

THE NATIONAL HIP FRACTURE DATABASE

Best Practice Tariff

NHFD Regional Meeting (Chester)

3rd February 2010

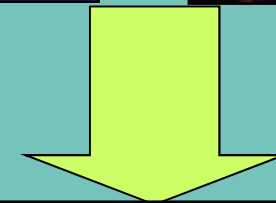
Maggie Partridge



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Fracture Database

Context

- High Quality Care for All (HQCFA) report
- High **volume** service area
- Significant **variation** in clinical practice
- Improve *both quality and value*
- Excellent source of clinical **data** (NHFD)



Tariffs in 2010/11:

1. Gall bladder removal
2. Cataracts
3. Stroke
4. **Fragility hip fracture**



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What constitutes best practice?

- Consultation process
- Involvement of clinical leaders in the field
- Evidence based (Blue Book/NHS III)



Key clinical characteristics

- **Time to theatre** (all cases) < 36hrs
 - within 36 hours from arrival in Emergency Department (or time of diagnosis if an inpatient) to the start of anaesthesia



Orthogeriatrician involvement

- 1) Admitted under the joint care of a Consultant Geriatrician & a Consultant Orthopaedic Surgeon
- 2) Admitted using an assessment tool agreed by geriatric medicine, orthopaedic surgery and anaesthesia
- 3) Assessed by geriatrician in perioperative period (defined as 72hrs of admission) (Geriatrician defined as Consultant; NCCG or ST3+)
- 4) Postoperative Geriatrician-directed:
 - a. Multiprofessional rehabilitation team
 - b. Fracture prevention assessments (falls and bone health)



NHFD dataset changes

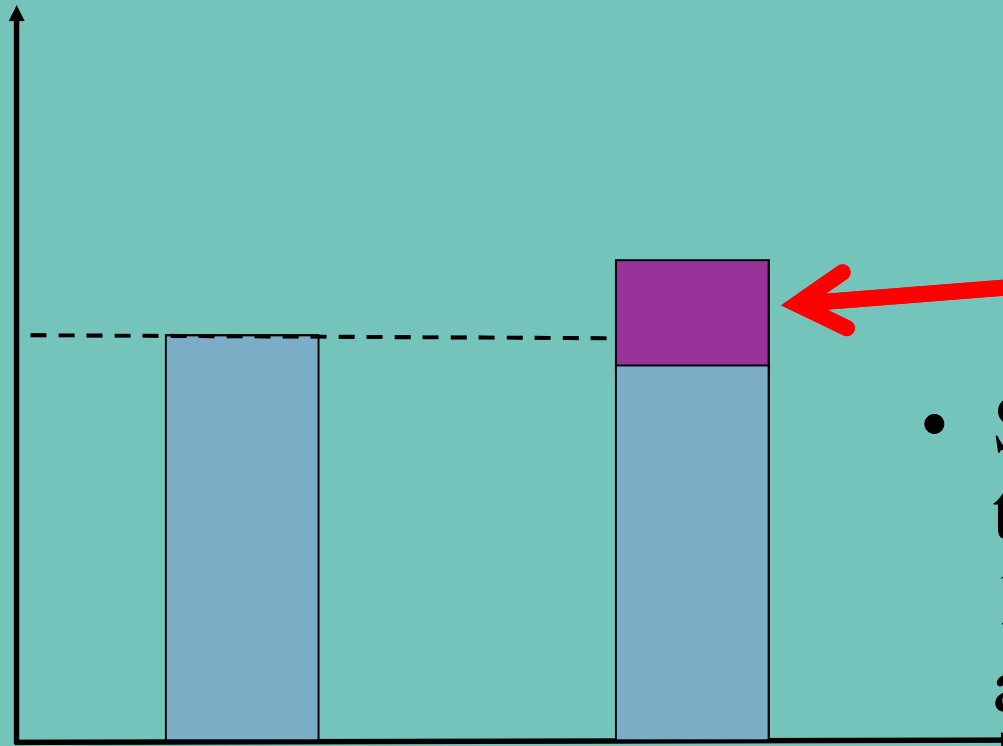
- Changed from reason for delay 24 hrs to reason for delay 36 hrs.
- Label changed from consultant code to Orthopaedic GMC Code
- Added new field - Geriatrician GMC Code
- Added new field – Admitted using a jointly agreed assessment protocol
- Added new field - Date & Time Assessed by Geriatrician
- Added new field - Grade of Geriatrician
- Added new field - Multidisciplinary rehabilitation team assessment



BPT Structure – stick and carrot

PAYMENT
PER CASE

National
average
cost



£445

- Set to recognise that less than 100% will be achieved

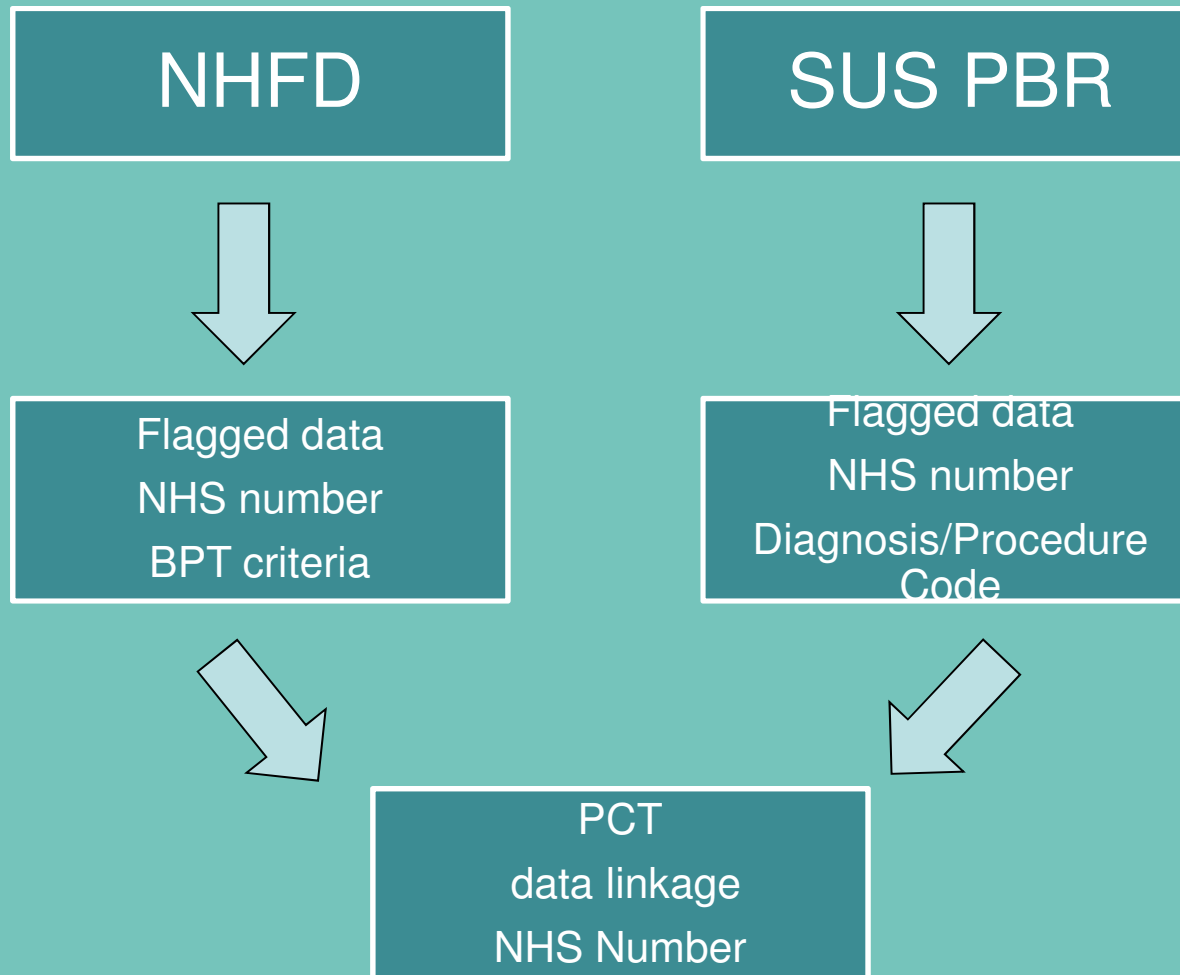
now

April



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Data flow



Summary

- Best practice tariffs link payment to quality
- Aim is to universalise best practice around two key characteristics with hip fracture care
- Payment to be a 2-part tariff with compliance monitored through NHFD
- Target incentives at both providers and PCTs
- 2010/11 is an opportunity to change practice as future tariffs will mirror the cost profile.



BPT – a golden opportunity – for you

- Engage management
- Develop your orthogeriatric service
- Forge links with orthopaedic/anaesthetic/geriatric colleagues
- Establish secondary prevention services



BPT – a golden opportunity – for the NHFD

- To achieve 100% participation
- To capture 100% of hip fracture patients
- To improve data completion
- To improve data quality



BPT – a golden opportunity

for our patients



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How the NHFD can help

- Orthogeriatrician job descriptions
- Business case examples
- Joint admission assessment protocols
- Examples of Falls & bone health service developments
- Literature Registry



For further details

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110106



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