

## Minutes

National Clinical Effectiveness Committee

Department of Health

5<sup>th</sup> May 2022, 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

**Ms Brigid Doherty**

Patient representation

**Ms Collette Tully**

National Office for Clinical Audit

**Dr Siobhán Ní Bhríain**

Office of the Chief Clinical Officer (CCO), Health Service Executive (HSE) (from 3pm)

**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)

**Mr Gary Kiernan**

Mental Health Commission

### Apologies:

**Professor Colette Cowan**

Forum of Hospital Groups CEOs

**Mr John Hurley**

Private Hospitals Association

**Dr Elaine Breslin**

Health Products Regulatory Authority

**Dr Geraldine Shaw**

Office Nursing and Midwifery Services, HSE

**Ms Karen Greene**

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

**Dr Máiréad O'Driscoll**

Health Research Board

**Ms Christine Donnelly**

Patient representation

### In attendance:

**Dr Máirín Ryan**

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

**Dr Karen Cardwell,**

Programme Manager, HRB-CICER (for agenda item 8)

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

**Rosarie Lynch,**

Head of Clinical Effectiveness and Antimicrobial Resistance, NPSO

**Claudine Hughes, Declan Bradley, Deirdre Holland, Lillian Newell**

Clinical Effectiveness Unit (CEU), NPSO

### 1. Welcome, introductions and apologies

The Chair welcomed all members to the first meeting of the National Clinical Effectiveness Committee (NCEC) for 2022. This meeting has taken place following the rescheduling of the 24<sup>th</sup> February 2022 meeting. Apologies were noted as listed above. Chair advised members of the confidential nature of proceedings.

## **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 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 1: NCEC members requested to submit annual return of a declaration of interest form to the CEU.**

## **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 25<sup>th</sup> November 2021.

## **4. Matters Arising**

Will be discussed as part of the agenda for this meeting.

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

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

There are now 28 NCGs in the NCEC suite. Key updates are:

- *NCG No. 28 Stop Smoking* was published in January 2022.
- *NCG No.17 Adult Type 1 Diabetes Mellitus* was published in 2018 following a process of contextualisation of the Adult Type 1 Diabetes Mellitus guideline published by the UK National Institute of Health and Care Excellence (NICE). In light of recent updates to the NICE guideline, CEU have written to the guideline chair and Clinical Lead, HSE National Clinical Programme, Diabetes to consider NCEC NCG No.17 in this context.
- *Unexpected Intraoperative Life-Threatening Haemorrhage* has been endorsed by the Minister and is due to be launched on 16<sup>th</sup> May.

## **6. National Clinical Audits (NCAs)**

### **Update on the *National Perinatal Epidemiology Centre (NPEC) Perinatal Mortality Audit (CA-02)*:**

The report of the National Perinatal Mortality Audit has been now been finalised, completing all stages of the NCEC Framework for Endorsement of National Clinical Audit. The report was launched as part of the NOCA Annual Conference on April 20<sup>th</sup> 2022. This is the second NCEC endorsed national clinical audit.

## **7. National Clinical Audits Guidelines (NCGs)**

### **(a) *Rapid update report for:***

***NCG No. 8 Diagnosis, Staging and Treatment of Patients with Prostate Cancer (CG-054)***

**Discussion:**

### **(b) *Quality Assurance Appraisal for:***

***NCG No.13 Diagnosis, Staging and Treatment of Patients with Gestational Trophoblastic***

***Disease, version 2 (CG-056)***

**Discussion:**

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**8. NCEC guideline update processes**

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

HRB-CICER presented findings of their systematic review on update processes for guidelines to the Committee. Background was provided on the research question, methodology employed, and results. The results of the review addressed themes including types of update and triggers, retiring a clinical guideline, prioritisation of clinical guidelines/clinical questions for updating, review, approval, and endorsement processes for updated clinical guidelines and resources required.

**Discussion:** The Committee welcomed and expressed thanks for a clear and comprehensive presentation. A discussion took place about the process for prioritisation and use of tools such as *UpPriority*. Consideration to be given to the next steps in terms of establishing a working group to develop efficient processes around retiring guidelines, assessing the validity of guidelines, development of an algorithm for decision making around the process for updates. Discussion also took place around resources required as part of the update process and the need for the update process to be embedded into the Framework for endorsement of national clinical guidelines.

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**9. HRB-CICER update on 2022 work plan**

The Health Research Board – Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER) progress update was circulated to the committee in advance of the meeting. The Director of HRB-CICER updated the Committee in relation to personnel changes in HRB-CICER. The NCEC were informed that a quality assurance framework for HRB-CICER, which outlines the methodological approach and describes quality assurance processes, is being updated. Other planned and ongoing work included budget impact analysis for a healthcare acquired infection guideline.

**Discussion:** The Chair thanked the HRB-CICER Director and team for the quality of their work that is reflected in the resultant guidelines.

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**10. Update on NCEC processes**

**(a) Notice of intent**

The Committee were updated on discussions between the CEU and the Office of the HSE National Lead for Integrated Care, regarding the form for submission of a *“Notice of Intent”* for guideline development groups. The form has now been updated to request guideline groups to provide confirmation of HSE Corporate approval to proceed to prioritisation of the guideline topic in line with NCEC criteria. Confirmation of HSE Corporate approval at this stage of the guideline development process will assist in aligning guideline development to health system priorities.

**(b) Timelines**

Following discussions at the NCEC meeting on the 25<sup>th</sup> November 2021 where it was considered that timeframes should be integrated into this process to ensure that potential topics for guidelines and audits are kept under review on the ongoing NCEC work programme, a paper was prepared by CEU and was circulated in advance of the meeting to the Committee.

As a result of NCEC experience to date and following a search of international resource, the CEU proposed the following time frames to be integrated into the NCEC process as follows:

Step	Description	Proposed Validity and Review Period
Step 1	Notice of Intent	<b>1 year</b> from date of receipt.
Step 2	Prioritisation application	to be submitted within <b>6 months</b> of receipt the Notice of Intent.
Step 3	Draft guideline / audit report for Quality Assurance	to be submitted within <b>18 months</b> of the prioritisation application; recognising that sometimes this may take longer, updates will be requested at <b>3 monthly intervals</b> thereafter.
Step 4	Final guideline / audit report with any required amendments	to be submitted within <b>3 months</b> following quality assurance so the approvals process and preparations for publication can proceed.

If agreed, the CEU will operationalise this approach in tandem with NCEC processes and advise and engage with guideline and audit developers as appropriate. This may include formal communication to these groups and subsequent update to the NCEC.

**Discussion:** The Committee welcomed the introduction of time frames into the NCEC Framework process. Clarity was sought in relation to screening of notice of intent applications and CEU experience of usual time frames for guideline development. Introduction of such time frames will assist in ensuring that the health system and public have access to the most up to date NCEC national clinical guidelines. Such time frames will be reviewed periodically. The time frames proposed will also be incorporated into update processes.

The Committee advised that such time frames be incorporated into the NCEC Framework process and operationalised by the CEU with immediate effect.

**Action 2: CEU to engage with guideline and audit development groups as appropriate to operationalise the time frames into the NCEC Framework for Endorsement of National Clinical Guidelines and Audits.**

## (c) Training Events

### 11. NCEC Events

The NCEC were informed on the forthcoming events:

- Launch of NCG No.29 Unexpected Intraoperative Life-Threatening Haemorrhage on 16<sup>th</sup> May, Town Hall, Miesian Plaza, Department of Health.
- National Patient Safety Conference on 11<sup>th</sup> October, Dublin Castle. Input from Committee members would be welcomed in relation to the theme of the conference will be “People-related care”

### 12. AOB

The CEU advised of updates to the Modus Operandi which circulated to the Committee in advance of the meeting.

**Discussion:** The Committee welcomed this update. A discussion took place in relation to recent developments in the health system relating to audit including the establishment of the HSE National Centre for Clinical Audit. Consideration also to the need for implementation of National Clinical Guidelines and National Clinical Audit in both public and private health facilities.

**Action 3: NCEC to review the Modus Operandi for discussion and approval at the next NCEC meeting**

The Chair asked the Committee to reflect on the outputs from the NCEC Reflection day in 2019. The Chair advised the Committee that this will be tabled as an agenda item at a future NCEC meeting.

**Action 4: CEU to include outputs from 2019 NCEC Reflection day as agenda item at a future NCEC meeting.**

### 13. NCEC meeting dates 2022

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

- **Thursday, 26<sup>th</sup> May, at 2.30pm** - to be confirmed if virtual or in-person.

#### Meeting dates for the remainder of 2022 as follows:

- Thursday 29<sup>th</sup> September, 14:30-16:30.
- Thursday 24<sup>th</sup> November, 14:30-16:30.

#### Agreed actions

No.	Summary	Responsible person/s
1.	NCEC members requested to submit annual return of a declaration of interest form to the CEU.	NCEC members
2.	CEU to engage with guideline and audit development groups as appropriate to operationalise the time frames into the NCEC Framework for Endorsement of National Clinical Guidelines and Audits.	CEU
3.	NCEC to review the Modus Operandi for discussion and approval at the next NCEC meeting.	NCEC members.
4.	CEU to include outputs from 2019 NCEC Reflection day as agenda item at a future NCEC meeting.	