

A briefing to ROS members: Key themes and statistics for Major Conditions Strategy responses

The case for a £30m pa investment in Fracture Liaison Services to prevent a tenth of hip fractures

Osteoporosis is one of the most urgent threats to people living well in later life.

Fractures caused by osteoporosis are more common, more harmful and more preventable than officials may think.

- They affect **half of women over 50**, and a fifth of men
- **Fourth** most consequential health condition, measured in disability and premature death (DALYs)
- Fractures are preventable with safe, effective therapies which are highly affordable for the NHS

A timely diagnosis and a treatment plan can prevent secondary fractures after the first fracture, but there is an enormous treatment gap.

- Two-thirds of people who need anti-osteoporosis medications are missing out on them - **c.90,000 people** every year
- The postcode lottery means people are being fixed up and forgotten about in Fracture Clinics, without underlying osteoporosis being diagnosed
- Fracture Liaison Services (FLS) reduce re-fracture risk by **up to 40%**
- But only **51%** of Trusts in England provide Fracture Liaison Services, covering only **57%** of the population

The burden of preventable fractures on the NHS is enormous.

- **1m acute hospital bed days** taken up by hip fracture patients
- **£2bn** annual spend on hip fracture care
- Hip fractures are 'heart attack-level' events, which impose major burdens on hospitals, ambulances and social care
- Half of hip fracture patients had a previous fracture that **could have flagged them** as being at risk
- **70% of spinal fractures** never come to medical attention, despite being red flags for a future hip fracture – that's **2.6m people**
- Spinal fractures are a major driver of people in their 50s and 60s leaving the workforce

FLS is a cost-effective model that requires modest investment for significant return:

- **ROI of £3.26 for every £1 invested**
- Additional cost to end the postcode lottery is **£30m** per year, (ie. to fill the gaps), with a total benefit of **£440m over five years**
- Total benefit of 100% FLS coverage of eligible population: **74,000** fractures prevented, including **31,000** hip fractures over five years

- This would save the NHS **£665m** over five years and release **750,000 bed days**.
- **If we front-end just 1.5% of our current hip fracture spend into FLS, we can prevent a tenth of hip fractures**

Beating osteoporosis has a strong Levelling Up narrative.

- People from lower-income households have a **25% higher risk** of fractures
- And a **higher mortality rate** and **slower recovery time** following hip fractures
- They typically experience more severe pain from fractures, feel more isolated, are more physically impacted, and less satisfied with the information available to them

Integrated Care Systems (ICSs) are unlikely to seize these missed opportunities because of:

- Lack of a central directive, eg. through the standard NHS contract, since none of the 63 [oversight metrics](#) from NHS England for ICSs speak to fracture prevention
- Lack of awareness of the impact of fractures on patients, and the cost-benefit of secondary fracture prevention
- Patchy clinical leadership locally in drafting business cases, since osteoporosis is an orphan discipline which falls through the gaps between specialties
- Short term-ism in business planning – while FLS breaks even in 12-18 months, the benefits take longer to realise than some commissioners are prepared to budget for.

Three decisive measures needed to unlock the benefits:

1. Top-down mandate from Government or NHS England that everyone over 50 should have access to a quality-assured Fracture Liaison Service

Make FLS part of the mandated NHS core contract, or set Integrated Care Boards a KPI on fracture prevention, or establish a new Commissioning for Quality and Innovation (CQUIN) guideline to support the establishment of FLS. This can be modelled on the [Ministerial mandate in Wales](#) from February 2023.

2. Investment of £30m per year (1.5% of the total hip fracture spend) to make Fracture Liaison Services universal and high-quality, which will prevent a tenth of hip fractures from happening.

3. Strong, visible leadership within the system

Establish a new National Clinical Director, or otherwise National Specialty Adviser, for Fracture Prevention within the NHS England clinical advisory structure, in order to drive the change.