introduced themselves and described their interest in this guideline. Apologies for were received from Rachel Ryle and Marco Novelli.

PB went through a presentation on GDG working and explained the purpose of the group was to write, with NICE's input, a guideline on the investigation and management of dyspepsia and GORD, showing how the GDG moved from the evidence to the recommendation. PB highlighted the scope provided the framework for developing the guideline content and ensure the group remained focused. PB went onto to discuss the role of the chair and members and expectations of the group at and between each meeting.

1.2 Agenda item 2:

Patient and Public Involvement Programme (PPIP): EW gave the presentation on the programme and highlighted the importance of gaining patient/carer's perspectives throughout the guideline process. EW advised that the GDG patient/carer representatives would be involved in developing the patient information guide.

Literature searching: LA gave a presentation on how literature searches are undertaken and developed and provided examples of the types of sources used to carry out this work.

Process of guideline development: SB explained the guideline development process highlighting the key principle of the guideline is to be useful to the NHS whilst emphasizing it is not intended to replace clinical judgement. SB told the group more about the components of the guideline - explaining the purpose of the scope and need for review protocols, through to reviewing the evidence and how recommendations are made based on clinical effectiveness, cost effectiveness and GDG consensus. SB went on to show the group in more detail how the links from the evidence to recommendations are recorded.

Role of the Guidelines Commissioning Manager (GCM): BD talked to the group about the role of the GCM and the Commissioning team. The group were taken through the different phases of the guideline process and shown the range of products that are produced for each guideline. BD concluded by informing the GDG about the public sector quality duty.

Role of the Project Manager: EB gave a presentation on the role of project manager, timelines, expenses and declarations of interest. EB emphasised the importance of declaration of interests and encouraged the GDG to be as open and honest about the work they're involved in that may influence their ability to participate at meetings. Following this PB asked all GDG members and NICE staff if they had any additional DoIs. These interests were recorded.

1.3 Agenda item 3: Summary of the scope and care pathway

SB explained to the group this was a partial update of the original guideline (CG17). The update would include areas where there is no guidance or there is still uncertainty. SB highlighted what was in and out of the scope and the range of outcomes that could apply to each review question to help inform the literature search.

DJ led a discussion with the group to gain their thoughts about whether the original guideline recommendations on Proton Pump Inhibitors (PPIs) were still relevant or whether clinical practice had changed.

1.4 Agenda item 4 & 5: Review protocols

SB talked the group through the aim of a review protocol, it's various components and how the GDG would help refine the review protocol. The group then discussed each protocol in turn to help finalise the inclusion and exclusion criteria for the population, intervention, comparison and outcomes.

1.5 Agenda Item 6: Health Economics plan

TW gave an overview of health economics and how the GDG would provide input in this area. TW shared with the group a proposed plan of work, highlighting the key health economic issues for this particular guideline and which review questions would benefit from health economic input. In terms of modelling TW explained there were opportunities to update existing health economic analysis and with GDG input identify areas of priority which then may require original modelling.

1.6 Agenda Item 7: Summary of the day

PB thanked the group for their contributions and confirmed the next meeting will be held in the NICE Manchester Office, on 24th and 25th September 2012.