NHS RightCare scenario:
The variation between standard and optimal pathways

Susan’s story: Osteoporosis
Appendix 1: Summary slide pack
February 2017
This is the story of Susan’s experience of an osteoporosis care pathway, and how it could be so much better.

In this scenario we examine an osteoporosis care pathway, comparing a sub-optimal, but not atypical, scenario against an ideal pathway.

At each stage we have modelled the costs of care, both financial to the commissioner, and also the impact on the person and their family’s outcomes and experience.

It shows how the NHS RightCare methodology can help clinicians and commissioners improve the value and outcomes of the care pathway.

This document is intended to help commissioners and providers understand the implications, both in terms of quality of life and costs, of shifting the care pathway.
Susan and the sub-optimal pathway

- **Susan** is 58, a receptionist at a primary school, she **loves to dance** and met Bob, her husband, at a dance.
- Susan’s osteoporosis journey starts after she trips over the vacuum cleaner lead and an A&E X-ray confirms that she has **broken her wrist**.
- A few years later at a dance evening (after a spin) Susan feels pain across her back. Her GP diagnoses **muscle pain rather than a vertebral fracture**.
- Pain exacerbates again years later from a stretch across the kitchen and even with physiotherapy classes the pain doesn’t go away; Susan **has to stop dancing**.
- Susan tumbles out of her chair and breaks her other wrist and ‘**loses her purpose in life**’ when she has to retire from her school reception work due to back pain at the age of 67.
- Her back pain is debilitating & leads to **isolation** at home and it shrinks Bob’s life too.
- They **never do make it to their dream holiday** for their 50th wedding anniversary as planned. Bob passes away the following year.
- With her condition and no Bob, **life is almost unbearable**.
- A few years later while gardening, Susan slips on the patio and breaks her hip, **never regains her mobility** and never returns home.
- Three months in a nursing home and **Susan dies following a chest infection aged 81**.
Susan and the sub-optimal pathway

No prevention
• Reactive
• No education
• No third sector

Lots of time in secondary care
• Traditional treatment
• Too much time in hospital

Too late
• Damage done
• Too much reliance on acute care

No risk profiling and identification

Inappropriate acute care

Insufficient home care support
Key statistics

Every year hip fractures alone account for:

Approximately £1.5 billion in English hospital costs alone, excluding the high cost of social care.

1.3 million bed days in English Hospitals.

3 million people in the UK have osteoporosis

1 in 2 people who have experienced fractures have given up sport or exercise or reduced what they do

It was a case of my friends not asking me to go anywhere anymore because the things we used to do together were quite active. Eventually they stopped even ringing me to see how I was doing.

1 in 3 people who have long-term pain from fractures describe it as severe or unbearable.
## Questions for GPs and commissioners

In the local population, who has overall responsibility for:

1. Building the strategy and work-plan to reduce the number of fragility fractures in your population?
2. Identifying individuals living with osteoporosis?
3. Planning care to address management of osteoporosis?
4. Identifying and reporting on measurable osteoporosis associated outcomes?
5. Quality assurance and value for money of osteoporosis care?
6. Getting best value for money from the investment?
7. How do we do the right thing for the patient and at the same time recognise that costs shift across the health and social care system?
8. Has any engagement activity taken place with patients with regards to osteoporosis care?
Susan and the optimal pathway

- As in the sub-optimal scenario shown earlier, Susan breaks her wrist whilst vacuum cleaning at the age of 58
- But then Susan is contacted by the Fracture Liaison Service (FLS). They have identified her through a review of acute activity and invite her to a meeting with Julie the FLS nurse
- A risk assessment takes place including a DXA scan to measure bone density
- The FLS nurse is very supportive and provides the reassurance Susan needs at diagnosis – she can keep on dancing! Medication begins
- Susan is encouraged to engage with the local support group
- Five years after her broken wrist, Susan visits her GP for a treatment review
- A second fall occurs, but the bone strengthening treatment means a bruised rather than broken second wrist
- Aged 70 (rather than 67) Susan decides to retire from work to spend more time with Bob
- On their 50th wedding anniversary they return to Seville (where they first honeymooned) a special time (a year before Bob’s death)
- 20 years later (with 20 years of back pain and trauma saved) Susan experiences her first vertebral fracture stretching in the kitchen. With the appropriate treatment, Susan still gets to see her grandson graduate from University
# Susan and the optimal pathway

<table>
<thead>
<tr>
<th>Prevention focus</th>
<th>Fast</th>
<th>Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Proactive</td>
<td>• Bespoke treatment</td>
<td>• Support mechanisms in place</td>
</tr>
<tr>
<td>• Education</td>
<td>• Little time in hospital</td>
<td>• Trusted system</td>
</tr>
<tr>
<td>• Third sector</td>
<td>• Greater understanding of need</td>
<td>• Happier and healthier experience</td>
</tr>
</tbody>
</table>

- Risk profiling and identification
- Great FLS & support Group care
- Great support Group care
### Financial information

<table>
<thead>
<tr>
<th>Analysis by cost category</th>
<th>Sub-optimal</th>
<th>Optimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community care</td>
<td>£549</td>
<td>£565</td>
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<tr>
<td>Elective outpatient care</td>
<td>£475</td>
<td>£77</td>
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<tr>
<td>Palliative &amp; End of Life</td>
<td>£10,589</td>
<td>£0</td>
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<tr>
<td>Secondary care prevention</td>
<td>£0</td>
<td>£99</td>
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<tr>
<td>Primary care management</td>
<td>£567</td>
<td>£744</td>
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<tr>
<td>Self care</td>
<td>£0</td>
<td>£8</td>
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<tr>
<td>Urgent &amp; emergency care</td>
<td>£16,691</td>
<td>£1,195</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>£ 28,871</strong></td>
<td><strong>£ 2,688</strong></td>
</tr>
</tbody>
</table>

This scenario is using a fictional patient, Susan. It is intended to help commissioners and providers understand the implications (both in terms of quality of life and financial costs) of shifting the care pathway of older people living with osteoporosis from a reactive to a proactive approach. The financial costs are indicative and calculated on a cost per patient basis. Local decisions to transform care pathways would need to take a population view of costs and improvement.
## Financial information

<table>
<thead>
<tr>
<th>Analysis by provider</th>
<th>Sub-optimal</th>
<th>Optimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>£11,227</td>
<td>£933</td>
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<tr>
<td>Ambulance service</td>
<td>£233</td>
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<td>Care home</td>
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<td>Community hospital</td>
<td>£5,706</td>
<td>£0</td>
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<td>Community teams</td>
<td>£549</td>
<td>£511</td>
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<tr>
<td>Fracture Liaison Service (secondary care based)</td>
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<td>£438</td>
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<tr>
<td>Patient</td>
<td>£0</td>
<td>£62</td>
</tr>
<tr>
<td>Primary care</td>
<td>£567</td>
<td>£744</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
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Not only is Susan’s (and her husband’s) health and quality of life significantly better in the optimal scenario, but the costs to the health economy are reduced by 91%. The impact is significant on outcomes, quality and finance.
The NHS RightCare approach

Objective

Principles
- Get everyone talking about same stuff
- Talk about fix and future
- Demonstrate viability
- Isolate reasons for non-delivery

Maximise Value

Phases

Where to Look
What to Change
How to Change

Ingredients

1 Clinical leadership
2 Indicative data
3 Engagement
4 Evidential data
5 Effective processes
For more information about Susan’s journey, NHS RightCare or long term conditions you can:

Email
- rightcare@nhs.net
- england.longtermconditions@nhs.net

Visit
- https://www.england.nhs.uk/rightcare/

Tweet
- @NHSRightCare

For more information about osteoporosis, contact the National Osteoporosis Society service delivery team on:

- 01761 473 112
- fls@nos.org.uk