

Date and Time: *Wednesday 21st May 2014 10:00 – 16:00*

Minutes: Confirmed

**Guideline Development Group Meeting
Non-complex fractures GDG 4**

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

Present: GDG Members

1. Bob Handley (Chair)	BH
2. Matt Costa	MC
3. Elizabeth Houghton	EH
4. Gillian Hayter	GH
5. Kath Berry	KB
6. Philip Henman	PH
7. Lucy Silvester	LS

NCGC Technical team

1. Alexander Allen	AA
2. Amy Kelsey	AK
3. Mark Perry	MP
4. Vicki Pollit	VP
5. Nina Balachander	NB
6. Rhosyn Harris	RH
7. Peter Cain	PC
8. Caroline Farmer	CF
9. Carlos Sharpin	CS

NICE:

Observers

1. Samantha Husbands	SH
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Apologies

1. Iain McFadyen	IM
2. David Skinner	DS
3. Aiden Slowie	AS
4. Jagdeep Nanchahal	JN
5. Garry Swann	GS
6. Michael Jackson	MJ
7. Kevin Morris	KM
8. Fiona Lecky	FL

Notes

1. The Chair welcomed the group to the fourth guideline development group meeting. The

Notes

- chair reviewed and requested updates of the declarations of interest register.
2. The Chair reviewed and requested updates to the declarations of interest register. There were no new declarations of interest.
 3. Apologies were received from IM, DS, AS, JN, GS, MJ, KM and FL.
 4. The minutes of the last meeting of this group were agreed as a true and accurate account of the meeting.
 6. An update was then given to the GDG on progress since the last meeting.
 7. The Chair introduced Peter Cain, NCGC Health Economist, who gave a presentation on the HE Model for the management of scaphoid fractures. The Chair thanked PC for his presentation.
 8. The Chair then introduced Vicki Pollit, NCGC Senior Health Economist, who gave a presentation on the referral pathway work, including a recap of previous discussions.
 9. The Chair then introduced Nina Balachander, NCGC Senior Research Fellow and Project Manager, who presented the following protocols that were discussed by the GDG:
 - Is the reduction through manipulation of a dorsally displaced distal radius fracture without neurovascular compromise clinically and cost effective, and are outcomes influenced by the use of an image intensifier and earlier timing?
 - What type of anaesthetic is the most clinically and cost effective for closed reduction of dorsally displaced distal radial fractures without neurovascular compromise in the emergency department?
 - What is the most clinically and cost effective definitive treatment for displaced low energy fractures of the proximal humerus?
 - What is the most clinically and cost effective treatment for paediatric femoral shaft fractures?
 - What is the maximum safe delay in surgical management of fractures of the distal radius before outcome is compromised?
 10. There was no other business. The Chair closed the meeting and thanked the GDG for attending.

Date and Time: *Thursday 22nd May 2014 10:00 – 16:00*

Minutes: UnConfirmed

**Guideline Development Group Meeting
Non-complex fractures GDG 5**

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

Present: GDG Members

1. Bob Handley (Chair)	BH
2. Matt Costa	MC
3. Elizabeth Houghton	EH
4. Gillian Hayter	GH
5. Kath Berry	KB
6. Philip Henman	PH
7. Lucy Silvester	LS
8. Fiona Lecky	FL
9. Aidan Slowie	

NCGC Technical team

1. Alexander Allen	AA
2. Amy Kelsey	AK
3. Mark Perry	MP
4. Nina Balachander	NB
5. Peter Cain	PC
6. Caroline Farmer	CF
7. Carlos Sharpin	CS
8. Frank O'Neill	

NICE:

Observers

1. Samantha Husbands	SH
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Apologies

1. Iain McFadyen	IM
2. David Skinner	DS
3. Jagdeep Nanchahal	JN
4. Garry Swann	GS
5. Michael Jackson	MJ
6. Kevin Morris	KM

Notes

5. The Chair welcomed the group to the fifth guideline development group meeting. The chair reviewed and requested updates of the declarations of interest register.

Notes

6. The Chair reviewed and requested updates to the declarations of interest register. There were no new declarations of interest.
7. Apologies were received from IM, DS, JN, GS, MJ and KM.
8. The Chair introduced Nina Balachander, NCGC Senior Research Fellow and Project Manager, who presented the following protocols that were discussed by the GDG:
 - Follow-up clinics
 - What is the most clinically and cost effective weight-bearing strategy in patients with operatively treated fractures of the distal femur?
 - What is the most clinically and cost effective mobilization strategy in patients with stable ankle fractures?
 - What is the most clinically and cost effective mobilization strategy in post-operative patients following internal fixation of ankle fracture?
 - What is the most effective initial acute pharmacological management to alleviate pain in patients with a suspected long bone fracture (femur, tibia, humerus and forearm) in acute care settings?
9. NB then gave a presentation to the GDG on the wording of recommendations. The Chair thanked NB for her presentation.
10. The Chair introduced Caroline Farmer, NCGC Research Fellow, who presented the clinical evidence review on the use of CT scanning in addition to initial plain film x-ray for planning surgical treatment of unstable/displaced ankle fractures. The GDG discussed the evidence presented.
11. CF then presented the clinical evidence review on the use of definitive reporting of x-rays by radiographers and/or radiologists for use in patients with suspected fractures. The GDG discussed the evidence presented. The Chair thanked CF for her presentations.
12. The Chair then introduced Mark Perry, NCGC Senior Research Fellow, who presented the clinical evidence review on whether validated clinical prediction rules were effective at predicting suspected ankle fractures. The GDG discussed the evidence presented.
13. MP then presented the clinical evidence review on immobilisation of torus fractures in children. The GDG discussed the evidence presented. The Chair thanked MP for his presentation.
14. There was no other business. The Chair closed the meeting and thanked the GDG for attending.

Date of next meeting: Wednesday 2nd and Thursday 3rd July 2014, Boardroom, NCGC, 180 Great Portland Street, London W1W 5QZ