

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	04/MSKT/0013
Service	PAN DORSET FRACTURE LIAISON SERVICE
Commissioner Lead	CCP for Musculoskeletal & Trauma
Provider Lead	Deputy Director Review Design and Delivery
Period	1 st April 2013 to 31 st March 2014
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Falls and fractures are a major cause of disability and mortality in the UK. 30% of those aged 65 or over who live in the community fall each year, increasing to 45% in those aged 80 or above. The main cause of falls is unsteadiness during movement. In addition, some are caused by blackouts (syncope) associated with cardiac or circulation problems. Both become more common with age, due to increasing prevalence of frailty and other long term conditions.

Bone density and strength also decline with age, particularly in those with other long term conditions such as rheumatoid arthritis, Parkinson's disease, chronic obstructive pulmonary disease or diabetes. Thus, the chance that a fall will result in a fracture will increase. Fractures which occur after a low impact injury, such as a fall from standing height or less, are called fragility fractures. Half of older women will experience one in their lifetime. The more frail the individual, the more likely a fracture.

Hip fractures remain the most serious consequence of a fall. There is a significant increase in mortality, with 30% mortality at 12 months. Moreover, approximately half of those people who were previously independent become partly dependent following a hip fracture, while one-third become totally dependent.

Osteoporosis is a chronic disease that weakens bone strength and affects 1 in 3 women and 1 in 12 men aged over 50, particularly post-menopausal women. The incidence in both sexes rises rapidly as the population ages. Its onset is asymptomatic and it is often only recognised after an older person falls and sustains a fracture.

Almost half of all women and one in five men experience an osteoporotic fracture before death. Several studies have considered future fracture risk associated with different kinds of fractures, and identified that a prior fracture at any site is associated with a doubling of future fracture risk. Post-menopausal women are at high risk of low trauma fractures because they are at particular risk of osteoporosis.

For a 320,000 population, based on the Department of Health estimates, a Fracture Liaison Service could expect to assess about 1250 older people with fragility fractures each year. However the local figures may be greater given a higher than average elderly population. A significant proportion of these individuals will go on to have a DXA scan to inform the management decision. Osteoporosis treatment is typically recommended in about 75% of cases.

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2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	*
Domain 3	Helping people to recover from episodes of ill-health or following injury	*
Domain 4	Ensuring people have a positive experience of care	*
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

To be agreed

3. Scope

3.1 Aims and objectives of service

Aims

To provide nurse/allied health professional led Fracture Liaison Service for all individuals over the age of 50 who are admitted to hospital, attend outpatient clinics or present in Emergency Departments due to a **low trauma fracture, gained from a fall, slip or trip from a standing height or lower who are registered with a Dorset, Bournemouth or Poole GP.

The Fracture Liaison Service will be based within the Fracture Clinics at the local acute sites and will undertake an fracture risk assessment and refer for bone densitometry if indicated. The Service will offer lifestyle risk factor and treatment advice in conjunction with existing primary care contracts and pharmacy contracts.

***A low trauma fracture is defined as a fracture sustained in a fall from a standing height or less. It is not, for example, a fracture sustained in a Road Traffic Accident or other high trauma incident.*

Objectives

The Fracture Liaison Service will achieve the following aims:

- Reduce the occurrence of secondary fractures within the local population;
- For outpatients - make recommendations to GPs on the prescribing of effective medications for appropriate patients that will lower the risk of a future fracture if someone has osteoporosis;
- For inpatients – will ensure the prescription of effective medications;
- Work with Radiology departments to identify individuals who have an incidental finding of vertebral fracture on x-ray to facilitate appropriate osteoporosis risk assessment
- Ensure development of effective links between different services and agencies;
- Offer an osteoporosis risk assessment for adults over 50 years of age who have recently broken a bone after a slip, trip or fall or who have been found to have sustained an atraumatic vertebral fracture.
- Assess, using the World Health Organisation Fracture Risk Assessment Tool (FRAX®) and local protocols, and to refer for DXA scanning where appropriate.
- Give lifestyle risk factor advice;
- Link directly with specialist falls services and community teams;
- Support the monitoring and maintenance of medication adherence in collaboration with primary care and support the use of Medicine Use Reviews;
- Be referred patients and case find for individuals who are either admitted to hospital or who attend outpatient clinics or ED due to a low impact fracture;
- Develop best practice in line with National Guidance;
- Support and work closely with Osteoporosis Dorset in developing education and awareness sessions for patients and staff across primary care, secondary care and community services.

3.2 Service description/care pathway

The Fracture Liaison Service will undertake and offer osteoporosis risk assessment, advice and treatment for individuals who have recently experienced a low trauma fracture after a slip, trip or fall.

This will be provided by a nurse/allied health professional working within the orthopaedic environment, under the guidance of a specialist in metabolic bone disease, with appropriate administration support. The Fracture Liaison Service will be responsible for establishing systems of care to ensure that every fracture patient over 50 years (excluding high trauma and road traffic accidents) receives a “one-stop-shop” osteoporosis assessment, with DXA where appropriate, working to agreed protocols devised by appropriately experienced clinicians.

The service will:

- Provide an integrated approach to delivery of routine assessment for osteoporosis for all individuals aged over 50 who have experienced a low trauma fracture

- Identify individuals through referral and case finding within the acute hospitals
- Attend fracture clinics
- Refer where appropriate for **DXA bone scan for the assessment of bone density
- Co-ordinate the initiation of treatment for secondary prevention of fracture and monitor concordance of oral bisphosphonates with appropriate agreed follow ups - 3 monthly / 6 monthly and yearly follow ups***
- Undertake basic falls risk screening where appropriate in older fracture patients and refer onward to appropriate falls services
- Network with other agencies to enhance fracture risk and falls reduction
- Liaise with GPs to ensure that recommended treatments are prescribed
- Offer lifestyle advice and education in partnership with Osteoporosis Dorset

**DXA is Dual Energy X – ray Absorptiometry. It is a low–dose non-invasive X-ray technique for measuring bone mineral density (BMD). It is performed most usefully at the hip and lumbar spine and is used to diagnose osteoporosis, predict fracture risk and target treatment to those who will most benefit.

***Although oral bisphosphonates are an effective treatment for osteoporosis, compliance / concordance can be low due to a complicated dosing regime and a high incidence of side effects. Some studies have reported only a 50% adherence rate but an audit by Queen Elizabeth Hospital who have an FLS in place found that 81% of patients were still taking their oral bisphosphonates 18 months after treatment started. FLS make follow up calls to individuals and if individuals cannot tolerate bisphosphonates then other treatment options can be discussed. Pls see above comments

Service model

The Fracture Liaison Service will offer osteoporosis assessment for adults and older people across Bournemouth, Poole and Dorset who have recently broken a bone after a slip, trip or fall. The service will offer an assessment into the risk of osteoporosis, which will include advice on diet, lifestyle, and how to reduce the chance of having another fall and will make recommendations on medication.

Patients who are admitted to hospital or who attend outpatient clinics or Accident and Emergency due to a low impact fracture – one gained from a fall, slip or trip from a standing height or lower – will be highlighted to the service so that the service can assess the patients' The Fracture Liaison Service will work alongside existing teams in helping highlight ways to prevent falls, particularly in older people.

The Fracture Liaison Service will be implemented in accordance with established UK models. The service will be delivered by dedicated health professionals whose responsibilities will include:

- Liaison with ED Departments pan Dorset to ensure that all patients aged over 50 years presenting with low trauma fractures are referred for assessment of bone density
- Liaison with Geriatric Departments pan Dorset to develop pathways for referral to specialist falls services and teams
- Liaison with Orthopaedic Departments to assist in the co-ordinated discharge and falls risk assessment for inpatients and also the referral of selected individuals to appropriate care services
- Establish mutually agreed communication mechanisms with primary care and community services
- Undertake an education and awareness role for patients regarding osteoporosis and falls

3.5 Interdependence with other services/providers

Bournemouth, Dorset and Poole GP's and practices
Royal Bournemouth and Christchurch Hospital NHS Foundation Trust
Poole Hospital NHS Foundation Trust
Dorset County Hospital NHS Foundation Trust
Bournemouth Social Services, Poole Social Services and Dorset Social Services
Dorset Healthcare University NHS Foundation Trust
Long Term Conditions Teams and Acute Care Closer to Home Teams
Osteoporosis Dorset
Third sector and community organisations
Orthopaedic Consultants
Rheumatologists
Medicine for the Elderly Consultants
Radiologists
Pharmacy Teams
A&E staff
Medical records
Specialist Falls Services

Whole System Relationships and Interdependencies

Referral route

To be agreed

Response time & detail and prioritisation

Inpatients – assessment during hospital admission
Outpatients – assessment to be completed prior to discharge from

Relevant networks and screening programmes

The following networks and screening programme relating to the service have been identified however this list is not exclusive and other networks and screening programmes may also be identified over time:

- Home Safety Checks involving Dorset Police and Dorset Fire and Rescue Service;
- Musculoskeletal Clinical Commissioning Programme

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11;
- National Service Framework for Older People and A New Ambition for Old Age;
- National Service Framework for Long Term Conditions;
- British Orthopaedic Association - The Care of Patients with Fragility Fracture;
- NHS Institute for Innovation and Improvement – Focus on Fracture Neck of Femur;
- National Institute for Health and Clinical Excellence (NICE) – CG21 (2004), Falls: the assessment and prevention of falls in older people;
- Reducing delayed discharges - Community Care (Delayed Discharges, etc) Act 2003;
- National Institute for Health and Clinical Excellence (NICE) – CG124 Hip Fracture
- National Institute for Health and Clinical Excellence (NICE) – CG146 Osteoporosis: assessing the risk of fragility fracture

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Royal College of Physicians Falls and Bone Health Audit;

4.3 Applicable local standards

- Pan Dorset Falls and Bone Health Joint Commissioning Strategy

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

The Fracture Liaison Service will support NHS Bournemouth and Poole and NHS Dorset and its partners to:

- Improve bone health across the population in the coming years and reduce the prevalence of osteoporosis;
- Promote increased activity levels in the population and where appropriate, for those at highest risk;
- Support the reduction in the incidence and severity of falls;
- Reduce the incidence of fractures;
- Reduce the anxiety and fear of falling;
- Reduce the need for hospital admission for fractures and falls;
- Maintain independence and improved quality of life;

The Fracture Liaison Service needs to be developed and changed in line with the best evidence, and with appropriate monitoring and evaluation. Joint working is vital for effective service provision and on-going development in this area.

The Fracture Liaison Service will be developed with appropriate staff and public involvement taking into account the needs of people from different ethnic groups.

Expected Outcomes including improving prevention

The Fracture Liaison Service will ensure that people across Bournemouth, Poole and Dorset will receive appropriate assessment and advice following fracture in particular:

- Improved bone health
- Promotion of increased activity levels where appropriate, for those at highest risk
- Reduced incidence and severity of falls
- Reduced incidence of low trauma fractures
- Reduced anxiety and fear of falling
- Reduced need for hospital admission and attendance for fractures and falls
- Reduced need for care home admission
- Maintained independence and improved quality of life
- Reduction in 999 calls for fractures and falls

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

Location(s) of Service Delivery

Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust

Days/Hours of operation

In line with existing Fracture Clinic operating times

7. Individual Service User Placement

Not applicable