Summary Minutes
National Clinical Effectiveness Committee (NCEC)
Thursday 25th October 2018

<table>
<thead>
<tr>
<th>Present</th>
<th>Apologies</th>
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<tr>
<td>Prof Karen Ryan (Chair)</td>
<td>Dr Aine Carroll</td>
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<td>Dr Anne Marie Brady</td>
<td>Dr Jayne Crowe</td>
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<td>Dr Elaine Breslin</td>
<td>Dr Philip Crowley</td>
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<td>Mr Donal Clancy</td>
<td>Prof Gerry Fitzpatrick</td>
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<td>Ms Linda Dillon</td>
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<td>Ms Brigid Doherty</td>
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<td>Mr Liam Morris</td>
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<td>Mr Darrin Morrissey</td>
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<td>Dr Cathal O’Keeffe</td>
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<td>Dr Máirin Ryan</td>
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<td>Ms Rosemary Smyth</td>
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<td>Ms Colette Tully</td>
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<td>Ms Mary Wynne</td>
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Secretariat: Ms. Susan Reilly

Clinical Effectiveness Unit: Dr Sarah Condell, Ms Pauline Dempsey, Dr Niamh O’Rourke, Ms Jenny Hogan and Dr Mary McGeown.

Lunch and Learn: The Chair thanked Mr David Keating, (Head Patient Safety Policy and Advocacy Unit NPSO) for his very informative session on the NPSO’s programme of legislation and its meaning for clinical effectiveness.

Item 1 Welcome and apologies
The Chair welcomed new members Mr Darrin Morrissey (HRB) and Mr Liam Morris (DoH) to the meeting. Ms Jenny Hogan and Dr Mary McGeown, newly appointed Clinical Effectiveness Officers were also welcomed. A short round of introductions was made. Apologies as per table above.

Item 2 Conflict of Interest Declarations
Messrs Morris and Morrissey were provided with a COI form. No verbal COIs were declared.

Item 3 Minutes 25th May 2018
The Minutes of 25 May 2018 were agreed with one small amendment. Dr Philip Crowley’s name will be removed from the record of attendance.

All action points have been met or will be discussed at the meeting.

Item 4 Matters Arising from Minutes
No matters arising.
Item 5 Correspondence
There was no correspondence.

Item 6 National Clinical Guidelines (NCGs)

6 (a) Prioritisation report for CG-55 Appropriate prescribing of psychotropic medication in people with dementia (circulated prior to meeting for discussion)
Ms Dempsey spoke to the prioritisation report of the guideline. The recommendation from the appraisal team was that the guideline be prioritised and listed on the NCEC schedule of guidelines.

Decision: The Committee agreed with the recommendation that the guideline be prioritised in line with the discussion above and listed on the NCEC schedule of guidelines.

Action 1: Letter and report to go to the Chair of CG-055 outlining the decision and NCEC recommendations.

6 (b) Quality assurance report for CG-38 Oesophageal Cancer (circulation prior to meeting for decision)
Dr O’Rourke presented the quality assurance report for the oesophageal cancer guideline. This was the second quality assurance appraisal for this guideline. The appraisal team were satisfied that the key recommended changes have been made by the Guideline Development Group and recommended the clinical guideline for endorsement following minor amendments approved by the CEU.

Decision: Recommend the clinical guideline for endorsement following minor amendments approved by the CEU.

Action 2: Letter and report to go to the Chair of CG- 38 outlining the decision and NCEC recommendations.

Action 3: Arrange meeting with NCCP to discuss the need for GDGs to reflect the reconfiguration of services and arrangements for MDT care during guideline development, to enable inclusion in the published guideline.

6 (c) Quality assurance report for CG-49 IMEWS V2
Ms Dempsey spoke to this quality assurance report. The appraisal team recognised that the guideline scored well on the AGREE II instrument which reflects the high degree of rigour applied. In addition, the pre-requisite checklist which considers the Irish context had only one criterion rated as partial. In light of this, the appraisal team recommended that that the guideline be amended and resubmitted for review by the CEU.

Discussion: It was noted that this guideline (and the ovarian cancer guideline (6 (d)) included public reps on the appraisal teams for the first time.

Decision: The NCEC accepted the appraisal team’s recommendation to recommend the guideline for endorsement following minor amendments approved by the CEU. The CEU will return to the Committee if any significant issues are raised during the revision process.

Action 4: Letter and report to go to GDG Chair of CG-49 outlining the decision and NCEC recommendations.
6 (d) Quality assurance report for CG-47 Ovarian cancer
Dr O’Rourke presented the quality assurance report. The guideline was deemed to be of high quality by the appraisal team, particularly in the areas of rigour of development of the clinical effectiveness and patient participation components. The appraisal team recommended that amendments are required in a number of areas – in particular; the budget impact assessment needs to be completed and KPIs need to be added.

**Decision:** Recommend clinical guideline for endorsement following significant, but not fundamental, amendments to be approved by the appraisal team. The report will then revert to the NCEC for final sign off and endorsement.

**Action 5:** Letter and report to go to the Chair of CG-47 outlining the decision and NCEC recommendations.

**Action 6:** Arrange meeting with NCCP to discuss the need for the GDG to carry out gap analysis during the guideline development process, to enable full budget impact assessment and subsequent service planning. HRB-CICER team to input - Dr M Ryan, Director will attend this meeting.

6 (e) List of NCGs and guidelines in development
A table of guidelines published and in development was provided for information.

**Item 7 National Clinical Audit - Quality assurance report - CA-02 Radiology QI Programme**
Overall, the appraisal team agreed that progress had been made on the key issues identified in the QA review of May 2018 and wished to explicitly acknowledge this.

**Decision:** The Committee agreed with the appraisal team’s recommendation that the clinical audit be endorsed following minor amendments to be approved by the CEU. Letter and report to go to Chair NCA -02 outlining the decision and feedback.

**Action 7:** Letter and report to go to Chair NCA -02 outlining the decision and feedback.

**Item 8 Subgroup updates**

**a) Clinical Guideline Methodology – NCGs – a guide for developers**
Ms Dempsey presented this item and informed members that it is an update of the original 2013 ‘Guideline Developers Manual’. It aims to combine best international approach to guideline development and NCEC processes. While in development, it was presented to the NCEC during 2017 and utility for the reader (readability and accessibility) was a key point discussed. She highlighted items of note on numerous pages throughout and outlined the plan to create a digital publication before year’s end.

**Decision:** The revised manual was approved. The Chair invited members to submit any final comments prior to preparations for typesetting.

**Action 8:** Any additional comments to be submitted by 15 November 2018.

**Action 9:** Send guideline gap analysis paper to new members of NCEC for information.

**b) Clinical Audit – Project Plan (circulation prior to meeting for information)**
At the NCEC Committee meeting in May 2018 the clinical audit subgroup was requested to advise the NCEC on a programme of work in relation to clinical audit in order to meet forthcoming policy objectives. The Clinical Audit subgroup met on 10 July 2018 and is recommending a project plan, some of which has commenced.
A tender to examine the international literature and experience around serious reportable events and clinical audit to inform the guidance to be issued by the Minister for the Patient Safety Bill has been issued, with a closing date of 26 November 2018.

**Decision:** It was agreed to arrange a **Lunch and Learn** session on Clinical Audit in 2019.

**Action 10:** Arrange a Lunch and Learn session on Clinical Audit.

**Action 11:** The Chair to contact Dr Brian Creedon re a meeting to discuss common goals and objectives on planned work for clinical audit.

c) **Education & Training**

The Education and Training subgroup met on May 10th and September 6th and are due to meet again on 6 December 2018. Additional representatives from the regulators (IMC, CORU, NMBI, PSI) have been invited to join the subgroup.

The draft Competency Framework for Clinical Effectiveness Education was submitted by the research team in UCC.

Stakeholder focus groups x 13 were carried out in May and June 2018. A review of the current requirements of the regulators in relation to clinical effectiveness education was also carried out. Plans for the subgroup in 2019 include:

- Dissemination and implementation of the Competency Framework for Clinical effectiveness education
- Training in Evidence based Practice (12-14 March 2019)

**Action 12:** The Competency framework for Clinical Effectiveness education was approved. Any additional comments of the draft clinical effectiveness competency framework to be submitted by **15th November 2018.**

**Action 13:** Details and application forms for 3-day workshop in Evidence based Practice to be circulated to NCEC members, NCEC subcommittees and Guideline Development Groups.

**Item 9 HRB-CICER biannual update from Director**

Since commencement in April 2017, HRB-CICER has provided evidence synthesis support to nine Guideline Development Groups comprising systematic reviews of clinical effectiveness and cost-effectiveness evidence, systematic reviews of clinical guidelines and audits and budget impact analyses.

To date training has been provided to four GDGs. A training session on use of GRADE was provided at the NPSO conference and a full day training on use of GRADE has also been conducted.

HRB-CICER work with the GDGs has been presented at national and international conferences through 14 posters and 1 oral presentation at the international rapid response, GIN, MAMMI and NPSO conferences. In addition, one paper has been submitted to an international peer reviewed journal.

**Discussion:** The Chair thanked Dr Ryan for the huge support offered by HRB-CICER to date.

**Item 10 Implementation Guide and Toolkit**

The NCEC Implementation Guide and Toolkit was launched on 19 September 2018 in UCC, Cork. The guide and tools are available on the DoH website with hyperlinks to relevant resources and
dynamic PDFs of the individual tools. Follow-up workshops are being held with 9 individual guideline development groups to assist with development of logic model and implementation plan. A final workshop to be held on 3 April 2019 to share learning.

**Item 11 Public Involvement (PI) Framework:** Project Plan for implementation of the Framework for Public Involvement in Clinical Effectiveness Processes—the Project Plan was discussed and approved.

**Item 12 NCEC Events in 2019**
- Meeting dates in 2019: 7th February, 16th May, 19th September and 21st November 2019
- NPSO Conference dates: To be confirmed
- Guideline launches: To be confirmed
- Training for Guideline Development Groups:
  - Evidence based practice, March 12th – 14th 2019 (details and application form on NCEC website)
  - Implementation Science – April 3rd 2019, DoH
  - GRADE - January 30th (Dublin) and March 27th (Cork) 2019.

**Item 13 A.O.B.**

**Action 14:** Chair to write letter of appreciation to Dr Kathleen MacLellan obo NCEC.

### Actions Arising

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<tr>
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<tr>
<td>1 CG-55 Appropriate prescribing of psychotropic medication in people with dementia: Letter and report to go to the Chair outlining the decision and NCEC recommendations.</td>
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<td>7 NCA-02 Letter and report to go back to Chair outlining the decision and feedback.</td>
<td>JH</td>
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<td>8 The guideline developers manual- ‘a guide for developers’: Any additional comments of the draft document to be submitted by 15th November 2018.</td>
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<tr>
<td>9</td>
<td>Copy of NCEC guideline gap analysis and induction material to be circulated to new members</td>
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<td>10</td>
<td>Arrange Lunch and Learn session on Clinical Audit.</td>
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<td>The Chair will write to Brian Creedon of NOCA and arrange meeting to discuss common goals and objectives on clinical audit.</td>
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<td>15</td>
<td>The CCO’s office in the HSE will be invited to nominate a representative to the NCEC</td>
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**Prof. Karen Ryan**  
Chair