Monthly identification of patients for BPS assessment from standardised search EMIS/SystmOne

Review exclusion criteria (high impact fracture, under age of 50, evidence/suspicion metastasis or bone pathology, renal specialists (seek advice), end of life pathway, fracture to skull, face or digits)

Patient appropriate for BPS

Treatment recently commenced in secondary care

Patient declines BPS — discharge

Send standard BPS introduction letter, refer bloods & request DXA

Assess FRAX & NOGG once DXA result available

If treatment not indicated send low risk letter & review 3 years
Pay point 1

If treatment indicated -face to face appointment with patient: complete Bone Health Assessment on standard template. Review bloods. Discussion regarding importance of treatment adherence, lifestyle, diet, falls and exercise. Provide NOS postcard. **Pay point 1**

If initiated oral bisphosphonates. telephone review to monitor adherence +/- side effects within 3-6 months of treatment initiation
Pay point 2

Decision to treat – see guidelines regarding Bisphosphonates, Calcium & Vitamin D

If not suitable oral, bisphosphonates follow CCG guidelines for parenteral treatment.

Telephone review adherence +/- side effects within 12 months of treatment

Not adhering to or having side effects from oral Bisphosphonates

Patient declines BPS — discharge

Treatment review on annual basis. Consider stopping bone sparing treatment at 3 or 5 years depending upon which bone sparing agent used - see guideline notes