ROYAL OSTEOPOROSIS SOCIETY

Better bone health for everybody

STAKEHOLDER MAP

Disclaimer

Every effort has been made to ensure that the information contained within this document is accurate and in full compliance with UK law and best practice at the time of writing. There is no guarantee as to the accuracy or reliability of any information contained in this document. Use of the information contained in this document is at the user's risk, and the Royal Osteoporosis Society accepts no liability whatsoever.

If you have any feedback, feel that something is missing, or would like to provide additional information, please contact us at FLS@theros.org.uk.

STAKEHOLDER MAP

Managed by an Orthogeriatrician

Identified by FLS practitioner* or FLS admin

FLS practitioner:
F:F/telephone fracture and falls risk assessments

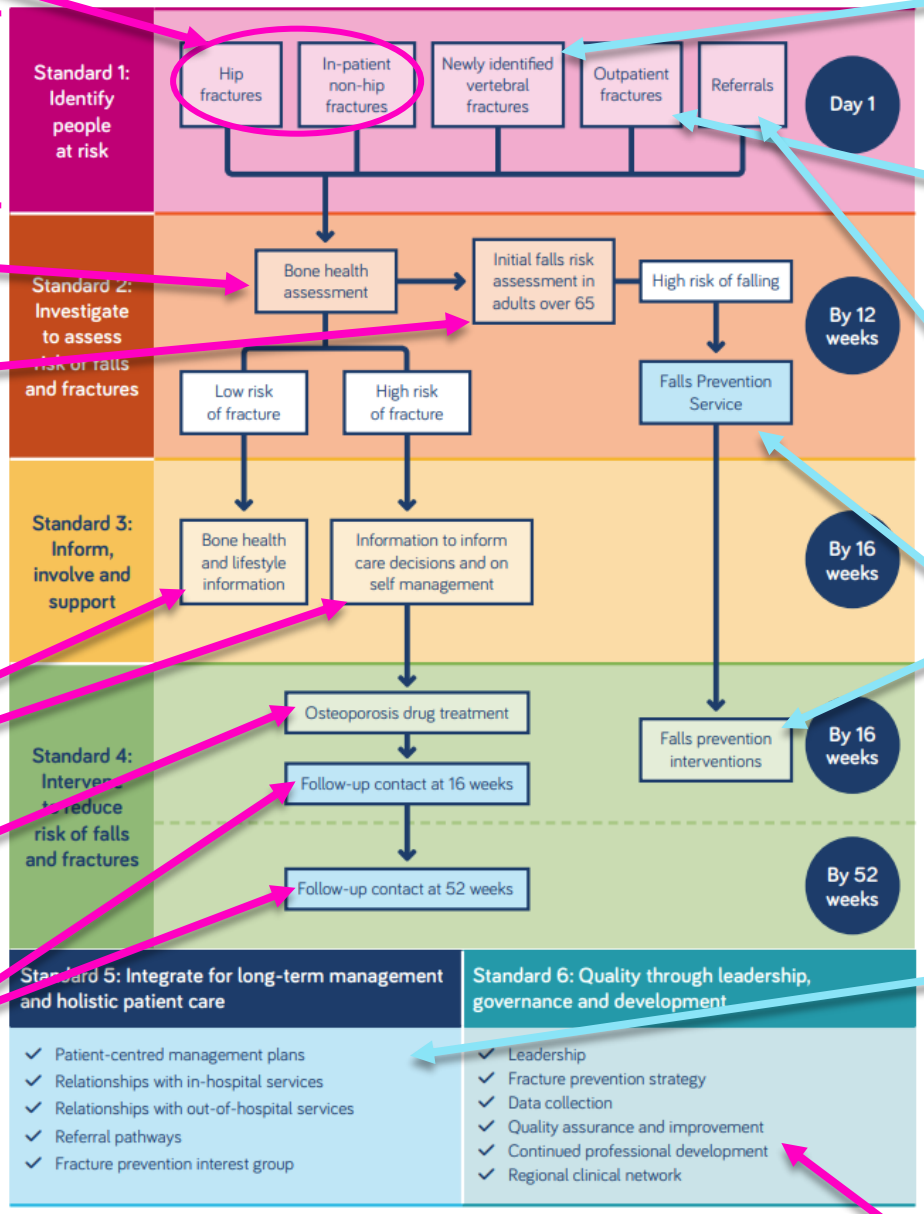
Referral to DXA:
Radiographer, bone densitometry technician, nurse, assistant practitioner healthcare scientist, Medical technical officer (MTO) /nuclear medicine

FLS practitioner or FLS admin

FLS practitioner, Doctor or referral to GP for prescription Pharmacist
Blood/lab tests:
Phlebotomist, biomedical scientist

FLS practitioner or FLS admin

*FLS practitioner: Nurse specialist, allied Health Professional e.g. radiographer, OT, Physio



Adult over 50+ yrs has a fracture identified on an x -ray/scan not previously reported/noted Radiologist & Radiographer

Adult over 50+ yrs has a fracture and an x -ray or scan Radiographer & Radiologist

Referral by hospital consultant, nurse specialist, GP

Falls clinic:
consultant, nurse specialist, physiotherapist, occupational FLS practitioner or therapist

Integration & communication with GP , osteoporosis specialist clinic consultant, nurse specialist, DXA, pharmacy

FLS Practitioners, Clinical lead, DXA lead, Pharmacy lead, (usually Dr), ROS

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Identifying key stakeholders is a crucial step in both service development and service improvement.

It is essential to ensure representation from a broad range of healthcare professionals, including those involved in developing the business case and those who will be directly affected by the service. Engaging colleagues early helps to build a strong coalition for change and encourages shared ownership of the work required to develop the business case.

Establishing a dedicated working group that meets regularly is considered good practice, as it helps maintain momentum, supports collaboration, and ensures the process continues to move forward effectively.

KEY HEALTHCARE PROFESSIONALS

Key Stakeholders for Development of Business Case:

ICB Representation: Ideally, can provide insight into what the ICB would require or want. Great if they can get buy-in.

Finance: Can advise and aid with the costings of setting up and maintaining an FLS

Patient Representative: can provide a different input and patient story. The ROS can help with identifying someone.

Individual Trust Clinical Lead: will take responsibility for each NHS Trust, feeding back to the NHS Trust team

Digital: Can liaise with Trusts on IT systems and provide input on the incorporation of a digital system

HealthCare Professionals involved in the delivery of FLS

In Patients: Orthogeriatrician

DXA: Radiographer, bone densitometry technician, nurse, assistant practitioner, healthcare scientist, Medical technical officer (MTO) /nuclear medicine

FLS Treatment: Doctor, nurse practitioner, GP

FLS Treatment: Pharmacist, Bloods: Phlebotomist, biomedical scientist

FLS FLS Practitioner: Nurse specialist, allied Health Professional, e.g. radiographer, OT, Physio

X-rays and Scans: Radiologist & Radiographer

Vertebral Fractures: Radiographer & Radiologist

Referrals: consultant, nurse specialist, GP

Falls Clinic: consultant, nurse specialist, physiotherapist, occupational therapist

Osteoporosis Clinic: consultant, nurse specialist, DXA, pharmacy

Clinical Governance and Quality, education and training: FLS Practitioners, Clinical lead, DXA lead, Pharmacy lead, (usually Dr), ROS

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