

National Clinical Guideline Centre for Acute and Chronic Conditions

HIP FRACTURE GUIDELINE

1ST Guideline Development Group Meeting

**Meeting Held on Wednesday 1ST July 2009 at 10.30am – 4.00pm
NCGC Office Euston Road, London**

1st July 2009 – Minutes

Present:

GDG members: Professor Cameron Swift (CGS), Professor Opinder Sahota (OS), Dr Antony Johansen (AJ), Mr Tim Chesser (TC), Mr Bob Handley (BH), Ms Karen Hertz (KH), Dr Richard Griffiths (RG), Mrs Heather Towndrow (HT), Ms Tessa Somerville (TS), Mr Anthony Field (AF), Mr Martin Wiese (MW),

Expert Advisor: Mr Martyn Parker (MP)

NCGC Saoussen Ftouh (SF), Elisabetta Fenu (EF), Carlos Sharpin (CS), Joanna Ashe (JA), Sarah Riley (SR), Jenny Hill (JH), Nina Balachandra (NB)

NICE: Sarah Willet (SW) and Barbara Meredith (BM)

Apologies: Professor Sallie Lamb (SL) and Dr Sally Hope (SH)

Agenda Item

Discussion/Outcome

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| 1. Introductions and apologies for absence | CGS welcomed everyone to the 1 st Hip Fracture GDG meeting and explained his background and his interest in hip fracture. All members introduced themselves and their backgrounds.
<u>Apologies</u>
CGS noted apologies from SL and SH. |
| 2. Composition of the GDG
(Prof. Cameron Swift, Chairman) <ul style="list-style-type: none">• Acceptance form, papers on responsibilities, code of conduct and intellectual property,• Declaration of interests | <u>Acceptance form, declaration of interests, papers on responsibilities, code of conduct and availability for meetings</u>
CGS explained that anyone who hadn't completed and returned the acceptance, availability and contact details forms needed to do so as soon as possible and return the forms to SF.
He gave a presentation explaining the role of GDG members in the guideline development process. |
| 3. Declaration of Interests | CGS gave a presentation on declarations of interest (DOI) and explained how important it is for transparency and credibility of the guideline. He then reminded GDG members to complete the DOI forms in their packs. Once they have completed them they should hand them to SF by the end of the meeting. CGS also explained that GDG members are required at each meeting to declare their interests verbally. Each GDG member declared his/her interests in front of all those present. |

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GDG Members:

TC declared that he had performed consultancy work with orthopaedic manufacturer for unrelated orthopaedic implants (locking plates for particular fractures)- compliance and worded guidelines. Department receives research support from orthopaedic manufacturer. Dept have funded research fellows from orthopaedic manufacturer. Publishing RCT on surgical treatment for peri-articular fractures- not funded by industry.

BH declared that he is responsible for – Synthes Fellows in the Trauma Department at the John Radcliffe hospital- 2 week fellowships usually 3-4 per year.

MP declared that he had received and may in the future continue receive money for advising implant manufacturing companies about their products and advising on implant design. He has produced research papers with different conclusions and publically presented the results.

None of the other GDG members present declared that they knew of any personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

NCGC Staff

SF, EF, CS, JH, JA and SA declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

No actions were taken following these declarations and none of the GDG members withdrew as this was an introductory meeting and therefore no evidence or recommendations were to be discussed.

4. Working with NICE and the Guideline Development Process (Sarah Willet, Commissioning Manager, NICE)

SW gave a presentation on ‘Relationship with NICE and the Guideline Development Process’ which included an overview of NICE and the collaborating centres, the guideline products and launch and implementation of the guideline.

5. Introduction to the NCGC and role of the GDG (Dr Jenny Hill, NCGC Operations Director)

JH introduced the National Clinical Guidelines Centre and the technical team who will be working on the Hip Fracture guideline. She also explained what is expected of the GDG members and how they will be working with the technical team during the guideline development process.

6. Role of patient representatives (Barbara Meredith, Patient Involvement Unit)

BM explained ‘Patient/carer involvement in the guideline development process including patient perspectives, additional opportunities for patient/carer input to NICE guidelines and initial concerns for this guideline.

7. Overview of Hip Fracture

SF presented an overview of the guideline development process, the work

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<u>Agenda Item</u>	<u>Discussion/Outcome</u>
guideline development process (Saoussen Ftouh, Project Manager/ Senior Research Fellow, NCGC)	plan, key stages and dates from the 1st meeting to publication and launch of the guideline.
8. Using health economic evidence in guideline development (Elisabetta Fenu, Senior Health Economist, NCGC)	EF presented 'The role of health economics in NICE guideline development' where she outlined the use of health economic evidence in NICE guidelines and explained some of the concepts in cost-effectiveness analysis.
9. Outline of the Hip Fracture Guideline Scope (Professor Cameron Swift)	CGS presented the hip fracture guideline scope. Actions: SF to change 'surgical fixings' to 'surgical implants'. Delete 'short' from 'short intermedullary nail' and delete 'non healing' from the list of outcomes.
10. Introduction to clinical questions, outcomes and definition of terms (Carlos Sharpin, Senior Information specialist/ Research Fellow, NCGC)	CS gave a presentation on 'Defining clinical questions in a NICE guideline'. He explained the different types of questions and how to formulate a PICO question.
11. Group Session: Writing and refining clinical questions (All).	In this session the GDG members were put into 3 groups to work on completing the 'Clinical Question Form'.
12. Group discussion: Clinical questions	All GDG members discussed the clinical questions and issues that may arise during the evidence review.
1. Any other business, close and date of next meeting	There was no other business to discuss. CGS closed the meeting and thanked everyone for attending Date of next meeting is Friday 17th July 2009