

**Date and Time:** 1<sup>st</sup> & 2<sup>nd</sup> September 2008

**Minutes:** Confirmed

**Guideline Development Group Meeting**

**Place:** Woburn Suite  
Radisson Edwardian Grafton Hotel  
130 Tottenham Court Road  
London  
W1T 5AY

**Present:** GDG Members:  
Stephen Brett (Chair) (SB)  
Bipin Bhakta (BB)  
Nichola Chater (NC)  
Brian Cuthbertson (BC)  
Jane Eddleston (JE)  
Melanie Gager (MG)  
Peter Gibb (PG)  
Karen Hoffman (KH)  
Christina Jones (CJ)  
Amanda Lurie (AL)  
David McWilliams (DM)  
Dawn Roe (DR)  
Amanda Thomas (AT)  
Carl Waldmann (CW)  
Barry Williams (BW)  
Nicholas Hart (co-opted expert) morning of day 1 only

NICE Staff  
Lynda Ayiku (LA)  
Kathryn Chamberlain (KC)  
Ruth McAllister (RM)  
Francis Ruiz (FR)  
Tim Stokes (TS)  
Toni Tan (TT)

**Apologies:** None received

Monday 1<sup>st</sup> September 2008

**1.1 Agenda item 1: Introductions, objectives and declarations of interest**

- a) SB opened the meeting by welcoming members to the third guideline development group (GDG) meeting. The introductions included Nick Hart the co-opted expert for the group. KC noted housekeeping points.

- b) The chair gave a presentation outlining the main aims and objectives of the group during the second meeting which included agreement of evidence statements on the interventions, a presentation on GRADE methodology, and a presentation by the coopted expert, Nick Hart.
- c) No declarations of interest were declared.
- d) The group discussed began the care pathway. Communication along the pathway is essential as it passes information. Information needs would be decided in GDG 3. This will include reviewing the family rehabilitation needs. There is a lack of evidence to recommend a specific branded screening tool, but may need to put advice about a package of tools.

## **1.2 Agenda item 2: Data presented by Nick hart (co-opted expert)**

Nick Hart gave a presentation on rehabilitation post critical care.

## **1.3 Agenda item 3: Overview of GRADE methodology**

TT gave a presentation explaining GRADE. It was noted that the quality of a study can be affected by the results.

## **1.4 Agenda item 4: Review of draft care pathway**

The group discussed the use of 'Level 2 & 3 care' and felt it was not the most appropriate term to use. It was therefore agreed to use the term critical care which includes HDU and ICU. ITU & HDU come together to form critical care treatment. Consistency is essential.

## **1.5 Agenda item 5: Review of the draft recommendations**

The group reviewed the draft recommendations which had been made at GDG 1.

## **1.6 Agenda items 6 & 7: Presenting and discussion of the evidence**

Only one study was included which included a GRADE profile of that study. The Chiang study excluded as it was not appropriate.

Evidence shows that doing some mobilisation with the patient is good.

Indirect supportive evidence is that early mobilisation is good.

Tuesday 2<sup>nd</sup> September 2008

## **2.1 Agenda item 1: Review of day 1**

SB gave a quick overview of the events of the previous day, including the GRADE presentation, the review of the pathway and recommendation and the evidence for interventions.

## **2.2 Agenda item 2: Health Economics**

RM gave a presentation on health economics and explained that no relevant economic evaluations were found as a result of the searches. CJ has done a health economic study as part her study, which was not fully analysed at the time of publication of the study.

## **2.3 Agenda item 3: Search strategy**

The search strategy will be very broad but won't pick up some patient experiences as they won't be published data. Some sources will not lend itself to a formal literature search as RCT's may. It is important that we look at support groups and individual experience.

DIPEX has got the greatest academic contribution.

Literature searches will cover during and after the stay on critical care.

## **2.4 Agenda item 4: Delirium**

TT has spoken to the NCC writing the Delirium guideline. She gave an outline of what they were doing on that guideline. Shouldn't duplicate what they are doing but link this to the Delirium guideline and have a reference to it.

## **2.5 Agenda item 5 & 6: Drafting recommendations**

The group spent the remainder of the day drafting the recommendations. These have been collated and put into a draft format for further consideration by the group. The discussion will be reflected in the 'Evidence to Recommendations' section of the published guideline

## **2.6 Agenda item 6: Plan for GDG 3**

In the next meeting we will be discussing:

Information needs

Research recommendations

## **Close of the meeting**

SB closed the meeting and reminded the members of the date of the next meeting, 9<sup>th</sup> & 10<sup>th</sup> October 2008 in Manchester.