**NHS Digital**

**Indicator Supporting Documentation**

**IAP00342 Emergency hospital admissions for hip fracture in people aged 60 and over**

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| IAP Code | IAP00342 |
| Title | Emergency hospital admissions for hip fracture in people aged 60 and over |
| Published by | NHS Digital |
| Reporting period | Annual |
| Geographical Coverage | England |
| Reporting level(s) | CCG and National |
| Based on data from | Hospital Episodes Statistics (HES), National Health Application and Infrastructure Services (NHAIS), Office for National Statistics (ONS) mid-year population estimates |
| 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 | 02/12/2018 |
| Indicator set | CCG Indicator Outcomes Set |
| Brief Description | The indicator is a rate per 100,000 registered patients directly standardised by age and sex using the England population for the standard population. The indicator is published with 95% confidence intervals recognising the existence of natural variation among the Clinical Commissioning Group (CCG) populations. |
| 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.  It is expected that Clinical Commissioning Groups (CCGs) will use this to identify how improvements in care and the desired reduction of emergency hip fracture admissions will be delivered. |
| Definition | The indicator is a rate per 100,000 registered patients directly standardised by age and sex using the England population for the standard population. The indicator is published with 95% confidence intervals recognising the existence of natural variation among the Clinical Commissioning Group (CCG) populations.  The indicator is limited to those aged 60 years and over, aligning to the Best Practice Tariff (BPT) for hip fracture care and the National Hip Fracture Database (NHFD). Selecting this age range puts the focus on people with osteoporosis and those who are more at risk of falling, moving it away from other causes such as falls from height or road traffic accidents.  The indicator measures the rate of emergency admissions for hip fracture, as opposed to the rate of people admitted as an emergency with hip fracture. If a person fractures a hip more than once in a year, they would appear multiple times in the numerator. |
| Data Source | Hospital Episodes Statistics (HES), National Health Application and Infrastructure Services (NHAIS), Office for National Statistics (ONS) mid-year population estimates.  The underlying HES data is held by NHS Digital and made available to customers via several mechanisms depending on their requirements. These include the publication of aggregated output, an extract service that covers both bespoke and routine extracts and direct access via an interrogation tool to the underlying data for certain customers.  The underlying data required for the construction of the indicator are available on a monthly basis around 4 to 5 months after the start of the month in which the attendance took place. The full year annual data refresh occurs around 8 months after the financial year end. |
| Numerator | The number of admission spell records where the first episode contains a primary diagnosis of hip fracture in people aged 60 and over. |
| Denominator | Clinical Commissioning Group (CCG) level count of people registered with the constituent GP Practices. |
| Calculation | This indicator is calculated as a rate directly standardised by age and sex per 100,000 patients.  The standard population used for the direct method is the England population in appropriate ONS mid-year population estimates. The age groups used are: 0 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75+.  95% confidence intervals are calculated using Dobson's and Byar's methods. Byar’s method is recommended for larger counts whereas for smaller numerators (less than 389) a more exact method based on the Poisson distribution (Dobson’s method) is used. Further details on the calculations used can be found in the techincal specifcation. |
| Interpretation Guidelines |  |
| Caveats | A patient could fracture both hips or fracture a hip more than once in a year. In such a case they would appear twice in the numerator data. |

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|  | Application Form |
| Set or domain | CCG OIS 1.22 |
| Topic area | Hip fracture |
| Definition | CCG OIS 1.22 measures the number of emergency admissions for people aged 60 and over with hip fracture.  Directly age and sex standardised emergency admission rate for hip fracture in those aged 60 years and over, per 100,000 registered patients, 95% confidence intervals (CI).  This indicator is restricted to admissions for people who are 60 years old and over. Under the age of 60, osteoporosis is not as important a factor as it is over 60. Reducing the number of cases under 60 means reducing alcoholism, road traffic accidents and falls from a height, while in the over 60s it means reducing osteoporosis and falls from standing. NICE CG124 covers 18 and above, however using 60 as the cut off would bring the figure in to line with the Best Practice Tariff and the National Hip Fracture Database. The vast majority of cases (around 94%) are for people aged 60 years and over. |
| Indicator owner & contact details | TBC |
| Sponsor | TBC |
| Endorsement | Advice has been taken from the NHS Classification Service (National Clinical Classifications Helpdesk) on which ICD-10 codes to use to filter for hip fracture. Their advice is to use the codes as listed in the indicator definition (Section A1).  Clinical input was received from Rob Wakeman, NHFD Clinical Lead for Orthopaedic Surgery. |
| **Evidence and Policy base**  Including related national incentives, critical business question, NICE quality standard and set or domain rationale, if appropriate | 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.  This indicator is based on the NICE Quality Standard (QS) 16: Hip Fracture in adults, issued March 2012, <http://guidance.nice.org.uk/QS16>.  This indicator supports the intentions of QS149 which is concerned with managing osteoporosis, although this is aimed at patients aged 18+.  In the original (02/12/13) application form for this indicator it was recorded that NICE Clinical Guideline 124 stated that:  *“…around 70,000 to 75,000 hip fractures (proximal femoral ractures) occur annually in the UK, with a cost (including medical and social care) amounting to around £2 billion a year.”*  However, since then CG124 has been updated to state:  *“About 65,000 hip fractures occur each year and the annual cost (not including the considerable cost of social care) for all UK hip fracture cases is about £1 billion.”* |
| **Data source** | Hospital Episodes Statistics (HES), NHAIS (Exeter) GP population data and Office for National Statistics (ONS) mid-year England population estimates for the respective calendar years. |
| **Justification of source and others considered** |  |
| **Data availability** | The underlying data required for the construction of the indicator are available on a monthly basis around 4 – 5 months after the start of the month in which the attendance took place. The full year annual data refresh occurs around 8 months after the financial year end. |
| **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** | HES Data fields:  DIAG\_4\_01  CLASSPAT  EPITYPE  EPISTAT  SEX  STARTAGE  EPIORDER  ADMISORC  ADMIMETH  ADMIDATE  CCG\_RESPONSIBILITY |
| **Data filters** | HES Data filters:   1. Field Name: DIAG\_4\_01 Conditions: Is equal to S72.0, S72.1, S72.2 Rationale: Selects relevant hip fracture codes 2. Field Name: CLASSPAT Conditions: Is equal to 1 Rationale: Selects ordinary cases only, excluding day case admissions, regular day/night attenders, maternity and births 3. Field Name: EPITYPE Conditions: Is equal to 1 Rationale: Selects general episodes only, excluding delivery and birth related episodes 4. Field Name: EPISTAT Conditions: Is equal to 3 Rationale: Selects finished hospital episodes 5. Field Name: SEX Conditions: Is equal to 1 or 2 Rationale: Selects valid sex 6. Field Name: STARTAGE Conditions: Is between 60 and 120 Rationale: Selects valid ages 7. Field Name: ADMISORC Conditions: Is not equal to any of the following: 51, 52, 53 Rationale: Excludes provider transfers 8. Field Name: EPIORDER Conditions: Is equal to 1 Rationale: Selects the first episode in an admission spell 9. Field Name: ADMIMETH Conditions: Is equal to any of the following: 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D Rationale: Selects emergency admissions only 10. Field Name: ADMIDATE Conditions: Is limited to admissions within the 12 month reporting period, the same reporting period is applied across multiple data years. Rationale: Data is presented annually with an admission date within the year of interest   Field Name: CCG\_RESPONSIBILITY Conditions: CCGs in England only Rationale: Excludes those registered with GPs outside of England. |
| **Justifications of inclusions and exclusions**  and how these adhere to standard definitions | Rationale entered above, as per standard spec document |
| **Data processing** |  |
| **Numerator** | The number of emergency admission episodes where the first episode contains a primary diagnosis of hip fracture in people aged 60 years and over. |
| **Denominator** | CCG level count of patients aged 60 years and over registered with the constituent GP Practices, provided by NHAIS (Exeter) Systems.  Counts of registered patients are extracted on 1st April each year, and GP practices are mapped to CCGs using the mapping on this date. When calculating indicators, the count of registered patients and GP to CCG mapping are taken from the 1st April within the specific time period. For example the 12 month period July 2013 to June 2014 would use the 1st April 2014 registered patient counts and the GP to CCG map as it was on this date. |
| **Computation** | This indicator is calculated as a rate directly standardised by age and sex. See below for standardisation methodology. |
| **Risk adjustment or standardisation type and methodology** | **Direct Standardisation**  *Variables and methodology:*  The directly age and sex standardised rate (DSR) is the rate of events that would occur in a standard population if that population were to experience the age and sex specific rates of the subject population. The age and sex specific rates of the subject population are applied to the age and sex structure of the standard population.  Formula for the directly age and sex standardised rate (DSR)  Where:  𝑂𝑖 is the observed number of events in the local or subject population in age and sex group 𝑖;  𝑛𝑖 is the number of individuals in the local or subject denominator population in age and sex group 𝑖, or the population × period at risk (e.g. 'person-years');  𝑊𝑖 is the number (or proportion) of individuals in the reference or standard population in age and sex group 𝑖.  The standard population used for the direct method is the England population in appropriate ONS mid-year population estimates. The age groups used are: 60 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, 85 to 89, 90+. |
| **Justification of risk adjustment type and variables**  or why risk adjustment is not used |  |
| **Confidence interval / control limit use and methodology** | Confidence Intervals  *Methodology:*  95% confidence intervals are calculated using Dobson’s and Byar’s methods. Byar’s method is recommended for larger counts whereas for smaller numerators (less than 389) a more exact method based on the Poisson distribution (Dobson’s method) is used:  Formula for 95% confidence intervals are calculation  Where:  𝑂 is the total number of observed admissions in the subject population  Formula for: 𝑂 is the total number of observed admissions in the subject population  𝑂𝑙𝑜𝑤𝑒𝑟 and 𝑂𝑢𝑝𝑝𝑒𝑟 are the lower and upper confidence limits for the observed number of events;  When O < 389 then,  Formula: 𝑂𝑙𝑜𝑤𝑒𝑟 and 𝑂𝑢𝑝𝑝𝑒𝑟 are the lower and upper confidence limits for the observed number of events  where:  𝜒2lower is the 97.5th percentile value from the 𝜒2 distribution with *2O* degrees of freedom;  𝜒2upper is the 2.5th percentile value from the 𝜒2 distribution with *2O+2* degrees of freedom;  When *O* >= 389 then,  Formula  Where:  *z* is the 97.5th percentile value from the Standard Normal distribution. |
| **Justification of confidence intervals / control limits used** |  |
| **Presentation of indicator** | This indicator:   * Is released in .csv and .xlsx formats * Has finalised data for financial years 2013/14 to 2015/16, provisional data is broken down differently. * Has finalised data broken down to CCG- and national- level.   Present upper and lower confidence intervals along with numerator and denominator values used in the calculation of the actual indicator values |
| **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. |
| **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 a fuller overview of how CCG processes are impacting on outcomes. 2. Standardisation is by age and sex and does not encompass any other factors that could potentially influence the rate. 3. Differences in casemix (beyond that accounted for by standardisation), comorbidities and other potential risk factors also contribute to the variation. 4. There may be variation in the prevalence of particular conditions due to differing levels of deprivation, for other geo-demographic reasons or between patients of different ethnic heritages. 5. A number of factors outside the control of healthcare providers, such as the socio-economic mix of local populations, may determine whether a patient is admitted; thus this could influence rates. 6. The patterns of providing care may vary between organisations in terms of: extent of treatment in primary care settings; referral policies and practices; hospital outpatient facilities/walk-in clinics; and hospital inpatient admission policies and practices. 7. There may be local variation in data quality, particularly in terms of diagnostic and procedure coding.   Some factors causing or exacerbating relevant conditions are outside the control and influence of the NHS and CCGs. These can vary by region, and may include environmental factors such as air quality, occupational hazards and deprivation. |
| **Improvement actions** | It is expected that CCGs will use this to identify how improvements in care and the desired reduction of emergency hip fracture admissions will be delivered. |
| **Evidence of variability** |  |
| **Similar existing indicators** | The Public Health Outcomes Framework (PHOF) indicator 4.14, Emergency admissions for fractured neck of femur in those aged 65 years and over, is published at National, Regional, County and Unitary Authority level. Further information can be found at: <http://www.phoutcomes.info/>. PHOF 4.14 differs to hip fracture indicators in the CCG OIS in terms of the level it is produced at and the age range included. The CCG OIS indicators include those aged 60 years and over, aligning to the BPT for hip fracture care and the NHFD, whereas the 60-64 years age group would not be considered older people by any of the standard measures used in public health.  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/>. |
| **Coherence and comparability** |  |
| **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** | When publishing the data, if the indicator is calculated from a numerator of 1 to 5, the value is suppressed to ensure an individual’s identity is not at risk of being disclosed. If there is only one value suppressed in this way, the rate based upon the next lowest numerator is also suppressed; this reduces the risk of the first suppressed number being identifiable in isolation.  Rates are rounded to one decimal place before publication. |
| **Copyright** | HES and NHAIS are publicly available, with no restrictions on re-use. |

**Indicator Assurance Extension Cover Sheet**

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|  | **Criteria Check List lapsed date 02.12.2016** |  |
|  | 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 * IAP00341 Hip fracture: multifactorial risk assessment | 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** | 02/12/2018 |

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

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| **Indicator Title** | **Emergency hospital admissions for hip fracture in people aged 60 and over** |
| Indicator Set | CCG Outcomes Indicator Set |
| IAS Ref Code: | IAP00342 |
| Description | The indicator calculates the number of people, aged 60 years and over, who were admitted with a primary diagnosis of hip fracture per 100,000 CCG population. |
| Initial IGB discussion | 02/12/13 |

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|  | **Strategic Considerations & Implications** |
| Applicant / Sponsor Organisation | NHS England  \*Costing for assurance appraisal included in development cost |
| Assurance process funded? | Yes |
| Indicator rationale | 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.  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.  This indicator is restricted to admissions for people who are 60 years old and over. Under the age of 60, osteoporosis is not as important a factor as it is over 60. Reducing the number of cases under 60 means reducing alcoholism, road traffic accidents and falls from a height, while in the over 60s it means reducing osteoporosis and falls from standing. NICE CG124 covers 18 and above, however using 60 as the cut off would bring the figure in to line with the Best Practice Tariff and the National Hip Fracture Database. The vast majority of cases (around 94%) are for people aged 60 years and over. |
| Basis for rationale  [Details of quality statement, policy etc.] | This indicator is based on the NICE Quality Standard 16: Hip Fracture in adults, issued March 2012, <http://guidance.nice.org.uk/QS16>.  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/guidance>.  The introduction to Clinical Guideline 124 states that around 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. Demographic projections indicate that the UK annual incidence will rise to 91,500 by 2015 and 101,000 in 2020, with an associated increase in annual expenditure. Most of this expenditure will be accounted for by hospital bed days and a further substantial contribution will come from health and social aftercare. At present about a quarter of patients with hip fracture are admitted from institutional care, and about 10–20% of those admitted from home ultimately move to institutional care. |
| Calculation Summary | The indicator is aggregated by Clinical Commissioning Group (CCG) and will be a numerator / denominator construct, reported as a rate per 100,000.  *Denominator:* CCG level count of people registered with the constituent GP Practices.  *Numerator:* The number of admission spell records where the first episode contains a primary diagnosis of hip fracture in people aged 60 and over.   * ICD-10 diagnosis codes for hip fracture are as follows: S72.0 Fracture of neck of femur S72.1 Petrochanteric fracture S72.2 Subtrochanteric fracture * Restricting this indicator to admissions for people who are 60 years old and over will eliminate small number concerns in the lower age groups which would significantly bias the results of the standardisation calculation. * The indicator is directly standardised by age and sex. * Confidence intervals for the directly standardised rates are provided. |
| Risks & assumptions | There are no planned changes to the HES 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:* Hospital Episodes Statistics (HES).  The underlying data are held by the HSCIC and are made available to customers via several mechanisms depending on their requirements.  These include the publication of aggregated output; an extract service that covers both bespoke and routine extracts; and direct access via an interrogation tool to the underlying data for certain customers.  F  Commissioning Data Sets (CDS 6.2) are approved by ISB ref ISB0092.  HES has been approved by ROCR license number ROCR/OR/0014/FT6/009MAND. |
| Potential impacts on other business areas [inc outstanding generic issues] | The indicator is being recommended by NICE for inclusion in the 2014/15 Clinical Commissioning Group Outcomes Indicator Set (CCG OIS).  There are three other indicators relating to hip fracture in the CCGOIS:   * Hip fracture: timely surgery * Hip fracture: formal hip fracture programme * Hip fracture: multifactorial falls risk assessment   There is a similar indicator in the Public Health Outcomes Framework:  4.14i *- Age-sex standardised rate of emergency admissions for fractured neck of femur in those aged 65+ per 100,000 population*  The rationale for the differences between the two indicators were considered at MRG (see below). |
| 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 HES and NHAIS (Exeter) GP population data. 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 publically 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** |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] | Advice has been taken from the NHS Classification Service (National Clinical Classifications Helpdesk) on which ICD-10 codes to use to filter for hip fracture. Their advice is to use the codes as listed in the indicator definition (Section A1).  Clinical input was received from Rob Wakeman, NHFD Clinical Lead for Orthopaedic Surgery. |
| Peer Reviewers: | No peer review has currently been undertaken as part of this assurance process. |
| Peer Review summary: | - |

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|  | **Record of MRG Discussion** |
| Discussion dates: | 20/09/13  31/10/13 |
| By: | Heather Dawe HSCIC Programme Manager, Clinical Indicators  Paul Fryers PHE Deputy Director, EM Knowledge and Intelligence Tm  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  Jonathon Hope HSCIC Principal Information Analyst, Clinical Audit  Julie Henderson HSCIC Programme Head, Clinical Analysis  Gerry Firkins HSCIC NHS Sec Management Domain Lead |
| Summary of MRG discussions: | Summary of MRG discussion   * MRG questioned as to why there is a difference between the construct of this indicator and the one in the Public Health Outcomes Framework (PHOF), which has been produced for years. * The developer reported back to MRG that to be consistent with the Public Health Outcomes Framework indicator 4.14, it is proposed to only include emergency hip fracture admissions in this indicator (i.e. a primary diagnosis of hip fracture in the first episode). * The main difference is the age group, with this indicator considering from age 60+ whereas the PHOF indicator covers 65+. The rationale for the inclusion of 60+ in this indicator is to align to the Best Practice Tariff for hip fracture care and the National Hip Fracture Database (NHFD). This is based on clinical advice from Rob Wakeman, NHFD Clinical Lead for Orthopaedic Surgery (as described in the rationale section of this paper). The elements of best practice were chosen by a group of clinicians and service managers chaired by the National Clinical Director for Trauma Care. * Additionally MRG were updated that using a definition of 60 and over will provide the indicator with approx. 94.5% of the overall admissions for hip fracture, whereas a definition of 65 and over will provide approx. 91.5%. * MRG questioned why primary diagnosis of only first episodes in spells was looked at as this would lead to those who fractured hips during an in-hospital spell, for example, being missed in the data. * The developer reported back to MRG that after consultation with the HSCIC HES team, advice was given that it is difficult to obtain reliable identification of hip fractures that occur in hospital due to the nature of HES primary diagnosis recording in each episode of a spell. Given the proposed alignment to the Public Health Outcomes Framework indicator stated above, they would therefore not be including this group in the indicator. * It was noted that potentially a patient could fracture both hips or fracture a hip more than once in a year, in such a case they would appear twice in the numerator data. This will be noted in the quality assessment. * Additionally it was suggested that the title should include the text ‘for age 60 and over’ at the end * An observation was put forward asking that if the indicator has a focus on osteoporosis, which is more common in women, is there any reason why the sexes were not currently being separated. It was explained that there was no reason for this, however if it were to be taken forward the Quality Standards Group at NICE would have to be consulted regarding this. |
| *Outcome of MRG consideration:* | **No significant issues on basis of completion of outstanding actions** |
| MRG statement of recommendation: | The indicator was put forward for discussion by IGB on the understanding that the caveat relating multiple hip fractures occurring in a year is included in the quality assessment and that the title is adjusted to reference 60 and over. |

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 |

IGB Sign-off: Indicator Assurance Process Output

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| *Final Appraisal Status* | **Assured** |
| Basis of Sign-off  [Detail caveats and limitations ] | This was not completed originally. |
| Sign-off Date |  |