

National Clinical Guideline Centre for Acute and Chronic Conditions

HIP FRACTURE GUIDELINE

2nd Guideline Development Group Meeting

**Meeting Held on Friday 17th July 2009 at 10.30am – 4.00pm
Henry Cohen Room, Royal College of Physicians**

17th July 2009 – Minutes

Present:

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

Expert Advisor: Mr Martyn Parker (MP)

NCGC Saoussen Ftouh (SF), Elisabetta Fenu (EF), Carlos Sharpin (CS), Joanna Ashe (JA), Sarah Riley (SR), Maggie Westby (MJW)

Apologies: Professor Opinder Sahota (OS), Dr Richard Griffiths (RG), Mr Tim Chesser (TC).

Agenda Item

Discussion/Outcome

1. Introductions and apologies for absence, minutes of the last meeting and declaration of interests

CGS welcomed everyone to the 2nd Hip Fracture GDG meeting.

Apologies

CGS noted apologies from OS, RG and TC.

GDG Members:

SL declared a NIHR funded research grant. One trial is in the final stages of finding approval in primary care- using peripheral fracture (including hip fracture). The second- potential trial- ideas unclear as to whether they will be submitted. Vitamin D in Hip fracture; anaemia in hip fracture.

SH declared a personal pecuniary interest- MSD paid for hotel in Manchester for NOS Conference (approx £200) in July 2009: in accordance with NOS policy to reduce costs for speakers.

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

National Clinical Guideline Centre for Acute and Chronic Conditions

Agenda Item

Discussion/Outcome

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, MJW, SR and JA 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 methodology meeting and therefore no evidence or recommendations were to be discussed.

2. Searching and appraising the literature (Joanna Ashe and Carlos Sharpin)
JA gave a presentation on literature searching. This was followed by a presentation by CS outlining how the technical team appraise and review identified literature.
3. Review of current hip fracture guidelines (Sarah Riley)
SR presented a review of published hip fracture guidelines to determine whether any existing guideline can be used as a substitute for NICE guidance. Three guidelines were retrieved. However, having assessed them using the AGREE tool recommended by NICE, none were found to satisfy all the required criteria such as addressing cost-effectiveness and including comprehensive search strategies. However, the SIGN guideline on prevention and management of hip fracture in older people was found to have aspects that would be helpful in the clinical review for this guideline.
4. Guidelines, decision making and GRADE (Maggie Westby, NCGC)
MJW explained the role of decision making in the guideline development process and presented an overview of GRADE.
5. Reporting clinical evidence: Example of cemented vs uncemented implants (Carlos Sharpin)
CS presented an example of how a clinical review would normally be presented to the GDG.
BH mentioned that it may be useful to know which implants are currently being used in the NHS nationally so that there is a baseline which can be taken into account when making recommendations. MJW explained that this was outside the remit of this guideline but may provide useful information.
SH suggested that the NHFD may have some data in this.

Action:

National Clinical Guideline Centre for Acute and Chronic Conditions

Agenda Item

Discussion/Outcome

- MP to circulate current report from NHFD**
TF will contact RoH in Birmingham to ask if they can provide any statistics.
6. Reporting economic evidence and modelling (Elisabetta Fenu) This item had to be postponed as there wasn't sufficient time to cover it in this meeting.
7. Prioritising questions for economic analysis (Elisabetta Fenu) The GDG discussed which clinical questions would be prioritised for economic modelling. Each question was given a high, medium or low priority as follow:
High priority:
1. Involving a physician or orthogeriatrician in the care of patients presenting with hip fracture.
 2. Hospital-based multidisciplinary rehabilitation for patients who have undergone hip fracture surgery.
- Medium priority:**
1. Optimal preoperative and postoperative analgesia (pain relief), including the use of nerve blockade.
 2. Regional (spinal – also known as ‘epidural’) versus general anaesthesia in patients undergoing surgery for hip fracture.
- Low priority:**
1. Using alternative radiological imaging to confirm or exclude a suspected hip fracture in patients with a normal X-ray.
 2. Early surgery (within 48 hours).
 3. Does surgeon experience reduce the incidence of mortality, the need for repeat surgery, and poor outcome in terms of mobility?
 4. Choice of surgical implants - Sliding hip screw versus intramedullary nail for trochanteric extracapsular fracture.
 5. Choice of surgical implants - Sliding hip screw versus intramedullary nail for subtrochanteric extracapsular fracture.
 6. Cemented versus non-cemented arthroplasty implants.
- The following question was thought to have been already covered by an HTA report:
For displaced intracapsular fracture:
- a. internal fixation versus arthroplasty (hip replacement surgery)
 - b. total hip replacement versus hemiarthroplasty (replacing the head of the femur only) .
8. Discussion: Clinical questions including:
- Analgesia
 - Rehabilitation
- The GDG discussed the key topics on rehabilitation with a view to refining the clinical questions. Some of the issues highlighted by the GDG were equity between residential and hospital based rehabilitation and early physiotherapy.

National Clinical Guideline Centre for Acute and Chronic Conditions

<u>Agenda Item</u>	<u>Discussion/Outcome</u>
9. Work plan (Saoussen Ftouh)	<p>The GDG did not come to a decision about what the clinical questions covering these topics should be. It was agreed that this would be discussed further by email or at the next meeting.</p> <p>SF outlined the work plan for the upcoming months. This included reviewing the clinical questions on surgery and time permitting, those on anaesthesia and analgesia. She also mentioned that there were 2 health economics workshops (17th September and 4th November) and that GDG members who were interested in attending should let her know.</p>
10. In Any other business, close and date of next meeting –	<p>There was no other business to discuss.</p> <p>CGS closed the meeting and thanked everyone for attending</p> <p>Date of next meeting is 15th September, at the NCGC office (Euston Road)</p>