

16/6/21

Freedom of Information request 015718

1. Do your patients over 50 years old have access to a Fracture Liaison Service (FLS)?

a. Yes

b. No commissioned FLS but pathway for bone health management of fracture patients

c. No commissioned FLS and no pathway for bone health management of fracture patients

If you answered 'no' (b or c) please move on to question 15.

2. Is your FLS based in secondary care? -

a. Yes

b. No

3. For 2019, what percentage of people over 50 with a fracture were offered access to a FLS?

a. (please specify:)

4. For 2019, what percentage of people referred to FLS received an assessment within 12 weeks of fracture diagnosis?

a. (please specify:)

5. For 2019, for those patients receiving osteoporosis drug treatment what percentage were reviewed for follow up 16 weeks from fracture?

a. (please specify:)

6. For 2019, For those patients receiving osteoporosis drug treatment what percentage were reviewed for follow up 52 weeks from fracture?

a. (please specify:)

7. For 2020, what percentage of people over 50 with a fracture were offered access to a FLS?

a. (please specify:)

8. For 2020, what percentage of people referred to FLS received an assessment within 12 weeks of fracture diagnosis?

a. (please specify:)

9. For 2020, for those patients receiving osteoporosis drug treatment what percentage were reviewed for follow up 16 weeks from fracture?

a. (please specify:)

10. For 2020, For those patients receiving osteoporosis drug treatment what percentage were reviewed for follow up 52 weeks from fracture?

a. (please specify:)

11. Is this a permanent service funded by a sustainable source? (e.g., commissioning, health board/trust funded)

- a. Yes
- b. No
- c. partially (please specify:)

12. Do you take part in a national FLS audit? (e.g. FLS-DB)

- a. Yes
- b. No

13. Please state the name and contact details of the Clinical Lead for this service

- a. (please specify)

14. Are there any areas of support you would like further information/support from the ROS? E.g., Clinical Standards, KPIs, Service Improvement / Patient Information etc

- a. (please specify:)

For those that answered 'no' to having an FLS (question 1).

15. What are the reasons you do not have an FLS, or access to an FLS for your patients?

- a. (please specify) - **'The components of fracture liaison service are commissioned but not sufficiently enough to run a full FLS service'**

16. Have you tried to establish a FLS previously?

- a. Yes
- b. No
- c. **We are in the process of developing a FLS**

17. What has been the barrier/obstacles to implementing a FLS?

- a. (Please specify) - Sufficient staffing to operate an FLS alongside the Falls prevention pathway- the commission was for a falls and fracture liaison service, but there was insufficient resource allocated to be able to effectively deliver both. The 2 services naturally support complement each other, but the scale of demand for the falls service has precluded any structured FLS being setup or delivered.

COVID-19- a 3 month pilot run by the local Pharmacy to scope FLS was due to commence in March 2020, but was halted due to the pandemic, and pharmacy are no longer able to run this due to their commitments to the COVID vaccination programme.

18. If you have not tried to establish a FLS previously, why not?

- a. (Please specify) - See response above

19. Do you have an osteoporosis service? - Yes

20. Do you have a DXA (bone density scanning) service? - Yes

21. Please state the name and contact details of the Clinical Leads for osteoporosis, rheumatology or musculo-skeletal, services

Dr Rav Sandhu – Clinical Lead for Osteoporosis

Dr Holly John – Medical Service Head for Rheumatology

22. Are there any areas of support around FLS that you would like further information/support on from the ROS? E.g. patient info, Clinical Standards, KPIs, Service Improvement / Patient Information etc

a) (please specify) - This is a much needed service and something we are very keen to be able to deliver. The work we have put into addressing the borough's falls rate has seen significant progress made but a push on bone health with a formalised FLS pathway is necessary to further reduce the rate of injurious falls.