

National Clinical Guideline Centre for Acute and Chronic Conditions

HIP FRACTURE GUIDELINE

7th Guideline Development Group Meeting

Tuesday 9th March 2010, 10.30 – 16.00
NCGC Office Euston Road, London

Minutes of the meeting

Present:

GDG members: Professor Cameron Swift (CGS), Dr Antony Johansen (AJ), Mr Bob Handley (BH), Ms Karen Hertz (KH), Mrs Heather Towndrow (HT), Ms Tessa Somerville (TS), Mr. Martin Wiese (MW), Professor Opinder Sahota (OS), Dr Sally Hope (SH) and Mr Anthony Field (AF).

NCGC Saoussen Ftouh (SF), Elisabetta Fenu (EF), Carlos Sharpin (CS), Sarah Riley (SR), Jenny Hill (JH), Antonia Morga (AM), Joanna Ashe (JA)

Apologies: Dr Richard Griffiths (RG), Mr Tim Chesser (TC), Professor Sallie Lamb (SL)

Agenda Item

Discussion/Outcome

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| 1. Introductions and apologies for absence, minutes of the last meeting and declaration of interests | <p>CGS welcomed everyone to the 7th Hip Fracture GDG meeting.</p> <p><u>Apologies:</u>
CGS noted apologies from TC, RG and SL.</p> <p><u>Minutes:</u>
The minutes of the last meeting were agreed as being accurate.</p> <p><u>Declarations of interest (DOI):</u>
OS, SH and KH declared a non personal, non pecuniary interest regarding their involvement in the Map of Medicine project with the Department of Health.</p> <p>There were no other changes in GDG members' and NCGC staff DOIs since the last meeting.</p> <p>No actions were taken following these declarations and none of the GDG members needed to withdraw from discussions as a result of conflicting interests.</p> |
| 2. Feedback from Multidisciplinary | <p>AJ and OS presented the recommendations drafted during the multidisciplinary rehabilitation workshop. These were discussed and</p> |

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rehabilitation workshop (Antony Johansen and Opinder Sahota)	agreed with the GDG after minor additions and changes to the wording (see relevant write up chapter). The GDG also noted that it is important to make consensus recommendations on patients with dementia for whom there is no evidence as they are generally excluded from trials.
3. Feedback from Surgery workshop (Bob Handley)	BH presented the recommendations drafted during the surgical workshop which were discussed and agreed by the GDG.
4. Patient views (Carlos Sharpin)	CS presented the preliminary results of a literature search on hip fracture patient views and education. The GDG suggested other issues to consider: <ul style="list-style-type: none">➤ Carer as well as patient education (HT)➤ Clinician honesty and communication about the true consequences of the disease (AF)➤ Perception of certain emergency analgesics (MW)➤ Closeness of hospital to home (SH)
	Action: CS to consider additional points above
5. Carer involvement (Sarah Riley)	SR presented the results of a literature search on involvement of carers in the rehabilitation of hip fracture patients. She reported that no papers were found to be relevant to this clinical question and should it wish to do so the GDG will have to make a recommendation based on consensus. AJ suggested that he would double check to see if any papers have been missed.
	Action: AJ to see if there are any relevant papers that may have been missed.
6. Early versus late surgery (Sarah Riley and Antonia Morga)	The GDG discussed the draft recommendations on early versus late surgery. The GDG agreed that this is an important question and that the recommendation will have to bring together, surgeons, anaesthetists and orthogeriatricians and will need to be revisited. AM confirmed that the health economics implications for this question have been reconsidered and that it is now a high priority for economic analysis. CGS suggested that there will need to be a meeting set up between the surgeons, their Trust managers and AM to clarify aspects of the health economic analysis.
	Action: The surgeons, their Trust Managers and AM to meet and discuss economic implications on early versus late surgery
7. Building Decision Models (Antonia Morga)	AM explained the process of building health economics decision models and highlighted the Markov model which is the one to be used in the hip

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	fracture guideline. The GDG agreed that 3 months was the most appropriate cycle length for the economic model for multidisciplinary rehabilitation. With regards to the cost of the interventions, the GDG asked AM to look for any costs that have been reported in the literature and bring back to the GDG to consider if they are appropriate. Action: AM to search for costs of interventions in the literature and bring back to the GDG for discussion.
8. Health economics workshop (Antonia Morga and Elisabetta Fenu)	This item had to be postponed as there wasn't sufficient time to cover it during the meeting.
9. Next Steps (Saoussen Ftouh)	SF outlined the next steps in developing the guideline and highlighted significant dates leading up to submission of the 1 st draft. Action: SF to send dates and locations of health economics workshops
10. Any other business, close and date of next meeting –	CGS closed the meeting and thanked everyone for attending Date of next meeting is Monday 26th April, venue to be confirmed