

*National Clinical Guideline Centre for Acute and Chronic  
Conditions*

**HIP FRACTURE GUIDELINE**

**10<sup>th</sup> Guideline Development Group Meeting**

**Wednesday 30<sup>th</sup> 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), Mrs Heather Towndrow (HT), Ms Tessa Somerville (TS), Dr Richard Griffiths (RG), Professor Sallie Lamb (SL), Mr. Martin Wiese (MW) and Mr Anthony Field (AF).

**NCGC:** Saoussen Ftouh (SF), Carlos Sharpin (CS), Sarah Riley (SR) and Jenny Hill (JH).

**Apologies:** Mr. Bob Handley (BH), Mr Tim Chesser (TC) and Dr Sally Hope (SH)

<b><u>Agenda Item</u></b>	<b><u>Discussion/Outcome</u></b>
1. Introductions and apologies for absence, minutes of the last meeting and declaration of interests	<p>CGS welcomed everyone to the 10<sup>th</sup> Hip Fracture GDG meeting and introduced Serena Carville who is a new Project Manager at the NCGC and who was there to observe the meeting.</p> <p><u>Apologies:</u> CGS noted apologies from BH, TC and SH.</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. Health economics model on hospital based MDR (Antonia Morga)	<p>AM presented the preliminary results of the economic model on hospital based MDR and explained that these were still subject to confirmation by the sensitivity analyses.</p>

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<u>Agenda Item</u>	<u>Discussion/Outcome</u>
	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>The GDG suggested the following points for consideration:</b></li> <li>• <b>‘generic’ and ‘team leader’ nurses will need to be better defined as this is not widely used terminology</b></li> <li>• <b>Should not assume delays to complications</b></li> <li>• <b>Change ‘social care resources’ to ‘community care’</b></li> </ul>
3. Discussion and consensus on MDR (hospital) recommendations (All)	<p>The GDG discussed and made some changes to the recommendations on hospital based MDR (see relevant write up chapters). They were agreed subject to confirmation by the results of health economics sensitivity analyses.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Need to check the delirium guideline and other related NICE guidance to cross refer to any relevant recommendations</b></li> </ul>
4. Health economics model on community based MDR (Antonia Morga)	<p>AM presented an outline of the suggested health economics model on community based MDR which will be based on an RCT by Crotty et al. She informed the GDG that she will not be presenting the results of the model at this meeting as she had only just received further data from the author.</p>
5. Discussion and consensus on MDR (community) recommendations (All)	<p>The GDG discussed and made some changes to the recommendations on community based MDR (see relevant write up chapters). They were agreed subject to confirmation by the results of health economics model.</p>
6. Discussion and consensus on MDR (mobilisation strategies) recommendations (All)	<p>The GDG discussed and made some changes to the recommendations on community based MDR (see relevant write up chapters).</p>
7. Subgroup work to fill in LETR tables	<p>This item was covered under items 3, 5 and 6.</p>
8. 10. Any other business, close and date of next meeting –	<p>CGS closed the meeting and thanked everyone for attending</p> <p><b>Date of next meeting is Thursday 29<sup>th</sup> July at the NCGC office; 180 Great Portland Street.</b></p>