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

<table>
<thead>
<tr>
<th>Present</th>
<th>Apologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Karen Ryan (Chair)</td>
<td>Dr. Anne Marie Brady</td>
</tr>
<tr>
<td>Mr Donal Clancy</td>
<td>Dr. Elaine Breslin</td>
</tr>
<tr>
<td>Ms Linda Dillon</td>
<td>Dr. Áine Carroll</td>
</tr>
<tr>
<td>Ms Brigid Doherty</td>
<td>Dr. Jayne Crowe</td>
</tr>
<tr>
<td>Ms Fionnuala Duffy</td>
<td>Dr. Philip Crowley</td>
</tr>
<tr>
<td>Prof. Gerry Fitzpatrick</td>
<td>Dr. Máirín Ryan</td>
</tr>
<tr>
<td>Mr. Simon Nugent</td>
<td>Ms Rosemary Smyth</td>
</tr>
<tr>
<td>Dr. Philippa Ryan Withero</td>
<td>Ms Colette Tully</td>
</tr>
<tr>
<td></td>
<td>Ms Mary Wynne</td>
</tr>
<tr>
<td></td>
<td>Ms Mairead O’Driscoll *</td>
</tr>
</tbody>
</table>

Secretariat: Ms. Susan Reilly
Clinical Effectiveness Unit: Dr. Kathleen Mac Lellan, Dr. Sarah Condell, Ms Pauline Dempsey, Dr. Niamh O’Rourke.

Lunch and Learn: The Chair thanked Ms Brid Boyce, HSE National Lead for the PPPG Project for her session on The HSE Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs).

Item 1 Welcome and apologies
Apologies as per table above. * Due to error Ms O Driscoll was not advised of meeting date.

Item 2 Conflict of Interest Declarations
All members were reminded to complete the annual declaration on interest form. There were no verbal declarations of CoI.

Item 3 Minutes 12th October, 2017
The Minutes of 12th October 2017 were agreed with one change proposed by Mr. Simon Nugent to reflect the correct title of the Private Hospitals Association. This change was agreed by the Committee and the Minutes were endorsed with those corrections.

Item 4 Matters Arising from Minutes
No matters arising.
Item 5 National Clinical Guidelines (NCGs)
5 (a) Prioritisation report for CG-047 Ovarian Cancer guideline (circulated prior to meeting for decision)
Dr. O’Rourke spoke to the prioritisation report of the guideline on diagnosis and staging of patients with ovarian carcinoma. The recommendation was that the guideline be prioritised and listed on the NCEC schedule of guidelines. Report to be sent to the Guideline Development Group (GDG).

Decision: The Committee agreed with the recommendation the guideline be prioritised in line with the NCEC discussion and listed on the NCEC schedule of guidelines.
Action 1: Letter and report to go to the Chair of the CG-047 outlining the decision and NCEC recommendations.

5 (b) Prioritisation Report for CG-038 Oesophageal Cancer
Dr. O’Rourke spoke to the prioritisation report on CG-038 on diagnosis, staging and treatment of patients with oesophageal or oesophagogastric junction cancer.

Decision: It was agreed that CG-038 be prioritised in line with prioritisation report recommendations and listed on the NCEC schedule of guidelines.
Action 2: Letter and report to go to the Chair of the CG-038 outlining the decision and NCEC recommendations.

Discussion: CEU have put a call out to get more appraisal reviewers; more medical representatives would be welcome, the CEU would appreciate the Committee members encouraging their medical colleagues to volunteer.

5(c) Quality Assurance Report for CG-041 EMEWS (circulation prior to meeting for decision)
Dr. Condell spoke to the above. Following a QA review in early January, all reviewers were now of the opinion that the GDG had met the pre-requisite criteria and recommended that following minor amendments this NCG is ready for endorsement.

Action 3: CEU to set up a series of meetings with the key stakeholders (DOH and HSE) to address roll-out.
Decision and Action 4: It was agreed that CG-041 (EMEWS) be recommended to the CMO and Minister for Health for approval following minor amendments with a view to being listed on the NCEC schedule of guidelines. Letter and report to go to the Chair of the CG-041 outlining the decision and NCEC recommendations.

5(d) List of NCGs and guidelines in development (for information)
A table of guidelines published and in development was provided for information. There are 16 published and 17 others at various stages of development. Breast (NCG-07) and prostate cancer (NCG-08) guidelines are both approaching 3 years since publication (June 2015); the NCCP will be written to initiate the updating process.

Action 5: Write to NCCP re initiation of updates for CG-07 and CG-08.

5(e) Dissemination of endorsed National Clinical Guidelines (NCGs)
CEU advised that the standard recipient list of Ministerial letters includes:
- Director General HSE and cc Other National Directors as relevant
• State Claims Agency (CIS)
• HIQA
• Health and Social Care Regulatory Forum
• Health Insurance Council
• Private Hospitals Association
• Mental Health Commission.

Other letters are prepared as relevant to the guideline topic e.g. Prison service in relation to Hep C screening. It is intended that there is a ‘cascade down’ affect to these letters. Responsibility for guideline implementation lies with service providers.

Item 6 Correspondence

(1) The Chair acknowledged the Minister’s request of November 2017 to the NCEC to commission and quality-assure a guideline for the recognition and management of massive haemorrhage and a clinical standard for inclusion in a National Audit of Surgical Mortality.

Decision: It was agreed that CEU will undertake some scoping and revert to the NCEC meeting in March with a short paper.

Action 6: CEU to scope and revert to March Meeting with a short paper.

(2) The Chair received a letter from the Medical Council seeking membership on the NCEC subcommittee on Education and Training. This was welcomed and approved by the NCEC. The Chair will respond to the Medical Council.

Action 7: Seek nominee from the Medical Council for subcommittee on Education and Training.

Item 7 Subgroup updates
6. (a) Clinical Guideline Methodology subgroup (CGMS)
The subgroup Chair has agreed a project plan with a commitment to allocate time to completion of the write-up of the Guideline Developer’s Manual. This will then be circulated for review by the subgroup members. Expected completion date is now mid-year 2018. This version will not include the procedure for updating NCGs, but the development of this process will commence shortly thereafter.

6. (b) Clinical Audit subgroup
Dr. Condell spoke to the short paper on Reporting Healthcare Audits on NCEC NCGs which the Clinical Audit Subgroup has recommended to the NCEC for adoption. It was also suggested that the NCEC publish the paper on its website for information purposes. The NCEC recorded its support for the conducting of such audits and agreed they were an important snapshot in time of some of the monitoring structures and implementation challenges.

Action 8: Publish the process for Reporting Healthcare Audits on NCEC NCGs

6. (c) Education & Training
Dr N O’Rourke provided an update on clinical effectiveness education and training. This subgroup met 5 times in 2017. Main activities included:
• Commissioning and publication of baseline research on the current teaching of Evidence based Practice in Ireland (UCC).
• Commissioning of training for guideline development groups in Implementation Science.
• Collaboration with the Centre for Evidence based Medicine in Oxford and the Naji Foundation on capacity building for Evidence based Practice in Ireland, November 14th – 16th (3 day workshop).
• 2nd Clinical Effectiveness Education Forum with regulators and educators, November 9th.
• NPSO learning zone established by CEU – 22 new videos in 2017 (37 training videos/materials in total), including new video on Clinical Practice Guidance and e-learning module on Budget Impact Analysis.

2018 priorities for subgroup:
• Development of recommendations for a competency framework on clinical effectiveness education in Ireland.
• Development of a guide and toolkit for implementation of National Clinical Guidelines.

Item 8– National Clinical Audit
It is intended that the quality assurance process for the Radiology QI Audit will take place in March 2018.

Item 9 HRB-CICER Biannual Update
The next update is due in March 2018.

Item 10 NCEC Public Involvement (PI) Framework
The response to the PI Framework has been very positive. CEU is planning the launch in March. During 2018, an e-learning resource will be developed and made available on the NPSO Learning Zone.

Item 11 NCEC Annual Report 2017 (circulation of draft prior to the meeting)
The Report was discussed and approved in principle. Next steps are typesetting and publication.

Action 9: Email all NCEC members to seek their final comments and input on the draft Annual Report 2017.

Item 12 NCEC Events in 2018
(a) Meeting dates in 2018: Thursday 29th March; Thursday 24th May; Thursday 20th September, Thursday 25th October.
(b) NPSO Conference dates: 17-18 October 2018, in Dublin Castle.
(c) Launch of the Patient Involvement Framework - Q1 2018

Action 10: Confirm date of Patient Involvement Framework Launch.

Actions Arising

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>CEU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 1</td>
<td>Letter and report to go to the Chair of the CG-047 outlining the decision and NCEC recommendations.</td>
<td>CEU</td>
</tr>
<tr>
<td>Action 2</td>
<td>Letter and report to go to the Chair of the CG-038 (oesophageal cancer) outlining the decision that it be prioritised and listed on the NCEC schedule of guidelines.</td>
<td>CEU</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Action 3</td>
<td>Director NPSO/ Head of CEU to set up a series of meetings with all the key stakeholders (DOH and HSE) in relation to CG-041 EMEWS.</td>
<td>CEU</td>
</tr>
<tr>
<td>Action 4</td>
<td>Letter and report to go to the Chair of the CG-041 outlining the decision and NCEC recommendations.</td>
<td>CEU</td>
</tr>
<tr>
<td>Action 5</td>
<td>Write to NCCP re initiation of updates for CG-07 and CG-08.</td>
<td>CEU</td>
</tr>
<tr>
<td>Action 6</td>
<td>CEU to scope the existence of policies on massive haemorrhage in the system and revert to March Meeting with a paper.</td>
<td>CEU</td>
</tr>
<tr>
<td>Action 7</td>
<td>Seek a nominee from the Medical Council for subcommittee on Education and Training</td>
<td>CEU</td>
</tr>
<tr>
<td>Action 8</td>
<td>Publish the process for Reporting Healthcare Audits on NCEC NCGs</td>
<td>CEU</td>
</tr>
<tr>
<td>Action 9</td>
<td>Email all NCEC members and seek their final comments and input on the draft Annual Report 2017.</td>
<td>CEU</td>
</tr>
<tr>
<td>Action 10</td>
<td>Confirm date of PI Involvement Launch and issue invites to NCEC members</td>
<td>CEU</td>
</tr>
</tbody>
</table>

Dr. Karen Ryan  
Chair