**NHS Digital**

**Indicator Supporting Documentation**

**IAP00341 Hip fracture: multifactorial risk assessment**

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| --- | --- |
| IAP Code | IAP00341 |
| Title | Hip fracture: multifactorial risk assessment |
| 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 | Of people aged 60 and over with a hip fracture, the percentage who receive a multifactorial risk assessment of future falls risk. The risk assessment is led by the hip fracture programme team, evidenced by the General Medical Council (GMC) number of the responsible clinician. |
| 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 directly supports:   * •The National Institute for Health and Care Excellence (NICE) Quality Standard 16 (Hip fracture in adults), Statement 11: ‘People with hip fractures are offered a multifactorial risk assessment to identify and address future falls risk and are offered individualised intervention if appropriate.’ * •The British Orthopaedic Association’s ‘The care of patients with fragility fracture’ (Blue Book), which states: ‘Most fractures result from a fall. Interventions to reduce the risk of falls after the occurrence of a fracture may contribute to the reduction in the risk of further fractures.’   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 | Of people aged 60 and over with a hip fracture, the percentage who receive a multifactorial risk assessment of future falls risk. The risk assessment is led by the hip fracture programme team, evidenced by the General Medical Council (GMC) number of the responsible clinician. |
| Data Source | National Hip Fracture Database (NHFD) which is commissioned by the Healthcare Quality Improvement Partnership (HQIP). Data sharing agreements are required with HQIP to access the underlying data. |
| Numerator | Of the denominator, the number of patients who received a multifactorial risk assessment of future falls risk.  These patients have one of the following entries in the Specialist Falls Assessment field of the National Hip Fracture Database (NHFD):  Yes – performed on this admission  Yes – awaits falls assessments clinic  Yes – further intervention not appropriate |
| Denominator | The number of patients in the National Hip Fracture Database (NHFD) excluding those that died in hospital. |
| Calculation | This indicator is calculated by dividing the numerator by the denominator and multiplying by 100 to produce a percentage indicator value. 95% confidence intervals are calculated using the Wilson Score method. |
| Interpretation Guidelines |  |
| Caveats |  |

Application Form

Indicator and Methodology Assurance Service

**Title: Title on original paperwork was:Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician.**

**Set or domain: CCG OIS 3.13**

**IAS Reference Code: IAP00341**

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| **Title** | Title on original paperwork was:Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician. |
| **Set or domain** | CCG OIS 3.13 |
| **Topic area** | Hip fracture |
| **Definition** | Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician.  Of people aged 60 and over with hip fracture, the percentage who receive a multifactorial risk assessment of future falls risk, led by the hip fracture programme team evidenced by General Medical Council (GMC) number of responsible clinician.<https://indicators.hscic.gov.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_3.13_I01982_S.pdf> |
| **Indicator owner & contact details** |  |
| **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’s Blue Book states, ‘Most fractures result from a fall. Interventions to reduce the risk of falls after the occurrence of a fracture may contribute to the reduction in the risk of further fractures.’ Therefore, the purpose of this indicator is to inform how best to deploy risk assessments following hip fracture. |
| **Sponsor** |  |
| **Endorsement** |  |
| **Evidence and Policy base**  **Including related national incentives, critical business question, NICE quality standard and set or domain rationale, if appropriate** | This indicator is directly related to NICE quality standard 16: Hip fracture in adults, issued March 2012 <http://guidance.nice.org.uk/QS16>.  Quality Statement 11 states: ‘People with hip fractures are offered a multifactorial risk assessment to identify and address future falls risk and are offered individualised intervention if appropriate.’  This is no longer considered a national priority, and therefore no longer a ‘quality statement’: Statements from the 2012 version (numbered 3, 4, 10, 11 and 12) that are no longer considered national priorities for improvement, but may still be useful at a local level, are listed after the updated statements in [quality statements](https://www.nice.org.uk/guidance/qs16/chapter/quality-statements#quality-statements).  <https://www.nice.org.uk/guidance/qs16/chapter/update-information#update-information> |
| **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 |
| **Data quality** | 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: |
| **Data quality** | 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. |
| **Data quality** | x) Additional data quality information: |
| **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 in hospital.  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 in hospital * 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. Age 2. Date and time of admission to A&E 3. Discharge destination from acute orthopaedic ward 4. Discharge destination from hospital trust.   Numerator  Of the denominator, the number of patients that received a multifactorial risk assessment of future falls risk.  Fields used:  Multifactorial falls assessment |
| **Justifications of inclusions and exclusions**  **and how these adhere to standard definitions** |  |
| **Data processing** |  |
| **Numerator** | Of the denominator, the number of patients who received a multifactorial risk assessment of future falls risk. |
| **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 in hospital. |
| **Computation** | This indicator is calculated as a percentage. |
| **Risk adjustment or standardisation type and methodology** | Choose an item.  *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:  The formulae for the 100(1 – α)% confidence interval limits for the proportion p  where:  *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 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. From Quality Statement: <https://indicators.hscic.gov.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_3.13_I01982_Q.pdf> |
| **Limitations and potential bias** | 1. 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. 2. Differences in casemix, comorbidities and other potential risk factors also contribute to the variation. 3. 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 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** | <https://indicators.hscic.gov.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_3.13_I01982_D.xlsx> |
| **Similar existing indicators** |  |
| **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** |  |
| **Approach to indicator review** | Comments can be made through various media, including NHS Digital general enquiries by email [enquiries@nhsdigital.nhs.uk](mailto: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** | 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** | **Title on original paperwork was: of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician.** |
| **Indicator Title** |  |
| **Indicator Set** |  |

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| --- | --- | --- | --- |
| Version | Date | Changed By | Summary of changes |
| v.01 | 29/08/13 | Chris Wilson | Document Created |
| v.02 | 13/09/2018 | Jonathan Trepczyk | Added indicator extension form following IGB |
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**Indicator Assurance Extension Cover Sheet**

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| --- | --- | --- |
| Lapsed Date | 11/04/2017 |  |
|  | **Criteria Check List** |  |
|  | There is evidence that IGB assured the indicator to a period ending 1st January 2016 or after | Yes |
|  | Are there any outstanding caveats? List them here:  Review with:   * IAP00339 Hip fracture: collaborative orthogeriatric care * IAP00340 Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission * IAP00342 Hip Fracture Incidence | No |
|  | Are there any changes to …   1. Policy | No |
|  | 1. Data source | No |
|  | 1. Sponsoring organisation | No |
|  | 1. Methodology | No |
|  | Are there any issues with data quality? | No |
|  | Has the indicator been superseded by another indicator? If yes, what is the new indicator’s reference number and title? | No |
|  | Has the indicator been withdrawn by the sponsoring organisation? | No |
|  | Are there any patient safety implications? | No |
|  | Have there been any complaints of risk associated with this indicator? | No |
|  | Primary category | Hip fracture |
|  | Publication reference |  |

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| --- | --- |
| **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**

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| --- | --- |
| **IAS Ref Code** | Title on original paperwork was:Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician. |
| **Indicator Title** |  |
| **Indicator Set** |  |

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| --- | --- | --- | --- |
| Assurance Stage |  | Date(s) | Comments |
| Application Received |  | 29/08/2013 |  |
| Initial Appraisal Completed |  | 29/08/2013 |  |
| Peer Review Appraisal |  | 10/09/2013 | No comments received |
| Methodology Review Group Discussion |  | 20/09/2013 |  |
| Indicator Governance Board Discussion |  | 23/10/2013 |  |
| Signed-off |  | 11/04/2014 |  |

Peer Review

|  |  |
| --- | --- |
| Peer Reviewer(s) / Organisations : |  |
| *Outcome of Peer Review consideration:* |  |

Methodology Review Group (MRG)

Indicator Governance Board (IGB)

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| *Final Appraisal Status* | **Assured** |

**Peer Review** Summary

|  |  |
| --- | --- |
| **Indicator Title** |  |
| Indicator Set |  |
| IAS Ref Code: | Title on original paperwork was:Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician. |
| Date of Peer Review | 10/09/2013 |
| Peer Reviewer(s) / Organisations : | - |
| Peer Review Comments: | No comments were received directly relating to this indicator however, some of the general comments raised for application IAP00340 (Hip fracture: timely surgery) apply to this indicator. |
| *Outcome of MRG consideration:* |  |
| Link to Peer Review Appraisal | n/a |

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

**Initial Indicator Title: Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician.**

IAS Ref Code: IAP00341

Indicator Set: CCG Outcome Indicator Set

Introduction

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| [Brief background on indicators being considered, especially if they form part of a programme of indicators. Provide any general information such as ; urgency of approval / broad timescales; history and direction of any indicator programmes involved e.g. General news about NHS Outcomes Framework; Level of IC’s involvement, e.g. is it commissioned to produce or surface the data ]  The Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) is an integral part of NHS England’s systematic approach to quality improvement. It is intended to provide clear, comparative information for CCGs, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. All of the CCG outcomes indicators have been chosen on the basis that they contribute to the overarching aims of the five domains in the NHS Outcomes Framework and it is intended as a tool for CCGs to drive local improvement and set priorities. Reference: CCG outcomes indicator set – NHS England;  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 (NHFD), or Hospital Episode Statistics (HES) for Hip Fracture Incidence. 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.  This indicator has been recommended by NICE to NHS England for inclusion in the 2014/15 CCG OIS. |

**Indicator Details - Initial MRG Submission**

**Date of Initial Discussion: 20/09/13**

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| --- | --- |
| 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 British Orthopaedic Association’s Blue Book states, ‘Most fractures result from a fall. Interventions to reduce the risk of falls after the occurrence of a fracture may contribute to the reduction in the risk of further fractures.’  This indicator is directly related to NICE quality standard 16: Hip fracture in adults, issued March 2012 <http://guidance.nice.org.uk/QS16>.  Quality Statement 11 states: ‘People with hip fractures are offered a multifactorial risk assessment to identify and address future falls risk and are offered individualised intervention if appropriate.’ |
| Data source | The National Hip Fracture Database (NHFD). |
| Construction  Summary of construction, including the numerator, denominator, statistical method(s), presence of risk adjustment variables (age, sex, casemix etc.), specific codes and filters.  For more complex indicators, summarise here and supply detail in an appendix | ***Summary description of the calculation:***  Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician.  ***Calculation type:*** Percentage.  ***Denominator:***  The number of patients in the National Hip Fracture Database, excluding those that died in hospital.  The following NHFD fields are used to construct the denominator:  • Discharge destination from acute Orthopaedic ward ≠ ‘Dead’  • Discharge destination from Trust ≠ ‘Dead’  The following Clinical Advice has been provided in relation to the exclusions: This aligns to the Specialist falls assessment indicator in the NHFD (as part of Blue Book Standard 6).  ***Numerator:***  Of the denominator, the number of patients who received a multifactorial risk assessment of future falls risk.  The following NHFD fields are used to construct the numerator:  • Specialist Falls Assessment = ‘Yes – performed on this admission’, ‘Yes – awaits falls assessments clinic’ or ‘Yes – further intervention not appropriate’  ***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).  ***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 | The Best Practice Tariff for hip fracture care states that the entry of the Geriatrician GMC number indicates that the responsible Consultant is satisfied that the joint acute care protocol was followed at admission, rather than their responsibility for overseeing the multifactorial risk assessment of future falls risk. |
| Supporting Documents  Provide 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’s Blue Book <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.

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| --- | --- | --- | --- | --- | --- |
| **CCG** | **Denominator** | **Numerator** | **%** | **CI*lower*** | **CI*upper*** |
| CCG1 | 59 | 1 | 1.7% | 0.3% | 9.0% |
| CCG2 | 175 | 8 | 4.6% | 2.3% | 8.8% |
| CCG3 | 212 | 10 | 4.7% | 2.6% | 8.5% |
| CCG4 | 238 | 12 | 5.0% | 2.9% | 8.6% |
| CCG5 | 239 | 14 | 5.9% | 3.5% | 9.6% |
| CCG6 | 109 | 9 | 8.3% | 4.4% | 15.0% |
| CCG7 | 224 | 22 | 9.8% | 6.6% | 14.4% |
| CCG8 | 647 | 67 | 10.4% | 8.2% | 12.9% |
| CCG9 | 294 | 34 | 11.6% | 8.4% | 15.7% |
| CCG10 | 128 | 20 | 15.6% | 10.3% | 22.9% |
|  |  |  |  |  |  |
| **CCG** | **Denominator** | **Numerator** | **%** | **CI*lower*** | **CI*upper*** |
| CCG202 | 208 | 206 | 99.0% | 96.5% | 99.8% |
| CCG203 | 107 | 106 | 99.1% | 94.9% | 99.8% |
| CCG204 | 223 | 221 | 99.1% | 96.8% | 99.8% |
| CCG205 | 247 | 245 | 99.2% | 97.1% | 99.8% |
| CCG206 | 138 | 137 | 99.3% | 96.0% | 99.9% |
| CCG207 | 734 | 729 | 99.3% | 98.4% | 99.7% |
| CCG208 | 166 | 165 | 99.4% | 96.7% | 99.9% |
| CCG209 | 266 | 265 | 99.6% | 97.9% | 100.0% |
| CCG210 | 82 | 82 | 100.0% | 95.5% | 100.0% |
| CCG211 | 88 | 88 | 100.0% | 95.8% | 100.0% |

MRG Recommendations, Comments & Updates:

**Indicator Title:** Title on original paperwork was:Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician.

IAS Ref Code:

Indicator Set:

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| Summary of discussion | It was queried with regards to a classification on page 22 of the MRG papers, as to whether a patient coded with ‘yes - awaits falls assessment clinic’ is considered a success. The applicant replied that it was - the patient has had the assessment and is then waiting for a further appointment with the falls clinic.  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’. |
| Ref code  **IAP00341-01**  Made: 20/09/13 | It was recommended to review the title to describe that the indicator is being expressed as a percentage |
| Update:  Made: xx/xx/xx |  |
| Further Rec:  Made: xx/xx/xx |  |
| Update: |  |
|  |  |
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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.

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

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

**Indicator Title: Hip fracture: multifactorial falls risk assessment**

IAS Ref Code: IAP00341

Indicator Set: CCG Outcome Indicator Set

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| --- | --- |
| Description | This indicator will measure the proportion of people with a hip fracture who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician. |
| Initial IGB discussion | 23/10/2013 |
| Further discussed |  |

**Strategic Considerations & Implications**

Applicant / Sponsor Organisation: NHS England

Assurance process funded? – Yes

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| --- | --- |
| 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 British Orthopaedic Association’s Blue Book states, ‘Most fractures result from a fall’. Interventions to reduce the risk of falls after the occurrence of a fracture may contribute to the reduction in the risk of further fractures.’ |
| Basis for rationale  [Details of quality statement, policy etc.] | This indicator is directly related to NICE quality standard 16: Hip fracture in adults, issued March 2012 http://guidance.nice.org.uk/QS16.  Quality Statement 11 states: ‘People with hip fractures are offered a multifactorial risk assessment to identify and address future falls risk and are offered individualised intervention if appropriate.’ |
| Calculation Summary | *Denominator:* The number of patients in the National Hip Fracture Database excluding those that died in hospital.  Rationale for exclusion is to align with the Specialist assessment indicator in the NHFD (as part of the Blue Book Standard 6).  *Numerator:* Of the denominator, the number of patients who received a multifactorial risk assessment of future falls risk.  The following NHFD fields are used to construct the numerator:  Specialist Falls Assessment = ‘Yes – performed on this admission’, ‘Yes – awaits falls assessments clinic’ or ‘Yes – further intervention not appropriate’ |
| 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 Database  Data sharing agreements are required with HQIP to access the underlying data  Annual 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] | The British Orthopaedic Association (BOA) and the British Geriatrics Society (BGS) list ‘All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls’ as one of their six  Blue Book Standards to measure the care of patients with fragility fractures. This standard is reported on an annual basis in the NHFD Annual Report.  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 * HFra10 – Hip fracture: timely surgery   Additionally, 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. |

**Development Advice & Peer Review**

|  |  |
| --- | --- |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] | Input was received from Rob Wakeman, NHFD Clinical Lead for Orthopaedic Surgery. |
| Peer Reviewers: |  |
| Peer Review summary: | No comments were received directly relating to this indicator however, some of the general comments raised for application IAP00340 (Hip fracture: timely surgery) apply to this indicator. |

**Record of MRG Discussion**

Discussion dates: 20/09/13

By: Heather Dawe HSCIC Programme Manager, Clinical Indicators

Paul Fryers PHE Deputy Director, East Midlands Knowledge and

Intelligence Team

Alyson Whitmarsh HSCIC Programme Manager, Clinical Audit

Irena Begaj UHB Statistical Intelligence Analyst

Chris Dew HSCIC Section Head, Clinical Indicators

Andy Sutherland HSCIC Statistics Head Of Profession

Daniel Sutcliffe NICE Programme Manager

Paul Iggulden HSCIC Interim Head of Clinical Analysis, Research &

Development

|  |  |
| --- | --- |
| Summary of MRG discussions: | * The indicator was presented alongside the other indicators included in this pack. * MRG queried, with regards to the NHFD fields described in the construction of the numerator, as to whether a patient coded with ‘yes - awaits falls assessment clinic’ is considered a success. The applicant responded that this was the case as the patient has had the assessment and is then waiting for a further appointment with the falls clinic. * It was suggested that in this indicator the title should be changed from ‘Proportion of’ to ‘Percentage of’. It was also noted that the approach taken in Public Health is to use the description ‘Proportion …, expressed as a percentage’. |
| *Outcome of MRG consideration:* | **No significant issues identified** |
| MRG statement of recommendation: | This indicator was recommended for discussion by IGB on completion of the above recommendation |

IGB – Additional Recommendations:

[Add new section as necessary]

Review: 3 years

The indicator is recommended for review in three years on the basis that no changes in the data source or rationale is expected

IGB Sign-off:

**Indicator Assurance Process Output**

*Final Appraisal Status***: Assured**

Basis of Sign-off

[Detail caveats and limitations ] – none

Sign-off Date: 11/04/2014