

# What are we trying to achieve for FLS in the NHS?

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# Declarations of interest

- In the last five years received honoraria, travel and/or subsistence expenses from:
  - Amgen, Eli Lilly, Medtronic, Novartis, Proctor and Gamble, Servier, Shire, Internis, Consilient Health, Stirling Anglia Pharmaceuticals, Zebra Medical Vision, UCB, Abbvie
- Personal reflections

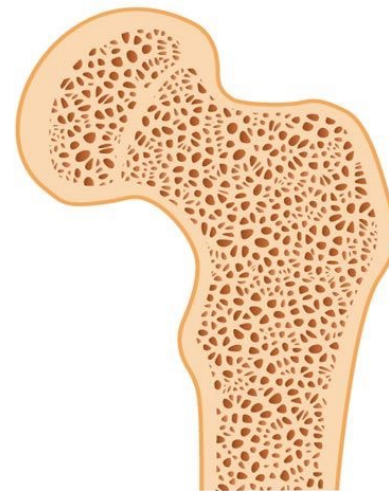
# Overview

- Why
- Aim
- Opportunities and Challenges

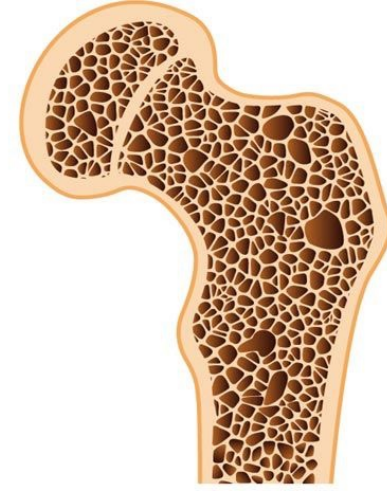
Fragility  
fractures are  
already a  
global  
healthcare  
emergency



There are  
proven  
solutions for  
fragility  
fractures



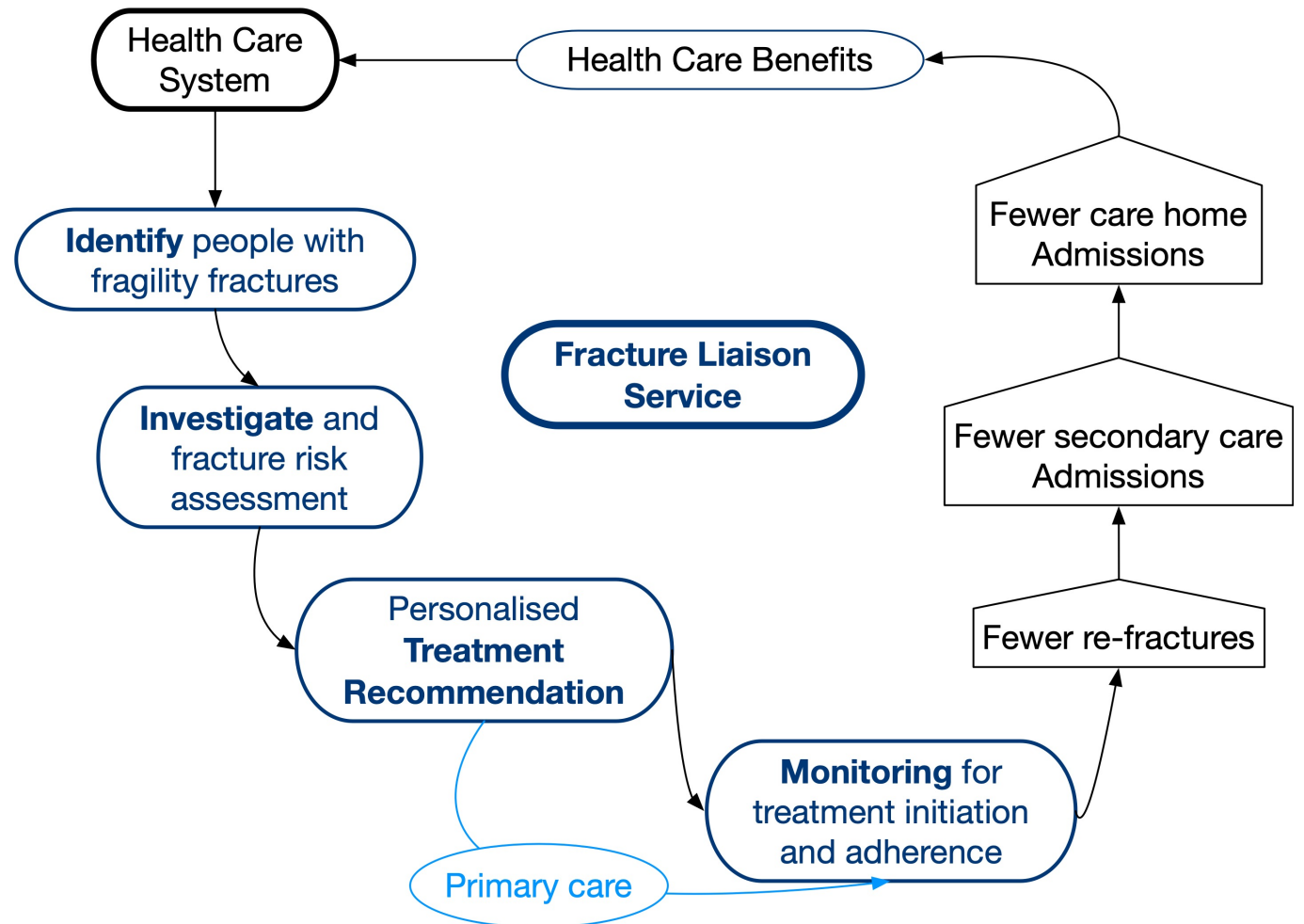
Healthy bone



Osteoporosis

# Fracture Liaison Services

It is a fixable problem







## Our Aim

All patients aged 50 years and over  
with a recently diagnosed fragility fracture  
effectively managed  
for bone and falls health

Optimal  
Number  
of fractures  
avoided

=

No of patients  
identified

x

% Recommended  
Treatment

x

% Starting  
treatment  
Quickly

x

% Staying  
on  
Treatment

80%

50%

80%

Cases  
identified

Spine  
fractures

Assessment within  
90 days

DXA within  
90 days

Falls risk  
assessment

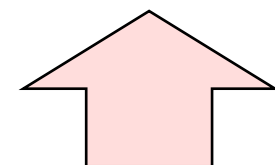
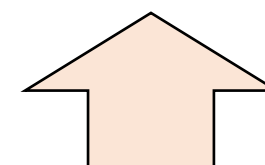
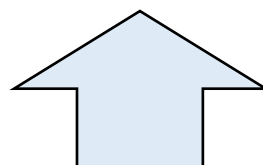
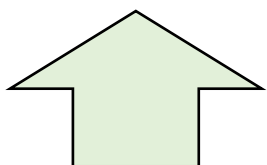
Bone  
treatment

Strength & Balance  
by 16 weeks

16 week  
follow up

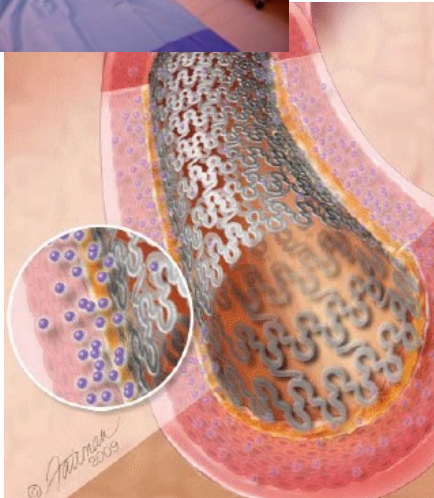
Treatment by 1st  
followup

1 year drug  
adherence



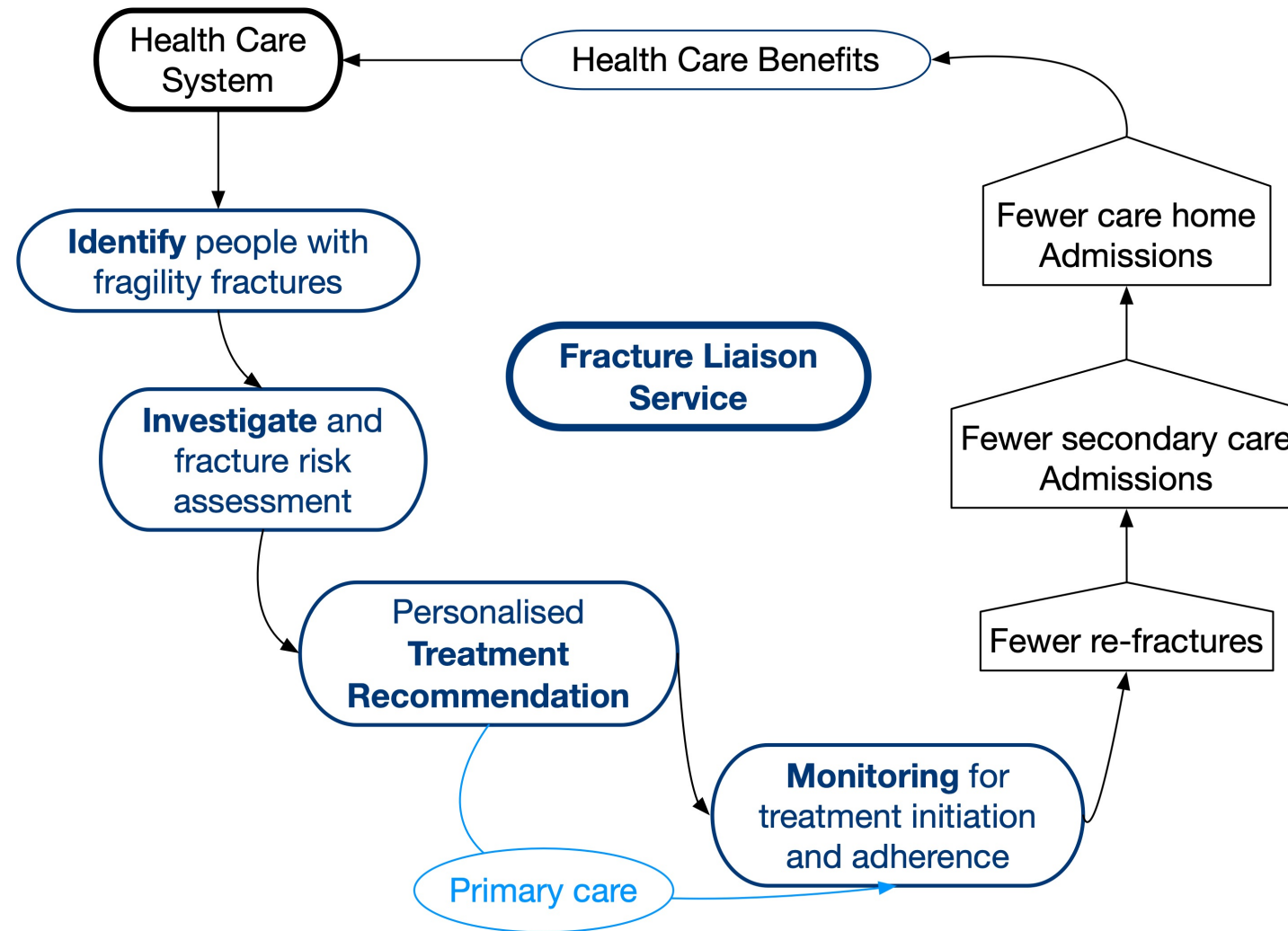
Is this achievable in the NHS?





Medication after heart attack to prevent the next one  
Expect and ***achieve over 95%*** medication rates

# Aim



...for every adult aged 50 years and over with a recently diagnosed fragility fracture

Information for patients developed by patients and clinicians

The Patient & Carer Panel




Fracture Liaison Service Database (FLS-DB)

### Strong bones after 50

## Staying on treatment

If you are over 50 and have broken a bone after falling from standing height or less (known as a fragility fracture), this document is for you, your family and carers. It explains why people with fragility fractures are recommended treatment, why it is important to stay on treatment and where you can find further information.



**1 in 2 women and 1 in 5 men will be affected by broken bones in their lifetime.**

Broken bones in people over 50 may be the first sign of osteoporosis. Without treatment, people could be at a high risk of even more serious broken bones which may take away their independence and confidence.

#### Why is drug treatment important?

If you have broken a bone before, you may have a high fracture risk, and exercise and lifestyle changes alone are unlikely to be enough to reduce your risk of future fractures. Drug treatments help to make your bones stronger and can reduce your risk of further fractures by up to a half. This is greater than the benefit that we see with tablets people take to reduce the risk of heart attacks and strokes. The treatments help to strengthen all bones but they are best at reducing fractures in the spine and the hip that can lead to living in a care home or needing care to look after you at home.

We know from studies that many people who need bone protection treatment are not being started on these medicines as soon as possible after their fracture to get the maximum benefit. When treatment is started many people only take it for a short time because it was not clear that it should be carried on or they have problems taking it.

To get the greatest benefit, treatments must be taken at the right time and in the right way for at least 5 years. The sooner you start taking your drug treatments the better.

There are lots of different treatments. If you are finding it difficult to take your treatments it is important to speak to your doctor or pharmacist rather than just stop taking them. They will be able to assess whether there is a better option for you.

#### What about the side effects?

If you do experience side effects, make sure you are taking your treatment the right way by speaking to your doctor or pharmacist. They will be able to assess and work out whether it is the drug treatment causing the symptoms or another cause.


If there are problems with the drug, there is nearly always another drug that you can be switched to. The Royal Osteoporosis Society has produced guides on the different treatments, who should take them, how to take them and possible side effects: <https://theros.org.uk/information-and-support/osteoporosis-treatment/>

#### How can I find out more?


The Royal College of Physicians has produced a guide on what the NHS should provide for people who have had a fragility fracture: [www.rcplondon.ac.uk/FLS-patient-info](http://www.rcplondon.ac.uk/FLS-patient-info). If you would prefer a hard copy email us on [flsdb@rcplondon.ac.uk](mailto:flsdb@rcplondon.ac.uk) or call us on 020 3075 1738.

The Royal Osteoporosis Society is a charity which supports people with osteoporosis. They have a free helpline or email that you can contact with any queries you may have: telephone, 0800 800 0035, email, [murres@theros.org.uk](mailto:murres@theros.org.uk).


In association with



Commissioned by



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**Royal Osteoporosis Society**  
Better bone health for everybody

## Getting your bones checked to keep them healthy

Including risk factors for osteoporosis and broken bones



What is osteoporosis?





# What is osteoporosis?



Watch on  YouTube



Get well soon!

x



FFFAP

ty Fracture Audit Programme

Living with osteoporosis: daily living after fractures  
Includes information on dressing, sleeping and making life easier after spinal fractures

#### What is osteoporosis?

Osteoporosis occurs when the struts which make up the mesh-like structure within bones become thin causing them to become fragile and break easily, often following a minor bump or fall. These broken bones are often referred to as 'fragility fractures'. The terms 'fracture' and 'broken bone' mean the same thing. Although fractures can occur in different parts of the body, the wrists, hips and spine are most commonly affected. It is these broken bones or fractures which can lead to the pain associated with osteoporosis. Spinal fractures can also cause loss of height and curvature of the spine.

#### How do fractures affect me?

Although bones heal over the next six to eight weeks, multiple compression fractures in the spine can cause

#### Washing

**How can I have a bath or shower and be safe?**  
Climbing in and out of a bath or standing safely in a shower may make you feel that these are now out of the question. It may be that having someone else in the house whilst you bathe or shower allows you to continue in the confidence that there is someone there to help should you need it. However, there are many aids and adaptations that can be used in the bathroom to allow you to bathe or shower independently, safely and comfortably. To help you to choose the right one for you, it may be a good idea for you to arrange a community care assessment (CCA) via your local authority social services team to discuss any difficulty getting in and out of the bath. Whilst only certain people may be eligible to have things paid for by the local authority, the occupational therapist (OT) – who assesses the need for any aids or adaptations) will still advise on useful aids and where these



Describe what a good FLS looks like



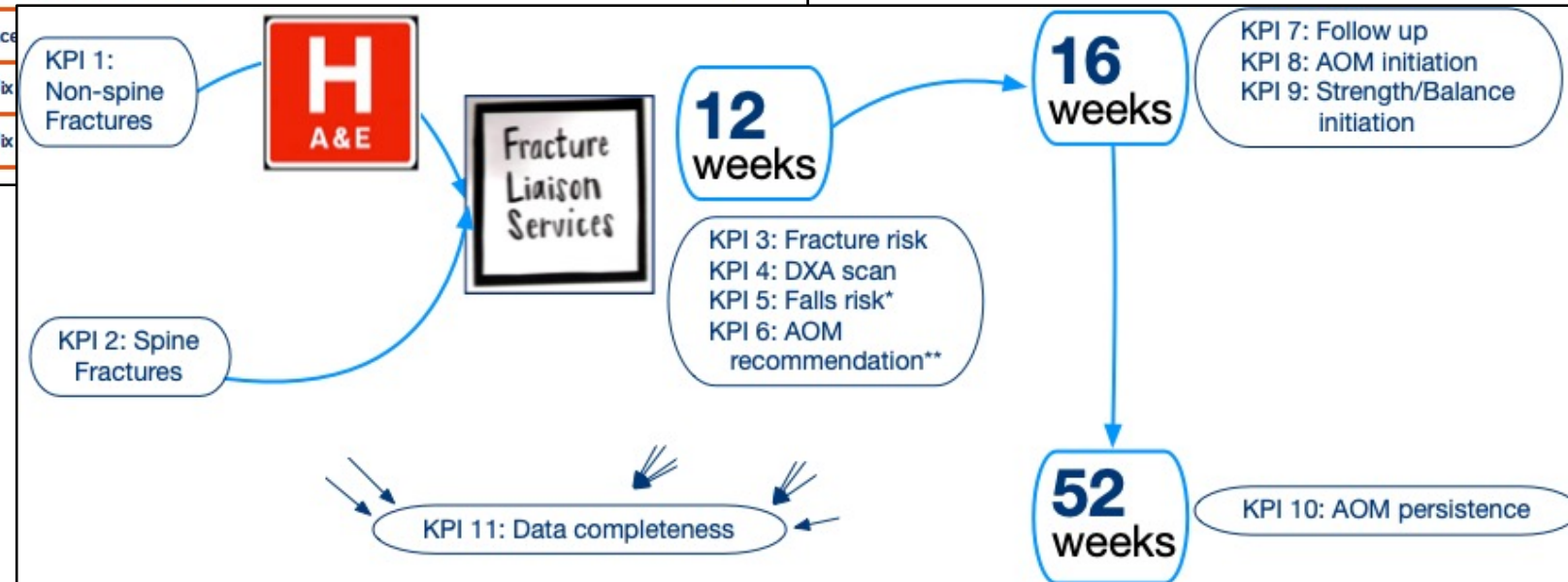
### Effective Secondary Prevention of Fragility Fractures:

Clinical Standards for Fracture Liaison Services

#### Contents

Summary of Clinical Standards for Fracture Liaison Services (FLS)	6
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Using these standards as a patient, carer or family member	10
Identify	12
Investigate	16
Inform	20
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Quality	32
Implementing the FLS standards	36

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## Support FLSs getting started

### Fracture Liaison Services

Our specialist Service Delivery Team support the development and improvement of FLS across the UK.

Fracture liaison services (FLS) systematically identify people aged 50 and older who have had a 'fragility fracture', with the aim of reducing their risk of further fractures.

Our work includes:

- bespoke and expert support from inception to launch of an FLS, including support and templates for the development of the business case and service specification
- support to understand key stakeholders, including commissioners, service planners, and NHS management to generate commitment to FLS and ensure that services are sustained
- assistance with induction and training of the fracture liaison nurse/practitioner
- support for quality improvement to enable the development of an FLS to meet the UK FLS Clinical Standards, including support with gap analysis and networking with peers
- advice regarding relevant protocols and care pathways for the service
- advice regarding data collection and methods of analysis, reporting, evaluation and inputting to national audits, such as the FLS-DB
- guidance on providing good support and education for patients

This is underpinned by a range of freely available evidence-based online resources and training.

These services and resources are provided free of charge.

Further reading: [Clinical Publications](#)

#### FLS Implementation Toolkit

Tools and resources developed in conjunction with partners in the NHS to aid the commissioning of fracture liaison services

#### Phase 1 - Starting out



#### Phase 2 - Define and scope



#### Phase 3 - Measure and understand



#### Phase 4 - Design and plan



#### Phase 5 - Pilot or Implementation



#### Phase 6 - Sustain and share



## Fracture Prevention Practitioner Training

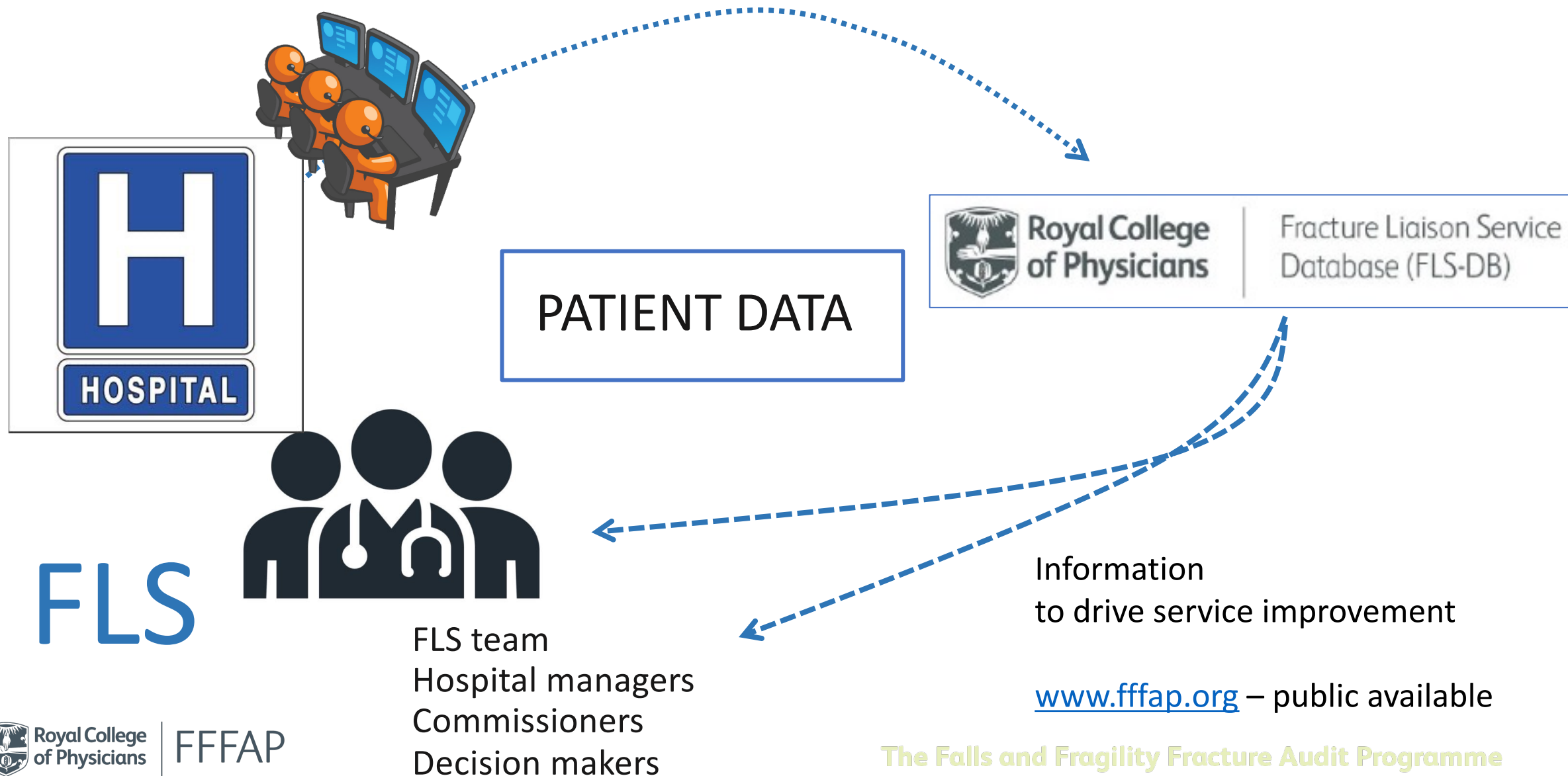
Developed in partnership with leading clinicians using nationally-agreed best practice standards.

### Learning outcomes

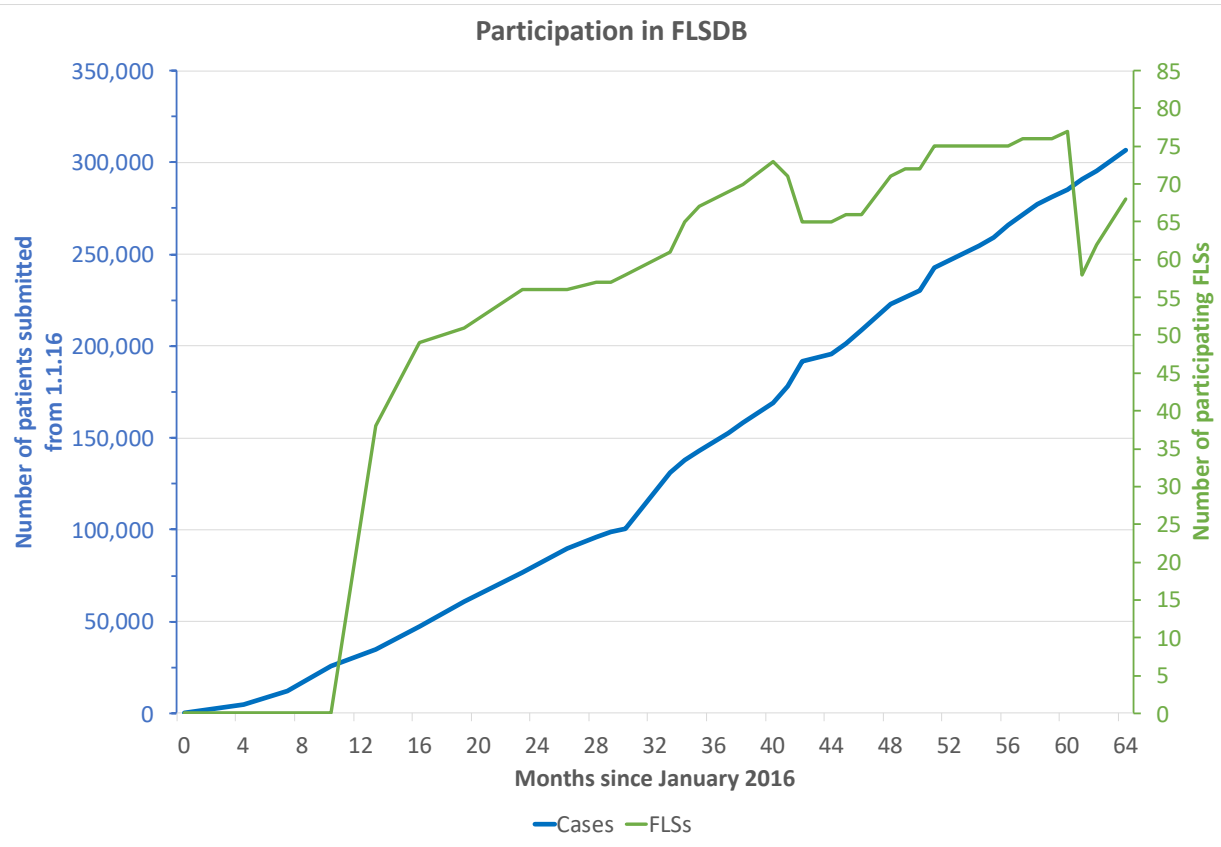
- Deliver the best possible healthcare to people with or at risk of osteoporosis
- More accurately identify the number of fragility fracture patients in your service
- Manage your fragility fracture patients appropriately according to best practice

The course is accredited:

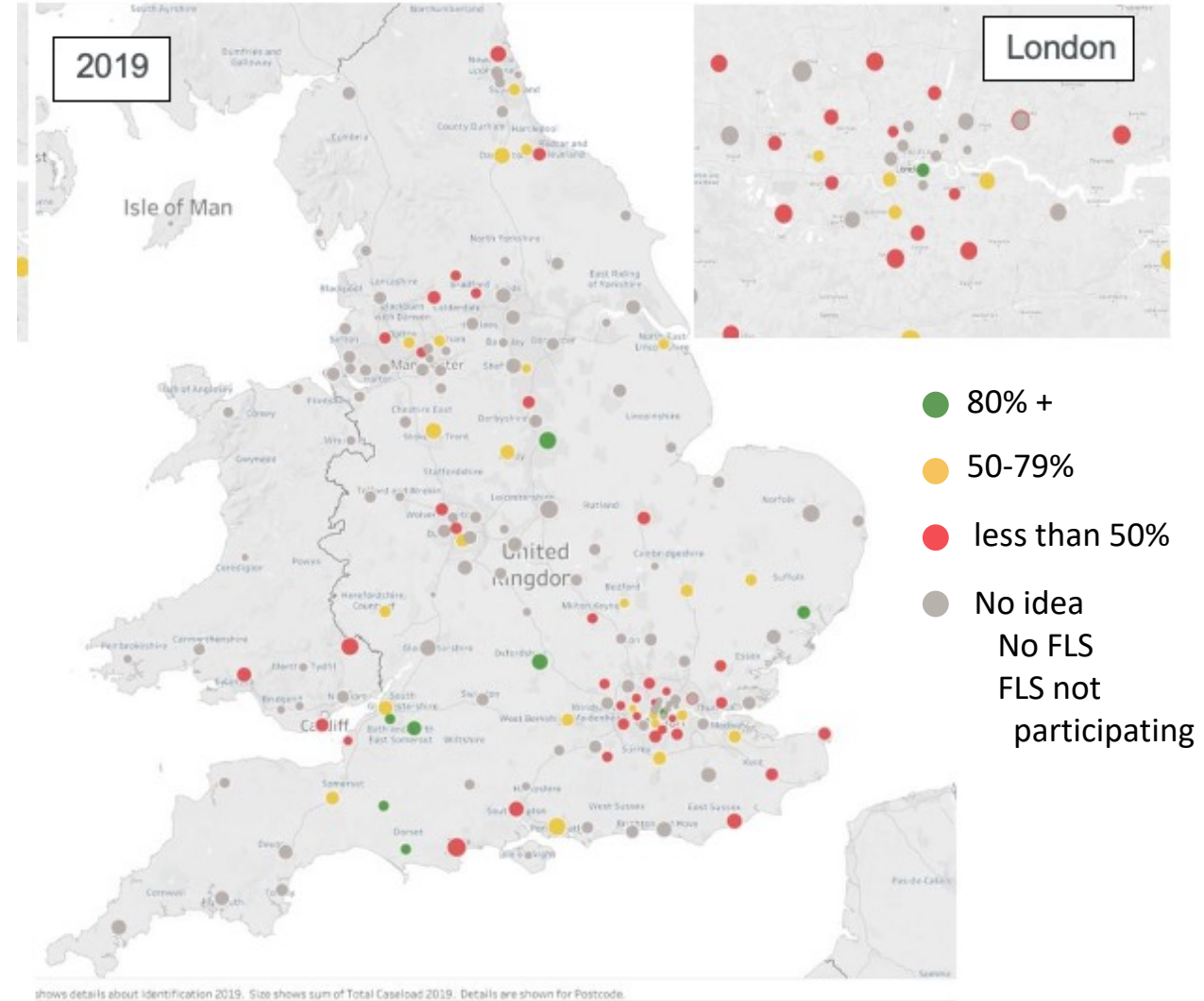
- By the Royal College of Nursing
- For four CPD points by the Royal College of Physicians



## Support FLSs become more effective

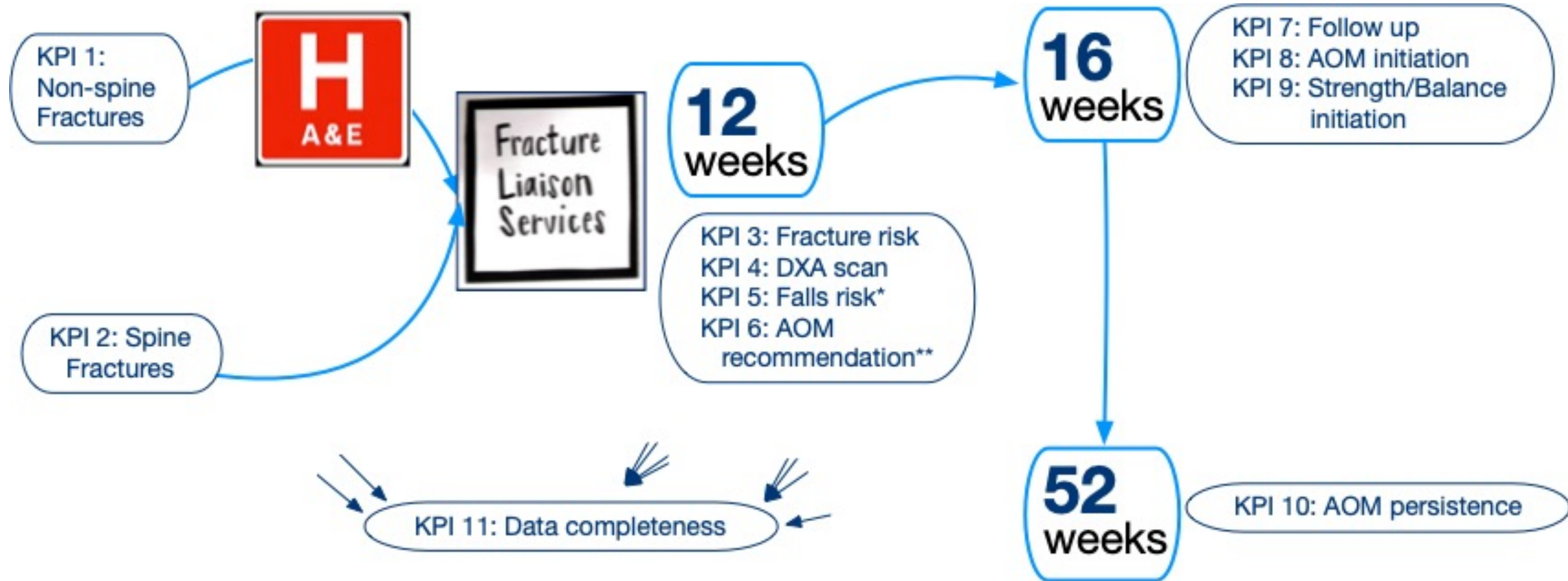


## Post code lottery- FLS identification rates





# Criteria and standards: Measure expected Performance

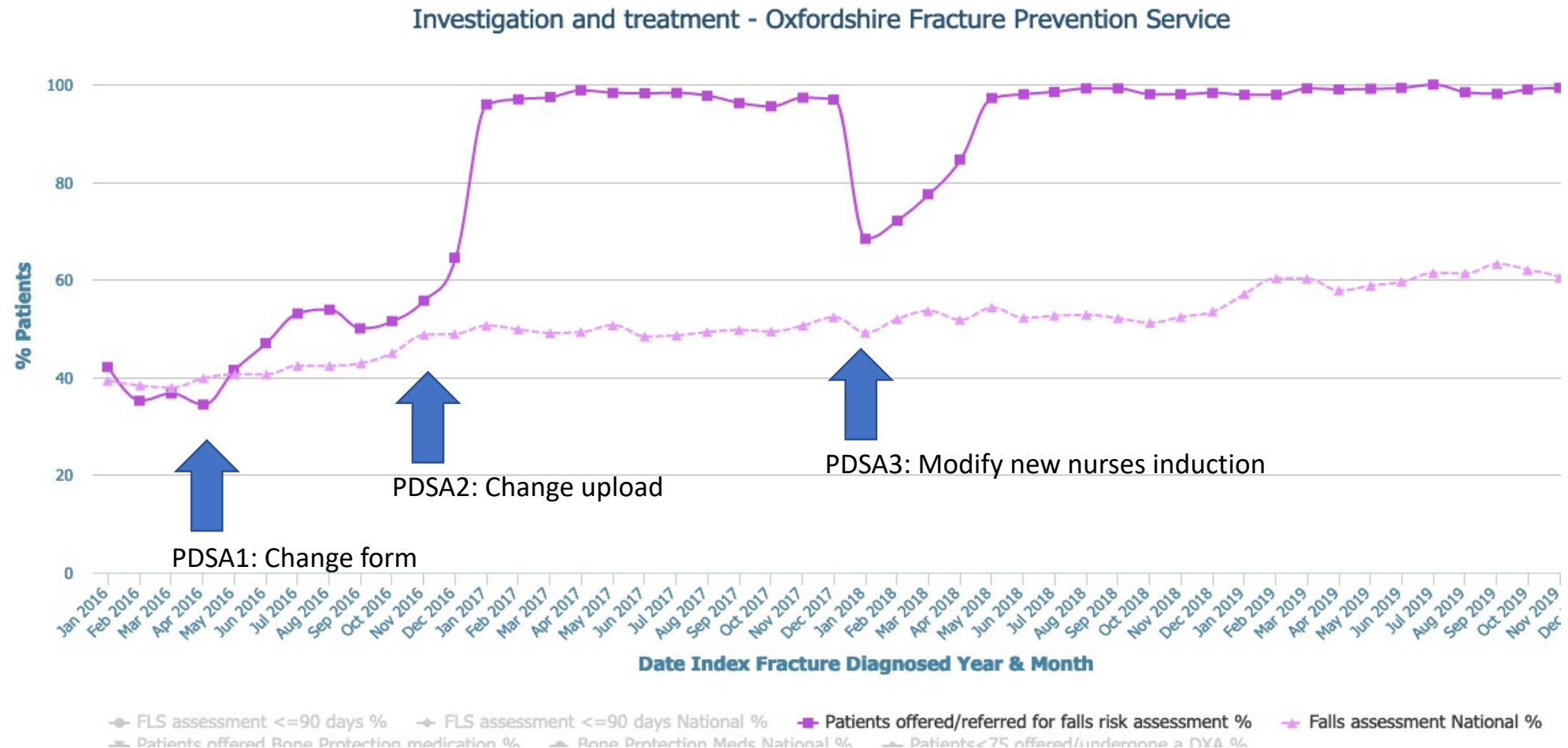


# Benchmark services: parts working well and areas to improve

FLS Service/Unit	Unit code	Total records submitted	Cases identified	Spine fractures	Assessment within 90 days	DXA within 90 days	Falls risk assessment	Bone treatment	Strength & Balance by 16 weeks	16 week follow up	Treatment by 1st followup	1 year drug adherence
<a href="#">Oxfordshire Fracture Prevention Service</a>	RAD	3518	99	66.2	78.9	70.6	98.9	61.3	.4	52.9	46.4	43.7
<a href="#">James Cook University Hospital</a>	SCM	1044	43.2	28	59.2	38.7	84	32.9	2.9	6	45.1	27.5
<a href="#">King's College Hospital - Denmark Hill Site</a>	KCH	10	1.5	0	10	0	30	80	0	0	0	50
<a href="#">Medway NHS Foundation Trust</a>	MDW	1062	52.4	10.9	66.4	57.9	66.4	30.2	.5	24	14.6	0
<a href="#">Milton Keynes University Hospital Foundation Trust</a>	MKH	283	18.9	14	76.7	29.6	84.2	50.2	20.7	6.4	41.4	18.8
<a href="#">Morrison Hospital, ABMHU</a>	MOR	857	30.9	4	99.2	1.5	37.9	75.3	14.8	38.6	14.2	26.3
<a href="#">Musgrove Park Hospital</a>	MPH	1983	78.7	76.8	70.8	70.5	98	46.1	17.4	56.6	42	33.5
<a href="#">North Bristol NHS Trust</a>	FRY	2283	79.4	11	92.9	33.4	54.7	50.6	2.8	20.9	14.4	.1
<a href="#">North Middlesex University Hospitals NHS Trust</a>	NMH	1	.1	.3	100	0	100	100	0	0	0	0
<a href="#">North Tees and Hartlepool NHS Foundation Trust</a>	NTG	1407	74.4	18.8	99.9	75.2	66.5	62.8	0	0	0	0
<a href="#">North West Anglia NHS Foundation Trust</a>	PET	748	29.5	1.4	67.6	32.3	97.4	28.5	1.5	32.4	34.7	22.5
<a href="#">Northwick Park Hospital</a>	NPH	709	65	1.8	37	2.1	100	14.4	42.4	4.9	54.9	2.1
<a href="#">Nottingham City Care Partnership CIC</a>	NCP	5	.1	0	80	0	40	100	0	80	60	0
<a href="#">Nottingham FLS</a>	CHN	3336	79.9	.7	99.4	.2	54.6	86.5	0	.3	.3	0
<a href="#">Oxfordshire Fracture Prevention Service</a>	RAD	3518	99	66.2	78.9	70.6	98.9	61.3	.4	52.9	46.4	43.7
<a href="#">Pennine Musculoskeletal Partnership Ltd</a>	OIC	1122	58.6	61.9	41.3	60.6	67.6	24.6	18	39	44.3	38.6
<a href="#">Potsdam Hospital NHS Foundation Trust</a>	POT	1501	33.4	5.4	6.4	14.6	70.7	70.8	0.7	6.8	31.8	43.6

# Empower Services to improve

## Site level



# 77 examples of FLSs working in the NHS

FLS description	FLS code	Total records identified	Cases identified	Score (0-100)	Assessment within 90 days	FLS not assessed	FLS not assessed	Best recorded
FLS 1: [illegible]	00043	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 2: [illegible]	001	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 3: [illegible]	002	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 4: [illegible]	003	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 5: [illegible]	004	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 6: [illegible]	005	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 7: [illegible]	006	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 8: [illegible]	007	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 9: [illegible]	008	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 10: [illegible]	009	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 11: [illegible]	010	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 12: [illegible]	011	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 13: [illegible]	012	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 14: [illegible]	013	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 15: [illegible]	014	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 16: [illegible]	015	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 17: [illegible]	016	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 18: [illegible]	017	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 19: [illegible]	018	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 20: [illegible]	019	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 21: [illegible]	020	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 22: [illegible]	021	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 23: [illegible]	022	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 24: [illegible]	023	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 25: [illegible]	024	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 26: [illegible]	025	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 27: [illegible]	026	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 28: [illegible]	027	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 29: [illegible]	028	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 30: [illegible]	029	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 31: [illegible]	030	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 32: [illegible]	031	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 33: [illegible]	032	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 34: [illegible]	033	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 35: [illegible]	034	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 36: [illegible]	035	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 37: [illegible]	036	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 38: [illegible]	037	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 39: [illegible]	038	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 40: [illegible]	039	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 41: [illegible]	040	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 42: [illegible]	041	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 43: [illegible]	042	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 44: [illegible]	043	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 45: [illegible]	044	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 46: [illegible]	045	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 47: [illegible]	046	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 48: [illegible]	047	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 49: [illegible]	048	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 50: [illegible]	049	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 51: [illegible]	050	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 52: [illegible]	051	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 53: [illegible]	052	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 54: [illegible]	053	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 55: [illegible]	054	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 56: [illegible]	055	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 57: [illegible]	056	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 58: [illegible]	057	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 59: [illegible]	058	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 60: [illegible]	059	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 61: [illegible]	060	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 62: [illegible]	061	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 63: [illegible]	062	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 64: [illegible]	063	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 65: [illegible]	064	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 66: [illegible]	065	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 67: [illegible]	066	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 68: [illegible]	067	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 69: [illegible]	068	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 70: [illegible]	069	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 71: [illegible]	070	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 72: [illegible]	071	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 73: [illegible]	072	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 74: [illegible]	073	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 75: [illegible]	074	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 76: [illegible]	075	443	23.5	14.1	55.7	55.7	55.7	55.7
FLS 77: [illegible]	076	443	23.5	14.1	55.7	55.7	55.7	55.7

Where are the Gaps ?

# National average

Number of fractures avoided	=	% of patients identified	x	% Recommended Treatment	x	% Starting treatment Quickly	x	% Staying on Treatment
Optimal		80%		50%		80%		
2021		33%		52%		20%		



# England/Wales: 320,000 fragility fractures

Number of fractures avoided	=	No of patients identified	x	% Recommended Treatment	x	% Starting treatment Quickly	x	% Staying on Treatment	12 months on treatment
Optimal		80%		50%		80%			102,400
2021		33%		52%		20%			11,000

**Every year there are at least 90,000 patients not on anti-osteoporosis therapy who should be.... 7,000 avoidable fractures in next year**



# Gaps

## **Service Development**

FLSs funded to meet local demand

**1. Policy / decision making**

**2. Provider**

**3. Patient**

## **Service Improvement**

FLS capacity, capability, motivation to actively improve

# Gaps

## **Osteoporosis costs are invisible**

Impact of aging demographic is underestimated

Scale fracture reduction greater than heart attack & statins / Falls programmes

Delayed benefit ~ 2+ years

Need good local / regional data to inform benefits and costs of FLS

How high a priority is FLS for your region?

## **1. Policy / decision making**

## **2. Hospitals/ GP**

### **Lack of local leadership/ FLS champion**

Training to develop new services across secondary/ primary care

Low priority as benefits outside hospital

Variable Primary Care engagement

## **3. Patient**

### **Low awareness & priority**

Mismatch benefits vs risk treatments

**Capability for advocacy**

# Getting started: Levelling up

## Getting started

Target areas with no FLS

## Additional funding support

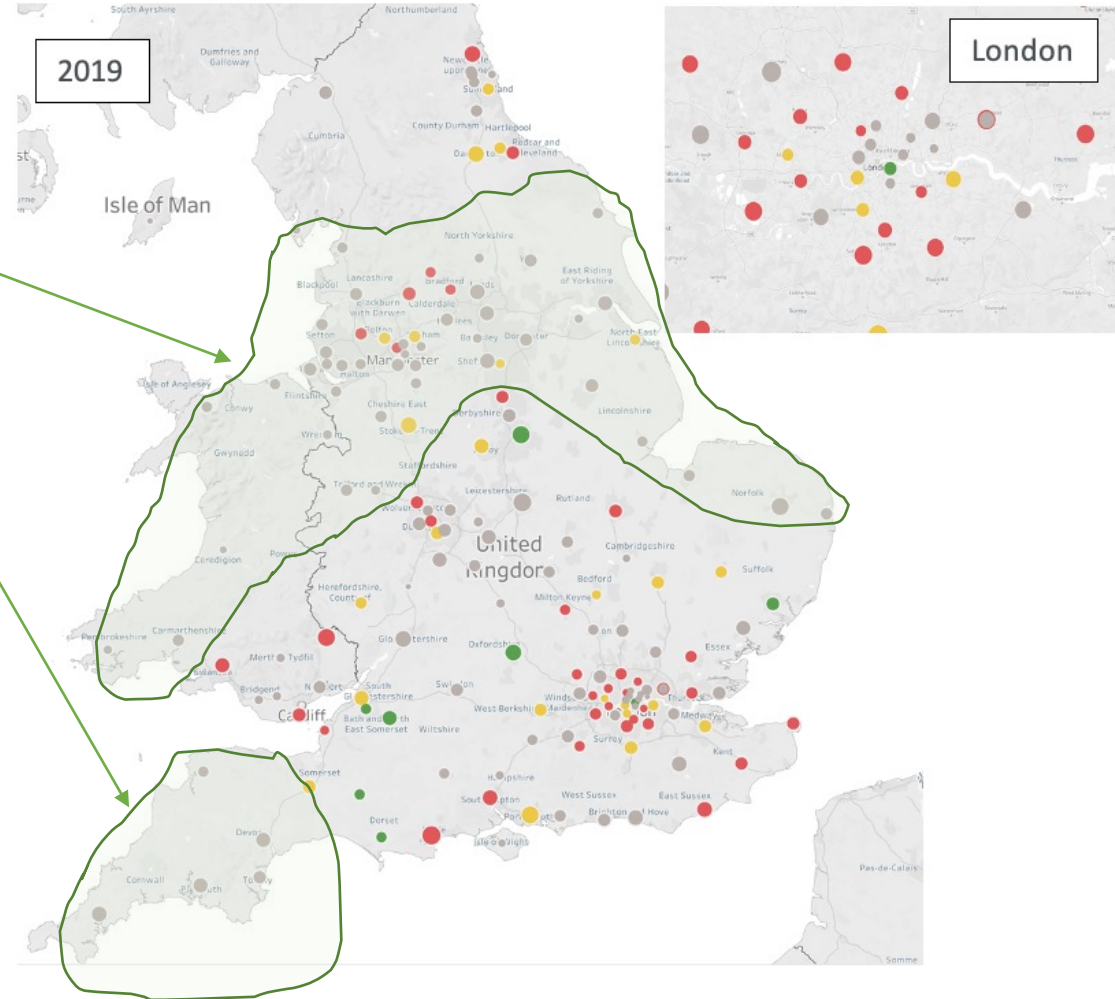
Policy Alignment

5yr plan, NHS Reset, GIRFT

ICS/ Commissioning prioritisation

Local needs assessment

Benefit and budget impact



# Getting better: Effective, efficient care with good patient experience

## Becoming more effective

### 1. Check-in with FLSs

What challenges?

What are they planning?

What do they need?

Volunteer for collaborative

### 2. Additional funding documents

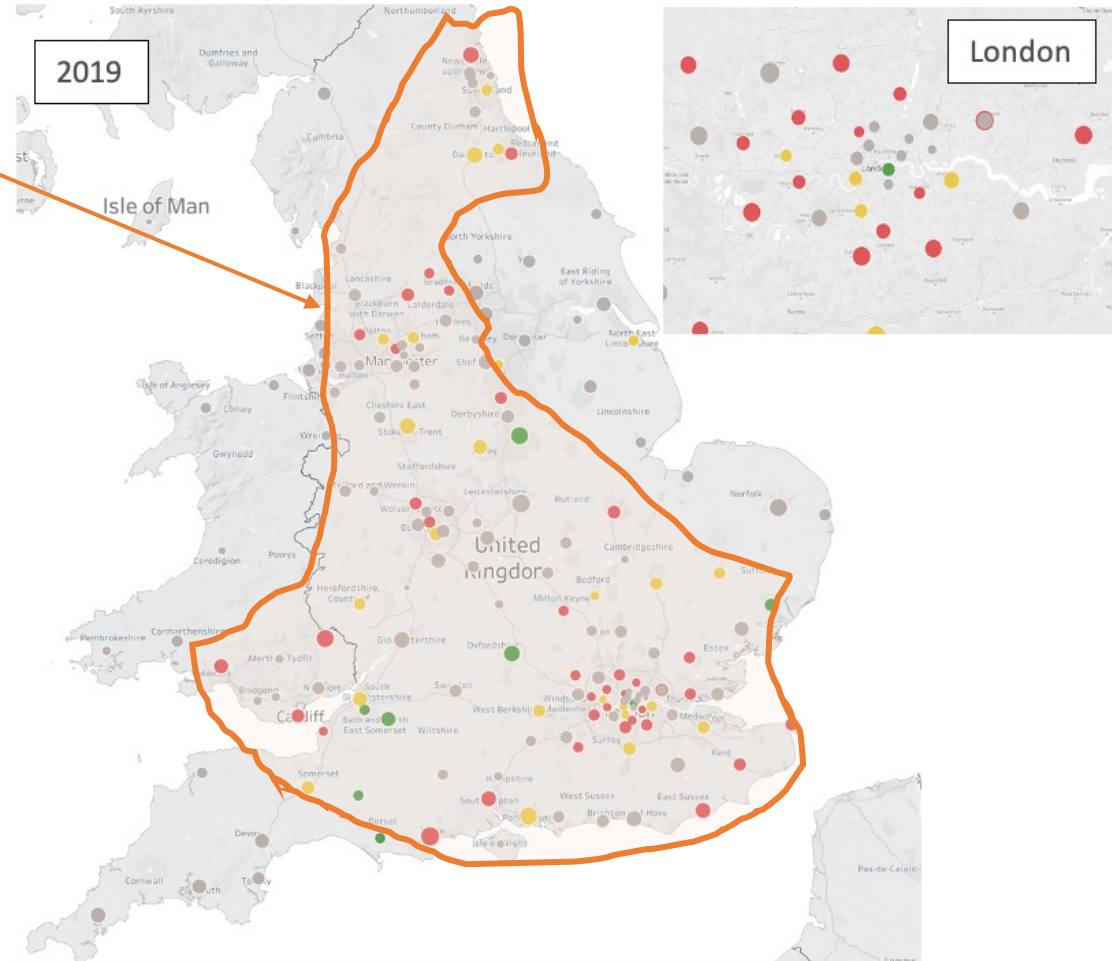
Policy Alignment

5yr plan, NHS Reset, GIRFT

ICS/ Commissioning prioritisation

Local needs assessment

Benefit and budget impact



## 3. Support to become more effective

### 1. FLS resources

1. Secondary care
2. Primary care
3. Community Care

### 2. Patient resources

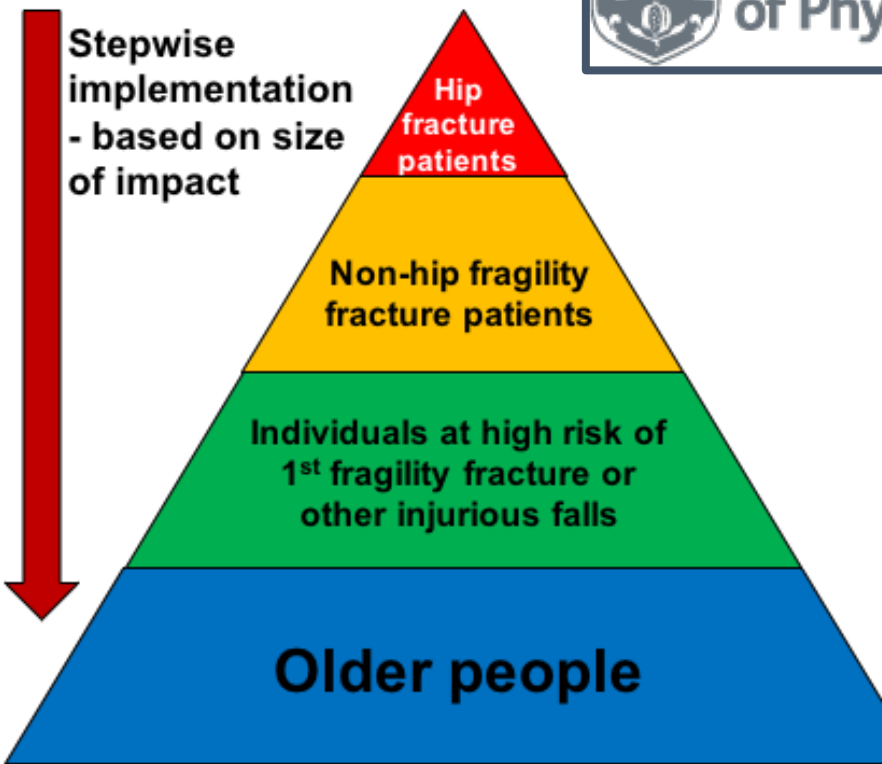
1. Video
2. Adherence leaflet
3. GP card

### 3. Regional Collaboratives

# Political Prioritization: Everyone had same message- time to deliver



Cost- effectiveness  
~1% of current spend



Department of Health Prevention Package for Older People: Falls and Fractures - Effective interventions in health and social care, 2009

# What patients need

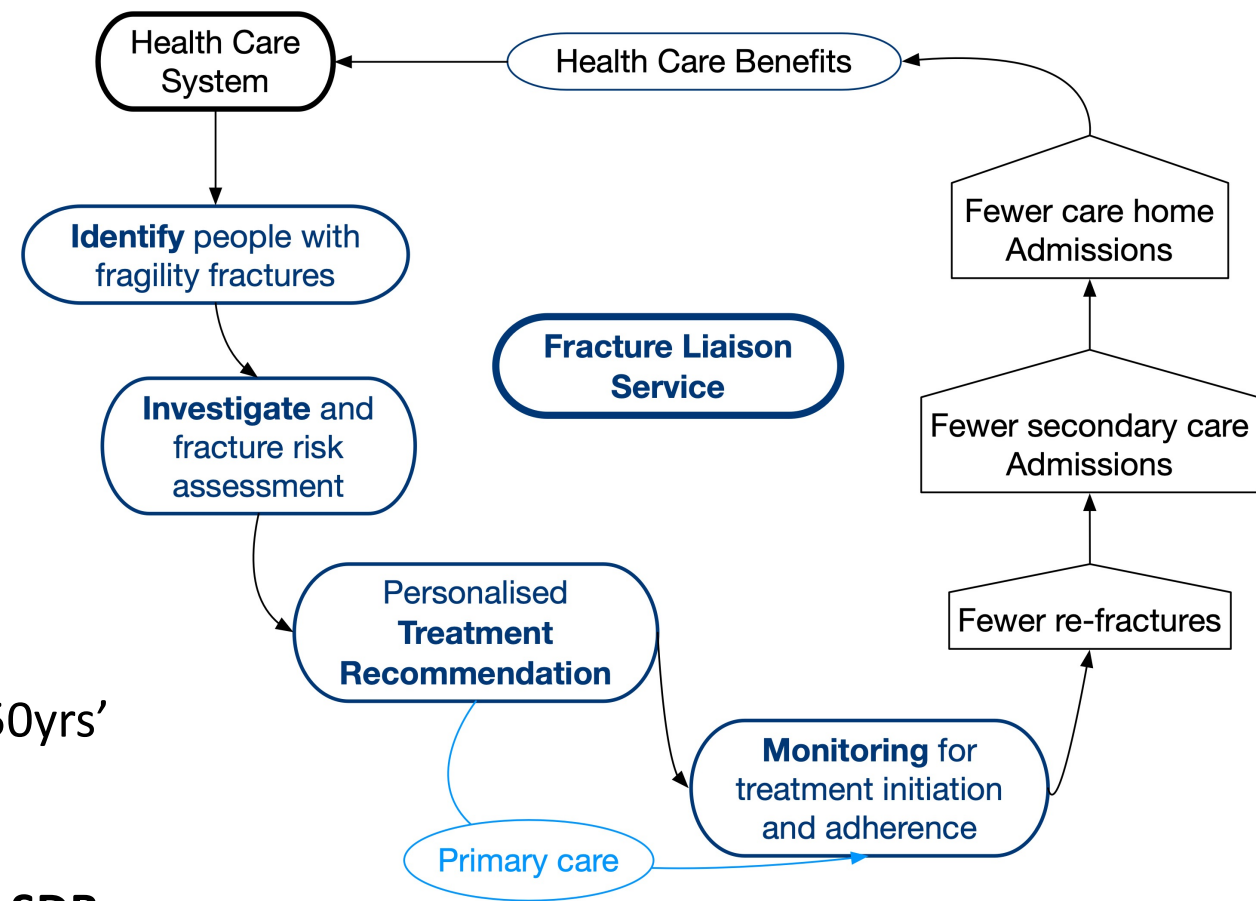
## 1. *Top-down adoption FLS Standards of Care*

## 2. *Bottom-up* focused mapping of local priorities

‘Falls in the elderly’ > ‘Fractures in adults over 50yrs’

## 3. *Prioritised* FLSs Funding to Deliver & Participate in FLSDb

- 80% Identification
- 50% Recommended treatment
- 80% Adherence



...for every adult aged 50 years and over with a recently diagnosed fragility fracture