



THE
NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

A proactive approach to bone health

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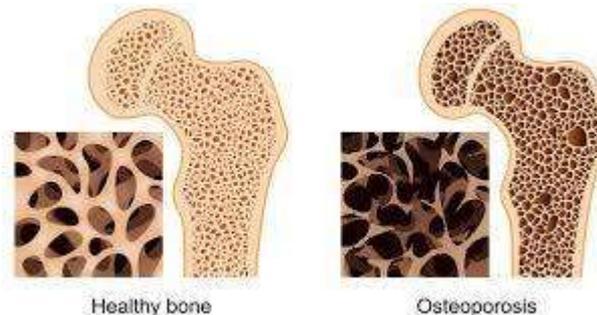
What is osteoporosis

- Porous “brittle” bone that is more likely to break when exposed to a stress
- Can lead to fragility fractures
- Caused by lower bone mass
 - Low peak bone density
 - Increased bone turnover
 - Poor mineralisation of bone



Why is osteoporosis a concern?

- Cost (~£16,000 direct cost per osteoporotic hip fracture)
- 25% chance of mortality at 1 year following osteoporotic hip fracture
- QOL: Pain from fractures (severe longterm backpain if vertebral), loss of height, deformation and loss of range of movement
- Main fracture sites: hip, vertebrae, wrist, ankle, shoulder



AHSN bone health project

- Alongside PCCS falls and fracture – promote GP buy-in
- North East and North Cumbria – high rate for admission with hip fracture aged 65 and above.
- 15 GP practices signed up to PCCS
- Aim: Optimise bone health in GP practices
- Usual model of care: Reactive to fracture/opportune/secondary care driven bone health assessment.



Method

- Patients identified using RAIDr health intelligence tool (readily available data)
- Holistic clinical review applied
- Patients contacted by pharmacist to discuss further action
- Practices cycled through whilst awaiting DEXAs
- DEXAs actioned and follow-up documented via recall/scheduled task/follow-up



Outcome data 1 (with extrapolation)

List size (total for 15 practices combined) (n)	Patients identified by RAIDr and reviewed by pharmacist (n)	Patients identified for action following review (n)	Declined/not indicated for treatment/DEXA following consultation (n)*
93,961	3,917	1,282 (32.7% of RAIDr list)	576 (45% of total number contacted)

DEXAs booked*	Treatment commenced*	% DEXAs showing osteoporosis
620	324	28%

*Results extrapolated based on results from fully completed practices

Other outcomes

- Education sessions Respiratory specialist nurses and community nurse practitioners
- Care home bisphosphonate audit
- PCN pharmacist education session
- Supporting West Northumberland PCN with bisphosphonate and denosumab re-call project
- Pharmacist developed clinical networks with secondary care specialists



Main learning points

- Many patients with significant fracture risk not picked up by usual care
- Osteoporotic risk factors poorly understood in primary care bone health assessments.
- Huge variation in bisphosphonate holiday re-call and review between different GP practices
- Working with GP practice admin teams for appointments much more efficient than “cold-call”.
- COPD and IBD patient groups particularly lacking in assessment for fracture risk.
- FRAX built into System1 often inaccurate



Positives

- Well-received by practices and patients
- Quality improvement methodology (PDSA) implemented throughout project
- Initial meetings with each practice
- Adaptation of project to allow continuation during Covid when DEXA services turned off.



Challenges

- Demographics – Berwicke to Haltwhistle
- Multi-step process and DEXA delays
- Covid – Service amended





Any questions?

