

National Clinical Guideline Centre for Acute and Chronic Conditions

HIP FRACTURE GUIDELINE

14th Guideline Development Group Meeting

Wednesday 30th March 2011 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 Martin Wiese (MW), Mr Anthony Field (AF), Mr. Bob Handley (BH), Dr Sally Hope (SH), Dr Antony Johansen (AJ), Dr Richard Griffiths (RG), Professor Sallie Lamb (SL), Ms Tessa Somerville (TS), Mrs Heather Towndrow (HT), Mr Tim Chesser (TC) and Karen Hertz (KH).

NCGC: Saoussen Ftouh (SF), Carlos Sharpin (CS), Sarah Riley (SR), Antonia Morga (AM) Sue Latchem (SL) and Jenny Hill (JH).

NICE: Sarah Dunsdon (SD), Sarah Palombella (SP), Katie Williamson (KW), Paula Prior (PP) and Jayne Rowney (JW)

Apologies: Claire Turner (CT) and Professor Opinder Sahota (OS).

<u>Agenda Item</u>	<u>Discussion/Outcome</u>
<i>1. Introductory formalities</i>	<p>CGS welcomed everyone to the final Hip Fracture GDG meeting and introduced SL who will be taking over from JH during her maternity leave, SP the editor of the guideline, SD who was there on behalf of CT, KW who is the external communications lead at NICE and JR and PP who were there to represent the costing and implementation team.</p> <p><u>Apologies:</u> CGS noted apologies from CT and OS.</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 to the GDG members' and NCGC staff DOIs since the last meeting.</p>

*National Clinical Guideline Centre for Acute and Chronic
Conditions*

<u>Agenda Item</u>	<u>Discussion/Outcome</u>
	No actions were taken following these declarations and none of the GDG members needed to withdraw from discussions as a result of conflicting interests.
2. Meeting objectives and timelines	<p>CGC outlined the aims of the meeting which included final presentation of the full guideline and discussions and agreement on the latest drafts of the NICE version, QRG and UNG. The group would also be asked to volunteer for the development of the implementation and costing tools. They would also be discussing ideas for publications and plans for the launch. SF explained that there will be a pre-publication check. This is another short consultation to allow stakeholders to highlight factual errors prior to publication.</p> <p>CGS mentioned that an independent guideline review panel had reviewed the guideline and the responses to stakeholder comments. The feedback was very positive and this was thanks to the hard work of the NCCG team and the GDG members.</p>
3. NICE short version	<p>SP presented the NICE version of the guideline including key changes made further to stakeholder comments. Changes to recommendations had been sent to the GDG for review prior to the meeting. The GDG agreed all the changes.</p> <p>Action: SP, CGS and MW to finalise the wording of the ‘related guidance’ paragraph on page 9.</p>
4. Quick Reference Guide	<p>SP presented the QRG and talked through the algorithm. The GDG agreed this was a good schematic representation of the recommendations and suggested minor changes.</p> <p>BH suggested that the figure of £2 billion should be presented as a percentage of NHS expenditure to highlight its significance. He suggested a paper by OS that may quote that figure.</p> <p>Action: CS to liaise with OS to find the papers and SP will update the relevant documents.</p>
5. Understanding NICE Guidance	<p>SP presented the patient version of the guideline known as Understanding NICE Guidance (UNG). She went through the document and highlighted specific queries she had which the GDG helped resolve.</p> <p>AF suggested changing ‘written information’ to ‘printed information’</p> <p>Actions:</p>

*National Clinical Guideline Centre for Acute and Chronic
Conditions*

<u>Agenda Item</u>	<u>Discussion/Outcome</u>
	<p>SP to make suggested changes and update the document SP needs to include reference to the managerial and clinical lead content from the recommendation on intermediate care. BH to re-write paragraph on types of surgery.</p>
<p>6. Costing tools and Guide to resources</p>	<p>The costing and implementation representatives gave presentations on the implementation strategy and the implementation and costing tools that will be developed for the guideline. The GDG discussed costing implications of implementing the guideline. The GDG were then asked for volunteers to help finalise the costing and implementation tools.</p>
<p>7. Publication plan</p>	<p>KW explained that once the guideline is published GDG members are encouraged to publish related articles. However, there is a publication policy that needs to be adhered to. This involves sending a copy of the publication and a cover form at least 2 weeks before the date of submission.</p> <p>Action: SF to circulate the publication policy</p>
<p>9. Launch plan outline</p>	<p>KW discussed plans for the launch and asked the GDG for feedback. The launch will include a press conference for which GDG volunteers were required. CGS, TC and KH volunteered. She also asked for volunteers for podcasts and for writing case scenarios. It was noted that all press enquiries should be directed to the NICE press office.</p>
<p>10. Any other business</p>	<p>There was no other business to discuss</p>
<p>11. Summary of next steps</p>	<p>SF highlighted the key steps prior to the final publication of the guideline which include a pre-publication check in April. The final guideline is due to be published on the 22nd of June.</p> <p>CGS thanked everyone for attending and for their hard work and commitment during the development of the guideline.</p>