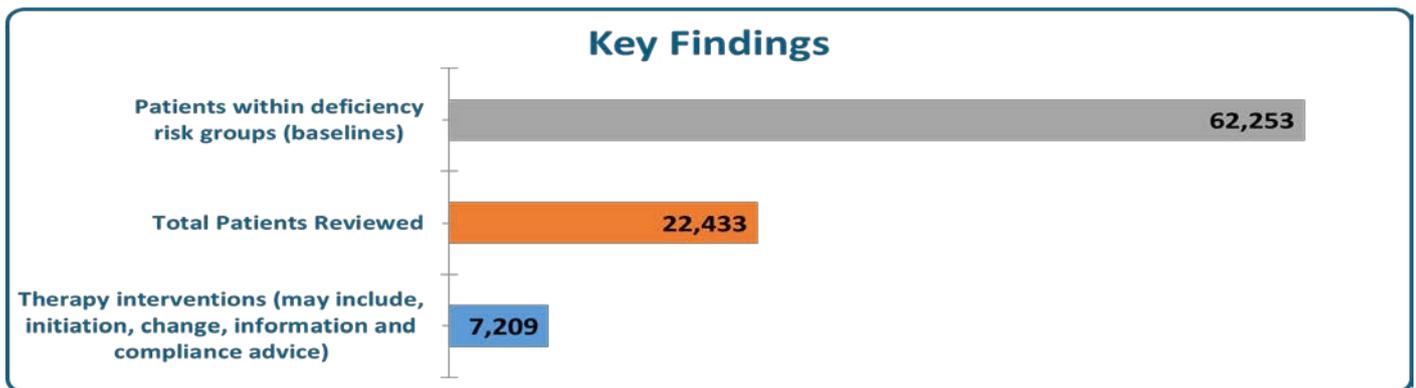


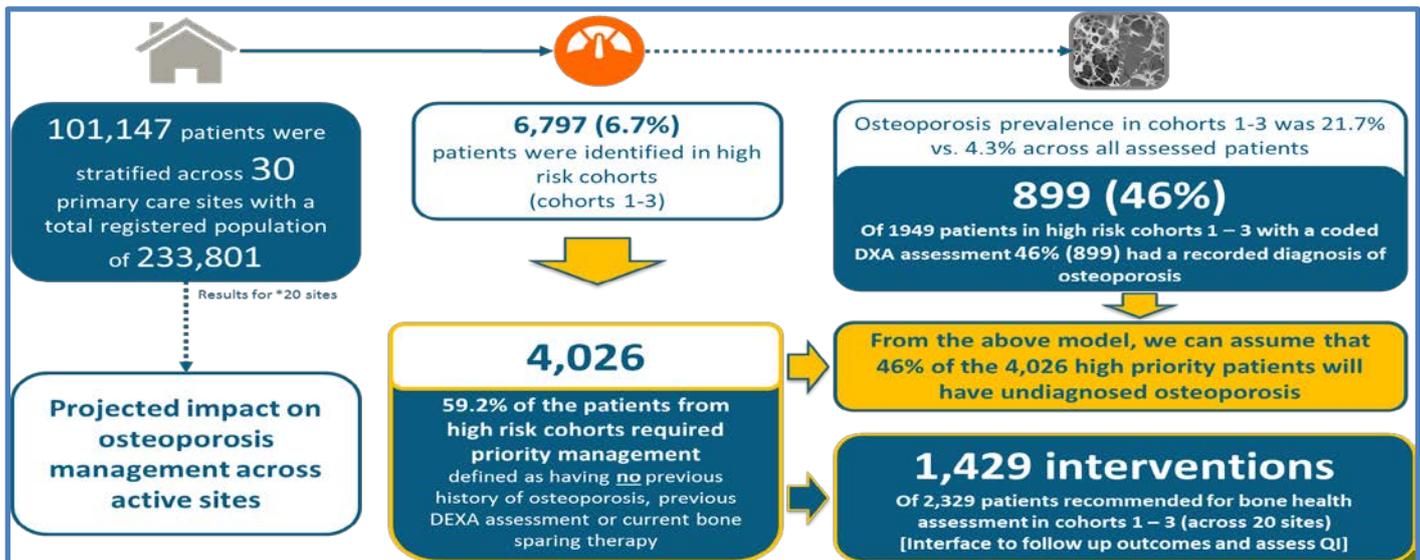
# Improving Bone Health and Fracture Prevention "a population based approach across the North East and North Cumbria"

Approximately 65,000 hip fractures occur in the UK each year; with an annual cost of about £2 billion (this includes medical and social care). In 2012, the National Institute for Health and Care Excellence (NICE) issued guidelines on the assessment of risk of fragility fracture (NICE CG146) recommending "opportunistic case finding" and the Quality and Outcomes Framework (QoF) for primary care in England and Wales to support the identification and treatment of fragility fracture. However, while fracture risk assessment and "secondary" prevention treatment of fragility fracture are now recommended in general practice, targeted treatment of other patients at risk is not. This programme aims to target those 'other patients at risk' across the North East and North Cumbria.

## CaD3 Therapy Review: Headline Results from Audits - October 2016



## Attend2: Fracture - Headline Results from Assessments - October 20

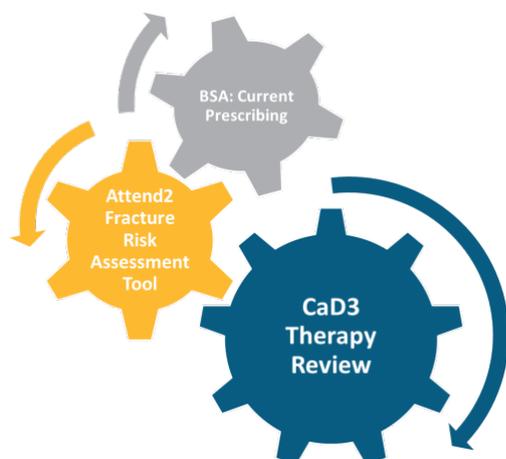


Our overall aim, in collaboration with Clinical Commissioning Groups, GP Practices, Interface Clinical Services, Kyowa Kirin, is to support the regions reputation in leading innovation in this by targeting fracture risk assessment at Primary Care level by identifying patients at high risk of fracture, evaluate and treat them, with the sole aim of future prevention.

## The Problem and Our Approach

There has been limited implementation of NICE CG 146 in general practice, largely due to the difficulties in applying a whole-system risk stratification tool (FRAX or QFracture). Currently, practices can only implement a risk stratification tool on individual patient entry which is time consuming and impractical. Also, practices often struggle to implement a systematic review process linked to the outputs of risk stratification tools.

Interface Clinical Services working with Sheffield University have developed a systematic audit programme approach. We have used this approach across GP practices in the North East and Cumbria. This approach has GP practices working together in a systematic way to achieve population based outcomes. It standardises the approach to care and reduces variation between practices. This programme has the opportunity to realise economic benefits in reducing non-elective admissions related to falls and fractures.



1. CaD3 Therapy Review - Identification and review of patients at risk of CaD3 deficiency
2. Attend2: Fracture Risk Assessment Tool - Proactive identification of patients at risk of osteoporotic fracture – underpinned by FRAX
3. BSA: Current Prescribing - Review of patients currently receiving BSA to support safe and effective preventative therapy (potential future engagement)

## Intervention

Using routine GP practice data on age, gender, weight, height, smoking status, alcohol consumption, Glucocorticoid use, rheumatoid arthritis and other diseases such as diabetes, malnutrition, liver disease and early menopause, individual patient risk of fracture can be estimated. With a 10-year hip fracture threshold of 10% or greater, an average size GP practice will identify approximately 200 patients. For this group a refined estimate of fracture risk is required. A process of stratifying risk into categories of Red, Amber and Green assists with agreed patient interventions.

The NOGG interpretation graph indicates that patients within the red category are at high risk of osteoporotic fracture and should be provided with preventative therapy, those in the green category are at low risk and health promotion advice can be offered. Patients categorised into the amber category (medium risk) require further information, which can be provided through a face-to-face or telephone consultation or referral for DXA scan.

If you would like your CCG, GP Federation or GP Practice to be involved in this programme then please contact: Helen Ridley, AHSN Falls and Fracture Programme Lead at [h.ridley@ahsn-nenc.org.uk](mailto:h.ridley@ahsn-nenc.org.uk)

## In collaboration with:



Lindisfarne Health



**KYOWA KIRIN**

