

National Institute for Health and Clinical Excellence

Complex Fractures  
Scope Consultation Table  
28<sup>th</sup> February 2013 – 28<sup>th</sup> March 2013

Type		Stakeholder	Order No	Section No	Comments	Developer's Response
SH	1	Alder Hey Children's NHS Foundation Trust	1	Section 4.3.1a Initial triage/management pre-hospital	Please insert each new comment in a new row. This section should also include haemorrhage control measures, especially if the scope includes pelvic fractures.	Please respond to each comment Thank you for your comment. This area will be covered by the major trauma guideline.
SH	2	Association of Anaesthetists of Great Britain and Ireland (AAGBI)	1	4.3.1b	Need for the management of associated major haemorrhage. Please see ..... link to Major Trauma Guideline	Thank you for your comment. This area will be covered by the major trauma guideline.
SH	3	Faculty of Intensive Care Medicine'	1	General	There needs to be guidance on how to approach multiply injured ICU patients with complex fractures who have other injuries. This must include guidance on optimal timing for various treatments taking into account consideration of other organ function. Significant morbidity/disability and/or mortality may result from poor management of complex fractures in the critically ill patient.	Thank you for your comment. The complex fracture guideline will cover all adults, young people and children with a complex fractures that result from a major trauma. Consideration of other organ function is not within the remit of this guideline, but the multiply injured patient will be considered in the major trauma guideline, where appropriate.
SH	4	Faculty of Intensive Care Medicine'	2	4.3.1	In the case of the critically ill preservation of limb and function needs to be highlighted so it is not sacrificed by poor triage, assessment and resuscitation. This must be reinforced as being	Thank you for your comment. Assessment, triage and resuscitation are all topics, which will be covered by the trauma suite of guidelines. The multidisciplinary approach is

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					part of the multidisciplinary approach.	an issue for each of the trauma guidelines and the service delivery guidance scope. The timing of action to preserve limbs and the recognition of vascular compromise has been included in the scope.
SH	5	Faculty of Intensive Care Medicine'	3	4.3.1g	Skill levels across the multidisciplinary team need to be viewed, not just an orthopaedic surgeon.	Thank you for your comment. We agree and now refer to the multidisciplinary team in the scope and have included skills to be present within the multidisciplinary team.
SH	6	Bioventus (Formerly Smith & Nephew)	1	3.2d	Bioventus are pleased to see that this guidance will include non-surgical management of complex fractures and that the scope makes specific mention of patient types that may have impaired healing. NICE IPG 374 and MTG12 both give positive guidance on the use of Low Intensity Pulsed Ultrasound and EXOGEN, respectively, in these patient types.	Thank you for your comment. This section is a concise introduction to the topic and does not set out the areas to be covered by the guideline.  Impaired healing would be a clinical issue for longer term management, and longer term management is outside the scope of this guideline and will not be covered.
SH	7	Bioventus (Formerly Smith & Nephew)	2	3.2e	Similarly, Bioventus are pleased to see that this guidance will include specific detail regarding the post-treatment phase of complex fracture management. NICE IPG 374 and MTG12 both give positive guidance on the use of Low Intensity Pulsed Ultrasound and EXOGEN, respectively, in this phase.	Thank you for your comment. This section is a concise introduction to the topic and does not set out the areas to be covered by the guideline. Longer term management is outside the scope of this guideline and will not be covered. NICE IPG 374 and MTG12 are included in the published guidance section of the scope.
SH	8	Bioventus (Formerly Smith & Nephew)	3	4.4a	Will the guidance include specific reference to infection and address ways of reducing / minimising infection?	Thank you for your comment. The developers have not prioritised infection as a specific area for review to be included in the scope, but may consider outcomes concerning infection if

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						they are appropriate for individual review questions.
SH	9	Bioventus (Formerly Smith & Nephew)	4	4.4b	There is a wide range of patient focussed outcomes in the draft. Will the guidance also include reference to clinical outcomes of fracture healing, such as the bridging of cortices on X-ray, or return to painless weight bearing? Much of the data that concerns the success of fracture healing techniques will only report these measures	Thank you for your comment. The GDG decide on and prioritise specific outcomes when setting the protocols for each review question. If outcomes concerning fracture healing are appropriate for the review question they will be included.
SH	10	Bioventus (Formerly Smith & Nephew)	5	4.3.f	Bioventus requests that the ongoing management plan section includes non-operative techniques that have been shown to improve bone healing in complex cases	Thank you for your comment. The developers have not prioritised non-operative techniques as a clinical area to be included in the scope, but NICE guidance on improving bone healing will be referred to as necessary.
SH	11	Deltex Medical	1	General	We suggest that MTG3 (oesophageal Doppler monitoring for intraoperative fluid management in major and high risk surgery) should be taken into consideration when making any recommendation regarding surgical care of complex fractures.	Thank you for your comment. CardioQ-ODM (oesophageal Doppler monitor). NICE medical technologies guidance 3 (2011) has been included in NICE related guidance and will be cross referred if appropriate.
SH	12	Department of Health	1	General	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
SH	13	Hip Impact Protection Ltd	1	4.5	There is no mention of any intervention to prevent patients who have had a fall and broken a hip falling and fracturing another hip. Candidates would include shock absorbent flooring and hip protectors. A National Audit of Falls report in May 2011 stated that "The most	Thank you for your comment. This is covered by the NICE hip fracture guideline CG124; hip fractures are outside the remit of this guideline.

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					important principle of care is to respond to the first fracture in order to prevent the second." Evidently this is being ignored.	
SH	14	National Osteoporosis Society	1	General	The National Osteoporosis Society welcomes the development of a clinical guideline on 'Complex fractures: assessment and management of complex fractures'	Thank you for your comment.
SH	15	National Osteoporosis Society	2	4.3.2	Fractures in people over the age of 50 years present an opportunity to assess their bone health and reduce further fractures. While prevention of fractures and management of osteoporosis are excluded from the scope, we would urge NICE to highlight the importance of secondary fracture prevention in this guidance. Fracture Liaison Services are a cost and clinically effective way of achieving this and are recommended by relevant professional bodies, the National Osteoporosis Society and the Department of Health.	Thank you for your comment. Fracture prevention, including secondary prevention has not been prioritised by the developers as an area for inclusion in the scope.
SH	16	NHS Direct	1	General	Although it is less likely that remote telephone assesment will be undertaken for someone with suspected complex fractures, please consider this area of care when developing the guidance.	Thank you for your comment. The developers agree this is an important issue, which has not been prioritised as an area for inclusion in the scope because it was considered to be a relatively new service, with substantial variation in the way the service is conducted and unlikely to have been evaluated sufficiently to be able to conduct a review. Instead the developers have prioritised on the assessment of the first pre hospital care responder.
SH	17	Royal	1	General	The Royal College of Nursing welcomes	Thank you for your comment.

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		College of Nursing			Please insert each new comment in a new row. proposals to develop this guideline	Please respond to each comment
SH	18	Royal College of Nursing	2	General	The draft scope for the complex fractures guideline seems to have covered the majority of clinical aspects in the acute phase and is presented with a logical and straightforward approach, even though this is often not a straightforward area.	Thank you for your comment.
SH	19	Royal College of Nursing	3	3.2a	Change reference to 'accident and emergency' to 'emergency (departments).....'	Thank you for your comment. This has been amended.
SH	20	Royal College of Nursing	4	3.2b	Multidisciplinary surgical teams dealing with open fractures comprise surgeons, includes nurses and physiotherapists and not only surgeons.	Thank you for your comment. This section on current practice, contains wording from a recommendation by BAPRAS/BOA. (Nanchahal J, Nayagam S, Khan U, Moran C, Barrett S, Sanderson F, et al. Standards for the management of open fractures of the lower limb. London: Royal Society of Medicine Press; 2009. Available from: <a href="http://www.bapras.org.uk/page.asp?id=724">http://www.bapras.org.uk/page.asp?id=724</a> .)  The clinical management section of this guideline does not mention specific disciplines and we refer to the skills present within the MDT.
SH	21	Royal College of Nursing	5	3.2d	Optimum surgical treatments may also depend on patient preference. For example, a patient may, no matter what they are advised, completely refuse an amputation even though limb salvage would not be expected to be successful. This is of particular significance in certain cultures, and is a very important	Thank you for your comment. Section 3.2d has now been amended.

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SH	22	Royal College of Nursing	6	3.2e	Soft tissue healing is often a big reason for consistent follow up, in some cases more so than fracture healing.	Thank you for your comment. Section 3.2e has now been amended.
SH	23	Royal College of Nursing	7	General	One point that cross-cuts all the scope documents for the suite of trauma guidelines – there needs to be consistency on terminology – the scopes need to use the terms ‘major trauma centre’, and ‘trauma units’ as agreed in the National Trauma Networks. Also throughout the documents use the term ‘Emergency Department’ as this is the term currently favoured over ‘accident and emergency department’	Thank you for your comment. We agree and will produce a glossary of all relevant terminology to avoid confusion, when the guideline is produced.
SH	24	Royal College of Nursing	8	General	There are some concerns over Salter-Harris fractures in children (these are fractures that affect the growth plate at the end of the bone). We are uncertain if these would be complex or non-complex fractures and there is nothing to suggest either. The treatment can be the same as a simple fracture but it is of importance that these fractures are managed correctly as the growth of bone beyond the fracture can be affected.  We are not certain which category these fractures would fall into and as there is nothing to indicate such.  We would therefore, suggest that this is given consideration under the relevant fracture guideline.	Thank you for your comment. This will be taken into account when covering paediatric fracture management. The non complex fracture guideline will use illustrative examples of fractures throughout the guideline to provide guidance in areas where there is variation in care or where management is unclear.

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SH	25	Royal College of Paediatrics and Child Health	1	4.3.1c	There should be specific considerations made for imaging the paediatric patient with particular reference to minimising ionising radiation.	Thank you for your comment. The scope for complex fractures covers imaging paediatric patients following trauma and specific consideration will be made to this issue.

**These organisations were approached but did not respond:**

AGILE: Chartered Physiotherapists working with Older People  
Aintree University Hospital NHS Foundation Trust  
Amgen UK  
Arthritis and Musculoskeletal Alliance  
Association of British Insurers  
Barnsley Hospital NHS Foundation Trust  
British Association of Hand Therapists  
British Association of Plastic Reconstructive and Aesthetic Surgeons  
British Geriatrics Society  
British Medical Association  
British Medical Journal  
British National Formulary  
British Nuclear Cardiology Society  
British Orthopaedic Association  
British Psychological Society  
British Society for Children's Orthopaedic Surgery  
Cambridge University Hospitals NHS Foundation Trust  
Care Quality Commission (CQC)

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Chartered Society of Physiotherapy  
Clarity Informatics Ltd  
College of Emergency Medicine  
Croydon Health Services NHS Trust  
Department of Health, Social Services and Public Safety - Northern Ireland  
East and North Hertfordshire NHS Trust  
Faculty of Dental Surgery  
Federation of Ophthalmic and Dispensing Opticians  
Five Boroughs Partnership NHS Trust  
Health Quality Improvement Partnership  
Healthcare Improvement Scotland  
Hockley Medical Practice  
Johnson & Johnson Medical Ltd  
Lancashire Care NHS Foundation Trust  
London Orthoplastic Network  
Luton and Dunstable Hospital NHS Trust  
Market Access & Reimbursement Solutions Ltd  
Medicines and Healthcare products Regulatory Agency  
Medtronic  
Midlands Centre for Spinal Injuries  
Ministry of Defence  
  
National Clinical Guideline Centre  
National Collaborating Centre for Cancer  
National Collaborating Centre for Mental Health  
National Collaborating Centre for Women's and Children's Health  
National Institute for Health Research Health Technology Assessment Programme  
National Patient Safety Agency

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National Treatment Agency for Substance Misuse  
NHS Commissioning Board  
NHS Connecting for Health  
NHS Plus  
NHS Sheffield  
NICE TLOC GDG  
Nottingham City Council  
Paget's Association  
Plymouth Hospitals NHS Trust  
Primary Care Rheumatology Society  
Public Health Wales NHS Trust  
Public Health Wales NHS Trust  
Royal College of General Practitioners  
Royal College of General Practitioners in Wales  
Royal College of Midwives  
Royal College of Obstetricians and Gynaecologists  
Royal College of Pathologists  
Royal College of Physicians  
Royal College of Psychiatrists  
Royal College of Radiologists  
Royal College of Surgeons of England  
Royal Pharmaceutical Society  
Scottish Intercollegiate Guidelines Network  
Sheffield Childrens Hospital  
Sheffield Teaching Hospitals NHS Foundation Trust  
Social Care Institute for Excellence  
South East Coast Ambulance Service NHS foundation Trust

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South London & Maudsley NHS Trust  
South West Yorkshire Partnership NHS Foundation Trust  
Southport and Ormskirk Hospital NHS Trust  
St John Ambulance  
Trauma Audit & Research Network  
University Hospitals Coventry and Warwickshire NHS Trust  
Welsh Government  
  
Western Sussex Hospitals NHS Trust  
Wirral University Teaching Hospital NHS Foundation Trust  
York Hospitals NHS Foundation Trust

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