



Royal College
of Physicians

Falls and Fragility Fracture
Audit Programme (FFFAP)

State of the nation – Wales report

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



In association with



Commissioned by





Introduction

The Falls and Fragility Fracture Audit Programme is a suite of three national clinical audits:

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

These are commissioned by the Healthcare Quality Improvement Partnership (HQIP), funded by Welsh Government and NHS England. The audits are run by the Royal College of Physicians in collaboration with a range of stakeholders that include a panel of patients/carer representatives, coordinated by the Royal Osteoporosis Society www.theros.org.uk.

These audits provide a quality improvement platform for local Health Boards in Wales – 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 in different parts of Wales, 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

The National Audit of Inpatient Falls (NAIF)



NAIF aims to improve inpatient falls prevention through audit and quality improvement.

It provides a detailed understanding of falls prevention measures provided for inpatients in the time before the hip fracture and immediate post-fall care in local health boards (LHB).

Since January 2019, the National Hip Fracture Database has been flagging any patient who suffers a hip fracture following an inpatient fall so that their LHB's falls management team is asked to report the events leading to this fall into the National Audit of Inpatient Falls. Each LHB falls management team will

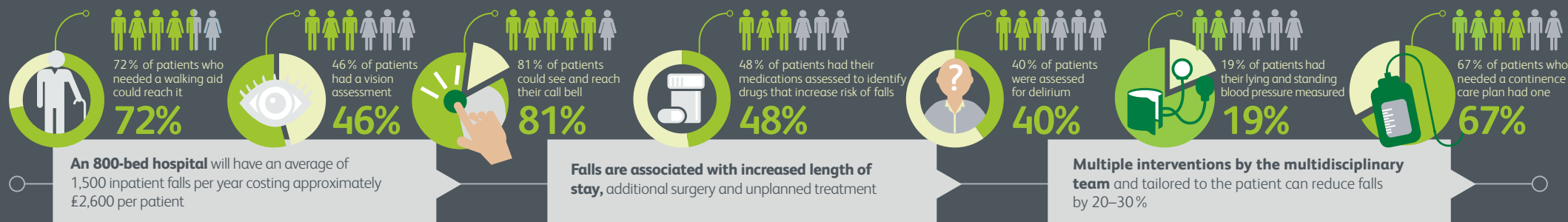
be asked to complete the records created. This will allow NAIF to provide LHBs with feedback on their performance in implementing effective fall prevention measures and the management of fall related injuries; feedback which can be used within quality improvement initiatives to enhance patient safety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

Falls in hospital

In 2017 inpatients in Wales experienced over 12,500 falls. These led to:

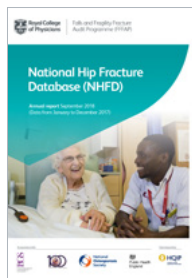
- > over 213 hip fractures (see NHFD benchmark tables)
- > loss of confidence and slower recovery
- > distress to families and staff
- > litigation against hospital trusts
- > overall costs to hospitals of £1.5 million per year.

All of the Welsh Health Boards are participating in the NAIF.



Care of people with a broken hip in Wales – figures from the National Hip Fracture Database

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 Wales.

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 and surgery and rehabilitation, and to set this against patient outcomes (walking ability, return home and length of stay) and well as providing mortality data to LHBs and Health Inspectorate Wales.

The impact of hip fracture in Wales

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

In Wales people remain in hospital for a month (31 days) on average, so at any one time patients recovering from hip fracture occupy 325 beds; 1 in 33 of all hospital beds.

Only a minority of patients completely regain their previous abilities. One-quarter require long-term care.



Care quality in different local health boards

Hovering over the location markers on 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 NHFD website – designed to provide clinical teams and health board managers with a platform for local audit and quality improvement.

KPI overview Wales

Annualised values based on 3,502 cases averaged over 12 months to the end of March 2019.

Prompt orthogeriatric review

58%
NHFD overall 91%



Prompt surgery

63%
NHFD overall 69%



NICE compliant surgery

74%
NHFD overall 75%



Prompt mobilisation

73%
NHFD overall 81%



Not delirious post-operation

40%
NHFD overall 70%



Return to original residence

74%
NHFD overall 71%



Offering effective treatment to prevent future fragility fractures – figures from the Fracture Liaison Service Database

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 NICE to prevent future fractures.

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 for FLSs to 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 Wales

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 local health boards

Hovering over the **locations** (in bold type) on this interactive map allows you to examine performance in individual units. Please click on the health boards to see their figures, if they are participating in the FLS-DB.

These and other data are freely available to patients and the general public on the FLS-DB website – designed to provide clinical teams and health board managers with a platform for local quality improvement.



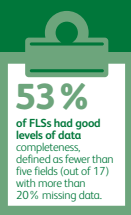
Key messages – report at a glance

A fracture liaison service (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

We congratulate the achievement of the 55 FLSs across England and Wales that submitted data which contributed towards this report (available at: www.rcplondon.ac.uk/projects/outputs/achieving-effective-service-fls-database-annual-report-2018).

There has been an improvement in most key performance indicators (KPIs) but further work is needed for effective and efficient service delivery.



53%
of FLSs had good levels of data completeness, defined as fewer than five fields (out of 17) with more than 20% missing data.



52,731
patient records

Of the 52,731 records, the index fracture site was:

6%
spine

19%
hip

69%
other fragility fractures

were included in 2017, an increase from 42,589 in 2016.

Key findings

43%

Identification – In 2017 identification of all fractures had improved to **43%** compared with 40% in 2016.

6%

Spine fractures – On average **6%** of patients had a spine fracture in 2017, compared with 4% in 2016.

43%

Treatment recommendation – The percentage of patients being recommended anti-osteoporosis medication increased to **43%** in 2017 from 38% in 2016.

46%

Falls assessment – **46%** of patients received (or were referred for) a falls assessment compared with 40% in 2016.

38%

Monitoring contact – There was a decline in monitoring in 2017 with only **38%** of patients recommended anti-osteoporosis medication being contacted at 12–16 weeks post fracture compared with 41% in 2016.

50%

FLSs should ensure identification is **above 50%** of their expected caseload.

>10%

FLSs with **>10%** of all submitted patients presenting with a spine fracture should work together to define the best practice pathways for spinal fracture identification.

43%

FLSs should ensure their services **meet with NICE and NOGG* guidelines** for treatment.

46%

FLSs that are not routinely recommending or referring their patients for falls assessment **should pilot an agreed falls pathway** in their FLS.

>50%

FLSs with **>50%** identification of their expected fracture caseload are advised to prioritise improving monitoring over improving identification.

* National Osteoporosis Guideline Group (NOGG)

Key recommendations

Welsh recommendations from the three audits

Preventing inpatient falls

Local health boards should ensure that falls teams responsible for their acute, community and mental health hospitals are signed up to contribute to, and learn from, the National Audit of Inpatient Falls – launched in January 2019.

Care of people with hip fracture

Mortality in the month after hip fracture has not changed in the past decade in Wales, where it stands at 7.7%. In England it now stands at 6.9%.

Key performance indicators in Wales suggest poorer provision of orthogeriatric assessment, and this will be contributing to greater delay in surgery, and in mobilisation and the avoidance of delirium after surgery and this will mean people are at increased risk of confusion and immobility after their operation.

Local health boards 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.

Preventing future fractures

Only four local health boards report that they have established a Fracture Liaison Service, despite the fact that such services are effective in preventing future fractures.

Find out what secondary fracture prevention services are available in your area.

- If you do commission an FLS you should work with local champion(s) to align the key performance indicators (KPIs) and prioritise those with less than 50% attainment.
- If you do not commission an 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, an effective FLS will prevent around 250 fragility fractures, of which about 140 would be hip fractures over 5 years. It is estimated that one in 10 hip fracture patients are admitted to a care home rather than returning home. 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)

Royal College of Physicians, 11 St Andrews Place
Regent's Park, London NW1 4LE

T: +44 (0)20 3075 1738
E: FFFAP@rcplondon.ac.uk
www.fffap.org.uk

