

Glasgow, Scotland (Secondary care)

Background

The Fracture Liaison Service was first conceived in Glasgow in 1999-2000 in response to clinical guidelines for the prevention and treatment of osteoporosis by the Royal College of Physicians. A number of options for post-fracture osteoporosis assessment were considered prior to the evaluation of FLS. These options included the development of a direct access DXA service for GPs and the setting up of an analogous service for direct referral for DXA from fracture clinics. Neither of these options effectively captured the post-fracture population. The relative lack of success of these options was the driver behind the setting up of the world's first FLS. The Health Board and clinicians agreed to set up a city-wide multi-disciplinary strategy group. This group effectively played a commissioning role (although commissioning had not been described in health care at that point). This group helped to support development of an effective and sustainable solution to the management gap that had been highlighted. By 2001, the city's three hospitals with an orthopaedic/trauma service had full access to the FLS, giving the entire population (of men and women over age 50 years) access to post-fracture investigations and interventions.

Current practice

The service offers assessment to all fracture patients over the age of 50, with the only exceptions made being fractures of the skull and face, or those with obvious major trauma such as road traffic accidents. Patients are generally offered a DXA scan. Exceptions are made in hip fracture patients over the age of 75 years and in patients with two or more vertebral fractures where anti-resorptive therapy will generally be initiated straight away.

Outcomes and Impact

The FLS in Glasgow has ensured that treatment recommendations reflect the current evidence base. Furthermore, evaluation of long-term data gathered by the service showed a reduction in hip fracture rates of around 7% in comparison to hip fracture rates in NHS England which increased over the same period. A further analysis of the Glasgow dataset has shown how FLS is a cost effective service and how FLS can even be cost saving.