



The Quality and Outcomes Framework and Fracture Liaison Services

Our Position

Osteoporosis indicators in the Quality and Outcomes Framework and Fracture Liaison Services are complementary. Together they create an integrated systematic approach to secondary fracture prevention bridging primary and secondary care. This is in the best interests of patient care and will save health and social care resources.

Key points

- Osteoporosis indicators in the Quality and Outcomes Framework (QOF) present a real opportunity to improve secondary fracture prevention across the UK.
- A Fracture Liaison Service (FLS) is a clinically and cost effective service model for systematic secondary fracture prevention currently available in only 38% of local health services in England, Northern Ireland and Wales. In Scotland, 78% of the population have access to secondary fracture prevention services through an FLS.
- In areas where an FLS is in place, the service will support practices to achieve the quality of care required by QOF indicators.
- In areas where there is no FLS, commissioning a service is recommended to improve quality of provided care, support the implementation of QOF indicators and reduce the burden of fragility fractures on health and social care resources.
- In areas where an FLS is not commissioned, implementation of the QOF indicators through other means by general practices is recommended.

The issue

For a number of years, the National Osteoporosis Society has been campaigning for two key shifts in the way that fracture prevention is managed in the NHS. We have called for osteoporosis indicators to be included in the **Quality and Outcomes Framework** (QOF), and encouraged the adoption of a systematic secondary fracture prevention model known as **Fracture Liaison Services** (FLS). The inclusion of osteoporosis indicators in QOF from April 2012 has led to questions about their implementation, and the compatibility of the incentive scheme with Fracture Liaison Services where they exist.

This statement seeks to clarify the roles of QOF and FLS, provide an understanding of the opportunities each present and the ways in which together they can improve patient care.

Background

The Quality and Outcomes Framework

QOF is a part of the GP contractual arrangements introduced in April 2004 and rewards GP practices for how well they care for patients rather than simply how many they treat, based on their performance against indicators. Each indicator is worth a maximum number of points and practices are rewarded financially depending on how many points they achieve.

While QOF is a voluntary scheme, clinical indicators have been a successful way of making national improvements to the diagnosis and treatment of diseases as the majority of practices will choose to work to meet the criteria. Each indicator is supported by business rules which define what a practice should do to meet the criteria. How the required activity is organised and undertaken is down to each practice to decide. Importantly, QOF funding rewards good practice, rather than commissioning a specific service from general practice.

Areas are included in QOF when responsibility for ongoing management of the patient rests primarily with the GP and the primary care team, there is evidence of health benefits resulting from improved primary care and the disease is a priority in a number of the four nations.

Osteoporosis indicators

From April 2012, general practices will be rewarded for ensuring patients over the age of 50 have been assessed for osteoporosis after a fracture and given bone protecting treatments if they need them. In full the indicators are:

1. The practice can produce a register of patients: (a) Aged 50-74 years with a record of a fragility fracture after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and (b) Aged 75 years and over with a record of a fragility fracture after 1 April 2012
2. The percentage of patients aged between 50 and 74 years, with a fragility fracture, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent
3. The percentage of patients aged 75 years and over with a fragility fracture, who are currently treated with an appropriate bone-sparing agent

A total of nine QOF points can be earned by meeting these criteria with an estimated total value of around

£1,200 per practice per year. For each practice, approximately 5-6 women are estimated to have a new fragility fracture at any skeletal site each year¹.

Fracture Liaison Services

FLS is a clinically and cost effective service model for systematic secondary fracture prevention² currently available in only 38% of local health services in England, Northern Ireland and Wales³. The hub of each FLS is often a specialist nurse who is specifically trained to identify and record every patient over the age of 50 who has had a fragility fracture. The specialist nurse will also ensure that patients are offered an osteoporosis treatment and falls prevention interventions where necessary. A similar model is used to co-ordinate stroke services.

An FLS can be based in a hospital, or linked to a number of practices within primary care. Regardless of its location, it will work across primary and secondary care, facilitating good communication between sectors and effective integrated patient care. A full FLS will encompass case-finding, osteoporosis assessment, treatment recommendations, patient education, compliance support, and ideally referral on to falls prevention teams and other appropriate services.

FLS are cost saving over five years⁴ and achieve 7-9 times higher rates of assessment/treatment for fracture secondary prevention than other models of care found in the UK⁵. FLS addresses all elements of the QIPP agenda and the overarching objective of the NHS Outcomes Framework. Fracture Liaison Services deliver innovative, preventative care that will improve quality and reduce costs through a reduction in unscheduled emergency admissions. FLS are included as a quality and productivity example on the NHS Evidence website.

Conclusion and recommendations

Can FLS and osteoporosis indicators work together?

As FLS is a service model and QOF rewards good quality care, there is no intrinsic conflict between them. QOF funding is a means of rewarding the quality of care provided by a practice, not commissioning a service. The osteoporosis QOF indicators and an FLS are complementary, and together they create an integrated systematic approach to secondary fracture prevention. Inclusion of osteoporosis indicators in QOF sends a clear message about the significance of fragility

fractures to older peoples' health and the role of primary care in reducing fracture risk in their patients. In the majority of locations with no FLS, the new incentives for general practice present a real opportunity to improve the secondary prevention of fragility fractures right across the UK, and reduce the growing burden of fragility fractures on health and social care resources.

FLS is a clinically and cost effective service model for secondary fracture prevention which should be commissioned to ensure a systematic approach to secondary fracture prevention. In areas where an FLS is already in place, the service will facilitate good communication between primary and secondary care to ensure that once a patient has had a fragility fracture, their bone health is assessed. QOF indicators will support and encourage good recording by the patient's practice, facilitating the long term treatment and management of patients with osteoporosis by primary care.

In areas where there is no FLS, commissioning a service is recommended to improve quality of care, support the implementation of osteoporosis indicators and reduce the burden of fragility fractures on health and social care resources. More information about setting up an FLS can be found at: www.nos.org.uk/FLS

Other methods can be employed by individual practices to meet the osteoporosis indicators. While an FLS provides a more comprehensive service, benefits will be achieved by carrying out the case-finding, assessment and treatment defined in QOF. Effective management of osteoporosis can prevent painful and debilitating fractures. We encourage all practices to improve the quality of care provided to older patients at risk of further fragility fractures by working towards the indicators. More information about ways to implement the QOF indicators can be found at: www.osteoporosis-resources.org.uk.

Working together for effective patient care

Good communication between primary and secondary care practitioners is vital to the success of secondary fracture prevention.

- **Primary care health professionals:** Find out if there is an FLS in your area (information on this is available online at www.nos.org.uk/FLSinmyarea) and talk to the providers about how you can work together to effectively reduce fracture risk in your patients. An FLS will be able to identify fracture patients at risk of osteoporosis, but you have a crucial role to play in long term disease management.
- **FLS providers:** Talk to the practices in your area about how you can support them to achieve osteoporosis indicators and how your service can improve the care of their patients.

More information

Best practice management of osteoporosis and fracture prevention in primary care

see Osteoporosis Resources for Primary Care: www.osteoporosis-resources.org.uk

GP contractual arrangements and QOF indicators

see the NHS Employers website: <http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/Pages/Contract.aspx>

Resources on FLS and setting up a service:

www.nos.org.uk/FLS

Availability of FLS across the UK:

www.nos.org.uk/FLSinmyarea

References

- (1) Osteoporosis Resource for Primary Care
www.osteoporosis-resources.org.uk
- (2) Department of Health. Prevention Package for Older People. 2009 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103146
- 3) The Clinical Effectiveness and Evaluation Unit: Royal College of Physicians London. Falling Standards, Broken Promises: Report of the National Audit of Falls and Bone Health in Older People 2010. http://www.rcplondon.ac.uk/sites/default/files/national_report.pdf
- (4) Department of Health in England. Falls and fractures: Effective interventions in health and social care. Prevention Package for Older People. 2009.
- (5) McLellan AR, Reid DM, Forbes K et al. NHS Quality Improvement Scotland. Effectiveness of Strategies for the Secondary Prevention of Osteoporotic Fractures in Scotland. 2004

Further information:



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