NICE National Institute for Health and Care Excellence

Date and Time: ***27th & 28th January 2014***

Minutes: Final

Guideline Development Group Meeting 5: Gallstone Disease

Place: Day 1 – Red Rooms, City Tower, Piccadilly Plaza, Manchester, M1 4BD
Day 2 -NICE Offices, Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD

Present:
Gary McVeigh (Chair) (GM)
Elaine Dobson Evans (EDE)
Simon Dwerryhouse (SD)
Rafik Filobbos (RF)
Giles Toogood (GT)
Gerri Mortimore (GMortimore)
Kofi Oppong (KO)
Charles Rendell (CR)
Richard Sturgess (RS)
Luke Williams (LW)
Imran Jawaid (IJ)

In attendance:

NICE Staff: Stephanie Mills (SM) Michael Heath (MH) Jaimella Espley (JE) (Day 2) Gabriel Rogers (GR) Ben Doak (BD) **Apologies:** Toni Tan (TT)	 Steven Ward (Sward) Sheryl Warttig (SW) Sue Ellerby (SE) (Day 2)	

Observers:

Stephen Duffield (NICE Technical Analyst) Kathryn Hopkins (NICE Technical Analyst)		

Day 1 – 27th Jan 2014

1. Introductions & guideline development group (GDG) working (Item 1, day 1)

GM welcomed the group and asked new radiologist to the GDG, RF, to introduce himself.

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. RS declared a recent personal non-pecuniary interest. The Chair agreed that this would not affect participation on the GDG. Nothing further was declared by any other committee member.

GM then took the GDG through the agenda for the meeting and explained that the group would be hearing the evidence and making recommendations for questions 4 and 5 within the guideline scope.

2. Health economics (Item 2, day 1)

SWard presented to the group on the health economic (HE) model structure, and the current assumptions that would underpin this. The GDG were asked for their views on whether the model structure and data inputs reflected clinical reality and the average experience from their daily practice. SWard explained what the current assumptions about the average age of patients were, and how the prevalence of complications among those people who had received interventions could be incorporated within the model.

SWard summarised all the different factors the GDG might like to consider as part of their decision-making alongside the HE such as policy constraints, the clinical evidence and implementation issues.

3. Evidence reviews for question 4 and 5

Following the health economics, SW gave a presentation on interpreting the results of meta-analysis and throughout the course of the day, went on to present the six comparisons of interest to the GDG for gallbladder stones.

The comparisons for gallbladder stones in symptomatic patients looked at laparoscopic cholecystectomy vs another intervention, and also if laparoscopic cholecystectomy (LC) should be conducted, should this be early or delayed or done as a day case or not.

For most of the comparisons, the evidence was of limited quality and for a few, no evidence had been found which met the inclusion criteria for the review. The GDG took into account the different clinical situations and populations these procedures may be conducted in, and how the approach of the clinician may vary dependent on clinical presentation and co-morbidities of the patient. The group also discussed the experience and skill of the clinician who may be conducting the procedures, and how this would impact on their decision-making.

For those comparisons which looked at early vs delayed LC and day case vs overnight procedures, the GDG talked about implementation issues, the impact on the patient and also costs. The group also debated when an intervention would be considered as early, and at which point it would be defined as delayed.

The GDG recognised that they would need to return to their recommendations once the final results of the health economics analysis is presented at the GDG meeting in March.

4. Health economics

SWard took some time to talk further about model inputs related to the clinical evidence the GDG had been presented with. SWard explained how the health economists would need to deal with some of the key outcomes the GDG had selected. SWard gave the example of reference costs which would need to be broken down into their operative and length of stay costs in order to model the differences in length of stay.

5. Evidence reviews for question 4 and 5 continued

The GDG had made good progress moving through the evidence, so SW was able to present 4 of the comparisons which related to common bile duct stones. These covered ERCP against or in combination with other management strategies.

The GDG were able to make recommendations on the most appropriate management strategy and also discussed the importance of treating common bile duct stones but noted the lack of high or moderate quality evidence.

Day 2 – 28th Jan 2014

6. Evidence reviews for question 4 and 5 continued

SW presented the final couple of comparisons for bile duct stones. The GDG returned to their discussions of defining early and delayed intervention. The group commented on the poor reporting in the studies which did not allow SW to extract what could have been potentially useful information to decision-making. They also thought that the excluded populations from some of the studies limited the applicability of some of the study findings to everyday clinical practice.

7. Health economics

SWard described how the health economic model would be able to account for early vs. delayed treatment for gallbladder and common bile duct stones.

8. Review of draft recommendations

The GDG were asked to look over the all recommendations which had been made so far in the development of the guideline. The group discussed the types of routine diagnostic tests which may have been conducted to identify asymptomatic patients with gallstones and debated how this may affect the approach of the clinician, and the expectations of the patient, to see if this should be reflected in the recommendations.

The GDG spent some time moving through the recommendations on diagnosis and patient information to ensure these were appropriately worded.

The remainder of the session was spent checking that the wording of the recommendations for questions 4 and 5 adequately reflected what the GDG had intended to say.

9. AOB and next steps

SM took a moment to explain the steps following the GDG and advised the committee that the meeting in March was likely to become a 1 day meeting. SM gave the group some information on the process after development of the guideline had finished, when the stakeholder consultation would take place and how this would work. SM also informed the group that the GDG meeting post guideline consultation would be on the 25th July 2014.

SM and GM thanked everyone for attending.

***Date of next meeting*:** Tues 25th March 2014