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Flash report

Bone Health Clinical Pathway Group **highlight report** – September 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			
1.	2013/14 Acute Care Fragility Fracture CQUIN	[Black bar]																					
1.1	Quarter 1: Scoping report to be submitted to CQRM on: <ul style="list-style-type: none"> Staff identified requiring training on the clinical pathway. Identification of a Clinical lead for the bone health pathway Method of screening confirmed 																						
1.2	Quarter 2: <ul style="list-style-type: none"> Staff Trained Implementation of pathway. Data collection implemented for Indicators 1 – 4. 																						
1.3	Quarter 3 & 4: Report to CQRM: <ul style="list-style-type: none"> Monthly and quarterly data provided for Indicators 1-4. 																						
2.	Primary Care Case Finding Pilot	[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	Use PRIMIS tool to identify patients																						
2.5	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																						
2.6	Practices to implement next steps																						
2.7	Plan for compliance reviews																						
2.8	Analyse outcomes and agree roll out plan																						
2.9	Plan for full implementation																						

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, therefore it is essential that a small pilot is carried out in order to determine both the impact on primary care and also secondary care in terms of increased DEXA scans.
- There is a risk that the Local Medical Committee will not approve the locality's proposal for wider roll out in practices.
- It may not be possible to carry forward funding into 2014/15, therefore, potentially compromising osteoporosis case-finding in primary care.
- Devon County Council may not approve the locality's plan to target certain patient groups in primary and secondary care in the first year.
- Increase in DEXA scans post s256 funding (for one year) may create a cost pressure going forward.