Fracture Liaison Service Database – Frequently asked questions

Participation

1. Is the FLS-DB audit mandatory**?**

For sites with a **Fracture Liaison Service (FLS)** – yes, both the facilities audit and the FLS-DB patient data component are mandatory. The FLS-DB is included in the HQIP listing for national audits that must be reported in the trust's Quality Account and form part of the National Clinical Audit Patient Outcomes Programme (NCAPOP).

2. How do I participate in this audit?

To participate in the FLS-DB all sites need to fill out the registration form, available to download, and return it to flsdb@rcp.ac.uk. Your Caldicott guardian must sign the registration form to confirm your participation with the audit. We will register you for the audit and give you a login for the webtool. All data entry will be done through the webtool. You can view the latest dataset on our website resources page.

3. I don't currently have support from my trust to participate in this audit. What do I do?

Recognising the importance of secondary fracture prevention for basic NHS case delivery, the FLS-DB is included in the HQIP listing for national audits that must be reported in the trust's Quality Account and also form part of the National Clinical Audit Patient Outcomes Programme (NCAPOP). As a result, your commissioners are obliged to provide you with the resources you need to complete the audit. The Royal Osteoporosis Society FLS Implementation Service is supporting this audit and can be contacted via fls@theros.org.uk. You can contact the FLS-DB team (flsdb@rcp.ac.uk) to request a letter that can be sent to management/decision makers to request they support you in participating with the FLS-DB.

4. What is the legal entity?

The legal entity is the entity which holds the legal responsibility for the functioning of the FLS. This will normally be the hospital trust name.

Entering patient data

5. Is the FLS-DB subject to the National Data Opt-out (NDOO)?

The FLS-DB was not granted exemption from the National Data Opt-out. Services should continue to follow the guidance set out by NHS Digital. To comply with the National Data Opt-out policy, services should put procedures in place to review uses or disclosures of confidential patient information against the operational policy guidance, and check a patient's opt-out status before entering their details to the FLS-DB. We have developed resources that can help services to ensure opted-out patients are not included in the data submitted.

6. Who do I speak to about removing opted-out patients?

To remove opted-out patients, please contact your information governance lead at your trust.

7. How is the estimated caseload calculated for an FLS?

When a service registers to the FLS-DB, an estimated caseload will be added for the FLS by referring to the existing caseload on the National Hip Fracture Database (NHFD) for the year prior. The National Hip Fracture Database captures the number of hip fractures that have been submitted by services throughout the UK. The estimated caseload for each FLS is then calculated by multiplying the number of hip fractures from the NHFD by five. We then assume 80% of these are non-spine fractures and 20% are spine fractures. If an FLS serves multiple hospitals, then the NHFD caseload will be added for each site and then multiplied by five.

8. How often should I upload my data?

We recommend that you upload your data at least monthly. This is so you are able to correct any errors that occur and can utilise the real time feedback that will be provided through the run charts and benchmark tables. You can then use this information to help improve your service as well as help you to submit key performance indicators for your service. We recommend your FLS takes the time to adapt a local database so it can populate the excel.csv file template for importing patient records into the FLS-DB. This reduces time spent with duplicate data entry. The specification and template of the .csv file can be downloaded from the FLS-DB resources page. You can also directly enter patients via the FLS-DB website.

9. When will my data appear on the database?

After submitting the data, it will take about 6 hours for it to show up on the public charts. Records that are added in draft form will also appear on the charts.

10. How do I know which dataset to use?

The datasets are listed and labelled on the FLS-DB homepage. The labels below them show the timeframe that applies to the dataset, for example '*diagnosed on and after 01/01/2024.'*

11. Do I have to enter hip fractures if they are already entered on the NHFD?

Yes. This audit covers all fragility fractures in patients aged 50 and over. While there is some overlap, the NHFD is primarily focused on inpatient care and FLS-DB collects data for the whole of the secondary fracture prevention pathway. Hence, as we know early treatment initiation and adherence is a problem, the FLS-DB has more indicators for monitoring. We are capturing what your FLS does – if your FLS is not commissioned to provide secondary fracture prevention for hip fracture patients, this should be recorded in your site's organisational audit. However, if there is a separate NHFD team delivering secondary fracture prevention care then it is highly recommended your FLS works with them to combine resources and avoid duplication.

12. Do I have to identify all fracture patients?

No. Only those fractures that are fragility fractures (fall from standing height or less) in patients aged 50 years and over. Fractures from high trauma, periprosthetic fractures are not included. Atypical subtrochanteric femoral fractures can be included but are not used in the main analyses.

13. Should I only upload or enter patient data when all the information for the patient is collected from identification to monitoring?

No, enter the data you have every month. The database has been set up so you can upload the patient again and it will update any new or different data when the NHS number and date of fracture matches the current patient record when using the data import csv.

14. Can I add other fields to be uploaded in the audit?

No. You can only upload the fields as specified in the FLS-DB. Other fields will not be uploaded so please do not include them in your import file as the order of the columns has to remain the same as in the dataset (see patient CSV import specification).

15. What do I do if the patient suffers a second fragility fracture or re-fractures?

Create a new record if a patient re-fractures or sustains a new fracture in a different year (since the index fracture – the fracture that first brought the patient to the FLS). If they have re-fractured prior to an FLS assessment, you can put all fractures on one record using the data of the earliest fracture as the main date of fracture to time monitoring.

16. What is the lite dataset?

The lite dataset was introduced in 2024 to minimise the burden on services inputting data on the website. We have identified the key questions in the dataset that are needed so the KPI's can be calculated. All the records in draft and submitted mode are still used for the run charts, benchmarks and the annual report. Records in draft mode still feed into the results where data is complete. This also helps your team to focus on the key fields that need completing to complete the lite dataset for the KPI's. Until all lite dataset questions are completed the record will be saved as a draft. We have an exchange which provides an overview of the lite dataset.

Patient identification

17. How is a fragility fracture defined and what is the FLS-DB eligibility criteria?

A fragility fracture is defined as a fracture following a fall from standing height or less, although vertebral fractures may occur spontaneously or as a result of routine activities such as bending or lifting.

The FLS-DB will contain patient level data for patients aged 50 and over who had their fragility fracture diagnosed within the NHS.

18. Are there any fracture sites which are excluded from non-hip/non-spine?

Yes, skull, facial, digits (fingers and toes) are excluded. Fractures from high trauma, periprosthetic fractures are not included. Atypical subtrochanteric femoral fractures can be included but are not used in the main analyses.

DXA scans

19. How do I record if/when the patient has been referred for a DXA scan but did not attend?

'Patient did not attend' is an option for question 3.03.

INITIATION

20. How do I answer if patients are already taking over the counter vitamin D and calcium?

Tick answer 'calcium and vitamin D combined' – this answer is valid for patients taking calcium and vitamin D whether prescribed or from over the counter.

21. What should I do if patients have low levels of vitamin D and we are waiting for their vitamin D to normalise before arranging a DXA or starting anti-osteoporosis treatment?

Low levels of vitamin D by themselves are not a reason to delay DXA or oral anti-osteoporosis therapy. The concern is that patients have osteomalacia, a much less common disease that also causes muscle weakness, raised ALP and different types of fractures. As per ROS vitamin D guidelines, as long as patients are starting combined calcium and vitamin D supplementation, they can start oral anti-osteoporosis therapy. For injectable therapy, vitamin D levels should be measured and corrected before starting therapy.

22. Our treatment initiation rate is less than 50%, what should we do?

The aim is for the FLS to identify patients who are potentially eligible for anti-osteoporosis therapy in the safest, most rapid way. If your treatment rate is less than 50% consistently, we recommend you find out if this is because:

a) your patient caseload has too many younger, low-risk patients and you are missing higher risk frail patients
b) you are excluding large numbers of patients because of potential concerns/comorbidities. You should compare your local FLS treatment pathway with that of other FLSs to ensure the thresholds and restrictions for treatment recommendation are appropriate.

23. Do I need to follow up all patients?

No. We request that you follow up all patients who are recommended bone therapy as a result of the FLS intervention. This includes patients who are referred for further clinical opinion or to their GP for bone therapy. Importantly, it includes those given longer acting anti-osteoporosis medication (such as zoledronate or denosumab). The reason we request follow-up of patients given longer acting anti-osteoporosis medications is to ensure the first dose was given and plan for the next dose.

24. What should I do if a patient was followed up after 16 weeks?

Follow-up is aimed to be within 16 weeks post fracture diagnosis (not 16 weeks post assessment). However, if follow-up has been completed but took place after 16 weeks please answer 'yes' and enter the date of follow-up. 'No' should only be selected if no follow-up is planned.

25. What do I do if the patient has started to take bone sparing drug but has not continued?

For patients who have started or switch treatment, simply record their current treatment at the time of assessment for 16 and 52 weeks

26. What's the difference between 'Don't know' and 'Inappropriate' in Q4.01 'Bone therapy recommended following index fracture'

Don't know – treatment recommendation is not known
Inappropriate – the clinician considers osteoporosis treatment not appropriate – eg normal BMD, end of life etc.

27. Why can't I enter follow-up data for some patients?

Follow-up data is only collected on patients who are recommended bone therapy or further clinical opinion, or to their GP, for bone therapy. In addition, question 6.06 (started a programme of strength and balance) is not available to patients who sustained a hip fracture based on advice from the NHFD Advisory Group.

28. Can I use the FLS-DB to see which patients are due a monitoring visit at 16 or 52 weeks?

Yes, you can log into your local FLS-DB account and click on 'Patients view' on the top options bar – there is a section called 'Follow-ups' on the left-hand panel that will list all the NHS numbers with a due 16- and 52-week follow-up.

FEEDBACK QUESTIONS

29. How will we receive feedback from this audit?

The data you submit to the FLS-DB will be used to update your sites run charts and benchmark table. You can view these at fffap.org. The data collection for patient data runs continuously from 1 January – 31 December and the deadline for data to be included in the subsequent annual report is the following May. The report is then published early the following year.

The facilities audit now takes place biannually. This audit asks for information about your organisation for the same period as the patient data (1 January – 31 December of the previous year).

30. Do you provide local reports?

We do not provide reports for individual sites however you can view your live data in the public run charts and benchmark tables available via the webtool. These features allow sites to view their own data and the national aggregate for comparison with close-to-real performance in specific areas. View the video demonstration on how to compare your data at national and local level. In addition, we also publish the data used to analyse the report (with a breakdown by each participating FLS).

31. How are KPIs calculated?

We have produced a document that describes in detail how the KPI are calculated, which can be downloaded here.

32. How do I obtain physical copies of resources?

All the resources are available to download from the RCP website – the FLS-DB resources are categorised under resources for patient, resources for services, resources for service improvement and resources for primary care. Unfortunately, we no longer have physical copies of resources and don't have the facility to produce them, however you may communicate with local facilities to have these printed – there are no issues with copyrights in this case.

Technical guidance

33. Where are my login details?

Your clinical lead should have received an email from our webtool developers (Crown Informatics) with their login details and instructions on how to create additional logins for colleagues. If your clinical lead has not received this, or you do not know who your clinical lead is, please contact us at flsdb@rcp.ac.uk. Please make sure you check your junk mail folders before contacting us.

34. How do I create an account for someone?

Please see page 5 of the user guide in the 'resources' section of the webtool.

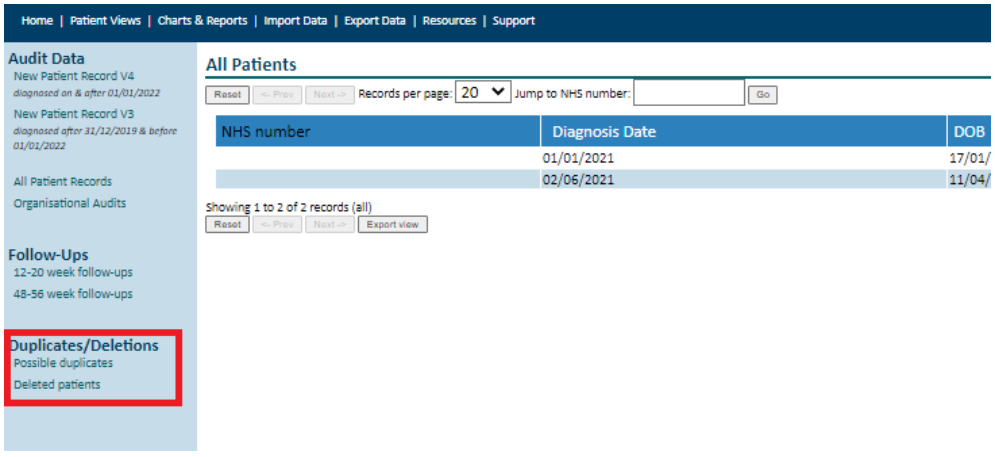
35. My lead clinician is leaving, how do I add a new lead?

If your lead clinician is leaving, they should register a replacement lead on the webtool **before leaving post**. They should then contact flsdb@rcp.ac.uk to have their own access removed. In cases where this has not been possible, an email of approval from the sites Caldicott guardian must be sent to flsdb@rcp.ac.uk in order to approve new lead clinicians.

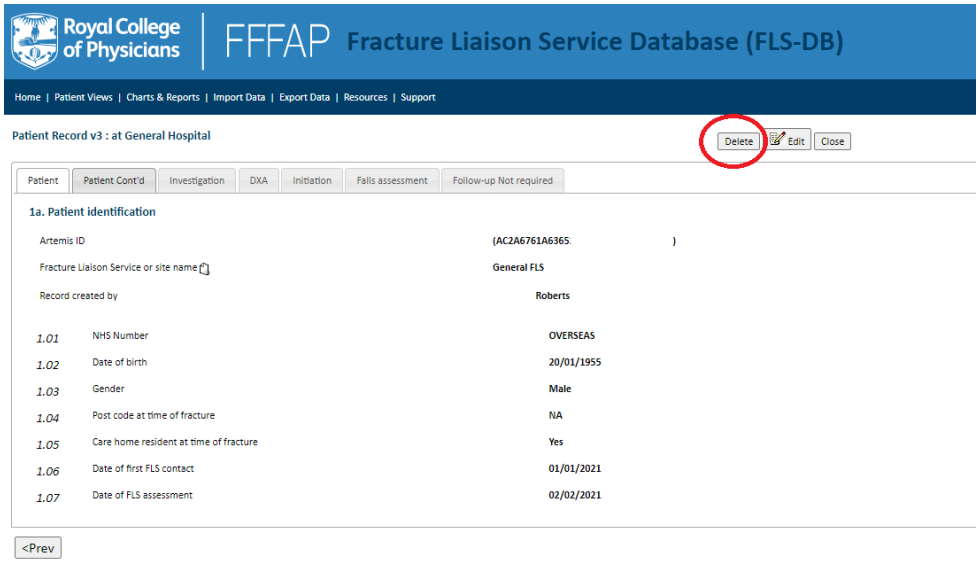
If the new lead clinician is an existing user, they must email the FLS-DB inbox and cc in their Caldicott guardian before we can update their access.

36. How do I delete a record?

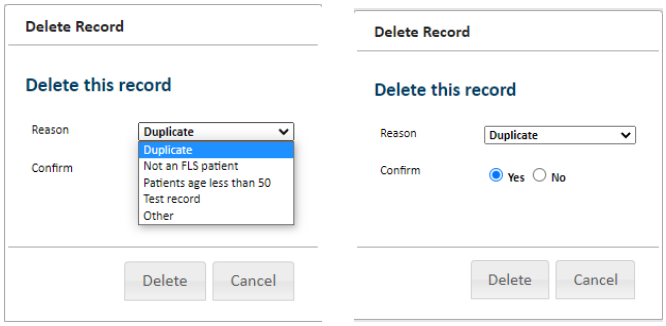
If you have duplicate records for the same patient or you have records that should not be part of the audit, you can now delete them within the patient record. To view possible duplicate records, select '**patient views'** and you will see **'duplicates/deletions':**



Below is a screenshot of a fictional patient record. The '**delete**' function is on the top right-hand side:



If you have entered a duplicate patient, select 'delete' – you will be asked to confirm the reason. Select duplicate from the drop-down box:



Select '**yes'**, then select '**delete'**.
Once the record has been deleted, close the record. The record will move to the delete patient view. Records will remain in this view for 30 days

If you need support on audit related queries, please contact the FFFAP team:
Email: flsdb@rcp.ac.uk
Phone: 0151 318 1922 – 9am–5pm, Monday – Friday

PLEASE DO NOT SEND THE FFFAP TEAM PATIENT IDENTIFIABLE INFORMATION