

Room for improvement: hip fracture care in 2024

This new report discusses how hip fracture care in 2024 improved under the influence of the RCP's National Hip Fracture Database (NHFD), and calls for similar work to improve the care of people with pubic ramus fracture and other fractures of the pelvis.

Each year over 70,000 people in England, Wales and Northern Ireland have a hip fracture and a quarter of them can expect to have another fragility fracture in the future. Unless something is done to prevent such fractures, it has been estimated that the total number of hip fractures could double by 2060.

Room for improvement: hip fracture care in 2024 examines how hip fracture care aligned to key patient goals in admission, rehabilitation and care quality.

This NHFD report shows a huge improvement, in that most patients (58%) now receive bone-strengthening medication while they are in hospital – but, in 2024, ten hospitals (6%) still discharged over three-quarters of their patients without effective bone protection.

Other key findings include:

- in 2024, it took an average of 15 hours before patients were made comfortable on a ward appropriate to their needs, and 20 hospitals (12%) recorded an average delay of over 24 hours
- two hospitals still recorded that over 10% of their patients did not receive surgery.
- 5% of all operations were recorded as having been performed by unsupervised resident doctors, and nine hospitals (5%) recorded that over 10% of their patients were not allowed to fully weight-bear after surgery
- in 2022, the NHFD found that over a quarter of hospitals were only providing their patients with physiotherapy from Monday to Friday. NHFD data, used in developing the Royal Osteoporosis Society's REDUCE toolkit, show how weekend therapy could lead to patients spending 2.3 fewer days in hospital, a cost saving of £676 per patient.

Antony Johansen, NHFD orthogeriatrician clinical lead, said:

'Patients' experience of care after a hip fracture has improved enormously since the NHFD was created nearly 20 years ago. Most hospitals can be proud of their achievements, but this report shows how a number of hospitals have fallen behind in the care

that they are offering, and discusses how the NHFD is helping them to catch up with the care being offered elsewhere.'

Key recommendations

By April 2026, all integrated care boards (ICBs) in England, health boards in Wales and health and social care trusts in Northern Ireland should:

- require emergency and orthopaedic departments to agree fast-track admission policies, so that at least one in five patients reach a specialist orthopaedic ward within 4 hours of admission with a hip fracture
- review each hospital's NHFD data to ensure that at least 95% of patients are able to access surgery, that this is documented as having been supervised by a senior surgeon and that it allows them to get up and fully weight-bear straight away
- require each hospital to commission appropriate physiotherapy capacity, so that all inpatients recovering from hip fracture can receive at least one session of physiotherapist-directed rehabilitation each weekend
- require all hospital teams to review their use of injectable bone protection, so that at least half of all patients are known to be on bone-strengthening medication 4 months after a hip fracture.

Mr Will Eardley, NHFD orthopaedic surgery clinical lead, said:

'From a surgical perspective, the care of older people with a broken hip continues to improve year on year. Patients across England and Wales following admission to hospital with a broken hip are often included in trials, which are helping us to make the best choices with our patients around the time of the operation.

'Despite these advances, there remain areas where closer working between surgeons and the wider members of the clinical team could yield further patient benefits. In particular, the seniority of the surgical team and communication around allowing patients to weight-bear following their operation are areas highlighted in this report where improvements should continue to be made.'

The NHFD report also announced two new audit initiatives for January 2026:

1. The NHFD will start recording how long a patient waits after telephoning for an ambulance until they arrive in hospital – so out-of-hospital delays can be included in the picture of the time that people have to wait before being placed on an appropriate ward and before having surgery.
2. The NHFD will start collecting data on all people who present with pubic ramus fracture and any other type of pelvic fracture – so that these people can benefit from the huge improvements that have been achieved for those with fractures of the hip and femur.

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