Response to a letter from Professor David Marsh, requesting "a pithy argument demonstrating that NHFD and its audit cycle will lead to higher standards and lower costs"

Dear David and Bev,

I was pleased to see that here at SRFT we are considered a 'gold star' participant in the NHFD. I feel that the benefits to us are well worth participating as we can accurately benchmark or service against evidence based targets on a reasonable sample of UK units.

As I am not an orthopaedic surgeon (a geriatrician) I cannot help much with the view from a surgeon's perspective but I can describe how we get the data collection to work.

1. Our data collection is a team affair between myself, trauma nurse specialist and audit department.

2. Inputting data is a regular weekly timetabled event following our orthopaedic unit case conference. It usually takes 1.5 hours to register new cases and update existing discharged individuals.

3. We use a variety of data sources to improve efficiency and accuracy. Obviously there is the paper record, but we collect most data from electronic patient record, PAS and theatre electronic register.

4. Myself and trauma nurse specialist are responsible for data acquisition whilst an inpatient. Following discharge, we have found the audit department a key part of our success.

5. As contacting and recording post discharge data would be very difficult for clinicians to fit in to our timetable, an audit clerical officer has been assigned to our project. She received training from myself around the information needed and appropriate question methods for the database. She receives a copy of the discharge record of all hip fractures and has a rolling programme of contacting them. This has been a major plus point in our performance.

To show my colleagues in the orthopaedic directorate the value of participation we send out a monthly summary of the B2B data, with some demographics. We send this to service managers, anaesthetists, A+E medics and bone metabolic service. We have also advertised ourselves as a source of data on hip fracture in our trust. Recently we have supplied patient identity lists to A+E for a HCC report and to anaesthetic staff for their directorate meeting. We also provide data to the community osteoporosis service to facilitate their target patient identification to follow up.

I cannot give you a job description for an individual for NHFD role, however, I would suggest the job is better team based. I would use a team of doctor (surgeon/physician) plus trauma/fracture nurse specialist. It is important to find someone who has the time for post discharge data collection. We have used clerical audit staff.

I hope this helps you plan to improve uptake on the NHFD. I believe it is an important project which certainly benefits our trust.

Best wishes

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