

Dear Abigail,

Thank you for updating me on the status of our petition. A cost-benefit analysis of Fracture Liaison Services has been conducted by the All-Wales Osteoporosis Advisory Group (WOAG). This was published in December 2009 and is available on pages eight and nine of the following online document:

<http://www.nos.org.uk/document.doc?id=564>. We would be delighted for this document to be placed on public record.

WOAG is an independent body, comprised of healthcare professionals with an interest in osteoporosis from across Wales. The National Osteoporosis Society is also represented on the group. The aims and objectives of WOAG include the provision of advice and guidance on matters related to osteoporosis. The current chair of WOAG is Dr Mike Stone.

WOAG estimated that the cost of establishing universal access to Fracture Liaison Services across Wales in 2010 and treating patients according to NICE Technology Appraisal 161 for five years thereafter was £2.8 million. The savings for NHS and social care attributable to fractures averted is estimated at £3.0 million, the majority being delivered during the first three years.

Since the report was written, the cost of prescribing Alendronate, a generic bone protecting treatment recommended by the National Institute for Health and Clinical Excellence (NICE) as the first-line treatment for osteoporosis, has fallen. Other bone-protecting treatments are also coming off patent, which means that the overall cost of providing a Fracture Liaison Service will also now be lower.

The Committee may also be interested in the health economic analysis of fracture prevention services undertaken by the UK Department of Health for England in 2009. This is available online at:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_110099.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110099.pdf). This provides an analysis of the fractures prevented and net cost-savings achieved at both national and local levels (examining a population of 320,000, the average population size served by an English primary care trust).

I hope that this is useful; please do let me know if you have any queries or would like any further information.

Kind regards  
Jeanette

Jeanette Owen  
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National Osteoporosis Society