

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

Confirmed NICE Minutes 12th When to Suspect Child Maltreatment Guideline Development Group Meeting Tuesday 2nd of September 2008, at the RCOG

Present:

Anne Livesey (AL)	Community Paediatrician
Andrea Goddard (AG)	Hospital Paediatrician
Anubha Sinha (AS)	GP
Caroline Keir (CK)	Commissioning Manager, NICE
Chris Hobbs (CHo)	Community Paediatrician
Christine Habgood (CHa)	GP
Danya Glaser (DG)	GDG leader & psychiatrist
David Lucey (DL)	Psychologist
Elizabeth Hughes (EH)	Nurse
Geoff Debelles (GD)	Community paediatrician
Jane Appleton (JA)	Nurse
Peter Saunders (PS)	Patient/Carer representative
Tricia Brennan (TB)	A&E Doctor

NCC staff:

Alison Kemp (AKe)	Clinical Advisor, NCC-WCH
Carolina Ortega (CO)	Work Programme Co-ordinator
Eva Gautam-Aitken (EGA)	Project Manager, NCC-WCH
Julia Saperia (JS)	Research Fellow
Moirra Mugglestone (MM)	Deputy Executive Director, NCC-WCH
Monica Lakhanpaul (ML)	Clinical Co-director for Children's Health, NCC-WCH

In attendance:

Thara Raj (TR)	Senior Implementation Advisor, NICE
----------------	-------------------------------------

Apologies:

Annmarie Reeves (AR)	Social Worker
Susan Dunstall (SD)	Patient/Carer representative
Kathryn Gutteridge (KG)	Patient/Carer representative
Rosemary Neary (RN)	Patient/Carer representative

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

DG welcomed the group to the meeting. MM and CO were welcomed to the group, and apologies were received from those listed above. There were no new declarations of interest.

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

2. Consensus Survey Results (Paper 2)

JS gave a presentation on the results of the first round of the Delphi Consensus Survey (Paper 2 of the meeting papers). JS gave an overview and the GDG discussed the 5 topics that the Delphi participants didn't agree on:

- Bites
- Dissociation
- Pregnancy
- Genital and Anal symptoms
- Neglect

10.15am AG arrived.

11am CK arrived.

Lunch Break

Errors: JS went through some errors made on the first round of the consensus survey.

5. Good Practice points recommendations.

JS gave a presentation on good practice recommendations to the GDG. The overarching themes presented were:

- Jigsaw
- Explanation for injuries recommendations and developmental stage
- Empower the HCP to think about maltreatment and record their concerns.

JS and TS presented the overarching recommendations that could be included in the crucial chapters if the GDG agree with them.

6. Tidying up full guideline.

JS to upload updated guideline version on the website, which will be the new working document. She asked the GDG to work on the GDG translations from evidence to recommendation.

JS asked for volunteers to work on the following topics where we don't have either a full or any justification on 'from evidence to recommendation', the following GDG members agreed to work on:

- Parent/child interaction: DL
- Spinal injuries: AG
- Eye trauma: TB
- Self-harm: JS had a go and told the GDG that she will upload it on the website.
- Head trauma: TB
- Head banging: GD
- Body rocking: GD
- Disturbances in eating & feeding: JS will do work on this with CHo
- Bed wetting: AG
- Soiling: CHo
- Strangulation and suffocation: JS

7. Next steps: how we are going to proceed between now and the next meetings (Oct 6th & 7th):

JS presented the GDG with the list of tasks that need to be dealt with before the next set of meetings:

- Deal with round two of consensus statements.
- Last opportunity for discussion on recommendations: GDG members will be sent out a list of recommendations and will have to submit feedback. The options for submitting comments are various and ML suggested allocating a chapter to each GDG member and splitting the large chapters between two or three GDG members, so that the nominated GDG will take a lead on the chapter – this will still mean that all GDG members will have a chance to comment on each chapter but the chapter lead will collate all comments.
The Chapter leads are:

- Chapter 4: General Physical features: AS (queried what would happen with consensus).
- Chapter 5: Physical features of injury: TB and AK from 5.1 to 5.3.3. CHo to do from 5.4 to 5.5.3.
- Chapter 6: AL
- Chapter 7: Physical features of emotional distress: DL
- Chapter 8: DG
- Chapter 9: DL
- Chapter 10: GD and EH.

8. Any other business

There were no additional matters arising.

Close

The next meeting will be held on Monday the 6th and Tuesday the 7th of October 2008.

Signed:.....  Date: 22 October 2008
Danya Glaser, GDG chair

Signed:..... Date:.....
Monica Lakhanpaul, Clinical Co-Director (Children's Health)

