

National Hip Fracture Database (NHFD)

Commissioning hip fracture services 2016

Hip fracture is an ideal marker condition with which to examine and challenge the quality and outcome of the care offered to frail and older patients by the NHS.

- > Hip fracture is a clearly defined diagnosis, generally made very soon after a patient presents to the accident and emergency (A&E) unit or the hospital trauma team. This makes it suitable for direct comparisons between hospitals that provide care.
- > Hip fracture is common, with 65,000 such injuries each year leading to the occupation of over 4,000 inpatient beds at any one time across England, Wales and Northern Ireland.
- > Hip fracture management takes a frail patient through a complex clinical pathway involving a wide range of specialists, clinical teams, departments and agencies.
- > Hip fracture patients face a significant risk of dying or of losing their independence, and their prognosis is dependent on how well hospital and community services work together.

In association with:



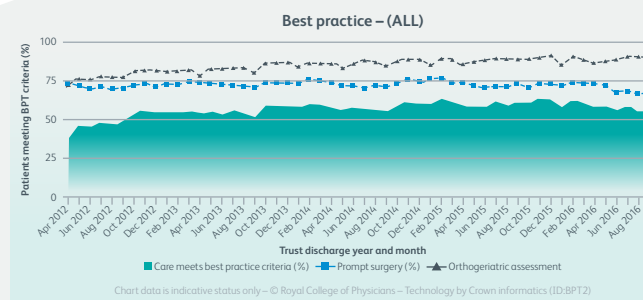
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National Hip Fracture Database (NHFD)

The NHFD

The National Hip Fracture Database (NHFD) is a national clinical audit of the quality of care and outcome of patients aged over 60 who sustain a hip fracture in England, Wales and Northern Ireland. Through annual reports and online run charts, the NHFD has tracked the development of hip fracture care, describing and challenging variation in practice around the country, while supporting the development of a consensus about the best way to care for the frail older people who typically suffer this injury.



These reports, along with additional reports on anaesthetic care, casemix-adjusted outcome and length of hospital stay, can be found on the NHFD website: www.nhfd.co.uk. Here you can view the data trends and all other information about your local population.

Standards of care

The NHFD provides a national audit of care for patients with hip fractures against a range of standards and guidelines.

- > NICE Hip fracture in adults: quality standard (QS16).
- > NICE Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (CG32).

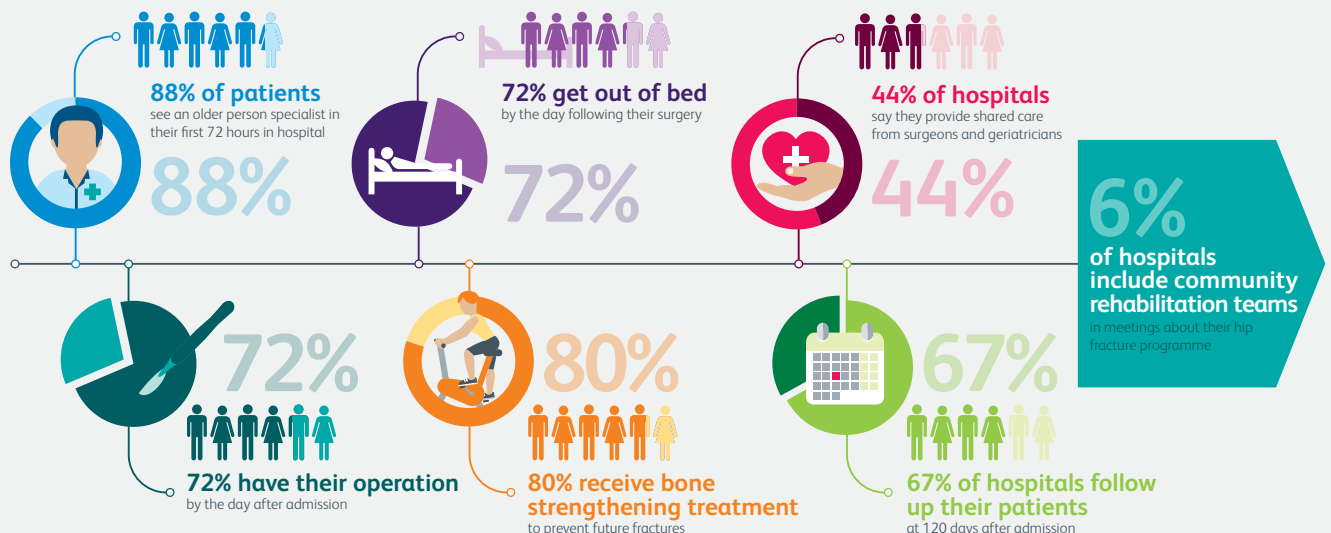
- > NICE Delirium: prevention, diagnosis and management (CG103).
- > NICE Hip fracture: management (CG124).
- > NICE Falls in older people: assessing risk and prevention (CG161).
- > NICE Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women (TA161).
- > AAGBI standards for hip fracture anaesthesia.
- > National Osteoporosis Society standards for fracture liaison services.

Above all, the best model of care for hip fracture patients is to offer them, from admission, a formal acute, orthogeriatric or orthopaedic ward-based hip fracture programme (HFP) that includes all of the following:

- > orthogeriatric assessment
- > rapid optimisation of fitness for surgery
- > early identification of individual goals for multidisciplinary rehabilitation to recover mobility and independence, and to facilitate return to pre-fracture residence and long-term wellbeing
- > continued, coordinated orthogeriatric and multidisciplinary review
- > liaison or integration with related services, particularly mental health, falls prevention, bone health, primary care and social services
- > clinical and service governance responsibility for all stages of the pathway of care and rehabilitation, including those delivered in the community.

What a hip fracture programme can deliver

Hip fracture is the most common serious injury in older people. Hip fracture patients occupy 1.5 million hospital bed days each year and cost the NHS and social care £1 billion. Patient care can be improved and NHS cost reduced with a hip fracture programme



Data

The NHFD supports a wealth of data focused on driving improvement in the quality of hip fracture care. We encourage commissioners to engage with their provider organisations to develop a culture of data-driven continuous improvement.

NHFD annual reports provide a detailed description of the processes and outcomes of care in all hospitals delivering an acute hip fracture service in England, Wales and Northern Ireland.

The 2016 report and previous years' reports are available on the NHFD website: www.nhfd.co.uk

NHFD performance dashboards are a digest of key hospital-level performance metrics, designed for use by hospital executives and commissioners to assure care quality.

These are available on the NHFD website: www.nhfd.co.uk

NHFD performance run charts are improvement-focused, longitudinal presentations of live performance data on key quality markers, available publicly via our website: www.nhfd.co.uk

The NHS indicators portal contains hip fracture indicators that are included in the NHS Outcomes Framework and CCG Outcomes Indicator Set and which describe population-level performance against key quality and outcome measures: <https://indicators.hscic.gov.uk/webview/>

My NHS hosts a selection of NHFD metrics from our annual reports as part of the national clinical outcomes programme: www.nhs.uk/service-search/performance/results?resultsViewId=1178

My Hip Fracture Care is a patient guide, developed in collaboration with patients, which describes key elements of good hip fracture care that patients and their carers should be encouraged to discuss with clinical teams. The guide can be found on the NHFD website: www.nhfd.co.uk

NHFD lead clinicians are expert specialists in each participating hospital, who are responsible for the quality of data and for leading and driving improvement. Commissioners are encouraged to engage with their local leads to understand local performance.

Recommendations for commissioning hip fracture services

People who commission hip fracture services should:

- > develop a culture of continuous improvement, using NHFD performance run charts and other quality indicators to inform discussions with local provider organisations
- > consider a whole-pathway approach to commissioning hip fracture services, with particular attention to how the acute hip fracture programme team integrates with rehabilitation, intermediate care and community elements of the pathway
- > ensure that 120-day follow-up is an integral part of patient care, and that acute hospital teams engage with rehabilitation and community services in follow-up of patients' progress
- > consider how effectively their population is served by fracture liaison services (FLS) to assess patients at risk of falls and fragility fractures and ensure appropriate treatment for osteoporosis and falls risk factors.

Contact us

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The NHFD is part of the Falls and Fragility Fracture Audit Programme, along with the Fracture Liaison Service Database (FLS-DB) and the National Audit of Inpatient Falls (NAIF). The NHFD grew out of the 2007 collaboration between the British Orthopaedic Association and the British Geriatrics Society and, since 2012, has been managed by the Clinical Effectiveness and Evaluation Unit at the Royal College of Physicians.

For more information, please see www.nhfd.co.uk
or www.rcplondon.ac.uk/fffap.



Royal College
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Falls and Fragility Fracture
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