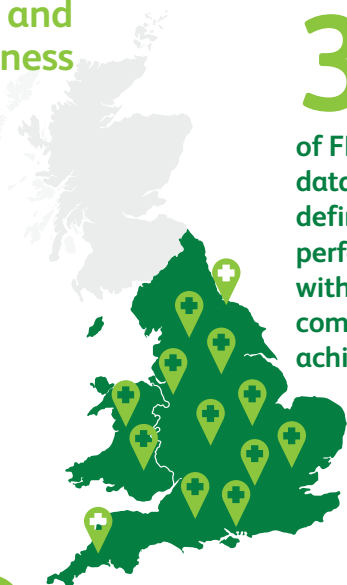


Report at a glance – key messages¹

Demographics and data completeness

The FLS-DB team congratulates the achievement of the 70 FLSs across England and Wales that actively² participated with the FLS-DB audit and contributed towards this report.



39%

of FLSs had good levels of data completeness. This is defined as eight or more key performance indicators (KPIs) with greater than 80% data completion and has been achieved against the backdrop of challenging times in the NHS.

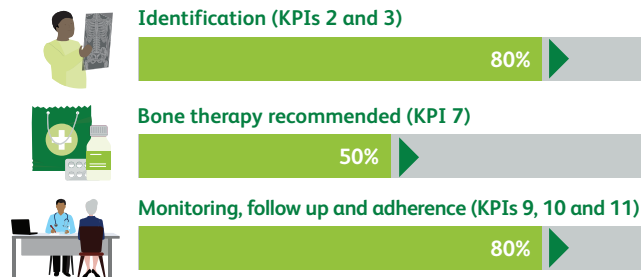
Patient records

70,384



patient records were included in 2021, compared with 70,614 in 2019.

In this year's annual report, the FLS-DB team are encouraging services to focus on KPIs 2 and 3 (identification), KPI 7 (bone therapy recommended) and KPIs 9, 10 and 11 (monitoring, follow-up and adherence) for service improvement goals (80/50/80 model).



Key findings

Identification (KPIs 2 and 3)

The percentage of patient records submitted compared with the local estimated caseload has decreased from 49% in 2019 to 43% in 2021. There were 86 hospitals participating in the NHFD in 2021 that were not mapped to an FLS (52% of the total NHFD hospitals).

Key recommendation

All FLSs submitting less than 80% of their expected caseload to the FLS-DB should review the underlying causes for this and agree an action plan to improve identification rates.

All FLSs should prioritise identifying patients with spine fractures over those with fractures below the knee, given that they have a higher risk of subsequent fractures.

Bone therapy recommended (KPI 7)

More patients were recommended anti-osteoporosis medication in 2021 than in 2019 (56% vs 52%).

All FLSs with less than 50% treatment recommendation should review their pathways in line with NICE technology appraisals and guidance (NICE CG146, QS86, TA161, TA204, TA464, TA791), the NOGG 2021 clinical guideline for the prevention and treatment of osteoporosis and the Royal Osteoporosis Society clinical standards for FLSs.

Monitoring, follow up and adherence (KPIs 9, 10 and 11)

All three KPIs for monitoring and follow up have improved in 2021 in comparison with 2019. For example, the percentage of patients who were followed up within 16 weeks of their fragility fracture has increased from 41% in 2019 to 47% in 2021.

All FLSs should continue to aim for monitoring performance for at least 80% patients who are recommended or referred for therapy. This includes patients who receive injectable therapies after referral to other clinical teams, to ensure the treatment recommendations have been actioned.

¹The 2021 findings have been presented against data from 2019 to compare the current performance of FLSs with pre-COVID-19 performance

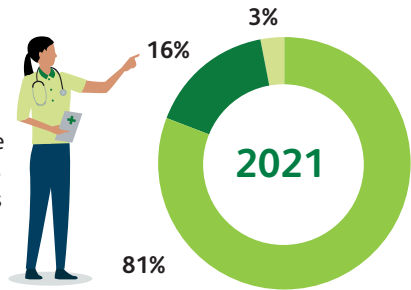
²Defined as submitting more than 50 patient records to the FLS-DB between January–December 2021

FLS-DB 2022 facilities audit key findings

The data in this section of the report summarise the answers to the facilities audit questions. 70 FLSs completed the facilities audit in May 2022 covering the time period January–December 2021. The FLSs served an average population of 494,945 people. This represents a 27 % increase in population size compared with findings in 2019 from 63 FLSs which served an average population of 391,309.⁹

Service delivery

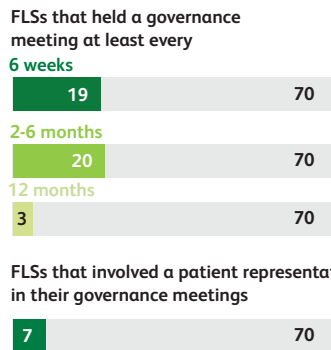
As integrated care systems become more developed, this mix is an important source of expertise and experience as FLSs become interfaced across primary and secondary care.



■ Acute setting ■ Community-care based services ■ Another healthcare setting

Governance meeting

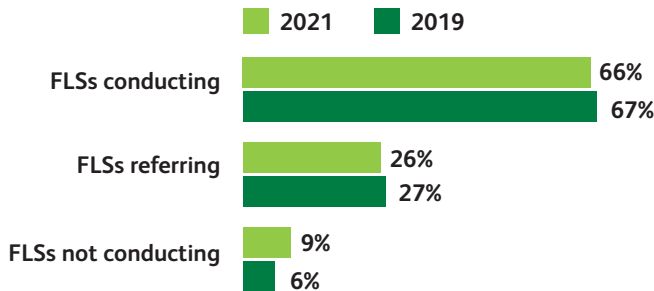
28 FLSs (40 %) reported that they did not hold a regular governance meeting in their service. Governance meetings are essential for driving service improvement and an opportunity to engage with local patients.



Recommendations 8 and 9 on page 8 set out best practice for governance meetings.

Falls assessment

It is reassuring to see the high level of falls assessment in this vulnerable patient group. FLSs should share their falls assessment tools so others can adapt them for local use.



Whole time equivalents (WTE)

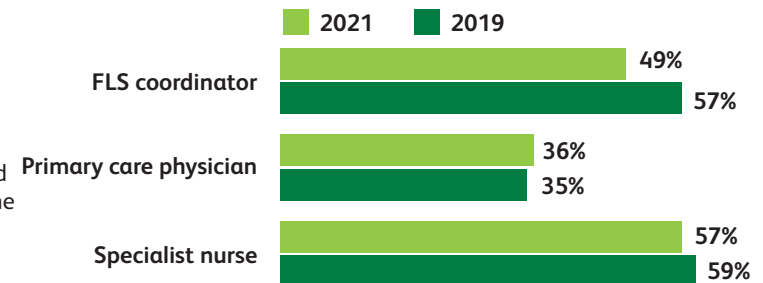
The ROS recommends 1 WTE nurse with 0.5 administrators to serve a population between 40,000-46,000. The table shows that current averages do not meet this recommendation.



	2021	2019
Nurses	1.59 WTE	1.33 WTE
Administration	0.45 WTE	0.42 WTE
Average population served (aged over 50)	494,945	391,309

Monitoring patients

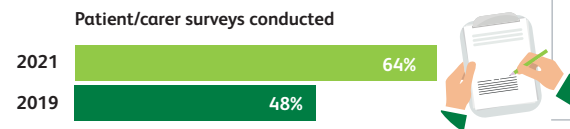
In 2021, of those services that carried out monitoring (56/70), nearly 100 % included monitoring of patients' medication adherence, persistence and adverse effects as part of their service scope. Almost half (49 %) of FLSs reported that more than one person was responsible for the monitoring of patients. Relying on primary care to deliver monitoring is a potential risk as the care of these patients cannot be benchmarked if their data are not uploaded to the FLS-DB.



Healthcare professionals responsible for monitoring patients where multiple answers could be selected.

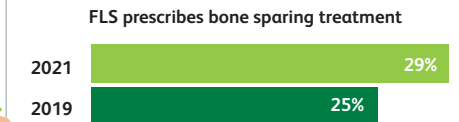
Patient/carer surveys conducted

There has been an increase in the use of patient/carer surveys in FLSs. Surveys help to assess patient experience of your service. Poor patient experience is often a predictor of poor adherence to treatment. [The ROS patient experience questionnaire](#) is a useful template for developing a patient/carer survey.



FLS prescribes bone sparing treatment

There has been a slight increase in FLSs directly prescribing treatment, however, further work is needed to understand the impact on longer term adherence and efficiency.



Vacancies

1/5 of FLSs had a staff vacancy that lasted longer than 6 months in 2021.



Approximately 1/3 of nurse time is spent on administrative tasks that could be semi-automated. FLSs should review their current practices to identify tasks that could be performed with better IT/digital support.

⁹ Northern Ireland services included in the facilities audit analysis for 2019 and 2021