

Call to Action

Commissioners: Does your local population have universal access to a Fracture Liaison Service (FLS)?

If not, you need to ensure patients in your area have access to this vital service that can reduce fractures, deaths and costs to the NHS.

Why is this important?

Osteoporosis affects over two million women in the UK¹ and every year 300,000 people suffer a fragility fracture² (a broken bone resulting from a fall at standing height or less), including 76,000 hip fractures.³ Fractures cause significant pain, disability and loss of independence for patients and in many cases can be fatal – 1,150 people die every month in the UK following a hip fracture.⁴

As well as the personal cost to patients, fragility fractures represent a significant burden on the economy – every year, the UK spends £2 billion treating and caring for people with hip fractures alone.⁵ This cost could be significantly reduced if more people were being effectively treated for osteoporosis and complying with their dosage instructions.

As the population ages, the burden of fractures will increase and this trend is already evident. Newly commissioned research from Dr Foster, the UK's leading provider of comparative information on health and social care services, shows that:⁶

- The number, rate and cost of fractures among women aged 55 and over is rising
- Hospital admissions have increased from 10.4 per 1,000 population in 2004/05 to 11.4 per 1,000 population in 2008/09
- Tariff costs have risen from approximately £390 million in 2005/06 to over £430 million in 2008/09

What can be done?

There is strong evidence to demonstrate that the FLS approach is effective in reducing fracture rates, improving compliance and saving money. According to the All Party Parliamentary Osteoporosis Group, adopting the FLS model in England could help to save more than £8 million over a 5-year period.⁷

A FLS is a healthcare service designed to provide an integrated approach to the management and prevention of fractures.⁸ This approach has been widely endorsed as best practice for secondary fracture prevention and is recommended in the Department of Health's *Prevention Package for Older People*.⁹

Implementation of current guidance and best practice will prevent valuable funds being wasted and stop patients suffering preventable fractures or dying needlessly.

What can you do?

- Ensure the appropriate commissioning arrangements are in place to provide a comprehensive FLS and an integrated approach to the management of fractures and falls in your area and in line with current guidance

If you would like further information about osteoporosis or the FLS approach, please visit the National Osteoporosis Society (NOS) Fighting for Fracture Liaison Services Campaign web page at www.nos.org.uk.

References

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3. The National Hip Fracture Database National Report 2010
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6. Research carried out by Dr Foster Intelligence. Data was based on hospital admissions for fractures over the last 5 financial years (April 2004 – March 2009) using the Secondary Uses Service (SUS) database. The data is split by PCT, SHA, age band (55–64, 65–75 and 75+) and financial year
7. Fracture Prevention Service: an economic evaluation. Department of Health. November 2009
8. McLellan AR *et al.* The fracture liaison service: success of a program for the evaluation and management of patients with osteoporotic fracture. *Osteoporosis Int* 2003; 14: 1028–1034
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