

Provider line of sight table on report recommendations for submission to the funders							
Please can the provider complete the following details to allow for ease of access and rapid review							
Project and Title of report, including HQIP Ref. <i>e.g., Ref. XXX, Project and report title</i>			HQIP ref 521 Steps to FLS effectiveness: importance of treatment recommendations				
1. What is the report looking at/what is the project measuring?			Over 347,770 people in England and Wales every year will break a bone. Adults aged 50 or over who sustain a fracture should be referred to a fracture liaison service – a service designed to assess and treat patients who are at risk of experiencing subsequent fractures. FLSs ensure that patients are provided with the appropriate follow up care and if required follow up care that can included bone therapy medication. This report will focus on ensuring that patients are identified, assessed and started on osteoporosis treatment; in particular those at the highest risk of a fracture and facing inequity in care.				
2. What countries are covered?			England and Wales				
3. The number of previous projects (e.g., whether it is the 4 th project or if it is a continuous project)			The FLS-DB audit is now in its 9 th year of report; an ongoing project.				
4. The date the data is related to (please include the start and end points – e.g., from 1 January 2016 to 1 October 2016)			1 January – 31 December 2024				
5. Any links to NHS England objectives or professional work-plans (only if you are aware of any)							
Please can the provider complete the below for each recommendation in the report							
No.	Recommendation	Intended audience for recommendation	Evidence in the report which underpins the recommendation (including page number)	Current national audit benchmarking standard if there is one	Associated NHS payment levers or incentives'	Guidance available (for example, NICE guideline)	% project result if the question previously asked by the project (date asked and result). If not asked before please denote N/A. This is so that there is an indication of whether the result has increased or decreased and over what period of time
Rec 1	Integrated care boards (ICBs) and Welsh health boards should support local FLSs in increasing patient identification, ensuring that both spine and non-spine	Integrated Care Boards (ICBs) and Welsh health boards	Page 2 - In total, 35 out of 77 (44%) FLSs identified less than 50% of their expected	KPI 2 non-spine fractures KPI 3 – spine fractures	N/A	<u>ROS clinical standards for FLSs, standard 1</u> and <u>NOGG 2024: Clinical guideline for</u>	KPI 2 – non spine fractures 2023 - 55% 2024 – 50%

	<p>fracture caseload identification by FLSs is 80% or above. Hip, spine, humerus, wrist and pelvic fractures should be prioritised by FLSs, as they have a higher imminent fracture risk over other fractures. This can be achieved by:</p> <ul style="list-style-type: none"> ➤ utilising integrated care system data (ICS) and FLS-level missed opportunity data on the FLS-DB website to identify the gaps in identification across the country, and the highest opportunities for fracture prevention ➤ engaging with local clinicians at the FLSs to ensure they have the resources to identify these high fracture risk patients in their catchment area ➤ encouraging FLSs to engage with other FLSs that are achieving over 80% of their non-spine and spine caseload (green) to see how they are achieving these identification rates ➤ sharing any learnings for improving identification with the FLS-DB to share with other FLSs, by completing the KPI case study form. 		<p>non-spine caseload in 2024. This represents a clinical risk for untreated patients.</p>			<p><u>the prevention and treatment of osteoporosis</u></p>	<p>KPI 3 – spine fractures 2023 – 34% 2024 – 38%</p>
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Rec 2	ICBs and Welsh health boards should support FLSs to ensure that a greater proportion of patients who have sustained a fracture receive a bone health assessment within 90 days, following the date of their fracture diagnosis.	Integrated Care Boards (ICBs) and Welsh health boards	Page 2 25% (19 out of 77) FLSs assessed fewer than 50% of patients within 90 days of their fracture being diagnosed in 2024.	KPI 4 – bone health assessment within 90 days	N/A	NICE CG146 , NICE NG249 , NICE QS86 and ROS clinical standards for FLSs, standard 2	2023 – 65% 2024 – 69%
Rec 3	ICBs and Welsh health boards should ensure that FLSs incorporate the NICE CG249 1.1.3 stage 1 falls assessment questions into all FLS assessments with clear signposting post assessment. This is with the aim of streamlining falls assessments across all FLSs and ensuring patients are provided with the appropriate treatment post fracture.	Integrated Care Boards (ICBs) and Welsh health boards	Page 3 31 out of 77 (40%) FLSs undertook a falls assessment for over 80% of identified patients compared to 25 out of 69 in 2023 (36%).	KPI 6 – falls risk assessment	N/A	NICE NG249 , NICE QS86 , and ROS clinical standards for FLSs, standard 2	2023 – 60% 2024 – 62%
Rec 4	ICBs and Welsh health boards should work with FLSs to ensure capability and capacity for FLSs to deliver bone therapy within NICE guidelines , including coordination across primary and secondary care. This can be implemented by: ➤ utilising the FLS-DB KPI 7 table to review the anti-osteoporosis medications FLSs prescribed by the anatomical site of fracture identified. ➤ FLSs that refer most patients to their GP for treatment	Integrated Care Boards (ICBs) and Welsh health boards	Page 5 - The number of patients recommended bone therapy decreased from 59% in 2023 to 57% in 2024. Page 10 - Adults from the most socio-economically deprived 20% of the population	KPI 7 – bone treatment	N/A	ROS clinical standards for FLSs, standard 4 , NICE TA161 , NICE TA204 , NICE TA464 , NICE TA791 and NICE QS149	2023 – 59% 2024 – 57%

	<p>recommendations have lower treatment initiation rates and should consider shifting to the FLSs giving recommendations for specific treatments.</p> <ul style="list-style-type: none"> ➤ FLSs with very high recommendation rates (>90%) should review their pathways to ensure that all identified patients are entered. 		were less likely to be recommended bone treatment (52% vs 58%)				
Rec 5	<p>ICBs and Welsh health boards should ensure that FLSs are provided with sufficient capability and capacity to provide adequate care to those at the highest risk of a fragility fracture, as outlined in NICE guidelines. We recommend reviewing the following resources as part of this review:</p> <ul style="list-style-type: none"> ➤ engage with 2–5 patients in each FLS to support FLS co-design and service improvement. Utilise the patient engagement letter developed by the FLS-DB team to start engagement. ➤ integrate FLS performance into regular organisational governance meetings. ➤ include FLS time and capability for improvement as part of job planning including for consultants. 	Integrated Care Boards (ICBs) and Welsh health boards	Page 8 - In total, 21 FLSs had no administrator sessions and 17 had no consultant sessions as part of their service.	N/A	N/A		N/A

