# WRITTEN STATEMENT

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# THE WELSH GOVERNMENT

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| **TITLE** | **Quality Statement for Osteoporosis and Bone Health** |
| **DATE** | **06 December 2024** |
| **BY** | **Jeremy Miles MS, Cabinet Secretary for Health and Social Care** |

I am today publishing the [*Quality Statement for Osteoporosis and Bone Health*](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.wales%2Fquality-statement-osteoporosis-and-bone-health&data=05%7C02%7CGovernment.Plenary.Business%40gov.wales%7C4ed55ecd5fd941ff7bf708dd154248f8%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C638690096614012586%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=2ghaQ90yJV3k9pnlP9YSmJb2cS84PSqVWrFaziE5%2BYg%3D&reserved=0), which sets out our vision for the better care and services throughout a person’s life, especially for those people who are at the highest risk of suffering a fragility fracture.

Fragility fractures affect half of women over the age of 50, and a fifth of men. They can have significant impacts on a person’s quality of life. Following a first fracture, there is a one-in-three chance of sustaining another fracture within 12 months.

Osteoporosis is often diagnosed following a fragility fracture but subsequent re-fractures can lead to an accumulation of fracture-specific morbidity over time. This is described as the fracture cascade. Our approach must be to promote bone health for everyone – starting from pre-conception throughout people’s lifetime.

The quality statement has been developed in collaboration with the national clinical leads for osteoporosis and bone health, with input from the strategic clinical network for musculoskeletal health, third sector partners, those with lived experience and bone health colleagues across Wales. It sets out where we expect to see the NHS focus on the planning of services and how national support will enable improvement.

Our aim is to improve and protect the bone health of the population by providing the overarching framework for the delivery of care for people with osteoporosis, from prevention, treatment to supporting people’s recovery. The national and regional pathways developed will drive system-wide improvement through a reduction in variation of care and improved outcomes.

Good progress is already being made as fracture liaison services have been rolled out across Wales. These ensure people aged 50 and over who have experienced a broken bone after a fall have their bone health and falls risk checked and managed to reduce the risk of a subsequent refracture. The services include a team of healthcare professionals and have been shown to benefit individuals and be both a clinically and cost-effective form of early intervention.

But the journey does not end there. Each health board has made a long-term commitment to continue to develop and improve services to support the needs of their local communities and to reduce the impact falls and fractures have on individuals and the NHS.

This must include a continuous focus on achieving the key performance indicators. The minimum standards for quality fracture liaison services are to identify 80% of the expected fragility fractures, start treatment for 50% and monitoring 80% of those who have commenced on bone treatment at 16 weeks and 52 weeks.

This standard is not currently being met in Wales and health boards are at different stages in establishing their fracture liaison service. However, there is a clear commitment and ambition from all health boards to meet national standards and provide quality care.

That is why today, I am announcing a new commitment to achieve the 80/50/80 national fracture liaison service standard in Wales by 2030.

To ensure Wales offers equitable and quality osteoporosis and bone health care, our focus in the next phase of this work will be to nurture the ongoing development of services and continuing to work with Powys teaching Health Board to strengthen its fracture liaison service provision.

We will work with the strategic clinical network for musculoskeletal health to support health boards to deliver the aspirations set out in the quality statement for osteoporosis and bone health, including the 80/50/80 standard.

Timely access to Dual-Energy X-ray Absorptiometry (DXA) services is also essential. DXA is a medical imaging technique used to measure bone mineral density; it is considered the gold standard for diagnosing osteoporosis and assessing fracture risk. The results from a DXA scan help clinicians evaluate bone health, monitor changes over time, and guide treatment decisions.

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.