Letter to Editor,

**GP perceptions on improving a secondary care-based Fracture Liaison Service (FLS)**

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**Declarations**

The views expressed are those of the author(s) and not necessarily those of the National Health Service, the National Institute for Health Research, or the Department of Health & Social Care.

Funding

ZP is funded by the National Institute for Health Research (NIHR) Clinician Scientist Award (CS-2018-18-ST2-010)/NIHR Academy. FCM is part funded by the NIHR Clinical Research Scholar Programme.

Conflicts of interest/Competing interests

Fay Crawford-Manning, Kerrie Gould, Nicola Dale, Caitlyn Dowson and Zoe Paskins declare that they have no conflict of interest

Availability of data and material

Not applicable

Code availability

Not applicable

Sir, Evidence has highlighted a care gap between evidence-based recommendations and actual clinical practice for post-fracture management [1]. Fracture Liaison Service (FLS) implementation is a cost and clinically effective approach in decreasing the risk of secondary fracture and associated mortality [2,3]. However, national audit data of FLS performance still shows poor uptake of osteoporosis drugs 1 year after FLS assessment [4]. We aimed to seek GP views on how a secondary care FLS (with an FLS coordinator who undertakes all aspects of assessment and management, including follow-up, apart from issuing prescriptions) could be improved.

An electronic survey was disseminated to general practitioners (GP), local to our NHS Trust. To explore reasons for poor treatment uptake we asked for their agreement with 5 hypothetical reasons using a Likert scale and sought free text responses. To understand prescribing preferences we asked a yes/no question: ‘Would you prefer FLS to issue the first prescription for oral bisphosphonates?’ and also sought free text responses.

The survey was emailed to approximately 83 GPs in 2 local commissioning groups in December 2018 and was completed by 42 (52%). GPs indicated that they understood and agreed with treatment recommendations from FLS nurses (84.2 and 93.9% respectively). Patients were seen to sometimes (48%) and often (44%) not get in contact with GPs to initiate treatment, however, sometimes (3%) or often (3%) dd not understand the need for treatment (Table 1).

Table 1. Summary of agreement with statements relating to reasons for porr treatment uptake’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Number (percentage)** | | | | |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| I do not agree with treatment recommendations | 6 (32) | 10 (523) | 2 (11) | 0 (0) | 1 (5) |
| I do not understand treatment recommendations | 20 (61) | 11 (33) | 1(3) | 1 (3) | 0 (0) |
| Patients do not make contact to get treatment started | 0 (0) | 1 (4) | 12 (48) | 11 (44) | 1 (4) |
| Patients are unwilling to start treatment | 1(5) | 5 (26) | 9 (47) | 4 (21) | 0 (0) |
| Patients do not understand the need for treatment | 1 (3) | 6 (19) | 16 (52) | 8 (26) | 0 (0) |

Twenty free text comments were received. GPs desired more communication from FLS on treatment decisions, explantations of recommendations, to enable the ‘best chance of your [FLS] message being reinforced’ (3 comments). A ‘lack of clarity’ regarding staff roles (3 comments) across primary and secondary care roles was described resulting in a reliance on patients to bridge the gap. 4 comments related to patients lack of understanding with suggestions for more information on DXA scans, ‘the benefits/risks of the proposed treatments’, and patient reminders/follow up such as reminder calls or letters.

57.1% of GPs indicated a preference for FLS issuing prescriptions for oral bisphosphonates. 23.8% indicated the opposite, whilst 19.05% did not answer. Comments indicated that participants thought FLS prescribing would help GPs to ‘know that the patient has had the full counselling’ and would therefore not require a second visit to general practice. Another GP commented that this could feed into a primary care GP/practice pharmacist review at 3 months although others advocated the FLS service taking a larger role as they ‘are best placed’ to offer specialist management advice.

In summary, this survey demonstrates most GP responders felt that patient factors were generally viewed as causes of the ‘treatment gap’, and it was considered that improving information provision and administering prescriptions within FLS could address this.

**449/500 words excluding table**

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