



National Institute for Health and Clinical Excellence

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PRESS RELEASE

Earlier operations and better care can improve the lives of thousands of hip fracture patients

NHS healthcare for patients with broken hips should be improved to prevent long-term disability or complications, says the National Institute for Health and Clinical Excellence (NICE).

In new guidance published today (Wednesday 22 June) NICE recommends that surgery should take place the same day or the day after hospital admission.

Currently, some patients can wait several days before surgery. Hospitals should also deliver a co-ordinated Hip Fracture Programme to help patients recover faster and regain their mobility.

Implementing NICE's recommendations could also help make hip fracture clinical practice more cost effective. Currently it is estimated to cost medical and social care £2 billion every year to treat all UK hip fracture cases. The changes outlined in the new guideline would cost very little to implement and save money in the long-term, while leading to much better quality of life for patients.

Hip fractures are a major public health issue and, although they are more common in later life, they can happen at any age. Around 70-75,000 hip fractures occur each year in the UK, and figures are expected to rise even higher as a result of the ageing population. Outcomes for patients with broken hips can be poor, with one in three dying within 12 months. Although most of these deaths are not due to the fracture itself, it is an indication of the high prevalence of pre-existing illnesses in these patients.

Evidence demonstrates that prompt surgery and an effective Hip Fracture Programme can significantly improve patients' lives, reducing the length of hospital

stays, helping them recover their mobility faster and reducing the number of follow-up procedures.

In its first clinical guideline on hip fracture, NICE recommends patients are operated on either the same day, or the day after, hospital admission. Hip fracture surgery should be scheduled on a planned trauma list, and consultants or senior staff should supervise junior and trainee staff when carrying out operations.

Importantly, the new guideline recognises that hip fractures are not only a surgical concern. Falls and hip fractures in adults often signal ill-health and a co-ordinated multidisciplinary approach from hospital admission to discharge is essential.

For that reason, the new guideline recommends patients are offered a ward-based multidisciplinary Hip Fracture Programme as part of the standard care they receive. The programme encourages different healthcare professionals, including surgeons, physicians, anaesthetists, nurses and physiotherapists to work closer together, to bring care to the patient. It advises the multidisciplinary team to jointly manage a planned and coordinated programme for the patient to offer them good quality care and help them return to their pre-fracture residence.

NICE recommends patients should be offered a physiotherapy assessment and start mobilisation, such as weight bearing and exercises, the day after surgery.

Individual goals for multidisciplinary rehabilitation should also be identified early on to help patients regain their mobility and independence as quickly as possible, and return to their pre-fracture residence. Regular orthogeriatric and multidisciplinary reviews are an essential part of this.

Professor Peter Littlejohns, Clinical and Public Health Director at NICE, said:

“This guideline aims to help improve the care for tens of thousands of patients who suffer hip fractures, which can have a devastating effect on their lives. We know the standard of care for hip fracture patients varies, and this is the first time that NICE has published recommendations for the NHS, based on the best available evidence.

“This new guideline aims to ensure all patients receive good quality care and support. For example, it is well recognised that prompt surgery is important, but at the moment it’s sometimes delayed for administrative or inappropriate clinical reasons.

“We hope the recommendations in this new guideline provide clarity, and improve the delivery of hip fracture care in the NHS. Implementing this guideline will not only benefit patients, but also the system as a whole in terms of efficiency and saving money.”

Professor Cameron Swift, Emeritus Professor of Health Care of the Elderly, Kings College London and Guideline Development Group Chair said: “Hip fractures are devastating, costly and increasing with an ageing population. The consequences for patients and the health service are far worse if hip fracture management is delayed and disjointed.

“This evidence-based NICE guideline charts the way forward by recommending cost effective changes to what happens in acute hospitals. Our guideline recommends prompt surgery, and a coordinated individual hip fracture programme for each patient from the moment they arrive at hospital through to rehabilitation and discharge.

“Patients, mostly elderly people, deserve no less, and everyone potentially benefits.”

Peter Kay, President of the British Orthopaedic Association (BOA) said:

" The publication of these recommendations is an excellent example of what can be achieved through productive discussion and co-operation. Having been closely associated in the drawing up of these recommendations, the BOA fully supports and endorses this important guideline. If properly implemented, it will significantly improve the quality of patient care, which should always be our number one priority."

Tim Chesser, Consultant Orthopaedic and Trauma Surgeon, North Bristol NHS Trust, Frenchay and Southmead Hospitals, Bristol, and Guideline Development Group member, said: “Hip fractures are a major issue – they affect more women than breast cancer. Although there have been big improvements in the quality of NHS care, we know that, nationally, some patients are still waiting too long for surgery.

“Prompt planned surgery by an experienced team can lead to better outcomes for the patient, so this guideline is a real opportunity to spread good practice by recommending that appropriate surgery by an experienced consultant takes place the same day, or day after, a patient is admitted to hospital.”

Lois Earl, 78, hip fracture patient at Frenchay Hospital in Bristol, said: “I knew I'd done something to my hip when I heard it go. I came into hospital on Saturday night and had my operation on Sunday afternoon.

“I'm feeling fine now and can move my leg much better.”

Michelle Mitchell, Charity Director at Age UK, said: “When it comes to hip fractures, the difference between good and bad care can be life changing, yet currently many people are subject to variability in terms of treatment.

“While 30 per cent of people suffering a hip fracture make a full recovery, half are permanently disabled and one third die within 12 months of the injury. Worryingly, patients can face unnecessary delays in receiving surgery, which can have very serious consequences. Every hospital must ensure all patients get treatment quickly enough to give them the best chance of a full recovery.

“It’s imperative NICE guidelines are implemented throughout the country to raise standards of care for people suffering hip fractures and avoid the devastating effects of poor treatment.

“To help prevent people from falling and suffering injuries such as hip fractures, Age UK’s Falls Awareness Week (Monday 20 June - Friday 24 June) is urging people to have regular eye tests, which are free for those aged 60+. It’s also encouraging people to take part in local activities to reduce their risk of a fall.”

Ends

Notes to editors

About the guideline

1. Hip fracture refers to a fracture occurring in the area between the edge of the femoral head and 5 centimetres below the lesser trochanter.

2. This guideline is available at <http://guidance.nice.org.uk/CG124> from Wednesday 22 June 2011.

Please contact the press office for embargoed copies.

3. It covers the management of hip fracture from admission to secondary care through to final return to the community and discharge from specific follow-up. It assumes that anyone clinically suspected of having a hip fracture will normally be referred for immediate hospital assessment.

4. Around 70-75,000 hip fractures occur each year in the UK, and figures are expected to rise even higher as a result of the ageing population. 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. (British Orthopaedic Association. (2007) The care of patients with fragility fractures. (Guideline Ref ID: BOA2007)

5. For more information on Age UK’s Falls Awareness Week (Monday 20 June - Friday 24 June) call 0800 169 6565 or visit www.ageuk.org.uk/fallsweek

About NICE

1. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance and standards on the promotion of good health and the prevention and treatment of ill health.

2. NICE produces guidance in three areas of health:

- **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- **health technologies** – guidance on the use of new and existing medicines, treatments, medical technologies (including devices and diagnostics) and procedures within the NHS
- **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

3. NICE produces standards for patient care:

- **quality standards** – these reflect the very best in high quality patient care, to help healthcare practitioners and commissioners of care deliver excellent services
- **Quality and Outcomes Framework** – NICE develops the clinical and health improvement indicators in the QOF, the Department of Health scheme which rewards GPs for how well they care for patients.

4. NICE provides advice and support on putting NICE guidance and standards into practice through its **implementation programme**, and it collates and accredits high quality health guidance, research and information to help health professionals deliver the best patient care through **NHS Evidence**.