

#### 4.0.03 DOC Cmte minutes

- **Principle** – record the Committee meeting attendance, running, discussions
- **Links to include** – none
- **Attachments to include** – none
- **Info to include** – guideline title; meeting date/location; status of minutes (draft/confirmed); attendees; observers; apologies; agenda items and related discussions; declarations of interest; date of next meeting

### Subarachnoid haemorrhage committee meeting 8&9

**Date:** 16/9/2019 and 17/9/2019

**Location:** Boardroom (both days), National Guideline Centre, Royal College of Physicians, 11 St Andrews Place, London NW1 4LE

**Minutes:** Final

<b>Committee members present:</b>	
Robert Henderson (Chair)	
Howard Brydon (co-opted committee member)	
Julie Cox	(Present for items 1 – 14)
Kenan Deniz	
Louise Dulhanty	(Present for day 1 only)
Olivier Gaillemain	
Nandan Gautam (Topic adviser)	
Jane Gooch	
Robert Lenthall	
Aidan Marsh	
James Piercy	
Hemant Sonwalkar (co-opted committee member)	
Anh Tran	
Dewi Williams (co-opted committee member)	(Present for day 2 only)

<b>In attendance:</b>		
Caroline Keir	Guideline	(Present for day 1, items

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	Commissioning Manager, NICE	3 - 9 only)
Judith McBride	Senior Medical Editor, NICE	(Present for day 1 only)
Vimal Bedia	Systematic Reviewer, NGC	
Jill Cobb	Information Specialist	(Present for day 2, item 13 only)
Emma Cowles	Senior Health Economist, NGC	(Present for day 1 only)
Ben Mayer	Senior Research Fellow, NGC	
Gill Ritchie	Associate Director/Guideline Lead, NGC	
Audrius Stonkus	Research Fellow, NGC	
Amelia Unsworth	Senior Project Manager, NGC	

#### Observers:

None

#### Apologies:

#### Day 1

##### 1. Welcome, introductions and apologies

The Chair welcomed the Committee members and attendees to the 8<sup>th</sup> meeting on subarachnoid haemorrhage. The Committee members and attendees introduced themselves.

The Chair informed the Committee that no apologies had been received.

##### 2. Confirmation of matters under discussion, and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matters under discussion were:

- Severity scoring systems
- Patient information

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- Detecting hydrocephalus
- Managing hydrocephalus
- Diagnostic imaging strategies
- Diagnosis of SAH.

The Chair asked everyone to verbally declare any interests that have arisen since the last meeting.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Jane Gooch	Lay member	Speaking about being a SAH patient at the Society of Radiographers study day 'Patient, Public and Practitioner partnerships within diagnostic radiography'. No monies involved. Transport and accommodation costs only, 16/9/19.	Direct financial	Reasonable travel, subsistence and attendance costs. No action needed other than process of open declaration
Louise Dulhanty	Clinical Nurse Specialist, Salford Royal Hospital	Co-author on recently-published paper CT angiogram negative perimesencephalic subarachnoid hemorrhage: is a subsequent DSA necessary? A systematic review Midhun Mohan, Abdurrahma Islim, Louise Dulhanty, Adrian ParryJones, Hiren Patel, 16/9/19.	Direct non-financial	Recommendations will not be made for specific forms of SAH. No action needed other than process of open declaration
Hemant	Consultant in	Travel expenses to	Direct	Usual travel

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Sonwalkar	Diagnostic and Interventional Neuroradiology, Royal Preston Hospital	attend neurointerventional course ABCNR in Vellore, India sponsored by Microvention and giving a talk on endovascular treatment on bleb blister aneurysms, basic statistics for trainee interventional neuroradiologists (no payment was received for the talk), 16/9/19.	financial And Direct non- financial	expenses only No action needed other than process of open declaration
<p>The Chair and a senior member of the Developer's team noted that no previously declared or new declarations represented a conflict of interest with any aspect of the guideline therefore no further action was required.</p>				
<p><b>3. Review GC7 draft recommendations, rationale and impact section</b></p>				
<p>The Committee discussed and made edits to the draft recommendations, rationale and impact section on the evidence review for severity scoring systems.</p>				
<p><b>4. Draft review protocol</b></p>				
<p>The Committee discussed and made edits to the draft review protocol on patient information.</p>				
<p><b>5. Draft recommendation: Detecting hydrocephalus</b></p>				
<p>The Committee drafted the recommendations on detecting hydrocephalus.</p>				
<p><b>6. Evidence review: Managing hydrocephalus</b></p>				
<p>The Committee was given a presentation on the evidence for the review question on managing hydrocephalus and recommendations were drafted.</p>				
<p><b>7. Evidence review: Diagnostic imaging strategies</b></p>				
<p>The Committee was given a presentation on the evidence for the review question on diagnostic imaging strategies and recommendations were drafted.</p>				
<p><b>8. Update: Diagnostic health economic model</b></p>				

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The Committee was given a presentation on the diagnostic health economic model.

#### 9. Any other business

None

#### Day 2

#### 10. Welcome, introductions and apologies

The Chair welcomed the Committee members and attendees to the 9<sup>th</sup> meeting on subarachnoid haemorrhage. The Committee members and attendees introduced themselves.

The Chair informed the Committee that apologies had been received from LD, CK and EC.

#### 11. Confirmation of matters under discussion, and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matters under discussion were:

- Managing delayed cerebral ischemia
- Symptoms and signs
- Risk of subsequent SAH
- Investigation of relatives
- Medical management strategies
- Detecting intracranial hypertension
- Managing intracranial hypertension.

The Chair asked everyone to verbally declare any interests that have arisen since the last meeting. None were received.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken

The Chair and a senior member of the Developer's team noted that no previously

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declared interests represented a conflict with any aspect of the guideline therefore no further action was required.
<b>12. Evidence review: Managing delayed cerebral ischaemia</b>
The Committee was given a presentation on the evidence for the review question on managing delayed cerebral ischaemia and recommendations were drafted.
<b>13. Draft review protocols</b>
The Committee discussed and made edits to the draft review protocols on symptoms and signs, risk of subsequent SAH and investigation of relatives.
<b>14. Review GC7 draft recommendations, rationale and impact section</b>
The Committee discussed and made edits to the draft recommendations, rationale and impact section on the evidence review for medical management strategies.
<b>15. Review GC7 draft recommendations, rationale and impact section</b>
The Committee discussed and made edits to the draft recommendations, rationale and impact section on the evidence review for detecting intracranial hypertension.
<b>16. Evidence review: Managing intracranial hypertension</b>
The Committee was given a presentation on the evidence for the review question on managing intracranial hypertension and recommendations were drafted.
<b>17. Minutes of the last meeting</b>
The Committee agreed the minutes of the last meeting as an accurate record.
<b>18. Any other business</b>
None

**Date of next meeting:** 8/11/2019

**Location of next meeting:** Boardroom, National Guideline Centre, Royal College of Physicians, 11 St Andrews Place, London NW1 4LE