NHS RightCare

NHS RightCare scenario: **The variation between standard and optimal pathways**

Susan's story: Osteoporosis

Appendix 2: Short summary slide pack

February 2017

National Osteoporosis Society

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**

This version of Susan's journey costs £29k at 2015/16 prices

Key statistics

NHS RightCare

3 million people
in the UK have osteoporosis

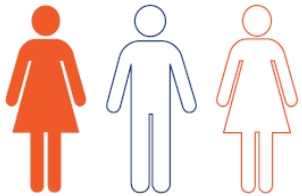
Every year hip fractures alone account for:

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

1.3 million
bed days in English Hospitals.

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.

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**

Journey 1 costs £29k

Journey 2 cares for Susan much better and costs only £3k

Financial information

Analysis by cost category	Sub-optimal	Optimal
Community care	£549	£565
Elective outpatient care	£475	£77
Palliative & End of Life	£10,589	£0
Secondary care prevention	£0	£99
Primary care management	£567	£744
Self care	£0	£8
Urgent & emergency care	£16,691	£1,195
Grand total	**£ 28,871**	**£ 2,688**

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.

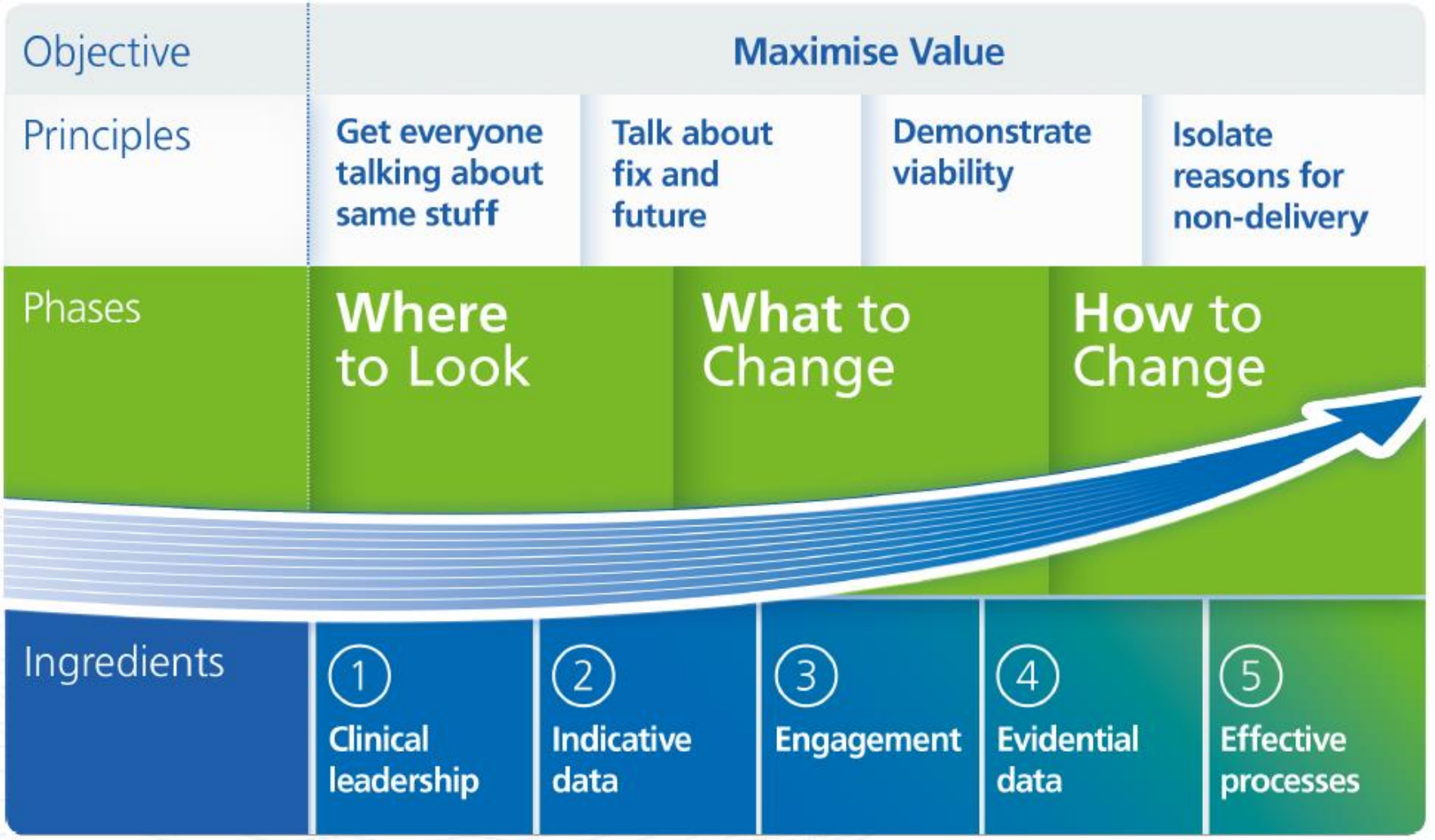
Financial information

Analysis by provider	Sub-optimal	Optimal
Acute	£11,227	£933
Ambulance service	£233	£0
Care home	£10,589	£0
Community hospital	£5,706	£0
Community teams	£549	£511
Fracture Liaison Service (secondary care based)	£0	£438
Patient	£0	£62
Primary care	£567	£744
Grand total	**£ 28,871**	**£ 2,688**

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

NHS RightCare



Further information

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:

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