

National Collaborating Centre for Women's and Children's Health

Confirmed NICE Minutes 11th When to Suspect Child Maltreatment Guideline Development Group Meeting

Wednesday 16th & Thursday 17th July 2008, at the RCOG

Present:

Anne Livesey (AL)	Community Paediatrician
Jane Appleton (JA)	Nurse
Elizabeth Hughes (EH)	Nurse
Annmarie Reeves (AR)	Social Worker
Christine Habgood (CHa)	GP
Chris Hobbs (CHo)	Community Paediatrician
Anubha Sinha (AS)	GP
Tricia Brennan (TB)	A&E Doctor
Susan Dunstall (SD)	Patient/Carer representative
Danya Glaser (DG)	GDG leader & psychiatrist
Rosemary Neary (RN)	Patient/Carer representative
Caroline Keir (CK)	Commissioning Manager, NICE

Present Day 2 Only:

Kathryn Gutteridge (KG)	Patient/Carer representative
Peter Saunders (PS)	Patient/Carer representative
Alison Kemp (AKe)	Clinical Advisor, NCC-WCH
Eva Gautam-Aitken (EGA)	Project Manager, NCC-WCH

NCC staff:

Julia Saperia (JS)	Research Fellow
Martin Dougherty (MD)	Executive Director, NCC-WCH
Roxana Rehman (RR)	Work Programme Co-ordinator

In attendance:

Chris Carson (CC)	Executive Director, NICE
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Apologies:

Andrea Goddard (AG)	Hospital Paediatrician
David Lucey (DL)	Psychologist

Day 1: Wednesday 16th July 2008

1. Welcome, introductions, apologies, minutes (Papers 1a & 1b), housekeeping, declarations of interest

DG welcomed the group to the meeting. GD and CC were welcomed to the group, and apologies were received from those listed above. All GDG members declared that they knew of no personal specific, personal non-specific, non-personal specific or non-personal non specific interest that constituted a material conflict of interest

with the development of this guidance. Declarations of interest are kept on record at the NCC-WCH.

The minutes of the last meeting were discussed and confirmed as an accurate record of the previous meeting.

2. Definitions & Good Practice Points (Paper 2)

The chair explained how practice points will fit into the different guideline versions. The GDG discussed paper 2, and any agreed changes were made live to the document by JS.

10.30am AL arrived.

10.35am SD arrived.

Break

3. Fabricated and Induced Illness revisit (Paper 3)

This item was revisited from the previous meeting. The recommendations were presented to the GDG to discuss, and all changes were made live to the document.

Lunch

CC left at 1.25pm.

4. Dissociation

The GDG were given an overview of dissociation and presented with the evidence on this topic. The GDG discussed the evidence, including the features and prevalence of this behaviour. The GDG discussed and agreed the draft recommendation.

5. Poor School Attendance

The topic of poor school attendance was introduced to the group. The GDG were presented with the evidence. The GDG discussed how HCP's may become aware of poor school attendance, and how this might present in a primary care situation. The GDG agreed and drafted the recommendation.

6. Repeated Attendance at Healthcare (Paper 6)

The evidence was presented to the GDG on repeated attendance at healthcare establishments. The GDG considered and discussed the evidence and excluded studies, and agreed a recommendation.

Break

7. Eating and Feeding and over- and under- nutrition (Paper tabled at meeting)

The evidence on disturbances in eating and feeding behaviour was presented to the GDG. The GDG were keen to keep this topic separate from nutrition, and also to distinguish between different types of eating behaviours. The GDG discussed the evidence and agreed the recommendation.

Over and Under Nutrition

The evidence on over and under nutrition was presented to the GDG. The GDG discussed the evidence and agreed the recommendation.

Break

9. Wetting (Paper 8 & 9)

The topic of wetting was introduced to the GDG, which was revisited from the previous meeting. The GDG discussed the evidence and agreed a recommendation.

10. Spinal Cord Injuries

This item was deferred until day two.

11. Any other business

There were no additional matters arising.

Day 2: Thursday 17th July 2008

12. Welcome, introductions, apologies, minutes (Papers 1a & 1b), housekeeping, declarations of interest

DG welcomed the group to the meeting. GD was welcomed to the group members absent from day 1, and apologies were received from those listed above. All GDG members declared that they knew of no personal specific, personal non-specific, non-personal specific or non-personal non specific interest that constituted a material conflict of interest with the development of this guidance. Declarations of interest are kept on record at the NCC-WCH.

13. Soiling (Paper 8 & 9)

This item had been deferred from the previous day, and was being revisited. The discussion from the Constipation GDG was presented to the GDG. The GDG discussed this, the definitions to be used and agreed the recommendation.

The chair explained that there will be a change to the agenda, with the GDG working as a whole, rather than carrying out group work.

Break

14. Spinal Cord Injuries (Paper 10)

The evidence on spinal cord injuries was presented to the GDG. The GDG discussed the evidence and agreed the recommendation.

15. Emotional Abuse (Paper 13 tabled at meeting)

AK took over to chair this part of the meeting. The evidence on emotional abuse was presented to the GDG, which was being revisited from a previous GDG meeting. The GDG discussed this extensively.

16. Decide on Recommendations for Consensus Survey

The criteria for which recommendations should be sent to consensus was described to the GDG. The consensus process was explained, including how the consensus group was chosen, and the variety of medical expertise that will make up the group. The format which the survey will take was explained to the GDG, and the GDG discussed the benefits and problems of using the consensus process.

Lunch

PS left at 1.50pm.

16. Decide on Recommendations for Consensus Survey (cont)

The GDG agreed that there should be 50% or more uncertainty within the group in order to send a recommendation for consensus. The GDG worked through the list of recommendations, discussing and voting on whether each should go to consensus. All votes and minor rewordings are noted live.

Break

The GDG continued to discuss and vote on recommendations to be sent to consensus.

20. Next steps

It was explained that the results of the consensus will be looked at in the next GDG meeting in September. The GDG were asked to respond quickly to emails relating to tests of the consensus.

21. AOB


MD and RR were both leaving the NCC-WCH. The Chair thanks MD and RR for their work on their guideline, and wished them well for the future.

DG thanked the group for attending and closed the meeting

Close

The next meeting will be held on Tuesday 2nd September at the RCOG

Signed:  Date: 2/9/08
Danya Glaser, GDG chair

Signed:  Date: 2/9/08
Monica Lakhanpaul, Clinical Co-Director (Children's Health)