

Appendix A: Stakeholder consultation comments table

2022 exceptional surveillance of [Hip fracture: management](#) (2011)

Consultation dates: 29th March to 11th April 2022

1. Do you agree with the proposal not to update section 1.6 Surgical Procedures of this guideline?			
Stakeholder	Overall response	Comments	NICE response
University College London Hospital NHS foundation trust	Yes	We agree that the new evidence is generally aligned with the current guidelines and we agree that there is no need to update the guidelines based on it.	Thank you for your comment. After feedback from other stakeholders regarding the interpretation of the evidence, it is proposed that the guideline needs to re-evaluate the strength of recommendation 1.6.3, and to explore evidence on subgroups.
The Royal Osteoporosis Society	Yes	As the ROS understand it NICE are currently reviewing hemiarthroplasty stem design (a new topic) and here are just consulting on a proposal not to update their existing surgical recommendations This should be wholly non-controversial when viewed from the perspective of patients and the Royal Osteoporosis Society. We believe that NICE will NOT miss out on making any	Thank you for your comment. After feedback from other stakeholders regarding the interpretation of the evidence, it is proposed that the guideline needs to re-evaluate the strength of recommendation 1.6.3, and to explore evidence on subgroups.

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		<p>recommendation that would have any meaningful impact on patient care or quality of life.</p> <p>We feel the decision is helpful, in that stability of NICE surgical guidance avoids the national clinical audit being distracted by controversy over surgical minutiae. This will allow the NHFD to continue to try and improve attention to aspects of care that make a real difference – nutritional support, development of multidisciplinary rehabilitation and initiation/continuation of effective secondary prevention</p>	
The British Orthopaedic Association	No	<p>This is a statement with regards to the consultation process for NICE guideline CG124 Hip Fracture Management. The NICE guideline CG124 has been very helpful in improving the care pathway for patients and has been a valuable asset for providing guidance for colleagues and organisations.</p> <p>The review of the recent Cochrane Papers in regards to a change of guidelines is indeed not implicating a need in change of guidelines for the vast majority of content within the guideline, specifically in view of intertrochanteric or subtrochanteric fractures.</p> <p>There is however one important point that in our view needs further review as it stands.</p> <p>On review of compliance in following the separate parameters of the guideline it becomes evident that the use of Total Hip Replacement across Wales and England is only met in 25.3% of</p>	<p>Thank you for your comment. After feedback from other stakeholders regarding the interpretation of the evidence, it is proposed that the guideline needs to re-evaluate the strength of recommendation 1.6.3, and to explore evidence on subgroups.</p>

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	<p>cases, in stark contrast to compliance with other surgical targets to be achieved, where up to and even exceeding 90% has been documented. This suggests that either the Trauma and Orthopaedic community do not have faith in this aspect of the hip fracture guideline or there is a significant impediment to implementation. We believe that it primarily the former.</p> <p>The current guideline states the following: Offer total hip replacement rather than hemiarthroplasty to patients with a displaced intracapsular hip fracture who: were able to walk independently out of doors with no more than the use of a stick and are not cognitively impaired and are medically fit for anaesthesia and the procedure.</p> <p>We believe that the results of the HEALTH trial (N Engl J Med. 2019 Dec 5; 381(23):2199-2208) and the recent findings within the Cochrane review show that the wording is not reflecting the evidence base, when to perform total hip replacements in displaced intracapsular neck of femur fractures.</p> <p>Within the limited scope of this review which is restricted to the surgical aspects of hip fracture the BOA and its members would appreciate the review of the guideline with a focus on two aspects:</p> <ul style="list-style-type: none"> - When should a total hip replacement should performed in preference to a hemiarthroplasty for patients with a displaced intracapsular fracture of the proximal femur 	
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		- When a hemiarthroplasty is indicated what is the most appropriate design of femoral stem	
Cochrane Bone Joint Muscle Trauma CRG	No	<p>I note that 1.6.4 will still be updated which is important since WHITE3 Hemi (contained within the suite of Cochrane Reviews) contains data that is directly relevant to this recommendation and is likely to change the recommendation.</p> <p>Recommendation 1.6.3 should be updated. The summary of the Cochrane Reviews in the surveillance decision contained some inaccuracies and some unsafe interpretations:</p> <ol style="list-style-type: none"> 1. Lewis et al. 2022a THA vs HA comparison essentially found evidence of no ,or small and likely not clinically relevant differences in this comparison. Yet the inference was that the data supported current recommendation 1.6.3 - I do not agree. 2. Lewis et al. 2022c reported only outcomes following extracapsular fractures and therefore provides no data to support or refute recommendation 1.6.3 which is only for patients with displaced intracapsular fracture. 3. Lewis et al. 2022d showed that cemented arthroplasty is probably a superior treatment to alternatives for intracapsular fracture (aligns with 1.6.5) but that network was too uncertain to be able to draw meaningful conclusions for which type of arthroplasty - THA or HA. <p>Finally, the dominant study in this space - which dominated these direct analyses - is the HEALTH study. Surgeons excluded those patients for whom they were convinced that THR would</p>	Thank you for your comment. After feedback from other stakeholders regarding the interpretation of the evidence, it is proposed that the guideline needs to re-evaluate the strength of recommendation 1.6.3, and to explore evidence on subgroups.

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		be preferable and recruited ambulatory patients only the vast majority of whom were cognitively intact (similar to the group specified in 1.6.3). For this group there was essentially no benefit of THA vs HA. Given this evidence the strength of the recommendation 'offer' should be reconsidered to 'consider'.	
Royal College of Nursing	Yes	Yes we agree. There is no evidence to support a change. Newer evidence is supporting of the current guidance and therefore does not require revised guidance. It would however be beneficial to include the new Cochrane reviews as supporting evidence within the guidelines.	Thank you for your comment. After feedback from other stakeholders regarding the interpretation of the evidence, it is proposed that the guideline needs to re-evaluate the strength of recommendation 1.6.3, and to explore evidence on subgroups

2. Do you know of any published research evidence on optimal hip fracture surgical procedures for people with cognitive impairment?

Stakeholder	Overall response	Comments	NICE response
University College London Hospital NHS foundation trust	No		Thank you for your feedback.
The Royal Osteoporosis Society	No		Thank you for your feedback.
The British Orthopaedic Association	No		Thank you for your feedback.

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Cochrane Bone Joint Muscle Trauma CRG	Yes	The data contained within the suite of Reviews from Cochrane did include many studies that included participants with and without cognitive impairment and so is relevant to this subgroup.	Thank you for your feedback.
Royal College of Nursing	No	We are not aware of any published research evidence for this.	Thank you for your feedback.
3. Do you have any other comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
University College London Hospital NHS foundation trust	No		Thank you for your feedback.
The Royal Osteoporosis Society	No		Thank you for your feedback.
The British Orthopaedic Association	No		Thank you for your feedback.
Cochrane Bone Joint Muscle Trauma CRG	No	None.	Thank you for your feedback.
Royal College of Nursing	No	No further comments.	Thank you for your feedback.

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4. Do you know of any other ongoing research in this area that may impact on the recommendations?

Stakeholder	Overall response	Comments	NICE response
University College London Hospital NHS foundation trust	No		Thank you for your feedback
The Royal Osteoporosis Society	No		Thank you for your feedback
The British Orthopaedic Association	No		Thank you for your feedback
Cochrane Bone Joint Muscle Trauma CRG	No	None additional beyond those found in the surveillance statement.	Thank you for your feedback
Royal College of Nursing	No	We are not aware of any current research that may impact on the recommendations.	Thank you for your feedback

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