

Goals for osteoporosis service delivery post COVID-19

Planning for the future will begin during the first two phases. The ROS will continue to work with people who have osteoporosis as well as a full range of other stakeholders, to refine and develop goals for future service delivery. Importantly, we will reach out to “hard to reach” individuals during this planning phase e.g. ethnic minority groups, those in care homes and their carers to achieve equitable access to excellent bone health care.

Alongside the clinical components, attention will be given to the infrastructure requirements to enable a robust framework of governance and identification of meaningful and measurable key performance indicators.

The goals can be mapped to the key components of the patient pathway.

Case finding

- Universal access to quality assured FLS for every adult aged 50+ years presenting with a new fracture
- Mandatory participation in FLS-DB to identify service development needs (<https://www.rcplondon.ac.uk/projects/fracture-liaison-service-database-fls-db>)
- Implement IT methodology to identify spinal fractures and low bone density from imaging performed for other clinical indications
- Enhance primary prevention by increasing awareness among referrers of risk factors for fracture, combined with use of IT-based identification of people at risk

Assessment

- Embed IT-based fracture risk assessment algorithms into primary care digital systems
- Access to timely fracture risk assessment, including targeted DXA scans, in accordance with NICE CG146
- Enhanced one-stop assessment at time of DXA scan, including laboratory tests and x-rays where clinically indicated

Treatment

- Individual care plans for implementation in the community, encompassing recommendations about pharmacological intervention, lifestyle modification and management of reversible underlying causes
- Use of personalised medicine approach to ensure holistic management and to set goals and manage expectations
 - Use anabolic (bone building) treatments first line in patients at very high fracture risk
 - Escalation to second and third-line treatment as required
 - Link to relevant services and organisations, e.g. - falls prevention, social care and therapy services as soon as these are needed
- Reserve specialist hospital outpatient management for complex cases
- Use direct-access referrals for delivery of injectable treatment

Monitoring

First-line treatments for osteoporosis are difficult to take correctly and are ineffective if the dosing instructions are not followed closely. Monitoring is essential to identify those people who are not obtaining a good response, to consider change to a second-line treatment.

- Early conversation to check compliance and assess for adverse effects that may otherwise lead the patient to abandon treatment
- Use of blood tests (bone turnover markers) at baseline and after few months to confirm good treatment response
- Periodic reassessment including DXA at least every 5 years
 - To plan duration of treatment and the timing of “drug holidays” to minimise risk of rare but serious adverse effects

Support

- Education and empowerment of patient and carers to support self-management
- Easy access to specialist advice for patients and referrers to avoid need for regular hospital outpatient review
 - Helpline – local and ROS
 - Digital resources
- Education and support for HCP building on the existing ROS portfolio
- Links into care homes and care services

Resources, infrastructure and technology required to support new ways of working

- Improved IT access to facilitate remote consultations
 - Universal access to broadband coverage
 - Interpretation services
- Validation of automated approaches to fracture identification and fracture risk assessment
- Support for integrated pathways spanning primary, secondary and social care sectors:
 - Funding following the patient
 - IT systems facilitating secure sharing of clinical data
- Governance to ensure quality and safety
- Clinical leadership

Call to action

In submitting this proposal, we seek urgent recognition of the importance of osteoporosis services and support for the ROS to develop and implement the innovative care pathways needed for our patients in the aftermath of the COVID-19 pandemic that are:

- **Highly effective** – applying the best evidence-based research
- **Integrated** – delivered seamlessly between primary, secondary and social care sectors
- **Equitable** – accessible to all, regardless of age, gender, ethnicity or socioeconomic status