



Royal College
of Physicians

Falls and Fragility Fracture
Audit Programme (FFFAP)

State of the nation – England report

Using national clinical audit to improve the care of
people with falls and fragility fractures in England



In association with



Commissioned by





Introduction

The Falls and Fragility Fracture Audit Programme (FFFAP) is a suite of three national clinical audits, commissioned by the Healthcare Quality Improvement Partnership (HQIP), funded by NHS England and the Welsh Government:

- the National Audit of Inpatient Falls (NAIF)
- the National Hip Fracture Database (NHFD)
- Fracture Liaison Service Database (FLS-DB).

The audits are run by the Royal College of Physicians (RCP) in collaboration with a range of stakeholders that includes a panel of patients / carer representatives, coordinated by the Royal Osteoporosis Society www.theros.org.uk.

These audits provide a quality improvement platform for trusts in England – aiming to help local clinical teams and health service managers understand why people fall in hospital, the care that should be provided for fragility fractures, and what can and should be done to prevent future fractures.

This brief report is designed to summarise information about falls and fragility fracture care across the 10 regions in England, and to help people to understand what these audits can tell them about the quality and organisation of care.

Preventing falls among hospital inpatients

The National Audit of Inpatient Falls (NAIF)



The NAIF aims to improve inpatient falls prevention through audit and quality improvement. It provides a detailed understanding of a trust's falls prevention measures provided for inpatients in the time before a hip fracture as well as immediate post-fall care.

Since January 2019, the National Hip Fracture Database (NHFD) has been flagging any patient who suffers a hip fracture following an inpatient fall so that their trust's falls management team is asked to record the events leading to this fall in the NAIF. Each trust's falls management team will be asked to complete the records created.

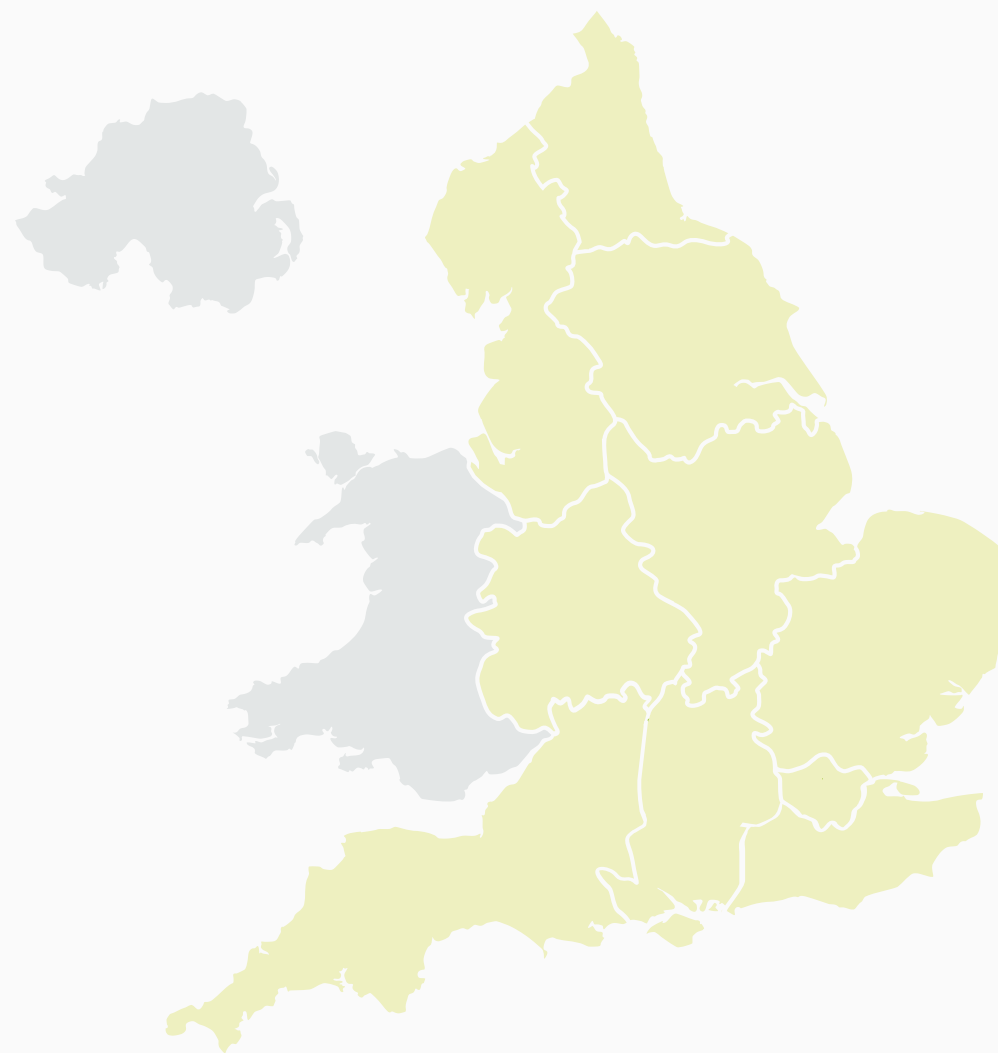
This will allow the NAIF to provide trusts with feedback on their performance in implementing effective fall prevention measures and the management of fall-related injuries; feedback which can be used within quality improvement initiatives to enhance patient safety and experience.

Falls in hospital

Currently in England, approximately 4% of hip fractures are sustained as a result of an inpatient fall. These could lead to:

- > loss of confidence and slower recovery
- > distress to families and staff
- > litigation against hospitals trusts
- > significant financial burdens upon hospitals each year.

Clicking each region on this interactive map of England allows you to identify trusts currently participating in the NAIF clinical audit. Eligible trusts not participating are marked with *



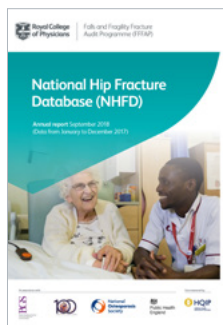
We have identified a total of **210 acute, mental health and learning disability, community and specialist trusts** across England that are eligible to participate in NAIF. 24 of these are not currently participating.



We strongly recommend that trusts marked with * send a completed registration form to falls@rcplondon.ac.uk.

Care of people with a broken hip in England

The National Hip Fracture Database (NHFD)



Hip fracture is an ideal marker with which to examine the care offered to frail and older people by the NHS in England. People need coordinated multidisciplinary assessment if they are to receive prompt surgery and effective rehabilitation.

The NHFD collates data on every patient presenting with hip fracture and uses this to examine the quality of assessment, anaesthesia, surgery and rehabilitation, and to set this against patient outcomes (walking ability, return home and length of stay) as well as providing mortality data to trusts.

The impact of hip fracture in England

Hip fracture is the most common serious injury in older people, and the most common reason for their needing emergency anaesthesia and surgery.

In England, hip fracture patients remain in hospital for 19 days on average amounting to approximately 3,118 beds occupied throughout 2018. Only a minority of patients completely regain their previous abilities and one-quarter of patients require long-term care.

Care quality in different local trusts

Clicking each region on this interactive map of England allows you to examine performance in individual units.

These and other data are freely available to patients and the general public on the NHFD website (www.nhfd.co.uk) which is designed to provide clinical teams and trust managers with a platform for local audit and quality improvement.



Key performance indicator (KPI) overview England

Annualised values based on 62,707 cases averaged over 12 months to the end of June 2019.

Prompt orthogeriatric review

93%
NHFD overall 91%



Prompt surgery

71%
NHFD overall 70%



NICE-compliant surgery

75%
NHFD overall 75%



Prompt mobilisation

82%
NHFD overall 81%



Not delirious post-operation

73%
NHFD overall 71%



Return to original residence

70%
NHFD overall 71%



Offering effective treatment to prevent future fragility fractures

The Fracture Liaison Service Database (FLS-DB)



A fracture liaison service (FLS) is a coordinated system that ensures that any patient who suffers a fracture that might reflect bone fragility is assessed and offered effective osteoporosis treatments as recommended by the National Institute for Health and Care Excellence (NICE) to prevent future fractures.

The FLS-DB is a clinically led web-based national audit of secondary fracture prevention in England and Wales. The audit demonstrates clear areas for improvement in order

that FLSs may develop greater effectiveness and efficiency, leading to sustainable funding. However, national coverage of secondary fracture prevention using fracture liaison services is still variable.

The impact of fracture in England

Most patients who suffer a fracture do not receive appropriate assessment and treatment to prevent future fractures. Having a fragility fracture approximately doubles the risk of another fracture, and these fractures are most likely to occur in the following 2 years. There are over 300,000 fragility fractures in England and Wales every year in patients aged 50 years and over.

Care quality in different services across England

Clicking on each region of this interactive map allows you to examine performance in individual units.

These and other data are freely available to patients and the general public on the FLS-DB website (www.ffap.org.uk/fls/flsweb.nsf) which is designed to provide clinical teams and trust managers with a platform for local quality improvement.

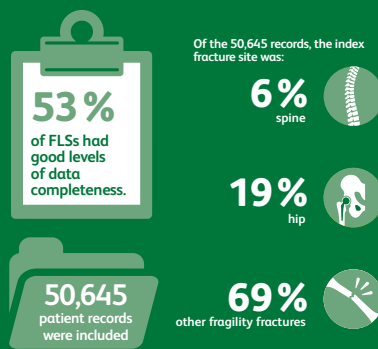


Key messages – report at a glance

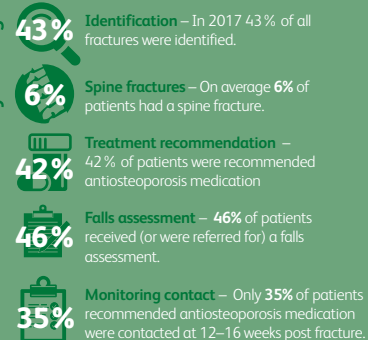
A FLS aims to reduce the risk of subsequent fractures by systematically identifying, assessing, treating and referring to appropriate services all eligible patients aged 50 and over who have suffered a fragility fracture.

Demographics and data completeness

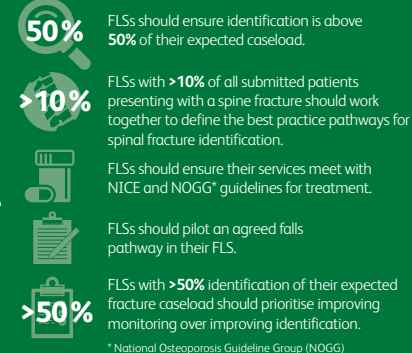
53 FLSs across England submitted data from 2017 which contributed towards this report (available at: www.rcplondon.ac.uk/projects/outputs/achieving-effective-service-flsdata-base-annual-report-2018).



Key findings



Key recommendations



* National Osteoporosis Guideline Group (NOGG)

Recommendations from the three audits

Preventing inpatient falls

Trusts should ensure that falls teams responsible for their acute, community and mental health hospitals are signed up to contribute to, and learn from, the NAIF – launched in January 2019.

Care of people with hip fractures

The NHFD has presided over a steady reduction in mortality among patients in England where the **run chart** shows a fall from 8.4% at the start of 2012, to just 6.1% in 2018. There has also been a reduction in overall length of stay (LOS) by over 1 day.

However, a slight increase has been recorded in the average time to theatre, from 31 hours in 2015 to 33 hours in 2018. Trusts and clinical commissioning groups (CCGs) should ensure that all people receive multidisciplinary assessment and orthogeriatrician-led care, so they:

- > avoid delays in surgery for their fracture
- > avoid becoming confused or delirious in hospital
- > avoid delays in rehabilitation and return home following their operation
- > maximise trauma list efficiency to reduce delays to theatre.

Preventing future fractures

There are currently 59 out of 82 FLSs in England participating in the FLS-DB. Find out if your FLS is participating by running a search in the public **run charts**.

- If you do commission a FLS you should work with local champion(s) to align the KPIs and prioritise those with less than 50% attainment.
- If you do not commission a FLS you should quantify the impact of effective secondary fracture prevention in your local population to inform priority commissioning of FLSs, with support from the Royal Osteoporosis Society and NHS RightCare.

Per 300,000 population, a effective FLS will prevent around 250 fragility fractures, of which about 140 would be hip fractures, over 5 years. The total expected local savings to the NHS and social care of these prevented fractures is estimated at £2.1 million over 5 years for a service cost of around £640,000, a net benefit of £1.46 million.

Falls and Fragility Fracture Audit Programme (FFFAP)

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