Why is this team collecting my information?
The NHS aims to provide you with the best possible care. Clinical audit is an excellent way of improving patient care. Audit monitors the standard of care received by patients. They look at the care provided and ask questions about it – What should we be doing? Are we doing it? How can we improve?

Breaking a bone after a fall is a common injury and caring for patients with these broken bones or fractures and preventing future fractures is an important part of the work of the NHS. This hospital takes part in the Fracture Liaison Service Database (FLS-DB), which has been set up to improve the care of patients who are at risk of a fragility fracture or osteoporosis. The FLS-DB is a clinical audit managed by the Royal College of Physicians (RCP).

Information gathered about fracture care, treatment and referrals enables us to measure the quality of that care and helps the NHS to improve these services.

What is a fragility fracture?
A fragility fracture is a broken bone/fracture that occurs when you fall from standing height or less. If this happens, you may have poor bone health and could be at risk of suffering a second fracture.

What is a Fracture Liaison Service (FLS)?
A Fracture Liaison Service (FLS) is a proven way to prevent secondary fractures. An FLS is made up of one or more health care workers. They can be located in a hospital, in the community or linked to a general practitioner surgery. The health care workers in the FLS will try to identify patients over 50 who suffer a fragility fracture because these patients may be at risk of having a second fracture. The FLS will then aim to investigate the patient’s individual situation and give them the correct tests and any treatment they need. For example, an FLS may test your bone health and if necessary, they may provide you with bone protection medication. An FLS may also look at ways to prevent you from falling over and could refer you to strength and balance classes or test your bone health.

Why do we need to audit FLS?
Not all areas of the country have a Fracture Liaison Service (FLS). This means some patients may be missing out on preventative care. Also many FLS are very different in size and what they do and we need to understand which types of FLS work best.

The first step in creating consistency and providing the best possible care to all patients is to identify what care patients are currently receiving. This is why the FLS Database (FLS-DB) is so important. It will help the NHS to understand which areas of the country have an FLS, which areas do not have an FLS and how successful each FLS is at preventing secondary fractures. This information can then be used to improve the quality and coverage of secondary fracture prevention care.

The information collected will help to:

- Identify differences in quality of care and provision of services
- Highlight areas of good quality care and areas for improvement
• Make recommendations to healthcare providers on the provision of services and best practice
• Identify if hospitals are following national and professional guidelines.

What does it mean to be a part of the FLS-DB?
Being part of the FLS-DB does not mean that you will be given different care or have your treatment options limited. The FLS-DB will just collect the details of what type of care you receive in order to understand how the Fracture Liaison Service (FLS) in your area identifies patients, investigates their individual circumstances, provides information to you and refers you to treatment if necessary. By collecting this information the FLS-DB can help the NHS understand how care is being implemented across the country and make sure that all patients are getting the best possible care.

What information do you collect?
The Fracture Liaison Service Database (FLS-DB) will collect information about the care you are given by a Fracture Liaison Service (FLS) if you are at risk of a second fragility fracture or of osteoporosis. In order to monitor standards of care we need to collect the following personal information: NHS number (a unique number), name, date of birth and postcode.

Why do you need this personal information?
To know whether a Fracture Liaison Service (FLS) has successfully prevented you from suffering a second fragility fracture we need to be able to look at your care over a period of time and possibly across different geographical locations. If you did suffer a second fracture, it might not happen for months or years after your first fracture. You might have moved house, or you might be on holiday in a different area of the country.

Collecting this information allows us to link to other national data sets which provide further information about patient care and outcomes of care. For example, if you started treatment at one FLS and then moved to an area that did not have an FLS, we could still identify any treatment you received in your new location and find out how successful your fracture prevention treatment was. If we did not collect confidential information we would not get accurate information on the quality of your care.

What information about my care do you collect?
• Your injury - whether you have had a fracture and what type of fracture it was
• Your treatment – what scans and tests you were given and whether treatment (for example, bone protection medication) was initiated or any other recommendations were made (for example, a referral to strength and balance classes)
• Follow up – whether you continued treatment and whether you have had any further fractures or falls

Where does my confidential information go?
We have a legal duty to protected your information and maintain confidentiality. Your information will be held safely on a secure computer database by our experienced IT team at Crown Informatics, who follow best practice in data protection and security.1 It will be held for the duration of the audit. Should the audit come to an end, it will be held for a further 5 years after that. Staff at Crown Informatics are all fully trained in information governance will only see personal details for database administration and have to follow strict confidentiality rules.

How will my confidential information be used?
We will periodically send data to the Health and Social Care Information Centre (HSCIC)

1The data collected are subject to strict rules about confidentiality including those of the Data Protection Act (1998), the Health and Social Care Act (2001) and to the recommendations of the Caldicott Report (1997).
who link the records to Office of National Statistics (ONS) and Hospital Episodes Statistics (HES) and get details of your registered GP practice via a process known as List Cleaning. In order to link the data, we need to provide identifiable data (NHS number, full name, date of birth and postcode) to the HSCIC. By linking the data together, we are able to look at more aspects of quality of care without asking hospitals to enter more information into our database.

Data is supplied to the Royal College of Surgeons for analysis but this will be done so that no individual patient can be identified. Reports produced by the audit will not contain NHS numbers or any other information that could be used to identify anyone. You can view our reports on our website www.rcplondon.ac.uk/fffap

We sometimes get requests from hospitals, universities, and academic or healthcare organisations who want to carry out research using the data that we collect. We always ensure that researchers that we agree to share data with have appropriate legal approvals in place to share data and we will never release information that could be used to identify you as an individual.

Can I access my information?
Yes. The FLS-DB only collects information that your health care providers collect whilst treating you. The easiest way for you to see this information is to ask the people treating you.

How long with the FLS-DB go for?
We would like the Fracture Liaison Service (FLS-DB) to continue until all patients are receiving the best possible secondary fracture prevention care in all areas of the country. It is difficult to know how long this would take. The audit is funded by the Healthcare Quality Improvement Partnership (HQIP) and we currently have funding to collect information from 2015 – 2017.

Saying ‘no thanks’
National clinical audit works best when it includes information from as many patients as possible. If you do not want your information to be used then please tell the people who are treating you. Your doctor or nurse will be able to note that you do not want to participate and your data will not be used. Not taking part in the audit this will not affect your treatment in any way.

What is clinical audit?
A clinical audit is an excellent way of improving patient care. Audits monitor the standard of care received by patients and record information on treatment. The Fracture Liaison Service Database (FLS-DB) is a national clinical audit which measures trust performance against national and professional standards and plans to provide regular feedback to health professionals. This information enables individual trusts to review their performance against national standards and focus on areas where they can make improvements to patient care.

Who runs the FLS-DB?
The Fracture Liaison Service Database (FLS-DB) is managed by the Royal College of Physicians on behalf of the Healthcare Quality Improvement Partnership (HQIP) as part of the Falls & Fragility Fracture Audit Programme (FFFAP). This is a multidisciplinary national clinical audit which is being carried out in partnership with a number of organisations

- Royal College of Surgeons
- British Orthopaedic Association
- British Geriatrics Society
- National Osteoporosis Society

Need to know more?
www.rcplondon.ac.uk/flsdb
020 3075 1266
FLSDB@rcplondon.ac.uk