This material was funded and developed in collaboration between UCB Pharma Ltd and London North West University Healthcare NHS Trust as part of a non-promotional Joint Working project.

Transforming Fracture Care: Innovative Digital Partnerships Between NHS and UCB Pharma

Project Partners

London North West University Healthcare NHS Trust, UCB Pharma Limited.
UCB Pharma Ltd providing financial support via external capability and expertise from Open Medical

Duration

The project commenced in July 2023 and finished in July 2025

Project Overview

The London North West University Healthcare NHS Trust, and UCB Pharma Ltd, embarked on a joint working project to optimise the number of fracture patients identified to Fracture Liaison Services (FLS), by utilising an electronic patient management digital solution supplied by Open Medical. The parties agreed that the project should be undertaken in accordance with the principles and guidance relating to joint working between the NHS and the pharmaceutical industry.

Osteoporosis is a disease marked by weak bones, mainly affecting postmenopausal women and resulting in fractures. In 2019, the UK reported 527,000 new fragility fractures, with projections rising to 665,000 by 2034. Osteoporotic fractures accounted for about 2.4% of healthcare spending in 2019 (£4.75 billion), highlighting their significant economic impact.[1]

In addition to pain and disability, certain fractures are linked to an increased risk of early mortality.[1] The effects of osteoporosis can include fragility fractures that may result in reduced independence, decreased mobility, and diminished ability to perform daily activities.[2]

Intended benefit for each of the partners:

For the patient	Identification of those patients who have fractured and identified to services to assess for future fracture nationally is currently 25.9% [3] • More patients identified for assessment • Increased number of and timely patient assessments completed • Increased number of patients treated appropriately based on local, or national guidance

	• Increased number of patients follow ups at 4 and 12 months, these are national care standards
For the NHS	The financial and resource support given in this project gives the current Fracture Liaison service an opportunity to demonstrate: • Increased number of patients identified and assessed • Workforce efficiencies of FLS team • Improved data collection and input into national crown audit • Improved patient outcomes and identify unmet need
For UCB	Providing financial and resource support to the NHS Trusts in this project helped UCB understand further fragility fracture patient population. • Better understanding of the challenges faced by the NHS in delivering high-quality patient services and care • Potential expansion of the relevant and eligible patient population as a result of the activity • It is expected to see an increase in the use of anti-osteoporotic medication in line with local and national guidelines and standards of care

The third-party digital provider is Open Medical there were also anticipated benefits of:

- Growing understanding and expertise in developing and implementing digital FLS workflows
- Opportunities for ongoing development of digital FLS pathways and functionality
- Improved understanding of barriers to digital patient engagement
- Supporting more patients to be assessed in a timely manner

Project Outcomes

UCB Pharma Ltd provided crucial funding to support the implementation of a digital solution designed to enhance the NHS Fracture Liaison Services (FLS) at London North West University Healthcare NHS Trust. This initiative facilitated the transition from traditional paper-based processes to a digital patient management system, which was introduced across the Trust's FLS service for a two-year duration. The primary objective of the project was to improve patient outcomes by optimising the systematic identification of individuals at risk for fragility fractures.

By supporting the adoption of advanced digital technologies, UCB's contribution enabled clinicians and staff to more effectively assess and manage at-risk patients, ensuring that care delivery was not only timely but also consistent with local and national standards. The digital platform facilitated the seamless integration of patient data into national registries, providing a foundation for robust audit, benchmarking, and

continuous quality improvement. Furthermore, the deployment of the digital solution promoted better coordination among clinical teams, helping to streamline workflow processes and reduce administrative burden.

A central goal of the project was to improve the quality of care for patients. By using a digital tool, healthcare providers were able to identify individuals at risk of fractures more accurately and quickly. This enabled them to deliver more personalised treatment and management plans. The project also prioritised strengthening the Fracture Liaison Service itself, supplying staff with resources and expertise for ongoing professional development and improving day-to-day operations.

By investing in new technology and forming strategic partnerships, this project created measurable improvements in patient care. It also made fracture prevention and management more sustainable for the Trust. Additionally, the initiative enhanced the Trust's ability to share valuable data with national research and quality assurance programs, supporting ongoing improvements in healthcare delivery.

Results

The sustainability and continuity of the project have been further reinforced as both Ealing and Northwick Park have succeeded in securing an additional year of funding for the Pathpoint FLS module.

This continued funding demonstrates a strong commitment from Ealing and Northwick Park hospitals to using digital technology to improve patient care and streamline fracture liaison services. The extra financial support allows the Fracture Liaison Service teams to build on previous successes, further develop their skills with digital systems, and more effectively identify patients at risk for fractures. It also helps ensure that patient information is integrated into national databases for better tracking and quality improvement. Overall, these steps mean that more patients can be correctly identified and managed, and that the benefits from new technology will be sustained and potentially expanded over time to help even more people.

All stakeholders successfully fulfilled their respective obligations as detailed in the joint working agreement, carefully coordinating their efforts and time commitments to ensure the project's success.

The NHS Consultant lead played a pivotal role throughout, dedicating significant additional hours to the comprehensive review of the patient journey, meticulous analysis of clinical data, and close monitoring of operational outcomes. This hands-on involvement from clinical leadership helped identify practical improvements in workflow and ensured that the digital transformation was tailored to real-world patient and staff needs.

By fostering collaboration between clinical and technical teams, and maintaining a clear focus on quality assurance, the project benefited from both strategic oversight and detailed, ground-level feedback. This integrated approach established a strong foundation for measurable improvements in service delivery and set the stage for the data-driven evaluation of project outcomes that followed. The data in this report indicates that the benefits listed in the table above have been achieved as outlined.

The digitalisation of Fracture Liaison Services (FLS) through the implementation of the Pathpoint platform has driven a significant transformation in the identification and management of fracture patients within the Trust. The seamless integration of digital workflows has enabled clinical teams to more effectively track, monitor, and follow up with individuals who are at risk, ensuring that no one is overlooked in the process. As a direct result of this technological enhancement, there has been a marked increase in the number of patients identified for assessment and intervention.

The following data, drawn from the Fracture Liaison Service Database (FLSDB), offers a comparative overview by incorporating patient identification figures from 2019—a useful baseline prior to the adoption of the new digital platform. It is important to interpret the 2022 data with some caution, as the redeployment of FLS service staff during the Covid-19 pandemic temporarily impacted both operational capacity and patient identification rates. For further clarity, figures from the FLSDB covering the years before the launch of the project in 2023 are also provided, highlighting the progress made since the introduction of the digital solution.

Results from the FLSDB reflect a clear and sustained upward trend in patient identification, demonstrating the effectiveness and lasting impact of digital transformation in clinical practice.

The data below, including figures from previous years, underlines this momentum and sets the stage for future advancements in fracture prevention and care delivery.

Total number of total patients identified during the period 01.01.2024 - 31.12.2024 = 2480 based on Pathpoint patient records. This is a **120.6%** increase in numbers of patients found vs 2019 patients submitted into the FLSDB as a benchmark measure.

Ealing Hospital

Year	Number inputted	Number expected	Identification gap numbers	Link
2019	264	630	366	FLS-Reporting Benchmarks 2019
2020	159	630	471	FLS-Reporting Benchmarks 2022
2021	152	630	478	FLS-Reporting Benchmarks 2021
2022	6	630	-	FLS-Reporting Benchmarks 2022
2023	513	630	117	FLS-Reporting Benchmarks 2023
2024	578	630	52	FLS-Reporting Benchmarks 2024

*some patients refuse consent to have data included in FLSDB, numbers different from Pathpoint system

Northwick Park Hospital

Year	Number inputted	Number expected	Identification gap numbers	Link
2019	449	1510	1061	FLS-Reporting Benchmarks 2019
2020	475	1510	1035	FLS-Reporting Benchmarks 2022
2021	594	1510	916	FLS-Reporting Benchmarks 2021
2022	242	1510	-	FLS-Reporting Benchmarks 2022
2023	807	1510	703	FLS-Reporting Benchmarks 2023
2024	995	1510	515	FLS-Reporting Benchmarks 2024

*some patients refuse consent to have data included in FLSDB, numbers different from Pathpoint system

Benchmark graphs 2022-2024

2023

FLS Service/Unit	Type	Total records submitted	Rx5 Value*	KPI 2 Non-Spine Case identification	KPI 3 Spine fractures	KPI 4 Assessment within 90 days	KPI 5 DXA within 90 days	KPI 6 Falls risk assessment	KPI 7 Bone treatment	KPI 8 Strength & Balance by 16 weeks	KPI 9 16 week follow up	KPI 10 Treatment by 1st followup	KPI 11 1 year drug adherence*
1. National averages	National	81048	217666	40.7	23.5	63.7	35.1	62.9	58.5	8.6	28.6	31.4	23.8
Ealing Hospital	FLS	513	630	98.2	14.3	68.2	40.9	98.6	63.4	1.4	46.1	25	.3
Northwick Park Hospital	FLS	807	1510	65.6	5	67.4	33.3	91.4	47.8	22.1	36.9	26.9	6.2

2024

FLS Service/Unit	Type	Total records submitted	Rx5 Value*	KPI 2 Non-Spine Case identification	KPI 3 Spine fractures	KPI 4 Assessment within 90 days	KPI 5 DXA within 90 days	KPI 6 Falls risk assessment	KPI 7 Bone treatment	KPI 8 Strength & Balance by 16 weeks	KPI 9 16 week follow up	KPI 10 Treatment by 1st followup	KPI 11 1 year drug adherence*
1. National averages	National	84019	217666	40.5	30.9	68.9	44.9	66.5	56.9	9.3	31.5	30.8	25.1
Ealing Hospital	FLS	578	630	106.3	33.3	72.8	65.1	92.2	62.3	15.4	70.3	33.8	12
Northwick Park Hospital	FLS	995	1510	74.9	29.8	61.1	60	87.4	56.6	10.8	56.8	27.2	12.3

The FLS-Reporting Benchmarks from 2023 and 2024 have highlighted ongoing efforts to optimise patient care and data collection within the service. The year-on-year benchmarking and graphical analysis allow the service to track trends and identify areas for further improvement. Notably, the Pathpoint FLS module has played a pivotal role in standardising the data gathering process for patients, ensuring consistency in information used for assessment and follow-up, the automation of data collection from the system optimises standardised data collation and removes the need for nurses to collate and upload the data into the FLSDB, releasing time to patient care.

Initial Questionnaire Response Rate	**Engagement Level**	**Patients Refusing Consent**	**Limitation**	**Adaptive Strategies**
50.10%	Significant	Some patients	Patients who are not digitally literate	Ongoing communication with patients,

			Those patients without email or access to mobile phone	Ensuring emails and mobile phone numbers in patient record

For those unable to participate digitally, telephone and face-to-face appointments remain in place, ensuring that no patient is left behind and that the system is inclusive.

Positive and transparent communication has been a hallmark of the collaboration between NHS teams, UCB pharma and Open Medical. This open dialogue has allowed for the timely identification and resolution of issues, such as those related to the Pathpoint system, and has reinforced mutual trust and respect. Both parties have approached challenges proactively, ensuring outcomes that serve the interests of all stakeholders and, most importantly, the patients.

Nursing Team Experience of digital FLS

The nursing staff experience of the Digital FLS ways of working:

The completion rate for the FLS questionnaire was notably high among patients under the age of 75, with many successfully responding—occasionally with support from family members in managing their mobile devices.

This support leads to high same-day response rates, enabling prompt feedback and enhancing patient experience.

In the system patients are given two weeks to complete digital questionnaires. If they do not respond, they are classified as 'non-responders' and were contacted by phone. Most patients are receptive; some cite reasons like pain for not responding and complete the questionnaire after follow-up. A few decline further participation, while others request support from the nursing team, after which we provide assistance, coordinate investigations, and explain the assessment process.

The FLS team had implemented processes to ensure that patients mobile phone numbers were recorded as part of their attendance in Emergency department. Following the implementation of Cerner at the Hospital Trust , all patients began to receive text messages, which significantly improved communication and ensured that essential information reached them promptly. This supported the FLS service approach aligning with NHS hospital plans focused on enhancing digital engagement and communication with patients.

Real-World Impact

- The nursing team spends one day reviewing all questionnaire responses.
- After the initial questionnaire, blood tests and DEXA scans are ordered as needed.

- Patients already receiving treatment are contacted to evaluate adherence and duration.
- If indicated by treatment length or DEXA results, the team consults doctors about repeat DEXA scans.
- This process has become routine, improving workflow efficiency and patient management.
- Weekly MDT meetings address complex cases, enabling nurse upskilling and greater confidence with FLS patients.
- Patient info sent via link receives positive feedback, lowers DEXA scan no-shows, and boosts treatment understanding.
- Easier issue identification supports service improvement efforts.
- Faster patient identification-to-treatment process reduces delays.
- Improved system aids in finding appropriate MDT patients, enhancing team dynamics and communication.
- Complex high-risk patients are triaged and referred directly to specialist clinics instead of GPs.

Nursing team felt that it is important to include clinic appointment time for patients, as well as benefit for nurses to maintain patient contact. Leading to an improved staff and patient experience.

Has had a positive impact on nursing staff with life work balance, before the digital system were regularly working extra time every day, feeling overwhelmed at times with level of case load. The nurse reported that Pathpoint and features such as the worklists and automating responses it has enabled work to be completed within the working day.

Learning

The continuous refinement of processes, informed by the lessons learned from both successes and setbacks, has not only benefited this specific project but has also laid the groundwork for future initiatives. The workflow has evolved in response to practical experience and the introduction of new procedures and technologies. Each change has been carefully considered to streamline operations and enhance patient outcomes.

Summary

This project is a joint effort between London North West University Healthcare NHS Trust and UCB Pharma Ltd, with digital expertise provided by Open Medical, to enhance patient identification for Fracture Liaison Services (FLS). Running from July 2023 to July 2025, it aims to tackle the increasing burden of osteoporosis-related fractures by moving from paper-based processes to a digital management platform.

Key Goals	Project Result	Benefits for Patients	Benefits for NHS	Benefits for UCB Pharma	Role of Open	Impact on Trust

					Medical's Platform	
Improve identification and assessment of at-risk patients, streamline clinical workflows, ensure timely and effective interventions, improve patient outcomes	120.6% rise in patient identification in 2024 compared to 2019	More likely to be identified and treated appropriately	More efficient workflows, better data collection, improved outcomes	Deepens understanding of real-world clinical challenges, supports care improvements	Made data collection more efficient, frees up clinical staff for direct patient care	Keeps pace with evolving best practices, meets national standards, improves health outcomes and experience across the region

The collaboration's success is reflected in sustained funding, high stakeholder engagement, and continuous learning, including the introduction of targeted care pathways and multidisciplinary meetings. The project's emphasis on digital innovation has set a new benchmark for quality and sustainability in fracture prevention and patient management within the Trust.

References

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3. Fracture Liaison Service Database https://www.fffap.org.uk/FLS/charts.nsf/benchmarks?readform&yr=2023&vw=&org1= [accessed on 05.06.2023]