

# Fracture Liaison Services in England and Wales, inequity of access and quality of care after a fragility fracture

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## Aims

The Fracture Liaison Service Database (FLS-DB) aims to measure the volume and quality of care in secondary fracture prevention delivery across England and Wales.

## Methods

In 2015 a facilities audit of all acute trusts and local health boards (LHBs) in England and Wales was completed in order to establish where fracture liaison services are commissioned, the services they provide and how they are resourced. In 2016 the FLS-DB started to collect patient level data on a continuous basis. We looked at the number of patients seen by an FLS between January 2016 and December 2016.

## Results

Fifty-six FLSs are currently participating in the FLS-DB and have entered over 89,000 patient records to date. Based on 2016 data, this represents an estimated 40% of all fragility fractures that should have been submitted by the participating FLSs, from a total of 107,745 fractures. Nationally only around 1/3 of NHS trusts and LHBs in England and Wales participate in the audit, therefore only an estimated 13% of all fragility fractures in the NHS are being identified and entered on to the FLS-DB. Of those submitted, there was marked variability in the performance of key indicators of quality secondary fracture prevention with some FLSs able to deliver high quality care for specific indicators.

## Conclusion

This audit has enabled unprecedented insight into secondary fracture prevention in England and Wales, with over 89,000 patient records currently included in the audit. The initial findings have highlighted the marked great variation in the availability and delivery of secondary fracture prevention by FLSs in England and Wales. The FLS-DB has gone some way to achieve its objective to highlight inequity of access to FLSs. Importantly, the audit has demonstrated the need for continuous service measurement

to inform the components of the pathway to prioritise both locally and nationally; and provide the necessary data feedback to measure the impact of service improvement initiatives. Already the findings of the audit have led to more services being commissioned and this is increasing awareness of the benefits of participating in the FLS-DB. The implications of this study are that more needs to be done to improve the equity of access to secondary fracture prevention services for patients across England and Wales. ■

## Conflict of interest statement

In the last 5 years, KJ has received honoraria, unrestricted research grants, travel and/or subsistence expenses from: Amgen, Eli Lilly, Shire, Internis, Consilient Health, Stirling Anglia Pharmaceuticals, Mereo Biopharma, Optasia, Zebra Medical Vision, Kyowa Kirin Hakin and UCB.

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