**NHS Digital**

**Indicator Supporting Documentation**

**IAP00340 Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission**

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| IAP Code | IAP00340 |
| Title | Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission. |
| Published by | NHS Digital |
| Reporting period | Annual |
| Geographical Coverage | England |
| Reporting level(s) | CCG and National |
| Based on data from | National Hip Fracture Database (NHFD) |
| Contact Author Name | The NHS Digital Clinical Indicators team |
| Contact Author Email | clinical.indicators@nhs.net |
| Rating | Fit for use |
| Assurance date | 13/09/2018 |
| Review date | 23/10/2018 |
| Indicator set | CCG Outcomes Indicator Set |
| Brief Description  | The indicator calculates the proportion of people with a hip fracture who receive surgery on the day of, or the day after admission, using the National Hip Fracture Database (NHFD) as the data source. Timeliness of surgery is determined by the date and time of admission to Accident and Emergency (A&E) and the date and time of surgery. |
| Purpose | The intended audience for the indicator is Clinical Commissioning Groups (CCGs), the Department of Health and Social Care, provider managers, commissioning managers, clinicians, patients and the public.This indicator forms part of Domain 3 - Helping people to recover from episodes of ill health or following injury.This indicator directly supports:The National Institute for Health and Care Excellence (NICE) Quality Standard 16 (Hip fracture in adults), Statement 5: ‘People with hip fracture have surgery on the day of, or the day after, admission'.The British Orthopaedic Association’s ‘The care of patients with fragility fracture’ (Blue Book), which states: ‘The aims of surgery are to control pain and promote early mobilisation. Delay from admission to surgery causes distress to the patient and is associated with greater morbidity and mortality.’It is expected that CCGs will be able to use this indicator to identify how improvements in care and outcomes for patients could be delivered. |
| Definition | The indicator calculates the proportion of people with a hip fracture who receive surgery on the day of, or the day after admission, using the National Hip Fracture Database (NHFD) as the data source. Timeliness of surgery is determined by the date and time of admission to Accident and Emergency (A&E) and the date and time of surgery. |
| Data Source | National Hip Fracture Database (NHFD) which is commissioned by the Healthcare Quality Improvement Partnership (HQIP). Sharing agreements are required with HQIP to access the underlying data. |
| Numerator | Of the denominator, the number of patients who receive surgery on the same day, or the day after, admission.The following National Hip Fracture Datacase (NHFD) fields are used to construct the numerator:•date and time of admission to Accident and Emergency (A&E)•date and time of primary surgery•operation performedOnly patients that received surgery on the day of, or day after, admission are included in the numerator. Days to surgery is calculated as the difference between admission to A&E date and surgery date. Time of admission and time of surgery are not taken into account.Cases which received surgery and have missing date and time of primary surgery or have days to surgery outside of the range of 0 to 365 days are excluded from the numerator. Cases which had ‘No operation performed’ recorded and for which date and time of primary surgery was entered are also excluded from the numerator |
| Denominator | The number of patients in the National Hip Fracture Database (NHFD), excluding those that died on the day, or day after, admission (unless they underwent surgery).The following NHFD fields are used to construct the denominator:•discharge destination from acute Orthopaedic ward•discharge destination from Trust•date and time of admission to Accident and Emergency (A&E) |
| Calculation | This indicator is calculated by dividing the numerator by the denominator and multiplying by 100 to provide a percentage indicator value. 95% confidence intervals are calculated using the Wilson Score method. |
| Interpretation Guidelines |  |
| Caveats | A performance level of 100% may not be appropriate for this indicator. This is because it may be inappropriate, in some cases, to perform surgery on the day of, or the day following admission. This could be the case, for example, for elderly patients that may need more time to be prepared for surgery. However, it is anticipated to be clinically appropriate in around 85% of cases. Performance below this figure suggests organisational or administrative inefficiencies and has been shown to lead to increased distress, risk of complications, prolonged length of hospital stay and poorer outcomes. |

# Application form

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| **Title** |  |
| **Set or domain** | CCG OIS 3.12 |
| **Topic area** | Hip fracture |
| **Definition** | Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission.Of people aged 60 and over with hip fracture, the percentage who receive surgery on the day of, or the day after, admission. |
| **Indicator owner & contact details** |  |
| **Publication status** | Currently in publication |
| **Purpose** | Hip fracture is a major public health issue; it is the most common reason for admission to an orthopaedic trauma ward and predominantly affects older people. Incidence is growing with the increase in the ageing population. About 70,000 to 75,000 hip fractures (proximal femoral fractures) occur annually in the UK, with a cost (including medical and social care) amounting to around £2 billion a year.The British Orthopaedic Association Blue Book states, ‘The aims of surgery are to control pain and promote early mobilisation; delay from admission to surgery causes distress to the patient and is associated with greater morbidity and mortality.’ Therefore, the purpose of this indicator is to inform CCGs’ strategies for reducing the length of time between admission and surgery. |
| **Sponsor** |  |
| **Endorsement** |  |
| **Evidence and Policy base**Including related national incentives, critical business question, NICE quality standard and set or domain rationale, if appropriate | The evidence-base for hip fracture care is improving rapidly and, in general terms, shows that prompt, effective, multidisciplinary management can improve quality and at the same time reduce costs.The British Orthopaedic Association Blue Book states, ‘The aims of surgery are to control pain and promote early mobilisation; delay from admission to surgery causes distress to the patient and is associated with greater morbidity and mortality.’This indicator is based on the NICE Quality Standard 16: Hip fracture in adults, issued March 2012 <http://guidance.nice.org.uk/QS16>.Quality Statement 5 states: ‘People with hip fracture have surgery on the day of, or the day after, admission.’This indicator aims to be consistent with the NICE Clinical Guideline 124: The management of hip fracture in adults, issued June 2011 <https://www.nice.org.uk/guidance/cg124>. The following statement is taken from CG124:1.2.1 Perform surgery on the day of, or the day after, admission. |
| **Data source** | The National Hip Fracture Database (NHFD) |
| **Justification of source and others considered** | The NHFD is a clinically led, web-based audit of hip fracture care and secondary prevention. All eligible hospitals in England are registered to participate in this optional audit, where ‘eligible’ indicates that they provide a comprehensive hip fracture service for a local population. All of the eligible hospitals in England regularly upload case records in a standard dataset format that covers casemix, care and outcomes. Hospitals receive benchmarked feedback that enables clinicians and managers to monitor and improve the care they provide. Further information about the NHFD can be found at: <http://www.nhfd.co.uk>. |
| **Data availability** | Data will be reported annually. Data from the NHFD for the full calendar year is available approximately nine months after the calendar year end, therefore it is anticipated that this indicator will be published each year in December.These indicators are official statistics and the publication date was pre-announced. There was no gap between the planned and actual publication date. |
| **Data quality** |  **i) What data quality checks are relevant to this indicator?****Coverage** [ ]  **Completeness** [ ]  **Validity** [ ]  **Default** [ ]  **Integrity** [ ]  **Timeliness** [ ]  **Other** [ ] **If you included ‘Other’ as a data quality check, please describe the check, how it will be measured, and its reason for use below:**  |
| **Data quality** | **ii) What are the current values for the data quality checks selected?** The period of data the current values are calculated from should be stated. Current values should be recorded as a percentage and calculated as described below. **Period of data:** **Coverage:** **Calculation:** **Completeness:** **Calculation:** **Validity:** **Calculation:** **Default:** **Calculation:** **Integrity:** **Calculation:** **Timeliness:** **Calculation:** **Other:** **Calculation:** |
| **Data quality** | **iii) What are the thresholds for the data quality checks selected?** **Coverage:** **Completeness:** **Validity:** **Default:** **Integrity:** **Timeliness:** **Other:**  |
| **Data quality** | **iv) What is the rationale for the selection of the data quality checks and thresholds selected above?**   |
| **Data quality** | **v) Describe how you would plan to improve data quality should it not meet, or subsequently fall below, the thresholds required for this indicator.**  |
| **Data quality** | **vi) Who will own the data quality risks and issues for this indicator?** **Name:** **Job Title:** **Role:** **Email:** **Telephone:**  |
|  | **vii) Describe how the data quality risks and issues will be managed for this indicator, including the escalation process.**  |
| **Data quality** | **viii) Describe any assumptions you have made about data quality for this indicator.**  |
| **Data quality** | **ix) Describe any data quality constraints you are aware of for this indicator.**  |
| **Quality assurance** |  |
| **Data linkage** |  |
| **Quality of data linkage** |  |
| **Data fields** | The data fields supplied by the NHFD are as follows, subject to the data sharing agreement.* Year
* Period of coverage
* Breakdown
* CCG code
* CCG name
* Count of all patients in the analyses (denominator)
* Count of all patients (numerator)
* Indicator value
* Lower 95% CI

Upper 95% CI |
| **Data filters** | **Denominator**The number of patients in the National Hip Fracture Database, excluding those that died on the day of, or day after, admission (unless they underwent surgery).Inclusion criteria:* Aged 60 to 110 years old inclusive
* Admitted between January 1 and December 31, for the year to be reported.

Exclusion criteria:* Cases that died (discharge destination from ward or trust is ‘died’) on the day of, or day after, admission (difference between date of primary operation and date of admission to A&E) unless they underwent surgery (operation performed is not ‘no operation’)
* Cases with date/time of admission to A&E after date/time of primary operation
* Cases no longer in the NHFD dataset at the time of analyses (deletions requested by hospitals)
* Cases not mapped to a CCG.

Fields used:1. Age2. Date and time of admission to A&E3. Date and time of primary operation4. Operation performed5. Discharge destination from acute orthopaedic ward6. Discharge destination from hospital trust.**Numerator**Of the denominator, the number of patients that received surgery on the same day or the day after admission.Fields used:1. Date and time of admission to A&E2. Date and time of primary operation3. Operation performed. |
| **Justifications of inclusions and exclusions** and how these adhere to standard definitions |  |
| **Data processing** |  |
| **Construction** |  |
| **Numerator** | Of the denominator, the number of patients who receive surgery on the same day, or the day after, admission. |
| **Denominator** | The number of patients aged 60 to 110, admitted between January 1 and December 31 for the year to be reported, in the National Hip Fracture Database, excluding those that died on the day, or day after, admission (unless they underwent surgery) |
| **Computation** | This indicator is calculated as a percentage. |
| **Risk adjustment or standardisation type and methodology** | **None***Variables and methodology:* |
| **Justification of risk adjustment type and variables**or why risk adjustment is not used |  |
| **Confidence interval / control limit use and methodology** | Confidence Intervals*Methodology:*Confidence intervals are calculated using the Wilson Score method, as specified in “Commonly used public health statistics and their confidence intervals” (APHO, March 2008).The formulae for the 100(1 – *α*)% confidence interval limits for the proportion *p* are:Formula showing confidence interval calculationwhere:*O* is the observed number of individuals in the sample/population having the specified characteristic (i.e., the numerator);*n* is the total number of individuals in the sample/population (i.e., the denominator);*q* = (1 – *p*) is the proportion without the specified characteristic;*z* is the 100(1 – *α*/2)th percentile value from the Standard Normal distribution. For example, for a 95% confidence interval, *α* = 0.05, and *z* = 1.96 |
| **Justification of confidence intervals / control limits used** | The indicator is given as a percentage. It is published with 95% confidence intervals, calculated using the Wilson Score method, recognising the existence of natural variation between the CCG populations of those who have suffered a fractured hip. People who have sustained more than one hip fracture (at different times) in the calendar year are treated as separate cases and should receive all elements of best practice for each fracture. People who fracture both hips at the same time are treated as a single case. |
| **Presentation of indicator** | Indicator is published as CSV/XLSX files annually. Column headings are:* Reporting period
* Period of coverage
* Breakdown
* ONS code
* Level
* Level description
* Indicator value
* CI lower
* CI upper
* Denominator

Numerator |
| **Contextual information provided alongside indicator**with justification |  |
| **Calculation and data source of contextual information** |  |
| **Use of bandings, benchmarks or targets**with justification |  |
| **Banding, benchmark or target methodology**if appropriate |  |
| **Interpretation** |  |
| **Interpretation guidelines** | This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources such as patient feedback, staff surveys and similar material. When evaluated together, these will help to provide a holistic view of CCG outcomes and provide a more complete overview of the impact of the CCGs’ processes on outcomes. |
| **Limitations and potential bias** | 1. This indicator requires careful interpretation and should not be used in isolation. It should be taken in conjunction with other indicators and information from other sources that together form a holistic view of CCG outcomes and give a fuller overview of how CCG processes are impacting on outcomes.
2. Differences in casemix, comorbidities and other potential risk factors also contribute to the variation.
3. There may be variation in the prevalence of hip fracture due to differing levels of deprivation, for other geo-demographic reasons or between patients of different ethnic heritages.
4. The patterns of providing care may vary between organisations in terms of referral policies and practices; and hospital inpatient admission policies and practices.

There may be local variation in hospital audit data quality, particularly in terms of diagnostic and procedure coding. Cases must meet the eligibility criteria to be included in the NHFD. |
| **Improvement actions** | It is expected that CCGs will be able to use this indicator to identify how improvements in care and outcomes for patients could be delivered. |
| **Evidence of variability** |  |
| **Similar existing indicators** | CCG OIS indicators 3.11 and 3.13 are also looking at hip fracture, however these are looking at different facets of hip fracture care. |
| **Coherence and comparability** | This indicator is published at CCG level within the NHFD Commissioners’ Report, along with a number of other measures. The report draws upon the NHFD annual report’s data to provide a description of how care varies between CCGs and Welsh local health boards as measured against indicators included in the CCG OIS and NHS Outcomes Framework. A number of indicators relating to hip fracture are published at provider level in the NHFD annual report. The reports can be found at:<http://www.nhfd.co.uk> This indicator was constructed following consultation with clinical and hip fracture data experts. |
| **Undesired behaviours and/or gaming** | Gaming would involve managing patient waiting order to increase the number of patients operated on within the indicator timescale at the expense of those who have already breached the timescale. The NHFD have no evidence to suggest that this is happening to a significant extent.  |
| **Approach to indicator review** | Comments can be made through various media, including NHS Digital general enquiries by email enquiries@nhsdigital.nhs.uk or by telephone 0300 303 5678.As well as initially assuring the quality and methodology of this indicator, the NHS Digital’s Indicator Assurance Process will be used on an on-going basis to review any new indicators. User needs and feedback will be taken into consideration during this assurance process. |
| **Disclosure control** | This publication is subject to a standard NHS Digital risk assessment prior to issue. Disclosure control is implemented where judged necessary.Where the indicator value is calculated from a numerator or a denominator of between one and five (inclusive), both the numerator and denominator are suppressed and replaced with a ‘\*’.Indicator values and confidence intervals calculated from suppressed figures have been replaced with ‘\*\*’. Although these figures have been made available by NHFD they are calculated from small numbers.Percentages are rounded to one decimal place before publication |
| **Copyright** |  |

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| --- | --- |
| **IAS Ref Code** |  |
| **Indicator Title** |  |
| **Indicator Set** |  |

**Indicator Assurance Extension Cover Sheet**

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|  | **Lapsed Date**  **11/04/2017** |  |
|  | **Criteria Check List** |  |
| 1.
 | There is evidence that IGB assured the indicator to a period ending 1st January 2016 or after  | Yes  |
|  1.
 | Are there any outstanding caveats? List them here: Review with:* IAP00339 Hip fracture: collaborative orthogeriatric care
* IAP00341 Hip fracture: multifactorial risk assessment
* IAP00342 Hip Fracture Incidence
 | No  |
| 1.
 | Are there any changes to … 1. Policy
 | No  |
|  | 1. Data source
 | No  |
|  | 1. Sponsoring organisation
 | No  |
|  | 1. Methodology
 | No  |
| 1.
 | Are there any issues with data quality?  | No  |
| 1.
 | Has the indicator been superseded by another indicator? If yes, what is the new indicator’s reference number and title?  | No  |
| 1.
 | Has the indicator been withdrawn by the sponsoring organisation?   | No  |
| 1.
 | Are there any patient safety implications?  | No  |
| 1.
 | Have there been any complaints of risk associated with this indicator?  | No  |
| 1.
 | Primary category  | Hip fracture  |
| 1.
 | Publication reference  |   |

|  |  |
| --- | --- |
| **Recommendation** | Fit for extension  |
| **Prepared by** | Sue Slade  |
| **IGB decision** | Fit for use |
| **IGB Approval date** | 13/09/2018 |
| **Accreditation period**  | Two Years |
| **Review date** | 11/04/2019 |

**Assurance Summary**

|  |  |
| --- | --- |
| **IAS Ref Code** |  |
| **Indicator Title** |  |
| **Indicator Set** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assurance Stage |  | Date(s) | Comments |
| Application Received |[x]  29/08/13 |  |
| Initial Appraisal Completed |[x]  29/08/13 |  |
| Peer Review Appraisal |[x]  10/09/13 |  |
| Methodology Review Group Discussion |[x]  20/09/13 |  |
| Indicator Governance Board Discussion |[x]  23/10/13 |  |
| Signed-off |[x]  11/04/14 |  |

Peer Review

|  |  |
| --- | --- |
| Peer Reviewer(s) / Organisations : | Mike Davidge |
| *Outcome of Peer Review consideration:* | **Minor changes recommended**  |

Methodology Review Group (MRG)

|  |  |  |  |
| --- | --- | --- | --- |
| *Outcome of MRG consideration:* | 1. **No significant issues identified**
 |  |  |

Indicator Governance Board (IGB)

|  |  |  |  |
| --- | --- | --- | --- |
| *Final Appraisal Status* | 1. **Assured**
 |  |  |

**Peer Review** Summary

|  |  |
| --- | --- |
| **Indicator Title** |  |
| Indicator Set |  |
| IAS Ref Code: |  |
| Date of Peer Review | 10/09/2013 |
| Peer Reviewer(s) / Organisations : | Mike DavidgeDirector, NHS Elect |
| Peer Review Comments based on application form : | * The authors would need to rewrite and express the rationale using much simpler English if this was destined for a general public audience
* Policy objective implied and not stated explicitly
* Suggested change to title as follows: *the proportion of people with hip fracture who receive surgery on the day of, or the day after, admission.*
* The NHFD might need explaining for the general public – what is it, why have it, who owns it etc.
* Patients don’t choose a CCG to do their surgery, they choose a consultant or hospital. This indicator has therefore far more validity at a provider level. For a CCG that contracts with a single provider, it could be used for all the above. However, for those who contract with multiple providers, what you end up with is an average performance of all providers. Depending on the variation between them, this might be a very poor indicator of the level of care that an individual patient might receive.
* Regarding data quality within the NHFD, the authors mention coverage but not completeness in terms of all eligible records being submitted. Has there been a cross check with SUS CMDS for example? This needs to be flagged and assured before the indicator gets the sign off.
* Annual reports won’t enable improvement actions to be visible. The data should be presented in time series format with the frequency of points on the chart being at worst monthly
* No interpretation guidance around the performance thresholds is given. It would only need to say ‘the higher the better and ideally 100%’ so this is not a difficult thing to address.
* It appears that only the numerical values are to be published (as described in section F9). This leaves a lot of work to be done by the recipients to get the most out of this indicator. For suitable presentation formats see NHS Comparators and Better Care Better Value indicators.
* It is a nice simple indicator and therefore could easily be used in practice. I know that the NHS Institute’s Hip Fracture programme used this indicator to track improvement so it can be done.
* The indicator by itself cannot suggest suitable improvements. However, a return to the source patient level data would enable further analyses that might shed light, for example performance by day of week.
* Despite the authors’ assertion, gaming is always possible. Human ingenuity knows no bounds. If undue pressure is brought to bear to achieve a particular target, gaming will occur. It could take the form of:

1) Distorting the data – using the scheduled theatre time, stopping the clock, excluding difficult cases2) Distorting the care process – expediting hip fracture cases over others |
| *Outcome of MRG consideration:* | **Minor changes recommended**  |

Indicator Methodology for Consideration - **Methodology Review Group**

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| --- | --- |
| **Initial Indicator Title** | **Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission.** |
| Indicator Set | CCG Outcome Indicator Set |
| IAS Ref Code: | IAP00340 |

|  |  |
| --- | --- |
| Indicator Details - Initial MRG Submission | Date of Initial Discussion: 20/09/13 |
| Rationale / usefulness Evidence and action ability of indicator [take this directly from the application if possible] | Hip fracture is a major public health issue; it is the most common reason for admission to an orthopaedic trauma ward and predominantly affects older people. Incidence is growing with the increase in the ageing population. About 70,000 to 75,000 hip fractures (proximal femoral fractures) occur annually in the UK, with a cost (including medical and social care) amounting to around £2 billion a year.The evidence-base for hip fracture care is improving rapidly and, in general terms, shows that prompt, effective, multidisciplinary management can improve quality and at the same time reduce costs.The British Orthopaedic Association Blue Book states, ‘The aims of surgery are to control pain and promote early mobilisation; delay from admission to surgery causes distress to the patient and is associated with greater morbidity and mortality.’This indicator is based on the NICE Quality Standard 16: Hip fracture in adults, issued March 2012 http://guidance.nice.org.uk/QS16.Quality Statement 5 states: ‘People with hip fracture have surgery on the day of, or the day after, admission.’This indicator aims to be consistent with the NICE Clinical Guideline 124: The management of hip fracture in adults, issued June 2011 http://publications.nice.org.uk/hip-fracture-cg124. The following statement is taken from CG124: 1.2.1 Perform surgery on the day of, or the day after, admission. |
| Data source | The National Hip Fracture Database (NHFD).  |
| Construction | ***Summary description of the calculation:***Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission. |
| Construction | ***Calculation type:*** Percentage. |
| Construction | ***Denominator:*** The number of patients in the National Hip Fracture Database, excluding those that died on the day, or day after, admission (unless they underwent surgery).The following NHFD fields are used to construct the denominator:* Discharge destination from acute Orthopaedic ward
* Discharge destination from Trust
* Date & time of admission to A&E

Patients that died on the day, or day after, admission are excluded unless they underwent surgery.***Numerator:*** Of the denominator, the number of patients who receive surgery on the same day, or the day after, admission.The following NHFD fields are used to construct the numerator:* Date & time of admission to A&E
* Date & time of primary surgery
* Operation Performed

Only patients that received surgery on the day of, or day after, admission are included in the numerator. Days to surgery is calculated as the difference between admission to A&E date and surgery date (time of admission and time of surgery are not taken into account).Cases who received surgery and have missing Date & time of primary surgery or have days to surgery outside of the range of 0-365 days are excluded from the numerator. As are cases with Operation Performed = ‘No operation performed’ and for which Date & time of primary surgery was entered. |
| Construction | ***Statistical Methods / Risk adjustment variables:***It is not proposed to standardise or risk adjust this indicator. Confidence intervals will be calculated using the Wilson Score method, as specified in ‘Commonly used public health statistics and their confidence intervals’ (APHO, March 2008). |
| Construction | ***Other (Quality assurance/interpretation/known limitations):*** *Interpretation*A high percentage is desirable.*Data quality and coverage** Since 2007, NHFD coverage has expanded steadily, with all 163 eligible hospitals in England now registered to participate in this optional audit (‘Eligible’ indicates that they provide a comprehensive hip fracture service for a local population).
* 100% of the eligible hospitals in England regularly upload case records in a standard dataset format that covers casemix, care and outcomes. Hospitals receive benchmarked feedback that enables clinicians and managers to monitor and improve the care they provide
 |
| Potential Issues | Failure to record certain fields could theoretically bypass the indicator, however this is highly unlikely in practice as the fields used to construct this indicator are linked to the BPT and would incur financial penalties. Gaming would involve managing patient waiting order to increase the number of patients operated on within the indicator timescale at the expense of those who have already breached the timescale. The NHFD have no evidence to suggest that this is happening to a significant extent.  |
| Supporting DocumentsProvide links to any additional documentation used to support discussion at MRG | * NICE Quality Standard 16: Hip fracture in adults, issued March 2012 <http://guidance.nice.org.uk/QS16>.
* NICE Clinical Guideline 124: The management of hip fracture in adults, issued June 2011 <http://publications.nice.org.uk/hip-fracture-cg124>.
* Best Practice Tariff for hip fracture care <http://www.nhfd.co.uk/003/hipfractureR.nsf/resourceDisplay?openform>
* British Orthopaedic Association Blue Book on ‘The care of patients with fragility fractures’

http://www.nhfd.co.uk/003/hipfracturer.nsf /luMenuDefinitions/FCEF9FCB98A1B8EB802579C900553996/$file/Blue\_Book.pdf?OpenElement |

Additional Information / Sample Data:

**Sample data**

This sample data is for the full-year 2011/12.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CCG** | **Denominator** | **Numerator** | **%** | **CI*lower*** | **CI*upper*** |
| CCG1 | 79 | 16 | 20.3% | 12.9% | 30.4% |
| CCG2 | 107 | 31 | 29.0% | 21.2% | 38.2% |
| CCG3 | 176 | 64 | 36.4% | 29.6% | 43.7% |
| CCG4 | 384 | 142 | 37.0% | 32.3% | 41.9% |
| CCG5 | 118 | 44 | 37.3% | 29.1% | 46.3% |
| CCG6 | 191 | 72 | 37.7% | 31.1% | 44.7% |
| CCG7 | 106 | 43 | 40.6% | 31.7% | 50.1% |
| CCG8 | 100 | 42 | 42.0% | 32.8% | 51.8% |
| CCG9 | 104 | 44 | 42.3% | 33.3% | 51.9% |
| CCG10 | 132 | 56 | 42.4% | 34.3% | 51.0% |
|  |  |  |  |  |  |
| **CCG** | **Denominator** | **Numerator** | **%** | **CI*lower*** | **CI*upper*** |
| CCG202 | 267 | 227 | 85.0% | 80.2% | 88.8% |
| CCG203 | 136 | 116 | 85.3% | 78.4% | 90.3% |
| CCG204 | 194 | 166 | 85.6% | 79.9% | 89.8% |
| CCG205 | 322 | 276 | 85.7% | 81.5% | 89.1% |
| CCG206 | 387 | 332 | 85.8% | 82.0% | 88.9% |
| CCG207 | 138 | 119 | 86.2% | 79.5% | 91.0% |
| CCG208 | 430 | 386 | 89.8% | 86.5% | 92.3% |
| CCG209 | 358 | 329 | 91.9% | 88.6% | 94.3% |
| CCG210 | 541 | 501 | 92.6% | 90.1% | 94.5% |
| CCG211 | 441 | 428 | 97.1% | 95.0% | 98.3% |

MRG Recommendations, Comments & Updates:

|  |  |
| --- | --- |
| **Indicator Title** |  |
| Indicator Set |  |
| IAS Ref Code: |  |
| Summary of discussion | * Applicant commented on peer review point that a patient doesn’t choose a CCG, suggesting the location for surgery will be dependant on where the closest hospital is located that the ambulance takes the patient to.
* Applicant responded to peer review comment to publish data monthly that small numbers were already an issue in annual data.
* MRG concerned at the possibility of patients being rushed into surgery, calling the indicator into question. The applicant explained that Best Practice Tariffs had been costed with an expectation of average national levels of 85%, however in areas with higher numbers of older people there would not be a set target.
* MRG felt a caveat should be placed on the indicator making clear 100% was not desirable.
* MRG queried interpretation and was unclear as to whether a CCG with a performance of 86% for example would have to improve or whether patients were being rushed. The applicant responded highlighting that the Department of Health felt a provider at 85% should be seen as satisfactory. There is currently large variation between trusts and when performance levels increase, consistency should be reached across providers. When this occurs, the indicator would no longer be appropriate.
* MRG raised concerns that even with a percentage of 90%, it is not known whether this is the “right” 90%.
* Discussions as to whether confidence intervals were appropriate for this indicator concluded with agreement that they should be calculated as they show a sample out of time and not necessarily an underlying rate.
* A query was raised as to what constituted an eligible hospital. It was explained that this meant any hospital with an A&E department that treats hip fractures, with exclusions including eye hospitals, cancer hospitals, specialist hospitals etc. It was suggested that this be included as an explanation in the metadata.
* It was queried as to how transfers are accounted for. The sponsor explained that this would be a rare occurrence in the data, the clock starts from the point of arrival in A&E or fall is diagnosed on the ward to the point where the anaesthetic procedure for treatment for hip fracture begins.
* It was suggested that in this indicator the title should be changed from ‘Proportion of’ to ‘Percentage of’. This applies to a number of the other indicators presented at this meeting; however, it was also noted that the approach taken in Public Health is to use the description ‘Proportion …, expressed as a percentage’.
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| Ref codeIAP00340-01Made: 20/09/13 | **It was recommended to review the title to describe that the indicator is being expressed as a percentage** |
| Ref codeIAP00340-02Made: 20/09/13 | **The following clarifications are to be included in the accompanying metadata:*** **100% should not necessarily be interpreted as the optimum score**
* **Which hospitals are included/excluded?**
 |
| Rec Status: |  |

Revisions:

To be completed where changes to the methodology are made by the applicant during the appraisal [i.e. subsequent to the initial application form]

A new section is to be added for each new set of revisions to go to MRG.

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| Revision Date: |  |
| General Comments / Reasoning: |  |
| Revisions: |  |
| Indicator Title |  |
| Data source |  |
| Construction |  |
| Updated Potential Issues |  |

Record of Assurance provided by **Indicator Governance Board**

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| **Indicator Title** | **Hip fracture: timely surgery** |
| Indicator Set (Number) | CCG Outcomes Indicator Set (HFra10) |
| IAS Ref Code: | IAP00340 |
| Description | The indicator calculates the proportion of people with a hip fracture who receive surgery on the day of, or the day after admission, using the National Hip Fracture Database as the data source. Timeliness of surgery is derived from the date and time of admission to A&E and the date and time of surgery.  |

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| Initial IGB discussion  | 23/10/13 | Further discussed |  |

**Strategic Considerations & Implications**

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| Applicant / Sponsor Organisation | NHS England\*Costing for assurance appraisal included in development cost |
| Assurance process funded? | Yes |
| Indicator rationale  | Hip fracture is a major public health issue; it is the most common reason for admission to an orthopaedic trauma ward and predominantly affects older people. Incidence is growing with the increase in the ageing population. About 70,000 to 75,000 hip fractures (proximal femoral fractures) occur annually in the UK, with a cost (including medical and social care) amounting to around £2 billion a year.The evidence-base for hip fracture care is improving rapidly and, in general terms, shows that prompt, effective, multidisciplinary management can improve quality and at the same time reduce costs.  |
| Basis for rationale [Details of quality statement, policy etc.] | The British Orthopaedic Association Blue Book states, ‘The aims of surgery are to control pain and promote early mobilisation; delay from admission to surgery causes distress to the patient and is associated with greater morbidity and mortality.’This indicator is based on the NICE Quality Standard 16: Hip fracture in adults, issued March 2012 http://guidance.nice.org.uk/QS16.Quality Statement 5 states: ‘People with hip fracture have surgery on the day of, or the day after, admission.’This indicator aims to be consistent with the NICE Clinical Guideline 124: The management of hip fracture in adults, issued June 2011 <http://publications.nice.org.uk/hip-fracture-cg124>  |
| Calculation Summary | *Denominator:* The number of patients in the National Hip Fracture Database, excluding those that died on the day, or day after, admission (unless they underwent surgery).The following NHFD fields are used to construct the denominator:* Discharge destination from acute Orthopaedic ward
* Discharge destination from Trust
* Date & time of admission to A&E

*Numerator:* Of the denominator, the number of patients who receive surgery on the same day, or the day after, admission.The following NHFD fields are used to construct the numerator:* Date & time of admission to A&E
* Date & time of primary surgery
* Operation Performed

Only patients that received surgery on the day of, or day after, admission are included in the numerator. Days to surgery is calculated as the difference between admission to A&E date and surgery date (time of admission and time of surgery are not taken into account).Cases who received surgery and have missing date & time of primary surgery or have days to surgery outside of the range of 0-365 days are excluded from the numerator, as are cases with Operation Performed = ‘No operation performed’ and for which date & time of primary surgery was entered. |
| Risks & assumptions | There are no planned policy or data changes to the NHFD collection that would impact on this indicator. The list of indicators for inclusion in CCG OIS for 2014-15 may still be subject to change as NHS England review the indicator set. |
| IG Considerations [e.g. release of under-lying data, intermediaries’ access to data, data ownership impact on production] | *Data Source:* National Hip Fracture Database (NHFD)The National Hip Fracture Database is commissioned by the Healthcare Quality Improvement Partnership (HQIP).The underlying data are held by the National Hip Fracture DatabaseData sharing agreements are required with HQIP to access the underlying dataAnnual data is provided for analysis by HSCIC via data share agreements.It is expected that the HSCIC Audit team will supply the calculated indicator.Annual, national level figures are reported in the NHFD annual report.  |
| Potential impacts on other business areas [inc outstanding generic issues] | ‘Surgery within 48 hours and during working hours’ is one of the British Orthopaedic Association (BOA) and the British Geriatrics Society (BGS) six Blue Book standards to measure the care of patients with fragility fractures. Annual, national level figures are also reported in the NHFD annual report for ‘Surgery within 36 hours of admission’. This is also part of the Best Practice Tariff (BPT) for hip fracture care.Other Hip Fracture indicators, sourced from the NHFD, are recommended for inclusion in the 2014/15 CCG OIS:• HFra01 - Hip fracture: formal hip fracture programme• HFra20 - Hip fracture: multifactorial falls risk assessmentAdditionally, HFra24 (Hip fracture incidence) is also recommended for inclusion and will be sourced from Hospital Episode Statistics (HES). |
| Implementation Method[inc production funding] | NHS England has commissioned HSCIC to produce and disseminate the CCG OIS indicators; this is funded via the Grant In Aid funding to HSCIC.Collection of the data for the CCG OIS is via existing data collections, in this case the National Hip Fracture Database. Testing and specification of the indicators is carried out by the Specification Development Service and construction of the indicators is provided by Clinical Indicators via the CI Platform.Dissemination and presentation of the CCG OIS will be via a number of routes:* The indicators and their underlying data will be made publicly available via the HSCIC website and the Indicator Portal.
* The indicators will also be provided to NHS England for use in their internal Intelligence Tool.

Subject to confirmation by NHS England, the calculated indicator, numerator and denominator for CCGs will be supplied by messaging to the Calculating Quality Reporting Service (CQRS) for use by CCGs as part of their management information. |

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|  | **Development Advice / Peer Review (undertaken as part of assurance process)** |
| Range of input during development | Input was received from Rob Wakeman, NHFD Clinical Lead for Orthopaedic Surgery. |
| Assurance ServicePeer Reviewers: | Mike DavidgeDirector, NHS Elect |
| Peer Review summary: | * The application was sent out for peer review. Comments received covered a number of issues, which were either addressed by the applicant prior to MRG or discussed at MRG. This included:
* Reviewing the rationale and providing further information about NHFD to aid understanding of the indicator, which was done by the applicant ahead of MRG discussion.
* Suggesting that data be presented more frequently, e.g. monthly, although the applicant subsequently updated MRG that as there were some small numbers issues within annual reporting, monthly reporting was impractical.
* It was noted that in the original application No interpretation guidance around the performance thresholds is given. This point was discussed at MRG (see below)
* Querying the completeness of NHFD in terms of all eligible records being submitted. An update was provided at MRG (see below)
* The reviewer concluded that **“It is a nice simple indicator and therefore could easily be used in practice, as the NHS Institute’s Hip Fracture programme used this indicator to track improvement”.**
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|  | **Record of MRG Discussion** |
| Discussion dates | 20/09/13 |
| By | Heather Dawe HSCIC Programme Manager, Clinical IndicatorsPaul Fryers PHE Deputy Director, East Midlands Knowledge and Intelligence TeamAlyson Whitmarsh HSCIC Programme Manager, Clinical AuditIrena Begaj UHB Statistical Intelligence AnalystChris Dew HSCIC Section Head, Clinical IndicatorsAndy Sutherland HSCIC Statistics Head of ProfessionDaniel Sutcliffe NICE Programme ManagerPaul Iggulden HSCIC Interim Head of Clinical Analysis, Research & Development |
| Summary of MRG discussions:  | * The applicant agreed to take the suggested approach taken in Public Health to use the description ‘Proportion …, expressed as a percentage’ when describing the indicator.
* An update was provided on the peer review query around data source completeness - Since 2007, NHFD coverage has expanded steadily, with all 163 eligible hospitals in England now registered to participate in this optional audit. 100% of the eligible hospitals in England regularly upload case records in a standard dataset format that covers casemix, care and outcomes. Hospitals receive benchmarked feedback that enables clinicians and managers to monitor and improve the care they provide
* MRG raised concern that an unintended consequence of the indicator might be a possibility of patients being rushed into surgery. The applicant explained that Best Practice Tariffs had been costed with an expectation of average national levels of 85%, however in areas with higher numbers of older people there would not be a set target. A caveat will be included in the metadata making it clear that achieving 100% for the indicator is not desirable.
* MRG queried how the indicator should be interpreted, for instance as to whether a CCG with a performance of 86% would require further “improvement” or again whether it might indicate patients being rushed to surgery. Additionally, MRG raised concerns that even with a percentage of 90%, it would be hard to interpret whether this is the “right” 90%.
* The applicant responded that in line with the Best Practice Tariff, the Department of Health’s view is a provider at 85% should be seen as satisfactory.
* It was noted that there currently exists a large variation in performance between trusts, however it is anticipated that the measure will drive up performance to a point where consistency should be reached across providers. At this point the indicator will need review to see if it has any on-going usefulness.
* Explanation was given that eligible hospital is taken to mean any hospital with an A&E department that treats hip fractures, with exclusions including eye hospitals, cancer hospitals, specialist hospitals etc. This will be included as an explanation in the supporting metadata.
* In response to a query as to how transfers are accounted for, the applicant explained that this would be a rare occurrence. The clock (for the indicator) starts from the point of arrival in A&E or when the fall is diagnosed on the ward, to the point where the anaesthetic procedure for treatment of hip fracture begins.
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| *Outcome of MRG consideration:* | **No significant issues identified** |
| MRG statement of recommendation: | MRG approved the indicator for progression to discussion by IGB with the recommendation that the title be reviewed and that to describe that the indicator is being expressed as a percentage and that the following clarifications are to be included in the accompanying metadata:* 100% should not be interpreted as the optimum score
* Which hospitals are included/excluded?
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|  | **Recommendations & Updates** |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |
| Action required: |  |
| Update:Made:  |  |

Review:

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| Review Timescale | 3 years |
| Rationale  |  [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]The indicator is recommended for review in three years on the basis that no changes in the data source or rationale is expected and that the issue of parity of performance between CCG’s as described at MRG not anticipated in the short term.  |

 IGB Sign-off: **Indicator Assurance Process Output**

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| *Final Appraisal Status* | **Assured** |
| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date | 11/04/2014 |