**Invest in a Fracture Liaison Service for**

**[enter name of organisation]**

A Fracture Liaison Service (FLS) is a multidisciplinary service, which aims to systematically identify, investigate, initiate treatment and integrate care for all eligible patients, over the age of 50 within a local population who have suffered a fragility fracture; with the aim of reducing their risk of subsequent (or secondary) fractures.

This paper proposes the commissioning of a FLS for **[EITHER the patient population attending a specific hospital/organisation OR insert name of CCG/STP/HB].**

Implementing an FLS for this patient population could prevent approximately **[insert number of fractures prevented over 5 years, the ROS can support you with determining this figure]** fractures over 5 years. The estimated gross financial benefits provided by FLS to the health and social care economies over the next 5 years are **[insert figure here]**.

**Why commission an FLS?** National guidance provides evidence that effective case finding and use of appropriate drug therapies reduces the risk of future clinical fractures by up to 50%1. Currently, there are too few people with a history of fracture being prescribed drugs that could reduce their risk of future fracture2. Recent projections suggest that the number of hip fractures will increase by 65% in the next 20 years if secondary fracture prevention care does not improve3. Effective secondary fracture prevention throughout the NHS would prevent over 46,000 avoidable fragility fractures (including nearly 20,000 hip fractures) over 5 years in the UK4.

The FLS model, recommended by Public Health England, is an evidence-based, cost effective, preventative intervention that can help to improve the health of the population and reduce health and care service demand5. There is strong evidence to demonstrate that investment in fracture liaison services results in improved quality of care for patients as well as having financial benefits for commissioners of health and social care6,7. Hip fractures lead to a significant loss of healthy life years. In one study, as many as 27 disability adjusted life-years (DALY) per 1,000 people (over the age of 50) were lost due to hip fractures8.

**Why commission an FLS at [insert name of the hospital/organisation]?** The total estimated gross benefit over 5 years of implementing an FLS for **[insert CCG/STP/HB]** health economy [contact the ROS if you need support with this] is shown in the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Hip Fracture (inpatient)** | **Other Fracture site (inpatient)** | **Other Fracture site (outpatient)** | **Clinical Vertebral Fracture** | **Totals** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| All Years |  |  |  |  |  |

Modelling, using estimates of benefits provided by the ROS FLS Benefits Calculator4**[contact the ROS for data from the Benefits Calculator on** [**fls@theros.org.uk**](mailto:fls@theros.org.uk)**]** indicates that implementing an FLS serving the population of **[name of STP/CCG/HB]** could prevent approximately **[insert number of fractures prevented over 5 years from the Benefits Calculator - contact the ROS for data from the Benefits Calculator on** [**fls@theros.org.uk**](mailto:fls@theros.org.uk)**]** fractures over 5 years.

An FLS will deliver financial benefits through the prevention of future fractures and ultimately lead to a reduction in non-elective admissions (NELs). The current acute length of stay following a hip fracture at **[insert hospital/organisation name]** is **[insert current acute** [**LOS for hip fracture**](http://web1.crownaudit.org/20/nhfdcharts.nsf/vwcharts/Lengthofstay?opendocument&org)**]**. It has been estimated that over 5 years an FLS in this area could prevent **[insert number of preventable hip fractures from ROS FLS Benefits Calculator]** hip fractures, which equates to **[number of hip fractures prevented x acute** [**LOS for hip fracture**](http://web1.crownaudit.org/20/nhfdcharts.nsf/vwcharts/Lengthofstay?opendocument&org)**]** acute bed days.

**What are the costs?** Costs for FLS staffing, increased DXA activity and prescribing need to be considered; this is determined locally as part of the business case process. The ROS are able to support you model an estimated work-force requirement to meet the needs of the local population for which the service is provided.

**Who do I contact for further information?**

**[Lead local contact details]**

**References**

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