

Update to GPs on Mineral Metabolism services (QEUH, West ACH, GRI & Stobhill)

9th September 2020

The COVID-19 pandemic has led to a review of various aspects of the QEUH and West Glasgow ACH Mineral Metabolism Services. These are as follows:

Outpatient Clinic Services

The majority of Clinic appointments for the foreseeable future will be 'virtual' by way of telephone or, where appropriate, video. Patients will continue to attend for bone densitometry (DXA) as clinically indicated and this will be arranged by secondary care staff. Where blood work is required, this will also be arranged by secondary care staff – generally via one of the phlebotomy hubs now set up. The facility for face-to-face consultations will still exist however will be reserved for situations where this is deemed to be the most appropriate review option. In all situations secondary care teams will continue to communicate results and treatment recommendations to patients' General Practitioners.

Fracture Liaison Service (FLS)

FLS identifies patients who present with incident fractures to hospital services. The case finding responsibility here sits with the team of Osteoporosis Specialist Nurses and this will remain the case. The way some patients will be assessed and treatment recommendations made will, however, change. One of the principles driving this is a requirement to restrict patient visits to hospital sites for tests unless these visits are clinically essential. Up until now (pre-COVID-19), a number of patient groups would be advised about starting anti-osteoporosis therapy without recourse to DXA. The decision to start anti-osteoporosis treatment can in some circumstances be made based upon the patient being at particularly high fracture risk. This approach is supported by national clinical guidance. Treatment will be advised (without DXA) in the following situations:

- Patients presenting with hip and/or vertebral fracture (supported by SIGN 142). Patients under age 75 with hip fracture will be advised to start treatment with a view to DXA being performed at a later time.
- Patients over age 80 presenting with fracture (at any site – other than skull, facial bones, metacarpal and metatarsal) (supported by NICE & National Osteoporosis Guideline Group [NOGG]).
- Generally other patients should have DXA as part of the treatment decision making process – however in the current post-COVID-19 environment, it is likely that waiting lists for DXA will increase (and some patients may decline a hospital appointment due to shielding/personal concerns). In this situation advice may be given for some patients to start on anti-osteoporosis treatment. Patients, however, will be kept 'on-hold' for a DXA appointment later. The requirement to continue treatment can then be reviewed after DXA carried out.

Patients in all FLS categories will be sent written information regarding their FLS assessment. If there is a recommendation made for treatment, patients will be sent written information on the treatment being suggested. They will also receive contact details for the Royal Osteoporosis Society (ROS) who have on-line literature and a nurse-led helpline. Patients will also be given the telephone contact details for the Osteoporosis Specialist Nurse team and can arrange a telephone consult if required by this route. If patients come for DXA and it appears that they might need a face-to-face assessment with an Osteoporosis Specialist Nurse e.g. if a carer is needed or there are particular communication issues – as far as possible this will be done at the time of their DXA assessment (however this might not always be possible) and a face-to-face review can still be arranged at a later date.

Where blood tests are required, these will be requested via one of the phlebotomy hubs. Results will be communicated then with the patient and the patient's General Practitioner.

Direct Access DXA Service (DADS)

The referral criteria for this service will remain unchanged. All referral should now be made electronically. Paper DADS referrals will not be accepted after 30st September 2020. After patient attends for DXA the standard outcomes will be as follows:

DXA satisfactory and no anti-osteoporosis treatment advised. Patients will be notified of this result by letter. This letter will also contain details for ROS in case patient wishes further advice about bone health.

DXA abnormal and treatment recommended. Patients will be notified of this result by letter. Patients will also be sent written information on the treatment being suggested. They will also receive contact details for the Royal Osteoporosis Society (ROS) who have on-line literature and a nurse-led helpline. Patients will also be given the telephone contact details for the Osteoporosis Specialist Nurse team and can arrange a telephone consult if required by this route

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