**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

# Assurance date: March 2022

# Review date: March 2023

# Indicator IAP00516

# Hip fracture: proportion of patients recovering to their previous levels of mobility/walking ability at 120 days (See also IAP00517, CCG Outcomes Indicator Set version)

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | This indicator is part of the NHS Outcomes Framework (Domain 3 - Helping people to recover from episodes of ill health or following injury).  The indicator value has risen over time from 48.7% in 2011 to 64.4% in 2017. Variation exists across all breakdowns including age and gender. | This indicator is part of a recognised dataset. Nationally performance has improved and variation exists between geographies and breakdowns including age and gender. |
| Evidence base | From indicator Quality Statement[[1]](#footnote-1):  “Indicator 3.5.ii is an improvement area in domain 3 of the framework which reflects the importance of helping people to recover from episodes of ill health or following injury. This can be seen as two complementary objectives: preventing conditions from becoming more serious (wherever possible), and helping people to recover effectively.  The indicator measures the proportion of patients who recover effective mobility following a hospital admission for a hip fracture. Fragility fractures are the most common type of injury seen in older people, often resulting from falls. Suffering an injury such as this can have a serious impact on an older person’s quality of life and ability to live independently, so effective recovery is hugely important. This indicator measures one of the most important functional outcomes for people with fragility fractures.  Improving this indicator  Improvement areas in this domain are based on specific causes of ill health that should be prevented from becoming serious, or from which the NHS should help people to recover as effectively as possible. This indicator improves when its value increases, i.e. the proportion of people recovering increases.” | This indicator aligns with NICE guidance (QS16[[2]](#footnote-2), CG124[[3]](#footnote-3)). |
| Specification | Numerator: Number of admitted patients with a pre-fracture mobility score of 1, 2 or 3 recorded at admission, and a valid mobility score recorded at 120 days which was either lower (i.e. better), the same or only one mobility category higher than mobility category at admission.  Denominator: Number of admitted patients with a pre-fracture mobility score of 1, 2 or 3 recorded at admission, and a valid mobility score recorded at 120 days.  Exclusions: Patients under 60 or over 110 years old. Patients whose mobility score was 4 or 5 at admission, or whose mobility score was not recorded are excluded.  Methodology: Percentage  Geography: England, Local authority, Region, Provider (hospital). Breakdowns by gender, age, and mobility category at admission  Data Source: National Hip Fracture Database (NHFD)  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. Indicator values and confidence intervals calculated from suppressed figures are suppressed. Percentages are rounded to one decimal place before publication. | The indicator has defined components necessary to construct the indicator, including numerator and denominator. |
| Feasibility | The data comes from long running data sources (NHFD[[4]](#footnote-4)), however no published data in the NHSOF since 2017. NHS Digital have advised that no active development is taking place for this indicator. | The indicator uses existing data fields within published data.  We have been advised by NHS Digital that no active development is taking place on this indicator. |
| Acceptability | Data was showing improvement over time, and multiple geographical and further breakdowns are available. Some lower level breakdowns are suppressed due to small numbers.  Category 4 and 5 patients are excluded since the definition of recovery would class all of these patients as ‘recovered’, hence their exclusion. Correspondence with NHS Digital has confirmed that concern has been expressed over this exclusion because a large proportion of those aged 80+ are in category 4 and 5; nonetheless this seems appropriate. | The indicator assesses performance that is attributable to or within the control of the audience, both in a clinical and public health setting.  The results of the indicator can be used to improve practice. |
| Risk | No further risks identified. | No further risks identified. |

**Summary:** Indicator to be provisionally renewed.

**NHS Digital Indicator reference:**

NHS Outcomes Framework – 3.5.ii Hip fracture: Proportion of patients recovering to their previous levels of mobility / walking ability at 120 days

1. NHS Digital. CCG outcomes indicator set, Indicator Quality Statement, Domain 3. 3.10ii

   Hip fracture: proportion of patients recovering to their previous levels of mobility/walking ability at 120 days. Version 1.3, September 2019 [↑](#footnote-ref-1)
2. Hip fracture in adults, last updated 16 May 2017 <https://www.nice.org.uk/guidance/qs16> [↑](#footnote-ref-2)
3. Hip fracture: management, last updated 10 May 2017, <https://www.nice.org.uk/Guidance/CG124> [↑](#footnote-ref-3)
4. National Hip Fracture Database, <https://www.nhfd.co.uk/> [↑](#footnote-ref-4)