

Date and Time: 12th March 2013 (10.00 – 4.00pm)

Minutes: confirmed – 21/05/2013

Guideline Development Group Meeting 1: Cholelithiasis and cholecystitis

Place: NICE Offices, Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD

Present: Gary McVeigh (Chair) (GM)
 Elaine Dobson Evans (EE)
 Simon Dwerryhouse (SD)
 Giles Toogood (GT)
 Peter Morgan (PM)
 Gerri Mortimore (GMortimore)
 Kofi Oppong (KO)
 Charles Rendell (CR)
 Richard Sturgess (RS)
 Luke Williams (LW)

In attendance:

| | | |
|--|--|--|
| NICE Staff: | | |
| Emma Banks (EB) Elizabeth Barrett (EBarrett) Michael Heath (MH) Clifford Middleton (CM) | Toni Tan (TT) Steven Ward (Sward) Sheryl Warttig (SW) Erin Whittingham (EW) | |

Observers:

| | | |
|--|--|--|
| | | |
|--|--|--|

Notes

1. Introductions & guideline development group (GDG) working

GM welcomed the group. All GDG members and NICE staff introduced themselves and described their interest in this guideline.

GM 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 diagnosis and management of cholelithiasis and cholecystitis. GM provided an overview of the Internal Clinical Guidelines Team and the people involved in the development of the guideline and finished by highlighting the role of the chair and members and expectations of the group at and between each meeting.

Notes

2. Process of guideline development

SW explained the guideline development process highlighting the key principle of the guideline is to be useful to the NHS whilst emphasising it is not intended to replace clinical judgement. SW told the group more about the components of the guideline and explained in detail the purpose of the scope and need for review protocols.

3. Introduction to Health Economics

SWard presented to the group an overview of what health economics can do within the development of clinical guidelines. The GDG were invited to take part in a game so that he was able to develop an understanding of the level of health economic knowledge within the group.

4. Definitions, summary of the scope and care pathway

SW took the group through a list of terms gathered from the literature reviewed to date as there were some inconsistencies with their application. It was highlighted that whilst definitions were clear in practice these terms were often used to describe something else. The list was discussed and added to and the GDG agreed these definitions were to be used in the guideline.

SW then went onto to provide a summary the scope, highlighting the clinical areas that were to be covered and those that weren't and the range of outcomes that could apply to each review question to help inform the literature search.

SW asked for a few point of clarity with regards to the care pathway.

5. Review protocols

SB talked the group through the aim of a review protocol, its 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.

6. Health Economics plan

SWard gave an outline of health economics and how the GDG would provide input in this area. He discussed with the group which review questions they thought would benefit from health economic input. In terms of modelling he explained there were opportunities to update existing health economic analysis and with GDG input identify areas of priority which then may require original modelling.

7. Role of the Guidelines Commissioning Manager (GCM)

CM talked to the group about the guideline programme structure and role of the GCM and Commissioning team. The group were then taken through the different phases of the guideline process. CM concluded by informing the GDG about the public sector quality duty.

8. Public Involvement Programme (PIP)

EW gave a 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.

9. Timelines, expenses and declarations of interest

EB presentation information on the proposed timelines, expenses and declarations of interest. EB emphasised the importance of declaration of interests and encouraged the GDG to be as

Notes

open and honest about the work they're involved in that may influence their ability to participate at meetings.

10. Summary of the day

GM thanked the group for their contributions and confirmed the next meeting will be held in the NICE Manchester Office, on 21st & 22nd May 2013.