National Clinical Guideline Centre for Acute and Chronic Conditions

HIP FRACTURE GUIDELINE

11th Guideline Development Group Meeting

Thursday 29th July 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), Mr Martin Wiese (MW), Mr Anthony Field (AF), Mr. Bob Handley (BH), Mr Tim Chesser (TC), Dr Sally Hope (SH), Ms Paula Prior (PP) and Professor Judy Adams (JA).

NCGC: Saoussen Ftouh (SF), Carlos Sharpin (CS), Sarah Riley (SR), Antonia Morga, Elisabetta Fenu and Jenny Hill (JH).

Apologies: Dr Richard Griffiths (RG) and Professor Sallie Lamb (SL)

Agenda Item	Discussion/Outcome
1. Introductions and apologies for absence, minutes of the last meeting and declaration of interests	CGS welcomed everyone to the 11th Hip Fracture GDG meeting and introduced Professor Judy Adams who is a Consultant Radiologist and who will be joining the GDG as an expert advisor on radiology and imaging techniques. Apologies: CGS noted apologies from RG and SL. Minutes: The minutes of the last meeting were agreed as being accurate. Declarations of interest (DOI): TC declared that he was invited to teach on a hip fracture surgical techniques course organised by Stryker who paid his travel expenses. No other payment was received. CGC, OS and KH informed the GDG that they had been invited to join the Department of Health fragility fractures board. There were no changes the other GDG members' and NCGC staff DOIs since the last meeting.

Agenda Item	Discussion/Outcome
	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. Update searches (Carlos Sharpin)	CS presented the results of the update searches. One study (Ziden 2010) was retrieved. This will be added to the MDR review as it is a one year follow-up of one of the RCTs which has already been included.
3. Introduction to imaging techniques in the diagnosis of hip fractures (Professor Judy Adams)	JA gave an introductory presentation on imaging techniques used in diagnosis of occult hip fractures and outlined the advantages and disadvantages of each technique.
4. Clinical and economic evidence on alternative radiological imaging for diagnosing occult hip fractures (Saoussen Ftouh)	SF presented the evidence on imaging techniques which can be used as alternatives to radiology or MRI in the diagnosis of occult hip fractures. The GDG had previously agreed on that MRI would be considered as the reference standard and that they will not conduct a review on criteria for strong clinical suspicion. Only 3 studies matched the inclusion criteria and were included in the review. Two studies were on bone scanning versus MRI (Evans 1994 and Rizzo 1993) and one study was on sonography versus MRI (Safran 2009). One study on CT versus MRI (Lubovsky 2005) which had initially been included was later excluded as it did not fulfil the criteria on the quality checklist and did not report the results in a way which was interpretable for the review question. AM presented the related economic evidence. Only one study (Verbeeten 2005) was identified. This showed that MRI is a cost effective intervention in the detection of occult hip fractures compared to "3 days rest" before subsequent radiography and/or scintigraphy. The GDG discussed the clinical and economic evidence and made a recommendation. They agreed that the studies on CT versus MRI that are currently in the literature do not reflect the recent advances in the technique. Therefore, it is important to make a research recommendation looking at more recent CT techniques versus MRI. **Action:** **OS to write a research recommendation on CT versus MRI**
5. Discussion on recommendations and research recommendations	The GDG discussed, amended and agreed the recommendations on analgesia, anaesthesia and surgery (see Full List of Recommendations 290710 document).

Agenda Item	Discussion/Outcome
(Analgesia, Anaesthesia and surgery)- All	AM informed the GDG that she will be developing an economic model on early versus late surgery and that she will be organising a teleconference with the economic subgroup to present the results which will then be circulated to the rest of the GDG members.
6. The role of implementation and costing (Paula Prior, NICE Costing Analyst)	PP presented a summary of the role of implementation and costing in the NICE guideline development process. She outlined the key the steps in developing implementation and support tools and informed the GDG that she will be looking for volunteers to help with their development. SF gave a brief presentation on key priorities for implementation (KPI) and the criteria used for choosing them. She informed the GDG that once the recommendations have been finalised she will be sending out a survey for the GDG to vote on their KPI. CGS suggested that the survey should include a ranking rather than just a vote of high or low priority **Action:** **SF to add a 1-5 ranking order in the KPI survey.**
7. Sensitivity analyses on health economic model on "Hospital based MDR versus usual inpatient rehabilitation" (Antonia Morga)	AM informed the GDG that the model has now been validated by health economist lead at NCGC and that validation sensitivity analyses has been conducted with senior health economist at NCGC. The base case analysis showed that the HFP is the dominant strategy compared to both GORU/MARU and usual care. In the probabilistic sensitivity analysis, the cost-effectiveness of GORU and HFP versus usual care reached statistical significance. However the cost-effectiveness of HFP vs GORU was not statistically significant.
8. Health economic model on "Community based MDR versus usual inpatient rehabilitation" (Antonia Morga)	AM updated the GDG on the progress of the economic model for community based MDR. She informed the GDG that the model still needs to be validated and sensitivity analyses need to be completed. She will send the findings to the GDG by email. **Action:** **AM to send the findings of the community based MDR model by email**
9. Discussion on recommendations and research recommendations (MDR and mobilisation strategies)- All	The GDG discussed, amended and agreed the recommendations on MDR and mobilisation (see Full List of Recommendations 290710 document).
10. Any other business, close	CGS closed the meeting and thanked everyone for attending

Agenda Item	Discussion/Outcome
and date of next meeting –	**Date of next meeting Wednesday 8th September 2010 (NCGC Office, 5th Floor, 180 Great Portland Street)**