

Fracture Liaison Service Database of England and Wales (FLS-DB)

Context in the current NHS, autumn 2025

We are aware that many Fracture Liaison Services (FLSs) are increasingly concerned about recent NHS messaging regarding staff reductions. At a time when effective and preventative care is more important than ever, we want to offer our support and outline the significant value of FLSs and participation in the [Fracture Liaison Service Database \(FLS-DB\)](#).

Why FLSs should be prioritised - evidence and data

Over 520,000 adults seen by the NHS every presenting with a broken bone after a fall. Around 180,000 of the falls that occur in adults present as a result of osteoporosis.¹ Without implementation of NICE recommendations for identification, assessment and treatment, these adults are left unprotected and face worsening bone health and risk more serious life-changing fractures with avoidable NHS admissions, patient suffering and death. From the [SCOPE 2021 report](#), the expected 31% increase in women aged 75 years and over from 2019 to 2035, and 42.2% increase in men, will likely contribute to a 26.2% increase in fractures.

In 2025 the government have committed to a [national roll out of FLSs](#) across the country by 2023. From the ROS FLS cost benefit tool, the roll out is expected to prevent 74,000 fractures, including 31,000 hip fractures. Prevention of these fractures frees up at least 750,000 hospital bed days over the subsequent five years.

For every additional 1,000 patients receiving effective FLS care annually, 254 fractures (including 94 hip fractures) are prevented at hospital level over five years. This avoids 1,824 emergency bed day stays and creates a net saving of £1,691,280, after considering FLS costs including medications.²

The care pathway for adults with fracture crosses multiple hospital departments and then into the community, resulting in multiple risks for quality care. FLS-DB in England and Wales provides invaluable support for local FLSs to improve the effectiveness and efficiency of care. It also supports decision makers to prioritise funding for setting up new and expanding existing FLSs in line with the NHS shift for prevention, community and digital first.

Participation with the FLS-DB requires local digital capability and capacity for accurate data entry that can involve local audit teams. Participation in the FLS-DB is mandatory for all FLSs in England and Wales, and all services should be resourced to enable effective data entry and engagement.

The benefits of FLSs and of participating in FLS-DB are clear. The FLS-DB [benchmark tables](#) gives a clear snapshot of current care delivery and the [FLS-DB 2025 report](#) demonstrates previous successes and gives a clear and achievable vision for FLS care going forward. The current NHS messaging around reducing staff counts is therefore concerning. FLSs ensure patients who break a bone after a fall are managed to significantly reduce their risk of another fracture within NICE recommendations as part of patient safety and delivering effective and efficient medical care.

Please let us know whether your FLS is at risk of resource loss or decommissioning. The FLS-DB team, together with the Royal Osteoporosis Society, is committed to helping FLS teams advocate for secondary fracture prevention with decision-makers. If you need any assistance, please don't hesitate to reach out to us at flsdb@rcp.ac.uk and FLS@theros.org.uk.

¹ <https://cks.nice.org.uk/topics/osteoporosis-prevention-of-fragility-fractures/background-information/prevalence/>

² This figure has been calculated by using the Royal Osteoporosis society Cost benefit tool calculator