



**Minutes
National Clinical Effectiveness Committee (NCEC)
Thursday 10th October 2019**

Present	Apologies
Prof Karen Ryan (Chair) Dr Anne Marie Brady Dr Elaine Breslin Prof Colette Cowan (Dial in) Ms Brigid Doherty Ms Christine Donnelly Ms Rachel Kenna Ms Marita Kinsella Mr Liam Morris Dr Cathal O'Keeffe Dr Máirin Ryan Ms Colette Tully	Mr Donal Clancy Dr Gerry Fitzpatrick Dr Colm Henry Mr John Hurley Mr Richard Lodge Mr Darrin Morrissey Ms Rosemary Smyth

Secretariat: Ms. Susan Reilly

Clinical Effectiveness Unit: Dr Sarah Condell, Ms Pauline Dempsey, Ms Claudine Hughes and Dr Mary McGeown.

Apologies: Ms Jenny Hogan

Item 1 Welcome and apologies

Apologies as per table above. The Chair welcomed Claudine Hughes, new Clinical Effectiveness Officer to the meeting.

Item 2 Conflict of Interest Declarations

No verbal COIs were declared.

Item 3 Minutes (16th May, 2019)

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

Item 4 Matters arising from Minutes

No matters arising.

Item 5 Correspondence

The Director NPSO advised that Ms Mary Wynne submitted her resignation to the Committee as she has retired from the HSE. Ms Wynne's huge personal contribution to the work of the NCEC was noted and appreciated. A letter of thanks from the Minister has issued to Ms Wynne. There will be a vacancy on the NCEC until such time as her position in the ONMSD is filled.

Prof Dermot Malone's resignation as Chair of the Education and Training subgroup during the Summer was also noted. His contribution to the work of the subgroup was commended and the Minister has also written a letter of thanks to Prof Malone. The Chair will await the outcome of the NCEC Reflection Day before considering a further appointment to this sub-group.

Item 6 – National Clinical Guidelines

6(a) List of NCGs and guidelines in development (for information)

The number of clinical guidelines in development and nearing completion was noted by the Committee.

Discussion: GDG -048 Clinical Concussion guideline was raised. The notice of intent was received in April 2017 and an officer presented at the guideline group meeting 2 months later. No further information received so an enquiry email was sent May 2019 and a follow up meeting was held to discuss the prioritisation criteria and NCEC process. There has been no further contact despite 2 reminder emails.

Decision: It was agreed that CEU would write to the Chair requesting a clear intention by year end whether they intend to submit a Guideline for prioritisation to the NCEC or alternatively withdraw the notice of intent. Failure to respond will lead to removal of the guideline from the active 'list of guidelines in development', published on the Departments website. It was clarified that this action does not preclude the GDG from reengaging with the NCEC at any stage in the future.

Action 1: CEU to write to the Chair of the Clinical Concussion guideline to seek clarification.

6 (b) Second quality assurance report for CG-040 Nutrition screening and use of oral nutrition support for adults in the acute care setting (circulated prior to meeting for decision).

The background to this clinical guideline was presented with a reminder to members that it was considered previously in May 2019. The GDG resubmitted a revised clinical guideline and BIA for review by the appraisal team as requested then. This 2nd submission was supported by a detailed response to every point in the appraisal report. The appraisal team were of the view that all points had been adequately addressed in the second submission. The economic reviewer was also satisfied and made some suggestions to improve clarity only. The recommendation from the appraisal team is b) Recommend the clinical guideline for endorsement following minor amendments approved by the CEU.

Discussion: A short discussion took place on the terminology around opportunity costs in the BIA and whether GDGs have an understanding of the practical applications of same to the guideline implementation process. The Committee was advised that HRB-CICER discuss the requirement with the GDG at an early stage in the process and GDGs are now more aware of requirement for BIAs and implementation planning. It is, however, acknowledged within the system that the funding does come through, albeit at a lagged interval occasionally.

The issue of the slow implementation of guidelines was raised and the effect this may have on GDGs and front line staff. It was agreed that GDGs are aware that there is a requirement for a very clearly laid out incremental process for implementation. Implementation of guidelines is tracked through KPIs and the HSE Performance Profile Reports and these are noted in the NCEC Annual Report.

Decision: The QA decision to recommend clinical guideline for endorsement following minor amendments approved by Clinical Effectiveness Unit, DoH was agreed.

Action 2: CEU to write to Chair, GDG and advise them of positive recommendation for endorsement.

Action 3: CEU to arrange a ‘Lunch and Learn’ session on the Estimates Process at some date in the future.

6 (c) CG-042 Clinical risk in pregnancy (circulated prior to meeting for decision)

The QA report on the CG was presented. The appraisal team noted the amount of work which the GDG had done and recognised that it is the first in a suite of NCGs commissioned to support the National Maternity Strategy. The team recommended the clinical guideline for endorsement following significant, but not fundamental, amendments approved by the appraisal team. However, it was flagged that HSE corporate sign-off is outstanding for the GDG. The NCEC now need to decide if they wish to proceed with a decision or refer consideration until the next meeting.

The Head of Clinical Effectiveness advised that corporate sign off was introduced by the NCEC in 2018 to ensure the system took ownership of the implementation of the CG. It was worth noting that the last occasion the QA of a CG was delayed due to lack of corporate signoff resulted in a delay of 9 months and a further year until the guideline was launched.

Discussion: C Cowan advised that she may be able to assist to obtain corporate sign-off for the CG. The Committee agreed there were no concern about the guideline and that it is a priority for improving functionality in the system. It was noted that after the amendments were made, the second submission will be reviewed by the appraisal team and a second QA report will be presented to this committee.

Agreed: CEU to advise the GDG that the QA recommendation has been made pending sign off from the HSE corporate team.

Action 4: CEU to contact the Chair, GDG advising that the QA recommendation has been made pending sign off from the HSE corporate team.

Item 7 National Clinical Audit

Head of Clinical Effectiveness presented an update on the Patient Safety Bill, Part 5 Clinical Audit. Officials of the Department and the Office of the Parliamentary Counsel (OPC) are continuing to progress the Patient Safety Bill. The (OPC) have prioritised the drafting as it remains a Ministerial priority and a clinical officer is working closely with the OPC on Part 5 Clinical Audit and protections from FOI if the clinical audit is carried out as defined in the Bill. It is expected that the Patient Safety Bill will be introduced in the Autumn Dáil session and become law in 2020.

NPEC have submitted a ‘Notice of Intent Form’ to have the Perinatal Mortality Clinical Audit prioritised and quality assured by NCEC. This is a mature national audit, having been in place nationally for seven years. An appraisal group will be established to manage the process as per the 2015 Framework for QA and Prioritisation of National Clinical Audit. The NPEC presented their seventh report to the Department last week, the report will be published via Twitter on 25th October 2019.

The Hip Fracture Annual Report 2018 was presented to the Department in September. There has been a big improvement in some of the standards due to the Best Practice Tariff. The report will be launched on November 12th, 2019 at the Irish Hip Fracture conference in the RCSI. If anyone

interested in attending, they can register here: <https://www.noca.ie/events/irish-hip-fracture-meeting-2019>

The Radiology Clinical Audit remains on hold pending the enactment of the Patient Safety Bill.

It was noted that the HSE Review of Clinical Audit report has been drafted.

Discussion: The committee was advised that the HSE National Clinical Audit review is expected to launch through the CCO's office in the next month. The Chair queried if there was any need for the NCEC to engage with the NPSO on the PSB. Director of NPSO told the Committee that the DoH is engaging with stakeholders on the Patient Safety Bill. The NPSO welcomes the views of the multi stakeholder representation on the NCEC on the Bill. It was agreed that the harmonisation of clinical audit via part 5 of the PSB was in the best interest of patients.

Item 8 Public Involvement

(a) Update on Department policy 'Selection and payment of public representatives'.

A Clinical Effectiveness Officer told the NCEC that in recognising and advancing the contribution of patient representatives in developing and reforming health services, the Department has commenced work in relation to the development of a policy for the selection and payment of patient representatives. This work is progressing with upcoming stakeholder engagements scheduled in the coming weeks. An NCEC patient representative member has been inputting to the policy.

Item 9 NCEC Events in 2019

a) NCEC Meeting dates in 2019: 21st November 2019

Dates proposed for 2020:

1. Thursday 27th February 2020
2. Thursday 21st May 2020
3. Thursday 8th October 2020.
4. Thursday 3rd December 2020.

b) NPSO Conference date: Wednesday 13th November.

c) Guideline launches: NCG No.21 Appropriate prescribing of psychotropic medication; 5th December, 2019.

Item 10 NCEC Reflection 21st November paper circulated for consideration.

The Head of Clinical Effectiveness advised that when there is a change of membership the modus operandi of the NCEC is updated. The team has highlighted a number of areas in the document which the members should consider in advance of 21st November. The Chairs of the NCEC sub-groups have been invited to the session to give their feedback on sub-group workings. A proposed timetable has been set out for the meeting. Members' feedback on the MO should be provided to CEU within the next 5 working days.

Induction for those new members of the NCEC who have not yet participated in the course will be factored in before 21st November or on 21st November.

A.O.B. –

Actions Arising

	Action	Responsibility
1	CEU to write to the Chair of the Clinical Concussion guideline to seek clarification	CEU
2	CG-040 Nutrition screening , CEU to write to Chair, GDG and advise them of positive recommendation for endorsement.	CEU
3	CEU to arrange a ‘Lunch and Learn’ session on the Estimates Process at a date in the future	CEU
4	CG-042 Clinical risk in pregnancy , CEU to contact the Chair, GDG advising that the QA recommendation has been made pending approval from the HSE corporate team.	CEU

Prof. Karen Ryan
Chair