

**NOS**  
**KING'S LYNN & DISTRICT**  
**GROUP**

**Target Osteoporosis**  
**Recommending a Strategy**

A presentation given to the Board of the West Norfolk Primary Care Trust  
on 19<sup>th</sup> May 2004, at Burnham Market, Norfolk

This strategy is based on a document produced by the National Osteoporosis Society in 2002, entitled Primary Care Strategy for Osteoporosis and Falls. This document was approved and has an opening Foreword by Professor Sir Liam Donaldson, Chief Medical Officer and Professor Ian Philp, National Director of Older People's Services.

Also, included in the Recommended Strategy is local data. This includes information from a local questionnaire asking for patients' views, completed by members and supporters of the King's Lynn & District Group of the National Osteoporosis Society.

John Fludgate, Chairman and Edith Finbow, Secretary of that local Group gave the Presentation to the Board. This is a précis of the words used.

### Targeting Osteoporosis

We are recommending a strategy for a local, integrated osteoporosis service, to include:

- Specialist osteoporosis Nurse
- Lead Clinician
- DXA scanner

### Vision Statement

By working in accordance with the National Service Framework for Older People (NSF) criteria, the implementation of an osteoporosis framework would offer an appropriate and effective means of improving the health and health-related quality of life for older men and women.

### Care Pathways

If you take the Care Pathway for Falls from Standard Six of the NSF, using the left hand side of this, there is a clear path through from the Older Person falling or identified as at high risk of falling... to Osteoporosis investigation and subsequent treatment. The steps are as follows:

Suggested care pathway as in the NSF	Local experience
Referred to and reviewed by Doctor/General Practitioner (GP).	Yes, but not happening in all cases. This depends on the severity of the results of the fall, and whether the patient or whoever 'finds' him or her, e.g. ambulance paramedics, feel this is necessary.
GP arranges for any immediate treatment, including visit from District Nurse or therapist as required. Older person invited to participate in an assessment under the single assessment process.	Maybe. However, there is no agreed single assessment form, as yet.
Older person is referred for specialist assessment of falls risk and is assessed by the falls service.	No lead clinician and no Falls Service as such, yet. So, this is rather ad hoc.

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Osteoporosis investigation and subsequent treatment.

No local DXA service, so if a scan is needed patients have to travel to Cambridge, Norwich, or more likely to Peterborough.

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## Goal and Objective

**The Goal** is to offer a high quality osteoporosis service as a component of Standard Six of the NSF for Older People.

**The Objective** is to attain that goal by implementing a Seven Point Plan.

## Seven Point Plan

1. Include prevention of osteoporotic fractures in the local Modernisation Plans and Local Plans
2. Identify lead clinicians in primary and secondary care to develop an osteoporosis programme based on this framework
3. Establish a local osteoporosis interest group to facilitate multi-disciplinary implementation of this framework
4. Use a selective case-finding approach to target the treatment of individuals at high risk of osteoporotic fractures. This includes individuals with a history of previous fracture, frequent falls or use of gluco-corticosteroids
5. Provide access to adequate levels of diagnostic and specialist services; thus a PCT serving a population of 160,000 would require approximately 1,600 DXA scans per year
6. Promote the use of care pathways and audits to improve standards of care
7. Monitor performance to assess health impact.

## Is this Service Needed in West Norfolk?

- Population of 158,307 in 2000
- Population increase to 2006 for 65 to 85 year olds is estimated as 7%
- Downham Market and Nar/Ouse Regeneration area will see the largest growth in population
- An increasing elderly population will put added pressure on health services
- Less than 5% of people who fracture (hip) regain their mobility

## Population Data

*This data was obtained from the Commission for Patient and Public Involvement in Health.*

Population 158,307, typical for a PCT registered with 21 GP Practices.

Age	2000	2006	% change
Age 0-4	7,591	7,146	-5.9
5-15+	16,284	15,917	-2.3
15-24	12,896	15,003	16.3
25-44	35,855	34,170	-4.7

Age (continued)	2000	2006	% change
45-64	34,389	36,801	+7.0
65-74	14,740	15,034	+2.0
75-84	9,798	10,867	+10.9
85+	3,200	3,833	+19.8

## Health and Social Needs

- Osteoporotic fractures are a major cause of pain, disability and death
- 310,000 osteoporotic fractures occur each year in the UK at a cost of £1.7 billion
- 1 in 3 women and 1 in 12 men over the age of 50 will sustain a fracture
- 50% of hip fracture patients lose the ability to live independently
- Around 20% of hip fracture patients die as a result of their fracture.

## Economics (based on Table 2)

**Example:** estimated annual expenditure on hip fracture management alone in a PCT of 100,000 Hip fracture, say 120 predicted fractures per annum at a cost of £5,300 each (hospital costs only), so times 120 equals £636,000. However, with on costs, some covering Social Service care, pushes this up to £21,500 per hip fracture, making the bill £2,580,000 per annum. This is only for a PCT of 100,000 and ours is nearly 160,000.

Often a patient loses independence following a hip fracture, and then this means them also losing their independence and having to go into formal nursing home or residential care.

## History

In the past few years we have had in this area:

- **Wishbones Strategy 1995.** The North West Anglia Health Authority, working with the local Community Health Council, developed this, along with seven Pharmaceutical Companies, a representative from the National Osteoporosis Society and many health professionals. The strategy was distributed widely, a launch was held in Peterborough and in King's Lynn. An excellent service has been established in Peterborough but **nothing** in West Norfolk.
- **Brainstorming Meetings 2000.** Health professionals, all very interested in improving services for people with osteoporosis held several meetings. The King's Lynn & District Osteoporosis Group worked with Proctor and Gamble, who were interested in giving £19,500 to help fund an osteoporosis nurse, part time. This idea was taken forward by some PCT staff and developed to include other pharmaceutical companies, Eli Lilly and Searle, and extra funding was promised. However, on that occasion the PCT Board felt this was not a priority. The funding was lost.
- **In 2001** the long awaited **National Service Framework for Older People** was published, and this had mandatory targets with specific timed targets.

## Today's Situation

Today out of those suggested Seven Points, we have:

- Falls Prevention Group - which could be deemed a local interest group
- Falls Co-ordinator, Roy Crane who came into post on 1<sup>st</sup> March 2004,

... BUT REALLY THE PATIENT RELIES TOTALLY ON HIS OR HER GP.

## Questionnaire - What is the reality?

- A questionnaire was given or sent out to our 120 members and supporters. 84 were completed and returned (70% response rate), indicating local people feel strongly on the subject.
- This went to old and young, male and female and asked questions about risk factors, family history, drugs, treatment and referral for scan.
- People had to be referred out of area, mainly to Peterborough, for DXA scans. This caused many people to comment on the long and uncomfortable journeys involved.
- Comments also highlighted the variety of different levels of care, advice, treatment, (sometimes none) and ability to get a scan.
- As well as asking for a local service, with local consultant, osteoporosis nurse and scanning facility, people asked for:
  - more advice and support
  - information as to how the disease will progress and on prevention
  - local exercise groups specifically targeted at people with or at risk of osteoporosis.

## Service Commissioning - a stepwise approach ... short term

1. The Group does not expect to see a full service up and running immediately, but would like to see a specialist osteoporosis nurse.
2. Dr Norman Williams, Edith Cavell Hospital, Peterborough is willing to act as lead clinician, at present, as an interim measure.
3. Peterborough is also willing, for now, to take all our GP referrals for DXA scans. They have a new machine, which means a faster throughput.
4. Many consultants, physicians like Dr Ell and Dr Jennings and surgeons like Mr Packer, are willing to support the work. They already do so.
5. GPs are already prescribing.

So part of the service is already in place and only needs to be developed.

## Recommendations: Longer Term

However, in the longer term, we feel the West Norfolk area deserves the full service, provided locally. This would include:

- Lead consultants in primary and secondary care
- Access to a local DXA scanning facility which could be at the South Lynn Healthy Living Centre or at the Queen Elizabeth Hospital
- An osteoporosis clinic with specialist osteoporosis nurse
- Integrated care pathways and audit to improve standards of care
- Performance monitoring to assess health impact

A fully integrated osteoporosis service would not only provide better care for local people but would also save money in the long term. This would be achieved by including prevention and information for people to adequately support themselves and to maintain independence much longer.

*We would like to acknowledge and thank the following people for their support and help in discussions regarding the development of this report:*

Dr Norman Williams, Consultant Rheumatologist, Edith Cavell Hospital, Peterborough  
Mr Nick Packer, Consultant Orthopaedic Surgeon, Queen Elizabeth Hospital, King's Lynn  
Dr Jennings, Consultant Endocrinologist, Queen Elizabeth Hospital  
Dr Ell, Consultant Geriatrician, Queen Elizabeth Hospital  
Dr Heath and Mr Noel McGivern, from the Southgates Medical Centre