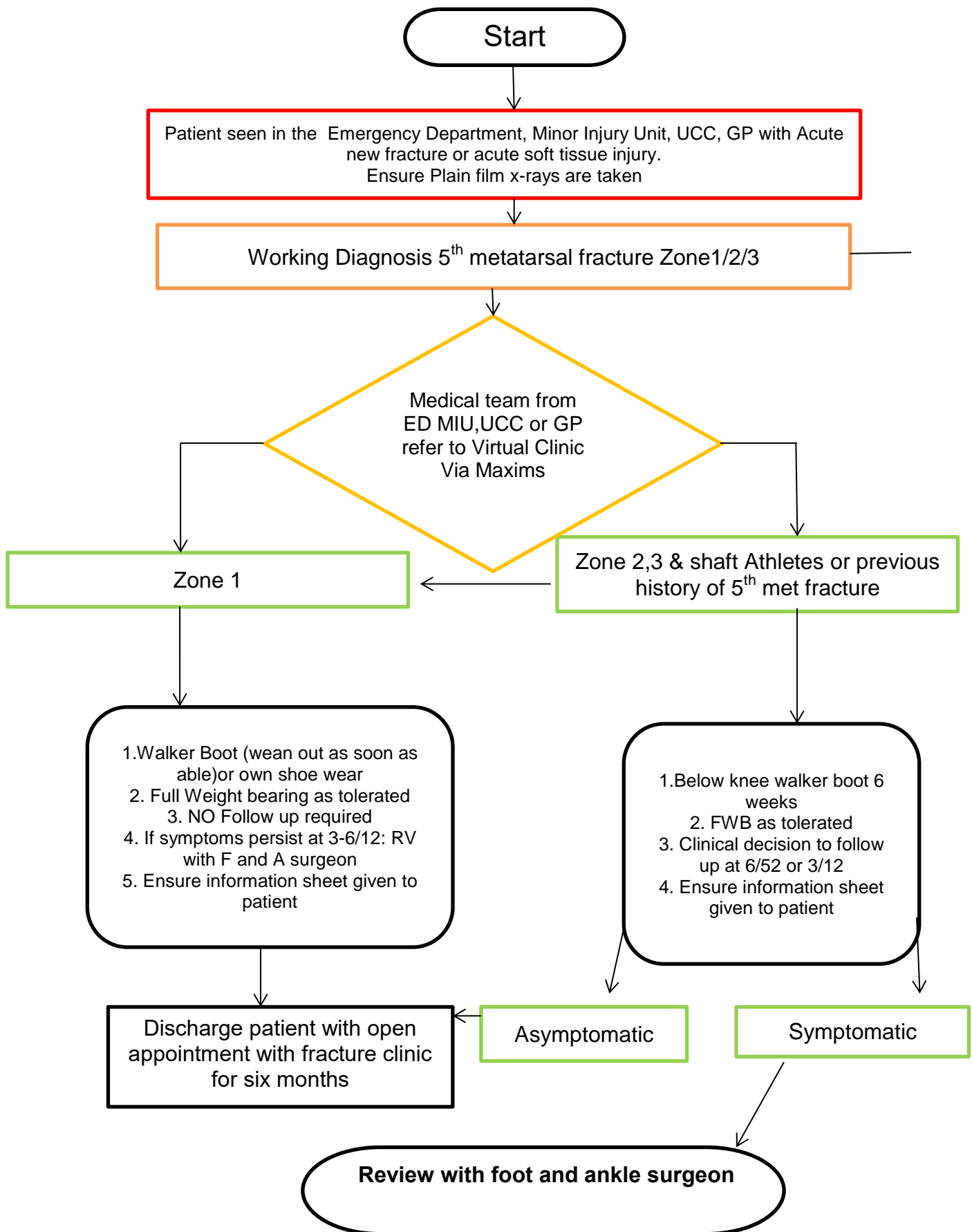


Fifth Metatarsal (Non-Displaced) Fracture Clinical Guideline

V1.1

April 2020

Summary



1. Aim/Purpose of this Guideline

1.1. This guideline applies to all staff working within fracture clinic and the virtual fracture clinic. It also applies to ED, MIUs and GP's that refer into fracture clinic. The aim is to create a guideline for the above staff to use for the non-operative management of fifth metatarsal fracture and improve the clinical effectiveness and the patient's experience of the virtual fracture clinic and fracture clinic through standardisation of practice.

1.2. The purpose of the guideline is to support all junior staff both static and rotating through fracture clinic and staff working in the virtual fracture clinic to have evidence based standardised document to guide their clinical practice. It also provides the department with a tool to audit our management of these injuries and allows us to comply with BOAST 7 guidelines.

1.3. This clinical guideline will also enable us to GIRFT: get patients seeing the correct specialist in the correct clinic at the optimum time limit for their particular injury, minimise unnecessary patient journeys and manage certain injuries virtually once seen by orthopedic consultant and discharge over the phone with a clinical letter

1.4. This version supersedes any previous versions of this document.

1.5. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. The Guidance

Staff should be using this guideline to guide their management decisions of 5th metatarsal injuries in the virtual fracture clinic and face to face fracture clinic. These guidelines will be updated onto clinical documents and promulgated to all within the department digitally with paper copies available in relevant clinical areas. When new staff rotate, these guidelines will be included within the induction process.

3. Monitoring compliance and effectiveness

Element to be monitored	Adherence to guidelines in practice						
Lead	Anna Thomas (Associate Specialist Foot and Ankle) and Sharon O’Sullivan (SOS) (APP),						
Tool	<ol style="list-style-type: none"> 1. 5th metatarsal fracture management to be audited for adherence to guideline 2. Select a review period over time: 6 months after introduction of guideline 3. Audit using bluespier clinical letters for how these conditions were managed 4. Compare actual clinical practice of each chosen injury amongst x number of clinicians to the suggested management in the guideline 5. Compare findings from previous audit pre introduction of maxims referral and guideline 6. Discuss findings with F and A team for discussion and at audit meeting 						
	Injury/ Diagnosis	Guideline followed at VFC (Y/N)	Guideline followed at FC (Y/N)	No of face to face visits	No of xrays and at what week	Actual management if different	Open appt used if relevant
	e.g 5 th met	y	n			X-rayed at week 6	no
Frequency	Injuries to audit initially in 1 st 6 months and annually there after						
Reporting arrangements	<p>First year within 6 months and then annually, complete and share a report following the audit</p> <p>Annual sharing of adherence to the guideline within T and O audit meetings</p>						
Acting on recommendations and Lead(s)	<p>Report to be sent to Clinical Director, Trauma Lead, Fracture Clinic Sister and Governance lead within the department and presented in monthly audit meeting.</p> <p>The foot and ankle consultant team are expected to interrogate the report to identify any deficiencies in the system and act upon them</p>						
Change in practice and lessons to be	Required changes to practice will be identified and actioned within three months of audit by the foot and ankle CONS. SOS or foot and ankle REG will be identified to take each change forward where appropriate. Lessons						

shared	will be shared with all the relevant stakeholders through both the audit and directorate meeting and comms emailed to all clinical staff including ED/MIU's.
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4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

4.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Fifth Metatarsal (Non-Displaced) Fracture Clinical Guideline V1.1		
Date Issued/Approved:	29 th January 2020		
Date Valid From:	April 2020		
Date Valid To:	February 2023		
Directorate / Department responsible (author/owner):	Sharon O’Sullivan (Advanced Practice Physiotherapist) and Anna Thomas (Associate Specialist)		
Contact details:	Ext 3091		
Brief summary of contents	This is a clinical guideline for the management of 5 th metatarsal fractures that are to be treated non-operatively in adults and children. This guideline is to be used in both virtual and fracture clinic and ED’s.		
Suggested Keywords:	Virtual fracture clinic, non-operative fracture management, 5 th metatarsal, fractures,		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Medical Director		
Date revised:	16 th March 2020		
This document replaces (exact title of previous version):	Fifth Metatarsal (Non-Displaced) Fracture Clinical Guideline V1.0		
Approval route (names of committees)/consultation:	Mr Mike Butler, Mr Richard Walter, Mr Mihai Giurea and Anna Thomas		
Care Group General Manager confirming approval processes	Sidwell Lawler		
Name and Post Title of additional signatories	Not Required		
Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings	{Original Copy Signed}		
	Name: Suzanne Atkinson		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only

Document Library Folder/Sub Folder	Clinical / TraumaAndOrthopaedics / Trauma
Links to key external standards	<ul style="list-style-type: none"> • Boast 7 fracture clinic Services • Fractures (non complex): assessment and management, NICE Guideline 38, 2016 • BOA Virtual Fracture Clinic Statement • BSCOS short-life working group: Report on Virtual Clinics in Children's Orthopaedics • Bowes and Buckley (2016) 5th metatarsal fractures and current treatment. World J Orthop, 18 (7) 12, 793-800 2. Brogan, K; Bellringer SF, Akehurst H et al. • Virtual fracture clinic management of 5th metatarsal including Jones fracture is safe and cost effective. Injury. 48 (4) 9606970
Related Documents:	<ul style="list-style-type: none"> • Non-Operative Fracture Management for Virtual and Fracture Clinic • Clinical Guideline • Referral pathway into virtual and fracture clinic
Training Need Identified?	<ul style="list-style-type: none"> • Boast 7 fracture clinic Services • Fractures (non-complex): assessment and management, NICE Guideline 38, 2016 • BOA Virtual Fracture Clinic Statement • BSCOS short-life working group: Report on Virtual Clinics in Children's Orthopaedics

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
29/1/2020	V1.0	Initial version	Sharon O'Sullivan (Advanced Practice Physiotherapist)
16/03/2020	V1.1	Appendix 3. added	Sharon O'Sullivan (Advanced Practice Physiotherapist)

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy / proposal / service function to be assessed Fifth Metatarsal (Non-Displaced) Fracture Clinical Guideline V1.1					
Directorate and service area: Trauma			New or existing document: Existing		
Name of individual completing assessment: Sharon O'Sullivan			Telephone: Ext 3091		
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>	1. All staff working in Trauma and Orthopaedics 2. ED/ MIUs and UCC 3. To support health care professionals and Junior doctors working in fracture clinic 4. To support nursing staff and physio staff working in virtual fracture clinic				
2. <i>Policy Objectives*</i>	Standardise treatment, Get it right first time, work within an evidence based practice				
3. <i>Policy – intended Outcomes*</i>	Reduce the number of unnecessary face to face contacts Standardise practice in line with national standards Enhance the patient experience through solid patient information delivered in the early stages. Allow for safe discharge from the virtual fracture clinic (consultant led)				
4. <i>*How will you measure the outcome?</i>	Audit				
5. <i>Who is intended to benefit from the policy?</i>	Patients, health care professionals working within fracture clinic, peripheral clinics referring into fracture clinic (MIUs, GPs), ED staff, fracture clinic nursing staff, Trauma Coordinators and trauma Practitioners, ward staff and therapy teams referring into fracture clinic				
6a <i>Who did you consult with</i>	Workforce	Patients	Local groups	External organisations	Other
b). <i>Please identify the groups who have been consulted about this procedure.</i>	X				
What was the outcome of the consultation?	Please record specific names of groups Mr M. Butler, Mr Richard Walter, Mr Mihai Giurea				
What was the outcome of the consultation?	A flow chart was drafted to design a safe management system focusing on zones of the 5 th metatarsal and appropriate management at each stage of decision making				

7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

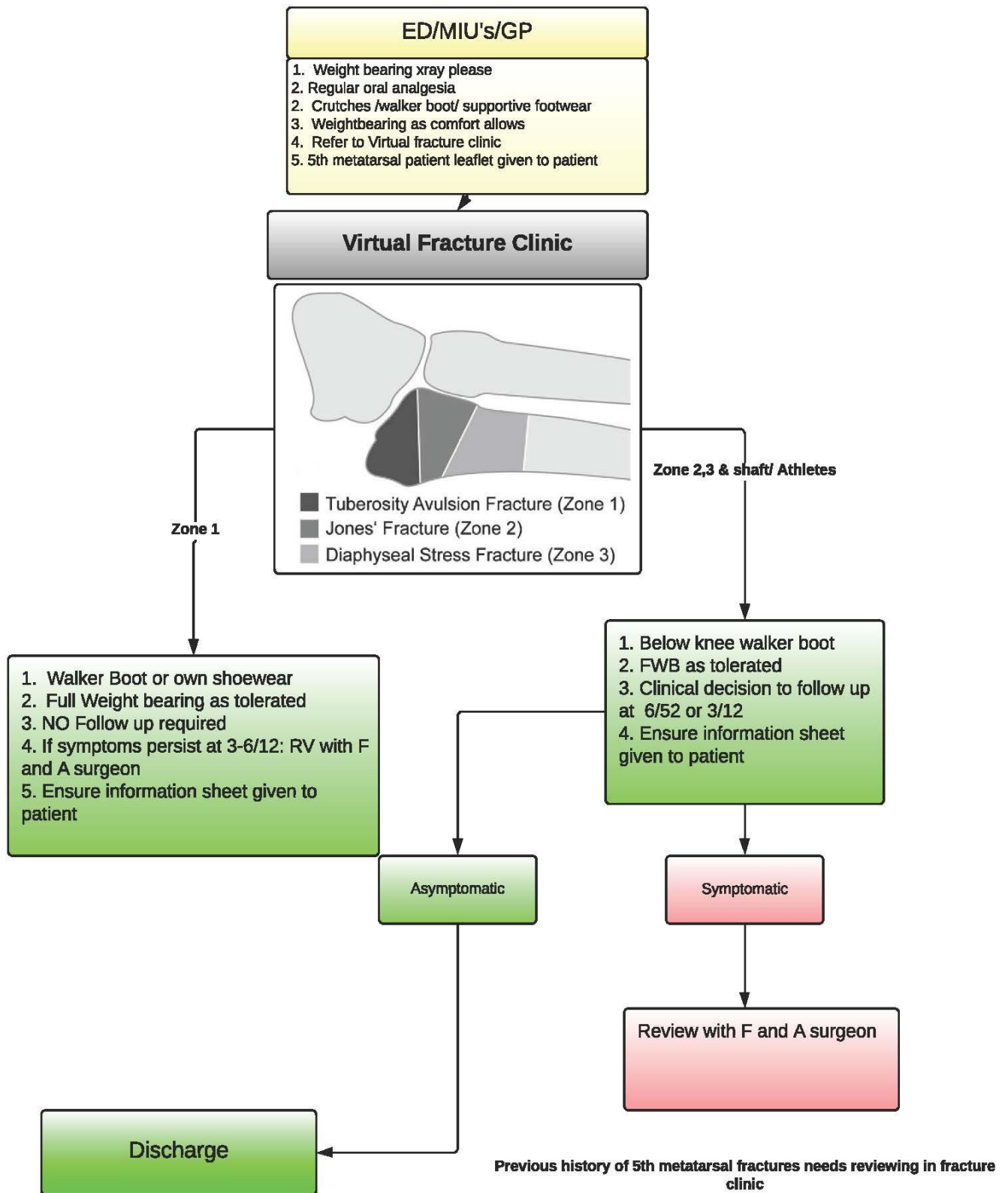
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
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Age		X					
Sex (male, female, trans-gender / gender reassignment)		X					
Race / Ethnic communities /groups		X					
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X					
Religion / other beliefs		X					
Marriage and Civil partnership		X					
Pregnancy and maternity		X					
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X					
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked “Yes” in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 							
8. Please indicate if a full equality analysis is recommended.				Yes		No	X
9. If you are not recommending a Full Impact assessment please explain why.							
Not indicated							
Date of completion and submission	16/03/2020	Members approving screening assessment		Policy Review Group (PRG) APPROVED			

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust’s web site.

Appendix 3. Virtual Fracture Clinic Management of the 5th Metatarsal



1. Bowes and Buckley (2016) 5th metatarsal fractures and current treatment. World J Orthop, 18 (7) 12, 793-800

2. Brogan, K; Bellringer SF, Akehurst H *et al.* Virtual fracture clinic management of 5th metatarsal including Jones fracture is safe and cost effective. Injury. 48 (4) 960-970

*Mr Mark Brinsden (T and O consultant) at Derriford Hospital provided copyright permission via e-mail to Sharon O'Sullivan on 14th June 2018.