

Date and Time: *Thursday 16th January 2014 10:00 – 16:00*

Place: *Boardroom, National Clinical Guideline Centre, 180 Great Portland Street, London W1W 5QZ*

Present: GDG Members

1. Bob Handley (Chair)	BH
2. Iain McFadyen	IM
3. David Skinner (AM only)	DS
4. Matt Costa	MC
5. Aiden Slowie	AS
6. Michael Jackson	MJ
7. Lynda Brown	LB
8. Angela Thornhill	AT
9. Elizabeth Houghton	EH
10. Gillian Hayter	GH
11. Kath Berry	KB
12. Fiona Lecky	FL

NCGC Technical team

1. Alexander Allen	AA
2. Amy Kelsey	AK
3. Ian Bullock	IB
4. Mark Perry	MP
5. Nina Balachander	NB
6. Sharon Swain	SS
7. Rhosyn Harris	RH
8. Vicki Pollit	VP
9. Peter Cain	PC
10. Frank O'Neill	FO
11. Caroline Farmer	CF
12. Carlos Sharpin	CS

NICE:

13. Claire Ruiz	CR
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Observers

1. Samantha Husbands	SH
2. Heather Stegenga	HS

Apologies

1. Philip Henman	PH
2. Judith Foster	JF
3. Madeleine Sampson	MS
4. Lucy Silvester	LS
5. Craig Morris	CM
6. Gary Swann	GS
7. Jagdeep Nanchahal	JN
8. Kevin Morris	KM

Notes

Minutes: Confirmed

Guideline Development Group Meeting Non-complex fractures GDG 2

1. The Chair welcomed the group to the second guideline development group meeting. The chair reviewed and requested updates of the declarations of interest register. No new declarations were received. Apologies were received from PH, JF, MS, LS, CM, GS, JN and KM.
2. The minutes of the last meeting of this group were agreed as a true and accurate account of the meeting.
3. An update was then given to the GDG on progress since the last meeting.
4. The Chair introduced Nina Balachander, NCGC Senior Research Fellow and Project Manager, who presented the final Non-complex fractures scope to the GDG. The Chair thanked NB for her presentation.
5. NB then gave a presentation to the GDG on the importance of the protocols stage of development. The Chair thanked NB for her presentation.
6. The Chair introduced Peter Cain, NCGC Health Economist, who gave a presentation on prioritising topic areas for economic modelling. The Chair thanked PC for his presentation.
7. NB then presented the following protocols that were discussed and signed off by the GDG:
 - Are the validated clinical prediction rules clinically and cost effective at predicting suspected ankle and knee fractures?
 - What is the most clinically and cost effective imaging strategy for patients with clinically suspected scaphoid fracture but indeterminate x-ray findings?
 - Is the use of CT scanning in addition to initial plain film x-ray clinically and cost effective for planning surgical treatment of unstable/displaced ankle fractures?
 - Is the use of definitive hot reporting of x-rays by radiographers and/or radiologists clinically and cost effective for use in patients with suspected fractures?
 - What is the most clinically and cost effective pathway (the timing of review) for people with fractures not referred to an in-patient orthopaedic service?
 - What is the most clinically and cost effective definitive treatment for dorsally displaced low-energy fractures of the distal radius?
 - What is the most clinically and cost effective timing of surgical treatment of ankle fractures?
8. There was no other business. The Chair closed the meeting and thanked the GDG for attending.

Date of next meeting: Wednesday 9th April 2014, Boardroom, NCGC, 180 Great Portland Street, London W1W 5QZ