

4.0.3 DOC Cmte minutes

Cataracts Guideline Committee – development

Date: 12/01/2017

Location: Dee 2, NICE Manchester

Minutes: Final



Committee members present:	
Mike Burdon (Chair) (MB)	Present for all
Kamal Bishai (KB)	Present for all
Arthur Brill (AB)	Present for all
Emily Lam (EL)	Present for all
Geoff Roberson (GRo)	Present for all
Paul Rosen (PR)	Present for all
Gillian Rudduck (GRu)	Present for all
Nick Wilson-Holt (NWH)	Present until item 6.
Jennifer Yip (JY)	Present for all

In attendance:		
Chris Gibbons (CG)	ICG – Health Economist	Present for all
Andrew Gyton (AG)	NICE - Commissioning Manager	Present for all
Jane Lynn (JL)	NICE - Business Analyst	Present for all
Adam O’Keefe (AO)	ICG - Project Manager	Present for all
Sarah Palombella (SP)	NICE - Senior Medical Editor	Present for all
Joshua Pink (JP)	NICE - Technical Advisor	Present for all
Stephen Robinson (SR)	NICE - Technical Analyst	Present for all
Gabriel Rogers (GR)	NICE - Technical Advisor (HE)	Present for all

Observing:		
Rosie Lovett	NICE – Science Policy and Research Programme	Present for all

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Apologies:	
Janet Marsden (JM)	Committee member
Yvonne Needham (YN)	Committee member
Keith Allman (KA)	Co-opted member
Michael Glowala (MG)	Co-opted member
Ruth O’Dea (RO)	Co-opted member
Mary Russell (MR)	Co-opted member
Sue Ellerby (SE)	ICG – Consultant Clinical Adviser
Gareth Franklin (GF)	NICE – Medicines Advisor
Aimely Lee (AL)	ICG – Technical Analyst
Wes Hubbard (WH)	NICE – Information Specialist
Sue Spiers (SS)	ICG – Associate Director

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the thirteenth meeting on Cataracts.

Apologies were noted, as recorded above.

The Chair asked each attendee to declare any new conflicts. The following conflict was declared in relation to RQ27:

- PR had previously declared consultancy work for Thea Pharmaceuticals. Thea produce Mydrane, a combination treatment for people who have demonstrated pupil dilation preoperatively. However, since this was not an intervention under consideration, the Chair declared that PR was eligible to participate in the meeting.

No new conflicts were declared. It was agreed that all committee members were eligible to attend the committee meeting and contribute to the discussions and drafting of any recommendations.

The minutes were reviewed from GComm 12 and agreed to be an accurate record, subject to one change to the attendee list.

The Chair provided a brief overview and objectives of the day.

2. Review question 27: What is the effectiveness of interventions to increase pupil size to improve visual outcomes and reduce complications during

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phacoemulsification cataract surgery?

MB provided a brief clinical introduction to the topic for the benefit of committee members and attendees.

SR provided a recap of the review protocols and presented the evidence for review question 27 for the committee's consideration. There was no health economics evidence available for this question.

The committee considered the evidence presented and drafted one recommendation.

3. Presentation of draft economic model

CG and GR presented the committee with an update on development of the proposed economic model for the guideline and sought the views of the committee on the work they had done on updating the parameters and on some new data that has been incorporated into the model. GR then provided the committee with a live demonstration of the model and discussed with them the desired outputs.

4.

Review Question 34: What should the postoperative assessment include?

Review Question 35: Who and in what setting should carry out the postoperative assessment?

Review Question 36: What issues should be considered when organising postoperative care?

Review Question 37: What is the appropriate time to assess outcomes in the postoperative period?

Review Question 38: If the postoperative assessment and care are undertaken outside of the hospital, how should outcomes between surgical units and these providers be effectively communicated?

SR provided a recap of the review protocols and presented the evidence for review questions 34-38 for the committee's consideration. There was no health economics evidence available for these questions.

The committee considered the evidence presented and drafted three recommendations. The committee then discussed what information on postoperative care and assessment should be included in the patient information section of the guideline and drafted two recommendations for that chapter.

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5. Resource Impact Assessment
JL introduced herself as the Resource Impact Assessment lead on the guideline and provided a brief overview of the role of the team and how this differs from the role of the health economists. JL advised the committee that they will be required to identify any draft recommendations which are likely to result in substantial cost to the NHS. JL also requested the committee identify any recommendations for which barriers to implementation may exist so that these can be supported by NICE's Implementation Support team.
6. Role of Editorial Lead
SP introduced herself to the committee and explained her role as the editorial lead on the guideline. SP briefed the committee on the different formats of the published guideline, which includes the web viewer, app and the NICE pathway, explaining that the editorial team will require the committee's input in formulating the pathway, including for some members to attend an editorial meeting.
7. Research recommendations prioritisation
The committee reviewed the research recommendations drafted to date and agreed which five should be recommended to the National Institute for Health Research (NIHR) as priorities for research. These will be finalised at the next meeting.
8. Next steps
The Chair thanked the group for their contributions and confirmed the next meeting will be held in Manchester.

Date of next meeting: Monday 27th and Tuesday 28th February 2017
Location of next meeting: NICE Offices, Manchester