

Notes and actions from IPC CSG meeting 16th May 2011

Present

Sara Kenyon-Lead (SK), Tim Draycott (TD), Kim Hinshaw (KH), George Bugg (GB), Andrew Weeks (AW), Tina Lavender (TL), Julia Sanders (JS), Ali Brodrick (AB), Julie Jomeen (JJ), Lee Middleton (LM), Andy Ewer (AE), Rachel Collis (RC), Isabella Karimov (IK), Jenny Drew (JD), Ruth Hewston (RH), Lucy Ingram (LI).



Apologies: Kirsty Dundas, Jane Sandall

1. **The composition of the group** was agreed as appropriate – involvement from Industry should be considered and may be appropriate.
2. The group agreed their **ground rules**
 - Confidentiality
 - Active engagement with group
 - Shared responsibility for meeting the CSG objectives
 - Respect and trust for each other
 - Willingness to be open and honest
 - Safe and environment for discussion, where all views are of equal importance
 - Plain English would be used

Confidentiality was felt to be particularly important and a form will be signed by all members.

It was agreed that declaration of any conflicts of interest would also be required.

ACTION: SK to send Conflict of Interest form to all members

KH and TD to send confidentiality agreements they have used

SK to revise and send round confidentiality agreement

3. Purpose of the group

- After much debate it was agreed that the purpose of the group was to improve the quality of research submitted, and thus funded, but this would not involve repeating support already available to researchers from Clinical Trials Units or Research Development Services.
- The group would see projects from a one line idea to a full proposal and all stages in between and the amount of support offered to researchers would reflect the stage the proposal was reviewed, the quality of the application and the needs of the researcher.
- Studies would also be reviewed for their relevance to our agreed priorities, their clinical relevance and whether it was felt clinicians would recruit to them.
- There was not the expectation that members of the Group would become actively involved in applications but that this may happen if members wanted to.
- Projects would be reviewed from the one line idea to a full proposal and that would be reflected in information about the group and on the website.
- The Working Group would be used to share the priorities developed, whether they are of interest to clinicians and thus potentially studies that units would recruit to.

4. Review of studies

- It was agreed that studies would be presented by 2 people whether that meeting or by phone conference. Presenters would be chosen by SK. Comments from the parents on the group and LM would always be requested.
- In order for us to have sufficient time to give proposals it was agreed that researchers would be asked to submit them 4 weeks before meetings.
- Studies would be scored using a system adopted by RfPB.
- Attendance at the CSG meeting by researchers would be encouraged-either in person or by phone. It was agreed that researchers would be asked to leave when the CSG scored the project and gave final comments. This would include members of the CSG if they were involved in a project or it was from their University.
- Feedback to researchers would be agreed by consensus and standard letters would be developed. It had been agreed at the Chairs of the CSGs meeting in London that these would be developed. The letter would also contain the amount of involvement from CSG and the time they had been given to consider the proposal.

ACTION: GB to send details of scoring system used by RfPB.

Standard letters to be developed by Chairs of CSGs

5. Frequency of meetings and travel expenses

- It was agreed the group would meet 3 times a year initially.
- Meetings would take place at University of Birmingham as it was agreed this was convenient to everyone.
- BMFMS had given £3000 for the next three years expenses so if people had access to other resources to pay expenses this would be much appreciated.
- Completed expenses from this meeting would need to be with SK in the next 2 weeks so she can send them off for payment.

ACTION: SK to send round 'doodle' for September, January and May next year.

Expense forms to be sent to SK in next 2 weeks.

6. Liaison with Cochrane collaboration

It was agreed there was potential for us to highlight areas where reviews could be undertaken and also for Cochrane to highlight published reviews that required further research.

ACTION: TL to discuss further with Cochrane Collaboration.

7. Development of research priorities

- After much debate it was agreed that the group would adopt the research priorities, including the key research recommendations, identified by the NICE Induction of Labour and Intrapartum Care Guidelines.
- The guideline on Caesarean Section was currently being updated and the research recommendations from that would be adopted when it was published this month.
- For the moment the group would focus on the UK research agenda and would consider international studies as the group developed.
- After discussion 4 areas from within the NICE recommendations were agreed as being priorities

- Investigation of the components affecting woman's satisfaction with her birth experience, including her emotional and psychological wellbeing. A robust method of assessing a woman's satisfaction is also needed.
 - Strategies to improve outcomes for women delayed in the first stage of labour.
 - Birth after caesarean section.
 - Place of initiation for induction of labour.
- If requested it was agreed that the need for a systematic review/evidence synthesis on the tools currently available to look at women's birth experience was a priority.
 - It was agreed that at the next meeting the group would agree their priorities within the NICE recommendations and that this was best done outside the formal meeting.
 - **With reflection I believe this would best be done by each member choosing their top five and prioritising them in order of importance (1,2,3,4,5).**
 - There was also agreement that it was important to good quality research outside the NICE recommendations and this would be stated on the website.

ACTION: SK to discuss with Steve Thornton how our research priorities will be used.

SK to pull together research recommendations from NICE Guidelines.

Increasing knowledge of the CSG

- SK has taken a stand at the Perinatal Congress in Harrogate in June. It was agreed this was a good way of presenting the Group and that as many members as possible would 'man' the stand.
- The flyer for delegates' packs was agreed.
- It was agreed the use of a website would be important method of communicating the groups' existence and objectives.
- Research priorities, timelines, a template for information requested by the group, together with any conflicts of interest would also be on the website.
- A 'blog' was also felt to be appropriate and would be discussed once more information was available.

ACTION: SK to circulate dates and times stand needing 'manning'.

AE, Kirsty Dundas and Jane Sandal to complete.

SK to establish which website would be appropriate and how information would be uploaded.

Discussion of HOLDS trial took place.

The meeting then closed.