

Date and Time: 15th September 2014 (11.00am – 4.20pm)

Minutes: Confirmed

Guideline Development Group 1: Spondyloarthritis

Place: Red Rooms, City Tower, Manchester

Present: Gary McVeigh (Chair) (GM)
Amanda Isdale (AM)
Carol McCrum (CM)
David Chandler (DC)
Debbie Cook (DCo)
Issak Bhojani (IB)
Jon Packham (JP)
Louise Warburton (LW)
Philip Helliwell (PH)
Tina Hawkins (TH)

Apologies: Claire Strudwicke (CS)

In attendance:

<p>NICE Staff:</p> <p>Margaret Derry (MD) Michael Heath (MH) Kate McAllister (KM) Rachel Houten (RH)</p>	<p>Hugh McGuire (HM) Gabriel Rogers (GR) Barbara Meredith (BM) Ben Doak (BD) Lynda Ayiku (LA)</p>	<p>Apologies: Louise Shire (LS)</p>
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Notes

1. Introductions & guideline development group (GDG) working

GM welcomed the group. Apologies for the meeting were received from CS and LS. All GDG members and NICE staff briefly introduced themselves, giving a brief background about their relevant experience.

GM gave a presentation on GDG working and explained the purpose of the group was to write, with NICE's input, a guideline on the diagnosis and management of spondyloarthritis. From his experience of GDG working, GM highlighted what works well, his role as chair and expectations of the group at and between each meeting. GM emphasised the importance of collaborative working, valuing all contributions equally and responding quickly to queries from the NICE team.

2. Scope recap

GM briefly talked the group through the scope, highlighting what is included and excluded, key issues and patient outcomes. GM particularly emphasised that the group will be considering a symptom-based and not a condition-based approach for the guideline and reiterated the importance of keeping to the scope.

The group confirmed they were in agreement with the scope, but requested some rewording:

- about the groups covered and not covered to ensure complete clarity
- inclusion of juvenile arthritis into section 3 'need for the guideline' for consistency

The group discussed 'switching and sequencing of anti TNFs' highlighting that this is a very important issue. It was noted that the cost effectiveness of the agents will not be evaluated as part of the guideline as this is the purview of the NICE Technology Appraisals programme.

3. Role of the Guidelines Commissioning Manager (GCM)

BD explained the guideline programme structure and role of the GCM and Commissioning team. The group were taken through the different phases of the guideline process. BD highlighted what clinical guidelines do and do not do, the role of the group and concluded by informing the GDG about the public sector quality duty.

4. Process of developing clinical guidelines – clinical reviewing, literature searching and health economics

HM talked the group through the guideline development process, explaining the NICE methodology, as summarised into six key steps. HM emphasised the importance of 'Linking Evidence to Recommendations (LETR) table which explains how the group got from the evidence to the recommendations made.

LA explained the process of literature searching.

RH explained to the group why, when developing guidance, the relative costs and benefits of interventions must be taken into account when deciding whether or not to recommend them. She then went on to provide an overview of what health economics can do within guidance development and NICE's approach.

5. Review protocols

HM talked the group through the aim of a review protocol, its various components and how the GDG would help refine the review protocol. The group then discussed a number of protocols in turn to help finalise the inclusion and exclusion criteria for the population, intervention, comparison and outcomes.

6. Public Involvement Programme (PIP)

BM gave a presentation on the programme and emphasised the importance of gaining patient/carer's perspectives throughout the guideline process.

7. Health Economics plan

RH gave an outline of health economics and how the GDG would provide input in this area. She discussed with the group which review questions they thought would benefit from health economic input and in particular which areas of priority may require original modelling.

8. Proposed plan for future GDG meetings, expenses and declarations of interest

MD briefly recapped the schedule for future GDG meetings, and the process for submitting expenses. She explained the importance of declaring conflicts of interest, what constitutes a declaration of interest, the process for declaring and how potential conflicts would be managed. MD encouraged the GDG to be as open and honest about the work they're involved in and to get in contact with any queries.

9. Summary of the day

- 1. GM thanked the group for their contributions and confirmed the next meeting will be held in Red Rooms, City Tower, Manchester on 27th and 28th October.***