

Report at a glance – key messages

Demographics and data completeness

We congratulate the achievement of the **69 FLSs** across England and Wales that submitted data which contributed towards this report.



35%

of FLSs had good levels of data completeness, defined as eight or more key performance indicators (KPIs) with greater than 80% data completion.

Patient records

62,207



patient records were included in 2020, a **10% decrease** from 69,771 in 2019.

Patient records

Of the 62,207 records, the index fracture site was:



9% spine



25% hip



66% other

COVID-19



Unsurprisingly, in a year of additional pressures and redeployment due to the COVID-19 pandemic, there has been a decrease in achievement for most of the key performance indicators (KPIs).

Key findings

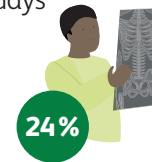
Lower identification rates

Approximately 7,500 (10%) fewer patients were submitted in 2020 compared with 2019, with marked variation between services.



Fewer patients receiving DXA scans within 90 days

Only 24% of patients received a DXA scan within 90 days in 2020, compared with 46% in 2019.



At least 90,000 patients in England and Wales who should have anti-osteoporosis therapy are not receiving it

Few services are achieving effective secondary fracture prevention as measured against the targets of 80% identification, 50% treatment recommendation and 80% treatment initiation and adherence at 12 months.



90,000

Key recommendation

FLSs should discuss the local pathways for fragility fracture patients with orthopaedic, geriatric and radiology colleagues at least every 4 months to ensure identification approaches remain effective and efficient (eg in a monthly governance meeting [KPI 2 & 3]).

FLSs should review their methods for fracture risk assessment to ensure delays in DXA assessment do not affect rapid treatment initiation in high-risk patients (eg in a monthly governance meeting). FLSs should consider how to address potential DXA backlogs / waiting lists caused by the COVID-19 pandemic based on regional or national guidance.

Closing this care gap will require more than service improvement. Trust/health board management and commissioners should support FLSs to engage with their local integrated care system / health board to prioritise and resource FLSs based on local need.

Achievements



However, achievement in four out of the 11 KPIs improved despite the pressures that services were under. This is a tribute to the hard work and commitment shown by fracture liaison services and should be commended.