

Date and Time: Friday 9th May 2014

Minutes: Final

Guideline Development Group Meeting 3 – Low back pain

Place: NCGC office, 180 Great Portland Street, London, W1W 5QZ

Present:

GDG members

Stephen Ward (SW) - Chair
Babak Arvin (BA) - Neurosurgeon
Ian Bernstein (IB) - General Practitioner
Patrick Hill (PH) - Consultant Clinical Psychologist
Mark Mason (MM) - Patient/Carer representative
Wendy Menon (WM) - Patient/ Carer representative
Steven Vogel (SV) – Osteopath
David Walsh (DW) - Honorary Consultant Rheumatologist
Chris Wells (CW) - Consultant in Pain Medicine
Neil O’Connell (NOC) – Physiotherapist
Helen Taylor (HT) - Nurse Specialist

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Ben Pordes (BP) – Project Manager
Serena Carville (SC) – Associate Director
Rhosyn Harris (RH) – Research Fellow
Kate Lovibond (KL) – Senior Health Economist
Qudsia Malik (QM) – Research Fellow
Lina Gulhane (PM) – Joint Head Information Science
Sophia Kemmis Betty (SKB) – Health Economist

Apologies:

Simon Somerville (SS) - General Practitioner
Philip Sell (PS) - Consultant Orthopaedic Surgeon
Gary MacFarlane (GM) - Chair (clinical) epidemiology
Silvia Rabar (SR) – Senior Research Fellow

In attendance:

NICE Staff: Ben Doak (BD)		
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Notes

1. Introduction, apologies and minutes

The Chair welcomed everyone to the third meeting of the low back pain guideline development group and apologies were noted from SS, PS, GM and SR.

1.1 Minutes

DW noted that 'pragmatic studies' should be changed for 'usual care' in the comparison section of the non-invasive protocol in the working notes.

Following this change, the minutes were agreed as an accurate record of the meeting. There were no matters arising.

2. Declaration of interest

All GDG members were reminded of the need to update their declarations of interest. The following update was declared:

IB lectured at the British Society of Rheumatology, received 2nd class rail fare and accommodation.

SW spoke at a meeting in New Orleans about NICE guidelines and development, received air fare and accommodation.

NO has joined the *Cochrane Pain, Palliative and Supportive Care* editorial board.

All were agreed as 'declare and participate'

3. Review strategy

SC informed that observational studies will be used in reviews where there is limited or no evidence and that evidence for postural therapies will be re-presented at next GDG.

4. Minimal important differences

SW proposed that the GDG uses the GRADE default MIDs of half the standard deviation of the baseline value for continuous outcomes. The GDG agreed to use this approach.

5. Clinical examination protocol

The clinical examination protocol was discussed. It was agreed that this would need to be redrafted as a 'test and treat' protocol before any further discussion.

6. Imaging protocol

The imaging protocol was discussed by the GDG. Alterations were made to the comparisons and exclusions, and it was agreed that the co-opted radiologist will need to comment before sign off.

7. Prioritisation for new economic analysis

KL presented the process behind choosing an area for prioritising economic analysis to the GDG. This GDG discussed four key areas, which will allow KL to formulate a health economic plan to present at the next GDG meeting.

8. Evidence review: Exercise therapies

RH presented the clinical effectiveness evidence for the question: “What is the clinical and cost effectiveness of exercise therapies in the management of non-specific LBP and sciatica?” exercise therapies. KL presented the cost effectiveness evidence. The GDG discussed the evidence and agreed that linking evidence to recommendations would be carried out online before the next GDG meeting.

9. Claromentis

SC reminded the GDG on the functions of Claromentis and how to check documents in and out.

10. Any other business

No other business was discussed

Date, time and venue of the next meeting

Monday 9th June 2014, 10:00 – 16:00 NCGC office, 180 Great Portland Street, London, W1W 5QZ

DRAFT