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## Flash report

Bone Health Clinical Pathway Group **highlight report** – June 2013  
 Clinical Commissioning Lead: Dr Duncan Bardner

**Progress Chart for Key Deliverables (Key: Black – Time estimate, Green – On target, Amber – Slightly off target, Red – Seriously off target)**

ID	TASKS	May				June				July				Aug				Sep			Comments		
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3			
<b>1.</b>	<b>2013/14 Acute Care Fragility Fracture CQUIN</b>	[Black bar]																					
1.1	Quarter 1: Scoping report to be submitted to CQRM on: <ul style="list-style-type: none"> <li>Staff identified requiring training on the clinical pathway.</li> <li>Identification of a Clinical lead for the bone health pathway</li> <li>Method of screening confirmed</li> </ul>																						
1.2	Quarter 2: <ul style="list-style-type: none"> <li>Staff Trained</li> <li>Implementation of pathway.</li> <li>Data collection implemented for Indicators 1 – 4.</li> </ul>																						
1.3	Quarter 3 & 4: Report to CQRM: <ul style="list-style-type: none"> <li>Monthly and quarterly data provided for Indicators 1-4.</li> </ul>																						
<b>2.</b>	<b>Primary Care Case Finding Pilot</b>	[Black bar]																					
2.1	Identify two GP practices for pilot																						
2.2	Finalise s256 letter of agreement																						
2.3	Purchase subscription to PRIMIS Hub																						
2.4	Add 'opt in' for practices on commissioning intelligence website																						
2.5	Use PRIMIS tool to identify patients																						
2.6	Meet with practices to go through list and agree on next steps re risk stratification process and tool, method for contacting patients, referral process for scans, medication compliance reviews and annual follow ups																						
2.7	Practices to implement next steps																						
2.8	Plan for medication reviews																						



## **Board decision or escalation required**

No outstanding issues

## **Risks and issues**

- The impact of case finding, risk stratifying, treating and reviewing patients in primary care is currently unknown. However, the purpose of the pilot is to better understand the processes, systems, capacity and tools required to undertake all elements of the project.
- There is a risk that the LMC will not approve our proposal for full implementation in practices.
- It may not be possible to use the primary care data warehouse to build an in-house case finding and risk stratification tool. In this case, alternative options would need to be considered and may pose a financial risk.
- Increase in DEXA scans post s256 funding (for one year) may create a cost pressure going forward.