Dear Colleague,

I am delighted to welcome you to the Paddington Hilton for this inaugural conference on osteoporosis in primary care. This conference is being held under the auspices of the Primary Care Rheumatology Society and the Royal College of General Practitioners with the aim of improving the quality of care for our patients by encouraging and maintaining the highest standards of general practice. This conference is the result of a demand from general practitioners for advice on what they should be doing in their own practice, which guidelines to implement, who to screen, and how to manage and treat those patients identified.

There have been a number of advances in the osteoporosis field with new drugs on the horizon, FRAX, the WHO fracture risk assessment tool, the NOGG guidelines and NICE Technology Appraisal Guidance for the primary and secondary prevention of osteoporotic fragility fractures in postmenopausal women.

Lord Darzi has stressed the importance of transparency in the Quality and Outcomes Framework (QOF) and has indicated that NICE will play a pivotal role in future QOF developments as the independent champion of evidence-based medicine. Although osteoporosis has not yet been incorporated into the QOF, most GPs in England have opted into a Direct Enhanced Services contract for osteoporosis. However, this is limited in scope and does not address the huge number of women who have had fragility fractures in the past and who are at risk of increased morbidity and mortality from low fragility hip fractures. Thousands of women are dying each year from these fractures which could be prevented by easily instituted osteoporosis services in primary care and I hope that this conference will help GPs develop practical methods of implementing such services.

All the delegates are doctors who have expressed an interest in osteoporosis and are involved in musculoskeletal medicine and rheumatology as PCRS members or GPwSIs and as key opinion leaders you are in an ideal position to influence and initiate change in general practice.

This conference would not have been possible without the very generous sponsorship from a number of pharmaceutical companies who recognise the importance of developing osteoporosis guidelines for primary care and I would be grateful if you would take the time to visit the exhibition stands during the lunch and tea breaks. The National Osteoporosis Society will also be present and is the only UK charity dedicated to improving the diagnosis, prevention and treatment of osteoporosis.

With your enthusiasm and participation, this conference will be a great success and the first step towards improving the quality of care for our patients with osteoporosis.

I look forward to meeting you all,

Kind regards,

Graham Davenport
RCGP Clinical Champion for Osteoporosis