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FLS-DB FAQs

PARTICIPATION

1. Is the FLS-DB audit mandatory?

For sites **with an 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 both in the trust's Quality Account and also form part of the National Clinical Audit Patient Outcomes Programme (NCAPOP). **If you do not have an FLS you do not need to participate but your local hospital will be informed that the hospital has not actively participated with the audit.**

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 in the audit. We will register you for the audit and give you a log in for the webtool. All data entry will be done through the webtool. You can view the datasets online.

3. I don't have any resources to do this / my trust won't support me

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 both 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 at 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. 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.

6. 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 run charts and benchmark tables. You can then use this information to help improve your service as well as help you submit key performance indicators for your service. We recommend your FLS takes the time to adapt a local database so it can populate the .csv file template for importing patient records into the FLS-DB. This reduces time spent with duplicate data entry. The specification & template of the .csv file can be downloaded from the FLS-DB resources page. You can also directly enter patients via the fffap.org website.

7. 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 time frame that applies to the dataset, for example '*diagnosed on & after 01/01/2022*'

8. 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 date 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 combine resources and avoid duplication.

9. 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.

10. 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.

11. 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).

12. 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.

13. Overseas visitors

Please enter 'overseas' in the place of an NHS number. You will not be required to enter a postcode.

14. No fixed abode

If the patient has no fixed abode, sites can enter 'NFA' in the postcode field. This will only work for manual entry not through a csv data import. Sites that are importing can either enter that one case manually or import and put overseas instead of NHS number this will blank out the postcode field – then edit the case once it's uploaded - change overseas to the actual NHS number and then update the postcode field.

PATIENT IDENTIFICATION

15. Fracture definitions & 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 experienced their fragility fracture diagnosed within the NHS.

16. 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

17. 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 was for question 3.03.

INITIATION

18. 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.

19. 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, so 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.

20. 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 then we recommend to check 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.

FOLLOW UP

21. 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.

22. 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.

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

Answer question 6.05 as 'started recommended bone therapy'. If patient has started taking bone sparing medication but is taking a different drug than the drug recommended enter the name of the medication they started even if the patient starts taking the medication and subsequently stops for any reason. For patients who have stopped treatment, follow your local pathways to improve adherence as the 52 week follow up will check if they remained on treatment.

24. 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.

25. 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 FLSDB 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

26. 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 1st January to 31st December and the deadline for data to be included in the subsequent annual report is the following May. The report is then published later that year/early the following year.

The facilities audit runs for one month of a year and usually has the same deadline as the patient data. The facilities audit asks for information about your organisation for the same period as the patient data (1 January to 31 December of the previous year).

27. 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.

28. How are KPIs calculated?

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

29. How do I obtain physical copies of resources?

All the resources are available to download from the FLS-DB resource repository. 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

30. Where are my log in details?

Your clinical lead should have received an email from our webtool developers (Crown Informatics) with their log in details and instructions on how to create additional log ins 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.

31. How do I create a new user?

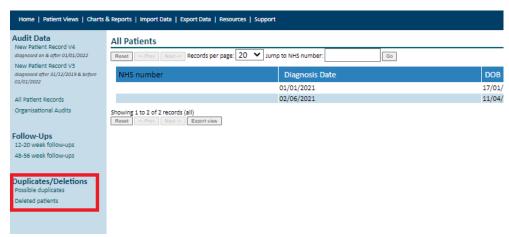Please see page 5 & 6 of the user guide in the 'resources' section of the webtool.

32. Registering new lead clinicians

If your clinical lead is leaving, in order to maximise the security of patient data, FLS-DB lead clinicians should register a replacement clinical 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 sites' Caldicott Guardian must be sent to [flsdb@rcp.ac.uk] in order to approve new lead clinicians.
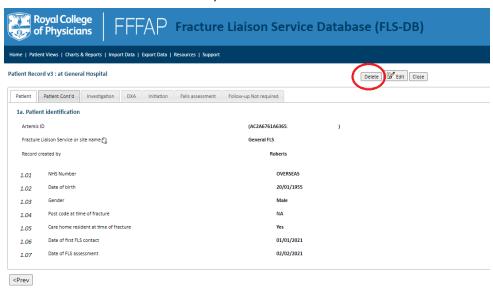
NB. If the new lead clinician is an existing user, contact helpdesk@CrownAudit.org to request a 'change of access' for further support.
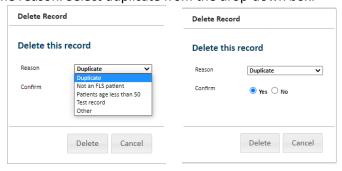
33. How do I delete a record?

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**' 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. When you 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

CONTACT DETAILS

Clinical Support Help Desk
For audit related queries contact the FFFAP team:
Email: FLSDB@rcp.ac.uk
Phone: 020 3075 1511 /1266 - *9am-5pm, Monday to Friday*

PLEASE DO NOT SEND THE FFFAP TEAM PATIENT IDENTIFIABLE INFORMATION

Technical Support Help Desk
For technical related queries:
Crown Audit Help Desk
Email: Helpdesk@crownaudit.org

You can reset your password online at:
www.crownaudit.org