

# *National Clinical Guideline Centre for Acute and Chronic Conditions*

## **HIP FRACTURE GUIDELINE**

### **13<sup>th</sup> Guideline Development Group Meeting**

**Thursday 27<sup>th</sup> January 2011 10:30- 16:00**

**Location: NCGC Boardroom  
180 Great Portland Street, London W1W 5QZ**

### **Minutes of the meeting**

#### **Present:**

**GDG members:** Professor Cameron Swift (CGS), Mr Martin Wiese (MW), Mr Anthony Field (AF), Mr. Bob Handley (BH), Mr Tim Chesser (TC), Dr Sally Hope (SH), Professor Opinder Sahota (OS), Dr Antony Johansen (AJ) and Karen Hertz (KH).

**NCGC:** Saoussen Ftouh (SF), Carlos Sharpin (CS), Sarah Riley (SR), Antonia Morga and Jenny Hill (JH). Kate Kelly (KK) and Sara Buckner (SB), am only.

**NICE:** Claire Turner (CT), Brett Rocos (BR) and Toni Ardolino (TA).

**Apologies:** Dr Richard Griffiths (RG), Professor Sallie Lamb (SL), Ms Tessa Somerville (TS) and Mrs Heather Towndrow (HT).

| <b><u>Agenda Item</u></b>  | <b><u>Discussion/Outcome</u></b>   |
|--|--|
| 1. Introductions and apologies for absence, minutes of the last meeting and declaration of interests | <p>CGS welcomed everyone to the 13<sup>th</sup> Hip Fracture GDG meeting and introduced SB who is a new Research Fellow at the NCGC. He also introduced, KK, TA and BR who were there to observe the meeting.</p> <p><u>Apologies:</u><br/>CGS noted apologies from RG, SL, TS and HT.</p> <p><u>Minutes:</u><br/>The minutes of the last meeting were agreed as being accurate.</p> <p><u>Declarations of interest (DOI):</u><br/>TC declared that he has a contract with an orthopaedic company (Stryker) to design reduction clamps, instrumentation and update for pelvic ring and acetabular fractures. He was also invited to be on the NHS Map of Medicine Commissioners' toolkit.</p> <p>There were no changes to all other GDG members' and NCGC staff DOIs since the last meeting.</p> |

*National Clinical Guideline Centre for Acute and Chronic Conditions*

| <u>Agenda Item</u>                              | <u>Discussion/Outcome</u>  |
|---|--|
|   | <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>  |
| <p>2. Responses to SH comments:<br/>General</p> | <p>CGS presented a summary of the main recurring themes of the Stakeholder (SH) comments. He highlighted one of the recommendations which suggested referring to other guidelines such as VTE and osteoporosis. The GDG agreed to add a new recommendation which states that hip fracture patients should also be managed according to these guidelines.</p> <p>The GDG discussed stakeholder comments regarding the use of ‘offer’ in recommendations where patients may not be able to make decision about the choice of their treatment. SF mentioned that she had contacted the editor who had suggested different terms in situations where the choice was down to the surgeon for example.</p> <p>The GDG discussed a stakeholder suggestion of defining a score for cognitive impairment. The GDG agreed that this is likely to vary throughout the patients and therefore would not want to state any particular score. The group agreed to define it in a narrative based on the definitions in the papers included in the review.</p> <p>He reminded the GDG that decisions on how to respond need to be made by the end of next week and that the responses must be finalised by the 15<sup>th</sup> of February.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- GDG to finalise their responses to comments by the 15<sup>th</sup> of February.</li> <li>- CGS to add a new recommendation which states that hip fracture patients should also be managed according to other relevant NICE guidelines such as VTE and osteoporosis.</li> <li>- NCGC to amend recommendations using ‘offer’ as per editor’s suggestions</li> <li>- OS to send definition of cognitive impairment to be added to the introduction of the guideline and/or relevant chapter.</li> </ul> |

*National Clinical Guideline Centre for Acute and Chronic Conditions*

| <u>Agenda Item</u>   | <u>Discussion/Outcome</u>   |
|--|---|
| 3. Responses to SH comments: Imaging options in occult hip fractures | <p>SF highlighted the main stakeholder comments on imaging and the GDG discussed how best to respond.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Comment 11.02- isotope scanning has a high rate of false negatives in the first 24 hours therefore would not be in line with recommendations on early surgery.</b></li> <li>- <b>Comment 7.00- the GDG agreed that this is a statement of general considerations and standard practice.</b></li> <li>- <b>Comment 28.03- also standard practice. BH to reword and respond to comment.</b></li> <li>- <b>Comment 28.11- outside the scope of the guideline</b></li> <li>- <b>MW to check responses and amend if necessary</b></li> <li>- <b>TC and BH to give the surgeons' perspective by contributing to the final responses.</b></li> </ul> |
| 4. Responses to SH: Analgesia  | <p>SF highlighted the main stakeholder comments on analgesia. She mentioned that she had already formulated responses with the help of RG. The GDG discussed the comment about the use of NSAIDs in younger patients and elderly patients who are already on them. The GDG agreed that the recommendation should not change as NSAIDs should always be avoided regardless of the age of the patient.</p> <p><b>Action:</b></p> <p><b>The working of the recommendation on NSAIDs should not change. SF to check with RG if he agrees.</b></p>   |
| 5. Responses to SH comments: Anaesthesia                             | <p>SF mentioned that there were only 3 comments on anaesthesia. Two were technical and the NCGC would respond to them and one already had a response from RG which the GDG agreed with.</p>   |
| 6. Responses to SH comments: Hospital MDR                            | <p>The GDG discussed the main issues raised by the SHs and agreed on some clarifications to the recommendations and definitions.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>- <b>Rec 1.8.1 AJ to add bullet point to include 'service governance'</b></li> <li>- <b>Comment 3.04- SF to try to re-order rec 1.8.1 &amp; 1.8.2 in the KPIs to see if it reads well otherwise keep in current order. Let editor know if the order changes.</b></li> <li>- <b>Add an explanation of Orthogeriatrician as per intro</b></li> <li>- <b>Add a definition of HFP using a combination of the definitions - provided in the Naglie et al and Vidan et al papers.</b></li> <li>- <b>Rec 1.8.3 use AJ's rewording</b></li> </ul>  |
| 7. Responses to SH comments: Community MDR                           | <p>SR highlighted the main issues that were raised by stakeholders on community MDR. The GDG discussed how best to respond.</p>   |

*National Clinical Guideline Centre for Acute and Chronic Conditions*

| <u>Agenda Item</u>                                   | <u>Discussion/Outcome</u>   |
|--|---|
|  | <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>- <b>Rec 1.8.4- OS to re-word the recommendation using the definition of cognitive impairment stated in the Crotty et al paper as a basis but should change the word ‘capacity’ to ‘ability’.</b></li> <li>- <b>Add narrative description about the inclusion of other hip fracture patients</b></li> <li>- <b>Rec 1.8.6- use editor’s suggestion for rewording</b></li> </ul>  |
| 9. Responses to SH comments:<br>Timing of surgery    | <p>There were only a small number of comments on this section which were mainly related to correcting co-morbidities. The GDG agreed that they did not want to include more details in the recommendations and decided to keep it as it is.</p> <p>AM mentioned that there were some comments that were unclear and that she is awaiting clarifications from SH before she could proceed. All other health economics comments did not seem to be too difficult to resolve.</p>  |
| 10. Responses to SH comments:<br>Surgeon seniority   | <p>CS highlighted the main comments on surgeon seniority for the GDG discuss and agree changes if necessary.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>- <b>Comment 10.05 Rec 1.5.1 use Bob’s suggestion for a more positive rewording but change ‘nursing’ to ‘theatre’ team.</b></li> <li>- <b>Include a definition of planned trauma list</b></li> <li>- <b>Comment 5.00 – Rec 1.5.2 no change to recommendation required. -</b></li> <li>- <b>Use TC’s response in the comments table</b></li> </ul>                      |
| 11. Responses to SH comments:<br>Surgical procedures | <p>CS and SR presented the main comments on surgical procedures. The GDG discussed these and agreed on changes that needed to be made.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>SR to do a sensitivity analysis to see if the studies comparing newer (later than 2000 studies) make a difference to the results.</b></li> <li>- <b>Rec 1.6.3 define ‘independently mobile’ within bullet point one using definition provided in the paper.</b></li> </ul>   |
| 12. Responses to Stakeholder comments: Mobilisation  | <p>The GDG discussed a recurring comment about what is meant by ‘regular’ physiotherapy. It was agreed that the group couldn’t specify a time as this wasn’t included in the literature and that physiotherapy would be part of MDR and therefore reviewed as per HFP.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>The GDG agreed the response should mention that there was no evidence to suggest a specific time and that the GDG envisage that physiotherapy would be part of the continued co-ordinated</b></li> </ul> |

*National Clinical Guideline Centre for Acute and Chronic  
Conditions*

| <u>Agenda Item</u>   | <u>Discussion/Outcome</u>   |
|--|---|
|  | <p><b>multidisciplinary review as stated in the recommendation 1.8.1 regarding a Hip Fracture Programme.</b><br/> <b>- SR to contact SL for her response</b></p>  |
| 13. Responses to SH comments: Patient and carer views and information for patients | CS reported that there was only one minor change in the wording of the recommendation and that is to remove the word 'likely' which appears before 'long-term'.   |
| 14. Any other business   | <p>CGS re-emphasised that the GDG need to complete the responses to SH comments by the 15<sup>th</sup> of February to allow enough time for the NCGC staff to make the necessary changes in the guideline before submission.</p> <p>SH asked about the next steps in the process. SF explained that the guideline documents will be amended according to SH comments and a second draft will be submitted in February. An external Guideline Review Panel will check that the GDG have responded to all SH comments appropriately after which there maybe some minor changes. The guideline will then go through a pre-publication check then a process of being signed off by NICE and is due for publication in June.</p> |
| 15. Close and date of next meeting   | <p>CGS closed the meeting and thanked everyone for attending</p> <p>Close and provisional date of next meeting – <b>Wednesday 30<sup>th</sup> March 2011 (The Royal College of Physicians, 11 St. Andrews Place, Regent's Park, London NW1 4LE</b></p> <p>The GDG asked if the March meeting could be changed as many can't make it on that day.</p> <p>CGS suggested having drinks after the meeting as it will be the last.</p> <p><b>Action:</b><br/> <b>SF to look into changing the March meeting date.</b></p>  |