

# Best Practice Tariff (BPT) for Fragility Hip Fracture Care User Guide

## Purpose of this guide

To provide guidance on the operational aspects of the best practice tariff (BPT) for fragility hip fracture care.

The published PbR Guidance for 2010-11, paragraphs 224 and 225, stated that the National Hip Fracture Database (NHFD) would produce a quarterly report for commissioners with details of all patients entered on the NHFD for whom they have commissioned services and that the DH PbR team would publish further information and guidance in support of this reporting process in due course.

## Objective of this guide

The objectives for this guide are:

- To detail the reporting process, including roles and responsibilities of stakeholders and to provide a timetable of reporting activity
- To provide background information on the fields in the report
- To make reference to any sources of material that NHS organisations will find useful in implementing the tariff

## Audience

- Individuals with responsibilities in commissioner and provider organisations for the management and operation of the process for payment of fragility hip fracture care.

## Relevant Approvals

Full Ethics and Confidentiality Committee (ECC)<sup>1</sup> approval for the use of NHFD data to measure Best Practice Tariff compliance was granted on 30<sup>th</sup> March 2010<sup>2</sup>.

## Related documents and useful information

- The 2010-11 PbR Guidance and the PbR Code of Conduct are available on the PbR website - <http://www.dh.gov.uk/pbr>
- NHFD dataset and the BOA/BGS Blue Book<sup>3</sup> <http://www.nhfd.co.uk/>
- Central NHFD Registration and contact for queries Email [pbrnhfdregistration@dh.gsi.gov.uk](mailto:pbrnhfdregistration@dh.gsi.gov.uk)

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<sup>1</sup> <http://www.nigb.nhs.uk/ecc>

<sup>2</sup> See the minutes of 30<sup>th</sup> March 2010 meeting: <http://www.nigb.nhs.uk/ecc/meetings/>

<sup>3</sup> The British Orthopaedic Association/British Geriatric Society Blue Book on the care of patients with fragility fractures

## List of abbreviations

HES	Hospital episode statistics
HRG	Healthcare resource group
NHFD	National hip fracture database
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PbR	Payment by Results
IC	Information Centre
PCTs	Primary Care Trusts
SuS	Secondary Uses Service
BPT	Best Practice Tariff
BOA	British Orthopaedic Association
BGS	British Geriatrics Society
SSC	Specialised Service Code
OPCS	Office of Population Census and Surveys

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## **Background to Fragility Hip Fracture BPT**

The PbR Guidance and BOA/BGS Blue Book provides detailed background information on the fragility hip fracture BPT but the following provides a brief summary.

The BPT for fragility hip fractures, was developed to encourage two key clinical characteristics of best practice: prompt surgery and appropriate involvement of geriatric medicine.

The benefits of this approach can lead to:

- improved patient outcomes;
- increased number of independent individuals and reduced mortality;
- shorter length of stay; and
- more cost effective care.

Overall, it is known that providing best practice is less costly than not.

More information on fragility hip fracture BPT is in the PbR Guidance and BOA/BGS Blue Book.

### **Best Practice Tariff Criteria**

The key clinical characteristics of best practice were chosen by a group of clinicians and service managers chaired by the National Clinical Director for trauma care. The characteristics are applied to patients aged 60 years of age and over are defined as:

1. Time to surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an inpatient, to the start of anaesthesia
2. Admitted under the joint care of a consultant geriatrician and a consultant orthopaedic surgeon
3. Admitted using an assessment protocol agreed by geriatric medicine, orthopaedic surgery and anaesthesia
4. Assessed by a geriatrician in the preoperative period: within 72 hours of admission.
5. Postoperative geriatrician-directed multi-professional rehabilitation team
6. Fracture prevention assessments (falls and bone health).

The time to surgery was set at 36 hours rather than the 48 hours outlined in the BOA/BGS Blue Book, as this is considered a more appropriate level for best practice, while 48 hours was a minimum standard.

To capture the joint admission criteria, two GMC numbers are required; that of the Consultant Orthopaedic Surgeon and Consultant Geriatrician authorised by the Hospital to oversee admission policy. Entry of the GMC number for an individual patient indicates that the responsible Consultant is satisfied that the agreed assessment protocols were followed.

It is recommended that providers issue their commissioning PCTs with a copy of the agreed joint assessment protocol. Examples of which can be found on the BPT section of the NHFD website.

In cases where there is missing information and fields not completed then the additional BPT payment is not paid.

Meeting all of the above criteria is required to qualify for the best practice tariff.

Looking ahead, we are working with NICE to ensure that tariffs, are aligned with forthcoming clinical guidelines for hip fracture care, due for release in 2010.

The BPT is mandatory from 1 April 2010 and applies to patients admitted from this date.

## **Pricing structure for the fragility hip fracture BPT**

The tariff prices have two components: a base tariff for each HRG and an additional payment for meeting both characteristics of best practice. The additional payment is made up of the estimated costs of meeting the two characteristics of best practice.

The BPT applies to HRGs HA11-14. These HRGs cover all hip procedure patients and not specifically fragility hip fracture. To target the tariff towards fragility hip fracture patients we flag the relevant activity within these HRGs by a Specialised Service Code (SSC) of 88.

The SSC 88 flag is generated by the following set of criteria;

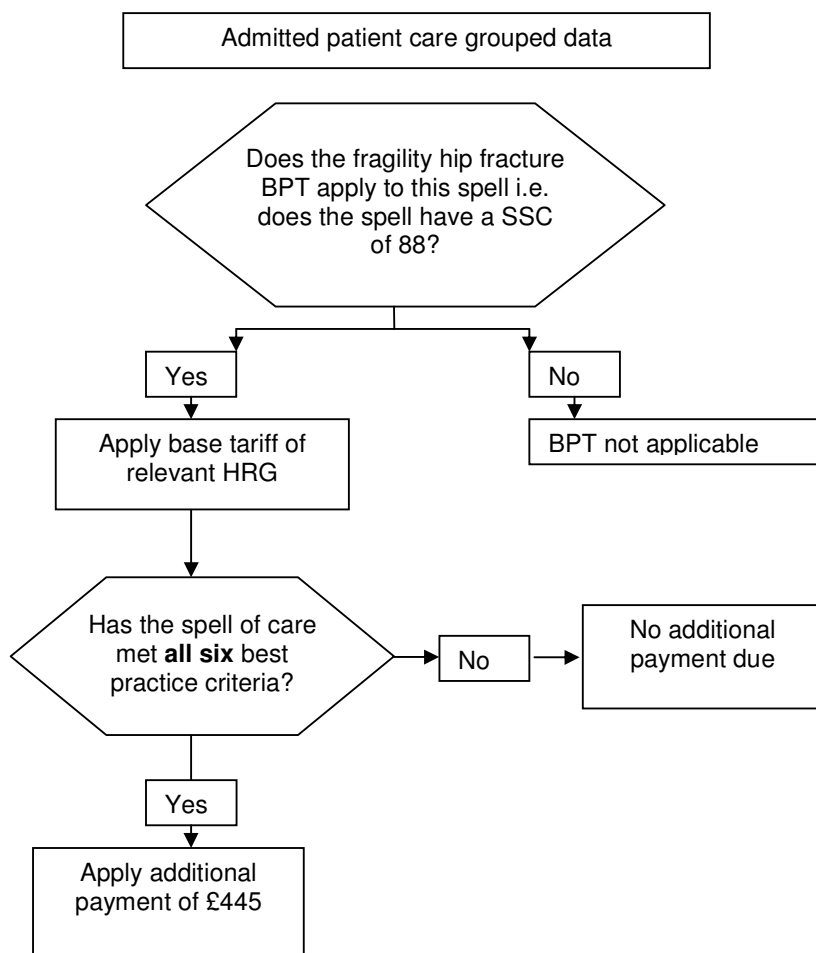
- patient aged 60 or over (on admission)
- non-elective admission method (excluding maternity)
- a combination of diagnosis and procedure codes (in any position) detailed in the PbR Guidance 2010/11 Page 63, Table 15 Fragility hip fracture and OPCS codes
- HRGs are HA11-14
- The 2010-11 Local Payment Grouper generates the SSC 88 flag for spells that meet the above criteria.
- SUS-PbR applies the base tariff price to the spells with a SSC 88 flag
- The quarterly BPT-NHFD Commissioner report shows which spells with the SSC 88 flag have and have not met the characteristics of best practice.

Tariff information spreadsheet and PbR Guidance (Page 61, paragraphs 217 – 221)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_112284](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_112284)

## Fragility hip fracture best practice tariff flow diagram

The following diagram illustrates the BPT flow for fragility hip fracture.



# Reporting Process

This section sets out the reporting process and the roles and responsibilities within the reporting process.

The National Hip Fracture Database (NHFD) will produce an on-line report on compliance to BPT criteria, on a quarterly basis in line with the SuS-PbR reporting process and will be available for commissioners to download from the NHFD website by registered users.

In practice the providers will be given 2 weeks from the end of the quarter to input/edit any outstanding records. Data will then be matched to PCTs which will take a further 2 weeks. Once the PCT data is uploaded, providers will be given another 2 weeks to correct any problems or omissions.

NHFD is currently the **only** source of data relevant to the BPT criteria collected on a regular basis, with professional clinical oversight. Participation in the NHFD is therefore strongly recommended but organisations may locally implement alternative solutions.

Commissioners will be able to link SUS data with NHFD data by using the NHS number. The NHS number is therefore required to enable linkage to the commissioner and if missing (or invalid), the provider hospital will need to complete (or correct) this before a commissioner match can be made

The online report will also contain Date of Admission and Date of Operation, which can be compared with SUS PbR output on the spells that have an SSC of 88 to additionally validate matching.

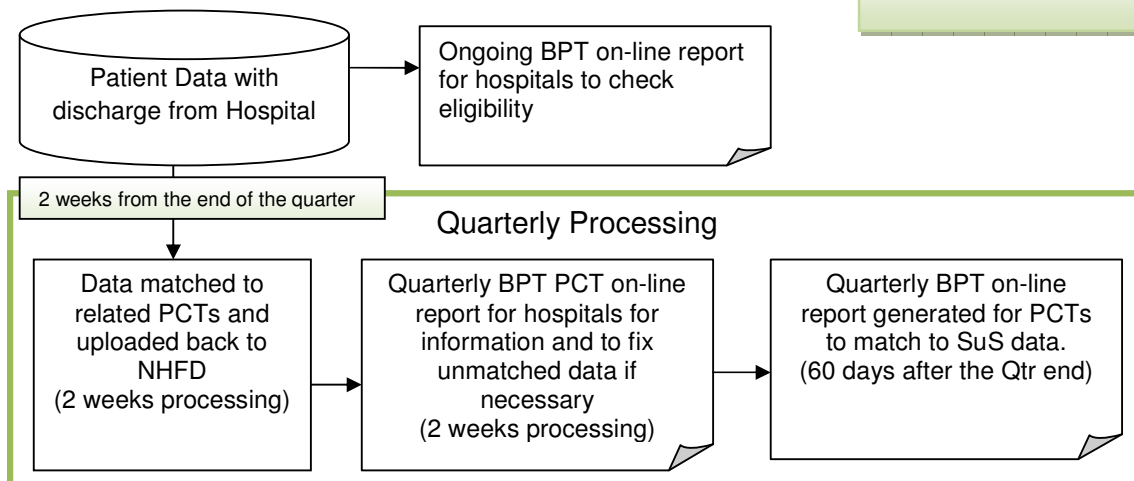
All records, including those over 60 who fail to meet the criteria, will be sent to relevant commissioners when available.

After the first quarter we will review the process to assess whether there is a need to add in any additional fields to support commissioners to further validate the data

The additional best practice payment will be paid quarterly in arrears, with the base tariff paid as normal.

## Data Flow

Data Flow Chart



## Reporting Timetable

This section sets out the timetable of when the on-line BPT-NHFD Commissioner report will be available, what period it will cover and how it interfaces with SUS-PbR extracts.

### *Quarterly reporting dates*

<b>Quarter end</b>	<b>Final reconciliation point</b>
June 2010	September 2010
September 2010	December 2010
December 2010	March 2011
March 2011	June 2011

### *Final reconciliation point*

Means date when the final reconciliation report is available for the quarter in question

SUS-PbR is available a minimum of 60 days after discharge, so the first BPT additional payments will be made on the 1<sup>st</sup> September 2010.

## Roles and Responsibilities

### NHFD

- Ensure data is collected in a safe environment
- Determine responsible commissioner prior to generating the on-line report
- Produce quarterly on-line BPT NHFD Provider Report and BPT NHFD Commissioner Report (reports content detailed below)
- Ensure that registered users are notified when the report is available
- Undertake random trend analysis to monitor integrity of data

### Commissioners

- Access report from NHFD database when available
- Link NHFD data to SUS-PbR data to validate BPT qualification
- Ensure that additional payments are made to those cases that meet the BPT criteria
- Resolve any queries about the data with relevant provider

### Providers

- Ensure quality and integrity of NHFD data recorded – this will be the responsibility of the NHFD Lead Clinician for the provider.
- Confirm the BPT on-line report is correct prior to releasing to commissioners
- Liaise with Commissioners to resolve any queries and solve any problems
- Contact the central NHFD Registration Email [pbrnhfdregistration@dh.gsi.gov.uk](mailto:pbrnhfdregistration@dh.gsi.gov.uk) if contact details of other PCTs and Commissioners are required to resolve queries.

### NHS IC

- Issuing user name and passwords to commissioner data representatives
- Linkage of NHS numbers to responsible commissioners

### PbR

- Coordinating any queries from PCTs regarding the reporting process notified through the central NHFD Registration Email account



## Code of Conduct

All stakeholders, within the reporting process, will undertake their roles and responsibilities in line with the Code of Conduct for Payment by Results, Pages 9 to 14. The Department of Health will ensure that compliance with the Code is integrated into performance management arrangements and may publish details of non-compliance on an exception basis. Moreover, organisations responsible for performance management will take action to address non-compliance. Persistent non-compliance by individual NHS Hospitals or PCTs may be penalised through intervention and/or direction on behalf of the Secretary of State.

## Ongoing BPT-NHFD Provider Report

This report is continuously available to Hospitals and includes patients that have been discharged by quarter. It includes the following fields:

- Hospital Number
- Patient Name
- NHS Number
- Hours to Surgery
- Orthopaedic GMC Number
- Geriatrician GMC Number
- Admitted using a jointly agreed assessment protocol (Yes/No)
- Geriatrician grade (Consultant, SAS or ST3+)
- Hours to Geriatrician assessment
- Multidisciplinary rehabilitation team assessment (Yes/No)
- Specialist Falls Assessment
- Bone Protection Medication
- BPT Uplift Qualification (Yes/No)

## BPT-NHFD Provider Report

This report is created quarterly after matching to commissioners. It is intended to give the providers a way of viewing the data to be sent to the commissioners in the same format as the commissioners will receive it. It will include the following fields:

- Hospital Number
- Patient Name
- NHS Number
- PCT
- Surgery within 36 hours (Yes/No)
- Orthopaedic GMC Number & Geriatrician GMC Number (Yes/No)
- Admitted using a jointly agreed assessment protocol (Yes/No)
- Geriatrician grade (Consultant, SAS or ST3+) and assessment within 72 hours (Yes/No)
- Multidisciplinary rehabilitation team assessment (Yes/No)
- Specialist Falls Assessment & Bone Health Assessment (Yes/No)
- BPT Additional Payment Qualification (Yes/No)

## BPT-NHFD Commissioner Report

The PCT BPT report will be sorted by Hospital and include the following fields:

- Hospital Name
- NHS Number
- Date and Time of AE Admission
- Date and Time of Surgery
- Surgery within 36 hours (Yes/No)
- Orthopaedic GMC Number & Geriatrician GMC Number (Yes/No)
- Admitted using a jointly agreed assessment protocol (Yes/No)
- Geriatrician grade (Consultant, SAS or ST3+) and assessment within 72 hours (Yes/No)
- Multidisciplinary rehabilitation team assessment (Yes/No)
- Specialist Falls Assessment & Bone Health Assessment (Yes/No)
- BPT Additional Payment Qualification (Yes/No)

## Registration Process

This section sets out the process for registration and the roles and responsibilities within the process.

**PbR** - The PbR team are responsible for co-ordinating the registration process. The PbR team will ask commissioners to nominate data representatives for access to the NHFD BPT Commissioner Report, collate the list of contacts and forward onto the NHS IC. Call for nominations will come via the SHA PbR Leads (see the 'Contact Us' section of the PbR website for list of names and contact details). [pbrnhfdregistration@dh.gsi.gov.uk](mailto:pbrnhfdregistration@dh.gsi.gov.uk) .

PCT access is for reporting purposes only. Requests to the IC for access must include the relevant PCT and state that the access to be granted is for PCT reporting purposes.

**Commissioners** - Responsible for nominating a data representative who will register for access to the BPT-NHFD Commissioner reports. Data representatives must have an nhs.net email account and preferably be an existing SUS user.

**NHS IC** - Provide user names and passwords for the named responsible individual from the commissioner. They maintain the register of users.

**Note:** Provider access is already in place.

## NHFD Website - BPT Resource Section

The NHFD has received a wealth of examples of best practice from participating hospitals across the UK. In order to maximise the opportunity for these contributions to support others to effectively participate in the NHFD and implement the Best Practice Tariff for hip fracture, a new NHFD Resources section of the website is under construction. The NHFD Resources web pages will be constructed around a patient pathway for patients admitted to hospital with hip fracture. The objective is to provide a user-friendly, intuitive and readily searchable resource to NHFD website users.