

**DIRECTED ENHANCED SERVICE (DES)  
OSTEOPOROSIS SPECIFICATION**

<b>Part 1: Activity and Resources</b>
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**1.1 INTRODUCTION**

Osteoporosis is an important health problem through its association with age related (fragility) fractures. Fractures of the hip, wrist and spine are the most frequent osteoporosis fractures.

**1.2 SERVICE SPECIFICATION**

- 1.2.1** The Contractor must hold and maintain a register (known as the **Fragility Fracture Register**) of all female registered patients aged 65 years and older with fragility fractures sustained on or after 1<sup>st</sup> April of the year in which the Contractor signs up to deliver this service.
- 1.2.2** The Contractor takes reasonable steps to keep such a register of patients up-to-date during the contract period including adding and removing patients as appropriate.
- 1.2.3** The Contractor is required to provide the PCT with such information as the PCT may reasonably require to demonstrate that it has robust systems in place to maintain a register accurately.
- 1.2.4** A requirement that the Contractor cooperates with the PCT with any reasonable review of the register that relates to accuracy including comparison of reported prevalence and expected prevalence.
- 1.2.5** The Contractor is required to make relevant entries in the patient's medical records.
- 1.2.6** The Contractor is required **on or before 31<sup>st</sup> July 2012** following the **31<sup>st</sup> March 2012** to inform the PCT in writing of:

**Criterion 1**

The proportion of women on the **Fragility Fracture Register** as at **31<sup>st</sup> March 2012** who:

- a) are at least **65** but not yet **75**

- b) have sustained a fragility fracture during the previous 12 months, and
- c) have been **referred** for a DEXA scan during the **previous 12 months** (excluding any women who have had a diagnosis of osteoporosis confirmed prior to 1 April 2011).

### **Criterion 2**

The proportion of women on the **Fragility Fracture Register** as at **30th June 2012** who:

- a) as at **31<sup>st</sup> March 2012** of the relevant financial year were at least **65** but not yet **75**
- b) have sustained a fragility fracture during the relevant financial year, and
- c) have had a diagnosis of osteoporosis **confirmed** by DEXA scan during the **previous 15 month period** ending on **30th June 2012**, and
- d) are receiving treatment with a bone-sparing agent.

### **Criterion 3**

The proportion of women on the **Fragility Fracture Register** as at **31<sup>st</sup> March 2012** who are at least:

- a) aged **75 and over**
- b) have sustained a fragility fracture during the **previous 12 months**, and
- c) are receiving treatment with a bone-sparing agent.

## **1.3 RESOURCES**

For each criterion in each DES year, payments will be triggered according to lower and upper thresholds.

## **Part 2: Payment Mechanism**

- 2.1** Payment is calculated in respect of each criterion based on the percentage of women patients on the **Contractor's Fragility Fracture Register** who meet that criterion subject to an adjustment to reflect the number of women over 65 who are on the Contractors list of registered patients compared with the average number of such women on the registered list of Contractors in England. Payments will be calculated according to the information set out in the Statement of Financial Entitlements (SFE) (amendment) Directions 2009.

- 2.2** In 2011/12 payment for each criterion will be triggered once the following proportions are reached:

<b>Criterion</b>	<b>Proportion reached in 2011/12 (%)</b>
1	Lower threshold 40 Upper threshold 60
2*	Lower threshold 70 Upper threshold 90
3	Lower threshold 70 Upper threshold 90

\*of those women as identified in criterion 1

### **Criterion 1**

A practice will receive £200.30 if the proportion of women identified is equal to, or more than, 60 per cent. A practice will receive £120.18 if the proportion is 40 per cent. Any achievement between 40 per cent and 60 per cent will be paid out on a sliding linear scale, for example if a practice were to achieve 55 per cent they would receive £180.27.

### **Criterion 2**

Of those women with a positive diagnosis of osteoporosis, a practice will receive £200.30 if the proportion of those women identified who are receiving treatment with a bone-sparing agent is equal to or more than 90 per cent. A practice will receive £120.18 if the proportion is 70 per cent. Any achievement between 70 per cent and 90 per cent will be paid out on a sliding linear scale in the same way as criterion 1.

### **Criterion 3**

A practice will receive £200.30 if the proportion of women identified is equal to or more than 90 per cent. A practice will receive £120.18 if the proportion is 70%. Any achievement between 70 per cent and 90 per cent will be paid out on a sliding linear scale in the same way as criterion 1.

The payment to each practice will be adjusted by the relative number of women aged 65 and over on the practice list, compared to the national average.

- 2.3** See payment criteria below:

- **Late** submissions (**after 31<sup>st</sup> July 2012**) will result in **nil** payment
- **No** submission will result in **nil** payment

- 2.4** Payment will be made following verification of any report in each year.

- 2.5 The Contractor will not be paid for reports that are incomplete or do not fulfil the requirements of 2.1.

### Part 3: Performance Management

- 3.1 The Contractor will produce an end of year report based on the criterion set out in the service specification on or before **31<sup>st</sup> July 2012 following the 31<sup>st</sup> March 2012.**
- 3.2 Payments will be calculated on the basis of the report achievements.
- 3.3 The audit report and subsequent payment will be based on work undertaken within the previous 12 months.

### Part 4: Excluded Services

- 4.1 Women under 65 years of age.
- 4.2 Diagnosis for Criterion 1 and 2 confirmed by other methods (than a DEXA scan).
- 4.3 Diagnosis and treatment outside the DES timescales

### Suggested Read Codes

*Reference: Clinical DESs for GMS Contract: Guidance and audit requirements for 2011/2012*

#### Fragility Fracture:

	Read v2	Read CTV3	Snomed CT
Fracture	S1...% S2...% S3...%	XA0FK%	125605004%
Fragility Fracture	N331N	XaNSP	306171000000106

#### DEXA Scanning:

	Read v2	Read CTV3	Snomed CT
Forearm DXA scan T score	58E2.	XaITK	391058006
Forearm DXA scan result osteoporotic	58E4.	XaITM	391060008
Heel DXA scan T score	58E8.	XaITP	391063005
Heel DXA scan result osteoporotic	58EA.	XaITR	391065003
Hip DXA scan T score	58EE.	XaITU	391068001
Hip DXA scan result osteoporotic	58EG.	XaITW	391070005
Lumbar spine DXA scan T score	58EK.	XaITZ	391073007

Lumbar DXA scan result osteoporotic	58EM.	XaITb	391075000
Femoral neck DEXA scan T score	58ES.	XaPDy	440050006
Femoral neck DEXA scan result osteoporotic	58EV.	XaPE2	440100002
DEXA scan T score	58EP.	XaP6z	440035002

**Treatment with Bone-Sparing Agents:**

	Read v2	Read CTV3	Snomed CT
Disodium etidronate	fo1..%	fo1..%	96284009%
Alendronic acid	fo4..%	fo4..%	421552005%
Risedronate sodium	fo6..%	fo6..%	126136003%
Ibandronic acid	fo8..%	fo8..%	404840001%
Raloxifene hydrochloride	fv1..%	fv1..%	419530003%
Teriparatide	fu3..%	fu3..%	398823001%
Strontium Ranelate	fu5..%	fu5..%	415633000%