

# Fracture Liaison Service Database – Annual report

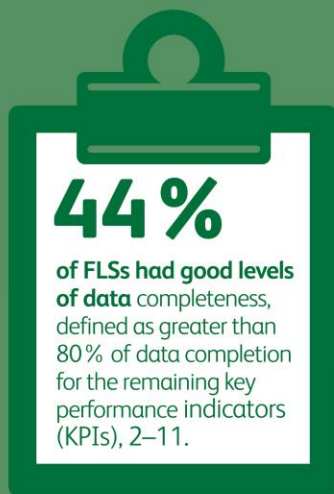
## January 2020

### Key messages – report at a glance

A fracture liaison service (FLS) provides secondary prevention for fragility fractures (defined as a fracture following a fall from standing height or less). These services systematically identify, assess the patient's risk of subsequent fractures, and treat and refer to reduce that risk.

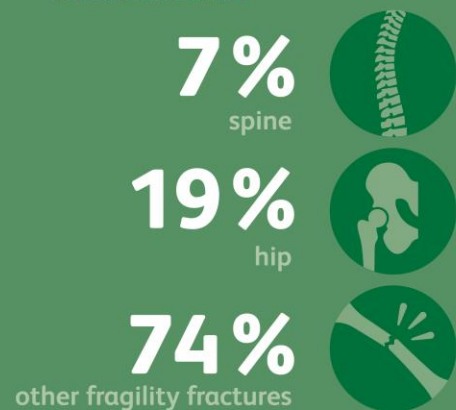
### Demographics and data completeness

We congratulate the achievement of the 61 FLSs\* across England and Wales that submitted data which contributed towards this report.



were included in 2018, an increase from 52,731 in 2017.

Of the 58,979 records, the index fracture site was:



There has been an improvement in most key performance indicators (KPIs) but further work is needed for effective and efficient service delivery.

\*Page 17 gives details about the FLSs in England and Wales.

### Key findings



**Monitoring contact** – 2018 has seen monitoring decline for a second year, with only 36% of patients recommended anti-osteoporosis medication being contacted at 12–16 weeks post fracture; down from 38% in 2017 and 41% in 2016.



**Identification** – Figure 1 shows a map of FLS identification rates. 10 out of 61 FLSs are now submitting over 80% of their expected caseload for all fragility fractures. Spine fracture identification has improved to 36% in 2018 from 29% in 2017.



**Assessment** – Despite the increased volume of patients seen, the proportion assessed by FLSs (70% in 2017 to 67% in 2018) or receiving a dual-energy X-ray absorptiometry scan (DXA) within 90 days (46% in 2017 and 2018) has remained relatively stable.



**Quality improvement** – Of the 52 FLSs who submitted data for both 2017 and 2018, 33 (63%) had improved by at least one grade in a KPI, and 8 FLSs (15%) improved in three or more KPIs. Six FLSs (12%) did not improve in any KPI and worsened in at least two KPIs.

### Key recommendations



FLSs must urgently engage with their local primary care providers to develop improved pathways to improve monitoring, with documentation that captures importance of treatment adherence in this vulnerable patient group.



All FLSs should detail the steps required to achieve 80% of case load identification for 2020/2021. This will require FLSs to define enhanced pathways for identification of fracture patients, including those with spine fractures.



With an expected increase in cases FLSs should regularly review their capacity in order to maintain standards of time to assessment, including DXA scans and monitoring.



FLSs should dedicate staff time to deliver at least one complete cycle of quality improvement for their service in 2019/2020. The aim should be to improve in one KPI while maintaining existing performance in other KPIs.