

## REducing unwarranted variation in the Delivery of high qUality hip fraCture services in England and Wales

**6<sup>th</sup> Core Investigators' Meeting held on  
Tuesday 20<sup>th</sup> April 2021**

**Next Core Investigators' Meeting will be on  
Wednesday 7<sup>th</sup> July 2021**

### Update on progress so far:

#### WP1 – Quantitative analysis

English and Welsh patient-level data has been cleaned and linked to NHF D data.

Patient-level data and organisational-level datasets linked, patient-level outcomes derived, case-mix variables generated, and missing patient-level case-mix data imputed.

Organisational variables predicting outcomes identified, and further work in progress.

A multi-level model for superspell length of stay was created and run to inform Health Economics analysis.

**Protocol paper accepted in BMJ Open April 2021**

#### Health Economics

Data management completed and Healthcare Resource Groups obtained.

Valuing resources to build cost data, and Health Economics analysis plan in progress.



Congratulations to Estela, who is leaving REDUCE to join the Violence and Society Centre at City, University of London. We are sorry to see her go, and are currently advertising for another health economist to join the REDUCE team.

#### WP2 – Qualitative analysis

##### Barriers and facilitators to care delivery:

40 interviews have been completed across four sites with a range of healthcare professionals discussing hip fracture service delivery prior to Covid-19.

Through analysis of interviews and BOA reports, facilitators and barriers to service delivery along and across the care pathway have been identified and mapped onto a diagram.

A stakeholder meeting was held in March to prioritise domains for further investigation and barriers that are amenable to change.

Recruitment begins this month for a sub study, identifying strategies hospitals used to adapt care during COVID-19 pandemic. 20-25 interviews will be conducted across the four sites.

##### Using implementation science theory:

Implementation science theory will also be used to inform the WP2 findings. These are theories and frameworks that help to understand factors that impact on the implementation of complex interventions. Data will be coded into themes and subthemes and then transposed onto Extended Normalization Process Theory (eNPT).

ENPT has four constructs: 'Capacity' – communication and coordination within services; 'Potential' – commitment to delivering the service individually and as a team; 'Capability' – resources, staffing and time; 'Contribution' – service development and monitoring and evaluation processes.

**Abstract for "Implementation of hip fracture services: a qualitative study using extended Normalization Process Theory" accepted for an oral presentation at the SSM Annual Scientific Virtual Meeting 2021**

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