

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

**1st Gastro-oesophageal reflux disease: recognition, diagnosis and management in children
and young people Guideline Development Group meeting
Wednesday 24th April 2013 10am – 4.30pm at RCOG**

Present:

Ieuan Davies (ID)	GDG Chair
Mike Thomson (MT)	Consultant gastroenterologist
Dianne Jones (DJ)	Health visitor
Mark Tighe (MTe)	Paediatric Consultant
John Martin (JM)	GP
Tom McAnea (TM)	GP
Eleanor Jeans (EJ)	Lay member
Rebecca Harmston (RH)	Lay member
Bruce Jaffray (BJ)	Surgeon
Russell Peek (RP)	Consultant Paediatrician with an interest in neonatal Medicine
Charlie Fairhurst (CF)	Consultant in Paediatric Neurodisability

NCC staff:

David Bevan (DB)	Project manager
Jiri Chard (JC)	Senior research fellow and team leader
Stephen Murphy (SM)	Clinical co-director
Rosalind Lai (RL)	Information scientist
Nitara Prasannan (NP)	Research associate

In attendance:

Sarah Dundson (SD)	Guidelines Commissioning Manager, NICE
Emma Chambers (EC)	PIP project manager, NICE

Apologies

None

1. Welcome, housekeeping, introductions and apologies

ID welcomed the group to the first meeting of this guideline development group (GDG) and introduced himself as the Chair. ID asked each GDG member to introduce themselves.

2. Declarations of interest

SM explained the importance of declarations of interest (DOIs) and clarified the terms used in the National Institute for Health and Clinical Excellence (NICE) DOI form. All the GDG members and other attendees were asked to summarise their interests for the group.

BJ declared:

Personal non-pecuniary interest: published research on the subject of survival after fundoplication surgery.

No other declarations of interest were received from the GDG members or the other attendees. It was agreed that no interests declared at the meeting or previously warranted exclusion of any GDG members from discussions of evidence or formulation of recommendations at the meeting.

CF declared:

Personal non-pecuniary interest:

Employer will participate in a therapeutic trial sponsored by GW pharma for Sativex for pain/spasticity.

RP declared:

Personal pecuniary interest:

Chairing a session and giving a presentation on feeding problems, colic and gastro-oesophageal reflux for the BMJ.

Personal non-pecuniary interest:

Member of RCPCH and British Association of Perinatal Medicine.

RH declared:

Personal family interest:

Family member is a Director for a CRO (contract research organisation) - Pharmaceutical Product Development (PPDI) .

MT declared:

Personal pecuniary interest::

As Speaker and Chairman for Scientific Committee, attended the World Congress of Paediatric Gastroenterology, 14th – 17th November 2012, Taiwan. Total amount unknown however cost for accommodation and registration were covered.

Non-personal pecuniary interest:

Runs endoscopy courses and teaches endoscopy fellows from other countries on longer term basis' which accrues monies to the Sheffield Children's Hospital benefitting the department and hospital in general.

Run in the past as Primary Investigator, multi-centre and uni-centre pharma-funded trials of medications which have been fully peer reviewed and ethics approved including; Prucalopride for constipation up to 2012- approx. £10,000, Movetis.

Personal non-pecuniary interest:

On Medical Advisory Board for Sandhill Scientific – a producer of endoscopic diagnostic equipment. Non-pecuniary for at least 5 years.

On Medical Advisory Board for 'Living with Reflux' – a parent lead charity supporting families with babies and children suffering with reflux www.Livingwithreflux.org

A Medical Advisor to 'FORT' ('Fighting Oesophageal Reflux Together') a UK National charity providing support to families and individuals suffering with reflux.

Declarations are kept on record at the NCC-WCH and will be published in the full guideline.

3. Introduction of the guideline

ID gave a presentation on the roles and responsibilities of GDG members as part of the guideline development process and the content of the scope. After the presentation, the group had an opportunity to ask questions.

4. Introduction to NICE

SD presented an overview of the work of NICE, and the role of clinical guidelines. After the presentation, the group had an opportunity to ask questions.

5. Introduction to Public Involvement Programme

EC gave a presentation on PIP at NICE. After the presentation, the group had an opportunity to ask questions.

Break

6. Introduction to guideline development protocol

DB presented the topic groups, the timeline for development, and the protocol for developing guideline chapters for the guideline. After the presentation, the group had an opportunity to ask questions.

7. Developing a review question (H2R vs. PPI for the management GORD)

JC and RL presented an overview of study designs and their relevance to review questions, the GRADE approach to reviewing evidence and the method for identifying evidence, including the process for developing a search strategy based on the protocol and the process for sorting the results identified from bibliographic databases.

8. H2R vs. PPI for the management GORD

The GDG discussed the evidence on how H2Rs and PPIs can be used for the treatment reflux and GORD

Lunch

9. Signs and symptoms associated with GOR

JC presented all the current signs and symptoms that are associated with reflux, the GDG prioritised a list of signs and symptoms for further investigation.

Break

10. Risk factors for erosive oesophagitis

JC presented the draft review protocol for the clinical question on risk factors for erosive oesophagitis. The group then discussed the protocol and finalised the content.

11. Natural history of overt reflux

JC presented the draft review protocol for the clinical question natural history of overt reflux. The group then discussed the protocol and finalised the content.

12. Any other business

There was no other business. ID thanked the participants for attending and closed the meeting.

Signed:..... **Date:**.....
leuan Davies, GDG Chair

Signed:..... **Date:**.....
Stephen Murphy, Clinical Co-Director (Children's Health)