Minutes
National Clinical Effectiveness Committee (NCEC)

27th May, 2015

<table>
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<tr>
<th>Present</th>
<th>Apologies</th>
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<tr>
<td>Prof. Hilary Humphreys (Chair)</td>
<td>Dr. Áine Carroll</td>
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<tr>
<td>Dr. Anne Marie Brady</td>
<td>Ms Bridget Doherty</td>
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<td>Dr. Elaine Breslin</td>
<td>Dr. Máirín Ryan</td>
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<td>Ms. Fiona Cahill</td>
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<td>Dr. Philip Crowley</td>
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<td>Ms Linda Dillon Ms</td>
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<td>Fionnuala Duffy</td>
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<td>Dr. Graham Love</td>
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<td>Ms Noreen Quinlan (in place of Mr. Donal Clancy)</td>
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<td>Dr. Susan O’Reilly</td>
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<td>Dr. Philippa Ryan Withero</td>
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<td>Dr. Michael Shannon</td>
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<td>Dr. Dubhfeasa Slattery</td>
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<td>Ms Rosemary Smyth</td>
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<td>Ms Suzanne Garvey (in place of Ms Catherine Whelan)</td>
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Secretariat: Ms. Susan Reilly, Ms. Paula Monks, Ms Anne Devlin

Clinical Effectiveness Unit: Dr. Kathleen Mac Lellan, Dr. Sarah Condell, Ms Niamh O’Rourke, Ms Rosarie Lynch.

Item 1 Welcome – Terms of Reference/Modus Operandi

The Chair welcomed the new members of the Committee. The Chair spoke to the circulated documents - Membership and Terms of Reference. The NCEC membership was reviewed by the Minister in May 2015 as it was five years following the initial establishment of NCEC. Taking into consideration the evolving health structure and in line with good practice for renewal of committees the Minister considered it was opportune to review the NCEC Terms of Reference and membership to reflect a strong strategic and leadership role for the national clinical effectiveness agenda. Two members were invited to represent the patient and public interest.

The Chair advised that, as this was a Ministerial appointed Committee, substitutes for meeting attendance would not normally be accepted.

Item 2 Apologies
Dr. Áine Carroll, Dr. Máirín Ryan, Ms Bridget Doherty

Item 3 Correspondence
Two items of correspondence:
On 26th March 2015 the Chief Medical Officer wrote to the Chair of the NCEC requesting that the NCEC commission and quality assure a National Clinical Guideline on the induction of labour. In this context NCEC should examine the appropriate scope of the guideline prior to it being commissioned. This item was discussed under Agenda Item 6 (No. 6).

The Pharmaceutical Society of Ireland (PSI) wrote to Prof Hilary Humphreys on 29th April 2015 inviting him to sit on the PSI Specialist Practice Subgroup for Hospital Pharmacy. This is being set up to advise the Steering Group on future pharmacy practice in Ireland. The Chair has decided that given the revision of the NCEC he would decline the invitation. Dr. Marita Kinsella of CEO of the PSI has been informed.

Item 4 Minutes
The minutes of the previous meeting 25th March, 2015 were agreed.

Action Point 1: The Chair and Dr. MacLellan had a very useful and productive meeting with Dr. Jerome Coffey, National Director, NCCP. The schedule of cancer guidelines in progress was discussed.

Action Points 2 & 3 are on the agenda for further discussion.

Action Point 4: Joint HIQA/NCEC National Quality Assurance Criteria for Clinical Guidelines, Version 2 have been approved by both parties and are being prepared for publication.

It was agreed that the NCEC would host a half-day information session during the summer on the NCEC processes, for NCEC members.

Item 5 Matters Arising
A table of active guidelines in progress with NCEC was circulated.

It was advised that the guide for applicants in the Framework for Endorsement of National Clinical Guidelines Document has being updated to reflect recent NCEC decisions and revised documentation.

Item 6 National Clinical Guidelines

(1) Conflict of Interest
The CoI form related to CG 032 (GTD) was circulated.

(2) Active National Clinical Guidelines in Process
Dr. MacLellan gave a brief update on the guidelines listed in the table of active guidelines circulated to each member of the Committee.

(3) Notices of Intent
The following Notices of Intent to develop guidelines were received:

- Identification and management of under-nutrition in acute hospitals
- Emergency Department – Adult Clinical Escalation Monitoring Tool.

Notices of Intent are published on the NCEC website. It was explained that a Notice of Intent does not commit either side to the development of the guideline or endorsement of the guideline. It is a useful tool to assist the NCEC in business planning and provides the wider health system with information on planned NCEC work.
(4) Guideline Prioritisation Reports CG-032 Gestational Trophoblastic Disease

Ms Rosarie Lynch outlined the prioritisation report on the above guideline. The exercise was conducted in line with the revised NCEC Preliminary Prioritisation of National Clinical Guidelines (March 2015). The Prioritisation Team recommended to NCEC that the guideline met the criteria in order to proceed to the next stage in the guideline review process, i.e. appraisal, in line with NCEC quality assurance criteria.

Decision

CG-032 Gestational Trophoblastic Disease to proceed to the appraisal stage.

Commentary:

A general discussion was held on the comparison of the prioritisation scoring of this guideline with other guidelines endorsed by the NCEC.

- It was advised that the NCEC does not set a threshold for scores. Previous analysis of prioritisation scores had indicated that generally scores over 55% proceed to appraisal stage.
- Where a guideline score low in the prioritisation process, the Guideline Development Group is contacted to discuss the score and advice provided with a view to resubmission.
- The question of variability in reviewers’ scoring arose. It was explained that in 2014 the number of reviewers of each guideline was increased from 3 to 5 to balance the scoring process. Where there is a major divergence of opinion on scores which cannot be resolved this will be referred to the NCEC chair for final decision.
- Dr Love advised that it is not unusual in the experience of the HRB to have variability in any scoring process.

(5) Prioritisation of National Clinical Guidelines – Weighting

The NCEC published Preliminary Prioritisation of National Clinical Guidelines on 25th March 2015. As published in the NCEC Preliminary Prioritisation of National Clinical Guidelines (March 2015) document three streams for receipt of National Clinical Guidelines are identified. Stream 1: Significant patient safety or health policy issue (from Health System, National and International Reports) Stream 2: Clinical /National Programmes Stream 3: Wider health system submissions. These three streams have been developed by the NCEC to assist in the effective and efficient management of the NCEC workload. To date, the majority of guidelines have come from Stream 2.

In order to balance the prioritisation criteria scoring the NCEC commenced an exercise to weight each of the prioritisation criteria. The former Committee had agreed that the criteria should be weighted based on a prioritisation matrix exercise. The issue of proceeding with this process is a decision for NCEC committee members to further consider.

Commentary:

- Dr Breslin queried whether the reviewers’ comments are weighted or are everyone’s comments similar? The Chair responded that this issue had never been deliberated. He asked if the HPRA had such a system in place and was advised that it did not. Dr. Love said that the HRB had never come across this as an issue.
- The process for selecting reviewers was discussed. A mix of reviewers is chosen from across the professions and agencies, with a blend of experienced and novice reviewers. An online tool is under development to assist reviewers with the process. Members were invited to participate in review teams or to nominate members from their organisations. It was agreed that the current number of five on each team was satisfactory.
(6) Induction of labour/oxytocin guideline
Dr. Tony Holohan, Chief Medical Officer and Mr Tony O’Brien, Director General, HSE have corresponded regarding the use of oxytocin in labour (26th March 2015). This correspondence relates to a report on the use of oxytocin in labour from the State Claims Agency (February 2015) which was submitted to the Chief Medical Officer with regard to variation in practice on the use of oxytocin. The Chief Medical Officer formally requested the Chairman, Professor Hilary Humphreys on 26th March 2015 to commission and quality assure a National Clinical Guideline on the induction of labour under the auspices of the NCEC.

It was agreed at the NCEC meeting on March 25th 2015 that the NCEC will examine the appropriate scope of the guideline prior to it being commissioned by the NCEC. The NCEC will approach this guideline in a similar manner to how it has worked with clinical and guideline leads in the past. The NCEC will collaborate with the clinical experts and build on work undertaken as appropriate. Further detail in this regard will be presented at the next NCEC meeting.

The Director General indicated that work has previously been undertaken on a draft guideline for oxytocin, led by Dr Robson. Dr Kathleen Mac Lellan met with Dr Robson (29th April 2015) and discussed the matter with Prof Turner. The next step is to arrange a meeting with Prof Turner and Dr Robson.

Item 7 National Clinical Audit – Draft prioritisation and quality assurance criteria (document circulated prior to the meeting)
Dr. Condell gave a brief summary of the draft paper on Prioritisation and Quality Assurance Processes for National Clinical Audit. This had been developed for NCEC review and feedback prior to public consultation following an evidence review and input from various national audit experts including NOCA and the HSE Quality Assurance and Verification Division.

Commentary:
- Dr. Crowley referred to the work that NOCA has been performing in conjunction with the Clinical Programmes in relation to national clinical audit and emphasised the importance of recognition of this valuable work, which should not be undermined in any way by the new developments. The Chair responded that the NCEC has a great deal to learn from and will meet formally meet with the NOCA to discuss the NCEC’s remit on national clinical audit. The NCEC will encourage, recognise and acknowledge the significant work already undertaken by NOCA and others in this area.
- Ms Cahill welcomed the fact that NOCA have been invited to contribute to the new governance structure for NCEC clinical audit. She advised that the national clinical guidelines are informing audits and that in some cases audits will define the system requirements for national clinical guidelines. The Minister’s support for the process will be very beneficial.
- It was queried whether a National Clinical Guideline would be subject to an audit of compliance. This was confirmed with a HSE audit of the NEWS Guideline due to commence.

Action
- Members will provide feedback within two weeks to Dr. Condell. Public consultation on the document will occur over the summer months. A report of the consultation and an updated document will be presented to the Committee at the next meeting.
Item 8 Standards for Clinical Practice Guidance
*(document circulated prior to the meeting)*

Ms O’Rourke gave a brief summary of the draft *Standards for Clinical Practice Guidance*. This work emanated from the CMO report of Perinatal Deaths in Portlaoise (2014) which recommended that the NCEC develop standards for Clinical Practice Guidance. The NCEC aims to publish these standards by Q3 2015.

Draft standards have been developed, informed by the systematic literature review, advice from the Expert Advisory Group and HIQA’s *Standards for Safer Better Health Care*. The NCEC will work with the HSE group on Policies, Procedures, Protocols and Guidelines (PPPG) to ensure consistency with the HSE governance structure for developing, implementing and auditing PPPGs across the HSE.

Dr. Philip Crowley recommended a document control system for all PPPGs.

**Action**

Members will provide feedback within two weeks to Ms O’Rourke. Public consultation on the document will occur over the summer months. A report of the consultation and an updated document will be presented to the Committee at the next meeting.

Item 9 – Updates

- **Health Research Board**
  
  A number of meetings have been held with the HRB to discuss a process through which the NCEC could obtain support for systematic literature reviews. The Chair acknowledged the significant contribution shown to date to the NCEC by the HRB. Dr. Love said the HRB recognised the need to support rigorous guideline development and that further collaborative planning for such a process was in train.

- **Education Update**
  
  **Education programme for 2015:** A programme of education for guideline development teams for 2015 has been planned. This included a one day workshop held on May 21st with 3 sessions: development of National Clinical Guidelines, searching for evidence and introduction to systematic reviews. Sessions have been video-recorded for the NCEC website, in addition to podcasts with current guideline chairs. Additional training sessions are planned for the autumn and will include implementation of guidelines, audit of guidelines and budget impact assessment.

  **Education programme for 2016:** A consultation process has been undertaken to ascertain the training needs of Guideline Development Groups. Four modules are proposed in the areas of: Guideline development, evidence based medicine, health economics, implementation & audit. The structure of an education programme identified for NCEC will take the form of e-learning, workshops and on-line information. This will be progressed over Q3 & Q4 2015.
**Item 10 NCEC Symposium (Dublin Castle) 25th November, 2015**
Details of the programme for the Symposium are being finalised and will demonstrate the significant progress made by the NCEC to date. More details will be available at the September meeting.

**Item 11 Next NCEC Meeting Dates 2015**
- Tuesday September 8th 2015 - 1.00 pm to 4.30 pm
- Tuesday October, 13th 2015 - 1.00 pm to 4.30 pm

**Item 12 – AOB**
It was queried whether the NCEC will undergo an evaluation at some course. This will be considered and discussed at a further date.

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<tr>
<th>Action</th>
<th>Person Responsible</th>
<th>Timeframe</th>
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<tr>
<td>1 NCEC members to consider weighting of prioritisation criteria</td>
<td>Members</td>
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<td>2 NCEC members to provide feedback on NCEC Clinical Audit Process. Public consultation to be conducted over the Summer months.</td>
<td>Dr. Condell</td>
<td>ASAP</td>
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<td>3 NCEC Members to provide feedback on Standards for Clinical Practice Guidance. Public consultation to be conducted over the Summer months.</td>
<td>Ms O’Rourke</td>
<td>ASAP</td>
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<td>4 Follow up regarding Induction of labour/oxytocin guideline.</td>
<td>Dr K Mac Lellan</td>
<td>ASAP</td>
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<td>5 Continue work on possible themes, speakers for Annual Symposium 26/11/15</td>
<td>Committee Members /Dr K Mac Lellan</td>
<td>Ongoing</td>
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**Next meeting:**
Tuesday 8th September, 2015 1.00 pm to 4.30 pm.

Professor Hilary Humphreys  
Chairman