



Welsh Fracture Liaison Service Model

Dr Inder Singh
Consultant Geriatrician
National Clinical Lead, Falls and Frailty
Welsh Government



Acknowledgments

Patients

First Minister/Cabinet Secretary/Judith Paget/Chris Jones

WG colleagues – Gareth Hewitt/Laura Jones/Kevin Francis/Caroline Sparks/Lisa Dineen

Nursing Team – Gillian Knight and all Wales team

Six Goals team – Richard Bowen and team

Welsh Value in Wales – Sally Lewis and team

ROS team

BGS/RCP/FFFAP team

FLS D&QA network

My own HB for supporting me to be here

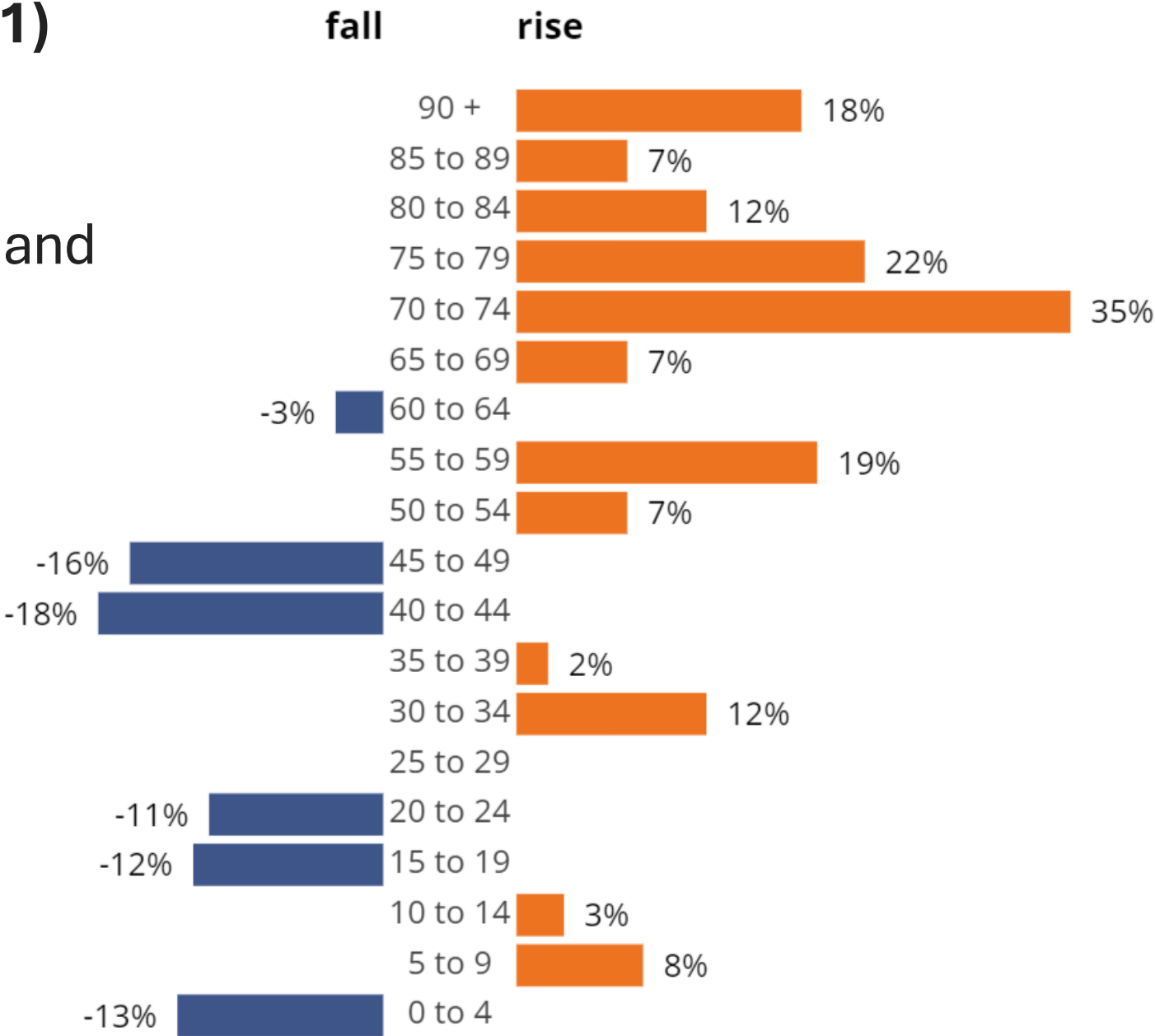
NHS staff

Thanks

Inder.singh@wales.nhs.uk

Wales (2011 → 2021)

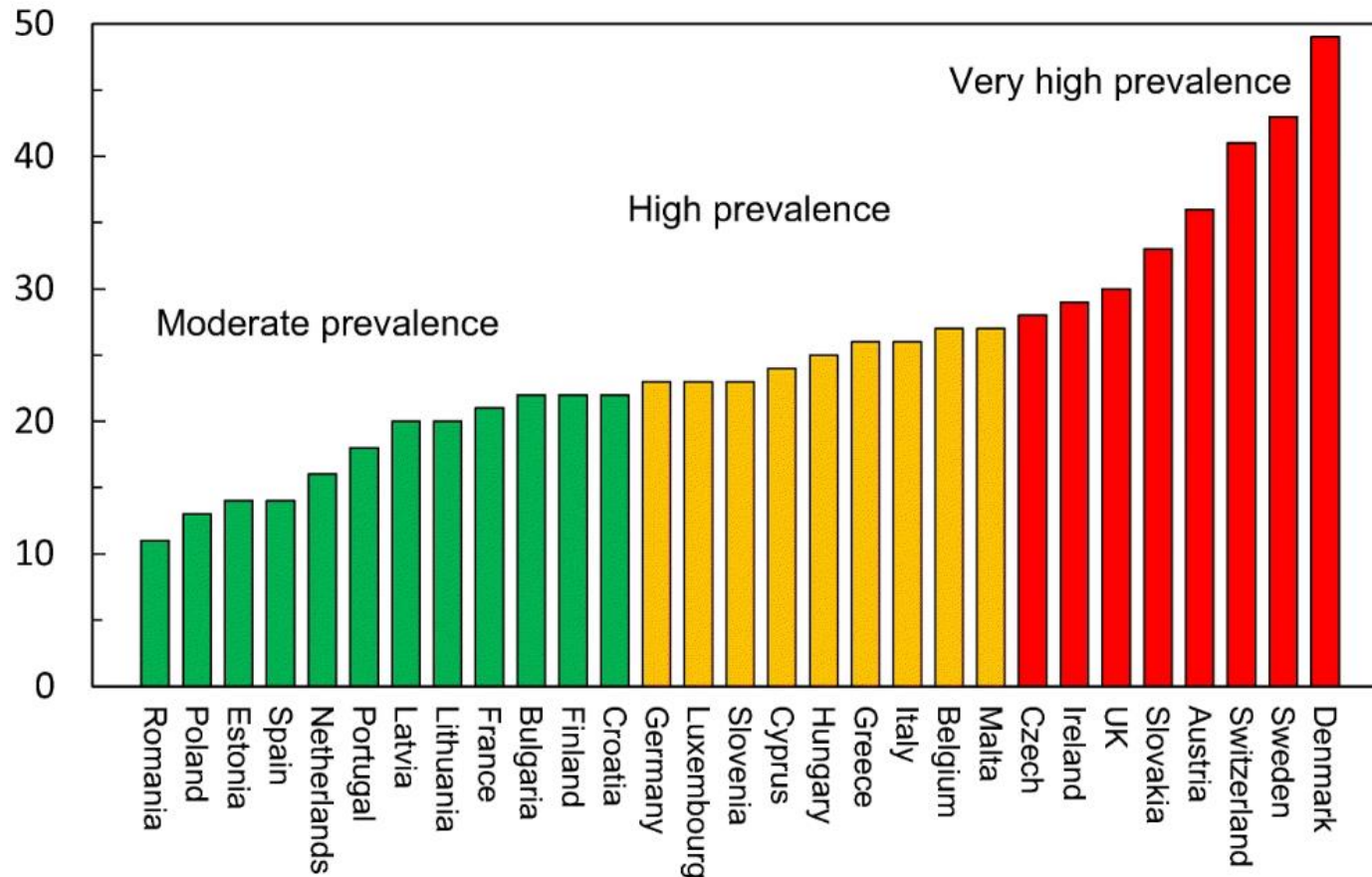
There has been an increase of 17.7% in people aged 65 years and over



Why do we need a change?

From: SCOPE 2021: a new scorecard for osteoporosis in Europe

Men and women age 50-89 years (%)



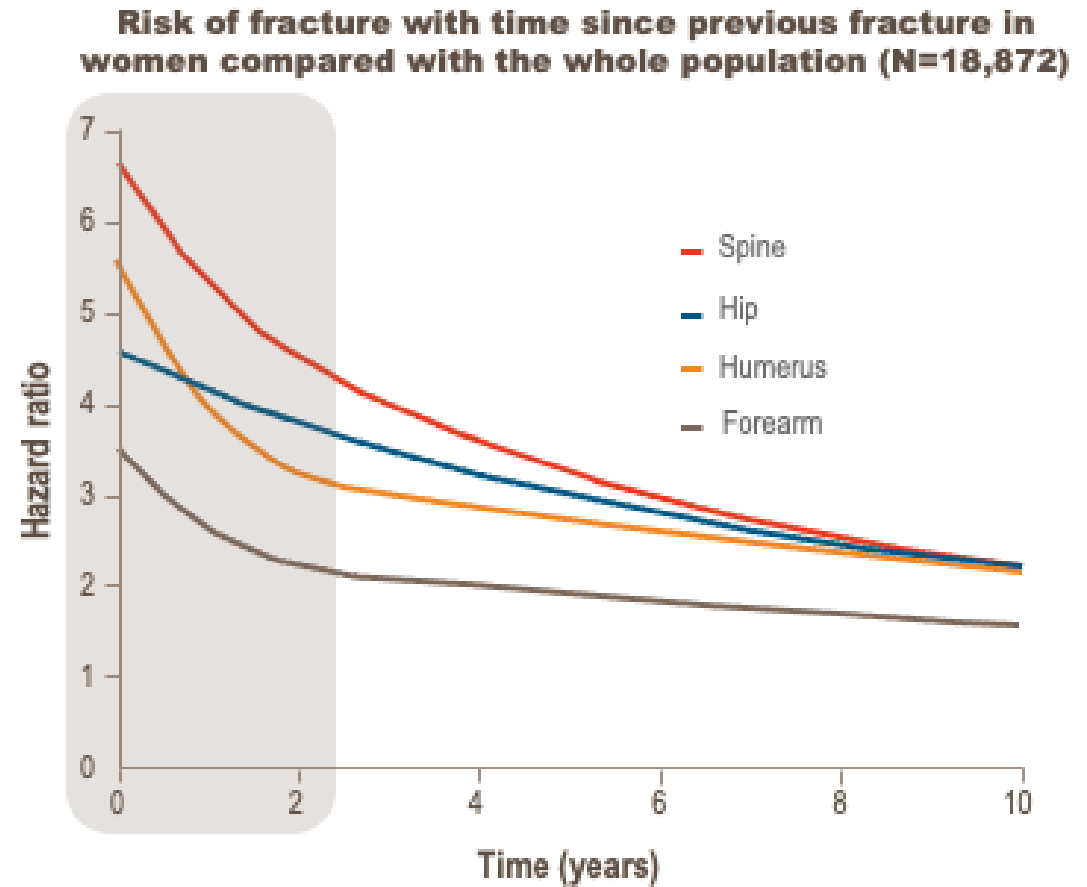
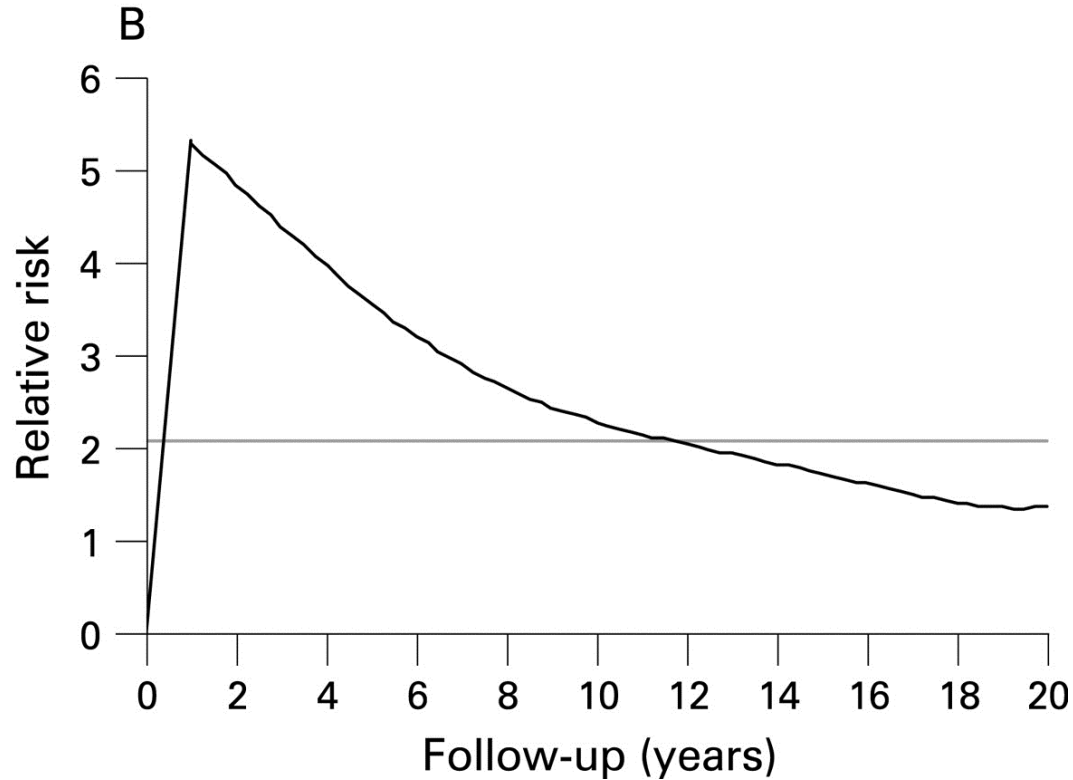
The proportion of the population (%) aged 50-89 years with a 10-year probability of a major fracture that is 10% or more by member state



Major health issue

- Fracture incidence is now every minute from every 2 minutes in 2013
- More than 300,000 fragility fractures occur every year in the UK (2 billion/year)
- Number of people living with Osteoporosis is now 3.8 M
- Wales – 20,000 fractures expected

Why do we need to act fast?



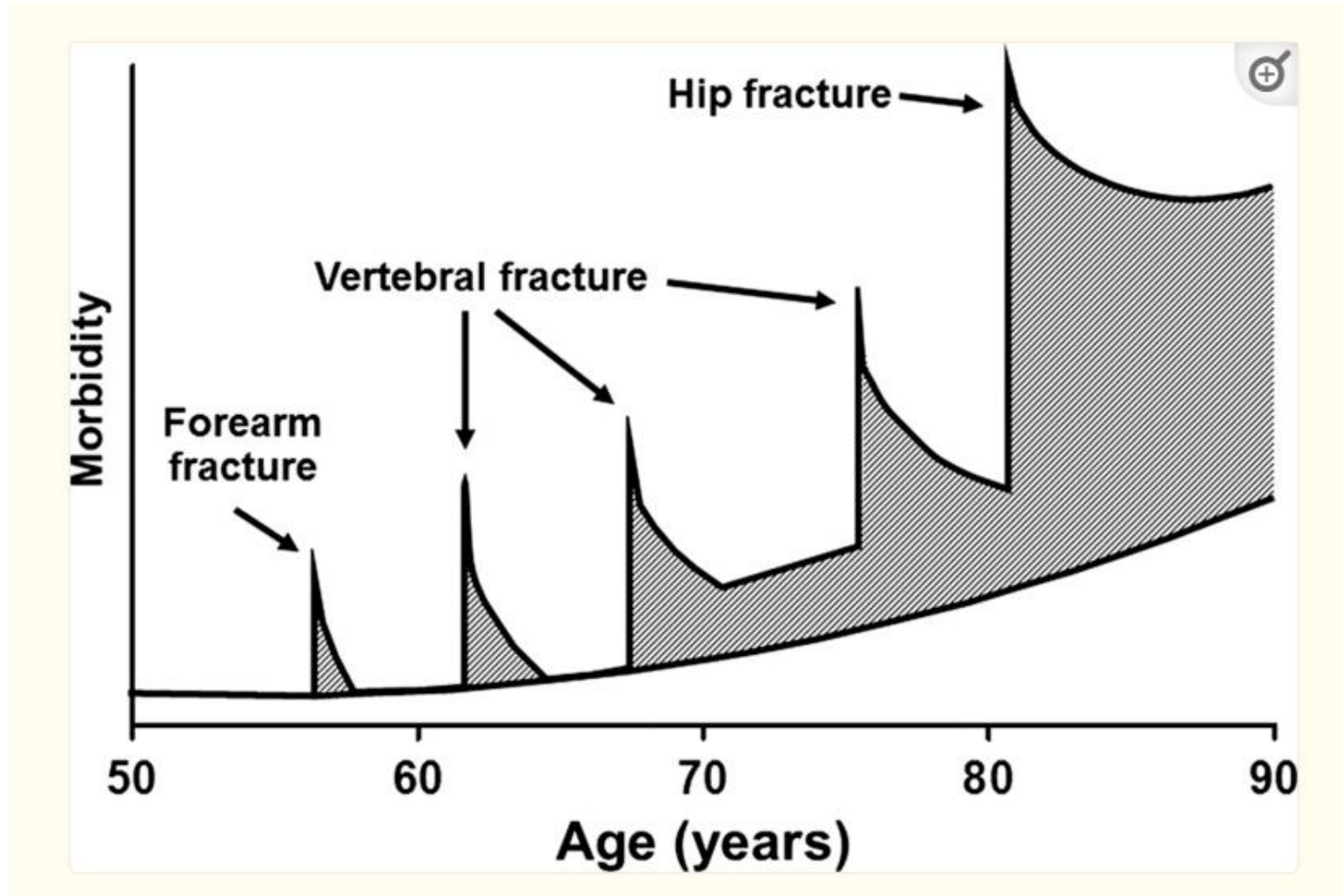
Clinical subsequent fractures cluster in time after first fractures

T A C M van Geel,¹ S van Helden,² P P Geusens,^{3,4} B Winkens,⁵ G-J Dinant¹

Capture the Fracture Partnership: Guidance for Policy Shaping
<https://www.capturethefracture.org/resource-center/advocating-for-pfc/policy-toolkits>

Kanis OI 2022

More than a silent condition: The fracture cascade



Accumulation of fracture-specific morbidity over life

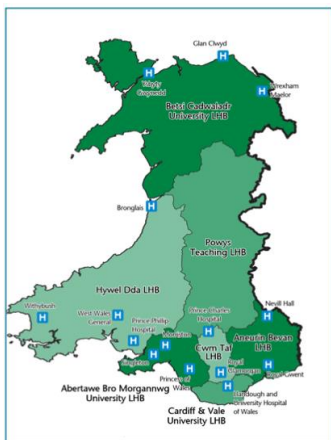
Fragility fracture identifies patients at imminent risk for subsequent fracture: real-world retrospective database study in Ontario, Canada

Among 115,776 patients with an index fragility fracture, 17.8% incurred a second fragility fracture within 2 years.

Risk of subsequent fracture after prior fracture among older women

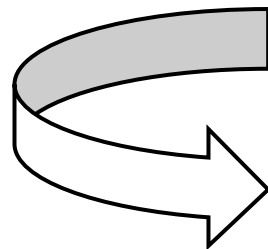
Among 377,561 female Medicare beneficiaries who sustained a fracture, 10% had another fracture within 1 year, 18% within 2 years, and 31% within 5 years.

All fractures including hips - 2020



4,113 hip fractures

20,565 fractures



One year

2,056 (10%) re-fractures

Two years

3701 (18%) re-fractures

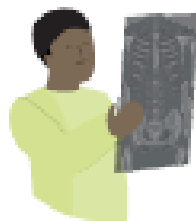
Five years

6375 (31%) re-fractures

Doing nothing is not an option!

Recommendations for Fracture Liaison Services

Model – 80/50/80



Identification (KPIs 2 and 3)

80%



Bone therapy recommended (KPI 7)

50%

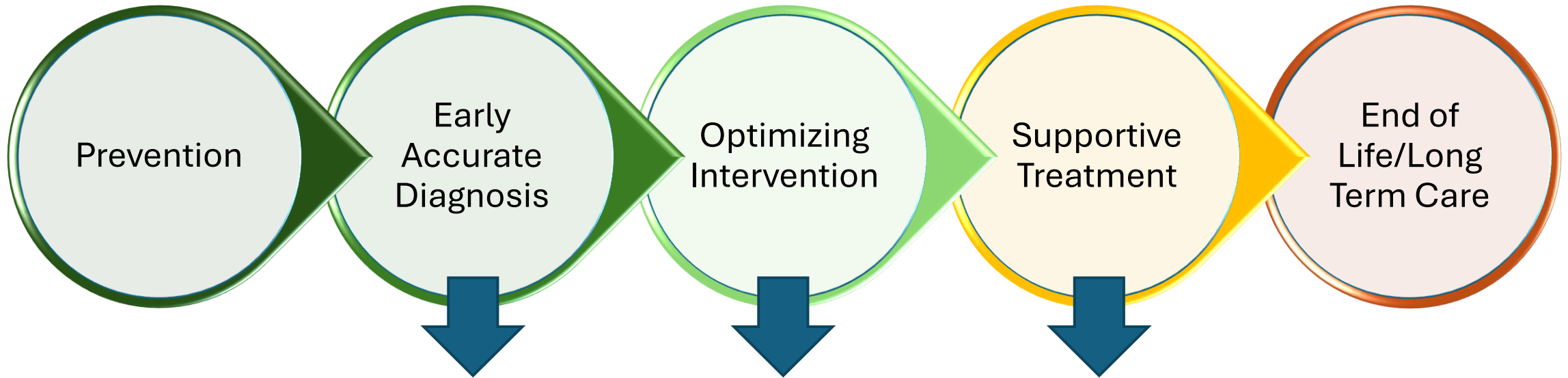


Monitoring, follow up and adherence (KPIs 9, 10 and 11)

80%

High Value High Impact Intervention

Bone Health: 4 Shortlisted Measures



1. Achieving 80% identification/50% treatment/80% monitoring model on FLS-DB

Identification

KPI 2 Case identification

KPI 3 - Spine Fracture Patients with Primary fracture identified as spine fracture

Treatment

KPI 4 - Patients receiving an FLS Assessment on or within 90 days of diagnosis of a fragility fracture

KPI 6 - Patients offered or referred for falls risk assessment

KPI 7 - Patients offered bone protection treatment

Monitor

KPI 8 - Proportion of patients who started strength and balance programme by 16 weeks following fracture

KPI 9 - Proportion of patients recommended drug therapy who were reviewed by 16 weeks following fracture

2. PROMS/PREMS

Welsh Value in Health Centre Intervention – AB-FLS

Working in collaboration with the **Clinical Network** and the **Value team** in ABUHB

Fracture Liaison Service (FLS)



What is the Fracture Liaison Service (FLS)?

A Fracture Liaison Service (FLS) is a specific model of care formed by nurses, doctors and other allied health care professionals with expertise in osteoporosis, bone health and fracture prevention. The FLS is usually led by a consultant geriatrician or consultant rheumatologist and assisted by a Clinical Nurse Specialist (CNS) with an aim reducing risks of fractures in the future.

[Fracture Liaison Service \(FLS\) - Aneurin Bevan University Health Board \(nhs.wales\)](#)


Design




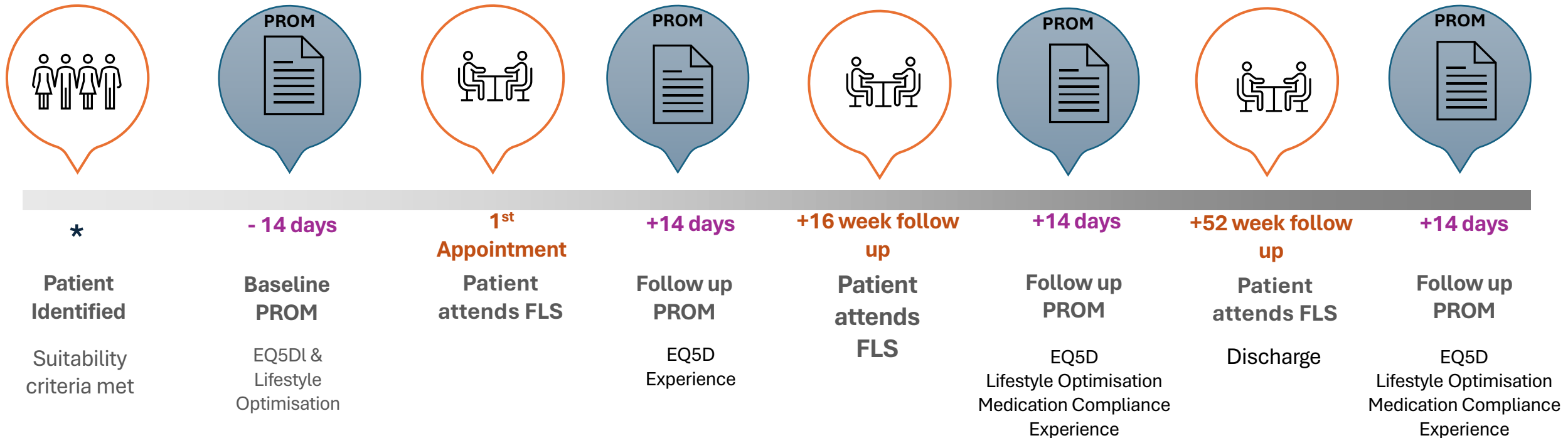
Patient Reported Outcome Measure (PROM) selection for Fracture Liaison Service patients, tested in ABUHB before national adoption.

PROM – Patient Reported Outcomes

 EQ5D – Quality of Life

 Lifestyle optimisation (with responses, signposting and automated referrals)

 Experience questions to understand previous knowledge and awareness of the FLS and capture the satisfaction and comprehension of the information provided by the service



Burden of Fragility Fractures in Wales

Annual cost	Hip #	Non-Hip (IP)	Non-Hip (OP)	Clinical Vertebral #
Acute care cost	£17,587	£1,821	£419	£1,978
Community and Primary Care	£448	£57	£57	£59
Social care	£8,237	£150	£150	£2,908
Total cost/fracture	£26,272	£2,028	£626	£4,945
No. of fractures	4070	3905	13569	1966
Total Cost	£106,927,040	£7,919,340	£8,494,194	£9,721,870

Gross Cost to NHS Wales £133,062,444

FLS Wales - cost and benefits

Unmeasurable cost –
quality of life, independence
and away days from home!

Cost of running FLS/year = £2,515,641 to £4,934,855 (Range)

If we have FLS for the next 5 years – **Annual benefits = £11,047,324**

(Acute = £7,316,489; Community = £198,680; Social = £3,532,155)



Ministerial Commitment on Fracture Liaison Services



GIG
CYMRU
NHS
WALES



[Written Statement: Update on Fracture Liaison Services in Wales \(24 February 2023\) | GOV.WALES](#)

CABINET STATEMENT

Written Statement: Update on Fracture Liaison Services in Wales

Eluned Morgan MS, Minister for Health and Social Services

First published: 24 February 2023

Last updated: 24 February 2023

I am issuing this statement to ensure Members are aware of the commitment to achieving 100% coverage for all health boards by Fracture Liaison Services (FLS) and to strengthen the mandate to support the development of services in this area. I expect health boards to achieve 100% by September 2024.

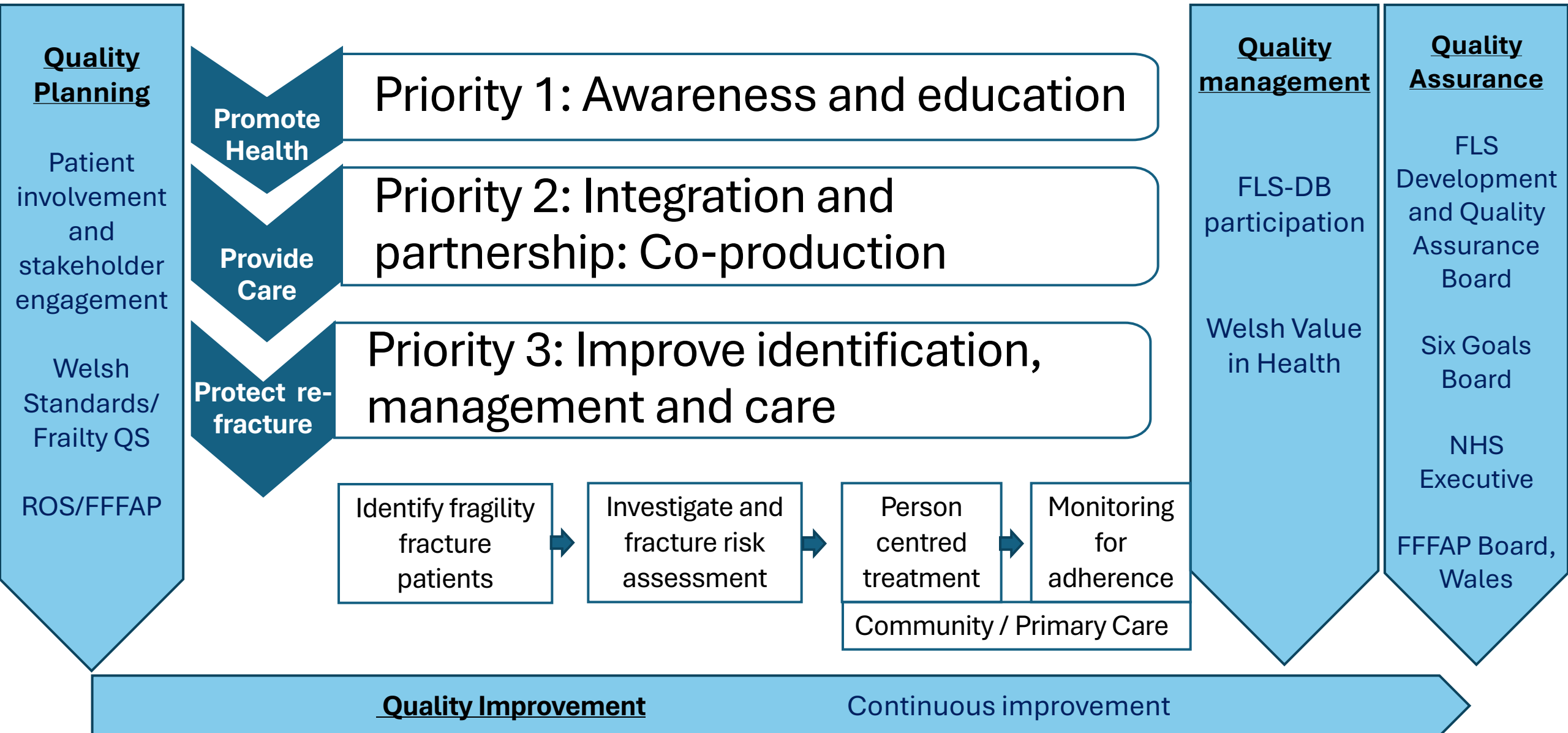
Share this page: [Twitter](#) [Facebook](#) [LinkedIn](#)

A fracture liaison service ensures that patients aged 50 and over with a broken bone after a fall have their bone health and falls risk checked and managed to lower their risk of a subsequent fracture. Made up of a team of healthcare professionals, fracture liaison services bring clear benefits to the patient in the long term and have been shown to be clinically and cost-effective.

In early 2022, officials surveyed the provision of fracture liaison services. This data showed significant variation and room for improvement and, together with strong campaigns from the third sector and patients, led to the inaugural Wales Fracture Liaison Service Conference being held on 20 October 2022.

WG expects all Health Boards to achieve 100% coverage by September 2024

Welsh FLS Model



FLS Wales – Success of Phase 1 of the multiphase project

£1m investment in FLS for Wales! – Year 2024-25

- Funded by Six Goals and Welsh Value
- Recruited additional 13 CNS and 11 Administrators

All Welsh Health Boards registered for FLS-DB and participating actively

FLS Clinical Leads identified (12 sessions/week)

- HBs will be expected to invest a proportion of the cross-divisional benefits in the following year and continue to provide centralised, ring-fenced FLS

£1m investment in FLS for Wales!

Head office
26 Apr 2024



CABINET STATEMENT

Written Statement: Fracture Liaison Services Rolled Out Across Wales

Jeremy Miles, Cabinet Secretary for Health and Social Care

First published: 30 September 2024

Last updated: 30 September 2024



Llywodraeth Cymru
Welsh Government

[Written Statement: Fracture Liaison Services Rolled Out Across Wales \(30 September 2024\) | GOV.WALES](#)

Our priority in the next phase of this work will be
To nurture the ongoing development of FLS across health boards in
Wales
As well as timely access to DXA services

ADOPT and SPREAD

Upscaling of Learning

Overcoming Regional Variabilities – Setting Priorities

Patient Identification - Hywel Dda UHB

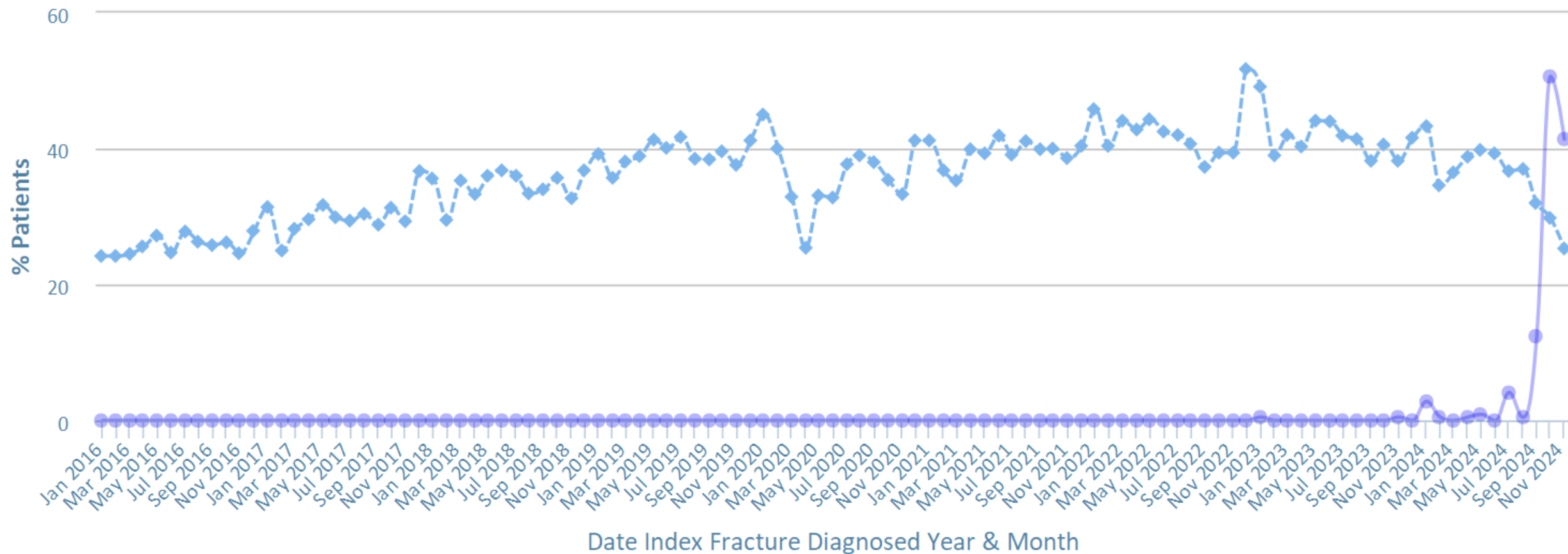


Chart data is indicative status only - FFFAP.org.uk (c) Royal College of Physicians - Technology by Crown Informatics

Patient Identification - CTM UHB

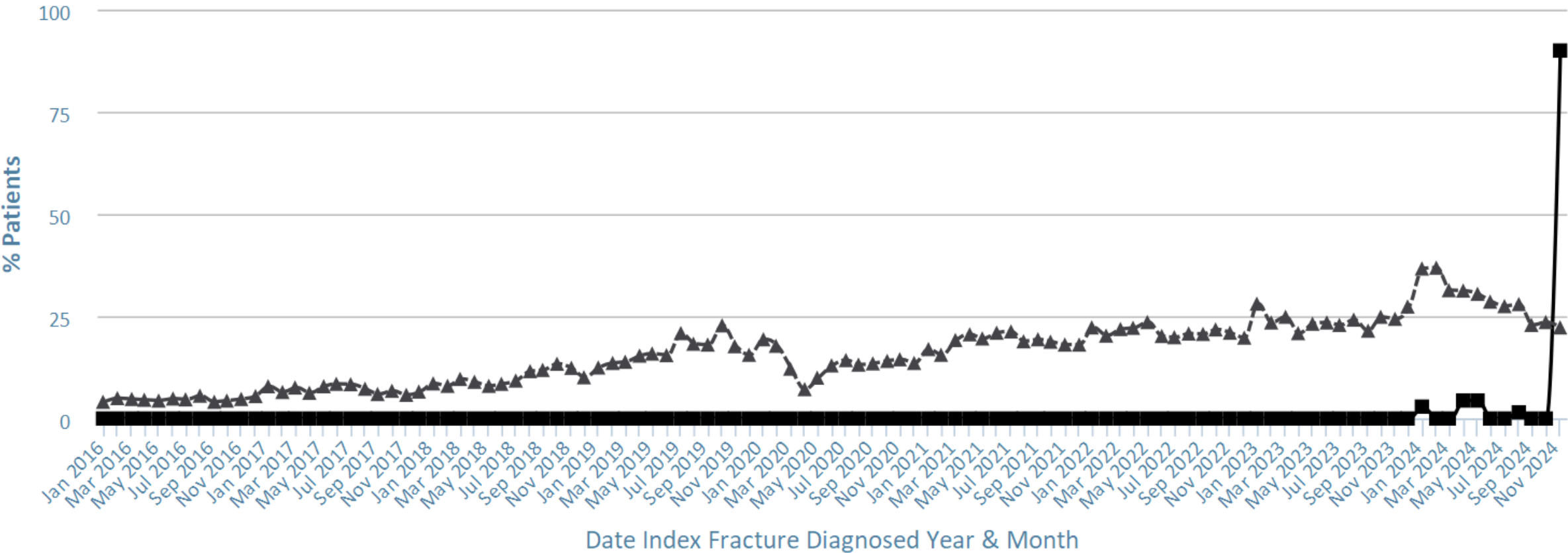


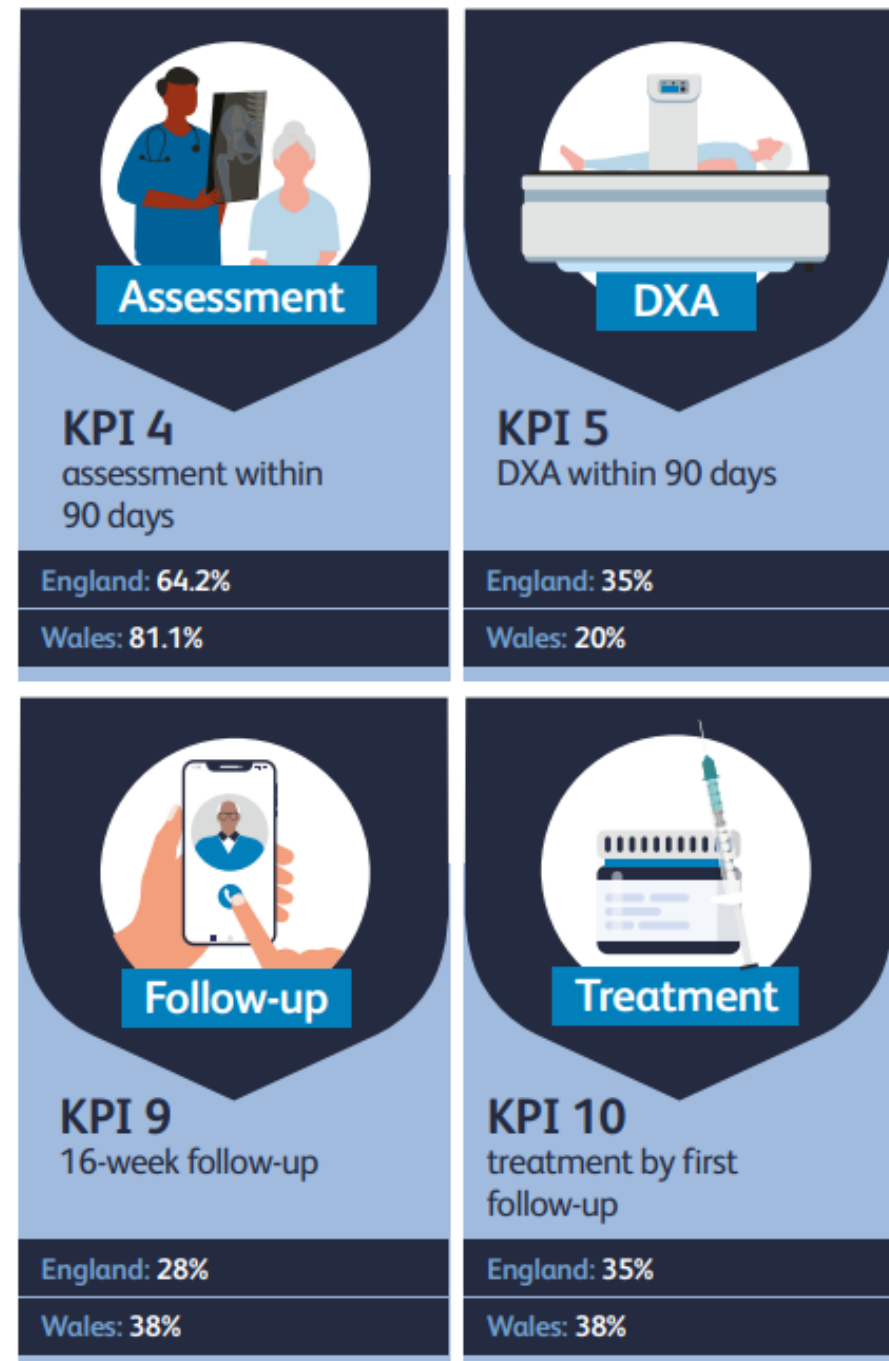
Chart data is indicative status only - FFFAP.org.uk (c) Royal College of Physicians - Technology by Crown Informatics



Wales had more hip fractures submitted than England, with fewer spine fractures

Wales identified 3533 (16.8%) in 2023 as compared to 3153 (15%) in 2022

Predicted 22% - 2024



FLS Wales	2020	2021	2022	2023	2024
Total number of hip fractures	4113	4024	4573	4336
Estimated fracture patients	20996	20996	20996	20996	20996
No of patients identified – 80%	1956 (9.3%)	2031 (9.6%)	3153 (15.0%)	3533 (16.8%)	4216* (20%)
% Recommended treatment - 50%	1120 (57.3%)	1153 (56.8%)	1970 (62.5%)	2335 (66.1%)	2875* (68.2%)
% Monitored – 80%	221 (19.8%)	348 (30.2%)	531 (27%)	403 (17.3%)	
Patients treated to guidance	221 (3.3%)	348 (5.2%)	531 (7.9%)	403 (6.0%)	
Minimum expectation	6718	6718	6718	6718	6718
Missed opportunity	6497 (96.7%)	6370 (94.8%)	6187 (92.1%)	6315 (94.%)	

Quality statement for osteoporosis and bone health

The quality statement describes what good quality osteoporosis and bone health services should look like.

Part of: [Musculoskeletal conditions](#)

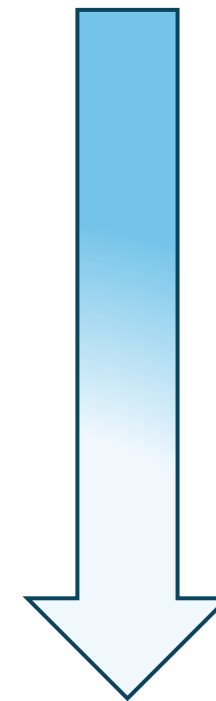
First published: 6 December 2024

Last updated: 6 December 2024



Llywodraeth Cymru
Welsh Government

- **Fragility fracture in above 50 years / frail and older**
- Bone health in frail and older people – next priority
- Bone health in high risk (eg eating disorders/steroids/GI disorders)
- Bone health in post menopausal women
- Bone health in Wales – Primary prevention focus



[Quality statement for osteoporosis and bone health | GOV.WALES](#)

Challenges ahead for us

Technology enablers

FLS funding – April 2025 onwards

DXA access

Nationally there are only **0.29 scanners per 100,000 in Wales** – the lowest in the 4 UK nations



ROS DXA Facilities Audit – Wales Summary

CABINET STATEMENT

Written Statement: Quality Statement for Osteoporosis and Bone Health

Jeremy Miles MS, Cabinet Secretary for Health and Social Care

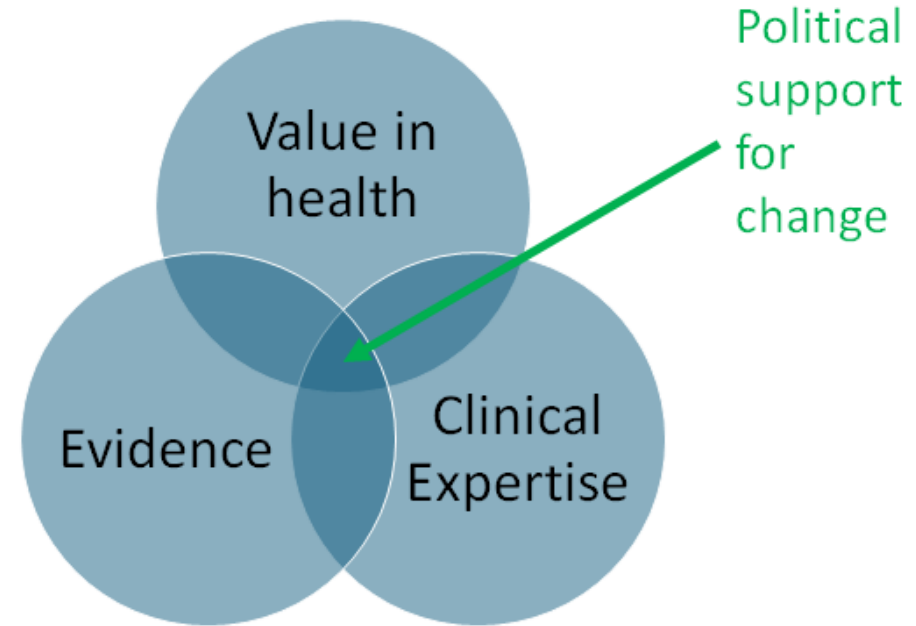
First published: 6 December 2024

Last updated: 6 December 2024

[Written Statement: Quality Statement for Osteoporosis and Bone Health \(6 December 2024\) | GOV.WALES](#)

DXA services in Wales are facing a number of challenges in relation to capacity, quality and workforce. Our national clinical lead for falls and fragility, Dr Inder Singh, and the FLS Quality Assurance and Development Group will work with health boards over the coming 12 months to address the backlog in DXA services, improve access to scans and reporting, and invest in workforce training and development.

Conclusions



- Our collective aim should be.... ‘let first fracture be the last’
- Implementation of FLS can directly improve patient care and reduce spiralling fracture-related healthcare costs
- Osteoporosis treatment should be seen as a lifelong strategy