

Date and Time: **3rd September 2013, 10.15 – 16.00**

Minutes: Final

Guideline Development Group Meeting

Place: *NICE Offices
Level 1a, City Tower
Piccadilly Plaza
Manchester
M1 4BT*

Present: Damien Longson (Chair)
Issak Bhojani (IB)
Stella Vig (SV)
Rachael Hutchinson (RH)
Laurie King (LK)
Catherine Gooday (CG)
Nicholas Foster (NF)
Sheila Burston (SBu)
Rachel Berrington (RB)

Apologies: Gerry Rayman (GR)
Susan Benbow (SBe)
Sue Brown (SBr)

In attendance:

NICE Staff:

Craig Grime (CDG)
Stephanie Mills (SM)
Mike Heath (MH)
Chris Gibbons (CG)
Gabriel Rogers (GR)
Toni Tan (TT)
Jenny Kendrick (JK)
Palida Teelucknavan (PT)

Observers:

n/a

1. DL welcomed all to the second diabetic foot guideline development group (GDG) meeting. Apologies were received from GR, SBe and SB. DL asked SV and RH to introduce

themselves as they had been unable to be present at GDG 1. DL confirmed that the NICE commissioning team had granted that diagnosis and management of Charcot foot could now be considered within this full guideline update. DL stated that the objectives for the day were to look at the clinical utility of assessment and risk stratification tools for examining the feet of people with diabetes, and to help prioritise the health economic modelling for the guideline. Following this conflicts of interest were taken from the group. GDG members were asked to state those that had been disclosed to the guideline project manager and Chair after GDG 1. These were given by LK, IB, SV and CG. The Chair agreed all these conflicts to be 'declare and stay' action and no conflicts above what had already been made known to the NICE team were given. The group were asked to look at the minutes for GDG 1. They were agreed without amendment.

2. CDG presented the evidence for review question 3 on clinical utilities of assessment and risk stratification tools. The evidence for this question was presented in two parts. Firstly, risk stratification systems were considered by the GDG, followed by assessment tests. The group were given an overview of sensitivity and specificity data and how this might inform their decision-making. The GDG discussed the availability of data, the quality of the studies available and current clinical practice.
3. CG gave a recap of the purpose of health economics and brought the GDG to think further about their priorities for potentially doing some original health economic analysis.
4. Following lunch the group were able to move straight on to looking at review protocols and discussing the wording of the questions for the evidence reviews on Charcot foot. During this process the group considered the quality of the literature to be included for each question, any terms the literature should be searched for, any important population subgroups and the outcomes that should be presented.
5. The meeting was able to finish slightly earlier. SM thanked the group for their participation and introduced the evidence review that would be considered at the next GDG meeting.

Date and venue of the next meeting

Thurs 31st October 2013 – NICE Offices, Manchester