



# 2019 surveillance of Hip fracture: management (NICE guideline CG124)

Surveillance report

Published: 15 November 2019

[www.nice.org.uk](http://www.nice.org.uk)

# Contents

Surveillance decision .....	3
Reasons for the decision .....	3
Overview of 2019 surveillance methods .....	5
Evidence considered in surveillance .....	6
Ongoing research .....	6
Intelligence gathered during surveillance .....	7
Equalities .....	8
Overall decision .....	8

## Surveillance decision

We will partially update the guideline on [hip fracture: management](#) (NICE guideline CG124), with a focus on section 1.6.

The following table gives an overview of how evidence identified in surveillance might affect each area of the guideline, including any proposed new areas.

Section of the guideline	New evidence identified	Impact
1.1 Imaging options in occult hip surgery	No	No
1.2 Timing of surgery	Yes	No
1.3 Analgesia	Yes	No
1.4 Anaesthesia	Yes	No
1.5 Planning the theatre team	No	No
1.6 Surgical procedures	Yes	Yes
1.7 Mobilisation strategies	Yes	No
1.8 Multidisciplinary management	Yes	No
1.9 Patient and carer information	No	No

## Reasons for the decision

This section provides a summary of the areas that will be updated and the reasons for the decision to update.

### 1.6 Surgical procedures

New evidence from a trial conducted in the UK as part of the [World Hip Trauma Evaluation Study](#) indicates that Thomson stems may provide similar clinical outcomes to the Exeter/Unitrax stem design. Currently recommendation 1.6.4 suggests using a proven femoral stem design rather than Austin Moore or Thompson stems. During the development of the original guideline no randomised studies were found that compared older stem designs

with modern stem designs in patients with hip fractures, thus evidence was extrapolated from studies looking at the selection of prosthesis for primary total hip replacement and expert opinion. Furthermore, surveillance conducted in 2013 and 2015 did not find any studies that addressed this recommendation. As such, this new evidence is directly applicable to addressing a gap in the evidence base that underpins recommendation 1.6.4. An amendment is also proposed for recommendation 1.6.4 to remove mention of the ODEP rating, which is inaccurate.

A [suite of Cochrane reviews](#) including surgical procedures for hip fracture is underway and due to publish in October 2020. The [WHiTE4](#) study looking at sliding hip screw versus X-Bolt Dynamic Plating System for trochanteric fractures is also in preparation for publication. These studies could potentially affect several recommendations within section 1.6 and to ensure efficiencies in the update process these studies will be assessed as soon as possible and their impact on section 1.6 will be considered and factored into the update, as needed.

For further details and a summary of all evidence identified in surveillance, see [appendix A](#).

# Overview of 2019 surveillance methods

NICE's surveillance team checked whether recommendations in [hip fracture: management](#) (NICE guideline CG124) remain up to date.

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and National Institute for Health Research (NIHR) signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the proposal with stakeholders, except if we propose to update and replace the whole guideline.
- Considering comments received during consultation and making any necessary changes to the proposal.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

## Evidence considered in surveillance

### Search and selection strategy

We searched for new evidence related to the whole guideline.

We found 62 studies in a search for randomised controlled trials (RCTs) and systematic reviews published between 2 February 2015 and 31 May 2019. There were 89 studies identified by searches in [previous surveillance](#) in 2013 and 2015. There were also 2 trials identified by stakeholders.

From all sources, we considered 153 studies to be relevant to the guideline.

See [appendix A](#) for details of all evidence considered, and references.

### Selecting relevant studies

In line with surveillance methods for handling large volumes of studies, we included RCTs and Cochrane reviews of relevance to the guideline. Systematic reviews were only included if they addressed a specific gap in the evidence base or were identified as an important review (for example, an NIHR signal).

## Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 5 studies were assessed as having the potential to change recommendations. Therefore, we plan to check the publication status regularly and evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- [World hip trauma evaluation four](#) (ISRCTN92825709)
- [A randomised controlled trial of single antibiotic cement versus dual antibiotic cement in patients receiving a partial hip joint replacement after fracture](#) (ISRCTN15606075)
- [World hip trauma evaluation five: a randomised controlled trial comparing cemented and uncemented implants for the treatment of displaced intracapsular hip fractures](#) (ISRCTN18393176)

- [Community-based rehabilitation for the elderly following hip fracture \(ISRCTN28376407\)](#)
- [A programme of high priority reviews for the management of patients with hip fracture: a collaboration which can inform future healthcare policy guidance \(NIHR 16/114/15\)](#)

## Intelligence gathered during surveillance

### Views of topic experts

We considered the views of topic experts who were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to the guideline.

We sent questionnaires to 11 topic experts and received 2 responses. The topic experts had expertise in geriatric medicine and general practice. One expert did not think the NICE guideline should be updated. One expert suggested that the NICE guideline should be updated and highlighted that the [management of hip fracture in older people SIGN guideline \(2009\)](#) is proposed to be updated (currently [on hold](#)).

### Implementation of the guideline

[Uptake data](#) from 2017/2018 indicates that the uptake of recommendations has been variable. Some of the well implemented recommendations are as follows: the proportion of arthroplasties which are cemented was 91.4% in 2018 (recommendation 1.6.5); the proportion of intramedullary nails used for subtrochanteric fractures was 89.3% in 2018 (recommendation 1.6.8); and the proportion of people with hip fracture who are mobilised out of bed the day after surgery was 73.3% (recommendation 1.7.1). The following recommendations were less well implemented: the proportion of people with displaced intracapsular fractures treated with total hip replacement if clinically eligible was 33.5% in 2018 (recommendation 1.6.3); the proportion of patients who had their pain re-evaluated during admission on the emergency department was 40% in 2017 (recommendation 1.3.1); and the proportion of emergency departments that have written information about hip fracture available for patient and/or their relatives and carers was 25% in 2017 (recommendation 1.9.1).

## Other sources of information

We considered all other correspondence received since the guideline was published. These included external communications from health care professionals and external organisations received before and during this surveillance review.

## Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because this surveillance proposal was to update recommendation 1.6.4, we consulted with stakeholders.

Overall, 10 stakeholders commented. Stakeholders covered a range of relevant organisations including The Royal Osteoporosis Society, Royal College of Nursing, NHS England, Public Health England, and the Bone Joint and Muscle Trauma Cochrane Group. Five stakeholders agreed with the proposal to partially update the guideline with a focus on the areas described above. Three stakeholders did not provide a clear response, and 2 disagreed. One disagreed on the basis of an increase in hip fractures but did not provide further detail of how this would impact the guideline. The second stakeholder disagreed and felt recommendation 1.6.7 (covering extramedullary implants) should be updated and submitted additional evidence, which was considered for inclusion in the surveillance review. Two additional studies were included but did not impact the final surveillance decision.

See [appendix B](#) for full details of stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

## Equalities

No equalities issues were identified during the surveillance process.

## Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that a partial update is necessary.



ISBN: 978-1-4731-3592-5