Minutes

National Clinical Effectiveness Committee Department of Health

1st December 2022, 14:00 - 16.00, in person meeting,

Department of Health, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

Members Present:				
Ms Karen Greene				
Office of the Chief Nursing Officer (CNO), Department of Health (Interim Chair for this meeting)				
Mr Gary Kiernan	Professor Anne Marie Brady			
Mental Health Commission	Nursing and Midwifery Education Bodies			
Ms Christina Donnelly Ms Collette Tully				
Patient representative	National Office for Clinical Audit			
Ms Michelle O'Neill	Michelle O'Neill Dr Siobhán Ní Bhríain			
Health Information and Quality Authority (HIQA)	Quality Authority (HIQA) Office of the Chief Clinical Officer (CCO), Health			
	Service Executive (HSE)			

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Professor Gerry Fitzpatrick	Mr John Hurley	
Chair, National Clinical Effectiveness Committee (NCEC)	Private Hospitals Association	
Dr Elaine Breslin	Dr Geraldine Shaw	
Health Products Regulatory Authority	Office Nursing and Midwifery Services, HSE	
Professor Colette Cowan	Dr Máiréad O'Driscoll	
Forum of Hospital Groups CEOs	Health Research Board	
Dr Cathal O'Keeffe	Mr Dónal Clancy	
State Claims Agency (Head of Clinical Risk)	Health Insurance Council	
Mr Richard Lodge	Dr Mairéad O'Driscoll	
Health and Social Care Regulatory Forum	Health Research Board	
Dr Máirín Ryan		
Director – HRB-CICER (Observer)		

Secretariat – Clinical Effectiveness Unit (CEU), Department of Health:		
Rosarie Lynch,		
Head of Clinical Effectiveness and Antimicrobial Resistance, NPSO		
Deirdre Holland, Michael Carton, Marion Cullinan, Luise Redmond		
Clinical Effectiveness Unit (CEU), NPSO		

1. Welcome, introductions and apologies

The Chair welcomed all members. Apologies were noted as listed above. The Chair explained this meeting had a single item agenda, to consider the Quality Assurance (QA) Report of the new NCEC National Clinical Guideline in development on Infection Prevention and Control (Ref: CG-43).

2. Conflict of interest declarations (NCEC members)

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.

3. Minutes

It was agreed that the Minutes of the previous meeting (20th October 2022) and the present meeting would be finalised and adopted at the next meeting with the NCEC Chair.

4. National Clinical Guidelines

a) An overview of a QA Report of the new NCEC National Clinical Guideline in development on Infection Prevention and Control (Ref: CG-43) was presented. The report circulated to members in the pre-meeting pack.

Discussion: The Chair noted that the recommendation of the appraisal team to the NCEC was to recommend the clinical guideline for endorsement following minor amendments approved by the CEU (Recommendation B). There was discussion as to the strengths of the proposed guideline, including support for the non-pathogen specific approach of the guideline. It was noted that the guideline scope was broad and committee members queried the feasibility of implementation.

The secretariat outlined that this guideline was unique in that it had largely already been implemented in practice, due to mush of the evidence having been reviewed and it being drafted in close proximity to the onset of the COVID-19 pandemic. It was implemented as a HSE interim guideline out of necessity to support the pandemic response. In addition, the HSE Antimicrobial Resistance and Infection Control (AMRIC) National Team reviewed implementation and incorporated feedback into the guideline, publishing a version 2 interim guideline in January 2021. This guideline submitted to the NCEC builds on this and also includes the implementation plan and budget impact analysis as per NCEC criteria.

It was further noted that, prior to this guideline, NCEC NCGs No. 2 (Prevention and Control Methicillin-Resistant *Staphylococcus aureus*) (MRSA) and No. 3 (Surveillance, Diagnosis and Management of *Clostridium difficile* Infection in Ireland) provided IPC guidance on a disease specific basis. It is envisaged that NCGs No. 2 and No. 3 will be superseded by the new IPC guideline. The secretariat noted that a review was planned to identify any areas in NCG No. 2 and NCG No. 3 that are not covered by this new guideline, and any gaps identified would be highlighted and discussed with HSE AMRIC so that appropriate arrangements for guidance could be put in place.

Decision:

The NCEC would like to compliment the Guideline Development Group (GDG) on the high quality of the guideline, as demonstrated by the aggregate AGREE II score of 81%. It was considered that the work on the guideline has been comprehensively undertaken and reported. It was noted that the guideline is of substantial scope given the breadth of the topic covered and, while this is unusual, it is in line with the intention for a single guideline to cover IPC and ensure consistency across all relevant disease areas. The GDG are also to be highly commended for receiving input from three international reviewers, which exceeds the NCEC criteria for this requirement. In particular, the NCEC noted that this guideline is unusual in that earlier versions have already been implemented and used to support the response to COVID-19 and, as such, this NCEC version is built on previous experience of implementation in the services.

Next steps agreed were that CEU would prepare the Quality Assurance Report for the GDG. Members were invited to submit any further comments. A formal letter would be issued thereafter to the Chair of the Guideline Development Group (GDG.

Action 1: CEU prepare an updated report and issue formal decision letter to GDG.

5. Meeting close out

On the interim meeting chair thanked all members and attendees for their time and contribution.

Dates for 2023 meetings are to be agreed and will be advised in due course.

Agreed actions

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	No.	Summary	Responsible person/s
	1.	CEU to prepare an updated report and issue same with formal decision letter	CEU
١		to GDG for CG-043.	