

The Five P's: Aligning the Interests of Patients, Physicians, Politicians, Pharmaceutical Companies & 3rd Party Payers

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**Systems Approaches to Secondary Fracture Prevention:
Doing Something that Actually Works**

16th September 2011

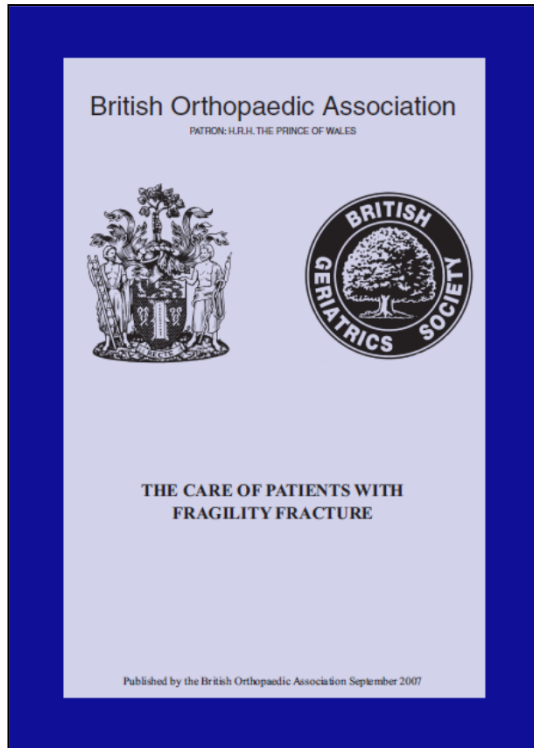
ASBMR 2011 Annual Meeting
San Diego, USA

Paul Mitchell - Disclosures

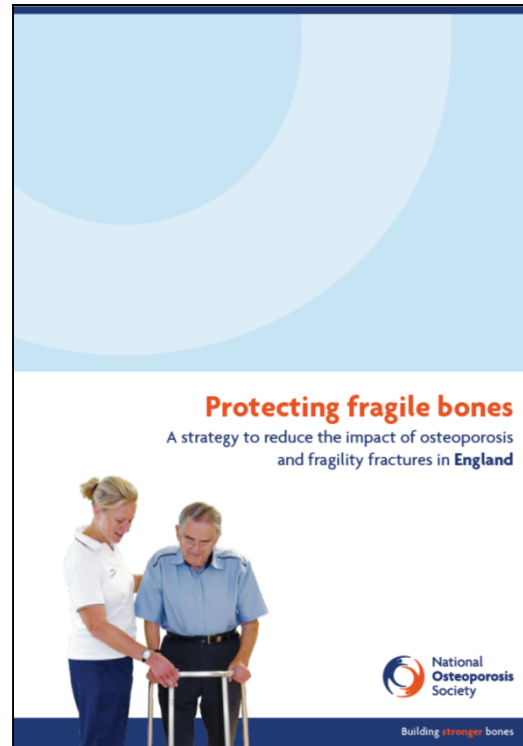
- Consultancy:
 - **Pharmaceutical manufacturers:** Amgen, Daiichi Sankyo UK Ltd, GSK, MSD-Asia, MSD-NZ, Novartis, Roche, Servier, Shire
 - **Public bodies:** Department of Health in England, UK National Hip Fracture Database
- Speakers Bureau:
 - ProStrakan

Hip fracture care and prevention in the UK

A consensus on a systematic approach



**Professional
organisations**



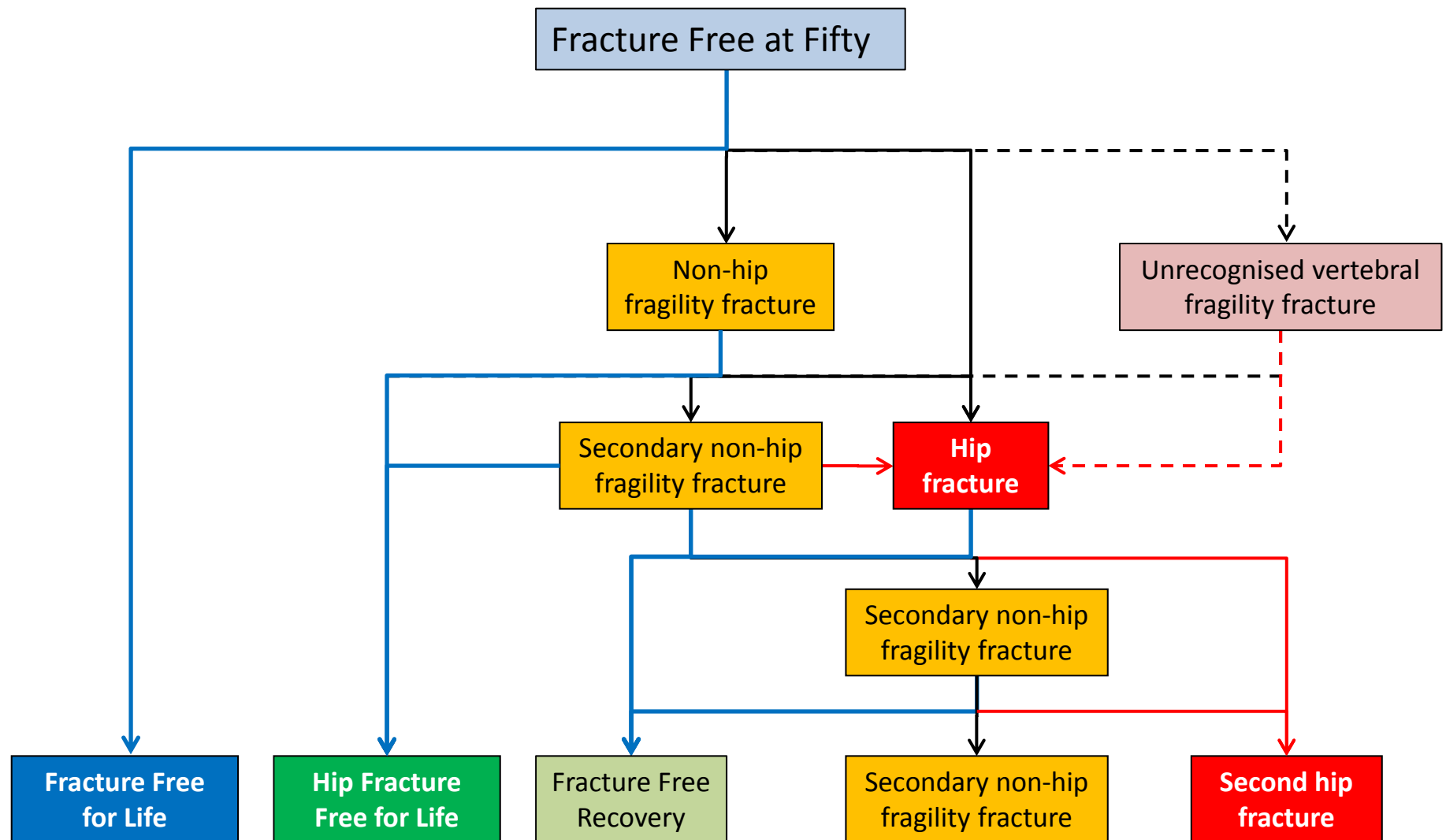
**Patient
society**



**Policy
makers**

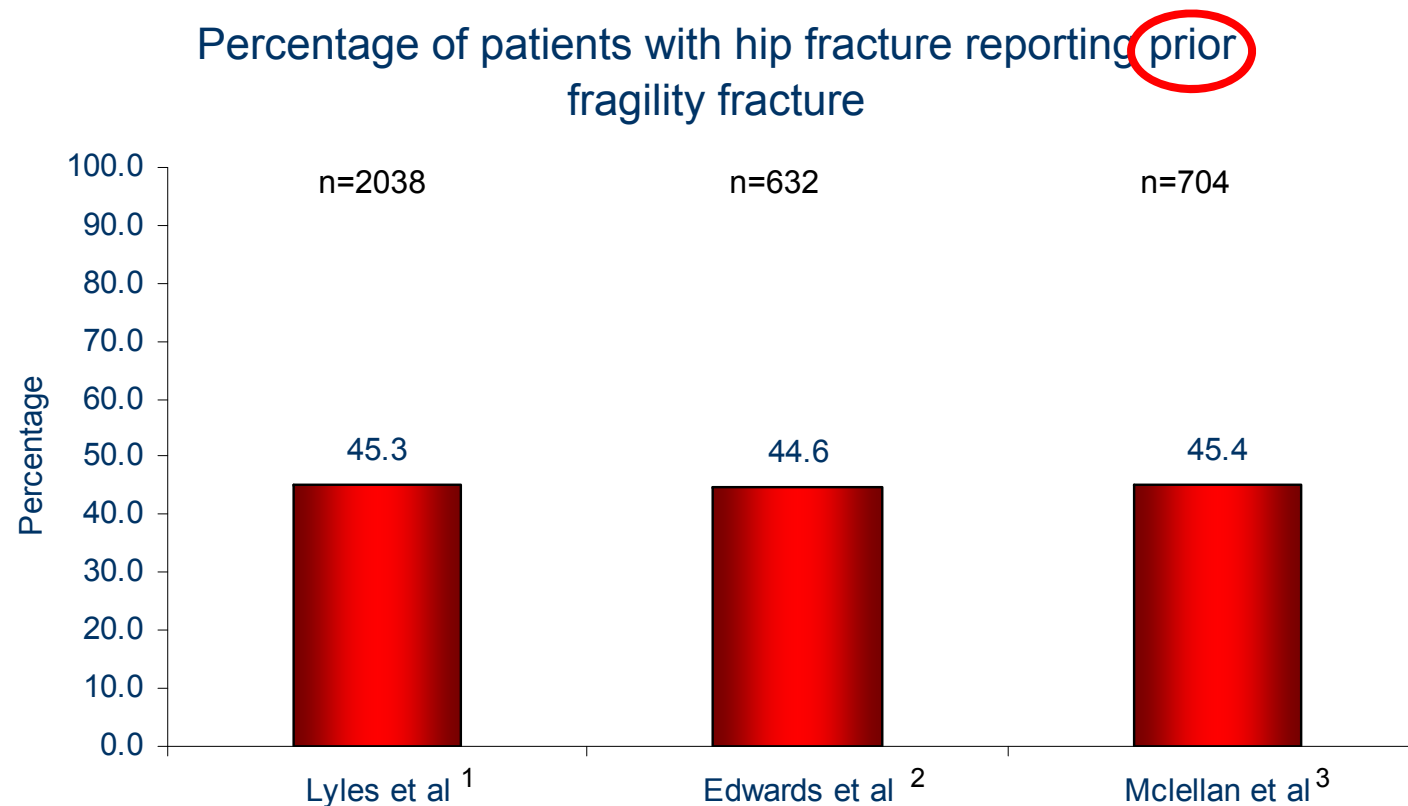
'Signal' or 'Herald' Fractures

An opportunity to break the fragility fracture cycle



Signal fractures

Patients presenting with hip fracture



1. ASBMR 2006. 28th Annual Meeting in Philadelphia, Pennsylvania, USA. 2006. Abstract SA405. Lyles KW et al

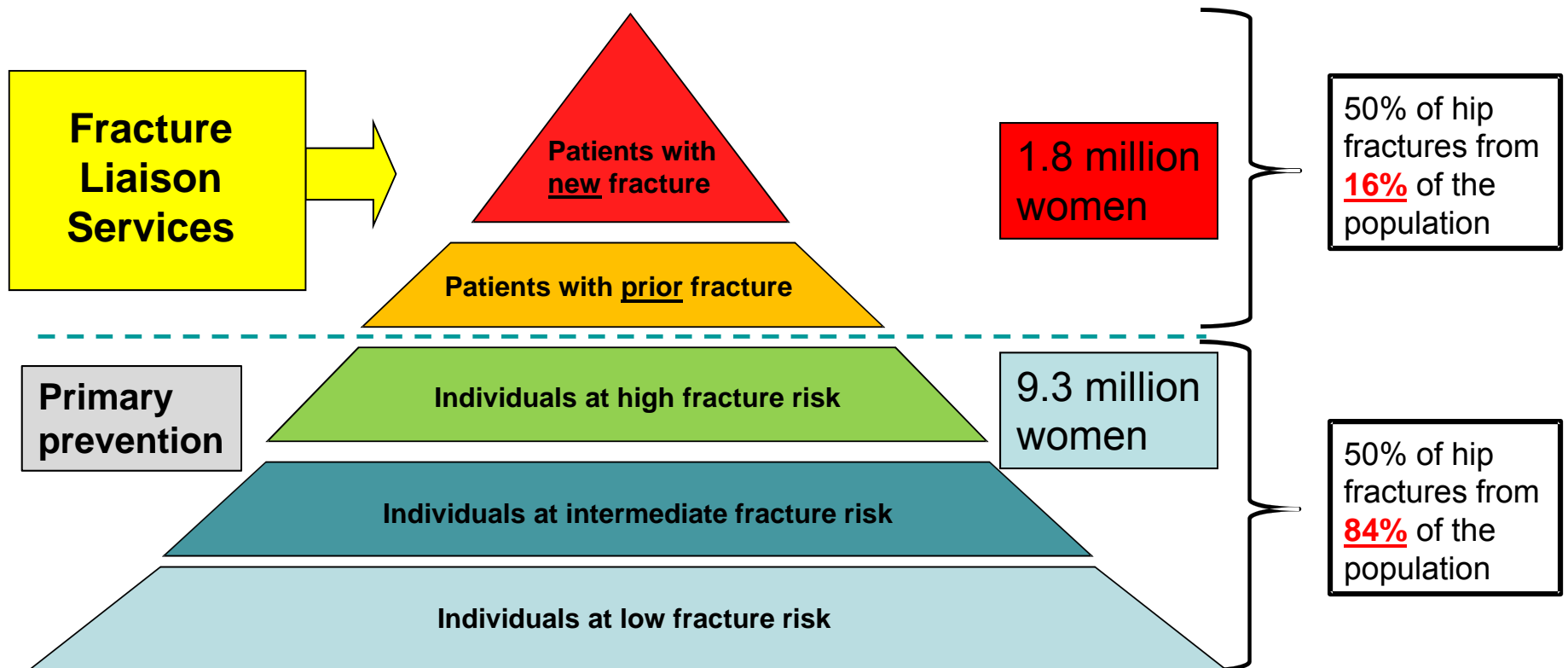
2. *Clin Orthop Rel Res* 2007;461:226-230 Edwards BJ et al

3. NHS Quality Improvement Scotland. *Effectiveness of Strategies for the Secondary Prevention of Osteoporotic Fractures in Scotland*. 2004. McLellan AR et al

Fracture risk and ease of case-finding

Effective targeting of healthcare resources

The majority of post-menopausal women (84%*) have not suffered a fragility fracture
Strategies to case-find new and prior fracture patients could identify up to **50% of all potential hip fracture cases from 16% of the population**



Adapted from Curr Med Res Opin 2005;21:4:475-482 Brankin E et al

* BOA-BGS 2007 Blue Book. <http://www.nhfd.co.uk/>

Professional consensus guidance on hip fractures 2007 Blue Book and National Hip Fracture Database

- **A systematic approach to hip fracture care and prevention¹⁻³**

- Hip fracture **care**

- Blue Book Chapter 1
- Effective ortho-geriatric services for hip fracture patients
- Universal National Hip Fracture Database participation

- Hip fracture **prevention**

- Blue Book Chapter 2
- An FLS for every hospital to identify all **new** fragility fracture patients
- Pro-active case-finding of all unassessed **prior** fragility fracture patients

1. BOA-BGS 2007 Blue Book
2. National Hip Fracture Database
3. NHFD Toolkit – Version 3
All available at <http://www.nhfd.co.uk/>

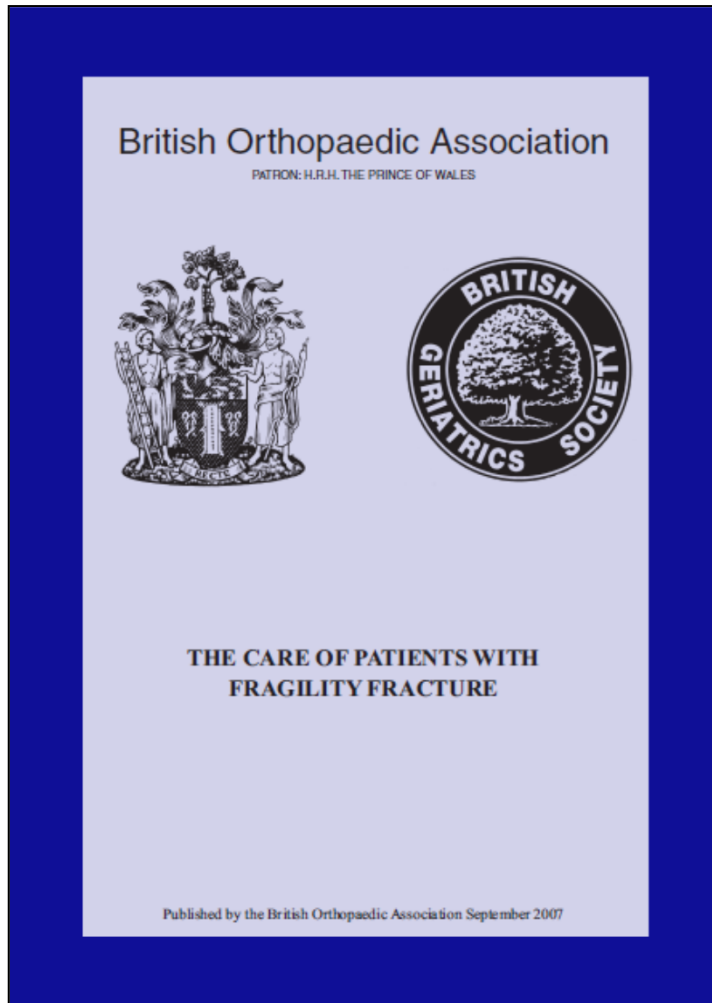
Guidance applicable throughout UK 2007 Blue Book and National Hip Fracture Database

- The Blue Book highlights the need for consistent delivery of NHFD standards 5 and 6^{1,2}:

“Establishment of an integrated **Fracture Liaison Service** in every UK hospital, which operates in close collaboration with local general practice, offers the optimal system of healthcare delivery to implement NICE guidance consistently for all patients presenting with fragility fractures.”

Hip fracture care and prevention in the UK

Consensus amongst the professional organisations



Adoption of FLS across the UK

The National Osteoporosis Society Manifestos

FIVE CHALLENGES

Five challenges

1: The management of falls, fragility fractures and osteoporosis

The challenge:

We want a Fracture Liaison Service linked to every hospital that receives fragility fractures, to ensure that every fragility fracture patient gets the treatment and care they need.



4. The indicators that influence primary care

We want healthcare professionals working in primary care to be offered meaningful financial incentives to find and treat those at a high risk of fragility fracture.

5. Public awareness and education

We want measures to improve understanding of bone health amongst individuals of all ages, with positive messages communicated in schools.

Royal College of Physicians national audit Falls and bone health services 2009

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Page last updated at 00:02 GMT, Wednesday, 25 March 2009

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NHS 'failings' over elderly falls

Opportunities to prevent recurrent falls and fractures in the elderly are being missed, experts have warned.

Every year, more than 700,000 people over 65 in the attend A&E after a fall.

But the Healthcare Quality Improvement Partnership says many hospitals in England, Wales and Northern Ireland are not adhering to best practice.

The audit found serious gaps in aftercare services for those who had had a fall. The government said it was taking action to improve services.

The researchers from the Royal College of Physicians found little improvement had been made since their first audit in 2005.

Results came from 93% (315/337) of acute trusts, primary care organisations (PCOs) and health and social care trusts in England, Wales and Northern Ireland.

Only half of providers with an A&E or minor injury unit routinely screen older people attending with falls for risk of future falls.

And less than half (44%) check whether elderly patients admitted with a fracture has brittle bones because of osteoporosis, despite good evidence showing half of hip fracture patients have had a previous fragility fracture.



Falls are the leading cause of death for the over-75s

“ By correctly identifying those at risk, NHS trusts could save time, money and most importantly, lives ”

Nick Rijke
National Osteoporosis Society

SEE ALSO

[Call for fresh approach to falls](#)
18 Jan 08 | Health

['Gaps' in elderly falls services](#)
07 Nov 07 | Health

[Fear of falls 'isolates elderly'](#)
25 Jun 07 | Health

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[NHS Confederation](#)

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1. National Audit of the Organisation of Services for Falls and Bone Health for Older People. 2009. Available for download from: http://www.rcplondon.ac.uk/clinical-standards/ceeu/Current-work/Falls/Pages/Audit.aspx#round2_audit_2008

RCP-CEEU national organisational audit 2009

Reported by English Region and Locality

Question number (see page 10 for full questions)	3.1.1.	3.2.1.	3.5.1.	FLS	4.1.1.	4.1.4.	4.1.14.	4.3.1.	4.4.3.	4.6.1.
London Strategic Health Authority Healthcare setting in alphabetical order	Structure and Staffing				Specialist Falls Management					
Kingston Hospital NHS Trust	Yes	No	Yes	No	No, not at all	.	.	No	.	No
Kingston Primary Care Trust	Yes	Yes	Provides time	No	Yes, fully	Yes	No	No	No	No
Lambeth Primary Care Trust	Yes	Yes	Yes	No	Yes, fully	Yes	Yes	No	Yes	Yes
Lewisham Primary Care Trust	Yes	Yes	Yes	No	Yes, partially	No	No	No	.	No
Mayday Healthcare NHS Trust	Yes	Yes	Yes	No	Yes, partially	Yes	No	No	Yes	No
Newham Primary Care Trust	Yes	Yes	Yes	No	Yes, fully	Yes	No	No	No	Yes
Newham University Hospital NHS Trust	No	No	No	No	Yes, partially	No	No	No	.	Yes
North Middlesex University Hospital NHS Trust	Yes	Yes	Yes	No	Yes, fully	Yes	No	Yes	.	Yes
Queen Elizabeth Hospital NHS Trust	Yes	Yes	Yes	Yes	Yes, partially	Yes	Yes	Yes	No	No
Queen Mary's Sidcup NHS Trust	Yes	Yes	Yes	No	No, not at all	.	.	Yes	No	Yes
Redbridge Primary Care Trust	Yes	Yes	Yes	No	Yes, fully	Yes	No	Yes	Yes	Yes
Royal Free Hampstead NHS Trust	Yes	Yes	Yes	No	Yes, fully	Yes	.	No	.	Yes
Southwark Primary Care Trust	Yes	No	No	No	No, not at all	.	.	No	Yes	Yes
St George's Healthcare NHS Trust	No	Yes	Yes	Yes	Yes, fully	Yes	Yes	No	No	No
Sutton & Merton Primary Care Trust	No	Yes	Provides time	No	Yes, partially	Yes	No	No	Yes	No
The Lewisham Hospital NHS Trust	Yes	Yes	Yes	No	Yes, fully	Yes	No	No	No	Yes
The North West London Hospitals NHS Trust (Central Middlesex Hospital)	No	Yes	Yes	No	Yes, partially	Yes	No	No	.	Yes
The North West London Hospitals NHS Trust (Northwick Park Hospital)	Yes	Yes	Yes	No	Yes, fully	Yes	Yes	Yes	No	No
Tower Hamlets Primary Care Trust	Yes	Yes	Yes	No	Yes, fully	Yes	Yes	No	No	Yes
University College London Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No, not at all	.	.	No	.	Yes
Waltham Forest Primary Care Trust	No	No	No	No	Yes, fully	Yes	No	Yes	No	No
Wandsworth Teaching Primary Care Trust	Yes	Yes	Provides time	Yes	Yes, fully	Yes	No	No	Yes	No
West Middlesex University Hospital NHS Trust	Yes	Yes	Yes	Yes	Yes, partially	No	.	No	.	No
Westminster Primary Care Trust	Yes	Yes	Provides time	No	Yes, partially	Yes	Yes	Yes	No	No
Whipps Cross University Hospital NHS Trust	No	Yes	Yes	No	Yes, partially	Yes	No	No	No	No
Whittington Hospital NHS Trust	Yes	Yes	Yes	No	Yes, fully	Yes	.	No	No	Yes

National Falls and Bone Health Public Audit Report. March 2009.

33

1. National Audit of the Organisation of Services for Falls and Bone Health for Older People. 2009. Available for download from: http://www.rcplondon.ac.uk/clinical-standards/ceeu/Current-work/Falls/Pages/Audit.aspx#round2_audit_2008

RCP-CEEU national organisational audit

Falls and bone health services 2009

1. Opportunities to prevent recurrent falls and fractures are being missed:

- a. Risk assessments in A&E departments and Fracture services are inadequate.
- b. **Services with Falls Coordinators and Fracture Liaison Nurses have better case finding systems in place to identify high risk fallers**
- c. Most trusts have developed inpatient falls policies, but only a third know their inpatient falls rates

2. Commissioning is patchy, rarely providing a coordinated falls and fracture strategy:

- a. Important public health information on fracture rates is inadequate or not collated
- b. Only 39% (67/171) of commissioning trusts report being compliant with the NICE technology appraisal on secondary prevention of osteoporotic fragility fractures

3. Many clinical services were not adhering to the NICE guidance:

- a. **Patients with first fractures are not flagged up for secondary prevention**
- b. Many of the exercise programmes being provided are not evidence based
- c. Too few services used patient-agreed treatment plans
- d. Assessments for safety at home using a validated approach could be better

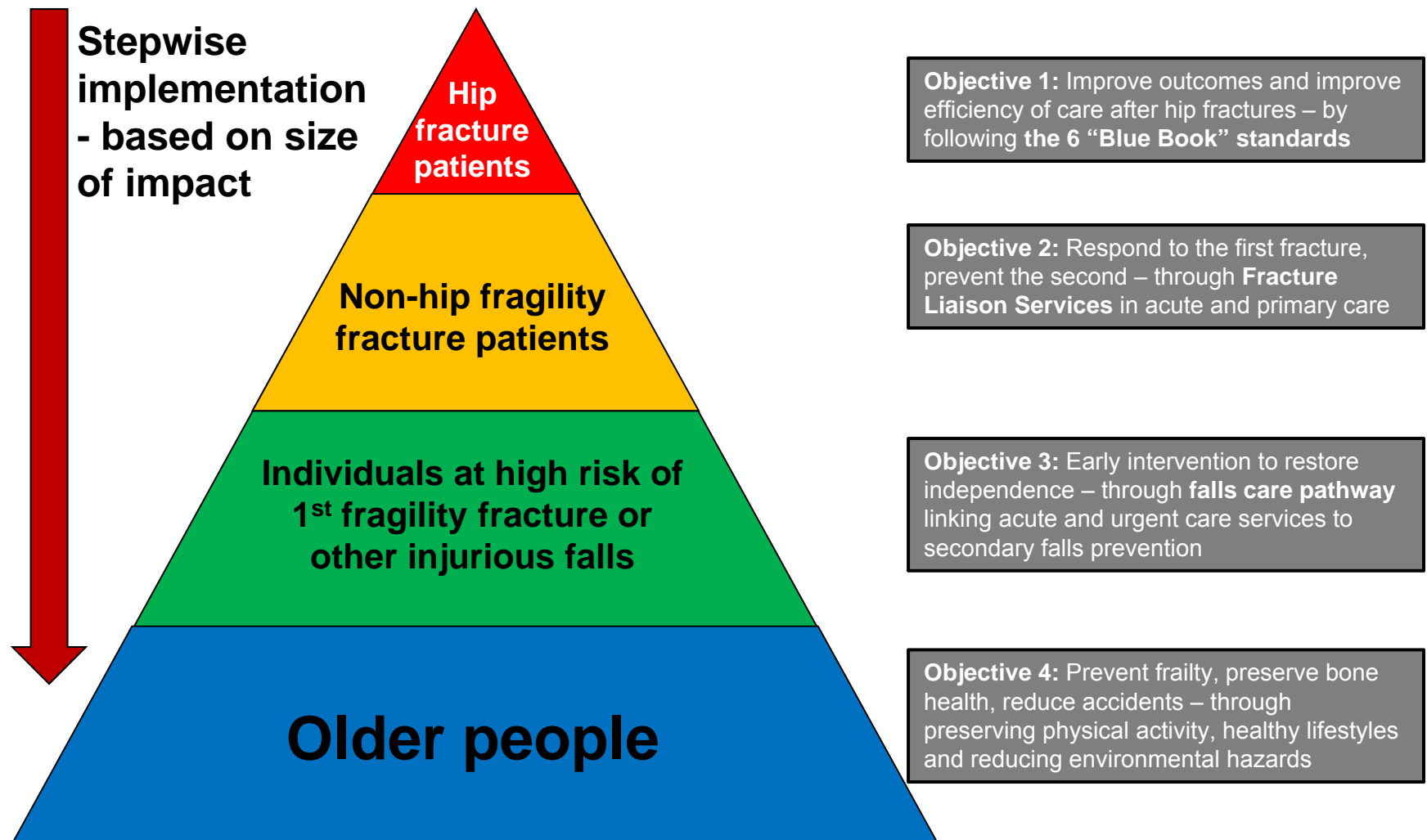
RCP-CEEU national organisational audit 2009

Recommendations

- Primary care organisations (PCOs) should develop commissioning strategies that include:
 - Case finding systems in hospital and community settings to identify high risk fallers
 - Adherence to NICE treatment guidelines with monitoring by local audit
 - Clinical leaders including a consultant with job plan commitment
 - **A Fracture Liaison Service**
 - Widespread and accessible evidence-based exercise programmes
 - Targeted use of validated home safety assessments
- The Department of Health should review how it can best support these developments by:
 - Provision of advice on commissioning
 - Strengthening incentives
 - Provision of useful metrics for falls prevention, fractures and osteoporosis treatments

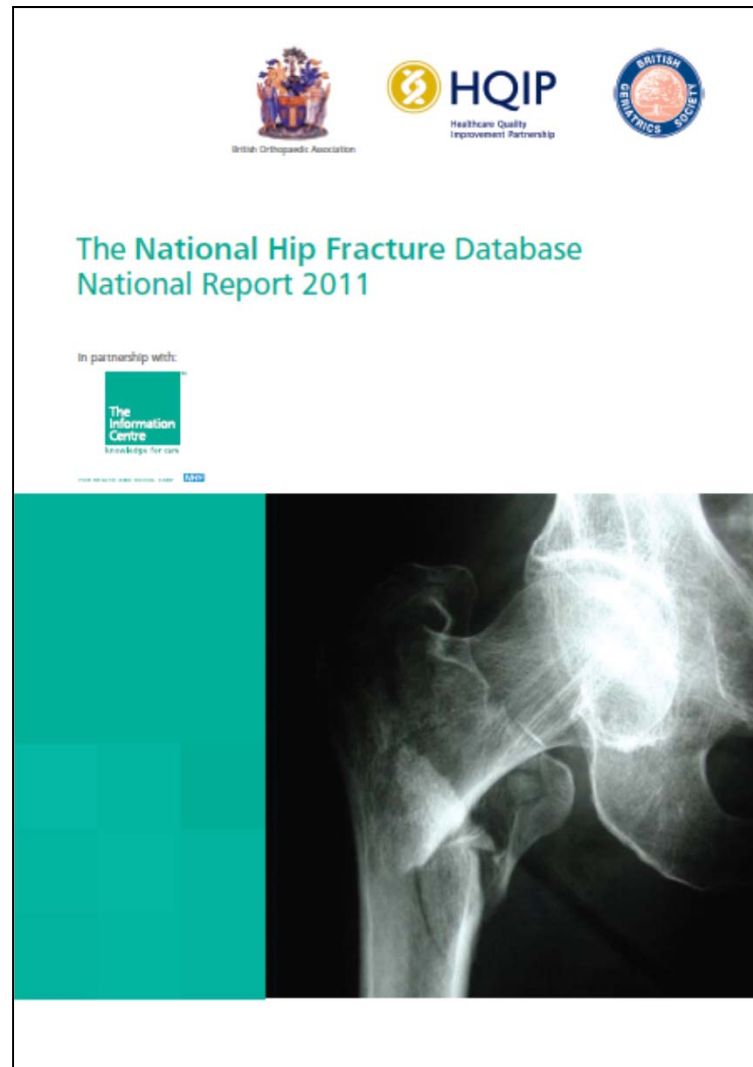
Falls and fracture care and prevention

A road map for a systematic approach



2011 National Hip Fracture Database Report

Fracture care & secondary prevention for 53,433 cases

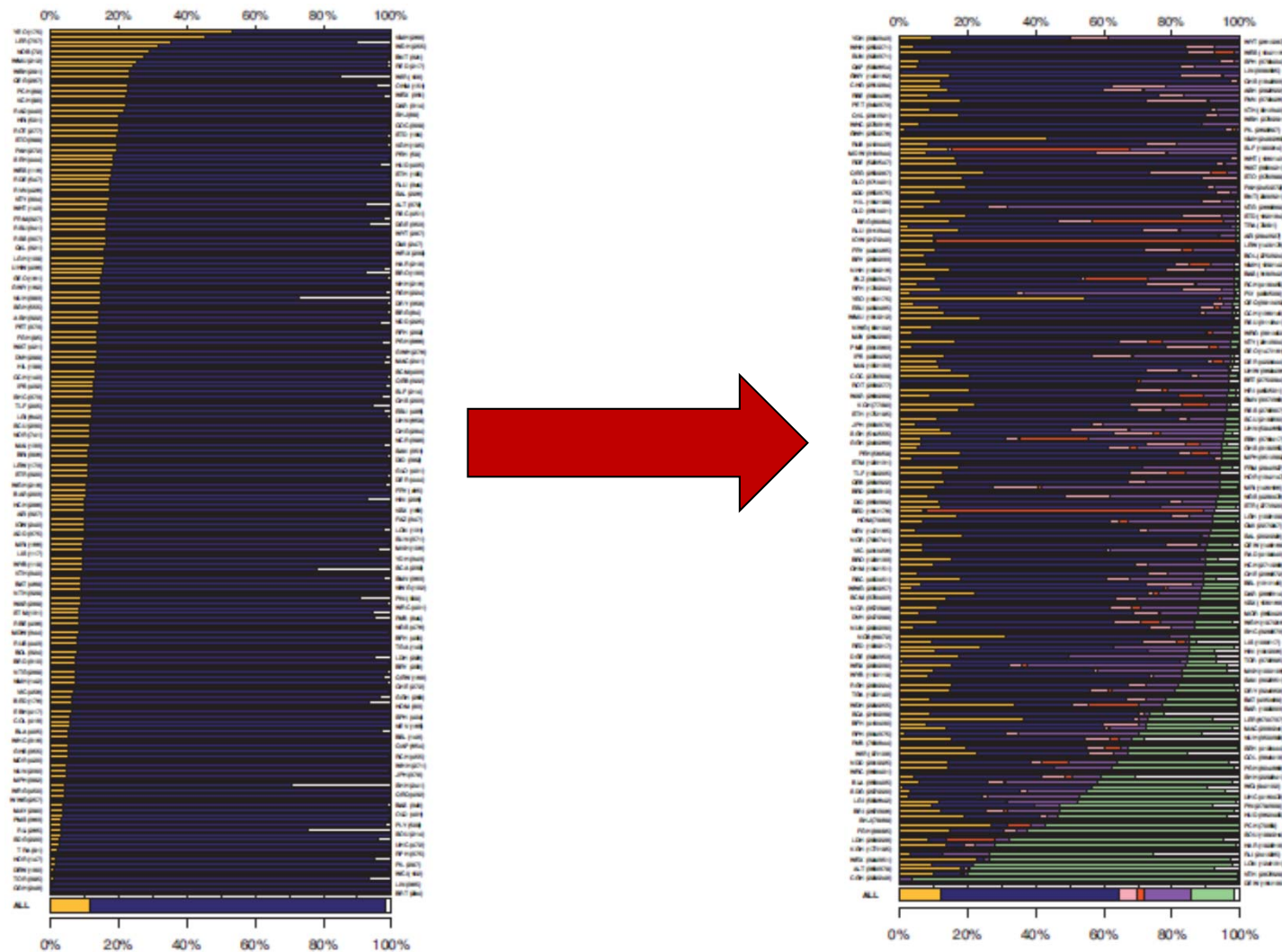


2011 National Hip Fracture Database Report Blue Book core standards

1. 58% admitted to an orthopaedic ward within four hours
2. 87% receive surgery within 48 hours
3. 3% reported as having developed pressure ulcers
4. 37% assessed preoperatively by an ortho-geriatrician
- 5. 66% discharged on bone protection medication**
- 6. 81% received a falls assessment prior to discharge**

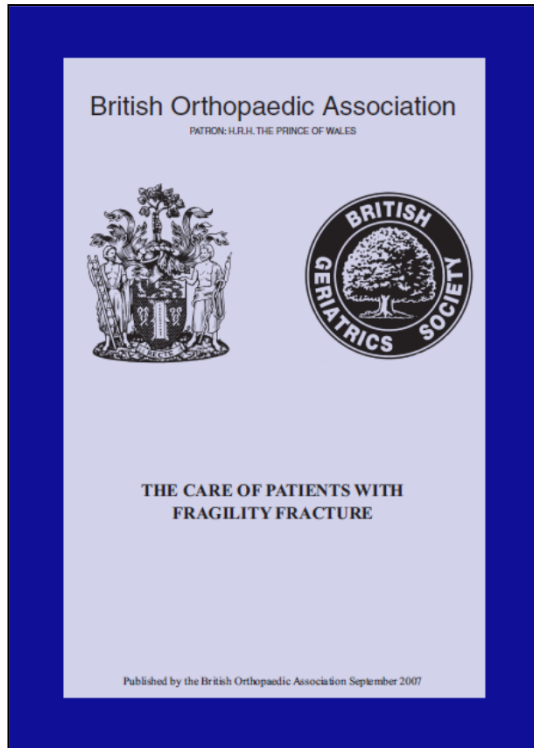
2011 National Hip Fracture Database Report

Osteoporosis treatment on admission vs. discharge

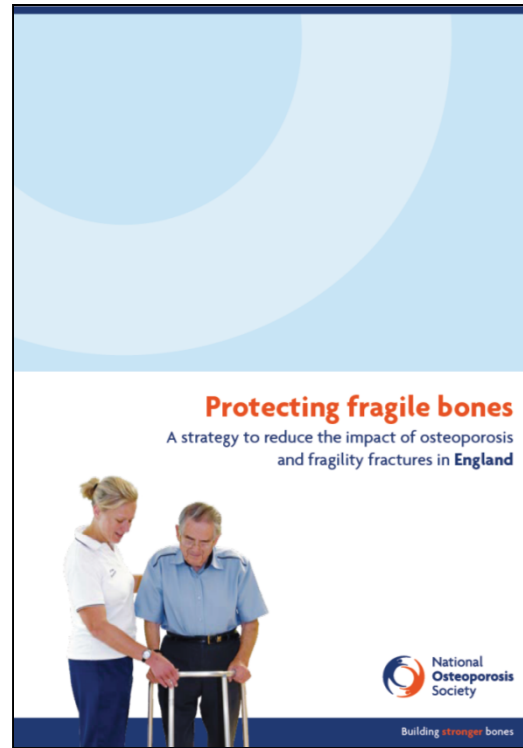


Hip fracture care and prevention in the UK

A consensus on a systematic approach



**Professional
organisations**



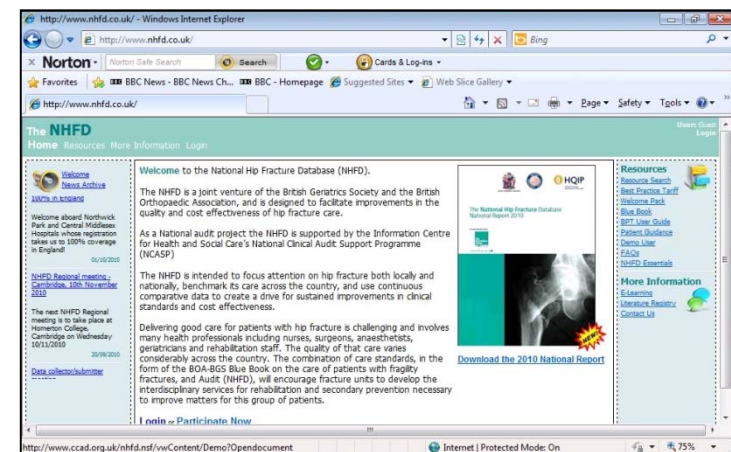
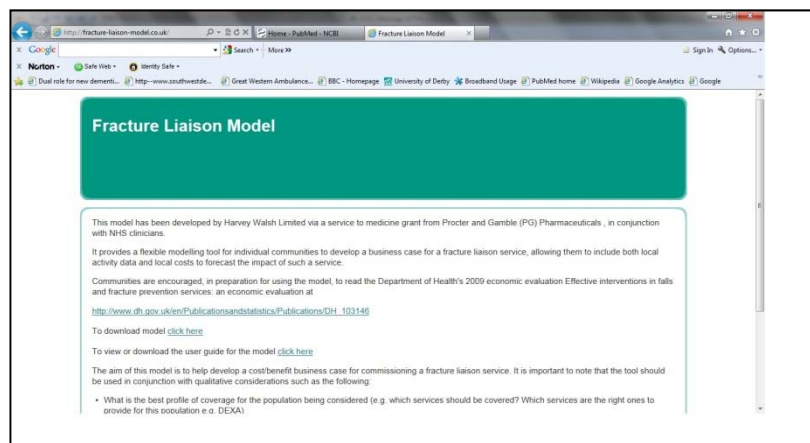
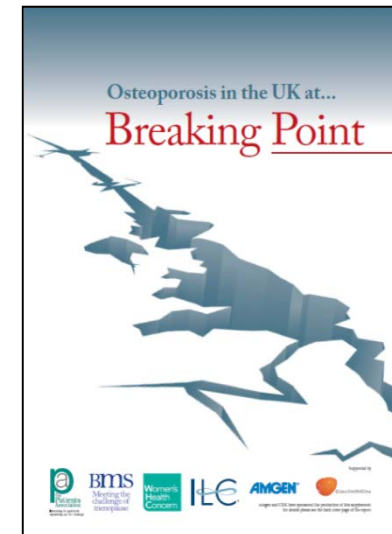
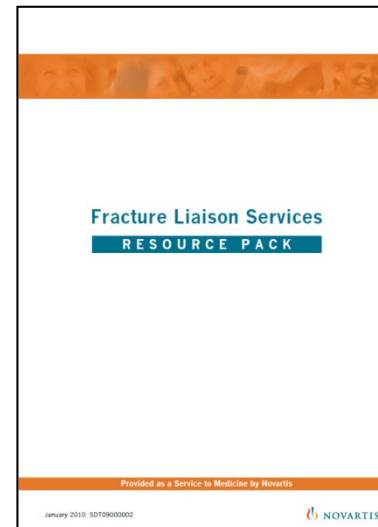
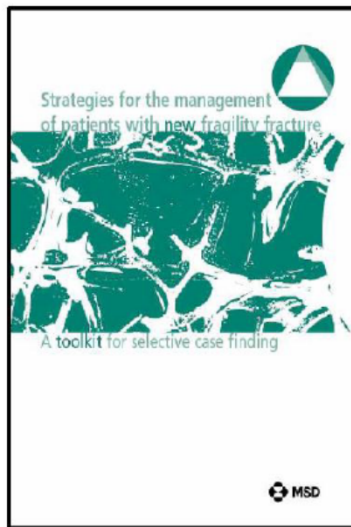
**Patient
society**



**Policy
makers**

Hip fracture care and prevention in the UK

A consensus amongst pharmaceutical manufacturers



National Osteoporosis Society & UK adoption of FLS

FLS Learning Events – October 2010

Fracture Liaison Services

Better outcomes for patients, better value for the NHS

A photograph showing a female healthcare professional in a white polo shirt and dark trousers assisting an elderly male patient. The patient is wearing a light blue short-sleeved shirt and dark trousers, and is using a silver walking stick. The professional is standing behind him, holding the stick to help him walk.

Attend a **free one day learning event to find out how Fracture Liaison Services (FLS) can:**

- Improve quality and reduce costs
- Reduce unscheduled admissions
- Provide high-quality preventative care

And learn more about:

- Why FLS are effective
- What your FLS should do
- Practical steps to develop your service



National
Osteoporosis
Society

Supported by the



DH Department
of Health

Building **stronger bones**

<http://www.nos.org.uk/page.aspx?pid=986&srcid=240>

National Osteoporosis Society & UK adoption of FLS FLS Learning Events – the bottom line

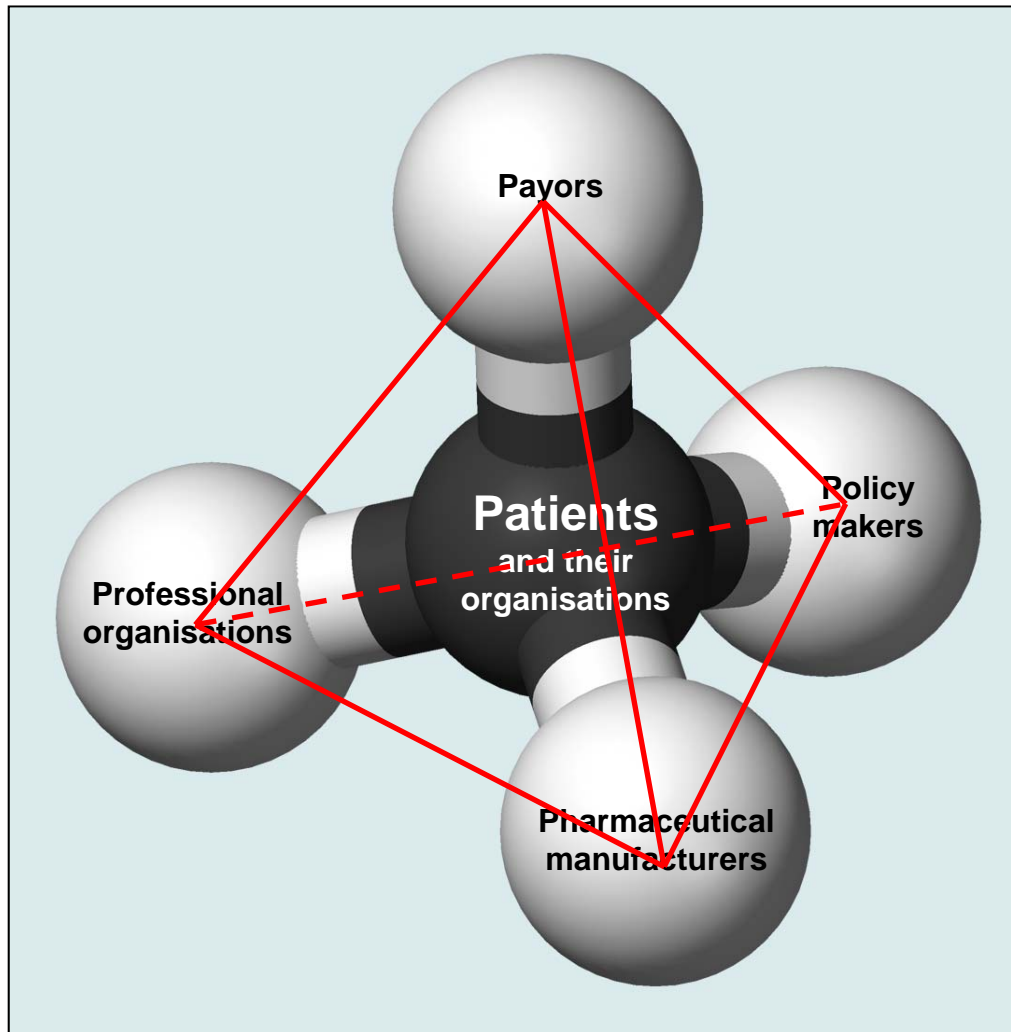
- Fracture Liaison Services deliver ...
- ... innovative, preventative care ...
- ... that will ***improve quality and reduce costs*** ...
- ... through a reduction in unscheduled emergency admissions

The collage consists of several overlapping elements:

- Documents:**
 - A document with the "DH Department" logo.
 - A poster titled "Falls Effective health".
 - A diagram with a red arrow pointing down, labeled "Step 1".
 - A document with the text "To rate target the".
- Web Browser Window:**
 - Address bar: <http://www.health.nsw.gov.au/resources/gmct/>
 - Page Title: Osteoporotic Re-Frature P...
 - Navigation: Home, About Us, Conference Program, Registration, Contact Us, Venue
 - Section: Toolkit
 - Banner: "Join us in Washington, DC"

Hip fracture care and prevention

The building blocks for consensus



Acknowledgements

- The work from the UK described in this presentation represents the efforts of numerous colleagues and their respective organisations over the last decade
- Major contributions from the following individuals should be highlighted:
 - **Professionals and their organisations:** Dr. Alastair McLellan (Western Infirmary, Glasgow), Dr. Stephen Gallacher (Southern General Hospital, Glasgow), Sister Mayrine Fraser (Western Infirmary, Glasgow), Sister Carol McQuillian (Southern General Hospital, Glasgow), Dr. Eamonn Brankin (Coatbridge, Scotland), Dr. Jonathan Bayly (University of Derby), Dr. Alun Cooper (Crawley, England), Professor David Marsh (British Orthopaedic Association), Dr. Finbarr Martin (British Geriatrics Society), Dr. Colin Currie (NHFD), Dr. Robert Wakeman (NHFD), Maggie Partridge (NHFD), Professor David Reid (University of Aberdeen), Professor Roger Francis (Newcastle University), Professor Opinder Sahota (Nottingham University), Professor Cyrus Cooper (Universities of Oxford and Southampton), Professor Juliet Compston (University of Cambridge)
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 - **Patient society:** National Osteoporosis Society – Anne Thurston, James Cooper, Juliette Brown
 - **Pharmaceutical manufacturers:** Dr. Femi Adekunle (Novartis Pharmaceuticals UK Ltd), Emma Gilbert (Amgen), Eddie Kerr (Roche Products Ltd), Mark Waker (London, England), Alan Potter (Stroud, England), Chris Boulton (Amersham, England)

