

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

Confirmed Meeting NICE Minutes 2nd Neonatal Jaundice Guideline Development Group Meeting Part 1 - Thursday 5th June 2008 (10am – 4pm) at the RCOG Part 2 - Friday 6th June 2008(10am – 4pm) at the RCOG

Present:		
GDG members		
	Janet Rennie (JR)	Consultant Neonatologist; GDG Chair
	Jeffrey Barron (JBar) (from 13.30pm both days)	Clinical Pathologist
	Christiana Aride (CA)	General Practitioner
	Jay Banerjee (JB)	NCC-WCH Clinical Co-Director
	Maria Jenkins (MJ)	Patient/Carer Representative
	Kevin Ives (KI)	Consultant Neonatologist
	Alison Johns (AJ)	Neonatal Nurse
	Donal Manning (DM)	Consultant Paediatrician
	Sally Price (SP)	Consultant Midwife
	Debra Teasdale (DT)	Advanced Neonatal Nurse Practitioner
	Farrah Pradhan (FP)	Patient/Carer Representative
NCC-WCH Technical team		
	Martin Dougherty (MD) (day 1)	Executive Director, NCC-WCH
	Jay Banerjee (JB) (day 2)	NCC-WCH Clinical Co-Director
	Carolina Ortega (CO)	Work Programme Coordinator, NCC-WCH
	Itrat Iqbal (II)	Health Economist, NCC-WCH
	Rajesh Khanna (RK)	Senior Research Fellow, NCC-WCH
	Hannah Rose Douglas (HRD)	Senior Health Economist, NCC-WCH
	Debbie Pledge (DP)	Senior Information Scientist, NCC-WCH
Invited		
Guest speakers	Andrew Welsh (AW)	Freelance Editor
In attendance:		
NICE staff		
	Caroline Keir (CK)	NICE Guidelines Commissioning Manager
	Barbara Meredith (BM)	PPIP Project Manager
Apologies:		
	Nora Tebbutt (NT)	Health Visitor
	Jay Banerjee (JB) (day 1)	NCC-WCH Clinical Co-Director

Part 1 (Thursday 5th of June 2008)

1. JR introduced herself as the Chair, and welcomed the group to the meeting. Each GDG member then introduced themselves and gave a brief account of their working background and their expectations about the guideline. Apologies were received from NT, JBar and JB. MD sitting in for JB on Thursday the 5th of June.

10:10 am – CK arrived at the meeting.

2. CK presented an overview of the work of the National Institute for Health and Clinical Excellence (NICE) and the work of the Centre for Clinical Practice (guidelines).
3. MD gave a presentation on the roles and responsibilities of GDG members as part of the guideline development process.
4. Break.
5. RK, DP and HRD gave a presentation on the processes used by the technical team to develop recommendations for a guideline. The group were informed that HRD would be the Senior Health Economist for this guideline.
6. CO gave a presentation on guideline administration and the role of Work Programme Coordinators within the NCC-WCH and guideline development.
7. CO gave a brief demonstration on how to use the NCC-WCH website.
8. Break
JBar joined the meeting at 13.30pm.
9. JR gave a presentation on Kermicterus and gave an overview on the scope. The group discussed the scope and priority topic areas for the guideline. The members contributed suggestions and additions to a diagram of a possible care pathway.
10. The GDG discussed the Care Pathway presentation and commented on the list of questions. The members formed into small groups to consider questions for each of the priority topic areas. After 30 minutes of discussion each group were asked to report back on the changes made.
11. Break
12. The group discussed the updated draft clinical questions and suggested final changes. The questions were modified where appropriate. AJ gave a demonstration on how to use a bilirubinometer.
13. The topic groups and leaders were finalised for the clinical questions to be covered at the next meeting.
14. AOB: RK asked the GDG if anyone would like to take charge of statistics. The GDG suggested to seek external expertise. KI suggested using the bulletin board on the website so that GDG members can work and comment on drafts between meetings. It was agreed that CO will set up the topics for GDG to comment. JR thanked the group for attending and closed Part 1 of the meeting.

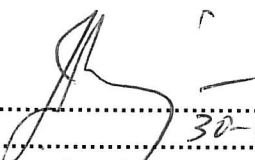
End of part 1.

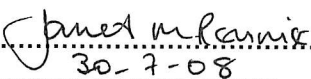
Part 2 (Friday 6th of June 2008)

15. JR welcomed the group to Part 2 of the meeting, and asked the members to submit a declaration of interests form. It was agreed that no interests declared at the meeting, warranted exclusion of any GDG members from discussions. Declarations are kept on record at the NCC-WCH and will be published in the full guideline. Apologies from NT, SP, DP and HRD.
16. How to grade evidence: RK gave a presentation on 'How to grade the evidence' and discussed NICE guidelines, type of studies and errors in studies. The concept of P value was explained to GDG members.
17. Il gave a presentation on cost-effectiveness analysis in clinical guidelines. The presentation also covered how modelling is done for NICE guidelines.
18. Break
19. Recognition of Jaundice (Evidence for Question 1): RK gave a presentation on the evidence for recognition of jaundice to the GDG.

20. RK and JB also explained the concept of Sensitivity (SNOUT), Specificity (SPIN), and the ROC curve. The GDG discussed the evidence and RK gave a presentation on the accuracy of tests used for recognition of Jaundice.
21. BM introduced herself to the GDG, and gave an overview of the Patient and Public Involvement Programme. (this was originally agenda item 22).
22. Lunch
BM left the meeting at this point.
23. NCC Editing (AW): AW gave a presentation about the structure of Guidelines and how these are drafted, this was followed by a presentation of contents for each chapter. AW gave a demonstration on live drafting of the Guideline. This was originally agenda item 21.
JBar joined the meeting at 13.30pm.
24. Quality of Guidelines: JB gave a presentation on Quality of Evidence and recommendations provided.
25. Drafting recommendations and GDG translation: RK showed previous guidelines as examples and gave a presentation on evidence translation and GDG recommendation. This was followed by a group discussion.
26. Break
27. Finalising Clinical questions and Care pathway: The group discussed the updated draft clinical questions and suggested final changes. The questions were modified where appropriate, following on HRD's suggestion to create action geared questions.
28. Schedule for Guideline Development: JR commented on the importance of all GDG members attending all meetings and following up on the tasks and presented the work schedule to GDG members. Next GDG we will cover the question on diagnosis and risks.
29. AOB: JR reminded the group about good email etiquette and about use of the bulletin board. Meeting arrangements were discussed. Topic groups and leads will be confirmed by email.
JR thanked the participants for attending and closed the meeting.

CLOSE

Signed: 
 Date: 30-07-08
Dr Jay Banerjee, Clinical Co-director, NCC-WCH

Signed: 
 Date: 30-7-08
Dr Janet M Rennie, Neonatal Jaundice GDG Chair

