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Literature Search Results

Search request date:  24th January 2010
Search completion date:  29th January 2010
Search completed by:  Alison Price

Enquiry Details

Do any other services/hospitals perform nurse led fracture clinics? I am aware that a lot of out patient departments and GP practices run their own nurse led clinics, but it is specifically fracture clinics that I’m interested in.

Comment

The amount of detail about existing services varies between hospitals. For example, some links go to press releases and reports, whereas others just go to the service page detailing the presence of a nurse-led clinic. Please let me know if you need any further information.
Opening Internet Links

The links to internet sites in this document are ‘live’. If you are on a computer with internet access, you can open the documents by using your mouse to place the cursor over the web address. Then hold down the CTRL key on your keyboard and then click on the address. The document, or internet page, should open. For Athens resources, see below:

Full Text Papers

Links are given to full text papers where available. For many of the papers, you will need a free NHS Athens Account. If you do not have an account you can register by following the steps at: https://register.athensams.net/nhs/nhseng/
You can then access the papers by simply entering your username and password.
If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

UK Trusts with Nurse Led Fracture Clinics

Leicester University Hospital
Fracture Clinic Details
The nurse led fracture clinic was the first in the UK - since its inception in 1999 other trusts have followed suit, however these always have a doctor present and do not see the range of injuries that are seen at the Royal Infirmary.
www.uhl-tr.nhs.uk/our-services/medical-services/f---h-medical-services/-fracture-clinic

Press Release - Leicester’s Hospitals break with convention
Patients at Leicester’s Hospitals are benefiting from shorter waiting times and better appointment times as the result of a revolutionary nurse led fracture clinic, operating at the Royal Infirmary.
The nurse led fracture clinic was the first in the UK - since its inception in 1999 other trusts have followed suit, however these always have a doctor present and do not see the range of injuries that are seen at the Royal Infirmary.
Three specialist sisters staff the service and deal with a huge range of fractures on a daily basis - seeing between 120 and 140 patients per week. Initially clinics were led by doctors, however as the project has developed they are now led by nurses with a doctor available at the end of the telephone if needed.
Sue Barden-Marshall, specialist sister, said: “By holding nurse led clinics we are able to see more patients - this means that we directly affect waiting times and make them shorter.
"Initial feedback from patients is very positive, enhancing the patients experience - this will be formally evaluated at a later date.”
Staff developed a system in April this year which means that patients referred to the clinic by their GP can contact the clinic direct and make a convenient appointment. Staff also refer patients to other hospital departments as appropriate as well as diagnosing conditions and developing treatment plans.
Fracture clinic cuts waiting times  
Saturday, August 29, 2009, 09:30  
Comment on this story

A revolutionary health unit has helped slash patients' waiting times over the last decade. Leicester Royal Infirmary opened its nurse-led fracture clinic in 1999, and it remains the first and only one of its kind in the country. Now, 10 years on, hospital bosses say its introduction has allowed them to cut waiting times for patients who have suffered a broken bone and help meet scheduled appointments.

Sue Barden-Marshall, who works in the clinic with colleagues Sandra Morriss and Nicky Fox, said: "Most of the patients are surprised how quickly they are seen, sometimes they do not even have time to sit down before we call them in.

"The changes have benefits for everyone. The patients are seen more quickly and efficiently and the medical staff have more time to deal with their workload.


Queen Elizabeth Hospital, Woolwich

Nurse-led fracture liaison service significantly improves osteoporosis treatment

20 January, 2009, Nursing Times Net

A nurse-led fracture liaison service has significantly improved the care of patients with osteoporosis at a south east London trust. All patients who present with a fracture at the Queen Elizabeth Hospital in Woolwich are referred to the fracture liaison service – one of the few services of its kind in the UK – where a specialist fracture prevention nurse initiates investigations for osteoporosis. The nurses see more than 2,000 patients a year, including those at high risk of fracture such as COPD patients taking steroids or those on aromatase inhibitors for breast cancer. In line with NICE guidelines on osteoporotic fractures, the nurse specialist conducts a risk assessment on all patients – including a falls risk – arranges bone density scans and offers lifestyle advice and education. For patients found to have osteoporosis, the nurse can also recommend drug treatment – such as oral bisphosphonates – to prevent further fractures where necessary. Although bisphosphonates are an effective treatment for osteoporosis, compliance can be low – with some studies reporting only a 50% adherence rate. But a two-year audit of the Queen Elizabeth Hospital service found that 81% of patients were still taking their oral bisphosphonates 18 months after treatment started. This high compliance rate has largely been attributed to the work of the nurses at the fracture liaison service, who also make follow-up calls to all patients on daily bisphosphonates six to eight weeks after their appointment. Patients also have access to a helpline at all times, and are provided with comprehensive support materials by the nurses. Pam Vandenbosch, fracture prevention nurse specialist for the fracture liaison service, said: ‘Compliance with bisphosphonates can be low because they can cause gastric problems and aching bones. ‘Our patients know that if they cannot tolerate the medication for any reason, they can call us at any time and we will invite them back to discuss other options, such as taking the medication intravenously.’

www.nursingtimes.net/whats-new-in-nursing/nurse-led-fracture-liaison-service-significantly-improves-osteoporosis-treatment/1970210.article
Stirling Royal Infirmary

Nurse-led clinic begins treatment
The clinic will treat a range of fractures and tendon injuries
Orthopaedic outpatients in the Forth Valley are to be treated at a new fracture clinic led by nursing staff.
NHS Forth Valley said the service would lead to quicker treatment for patients returning to the hospital for follow-up appointments.
The clinic will treat a range of broken bones and tendon issues in children and adults.
The health authority said patients would only be referred once they had been seen by a clinician.
The clinic, which has so far treated about 200 patients, will run five mornings a week and treat up to 10 patients in a day.
NHS Forth Valley said the clinic would operate under a set of strict guidelines and protocols pre-agreed with medical staff.
The service is to be reviewed in six months.
http://news.bbc.co.uk/1/hi/scotland/tayside_and_central/7540572.stm

Glasgow & Crosshouse Hospitals

Information Services Division
NURSE-LED OUTPATIENT ACTIVITY PROJECT
(Phase 1)
4.2 Services provided
As mentioned in the objectives, the focus of the study was on 3 specialties – orthopaedics, ENT and dermatology. The nurse-led services and the location within each of the 3 specialties covered by this study are shown in the table below:
Glasgow Royal Infirmary  Fracture clinic
Crosshouse Hospital  Fracture clinic
A combination of new, new & return and return patients is seen in the nurse-led clinics above. Some clinics are run jointly by a nurse and an allied health professional but attributed to the nurse because the hospital systems cannot support activity by allied health professionals.
For a number of clinics, the nurse receives direct referrals from the GP/GDP or another referral source, manages the treatment and either discharges or refers the patient to another healthcare professional. Nevertheless, some of these clinics are attributed to a Consultant who would never have contact with the patient.

Plymouth

Nurse Led Fracture Clinic
Monday 9.00 to 12.30
Wednesday 9.00 to 12.30
Thursday 9.00 to 12.30
www.plymouthhospitals.nhs.uk/ourservices/clinicaldepartments/Pages/fractureclinic.aspx
Belfast Royal Victoria

**Innovations in the services provided have included:**
- the opening of a nurse led clinic in fractures
  [http://www.belfasttrust.hscni.net/rvh%20services/Surgical.html](http://www.belfasttrust.hscni.net/rvh%20services/Surgical.html)

Mendip

Mendip Primary Care Trust (PCT) is in a rural area and has an MIU located in each of the three community hospitals. Full emergency care is provided by three district general hospitals at some distance and patients have to travel an average of 20 miles to the nearest one. The MIUs in Mendip deal with an average of 23,000 category C patients (i.e. ambulance-borne patients who do not require full resuscitation facilities and who can be managed within an MIU) each year and provide a GP/nurse-led fracture clinic to approximately 6000 patients each year.
  [http://www.rsmpress.co.uk/cgbsept04.pdf](http://www.rsmpress.co.uk/cgbsept04.pdf)

Derbyshire

**Trent Improvement Network Activity Directory - Details**

**Nurse led minor injuries service**

Derbyshire County PCT

The provision of a weekly fracture clinic to support nursing interventions and retain care at a local level.
Improving the quality of patient care: patient satisfaction with a nurse-led clinic service. Aprajit Bhalia and Rajiv Bajekal

INTRODUCTION
Our hospital operates a consultant-led, rapid review process of X-rays and case notes of all musculoskeletal injury patients on a daily basis. This compares with other centres where patients are reviewed in out-patient fracture clinics soon after injury. The aim of this study was to evaluate the effectiveness of this consultant-led, rapid review process compared to standard consultant fracture clinics.

PATIENTS AND METHODS
A prospective study of the rapid review process over 4 weeks of all musculoskeletal injury patients was conducted. The total number of patients referred per day, time taken to review these patients X-rays and case notes, number of recalls and reason for recall were documented. This was compared to consultant-led fracture clinics, which included time taken to review patients.

RESULTS
A total of 797 patients were processed through the rapid review over 4 weeks: 53 (6%) patients were recalled, 32 (4%) for a change of management and 21 (2.6%) because of lack of information. The mean number of patients referred per day was 28 taking a mean of 28 min; thus the mean time to review one patient was 1.0 min. The mean number of patients recalled per day was two. The mean time taken to review a patient in a standard fracture clinic was 11 min. Therefore, the total time that would have taken to review 28 patients in a standard fracture clinic would be 308 min.

CONCLUSIONS
A consultant-led, rapid review process of all patients with musculoskeletal injury is a very efficient process. The rapid review process saves clinic time and resources, minimises delays in clinical decision-making and saves the patient an unnecessary visit to the outpatient department.

http://ukpmc.ac.uk/articlerender.cgi?artid=1159186

Response to paper by SC Williams et al.
Improving the quality of patient care: patient satisfaction with a nurse-led clinic service
Arajit Bhalia, Rajiv Bajekal
Barnet Hospital, London, UK
We applaud the authors for introducing nurse-led clinics into the domain of orthopaedic practice. Their effort sets out a compelling argument for nurse-led clinics in orthopaedics, a practice largely accepted in other surgical specialties. We are aware that debate rages on this subject. Proponents say this will allow consultants to focus on the more challenging cases in a busy fracture clinic. Furthermore, it will encourage experienced orthopaedic nursing staff to tap their as yet unexplored skills and knowledge base.1
Critics are concerned that nurse-led clinics are just ‘spin’. The clinics disguise the true workload of the consultant who has to carry the can in the unfortunate event
of a clinical misadventure. The only way the issue will be resolved is by objectively examining the pros and cons of the case. This study makes a useful contribution in that direction. We are keen, however, to hear the views of the authors on why waiting times varied dramatically between the trial groups and the control group given that average consultation times were nearly comparable. Furthermore, 61.6% of the fracture clinic group comprised of less than 16-year-olds as compared to 41.3% in the trial clinic (nurse) group and 36.0% in the trial clinic (doctor) group. Could the disproportionate number of less than 16-year-olds in the various groups have biased the study in favour of the trial groups? We submit that, on the whole, paediatric cases require more interaction with the parents and need astute management by an experienced clinician.

Response on behalf of the authors by
Stephen C Williams
7 Beech Road, Oadby, Leicester LE2 5QL, UK
There has been much interest in the development of nurse-led clinics since the publication of our paper. We have received many visits and welcome more. We continue to run an audit of the service offered. There is no doubt that the service has reduced the load in each fracture clinic. Even if nothing else had been achieved, it is clear to all that the waiting rooms are less full, and patients with straightforward fractures are not made to wait in the same environment as those with more complex injuries. It is true that the workload has changed somewhat; however, this is not perceived to be a problem by the medical staff. We can honestly say that there have not been any clinical misadventures as a result of the service. Where a problem occurs in the clinic, which is rare, the experienced nurses concerned consult the registrar on call. In reality this is an infrequent occurrence. With respect to waiting times, there were no differences between the doctor and nurse groups in the trial. Differences occurred between the trial and the comparative audit probably because of the case mix in the waiting room of the busy fracture clinic. We think it unlikely that the paediatric caseload influenced the results as the carer completed the questionnaire. In conclusion, patients are satisfied with a nurse-led service, nurses find it gratifying, and our department has benefited from their introduction, we would not wish to turn back.

A 6-month evaluation of a clinical specialist physiotherapist's role in a fracture clinic.
Author(s): Moloney A, Dolan M, Shinnick L, Murphy M, Wallace L
Citation: Physiotherapy Ireland, 01 June 2009, vol./is. 30/1(8-15),
Abstract: Implementation of the European Working Time Directive (EWTD) has not yet been achieved for Non-Consultant Hospital Doctors (NCHDs) in Ireland. Extended scope physiotherapy practice in UK fracture clinics has had success in addressing this issue. Clinical specialisation of a physiotherapist replacing NCHDs in fracture clinic has not yet been trialled in Ireland. This pilot project evaluated the role of an experienced, specially-trained physiotherapist reviewing patients with uncomplicated fractures in a clinic setting for 6 months. One physiotherapist received additional training over a 2-month period. A caseload of 403 patients with uncomplicated fractures and soft tissue injuries were reviewed by the Clinical Specialist Physiotherapist (CSp) in fracture clinic. Patient and doctor satisfaction ratings and patient caseload and waiting times were collected over a 4-month treatment period. Working hours of NCHDs were also recorded. There was a steady increase in patient caseload per week for the CSp in fracture clinic. The discharge rate was 54%. Specialist Registrar hours reduced from 71
hours to 64 hours per week. Feedback from patients and the orthopaedic team was that the CSP was a desirable addition to fracture clinic. With sufficient training and initial supervision, it has been demonstrated that physiotherapists could take on the role of NCHDs in fracture clinic, and this results in an improved and more efficient service. The recommendation was to establish a CSP post in the fracture clinic in Cork University Hospital. The Irish Society of Chartered Physiotherapy (ISCP) and the Chartered Society of Physiotherapy (CSP) recognise the potential for physiotherapists to extend their roles. This report supports these roles and wishes to encourage such discussion.

**Title: Implementing a nurse-led fracture intervention service.**
Citation: Nursing Times, August 2005, vol./is. 101/32(32-5), 0954-7762
Author(s): Spencer, J
Abstract: Introduction of a nurse-led fracture intervention in Leeds to identify people at high risk of osteoporosis at an early stage. Women over 50 who present with a wrist fracture are offered a bone densitometry scan and referred to an osteoporosis clinic as appropriate. The results of an audit undertaken after 1 year are included. 18 refs.

**Title: The role and impact of a fracture neck of femur nurse practitioner.**
Citation: J Orthopaedic Nursing, November 2005, vol./is. 9/4(226-9), 1361-3111
Author(s): McCollum, J
Abstract: The development of a nurse practitioner service for fractured neck of femur patients at Basildon and Thurrock University Hospitals NHS Foundation Trust, based on Scottish Intercollegiate Guidelines Network (SIGN) guidelines on hip fracture management. The duties and responsibilities of the post are described and the benefits of the initiative are discussed. 6 refs.

**Title: Auditing a nurse led fracture referral service.**
Citation: Emergency Nurse, 01 July 2003, vol./is. 11/4(22-23), 13545752
Author(s): Malkin B
Abstract: Bridget Malkin describes how audit can improve patient services in line with emerging government policies.

**Full text attached to email**

**Nurse-led fracture review clinic: an innovation in practice.**
Journal of Orthopaedic Nursing, 01 May 2002, vol./is. 6/2(90-94), Wardman C
Abstract: This paper discusses the steps taken to develop a nurse-led fracture review clinic for minor injuries with a predictable outcome that could be managed within injury specific protocols. It examines the process from the initial review, identifying evidence and supportive literature, through to the actual delivery of the new service and its primary evaluation based on audit and patient feedback. It also investigates the professional and ethical issues relating to accountability and advanced practice.

**Title: A break with tradition.**
Citation: Nursing Standard, 20 September 1995, vol./is. 9/52(19-21), 00296570
Author(s): Donnelly J
Abstract: A better service for patients has resulted from the reorganisation of fracture clinic services. Jean Donnelly, winner of the general surgical award sponsored by BUPA, describes the changes brought about by nurses using their skills to the full.