NICE National Institute for Health and Care Excellence

Date: **3rd & 4th September 2014**

Minutes: Final

Guideline Development Group Meeting 11 Type 2 Diabetes
Place: *NICE Offices & City Tower, Piccadilly Plaza, Manchester, M1 4BT*

Present:
Damien Longson (Chair)
Ian Lewin (IL)
Sailesh Sankar (SS)
Maria Cowell (MC)
Jonathan Roddick (JR)
Yvonne Johns (YJ)
Natasha Marsland (NM)
Prunella Neale (PN)
Andrew Farmer (AFr)
Natasha Jacques (NJ)
Anne Bentley (AB)
Amanda Adler (AA)

Apologies:
Natasha Jacques (NJ) (4th Sept only)
Andrew Farmer (AFr) (4th Sept only)
Yvonne Johns (YJ) (3rd Sept only)

In attendance:

NICE Staff:

Sharlene Ting (ST)
Stephanie Mills (SM)
Steven Ward (SWard)
Gabriel Rogers (GR)
Hugh McGuire (HM)
Clifford Middleton (CM) (Apologies given for 3rd Sept)

Observers:

Margaret Derry	Project Manager (Internal Clinical Guidelines)	
Sue Spiers	Associate Director (Internal Clinical Guidelines)	

Day 1 – Wed 3rd Sept 2014

1. DL welcomed the group to the 11th meeting of this GDG and the final committee meeting in the development phase of the guideline. Apologies were received from YJ for day 1 of the meeting and from NJ and AFr for day 2 of the meeting. All committee members declared that they knew of no personal specific, personal non-specific, non-personal specific or non-personal non-specific interest in the development of this guideline beyond those which had previously been declared.

   DL asked whether the group agreed that the minutes of the previous meeting were a clear and accurate record. The minutes were agreed by all present. DL talked the group through the objectives of the whole meeting; considering the final results of the health economic modelling and drafting final recommendations for pharmacological therapy, running through recommendations for the whole guideline, considering updated evidence from final re-run searches, looking at research recommendations and selecting key priorities for implementation of the guideline.

2. ST reminded the group of the evidence review which had been conducted on long term safety of pharmacological therapy and clarified terminology within the review protocol.

3. ST presented the final results from the clinical syntheses for initial pharmacological therapy. ST reminded the group that the outcomes reported had been clarified with the committee through prior correspondence and that these would be the full and final results the group could consider. The GDG reflected on what the results suggested and how the evidence may impact on recommendations.

4. SWard presented the results from the health economic (HE) model for initial drug treatment. The GDG considered the cost effectiveness results alongside the clinical evidence and proceeded to debate the robustness and quality of the trial data taking into consideration their expertise from clinical practice. The committee then went on to make recommendations for initial drug therapy.

5. ST presented the clinical evidence for first intensification of drug treatment, when initial therapy is no longer able to control HbA1c levels within the agreed range.

6. SWard presented the results from the HE model for first intensification of drug treatment. The GDG went on to debate the results and discussed what they may wish to recommend in light of what they felt could be recommended for initial therapy based on the evidence. The GDG considered the licensing indications for the different treatments.

7. The meeting ran slightly behind schedule on day 1. To enable the GDG to begin with recommendations for second intensification of drug treatment on day 2, ST presented the remaining results of the clinical evidence for second intensification and SWard provided the final HE results.

Day 2 – Thurs 4th Sept 2014

8. The GDG were reminded of the HE results slides for second intensification of drug treatment and were asked to begin discussing and interpreting the evidence. The group also reflected on their decisions for initial drug treatment and first intensification of drug treatment and began to set out the most appropriate treatment pathway for people with type 2 diabetes based on the clinical and cost effectiveness evidence. The group were able to complete their draft recommendations for pharmacological management.

9. ST gave an overview of the new evidence for the other updated sections of the guideline based on the re-run searches. Very little emerged which could impact on recommendations. The group considered a new study on erectile dysfunction.

10. Following lunch, SM took the group through all the draft recommendations for the guideline, including recommendations to be incorporated, those to be stood down and new recommendations. The GCM for the guideline discussed NICE's approach to the recommendations on lipid modification and eye damage.

    The GDG agreed to retain recommendations on gastroparesis and insulin delivery devices from the previous version of the guideline.

11. HM took the group through ideas for research recommendations which the GDG discussed. The GDG highlighted new ideas for research which would also support future iterations of the guideline.

12. The GDG were asked to rate their top recommendations which would be key priorities for implementation of the guideline, which may result in significant changes to clinical practice and would be used as a basis for the development of implementation tools to support uptake of the guideline on publication.

13. SM and DL thanked the group for their hard work. SM explained that the GDG meeting post consultation of the guideline was likely to be moved to April 2015 and requested for the committee to offer a preferred date for the committee based on a set of options.

Date, time and venue of the next meeting

Meeting currently scheduled on 25th March 2015. It is proposed that the meeting with be moved to 8th or the 10th April 2015.