

**National Clinical Effectiveness Committee**

**Department of Health**

**25<sup>th</sup> November 2021, 14:30 – 16.30 by Microsoft Teams video conference**

**Members Present:**

**Professor Gerry Fitzpatrick**

**Chair, National Clinical Effectiveness Committee (NCEC)**

**Professor Anne Marie Brady**

Nursing and Midwifery Education Bodies

**Mr Richard Lodge**

Health and Social Care Regulatory Forum

**Dr Elaine Breslin**

Health Products Regulatory Authority

**Dr Geraldine Shaw**

Office Nursing and Midwifery Services, HSE

**Dr Siobhán Ní Bhriain**

Office of the Chief Clinical Officer (CCO), Health Service Executive (HSE)

**Ms Michelle O'Neill**

Health Information and Quality Authority (HIQA)

**Mr Donal Clancy**

Health Insurance Council

**Dr Cathal O'Keeffe**

State Claims Agency (Head of Clinical Risk)

**Ms Christine Donnelly**

Patient representation

**Ms Brigid Doherty**

Patient representation

**Professor Colette Cowan**

Forum of Hospital Groups CEOs

**Ms Collette Tully**

National Office for Clinical Audit

**Ms Karen Green**

Office of the Chief Nursing Officer (CNO),  
Department of Health

**In Attendance (at the discretion of the Chair)**

**Ms Alison Connolly (Alternate for Gary Kiernan)**

Mental Health Commission

**Apologies:**

**Dr Máirín Ryan**

Director HRB-CICER/Health Technology  
Assessment & Deputy Chief Executive Officer  
(HIQA)

**Mr John Hurley**

Private Hospitals Association

**Mr Gary Kiernan**

Mental Health Commission

**Ms Marita Kinsella**

National Patient Safety Office (NPSO), Department  
of Health

**Mr Pat Creedon**

Acute Hospitals Policy Division, Department of  
Health

**Dr Máiréad O'Driscoll**

Health Research Board

**Secretariat – Clinical Effectiveness Unit (CEU), Department of Health:**

**Rosarie Lynch,**

Head of Clinical Effectiveness and Antimicrobial Resistance, NPSO

**Claudine Hughes, Deirdre Holland, Sarah Delaney (on behalf of Lillian Newell)**

Clinical Effectiveness Unit (CEU), NPSO

### **1. Welcome, introductions and apologies**

The Chair welcomed all members to the second meeting of the National Clinical Effectiveness Committee (NCEC) for 2021. Apologies were noted as listed above. Ms Alison Connolly, Acting Head of Regulatory Practice and Standards, Mental Health Commission, attended on behalf of Mr Gary Kiernan and was welcomed to the meeting. The Chair advised that further clarity on attendance of members and invites in exceptional circumstances will be updated when the revised NCEC Modus Operandi is discussed at the next meeting.

**Action 1: Revised Modus Operandi to be circulated by the CEU for discussion at the next meeting.**

### **2. Conflict of interest declarations (NCEC members)**

The Chair reminded the members of the requirement for an annual return of a declaration of *Conflict of Interest Form*. Members were advised that the *NCEC Conflict of Interest Declaration Policy* with the form to be completed will be circulated by email following the meeting. Members were requested to complete and submit the form as soon as possible to the NCEC Secretariat.

The members present at the meeting were invited to identify if they had any Conflict of Interest and a verbal pause held for same. No verbal declarations were made.

**Action 2: Conflict of Interest Policy and annual Declaration Forms to be circulated by the CEU to the NCEC Committee by email.**

### **3. Minutes**

The Minutes were reviewed, and no amendments identified. It was noted the action points listed in the minutes have been completed. NCEC members agreed that the minutes were an accurate reflection of the meeting on 24<sup>th</sup> June 2021.

### **4. Matters Arising**

The following points were noted:

- Ministerial appointees and alternates to be discussed under the revised Modus Operandi at the next meeting.
- Due to time constraints for some members items 6 & 7 would be taken first as decisions were required on these items.

### **6. Update on National Clinical Guidelines (NCGs)**

#### **6a. National Clinical Guidelines (a) Reports (circulated prior to the meeting)**

- **Quality Assurance Report - CG-052 Major Haemorrhage**

The background to this guideline was outlined for context. In 2017, in response to a patient safety incident, the NCEC was requested by the Minister for Health to commission and quality assure a guideline for the recognition, timely response and management of intraoperative life-threatening haemorrhage. Prior to the development of this guideline, no national guidance existed in Ireland regarding strategies and pathways for the prevention, recognition or management of life-threatening haemorrhages which occur intraoperatively.

**Discussion:** The committee welcomed the guideline and noted both its importance in patient safety terms and the considerations of the quality assurance (QA) appraisal team.

They found this to be a methodologically strong guideline, as identified by the high scores on the AGREE II assessment, that clearly addresses a complex topic where limited evidence is available. The appraisal team consider that the work on the guideline has been comprehensively undertaken and reported. Of note, three international reviewers have inputted. This exceeds NCEC criteria for this and is highly commended.

The input and leadership provided by the Royal College of Surgeons, Ireland (RCSI) in the development of this guideline was acknowledged.

Further discussion noted the importance of implementation of this guideline and consideration of the requirements and resources to ensure successful implementation. It was noted that new development resources are subject to the annual budgetary estimates process. The CEU advised that engagement has begun with relevant groups in terms of transitioning the guideline into the health system. In light of the discussion and the need for clear governance in relation to this guideline, the CEU will engage further with the HSE Office of the National Lead for Integrated Care to explore further how this guideline can be transitioned into HSE governance.

It was noted that as this is a national guideline, it is also of relevance to the private sector. The CEU advised that preliminary engagement has taken place with the Private Hospitals Association in relation to implementation of NCEC national clinical guidelines, more generally, which was welcomed by all.

**Decision:** NCEC recommends this clinical guideline for endorsement following minor amendments approved by CEU, Department of Health (Recommendation B).

**Action 3: Letter and report to go to the Chair of CG-052 outlining the NCEC decision and the amendments required. CEU to work with the GDG in incorporating the amendments and to discuss with the HSE the transition of the guideline into HSE governance.**

- **Quality Assurance Report - CG056 – Gestational Trophoblastic Disease v2**

The background to this guideline was outlined for context. Gestational trophoblastic disease (GTD) affects a small number of women in Ireland annually. This guideline is an update of the *NCEC National Clinical Guideline No.13 Diagnosis, staging and treatment of patients with gestational trophoblastic disease* which was published in 2015 and supported the development of the national service at the National Gestational Trophoblastic Disease Centre in Cork.

**Discussion:** The committee noted the considerations of the quality assurance (QA) appraisal team and that a number of clarifications and amendments were proposed.

The inclusion of evidence statements to support clinical questions was acknowledged. This is line with the GRADE approach and a welcome methodological advance, for which, the GDG were commended.

For clarity, it would be useful to state at the outset that this is an update of the 2015 guideline and give a brief background for that guideline and outline how the original recommendations were considered for updating and the need for update. Some areas for improvement / further clarity were

identified on assessment against the NCEC criteria; namely international review, consideration of cost-effectiveness and absence of a budget impact analysis and full clinical and economic search strategy. As some recommendations have remained unchanged and were carried over from the original guideline, further information is needed on the grading methods to distinguish that used for the original vs the new recommendations.

**Decision:** NCEC recommends clinical guideline for endorsement following significant, but not fundamental, amendments approved by appraisal team (Recommendation C).

**Action 4: Letter and report to go to the Chair of CG-056 outlining the NCEC decision and the amendments required. CEU to work with the GDG in incorporating the amendments for resubmission to the appraisal team.**

## **5. Update on National Clinical Audits (NCAs)**

### **National Perinatal Mortality Audit**

The background to this audit was outlined for context. The report of the National Perinatal Mortality Audit (NPEC) Audit has been updated with the required amendments and submitted for evaluation by CEU, who are now working with NPEC through the final stages towards typesetting, endorsement and publication.

On a related matter, CEU updated the Committee to welcome Ms Deirdre Holland to the CEU and advised that her portfolio will include policy lead for National Clinical Audit, thereby restoring previous capacity for this function.

**Discussion:** The Committee acknowledged that NPEC have moved to identifying individual hospitals in such audit reports. It emphasised that NPEC and the healthcare services are to be congratulated on this and it is welcomed particularly in providing greater reassurance to the public.

**Action 5: Amendments to National Perinatal Mortality Audit Report for NCEC National Clinical Audit to be finalised and preparation for publication to commence. CEU to work with NPEC on this.**

## **6b. National Clinical Guidelines**

### **Update on Methodology Processes for National Clinical Guidelines**

There was a good discussion on this topic at the June meeting. On the foot of the actions from the last meeting, CEU met with HRB-CICER to discuss a proposal for HRB-CICER to undertake a systematic review on update processes for guidelines. This review is now underway and it is planned to present at the next NCEC meeting. Preliminary enquiries have been made on the re-establishment of the previous methodology sub-group.

#### **Discussion:**

The Committee welcomed the progress and the potential role of a sub-group or working group to move this forward was discussed.

**Decision:** HRB-CICER to present review findings at the next NCEC meeting. Next steps to be considered as an agenda item.

**Action 6: HRB-CICER to present findings of their systematic review on update processes for guidelines at the next NCEC meeting.**

## **7. Overview of current work programme**

The current list of NCGs/NCAs published and in development was circulated prior to meeting.

There are now 27 NCGs in the NCEC suite. Key updates are:

- *NCG No. 26 Sepsis Management in Adults (including maternity)*, was published in September 2021. It was launched at the HSE Sepsis Summit webinar on 30<sup>th</sup> September to coincide with World Sepsis Day. This superseded *NCG No. 6 Sepsis Management*, which has now been retired.
- *NCG No.27 Management of COPD* was published on 3<sup>rd</sup> November 2021 and launched by webinar.
- *NCG No. 18 EMEWS* rapid update has been completed.

**Discussion:** The Committee discussed the ongoing work programme and need to review areas where there has been no progression in the last year to see whether these topics are still appropriate. Reference made to the existence and expansion of HSE guidelines as a result of the COVID-19 pandemic. It was noted that it would now be timely to consider priority areas for the NCEC work programme and the output from the Reflection Day held amongst the Committee in 2019 may be a useful starting point for consideration.

In addition, the matter of whether there were other approaches to guideline development was discussed. It was noted that there is provision for adaptation/adoption of existing guidelines in current NCEC guideline development process. A pilot of guideline contextualisation had previously been conducted for the NCG No. 17 Adult type 1 Diabetes Mellitus, in collaboration with the UK National Institute for Health and Care Excellence (NICE) and there was evaluation of this.

**Decision:** CEU to circulate output from the NCEC Reflection Day in November 2019.

**Action 7: CEU to circulate output from the NCEC Reflection Day in November 2019**

## **8. NCEC Events**

The Committee were informed and noted the following updates:

- **NPSO Conference 2021** – was postponed due to current COVID-19 pandemic. Current plan is to aim for Autumn 2022.
- **Guideline launches 2020** - *NCG No. 26 Sepsis Management for Adults (including maternity)* launched at the HSE event for World Sepsis Day in September. *NCG No. 27 Management of COPD* launched virtually by the NPSO in November.

## **9. AOB**

The Chair brought the attention of the Committee that the Modus Operandi is currently being updated to include the changes from the Reflection Day in 2019 and would be on the agenda for the next meeting.

The Chair brought the attention of the Committee to the need to consider the education and training function which was previously provided through a subgroup to the Committee. It is now timely to review in the context of the changing landscape and to consider the target audience and

most efficient methods to provide support to guideline developers and promote the NCEC resources for same. The views of the Committee on this were welcomed.

#### 10. NCEC meeting dates 2021

The Committee agreed that the next NCEC meeting was to be scheduled for:

**Thursday, 24<sup>th</sup> February 2022, at 2.30pm.**

Further dates for 2022 to be circulated.

**Action 8. The CEU to circulate the agreed meeting dates by email.**

#### Agreed actions

No.	Summary	Responsible person/s
1.	Revised Modus Operandi to be circulated by the CEU for discussion at the next meeting.	CEU
2.	Conflict of Interest Policy and annual Declaration Forms to be circulated by the CEU to the NCEC Committee by email.	CEU
3.	Letter and report to go to the Chair of CG-052 outlining the NCEC decision and the amendments required. CEU to work with the GDG in incorporating the amendments and to discuss with the HSE the transition of the guideline into HSE governance.	CEU
4.	Letter and report to go to the Chair of CG-056 outlining the NCEC decision and the amendments required. CEU to work with the GDG in incorporating the amendments for resubmission to the appraisal team.	CEU
5.	Amendments to National Perinatal Mortality Audit Report for NCEC National Clinical Audit to be finalised and preparation for publication to commence. CEU to work with NPEC on this.	CEU
6.	HRB-CICER to present findings of their systematic review on update processes for guidelines at the next NCEC meeting.	HRB-CICER
7.	CEU to circulate output from the NCEC Reflection Day in November 2019	CEU
8.	CEU to circulate the agreed meeting dates by email.	CEU