



Royal College of Physicians

National Hip Fracture Database (NHFD)

Welcome to **NHFD Quarterly** where we showcase our data in recent publications, new data on our website, the best local improvement projects and updates on National Hip Fracture Database (NHFD) news and upcoming events.

Don't forget to also check out our [NHFD website](#) and our Twitter account ([@RCP_FFFAP](#)) for Falls and Fragility Fracture Audit Programme (FFFAP) and NHFD news. We are keen to build our community, so please do also share this newsletter and its contents with your wider colleagues.



Update week

As part of a move away from reliance on a single annual report, we now plan 'NHFD updates' and webinars once a quarter.

We'll update the website in the first week of February, May, August and November — so you should timetable a review of your refreshed NHFD data for your next monthly governance meeting.

These 'NHFD update weeks' also serve as a reminder to update outstanding patient records by **4 August 2023** if these are to be processed in time for the November 'NHFD update week'.



New 3-year Healthcare Quality Improvement Partnership contract awarded to FFFAP

We are delighted to announce that the Royal College of Physicians has been awarded a new 3-year contract to continue delivering NHFD as part of FFFAP.

The new contract commenced on **1 July 2023** and the FFFAP team is currently busy with preparations. [Read more details](#) and if you have any immediate questions, please contact the FFFAP team by emailing FFFAP@rcp.ac.uk



The next NHFD-Q webinar – join us today!

Join us today, **Wednesday 2 August 2023 at 12–1pm**, for our third 2023 quarterly webinar – a lunchtime open forum and update session. During this webinar we will be updating on some key features of the database and our communications. **We will also welcome questions for Will Eardley, our NHFD surgical lead.**

[Register to join](#) and for your chance to ask us questions about data entry, as well as feed back to us about using the NHFD.



Mortality data resuming

We now have the data sharing agreements in place so that we can run our analysis of casemix-adjusted 30-day mortality each quarter, rather than just once a year.

At the beginning of August we will release the updated [casemix-adjusted runcharts](#) for the year up to and including the first quarter of 2023.

The statistical model on which our outlier analysis is based will be affected by incomplete and/or poor-quality data, so it is important to check that your data is as complete as possible by the 'update week' to avoid inaccuracies distorting how your unit appears on the next quarter's runchart.



Crown implements new 2FA/MFA account login security option

This autumn, Crown Audit will begin to offer two-factor authentication (2FA), also known as multi-factor authentication (MFA) to FFFAP/NHFD audit system users. This new option will strengthen account access security and reduce the chances of an account being used by an unauthorised person. [Further details will be published](#) in due course.



What's new in the literature?

» [REDUCE study on cost of hip fracture](#)

Patel *et al. Lancet Healthy Longevity* 2023

This paper provides important information about the costs associated with hip fracture, to supplement the REDUCE resources already available on the [Royal Osteoporosis Society](#) website. The study linked NHFD data for 180,000 patients from 172 hospitals in England and Wales to other individual patient data and information about hospital organisation. Over the course of the year after a hip fracture, 28% of patients died. Patients spent a median of 21 days in hospital (including any readmissions), incurring costs of £14,642 (ranging from £10,867 to £23,188 in different hospitals).

Having all patients assessed by an orthogeriatrician within 72 hours of admission was associated with 15% lower mortality and an average cost saving of £529 per patient. Consultant orthogeriatrician attendance at governance meetings was associated with a saving of £356 and 1.5 fewer days in the hospital per patient; while provision of weekend physiotherapy was associated with a saving of £676 and 2.3 fewer days in hospital in the year after hip fracture per patient.

» [Commentary on new NICE guidance](#)

In January 2023, the [National Institute for Health and Care Excellence](#) (NICE) published [updated guidance](#) (from the previous 2011 guideline) on the management of patients with hip fracture. Key features that have changed include decision making in arthroplasty following intracapsular fracture, streamlining implant use and a simplification of language surrounding extracapsular fracture descriptors.

» [Frequency, duration and type of physiotherapy in the week after hip fracture surgery](#)

Sheehan *et al. Physiotherapy* 2023

This paper examined the outcomes for 5,383 patients from the NHFD and Chartered Society of Physiotherapy's [2017 Physiotherapy Hip Fracture Sprint Audit](#).

Patients who received 2 or more hours of physiotherapy in the week after their operation were 4% more likely to survive. They were also 3% more likely to return home, 6% more likely to recover outdoor mobility, and 3% less likely to be readmitted. All of these functional benefits were substantially greater when postoperative therapy included exercise, as opposed to just mobilisation. The association between access to physiotherapy and survival persisted irrespective of dementia diagnosis.

Recipients of 6 or 7 days of physiotherapy had 8% higher adjusted probability of survival compared to those receiving less than 3 days.

For every 100 patients, greater access could equate to an additional eight patients surviving to 30 days and six avoiding 30-day readmission. The findings suggest a potential benefit in terms of home discharge and outdoor mobility recovery.

» [Current approaches to secondary prevention after hip fracture in England and Wales](#)

Mohsin *et al. Archives Osteoporosis* 2023

This paper used data from the NHFD website to analyse trends in oral and injectable osteoporosis medication across a quarter of a million patients presenting between 2016 and 2020, and raises a challenge that the 2023 NHFD report will consider when published this autumn.

Most patients (88.3%) were not taking any bone treatment when they presented. Half were prescribed treatment by the time of discharge, but the proportion deemed 'inappropriate for bone treatment' varied hugely – from 0.2–83.6% in different hospitals. Nearly two-thirds (64.2%) of those previously taking an oral bisphosphonate were simply discharged on the same type of medication. The total number of patients discharged on oral medication fell by over a quarter in these 5 years. The number discharged on injectables increased by nearly three-quarters to 14.2% over the same period, but remains hugely variable across the country, with rates ranging from 0–67% across different units.



What's going on nationally?

The [2023/25 NHS Payment Scheme](#) (NHSPS) has been published and came into effect on **1 April 2023**, replacing the 2022/23 National Tariff. This includes provision for continuation of the existing system of [Best Practice Tariff](#) (BPT) for hip and femoral fracture in England.



We want to hear from you

Call for photograph submissions

We are looking for photographs to showcase successful teams and highlight how important patients, family carers and staff are to the work of the NHFD.

If you have any photographs that could be used as the front cover of our next report, on our website and in other resources, please email nhfd@rcp.ac.uk for a consent form.

Call for improvement case studies

We are keen to showcase the best improvement projects and other research publications from teams around the country, especially if these will be useful to people working in other centres.

Have a look at this selection of previous studies, and consider writing up your own work using the template on our [improvement repository page](#).



Your FAQs

We are always pleased to receive queries into the helpdesk. We collate the main themes as they are relevant to all units. Key themes emerging out of the past couple of months include:

- » BPT – individual payments have resumed for hip, shaft and distal femur fracture, while periprosthetic fractures are not included in BPT.
- » greater and lesser trochanter fractures – these continue to be excluded from NHFD data collection
- » starting the clock – the clock starts on first presentation of the patient
- » [KPI specifications](#)



Useful links

- [The National Hip Fracture Database](#)
- [NHFD 2022 annual report](#)
- [NHFD 2023 mortality data webinar](#)
- [NHFD 2023 REDUCE webinar](#)
- [NAIF Q2 multifactorial falls risk assessment webinar](#)
- [Your hip fracture guide](#)
- [A guide for family carers](#)



Key dates

- NHFD update week: update any outstanding patient records by **4 August 2023** if you want these to be processed in time for the November update week.
- [Royal Osteoporosis Society conference](#), **13–14 September**
- [British Orthopaedic Association annual congress](#), **19–22 September 2023**
- [Fragility Fracture Network \(FFN\) conference](#), Oslo, **3–6 October**



National Hip Fracture
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View how well your hospital is
performing in hip fracture care online



Contact the NHFD team by emailing NHFD@rcp.ac.uk
or call 020 3075 2395 for more information.

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