

National Institute for Health and Clinical Excellence

Clinical Guideline: The management of fractured neck of femur

Stakeholder Scoping Workshop
5 March 2009

The stakeholder scoping workshop is held in addition to the formal consultation on the scope which is taking place from 1st until the 29th of April.

The objectives of the scoping workshop were to:

- obtain feedback on the key clinical issues included in the first draft of the scope
- identify which patient or population subgroups should be specified
- seek views on the composition of the Guideline Development Group (GDG)
- encourage applications for GDG membership.

The scoping group (Technical Team, NICE and GDG Chair) presented a summary of the proposed scope, the timetable for guideline development, the guideline development process, the nature of stakeholder input into the guideline, the processes for recruitment to the GDG and a suggested constituency for this group. The stakeholders were then divided into 3 groups which included a facilitator and a scribe and each group had a structured discussion around the key clinical issues.

Guideline title:

All groups agreed that Hip Fracture was the most appropriate title and would be understood by everyone involved in the care of hip fracture patients. They thought inclusion of the word fragility may exclude elderly patients who sustain a hip fracture through falls.

Population:

All groups agreed that it would be better to include all patients over 18 years of age. There was a suggestion to describe the patient population in more detail so that younger trauma patients are clearly excluded but allow some flexibility to still include the elderly who fracture their hips due to falls. One group mentioned that there was no need for excluding patients with other pathologies as they are generally treated in the same way.

Key clinical issues

Generally all stakeholders agreed that all the clinical issues that had been included in the scope were of high importance and should be included in the guideline.

Points of agreement:

- All stakeholders strongly agreed on the following issues:
- The need for early involvement of an orthogeriatrician in the care of patients with hip fractures particularly in developing a management plan for these patients. This was discussed at length in all 3 groups and was considered to be one of the most important topics that needed to be covered. It was thought that recommendations on the service organisation of hip fracture care would vastly improve outcomes for patients.
- The effectiveness of surgeon seniority in improving outcomes for hip fracture patients after surgery was a very important issue and should be reviewed. In addition, one group mentioned that the effectiveness of anaesthetist should also be considered.
- Early surgery preferably within 48 hours was also considered to be important.
- Pre- and postoperative analgesia should be dealt with as one issue and should include the use of neural blockade.
- In addition, all 3 groups suggested that the effectiveness of cemented compared to non-cemented hemiarthroplasty implants should also be included.

Points of disagreement /low priority questions:

- One group suggested that indications for non operative surgery could be excluded.
- Only one group thought that electrolyte balance was a very important issue. However, the other 2 did not emphasise this point.
- With regards to surgery questions, one group discussed these at length and thought they should all be included. One group thought there was no need to include any as it was a non controversial topic and that the choice of implant should be left to the discretion of the clinician. The third group suggested they may be lower priority than the other issues.

GDG membership

The stakeholders were asked for feedback on the following GDG constituency:

Surgeon	Diagnostic radiologist	Physiotherapist
Anaesthetist	Clinical nurse specialist	Occupational therapist
Orthogeriatrician	Patient / carer representatives	General practitioner
A&E consultant	Clinical director	

Stakeholders suggested adding a Pharmacist and Consultant in pain management and replace a diagnostic radiologist with a radiographer.

The facilitators for each group closed the meeting by explaining the scoping group will subsequently meet to summarise all key themes that emerge from the workshop and will update the scope accordingly.