Comisiwn Bevan Commission

Adopt, Spread and Embed

Welsh Fracture Liaison Service

Aneurin Bevan University Health Board

Value Proposition:

In Wales, over 20,000 fragility fractures are expected each year, costing the NHS approximately £133 million annually, a figure projected to rise sharply with the ageing population. Beyond the financial burden, these fractures have a profound impact on individuals, often resulting in chronic pain, loss of independence, and increased morbidity and mortality, which in turn, drive further social and economic costs.

The Royal Osteoporosis Society (ROS) advocates for the implementation of Fracture Liaison Services (FLS), an evidence-based model, proven to significantly reduce the risk of secondary fractures. Consistent delivery of FLS across Wales has the potential to save the NHS an estimated £7.5 million annually, while also improving patient outcomes and reducing preventable harm. Recognising the value of this approach, the Welsh Government has made FLS delivery a formal requirement for all health boards, underscoring its national importance.

Why Change is Needed:

Osteoporosis is a condition that silently weakens bones and affects 3.8 million people in the UK, with fragility fracture risk rising from 2% at age 50 to nearly 50% by 80 (NICE, 2023). In Wales, around 20,000 fragility fractures occur annually, a figure set to grow with our rapidly aging population.

Refracture risk is high: one-third of people aged 60–80 suffer a second major fracture within a year (Johnell et. al. 2004). Without preventative approaches, older women face a 31% risk at five years, which ultimately will cost lives. Evidence shows FLS significantly reduces this risk in adults 50+ (Danazumi et al., 2024). Yet in 2022, 92% of eligible patients in Wales went untreated, leaving over 6,000 people at risk, placing additional pressure on services. The cost of inaction is high. Full and consistent implementation of the FLS model is now critical if we are to reduce harm, improve outcomes, and ensure sustainability.

The Opportunity - FLS Early Intervention and Outreach Model:

FLS identifies people aged 50+ with fragility fractures and ensures timely osteoporosis treatment to prevent future breaks. Aneurin Bevan University Health Board's (ABUHB) FLS uses an innovative digital system that scans imaging reports (X-Ray, CT, MRI) for the term "fracture", enabling earlier diagnosis, faster care, and fewer referrals.

Following ROS targets of 80% identification, 50% treatment, 80% monitoring, the service is led by a consultant geriatrician with nurse specialists and coordinators. Patients receive remote assessments, with tests and treatment arranged as needed. High-risk patients are followed up at 16 and 52 weeks, and in-person appointments are reserved for clinical need, supporting net-zero goals. This contributes to national benchmarking across 73 UK FLS sites.

FLS: Impact and Outcomes:

The introduction of a digital system at ABUHB FLS has *significantly improved case identification*, from 22.6% in 2021 to 61% in 2023, surpassing the national benchmark of 40.6% (a 169% increase). In 2024, cases have already exceeded 2,600, up 21% from 2023.

Clinical and Operational:

- 66% of patients receiving bone treatment.
- 60% followed up at 16 weeks (three times the 2021 rate).
- Fewer refractures, less strain on urgent/planned care and social services, and better staff morale.
- Earlier identification, timely treatment, reduced fracture risk, and improved quality of life.

Economic:

- £7.5M in NHS savings and £3.5M in social care.

Environmental:

- Lower carbon footprint through fewer in-person appointments.

Return on Investment:

Value-based economic modelling has demonstrated that NHS services can expect benefits of £7.5 million and social care services can expect benefits of £3.5 million *if the FLS model is applied fully and consistently over the next five years* (detailed assumptions and service level benefits can be provided). This is based on 2024 data with an anticipated total of 23,510 fragility fractures in Wales, against a £2.5 million to £4.9 million cost of running a Welsh National FLS per annum.

Strategic and Policy Alignment:

- **Technical Planning Guidance 2025–2028:** FLS aligns with key ministerial and strategic priorities by supporting timely access to care, population health and prevention.
- **Promote, Prevent and Prepare for Planned Care (2023):** Advice and guidance to patients and individualised care along the pathway, efficiency of care and population health and prevention
- **Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales. 2022:** FLS supports all five goals - effective referral, advice and guidance, treat accordingly, follow up accordingly and measure what's important.

Implementation Milestones and Available Support:

All Welsh health boards are now delivering FLS in line with the national Quality Statement, with most having approved business cases and Betsi Cadwaladr currently developing theirs. *However, significant variation remains in implementation, especially around digital fracture identification and follow-up treatment.* To ensure equity and maximise impact, health boards should expand delivery in line with the performance milestones below. Reducing unwarranted variation is essential to improving both the effectiveness and efficiency of FLS across Wales.

Implementation Milestones	Timeline
KPI 2 + KPI 3 = 70% identification Sustain treatment above 50%, KPI 7 Improve KPI 9-11 – 60%	Year 2025
KPI 2 + KPI 3 = 80% identification Sustain treatment above 50%, KPI 7 Improve KPI 9-11 – 80%	Year 2026
ROS Standard 80/50/80 achieved and registered with International Osteoporosis Foundation as Gold Standard FLS	Year 2027

Supporting resources include: A business case, reporting benchmarks, resources for services, resources for patients, resources for primary care and resources for service improvement.

Call to Action - Full Adoption of the FLS Model:

To ensure a consistent, high-impact approach to fragility fracture prevention, all *health boards in Wales are expected to adopt* and fully implement the FLS model. This scalable, financially sustainable service delivers a strong return on investment and aligns with NHS Wales strategic and ministerial priorities. Despite FLS being in place across Wales, variation in implementation, *particularly in digital fracture identification and follow-up treatment*, risks undermining equity and efficiency. Health boards are urged to approve their FLS business cases and deliver the service to the performance standards outlined above. Achieving this will ensure a prudent, value-based approach to reducing preventable fractures across the nation.

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