

National Clinical Guideline Centre for Acute and Chronic Conditions

HIP FRACTURE GUIDELINE

9th Guideline Development Group Meeting

Friday 11th June 2010 10:30- 16:00

**Location: NCGC Boardroom
180 Great Portland Street, London W1W 5QZ**

Minutes of the meeting

Present:

GDG members: Professor Cameron Swift (CGS), Mr. Bob Handley (BH), Mrs Heather Towndrow (HT), Ms Tessa Somerville (TS), Dr Richard Griffiths (RG), Mr Tim Chesser (TC) and Professor Sallie Lamb (SL), Mr. Martin Wiese (MW), Dr Sally Hope (SH) and Mr Anthony Field (AF).

NCGC Carlos Sharpin (CS), Sarah Riley (SR), Jenny Hill (JH).

Apologies: Dr Antony Johansen (AJ), Professor Opinder Sahota (OS), Ms Karen Hertz (KH), Saoussen Ftouh (SF), Antonia Morga (AM)

<u>Agenda Item</u>	<u>Discussion/Outcome</u>
1. Introductions and apologies for absence, minutes of the last meeting and declaration of interests	<p>CGS welcomed everyone to the 9th Hip Fracture GDG meeting and thanked SR for acting as project manager in SF's absence.</p> <p><u>Apologies:</u> CGS noted apologies from AJ, OS, KH, SF and AM.</p> <p><u>Minutes:</u> The minutes of the last meeting were agreed as being accurate.</p> <p><u>Declarations of interest (DOI):</u> There were no changes in GDG members' and NCGC staff DOIs since the last meeting.</p> <p>No actions were taken following these declarations and none of the GDG members needed to withdraw from discussions as a result of conflicting interests.</p>
2. Patient views (Carlos Sharpin)	<p>CS presented the patient views papers. The GDG requested that the views be limited to experience and observations only and that they be incorporated into each chapter under the introductory sections.</p>

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	Action: CS to put presentation on Claromentis
3. Provision of information for patients (Carlos Sharpin)	CS presented the patient information papers. These papers will be discussed in a separate chapter.
4. Discussion and consensus on analgesia recommendations (All)	<p>SR presented the recommendations on analgesia and the GDG discussed the wording, implications and any changes needed.</p> <p>MW stated that the College of Emergency Medicine guidelines (Guideline for the management of pain in adults) should be considered.</p> <p>Action: NCGC to review the guideline</p> <p>Research recommendations areas were discussed and RG volunteered to lead once these have been prioritised.</p>
5. Discussion and consensus on anaesthesia recommendations (All)	SR presented the recommendations on anaesthesia and the GDG discussed the wording, implications and any changes needed.
6. Discussion and consensus on surgery recommendations (All)	<p>SR presented the recommendations on surgery and the GDG discussed the wording, implications and any changes needed.</p> <p>The exact definition of ‘modern stems’ were discussed.</p> <p>Action: TC to define ‘modern stem’</p> <p>TC volunteered to work on a research recommendation in this area once prioritised and requested to see the template for these.</p> <p>Action: SR to send out research recommendation template.</p> <p>TC discussed the cost of screws vs nails and questioned when does the cost difference become significant to NICE. As no health economist was present this raised at the next GDG.</p> <p>Action: AM to feedback to the surgeons.</p>
7. Health economics model on hospital based MDR (Antonia Morga)	<p>As AM was absent from the meeting this will be postponed until the next meeting.</p> <p>CGS raised the issue of the early vs. late surgery recommendations and health economics.</p> <p>The group saw no reason to disagree with the current Best Practice Tariff criterion of surgery within 36h, but the clinical evidence base for this specific threshold is limited. The group were in agreement that AM does</p>

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	not need to proceed in producing an economic model as the evidence for surgery within 36h is very weak (low quality cohort studies) and would not provide a sufficient evidence base to produce a sound economic model. AM originally proposed to model on all three cut off points, however the group considered that modelling at 48h would no longer be relevant, as the 36h threshold is becoming identified as current practice and any recommendation based on 48h would be retrograde. Therefore, the GDG are in agreement to make a research recommendation into the cost effectiveness of surgery within 36h.
8. Claromentis refresher (Carlos Sharpin)	CS gave a demonstration of Claromentis and described how to check out, check in and view documents. The GDG noted that several documents have been saved in word 2007 format, and therefore they could not be viewed in earlier versions of word. Action: NCGC technical team to ensure that all documents on Claromentis are saved in Word 1997/2003 compatible format.
10. Any other business, close and date of next meeting –	CGS closed the meeting and thanked everyone for attending TC, BH and SH gave apologies for the next GDG Date of next meeting is Friday 30th June at the NCGC office; 180 Great Portland Street.