



# Improvement case study

## Ensuring FLS patients are adequately followed up at 12–20 weeks post fracture to check adherence and tolerance (KPI 9)

Royal Berkshire FLS

Royal Berkshire NHS Foundation Trust

Authors: Libby Kington, Alexandra Prisacariu, Joao de Sousa,  
Craig Shuttleworth and Nicole Gould

### 1. Background

The Royal Berkshire FLS started to achieve good patient identification levels and had set up an effective assessment and treatment pathway for patients, however the numbers of patients being followed up to check treatment commencement and adherence was still very low. Patients were assessed and recommended a personalised treatment pathway but, due to service restraints and current methods, they were rarely followed up routinely to check this was commenced and tolerated. The current method of ‘cold call’ follow-ups had proven ineffective and time consuming.

In 2023 we were only able to follow up with 11.5 % of our patients. Without suitable patient follow-up, the Royal Berkshire FLS had been unable to effectively quality review our service as to whether we were adequately coaching and supporting our patients to commence bone sparing therapy.

### 2. Aim

The target from the quality improvement project was to successfully follow up with 50 % of our patients from January–June 2025, with a view to improving this to 80 % from July–December 2025. It was our aim to maintain all other KPI’s while improving KPI 9.

### 3. Process

The entire FLS team, including the clinical team and FLS coordinators, engaged with our local Acute Provider Collaborative team and BOB (Buckinghamshire, Oxfordshire and Berkshire) network during the planning phase and were fortunate enough to liaise with a patient representative to ensure any perceived improvements kept patient care at the forefront.

The FLS clinical team relied on our coordinator colleagues broadening their skillset to take on extra duties while the clinical time was solely dedicated to this project. The clinical team shared the task and regularly reviewed progress to motivate the team as we got closer to achieving our target. The FLS-DB audit data was used to map the issue and better understand the time and resources that would be required.

We initially engaged with other FLS services and departments within the Royal Berkshire Hospital regarding how monitoring was successfully achieved in other specialities. We used the experience of our NHFD hip fracture unit colleagues to understand follow-up methods that had previously been unsuccessful in a similar demographic of patients (eg posted letter questionnaire).

In the early stages we trialled a number of follow-up techniques including scheduled telephone appointments, 'cold call' reviews, letter engagement and remote reviewing using primary care prescriptions with varying degrees of success.

We found a remote review using primary care records alongside a patient engagement letter to be the most time efficient method with the highest level of impact – using Pareto's principle of lowest effort with the highest benefit. We engaged a patient representative to support in the implementation as well as structuring the highest quality patient engagement letters.

We also incorporated the use of the Royal Osteoporosis Society BoneMed Programme during our initial assessment and better publicised our patient advice line to encourage patients to be proactive in contacting the FLS with any concerns, with the aim of follow-ups being patient initiated when possible.

#### 4. Outcomes

For the January–June period of 2025, patient follow-up rates have far exceeded the 50% target and currently sit at 89%, which surpasses our target for the second half of 2025. We have been able to maintain all other KPI's while working towards this quality improvement cycle and, for the first time, have sufficient follow-up data to be able to adequately review our number of patients commencing and adhering to recommended treatment pathways.

Our updated method of patient follow-up means that patients not currently adhering to treatment are given the opportunity to review this decision and are signposted to sources for further support. They are also reminded that our advice line can be used for any questions or concerns, which has seen a positive increase in call volume for 2025. Many patients who are not adherent at the 12–20-week review will contact the FLS shortly after receiving a letter to discuss the pathway and go on to commence treatment.

#### 5. What did you learn?

We have learnt that 12–20 weeks is a very good timeframe to target patients for follow-up. During the initial phase of 'catching up' on historic follow-ups, we found that a significant delay in following up led to significantly less patient engagement.

#### 6. Key learning points for other units

Patient follow-up is often considered a 'lesser KPI' but it is very difficult to effectively ensure patients are on an appropriate pathway without adequate follow-up. Significant time and effort can go into developing a patient's care plan, only for it to be invalidated if the patient discontinues treatment due to side effects – despite suitable alternatives being available – or if a breakdown between primary and secondary care prevents the initial prescription from being issued. Treatment adherence is a major factor in the successful prevention of fractures long term.