NICE National Institute for Health and Care Excellence

Date and Time: ***25th November 2013***

Minutes: FINAL

Guideline Development Group Meeting 4: Gallstone Disease

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

Present:

Gary McVeigh (Chair) (GM)
Elaine Dobson Evans (EDE)
Simon Dwerryhouse (SD)
Giles Toogood (GT)
Peter Morgan (PM)
Gerri Mortimore (GMortimore)
Kofi Oppong (KO)
Charles Rendell (CR)
Richard Sturgess (RS)
Luke Williams (LW)
Imran Jawaid (IJ)
Angela Madden (AM) – co-opted expert

In attendance:

NICE Staff:		
Stephanie Mills (SM) Michael Heath (MH) Jaimella Espley (JE) Gabriel Rogers (GR) Toni Tan (TT)	Steven Ward (Sward) Sheryl Warttig (SW) Sue Ellerby (SE) Joy Carvill (JC) Charlotte Purves (CP)	
Apologies: Ben Doak (BD)		

Observers:

Rebecca Boucher (Editing team)		

Notes

Notes

1. Introductions & guideline development group (GDG) working

GM welcomed the group and asked new NICE staff attendees CP and JC to introduce themselves.

The GDG were directed towards the minutes of the last meeting. These were accepted as an accurate record.

GM asked all GDG members to give any declarations over and above the last meeting. KO declared meetings that he had recently attended which his department had received reimbursement for. The Chair agreed that these were to be declared but participation on the GDG would not be affected. Nothing further was declared by any other member of the GDG.

The GDG were informed that another radiologist had applied to be on the group and had been recruited. It was felt that this would bring extra radiological expertise to the group, which would be important as the evidence reviews for questions 4 & 5 would be presented at future meetings and the group would need to return to consider the evidence review for question 2 on diagnostics once more. GM then took the GDG through the agenda for the meeting.

2. NICE Pathways presentation

SE explained to the GDG that NICE is conducting a new pathways pilot, which sees work begin on the pathway much earlier in the guideline development process. This will be done by engaging GDG's in looking at early drafts of the pathway and by using search functions to more easily and systematically identify potentially relevant and overlapping guidance/ pathways nodes, with the topic currently in development. The GDG were asked to consider a number of pathways and guidance that had been highlighted when doing a search for Gallstones and decide whether these would be topics that the guideline should refer to or could clash with. The group were then shown the first draft of the Gallstones pathway and invited to offer their comments and expertise.

3. Experiences of information and education on gallstone disease

As the patient/ carer members on the group, CR and EDE were invited to share their experiences of the information they received around the time of their treatment. EDE commented on the growth of information available on the internet and the role of the individual in choosing to accept the information that may be received. Information received early in primary care would always be important but this information should be digestible. EDE advocated it was important to receive a wide variety of information, covering treatments, the patient pathway through to practical day to day advice of managing post-treatment.

CR echoed the thoughts of EDE and stressed through his experiences that the internet, although a vast mine of information, is not always helpful. The GDG also recognised the importance for patients that clinicians are understanding and well-educated at each stage of the patient pathway including post-treatment.

4. Review question 6 presentation

SW presented the evidence for review question 4, which the GDG noted was of poor quality and it was agreed to exclude another couple of the studies that SW had identified. The GDG discussed views on the role of fatty food and gallstone disease. The group agreed that more research would be needed in this area but were able to generate some recommendations.

5. Health economics presentation

SWard informed the GDG that no health economic evidence which met the review criteria for question 6 had been found.

The GDG received a progress update on the modelling for review question 4 and 5. SWard asked the group questions about quality of life data and informed the group about the relevant health economic literature that had been found so far. SWard demonstrated the markov model constructed so far and asked the GDG about the clinical reality of the health states included and how long people with asymptomatic and symptomatic gallstones would realistically be expected to stay in them.

6. Video conference with co-opted expert dietician

Following lunch the GDG were joined by AM via video conference with the NICE office, London. The GDG Chair welcomed AM to the meeting. AM declared two interests to the GDG, one which was specific non-personal pecuniary interest, the other a personal non-pecuniary interest. GM asked AM to tell the group about her work background and experience in the area. AM discussed the lack of evidence to support some of the dietary information in this area which is available in the public domain. AM commented on the psychological aspects to eating and symptomatic responses in people with gallstone disease. SW and the GDG also directed questions to AM to support understanding and decision-making.

7. Review question 6 continued

Following the expert teleconference, the GDG discussed what they had heard and considered how this may impact on the recommendations they had made. The GDG came to a consensus that they were happy with the drafted recommendations.

8. Discussion on review questions 4 & 5

SW asked the GDG further about some terminology found in the literature and what this would mean for synthesis and analysis of data. SW took the GDG through the comparisons of the different procedures included within the evidence review. The group were asked to select critical and important outcomes which would have greater influence on their decisions.

9. AOB and next steps

SM took a moment to explain the different tools that would be created alongside the guideline to encourage implementation and accessibility of the final guideline product and appealed for volunteers to work on the costing tools, audit tools, information for the public leaflet and pathway.

The GDG were asked to keep SM up to date with any potential conflicts of interest and to provide the technical team with feedback to any emails on the health economics and evidence reviews.

GM thanked everyone for attending.

***Date of next meeting*:** Mon 27th & Tues 28th Jan 2014, Manchester