

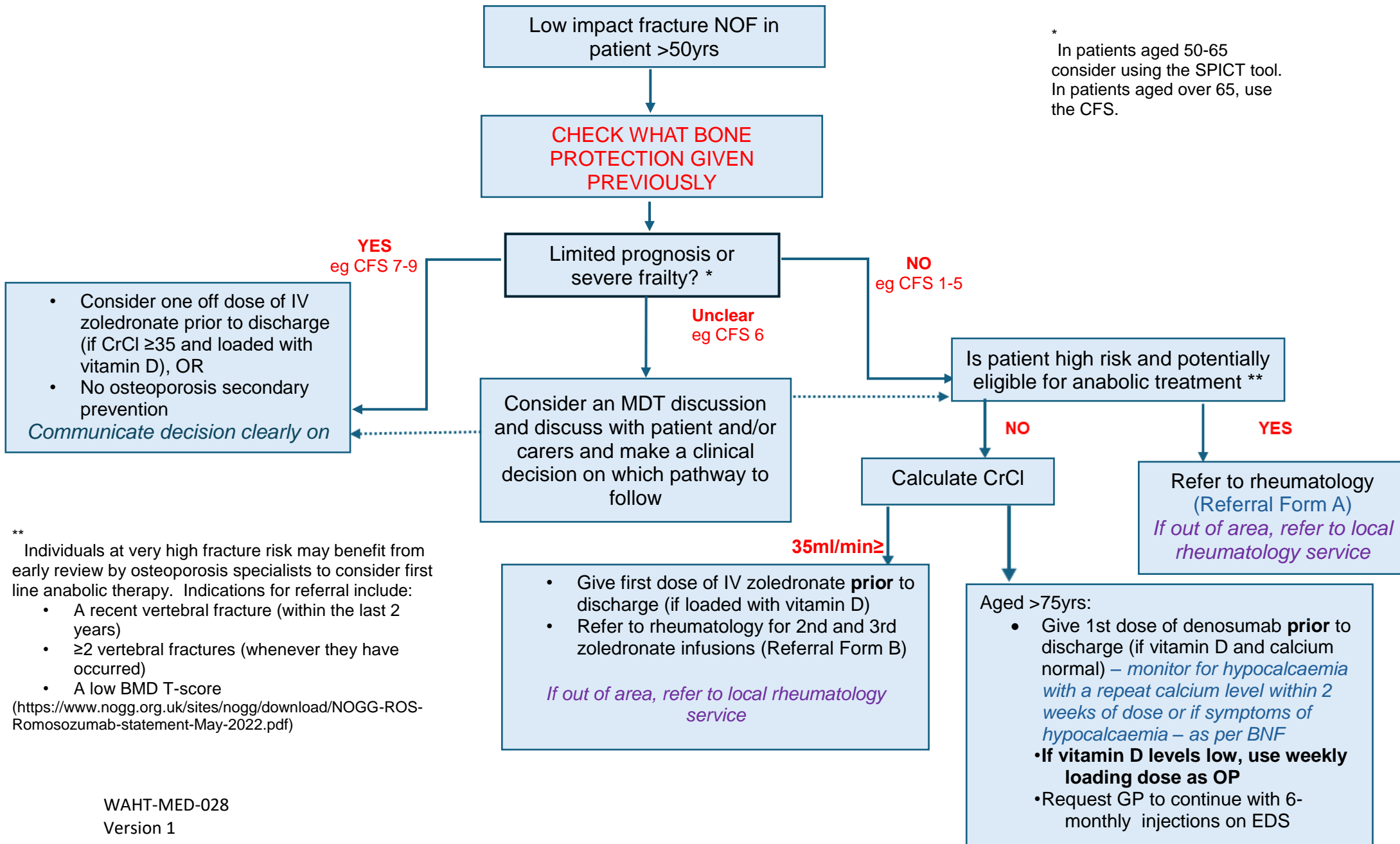
Management and Treatment of Osteoporosis in Adults >50 years old with low trauma hip fractures

Department/ Service:	Acute Frailty
Originator:	Dr Powell
Accountable Director:	
Approved by:	Specialty Medicine DMB
Approved by Medicines Safety Committee: <i>(When medicines are included in the document)</i>	9 th April 2025
Date of approval:	4 th May 2025
Revision due: This is the most current document and should be used until a revised version is in place	4 th May 2028
Target Organisation(s):	Worcestershire Acute Hospitals NHS Trust
Target Departments:	Trustwide
Target Staff Categories:	All Trust Staff

Key Amendments to this Document

Date	Amendment	Approved by:

Treatment Pathway for the Secondary Prevention of Osteoporotic Fractures in Patients with Low Impact Neck of Femur Fracture (NOF)



Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Dr Susan Powell
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Details of individuals completing this assessment			
	Name	Job title	e-mail contact
	Dr Susan Powell	Consultant Geriatrician	Susan.powell16@nhs.net
Date assessment completed	5/5/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Management and Treatment of Osteoporosis in Adults >50 years old with low trauma hip fractures			
What is the aim, purpose and/or intended outcomes of this Activity?	To facilitate a more standardised approach to the management of men over the age of 50 and post- menopausal women presenting with a low impact hip fracture. Previous audit data has shown that many patients are not getting access to any form of bone health protection at all. We would hope to increase access to evidence based treatments like iv zoledronate and also to anabolic agents that are available only through access to rheumatology colleagues for particular high risk patients.			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> x 	Service User Patient Carers Visitors	<input checked="" type="checkbox"/> x 	Staff Communities Other __Pharmacy_____
Is this:	<input type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> x New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Call to Action; a five nations consensus on the use of intravenous zoledronate after hip fracture. Johansen et al. Age and Ageing. 2023 Sep;52(9):172			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	There have been multiple iterations of this treatment pathway, with extensive involvement of rheumatology, orthopaedic and frailty colleagues. Pharmacy colleagues have also been heavily involved, and this pathway has been passed through the Medicines Safety Committee, with a re-review on 11/06/2025. Also passed by DMB on 4/06/25.			
Summary of relevant findings	Other hospitals are also working to increase the access to iv zoledronate for this patient population.			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			It is usually older patients that present with a hip fracture. This pathway specifically references patients over the age of 50 because these are the group most at risk of osteoporosis. Younger patients with low trauma hip fracture will need a case by case review, as there will need to be a more thorough assessment of their risk factors, as well as careful decision making about their management. We have also used an age cut off for denosumab, because there is a lack of clarity around how long to continue denosumab for, and in younger patients (less than 75) then it is important to have a plan for what to do if denosumab is discontinued.
Disability		x		
Gender Reassignment		x		
Marriage & Civil Partnerships		x		
Pregnancy & Maternity		x		
Race including Traveling Communities		x		
Religion & Belief		x		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	X			This pathway will increase the access to intravenous treatment for osteoporosis, which means that we are not reliant on patient concordance in taking oral medication on a weekly basis. This means that vulnerable groups such as those with dementia will be more likely to get optimal secondary prevention.

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Risk of not getting seen by an orthogeriatrician whilst in hospital after a fractured hip	There has been active recruitment to increase the number of staff working in orthogeriatrics. This risk is	Fiona Campbell	3 months

		currently on the risk register.		
	Risk of patients receiving duplicate doses of zoledronate if dosing not clearly documented on EDS.	<p>We have put several mitigations in place including:</p> <ol style="list-style-type: none"> 1) Use of acronym expansion in the OG reviews, with a sentence that can be copy and pasted on to the EDS. 2) Liaison with EPMA team about whether stat doses of zoledronate can be automatically included on the EDS 3) Education and training – which will be easier when the pathway is officially published 4) We have asked for a regular report from DATIX about incidents related to zoledronate and denosumab 	Susan Powell	6 months
How will you monitor these actions?	NHFD will continue to look at the number of patients getting an ortho-geriatrician review.			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	June 2026			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Dr Susan Powell
Date signed	13/06/25
Comments:	
Signature of person the Leader Person for this activity	Dr Susan Powell
Date signed	13/06/25
Comments:	