National Institute for Health and Clinical Excellence

Fractures
Scope Consultation Table
28th February 2013 – 28th March 2013

Type		Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	1	Alder Hey Children's NHS Foundation Trust	1	General	This seems to be a very broad guideline as well if it is to include the assessment and management of all fractures at all ages that aren't complex, so I am not sure what it aims to do. The issues in the scope, particularly sections 4.3.1 e) and g) are sufficiently broad/vague with such a large topic that it s difficult to comment.	Thank you for your comment, the specific areas which the guideline will focus on within each clinical area of the scope have been decided by the developers taking into account comments from the consultation and stakeholder workshop. The GDG will provide further focus when setting clinical review questions. The aim is to use illustrative examples of fractures throughout the guideline to provide guidance in areas where there is variation in care or where management is unclear , such as choice and timing of imaging as stated in section 4.3.1b of the scope.
SH	2	Alder Hey Children's NHS Foundation Trust	2	4.3.1 key clinical	Will timing of referrals be included: what should be referred to a specialist and when should they be seen - eg. Same day orthopaedic, next day, next week etc.	Thank you for your comment. Section 4.3.1c now includes the timing of referral.

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				issues:		
SH	3	Faculty of Intensive Care Medicine	1	3.2a	Fractures of this nature are often missed in initial triage in major trauma and are subsequently, but not consistently, diagnosed in ICU. Subsequent treatment is often less than ideal due to other considerations, but with the correct multidisciplinary approach this need not be so in many cases.	Thank you for your comment. The scope for this guideline will cover those who present with suspected non-complex fracture as the main injury, and will cross refer to the complex fracture and major trauma guideline as necessary.
SH	4	Faculty of Intensive Care Medicine'	2	4.1.1	In light of the above, people with complex injuries must be considered if they have non-complex fractures as these will still require treatment in a timely manner if subsequent recovery is to be with minimal morbidity/disability.	Thank you for your comment. The scope for this guideline will only cover those who present with suspected non-complex fracture as the main injury, and will cross refer to the complex fracture and major trauma guideline as necessary.
SH	5	Faculty of Intensive Care Medicine'	3	4.3.1	There needs to be multidisciplinary awareness and the skill levels of those involved in different aspects of the patients care need to be viewed.	Thank you for your comment. We agree and now refer to the skills present within the multidisciplinary team, in section 4.3 of the scope.multidisciplinary team.
SH	6	British Orthopaedic Association	1	4.1.1	Children's fractures needs special consideration. Not only is treatment quite different from adult fractures, there are circumstances concerning children that need special attention. For example, child protection in non-accidental injuries; children under the age of 6 that require designated anaesthetic service, neonates with birth injuries.	Thank you for your comment. The scopes for the trauma suite of guidelines will cover adults, young people and children. The guideline development group (GDG) is includes clinicians with expertise in treating these age

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						groups. For each review question the GDG will consider specific areas related to children and young people and include them when appropriate.
SH	7	British Orthopaedic Association	2	4.1.2	Some seemingly "simple" fractures patterns can be associated with far more serious co-morbidities. For example: - pathological fractures - articular fractures and fracture dislocations - some avulsion fractures associated with major joint ligament disruptions - peri-prosthetic fractures - children's fractures - hand injuries Even with a comprehensive list of exclusions, we are still dealing with a huge range of injuries from simple ankle fractures to frail elderly patients with fragility fractures that can be life ending. (e.g. closed femoral shaft fractures.) The environment related to these injuries is also wide ranging. E.g. hypothermia in a hiker who tripped over a rock on the hills in Winter, muscle necrosis in an elderly patient who was found lying on the floor for over 24 hours unable to move after a fracture, proximal humeral fracture on a patient who suffered a heart attack and then fell.	Thank you for your comment. For this guideline the developers have focused on the management of fractures which are not considered to require referral to tertiary care services. Use of the term 'complex' and non-complex will be defined in detail in the guideline's glossary of terms. The aim is to use illustrative examples of fractures throughout the guideline to provide guidance in areas where there is variation in care or where management is unclear, such as choice and timing of imaging as stated in section 4.3.1b of the scope. Pathological fractures identified from the point of diagnosis are currently excluded from the scope, as well as fracture patterns considered to be 'complex'. Children and young people are

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						included in this guideline and where appropriate fractures or complications of fractures specific to this population will be addressed.
SH	8	British Orthopaedic Association	3	General	We are concerned that to issue guidelines for such an extensive subject can become both too limited and generalised as to be unhelpful, or at the other extreme, too comprehensive and extensive that it becomes cumbersome to read and use.	Thank you for your comment. The final scopes have been developed by the developers who have considered both comments from the stakeholder consultation and the stakeholder workshop. The developers acknowledge that this is a large clinical area. The clinical areas for review have been prioritised as areas where there is a particular need for guidance. The aim is to use illustrative examples of fractures throughout the guideline to provide guidance in areas where there is variation in care or where management is unclear, such as choice and timing of imaging as stated in section 4.3.1b of the scope.
SH	9	British Orthopaedic Association	4	4.3.1a	The pre-hospital triage is the domain for the emergency service and A&E. From the BOA's point of view, we would like to seek a robust method to identify and differentiate between "complex" and "non-complex"	Thank you for your comment. For the purposes of the non-complex fracture guideline, non-complex fractures are defined

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					fractures. There should be bypass protocols set up to transfer patients to the centre with the most appropriate level of expertise and service. For example, open fractures or fractures associated with neuro-vascular compromise.	as any fracture that does not need treatment in tertiary care. This will made clear in the glossary of the full guideline for non-complex fractures. The developers have prioritised the following complex fractures for inclusion in the complex fractures guideline: people with open fractures, people with pilon fractures and people with pelvic fractures, including those with acetabular fractures. The scope for complex fractures also includes assessment to identify vascular compromise. The complex fractures scope includes the immediate destination of the patient by the pre-hospital provider. The non-complex fracture and complex fracture guidelines will cross-refer to one another as necessary
SH	10	British Orthopaedic Association	5	4.3.1a	In hospital triage, patients can fall into the following categories: a) those who have equivocal radiological evidence of fractures b) those who can go home with splintage and pain relief c) those who need an outpatient procedure e.g.	Thank you for your comment. The issue of referral (including timing) is included in the clinical areas to review under ongoing management, evaluation and treatment plan. The clinical

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					manipulations under anaesthetics but do not need to be admitted to hospital d) those who need an inpatient procedure but do not need to be admitted straight away (e.g. day case trauma patients) e) those who need to be admitted for urgent surgical treatment We believe that good communication and cooperation between A&E and T&O is essential in delivering good clinical care. Patients need to be thoroughly assessed at A&E by medical staff with the appropriate level of skills before definitive treatment options are taken. Arbitrary management targets such as the 4 hour rule should not override clinical duties. Unnecessary admissions to hospital are damaging at both patients' and hospital service levels.	issues within these areas will be outlined by the clinical questions set by the GDG during the development of the guideline. The skills present within the multidisciplinary team has been included in the scope.
SH	11	British Orthopaedic Association	6	4.3.1a	Robust guidelines need to be drawn up to help GPs or Nurse Practitioners working in their own surgeries or a minor injury unit/ walk-in centres to decide which patient should be recommended to go straight to A&E for further assessment and which patient can wait for an outpatient X-ray.	Thank you for your comment. This guideline covers all settings which provide NHS care. This scope includes initial triage and acute -stage assessment which can be applied in this setting.
SH	12	British Orthopaedic Association	7	4.3.1b	Thorough clinical assessment should be carried out on all patients to exclude any potential complications. It should include the following clinical issues: - skin - neuro-vascular status - haemodynamics - crushed tissues	Thank you for your comment. Initial management and treatment plan and ongoing management are included in the scope. The potential complications highlighted may

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					- compartment syndrome - hypo-thermia - medical co-morbidities - if paediatric fractures are included, non-accidental injuries and child protection issues	be considered as suitable outcome measures when setting out the review protocol for individual clinical questions.
SH	13	British Orthopaedic Association	8	4.3.1c	High quality X-rays should be available at all times for any unit treating patients with fractures. CT scans and MRI should be routinely available within 24 hours of admission including weekends and bank holidays. These imaging facilities should also be available on an immediate basis after agreement between radiology department and the senior clinician treating the patient. There should be agreement on the timing and quality of reporting.	Thank you for your comment. The choice and timing of different imaging modalities has been prioritised as the area for inclusion under clinical assessment. Specific clinical issues within this section will be further developed by the by the GDG during the development of the guideline, and will be prioritised accordingly.
SH	14	British Orthopaedic Association	9	4.3.1d	For many patients, the initial treatment is also the definitive treatment. It is therefore crucial that the quality of such treatment given is of the highest quality to avoid complications and morbidities. Application of a Plaster-of Paris (POP) is a key step in managing many fractures and should be carried out by appropriately skilled personnel. Immobilization of fractures is the best way to relieve pain and the principles of fracture immobilisation, including application of splints, should be included in the guidelines.	Thank you for your comment. The scope for the non-complex fracture guidelines will cover assessment and management. This includes immobilisation and pain relief. Specific clinical issues within this section will be further developed by the GDG during the development of the guideline and will be prioritised accordingly. Immobilisation and splinting has been identified as clinical areas to address within this section.
SH	15	British Orthopaedic	10	4.3.1d	Patients with fractures require urgent treatment and	Thank you for your comment.

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		Association			should not have to wait unnecessarily. Guidance on the timing of surgical treatment will be welcomed.	Appropriate initial management, ongoing management and treatment for fractures, including timing will be considered by the GDG during the development of the fracture guidelines.
SH	16	British Orthopaedic Association	11	4.3.1d	We support the principle of risk assessment for venous-thromboembolism (VTE) in patients with fractures. However, any guidelines on thrombo-prophylaxis have to be balanced against potential complications such as bleeding, compartment syndrome and pain. There is scant evidence on the subject and it is important that we do not extrapolate results from other areas (e.g. total joint replacements) to apply it on fracture patients. An objective and non-commercial debate is necessary to determine the best way to protect our patients from harm.	Thank you for your comment. Risk assessment for VTE has not been identified for review in this guideline. This guideline for non-complex fractures will cross-refer to the NICE VTE guideline where appropriate..
SH	17	British Orthopaedic Association	12	4.3.1e	It will be helpful if standards can be set for the staffing level and skill mix in a fracture clinic and plaster room. Other areas of ongoing care should include out of hour advice and care for POP, pin sites and wound. Provision of physiotherapy and orthotics.	Thank you for your comment. The skills present within the multidisciplinary team are issues in each of the four trauma scopes and will be considered for the service delivery scope.
SH	18	British Orthopaedic Association	13	4.3.1e	Patients often sustain injuries away from their homes and their care need to be transferred to their local hospitals once initial treatment has been carried out. We would welcome standardisation of transfer of information and documents.	Thank you for your comment. Documentation and communication have been included in the scope.
SH	19	British Orthopaedic Association	14	4.3.1f	Some areas such a driving and flying when recovering from a fracture need clarification. Other areas include	Thank you for your comment. The points you raise have not

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					issuing if sick notes and assessment of disability. Perhaps also something on cases of assaults and unlawful activities, what are the responsibilities of the health service?	been prioritised as areas for inclusion in the non-complex fracture scope.
SH	20	British Orthopaedic Association	15	4.5	It is important to when looking at health economics that the whole societal costs and benefits are assessed. This has been demonstrated in neck of femur fractures but the same is true of all fractures. We believe that the best clinical care is the most cost effective care. Investment in acute care for these patients will generate much gain later on in their pathways. For example, an early return to work will reduce sickness cost and loss of tax revenue.	Thank you for your comment. The developers consider both the clinical and cost effectiveness when making recommendations involving a choice between alternative interventions Please see section 4.5 of the scope. The current NICE reference case states that cost effectiveness analysis should be from the NHS perspective and use a lifetime horizon that captures downstream costs and benefits wherever feasible. Societal costs such as productivity costs and costs borne by patients and carers that are not reimbursed by the NHS or social services should not usually be included in analyses of cost effectiveness. The more inclusive outcome of 'return to normal activities' is used in preference to 'return to

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						work' so that population groups not in work can be given equal consideration within NICE guidance. Return to normal activities has been included in the list of outcomes. Priority outcomes for each clinical question are decided by the GDG.
SH	21	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 fractures.	Thank you for your comment.. CardioQ-ODM (oesophageal Doppler monitor). NICE medical technologies guidance 3 (2011) has been listed in the related NICE guidance and will be cross referred to if appropriate.
SH	22	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	23	National Osteoporosis Society	1	General	The National Osteoporosis Society welcomes the development of a clinical guideline on 'Non-complex fractures: diagnosis, management and follow-up of non-complex fractures'	Thank you for your comment
SH	24	National Osteoporosis Society	2	4.1.1	Although not specifically mentioned in the scope we would hope to see the diagnosis, management and follow-up of vertebral fractures is addressed within this guideline.	Thank you for your comment. This area will be covered by the spinal injury guideline as part of the trauma suite of guidelines.
SH	25	National Osteoporosis Society	3	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	Thank you for your comment. Fracture prevention, including secondary prevention has not

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					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.	been prioritised by the developers as an area for inclusion in the scope.
SH	26	NHS Commissioning Board / NHS England	1	General	Should all fractures be treated in secondary care? Can some be treated in Primary care?	Thank you for your comment. Follow up clinics have been included in the scope and the issue of delivery care will be considered for inclusion in the service delivery guidance scope.
SH	27	NHS Commissioning Board / NHS England	2	General	Facilities required to manage fractures as outpatient? X-ray? Plaster room facilities?	Thank you for your comment. Follow up clinics have been included in the scope and the issue of delivery care will be considered for inclusion in the service delivery guidance scope.
SH	28	NHS Commissioning Board / NHS England	3	General	Evidence that nurse practitioners with adequate training provide equivalent care to medical staff: Clinical outcomes and financial models?	Thank you for your comment. The skills present within the multidisciplinary team has been included in the scope.
SH	29	NHS Commissioning Board / NHS England	4	General	Timing of surgery and outcomes. Does delay of 1 or 2 weeks matter?	Thank you for your comment. The timing of surgery has been included in the scope.
SH	30	NHS Commissioning Board / NHS England	5	General	How wide is the scope? Are NICE going to provide guidelines for the management of every fracture type?	Thank you for your comment. The aim is to use illustrative

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					If not, then the guidance will need to focus on systems of care rather than specifics.	examples of fractures throughout the guideline in each of the clinical areas to provide guidance in areas where there is variation in care or where management is unclear.
SH	31	NHS Commissioning Board / NHS England	6	4.4	Return to work is a key outcome	Thank you for your comment. The developers agree and the more inclusive outcome of 'return to normal activities' is used in preference to 'return to work' so that population groups not in work can be given equal consideration within NICE guidance. Return to normal activities has been included in the list of outcomes.
SH	32	NHS Commissioning Board / NHS England	7	4.4	Evidence-base for early rehabilitation goals and planned return to work? Should this start at first fracture clinic visit?	Thank you for your comment. The scope includes on-going management which will look at the treatments that are appropriate, we have included return to normal activities as an important outcome. Follow up has been included in the scope as an area to be addressed. Rehabilitation services are to be considered for inclusion in the service delivery guidance

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						scope.
SH	33	NHS Direct	1	3.2 a and 4.3.1 a	Please consider remote telephone assessments, especially when initial triage is being covered. Lots of people will seek advice over the phone for symptoms which may be caused by fractures.	Thank you for your comment. The developers agree with the issue you raise, but consider this was an area that it was difficult to gauge the variation in care whereas there is known variation in the assessment tools used for triage and have prioritised this for inclusion. This may be transferable to remote telephone assessments.
SH	34	Royal College of Nursing	1	General	The Royal College of Nursing welcomes proposals to develop this guideline. The draft scope for the non-complex fractures guideline seems comprehensive and covers the majority of clinical aspects. It is presented with a logical and straight forward approach.	Thank you for your comment
SH	35	Royal College of Nursing	2	3.1b	Does this mortality really come from 'non-complex' fractures- if not is it relevant to include?	Thank you for your comment. The developers feels that mortality is an important outcome related to non-complex fractures particularly in frail and vulnerable groups.
SH	36	Royal College of Nursing	3	3.2a	Change reference to 'accident and emergency' to 'emergency (departments)…..'	Thank you for your comment. The scope has been amended accordingly.
SH	37	Royal College of Nursing	4	3.2a	Should other urgent care settings be included – many non-complex fractures will now be seen in urgent care/minor injuries units across the country.	Thank you for your comment. The scope for this guideline will cover all settings where NHS care is provided.

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SH	38	Royal College of Nursing	5	4.3.1	Simple "Buckle" fractures in the Under 5 age group current management is not consistent so need to look at more standardised management guidance such as brace or removable of cast.	Thank you for your comment. Children and young people are included in this guideline and where appropriate fractures or complications of fractures specific to this population will be addressed.
SH	39	Royal College of Nursing	6	4.3.1	Guidance on simple fractures in the Under 2 age group and the risk of non accidental injury would be helpful.	Thank you for your comment. Children and young people are included in this guideline and where appropriate fractures or complications of fractures specific to this population will be addressed.
SH	40	Royal College of Nursing	7	4.3.1e	How is this document going to manage to guide this with the huge variations in local guidance and management of fractures, how will best practice be established?	Thank you for your comment. The NCGC, on behalf of NICE, systematically reviews the available evidence which is then discussed by a GDG (clinical and lay members) with a variety of specialist expertise in the clinical areas identified in the scope, to agree recommendations of best practice. Please see the NICE guidelines manual, 2012.
SH	41	Royal College of Nursing	8	4.3.1g	How much depth will the guidance establish training required to safely assess and manage non-complex fractures- specifically for those entitled 'nurse practitioners' with varying training ? For example, will there be recommendations for policing this and	Thank you for your comment. The skills present within the multidisciplinary team has been included in the scope.. It is anticipated that this will be

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					monitoring non-recognised nurse practitioner courses? Also this goes for junior doctors entering the Emergency Departments, will the guideline recommend how best to manage their learning and competence?	developed from the clinical evidence reviews. Once it is clear what procedures are to be recommended it will clearer who is needed and the skills that are required in these clinical situations.
SH	42	Royal College of Nursing	9	4.3.1g	Skill level and training should be for all staff	Thank you for your comment.
SH	43	Royal College of Nursing	10	4.4f	Is this mortality rate solely related to 'non-complex' fractures?	Thank you for your comment. Yes, the developers feels that mortality is an important outcome related to non-complex fractures particularly in frail and vulnerable groups
SH	44	Royal College of Nursing	11	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 and the final guidelines 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	45	Royal College of Nursing	12	General	Is this document going to set out best practice for every simple fracture? Seems a huge task.	Thank you for your comment. The developers do not consider it is appropriate to consider every fracture type and therefore will be considering the assessment, management and follow-up of fractures, where a variation of practice has been

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						identified. The aim is to use illustrative examples of fractures throughout the guideline in each of the clinical areas to provide guidance in areas where there is variation in care or where management is unclear.
SH	46	Royal College of Paediatrics and Child Health	1	4.1.1	This needs further clarification about which fractures are included in this guideline	Thank you for your comment. The developers do not consider it is appropriate to consider every fracture type and therefore will be considering the assessment, management and follow-up of fractures, where a variation of practice has been identified. The aim is to use illustrative examples of fractures throughout the guideline in each of the clinical areas to provide guidance in areas where there is variation in care or where management is unclear**.** Where appropriate fractures or complications of fractures specific to children and young people will be addressed.
SH	47	Royal College of Paediatrics and Child Health	2	4.3.1e	It would be useful to include whether follow up is required or not – for example, buckle fractures in children and clavicle fractures in children often do not	Thank you for your comment. The remit for this guideline includes follow-up. The GDG

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					need any follow up, but practice varies widely.	will take your points into consideration when defining the key clinical issues for this guideline. The aim is to use illustrative examples of fractures throughout the guideline in each of the clinical areas to provide guidance in areas where there is variation in care or where management is unclear**.** Where appropriate fractures or complications of fractures specific to children and young people will be addressed.
SH	48	Royal College of Paediatrics and Child Health	3	Paediatric specific fractures	Simple fractures still require an understanding of growth plate injuries in children and may also include fractures that are x-ray negative such as toddlers fractures, scaphoid fractures etc. – these need to be included within this guideline.	Thank you for your comment. The GDG will take this into consideration when defining key areas that the guideline should focus on. The aim is to use illustrative examples of fractures throughout the guideline in each of the clinical areas to provide guidance in areas where there is variation in care or where management is unclear**.** Where appropriate fractures or complications of fractures specific to children and young people will be addressed.

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SH	49	Royal College of Paediatrics and Child Health	4	4.3.1c	Specific considerations for imaging the paediatric patient with particular reference to minimising ionising radiation should be made.	Thank you for your comment. Thank you for your comment. The scope 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

Amgen UK

Association of Anaesthetists of Great Britain and Ireland

Association of British Insurers

Barnsley Hospital NHS Foundation Trust

British Association of Hand Therapists

British Geriatrics Society

British Medical Association

British Medical Journal

British National Formulary

British Nuclear Cardiology Society

British Orthopaedic Association - Patient Liaison group

British Psychological Society

British Society for Children's Orthopaedic Surgery

British Society for Surgery of the Hand

Cambridge University Hospitals NHS Foundation Trust

Capsulation PPS

Care Quality Commission (CQC)

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 Sussex County Council

Faculty of Dental Surgery

Federation of Ophthalmic and Dispensing Opticians

Five Boroughs Partnership NHS Trust

Flynn Pharma

Health Quality Improvement Partnership

Healthcare Improvement Scotland

Hip Impact Protection Ltd

Hull City Council

Humber NHS Foundation Trust

Johnson & Johnson Medical Ltd

Lancashire Care NHS Foundation Trust

Lilly UK

Luton and Dunstable Hospital NHS Trust

Maquet UK Ltd

Market Access & Reimbursement Solutions Ltd

Medicines and Healthcare products Regulatory Agency

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

National Treatment Agency for Substance Misuse

NHS Connecting for Health

NHS County Durham and Darlington

NHS Plus

NHS Sheffield

NICE TLOC GDG

Nottingham City Council

Optical Confederation, The

Oxford Health NHS Foundation Trust

Paget's Association

Plymouth Hospitals NHS Trust

Primary Care Rheumatology Society

Public Health Wales NHS Trust

Public Health Wales NHS Trust

Rarer Cancers Foundation

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 National Institute of Blind People
Royal Pharmaceutical Society
Scottish Intercollegiate Guidelines Network
Sheffield Childrens Hospital
Sheffield Teaching Hospitals NHS Foundation Trust
Smith & Nephew UK Limited
Social Care Institute for Excellence
South East Coast Ambulance Service NHS foundation Trust
South London & Maudsley NHS Trust
South West Yorkshire Partnership NHS Foundation Trust
Southport and Ormskirk Hospital NHS Trust
St John Ambulance
Stanningley Pharma Ltd
Trauma Audit & Research Network
University Hospitals Coventry and Warwickshire NHS Trust
Wandsworth Clinical Commissioning Group
Welsh Government
Western Sussex Hospitals NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
York Hospitals NHS Foundation Trust