Confirmed NICE minutes
4th Neonatal Jaundice Guideline Development Group Meeting
Part 1 – Tuesday the 7th of October 2008 (10am – 4pm) at the RCOG
Part 2 – Wednesday the 8th of October 2008 (9.30am – 3.30pm) at the RCOG

Present:		
GDG members		
	Janet Rennie (JR)	Consultant Neonatologist; GDG Chair
	Christiana Aride (CA)	General Practitioner
	Alison Johns (AJ)	Neonatal Nurse
	Donal Manning (DM)	Consultant Paediatrician
	Debra Teasdale (DT)	Advanced Neonatal Nurse Practitioner
	Farrah Pradhan (FP)	Patient/Carer Representative
	Karen Ford (KF)	Health Visitor
	Kevin Ives (KI)	Consultant Neonatologist
NCC-WCH Technical team		
	Jay Banerjee (JB) (Part 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
	Hugh McGuire (HM)	Research Fellow, NCC-WCH
	Hannah Rose Douglas (HRD) (Part 1)	Senior Health Economist, NCC-WCH
	Rosalind Lai (RL)	Information Scientist, NCC-WCH
Invited		
Guest speakers:	Francoise Cluzeau (FC)	Technical Advisor, NICE
Apologies:		
	Jay Banerjee (JB) (Part 1)	NCC-WCH Clinical Co-Director
	Caroline Keir (CK)	NICE Guidelines Commissioning Manager
	Maria Jenkins (MJ)	Patient/Carer Representative
	Jeffrey Barron (JBar)	Clinical Pathologist

Part 1 – Tuesday the 7th of October 2008

1. Welcome, Introductions, Housekeeping, Apologies, and Declarations of Interests
JR introduced herself as the Chair, and welcomed the group to the meeting. Janet welcomed FC, RL and HM to the GDG and each GDG member then introduced themselves and gave a brief account of their working background. Apologies were received from MJ, JB (day 1), JBar and CK. JR informed the GDG that Sally Cottrell had resigned from the Guideline. There were no new interests declared by those present at the meeting. The project notes and NICE minutes (Paper 1a of the meeting papers) were approved as an accurate record of the meeting. The minutes (Paper 1b of the meeting papers) were approved as an accurate record of the meeting.

2. Health Economics (Paper 2): HRD gave a presentation on HE for the Neonatal Jaundice, what has been doing and what is to be done. HRD reminded the GDG about basic facts on HE, presented by II at a previous meeting.

3. Medical Physics aspects of bilirubinometers: Item 3 was deferred until the meeting in December. JR asked the GDG if they felt re-arranging the agenda according to priorities would be a good idea. The GDG agreed and agenda items were shifted slightly.

6. Evidence regarding Coombs' Testing and hyperbilirubineamia (Paper 6, 6a and 6b): HM gave a presentation on the evidence on Coombs' testing and hyperbilirubineamia. He presented the evidence summary which showed poor evidence. The GDG discussed Coombs testing and decided that it had no practical value to detect hyperbilirubineamia in babies.

Break

5. Recap on Chapter 3 and Chapter 4 (draft chapters): JR, RK and HM talked to the GDG about Chapter 3. JR explained that she had taken the comments from the bulletin board when re-editing. The GDG discussed the risk study as per discussed in the last meeting. The GDG discussed risk factors in babies.
Chapter 4: Prediction of Hyperbilirubinaemia. The GDG discussed the evidence on re-admissions and the importance of including that into the HE model. The GDG looked at Chapter 4 (sections 4.5 and 4.6).
JR requested that it was mentioned on the minutes that there was no item on the agenda for the Patient carer representatives and that there will be one on the next meeting in December.

Lunch break

8. Continue with Coombs' test and draft recommendations: This item was cancelled as the GDG decided not to write a recommendation on Coombs' testing.

9. Question on Risk factors and development of hyperbilirubineamia (Paper 9):JR asked about the search strategy on this Question and queried the reason why some important papers were not included. The GDG discussed predictive risk assessments and whether they consider a second round of risk assessments relevant. Hyperbilirubinaemia was used as a proxy for kernicterus. The GDG discussed albumin ratio in relation with kernicterus.

Break

10. The GDG re-visited the re-drafting of Chapter 3 and Chapter 4. RK explained to the GDG that recommendations would have to be re-drafting according to NICE's new normative.
The GDG re-drafted the recommendations on Chapter 3 (3.6) and Chapter 4 (4.2, 4.3 & 4.4) and these were edited live by HM on the document. The expression 'Level of bilirubin' replaced 'severity of Jaundice'. The GDG discussed recommendations on the use of TCB.

12. AOB: There was no other business.

End of part 1.

Part 2 – Wednesday the 8th of October 2008.

13. Welcome Apologies and Declarations of interest:JR welcomed the group to Part 2 of the meeting, and asked GDG members if they had any new declaration of interests. No new DOI were declared.Apologies were received from MJ, HRD (for Part 2), CK and JBar.

14. Question 3 – When should a baby be referred for further testing or formal assessment? (group work):RK and JR explained to the group that there was no direct evidence was found. The GDG discussed their ideas on care pathways, risk assessments, TCB – categorising risk groups will help the HE model.

Break

15 Presentation from each group and discussion on Q3:The two groups presented the results of their discussion, including ri... assessment and risk factors for babies, as well as the care pathway. Two different models of TCB use were presented. The GDG discussed both presentations, particularly risk factors, TCB, leaflets for parents, etc.

Lunch

18. Evidence for Questions 4: What should be included in a formal assessment of a baby with (i) neonatal hyperbilirubineamia and (ii) prolonged hyperbilirubineamia? HM presented the evidence on Q4. Q4 has been divided into two parts: Jaundice and prolonged jaundice. The GDG discussed the evidence presented.

22. Question 6: Phototherapy – presentation on phototherapy and PICO: HM presented Paper 6 to the GDG. RK asked the GDG what outcomes they'd like to use within the searches. He presented a list of outcomes.
HM also presented the components of 'conventional phototherapy' including dosage, colour and when it should be started/ stopped. The GDG discussed the different options when looking at Q6 and JR added that pulling RCT would be a good start.

17 & 20. Drafting recommendations for Q3 & Q4: The GDG went back to Chapter 4 (4.5) and re-drafted the r mmendations and evidence translation (pre-discharge risk assessments). The GDG drafted research recommendations on population based studies and risk factors ranking studies. The GDG continued to draft on Chapter 4 (4.6.1) and agreed to sum up all recommendations on subsection 4.6 at the end, with one recommendation for all three subsections. JR asked the GDG to think about the discussions and submit their feedback on the bulletin board.

23. AOB: No other business.

Close.

Signed:..... Date:.....
Dr Jay Banerjee, Clinical Co-director, NCC-WCH

Signed:..... Date: 4/12/08
Dr Janet M Rennie, Neonatal Jaundice GDG Chair