

<b>Reference:</b>	FOI.8816.22
<b>Subject:</b>	Primary Care and Osteoporosis
<b>Date of Request:</b>	29 April 2022

**Requested:**

- 1) For the financial years 2019/2020, 2020/2021 and 2021/22 how much did you spend on: Osteoporosis medication with:
  - i) Oral bisphosphonates (alendronate, risedronate, ibandronate)
    - 2019/2020
    - 2020/2021
    - 2021/2022
  - ii) Denosumab
    - 2019/2020
    - 2020/2021
    - 2021/2022
  - iii) DXA scans.
    - Please provide budget/spend for DXA
    - 2019/2020
    - 2020/2021
    - 2021/2022
  - iv) n. scans this provided
    - 2019/2020
    - 2020/2021
    - 2021/2022
  - v) DXA VFA (vertebral fracture assessment) scans commissioned
    - 2019/2020
    - 2020/2021
    - 2021/2022
- 2) What proportion of GP practices have a systematic process in place (e.g., regular data search) for identifying people who require a fracture risk assessment?
- 3) What proportion of GP practices have osteoporosis identification/management tools embedded into their electronic patient management systems?
  - a) FRAX
  - b) QFracture
  - c) Other (please state)
- 4) What proportion of patients across your Health Board aged 50 and over had a fracture risk assessment using FRAX or QFracture in line with NICE / NOGG recommendations?
  - 2019/2020
  - 2020/2021
  - 2021/2022
  - a. What proportion of these were referred for a DXA scan?
    - 2019/2020

2020/2021  
2021/2022

- 5) What proportion of practices have an identified clinician or other healthcare professional with special interest in osteoporosis?
- 6) How much of your Additional Role Reimbursement Scheme funds have you invested into community pharmacists?
- 7) What proportion of GP practices have access to a community pharmacist (CP)?
  - i) What proportion of these CPs have a designated role in identifying/managing osteoporosis?
  - ii) What proportion of these CPs routinely perform osteoporosis medication reviews?
- 8) What proportion of GP practices have access to a First Contact Practitioner (FCP)?  
And: what proportion of these FCPs have a designated role in identifying/managing OP?
- 9) What proportion of patients being treated in primary care with osteoporosis medications have had a review of their medication within 12 months of treatment initiation?
- 10) What proportion of patients being treated in primary care with oral bisphosphonate therapy have had their treatment reviewed at 5 years of treatment?

**Response:**

Hywel Dda University Health Board (UHB) does not hold the information for all GP Surgeries. With the exception of its Managed Practices; Tenby Surgery, Ashgrove Medical Centre, Meddygfa Minafon and Meddygfa'r Sarn, the GP Practices hold their own information and consequently, the UHB does not have access to all of the details you require. Therefore, this information would need to be requested directly from the individual GP Practices. Contact details for each of them can be found via the following link:

<http://www.wales.nhs.uk/sitesplus/862/directory/gps/>

The UHB is unable to provide you with the information requested for questions 1v) to 10, as it is estimated that the cost of answering your request would exceed the "appropriate limit" as stated in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004. The "appropriate limit" represents the estimated cost of one person spending 18 hours (or 2½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the data requested for question 1v), the UHB would need to undertake a manual search of the Finance ledger entries, to identify the information requested, as it is not recorded separately. For questions 2 to 10 the UHB would have to contact each Managed Practice to identify and collate the information requested, as the data required is not recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FoIA), which provides an exemption from a public authority's obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority to provide advice and assistance so far as it is reasonable, to individuals who have made a request under FoIA and therefore, the UHB provides the data available for questions 1i) to iv) overleaf.

- 1) i) & ii) The UHB provides, within the table below, the annual expenditure for the medications requested, for the financial years 2019/20, 2020/21 and 2021/22.

<b>Medication</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Alendronate	£1,189.36	£1,809.35	£1,187.47
Risedronate	£2,698.24	£1,499.12	£883.86
Ibandronate	£407.55	£628.83	£710.44
Denosumab	£109,900.80	£82,184.80	£134,973.60

- iii) & iv) The UHB provides, within the table below, the annual expenditure on Fordual-energy X-ray Absorptiometry (DXA) scans and the number undertaken, for the financial years 2019/20, 2020/21 and 2021/22.

<b>DXA Scans</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Expenditure	£100,062.00	£34,578.00	£73,542.00
Number	1,962	669	1,442