Date and Time: **23rd & 24th July 2009**

Minutes:

Guideline Development Group Meeting

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

Present

Damien Longson (Chair) (DE)
Shel Banks (SB)
Paul Cook (PC)
Lynda Coulter (LC)
Wendy Jones (WJ)
Camilla Kingdon (CK)
Neena Modi (NM)
Gillian Weaver (GW)
Nia Williams (NW)
James Gray (JG)

NICE Staff
Kathryn Chamberlain (KC)
Beth Shaw (EJS)
Nicole Elliott (NE)
Mark Baker (MB) Day 2 only
Mark Minchin MM) Day 2 only

Apologies None received

Thursday 23rd July 2009

1.1 Agenda item 1:

1.1.1 **Objectives**

No apologies were received. DL set out the objectives for the 2 days. The group would complete the ranking of the recommendations, and then agree all the previous recommendations. EJS informed the group that we had received a confidential copy of the draft HTA report. The report will be available from 10th August.

1.1.2 **Declarations of Interest**

None declared

1.1.3 **Minutes of the last meeting**

The minutes were agreed as an accurate account of the meeting.

1.2 Agenda item 2: Agree the evidence statements

The group discussed and agreed the evidence statements for Quality, information & consent and staff training. The guideline will support the use of the HACCP safety

standards. There was some concern over one of the evidence statements and EJS agreed to check the wording of the evidence so she can reflect the concerns in the evidence to recommendations.

1.3 Agenda item 3: Testing & treating rationale

EJS gave a presentation on the discussion had by the sub-group on the treating and testing of the milk.

A question was asked as to whether we should write a statement on whether we are causing any harm by destroying the cycle of colonisation. It was agreed by the group to consider this when writing the research recommendations.

1.4 Agenda items 4 & 5: Ranking and discussing the recommendations for Treating & testing, Quality, information & consent

The group continued to use the RAND version of the Nominal Group Technique (NGT) to develop the recommendations, rating each recommendation on a Likert Scale. Areas where consensus was not achieved were discussed by the group and the group will re-rank those recommendations tomorrow.

1.5 Agenda items 6 & 7: Discussion: all the recommendations from GDG 1 & 2

The group spent the rest of the day discussing and agreeing the recommendations from meetings 1 and 2. They felt that where the wording from the quality chapter was more specific it should be moved and become a recommendation, but leave the general principles.

1.7 Summary and close of meeting

The group agreed to continue to discussions the following day as due to the large number of recommendations they were unable to discuss them all. DL closed the meeting.

Friday 24th July 2009

1.8 Agenda item: DAY 2 Discussion: all the recommendations from GDG 1 & 2

The group arrived early and concluded the discussion on the recommendations from meetings 1 and 2.

1.9 Agenda items 1 & 2: Re ranking and discussing the recommendations: Treating & testing, Quality, information & consent

The group re ranked the recommendations on Treating & testing, Quality, information & consent and discussed and agreed them.

1.10 Agenda item 3: Equality

The GDG had a discussion to ensure that all groups had been considered when writing the recommendations and that the guideline did not allow for any inequality.

1.11 Agenda Item 4: Care Pathway

EJS presented a draft of the care pathway. The GDG agreed it was a good visual representation of the process and felt it would be appropriate on which to base the quick reference guide.

1.12 Agenda item 5: Costing

MM gave a presentation on the serological and microbiology testing costs. He had received help with information from some of the GDG members, on which he was able to make assumptions. He explained that this was the area he had been requested to cost, by the health economist, but was able to model/cost other areas of the guideline.

1.13 Agenda item 6: Survey

EJS presented the results of the milk banks survey.

1.14 Agenda item 7: Key priorities for implementation

EJS explained that we usually have approximately between 7 and 20 recommendations for a short clinical guideline, but as this one will have a large number, the GDG would need to select those recommendations that they felt were key priorities for the implementation of the guideline. The GDG then discussed areas for consideration. KC asked for volunteers to work with implementation, costing and the editors.

1.15 Agenda item 8: Research recommendations

Throughout the development of the guideline, the group had thought about and considered some areas where they felt they should make recommendations for research. EJS gave a presentation on the principles and recommendations to date.

1.16 Agenda item 9: SCG guideline template

The team showed the group the template for the guideline, and explained that as this guideline varied somewhat what other SCG some of the standard text would be amended to reflect that this was a service guideline.

1.17 Agenda item 10: Next steps

KC described what the next steps would be following this meeting, and the times where the GDG would be required to comment. KC will send a draft copy of the guideline to the group on the 17th August, prior to the stakeholder consultation. If the copy was ready, it would be sent at an earlier date to allow more time for the GDG to comment. She was asked if hard copies could be sent and agreed this was possible.

Close of the meeting

DL thanked the group for their hard work and closed the meeting.