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Introduction: Fracture liaison services (FLS) aim to prevent further fragility fractures by identifying cases in patients over 50 and then treating them. The standard recommendation by FLS Database (FLS-DB) is to identify 80% of the expected fragility fractures for the local population, aiming to commence treatment for 50% of them and monitoring 80% of these at 16 and 52 weeks.

Methods: Process mapping for the existing Aneurin Bevan FLS, showed that follow-up was only ad-hoc and not formalised. Our objective was to improve follow-up at one-year, starting from September 2022 (date of fracture).

Process mapping supported the development of a separate clinic code for annual review of patients, led by a geriatrics specialty trainee and supported by the FLS Clinical Lead.

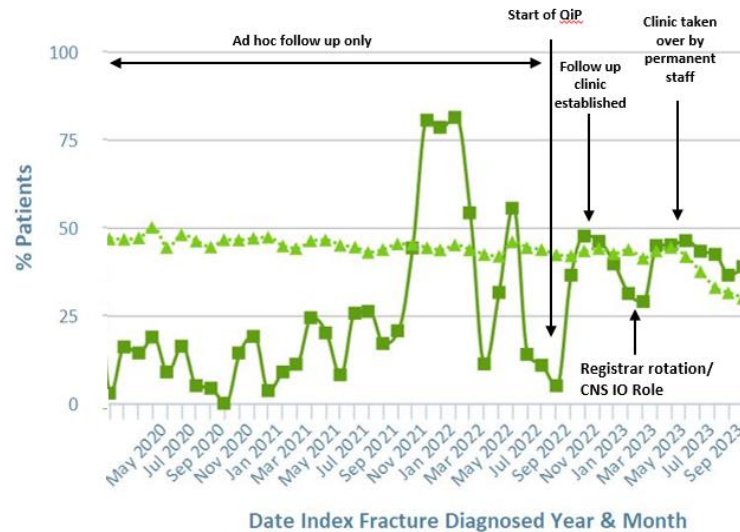
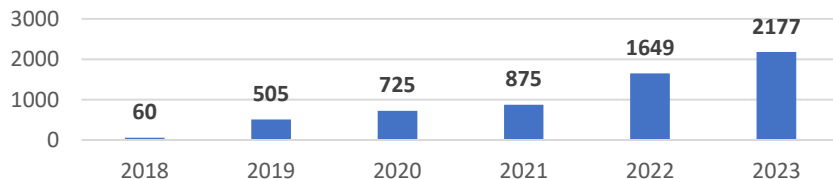
Patient lists were drawn from the FLS-DB from the previous year - initially for patients prescribed oral bisphosphonate only. New patients were booked for 16 week and one-year follow-up clinic from their initial assessment.

Follow up clinics were performed by a range of practitioners – initially 1 geriatric SpR but this was expanded over time to include multiple practitioners predominantly CNSs.

Results: In 2023, 2181 patients were identified, which is increasing year on year. At the start of the project in September 2022 only 5% of patients were being followed up at 1 year, which rose up to 47.5% with the introduction of the dedicated follow up clinic.

There was a fall in February to May 2023 associated with the rotation of the SpR and CNS undertaking an Investigating Officer role. This then recovered as the clinics were taken over by non rotational staff to levels above the national average.

Number of patients identified



● Patients adherent to prescribed drug at 1yr %
 ▲ Patients adherent to prescribed drug at 1yr National %
■ Eligible patients followed up at 1 year %
 ▲ Eligible patients followed up at 1 year National %

Conclusion - Several challenges identified:

This quality initiative established permanent follow-up processes, but did need dedicated time and funding to meet the service demand and increased capacity.

There were limitations of our work:

- Lack of accurate phone numbers for many patients
- Many patients unable to answer the phone
- Demonstrated the challenges of making changes whilst in a rotational post as a trainee, and the need to make changes sustainable after rotating

Sharing Learning - Next steps:

- Better advice for GPs on how to manage these patients after the 1 year follow up period completed
- FLS team should be a dedicated to FLS work and wider partnership
- Expand the QIP to follow up the other patients who weren't prescribed oral bisphosphonates