Nurses are vital in implementing the osteoporosis care manifesto

Fracture liaison services and clinical audit are just two areas in which nurses can implement the National Osteoporosis Society manifesto, argues Julia Thomson.

The National Osteoporosis Society (NOS) recently launched a manifesto outlining steps to eradicate unnecessary fractures. There are four versions, one for each of the UK’s four nations.

It focuses on five areas: managing falls, fragility fractures and osteoporosis; clinical guidance; assessing clinical performance; primary care services; and public awareness and education.

While the manifesto is aimed primarily at politicians and policymakers, its adoption relies on buy-in from practitioners at the coalface.

Establishing fracture liaison services (FLSs) lies at the heart of the manifesto. These services are usually provided by a dedicated nurse specialist, working in orthopaedics under the guidance of a specialist in bone health.

The nurse specialist is responsible for establishing care systems to ensure that every patient over 50 with a fracture is identified, recorded and offered a one-stop-shop fracture risk assessment.

Such specialist nurses can also practise in primary care, ensuring that patients with fragility fractures who are not identified in acute care, or who do not even go to hospital following a fracture, are assessed and given treatment, where appropriate, to reduce the risk of a future fall or fracture.

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Despite constructive involvement by the NOS since 2002, NICE has so far failed to produce workable clinical guidance on managing and preventing fragility fractures. Its two latest technology appraisals on osteoporosis, published in 2008, are unfair to some patient groups, unworkable and overly complex.

The importance of mechanisms to assess clinical performance is another feature of the manifesto. Auditing care given is important in ensuring that examples of best practice are identified and areas for improvement are highlighted.

Nurses often have an integral role in clinical audit. A good understanding of the importance of these processes in assuring quality is essential.

A focus on osteoporosis in primary care is vital to reduce fragility fractures.

To make this happen, PCTs should be given incentives to identify and treat those with or at risk of fragility fractures. The most effective way to do this would be by including osteoporosis in the GP Quality and Outcomes Framework (QOF). This would allow community-based nurses to become much more involved in promoting bone health and include awareness-raising as part of their service.

The final element of the manifesto outlines measures to improve understanding of bone health in people of all ages, including pupils. The NOS urges local authorities and school boards to ensure that school nurses receive training in the field.

The manifesto has many implications for nurses, not only in new roles but also in providing opportunities for us all to become more aware of at-risk patients who we see in our daily practice.

Julia Thomson is osteoporosis nurse and helpline adviser for the National Osteoporosis Society.