

# More Chatting, Less Cracking - Thinking Preventatively for Bone Health

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With thanks to Anne Drever, Lesley McCallay, Katrina Martina, the Patient Safety team and the extended MSK APP Team

## Background

- The burden of preventable fractures on the NHS is enormous. 1 million acute hospital bed days are required by patients with hip fracture and £2 billion is spent annually on hip fracture care.
- Bone Health early intervention are key factors in reducing the impact of fractures on services and to improve patient lives.
- Patients with one vertebral fracture caused by poor bone health are: 5 x more likely to go on to have further vertebral fractures and 3 x more likely to have fractures at other sites.

## Aim

By March 2024 50 % the MSK APP team will be competent in assessing bone health and discussing early prevention and management with patients seen in Primary Care in line with The Once for Scotland Approach: Rehabilitation and Recovery- a Patient-centered Approach to Rehabilitation in a Post-Covid Era, June 2022.



## Our Year in Bone Health

**June 2023**  
MSK APP in Primary care Bone health Workshop 1 – light bulb moment of need for consistency of Bone health pathway use across the team.

**July 2023**  
DXA scheme of work initial drafts made and national MSK APP group consulted over DXA referral in other health boards- found only one other health board in Scotland with direct DXA referral rights for MSK APP

**Sept 2023**  
DXA Scheme of Work agreed with stakeholders and radiology

**October 2023**  
Team undertake SIFS course

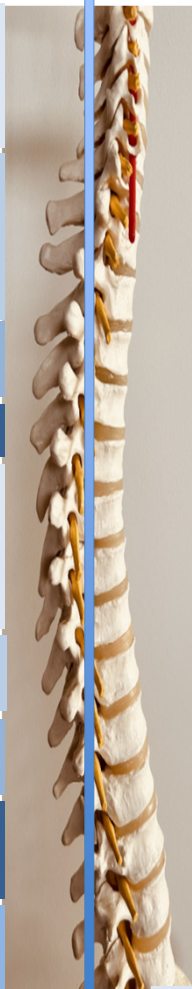
**November 2023**  
Data Collection began  
Risk factors for poor bone health, age range targets, Q fracture word document trialled with patients= rapid PDSAs

**Jan 2024**  
IRMER DXA referral rights granted to one staff member

**Feb 2024**  
Second team member achieved competency sign off

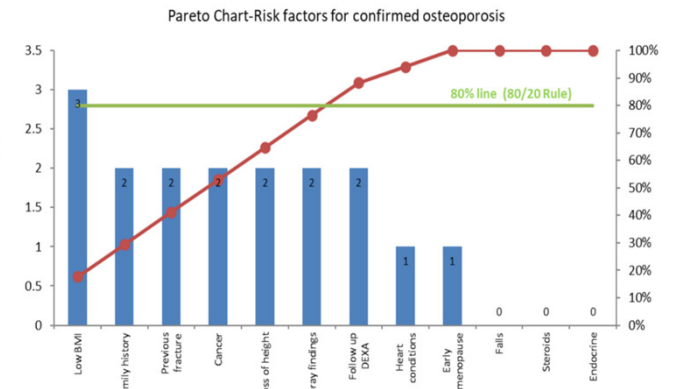
**March 2024**  
Thinking Spread- Full team confidence survey and In-Service Training on Bone Health Risk factors

**Next Steps**  
Further In Service Training with the full MSK APP team.  
Patient engagement on Bone Health management.  
Promote early prevention in Primary Care through Rehabilitation and Frailty work streams.



## How will we know a change is an improvement?

- More patients will have been identified by the MSK APP team as at risk of bone health deterioration using identified risk factors and the Q fracture tool.
- More patients will be referred for necessary investigations based on risk.
- Understanding, confidence and competence in bone health assessment will be consistent and demonstrable for IRMER sign off.



## Results

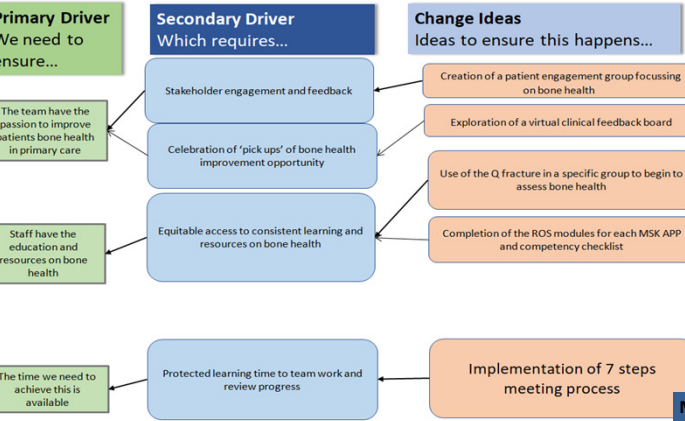
- Two out of three project team staff have signed off competency for Bone Health Assessment and have Radiology referral rights for DXA.
- All nine MSK APP staff measured 'confident' in both discussing risk factors for Osteoporosis and signposting patients for resources on Bone Health.
- Bone Health Working Group has maintained its regular workshops over a year and a spread of change has begun within the MSK APP team in Primary Care

## Conclusion

- Bone Health assessment is complex and early risk factor identification is integral to preventing deterioration, frailty and fracture.
- The MSK APP Bone Health Project Team have increased knowledge, competency and confidence in identifying risk, assessing and managing bone health within primary care.

## Key Learning Points

- Find your team- the most amazing change has been having close links with the Bone Health team and Radiology, enabling changes to be made for the patients benefit.
- Keep refreshing your PDSAs- clinical time is precious and therefore discovering where impact can be made for bone health was key to staying on track .



Scan the QR below for your own Bone Health Assessment

