



**Royal College
of Physicians**

Fracture Liaison Service
Database (FLS-DB)

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Information for Patients V19.0, June 2025

Fracture Liaison Service Database (FLS-DB) fair processing statement

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What is the Fracture Liaison Service Database (FLS-DB)?

Breaking a bone after a fall is a common injury. Caring for patients with these broken bones or fractures and preventing future fractures is an important part of the work of the NHS. This hospital takes part in the FLS-DB, which has been set up to improve the care of patients who are at risk of a fragility fracture or osteoporosis.

A 'fragility' fracture is a broken bone that happens after a fall from a standing height or less. Fragility fractures often affect the larger bones of the body such as the back, hip or wrist. Bones are strong and usually don't break from a simple fall, but as we get older our bones become weaker. Osteoporosis and other bone diseases can increase this effect of age, and further weaken bones. This means that even a low-impact fall from a standing height can cause a broken bone.

Patients who have suffered a fragility fracture are at higher risk of breaking another bone; either the same bone again or another bone in the body. Fracture liaison services (FLSs) are teams of nurses, doctors, therapists and administrative staff who treat people (usually aged 50 and over) with fractures to reduce the chance of experiencing another broken bone. This is called secondary fracture prevention (ie preventing the second fracture).

The FLS-DB is a national clinical audit which gathers information about fracture care, treatment and referrals and measures trust performance against national and professional standards and provides regular feedback to health professionals. This information enables individual hospitals to review their performance against national standards and focus on areas where they can make improvements to patient care.

What is clinical audit?

The NHS aims to provide you with the best possible care. Clinical audit is an excellent way of improving patient care. Audits monitor the standard of care received by patients. They look at the care provided and ask questions about it:

- What should we be doing?
- Are we doing it?
- How can we improve?

Why do we need to audit FLSs?

Not all areas of the country have an FLS. This means some patients may be missing out on preventative care. Also, FLSs vary in size and what they do, and we need to understand which types of FLS work best.

The first step in creating consistency and providing the best possible care to all patients is to identify what care patients are currently receiving. This is why the FLS-DB is so important. It will help the NHS to understand which areas of the country have an FLS, which areas do not

have an FLS and how successful each FLS is at preventing secondary fractures. This information can then be used to improve the quality and coverage of secondary fracture prevention care. The information collected will help to:

- Identify differences in quality of care and provision of services.
- Highlight areas of good quality care and areas for improvement.

- Make recommendations to healthcare providers on the provision of services and best practice.
- Identify if hospitals are following national and professional guidelines.

Who runs the FLS-DB?

The data controller, who has overall responsibility for the collection, storage and processing of personal identifiable information is joint across the Healthcare Quality Improvement Partnership (HQIP) and NHS England. However, HQIP and NHS England will not be processing any of the data.

The FLS-DB is managed by the Royal College of Physicians (RCP) on behalf of HQIP and NHS England as part of the Falls & Fragility Fracture Audit Programme (FFFAP). This is a multidisciplinary national clinical audit which is being carried out in partnership with a number of organisations including:

- British Orthopaedic Association
- British Geriatrics Society
- Royal Osteoporosis Society

What data is collected?

The FLS-DB will collect information about the care you are given by an FLS. In order to monitor standards of care we need to collect the following personal information: NHS number (a unique number), date of birth and postcode.

Other information collected on your care includes:

- Your injury - whether you have had a fracture and what type of fracture it was.
- Your treatment – what scans and tests you were given and whether treatment (for example, bone protection medication) was initiated or any other recommendations were made (for example, a referral to strength and balance classes).
- Follow up – whether you continued treatment and whether you have had any further fractures or falls.

There are very strict rules surrounding the use of personal data. The FLS-DB has section 251 support by the Secretary of State for Health, who imposes very tight conditions on what information can be processed and by whom. This means we can set aside the common law duty of confidentiality in order that *identifiable* patient information can be passed on *without* individuals' consent.

How is your information processed?

The data controllers, who have overall responsibility for the collection, storage and processing of personal identifiable information are joint across HQIP, NHS England and Digital Health and Care Wales (DHCW). However, HQIP and DHCW do not process any of the data.

We have a legal duty to protect your information and maintain confidentiality. Your information will be held safely on a secure computer database by our experienced IT team at Crown Informatics, who follow best practice in data protection and security. The data collected are subject to strict rules about confidentiality including those of the General Data Protection

Regulation (2018), the Data Protection Act (1998), the Health and Social Care Act (2001) and to the recommendations of the Caldicott Report (1997).

Data is supplied to the University of Bristol for analysis, but this will be done so that no individual patient can be identified. Reports produced by the audit will not contain NHS numbers or any other information that could be used to identify anyone. You can view our reports on our [website](#).

We sometimes get requests from hospitals, universities, and academic or healthcare organisations who want to carry out research using the data that we collect. We always ensure that researchers that we agree to share data with have appropriate legal approvals in place to share data. Sometimes researchers require data to be linked to other datasets; this is done by NHS England and the researchers don't receive information that could be used to identify you as an individual. After patient identifiers have been removed from the data in this programme, data may be used for secondary research purposes. HQIP's Overarching Research Database Approval for the NCAPOP permits this re-use under S.251 of the NHS Act 2006 (Reference 24/CAG/0108). For more information on data sharing for uses outside of the FLS-DB programme, please see: [NCAPOP Privacy Notice – HQIP](#)

Keeping your information safe

It is really important that we take good care of your information. It will be held safely by Crown Informatics for the duration of the audit, which follows best practice in data protection and security. Should the audit come to an end, it will be held for a further 5 years after that. Staff at Crown Informatics will only see personal details for database administration and have to follow strict confidentiality rules.

How the NHS and care services use your information

The Royal College of Physicians is one of many organisations working in the health and care system to improve care for patients and the public.

Whenever you use a health or care service, such as attending Accident & Emergency or using Community Care services, important information about you is collected in a patient record for that service. Collecting this information helps to ensure you get the best possible care and treatment.

The information collected about you when you use these services can also be used and provided to other organisations for purposes beyond your individual care, for instance to help with:

- improving the quality and standards of care provided
- research into the development of new treatments
- preventing illness and diseases
- monitoring safety
- planning services

Confidential patient information about your health and care is **only used** like this where allowed by law.

Data being used or shared for purposes beyond individual care does not include your data being shared with insurance companies or used for marketing purposes and data would only be used in this way with your specific agreement.

National Data Opt Out

The FLS-DB is not exempted from the National Data Opt Out.(NDOO) The NDOO allows individuals to choose,, in specified circumstance if data from their health records is shared for healthcare research and planning. The FLS-DB has been subject to the NDOO since 31 July 2022. Patients who have chosen to opt out of having their data used for anything other than their care will be excluded from the FLS-DB data. The responsibility for ensuring opted out patients are excluded is with each service registered to the FLS-DB. To support services in ensuring patients are opted out, the FLS-DB has published [guidance and support](#). Further information about the NDOO can be found on the [NHS digital website](#).

The NDOO is only applicable for patients in England and does not apply to services in Scotland, Wales and Northern Ireland.

Right to complain

If you think information about you has been submitted to the Fracture Liaison Service Database and you want to have it removed, please contact the hospital that treated you or our team at: FLSDB@rcp.ac.uk

Alternatively, if a patient thinks that their information is being used inappropriately, they have the right to complain to the [Information Commissioners Office](#) (ICO).

Legal basis for collecting and processing your information

Information is processed lawfully and fairly according to the General Data Protection Regulation (GDPR) 2018 articles below:

- Article 6 (1) (e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

This is justified through commissioning arrangements which link back to NHS England, Welsh Government, and other national bodies with statutory responsibilities to improve quality of health care services.

- Article 9 (2) (i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.

This is justified as FLS-DB aims to drive improvements in the quality and safety of care and to improve outcomes for patients.

Information is processed lawfully and fairly according to the Data Protection Act (DPA) 2018 Schedule 1, part 1, point 3 (public health): This condition is met if the processing—

- (a) is necessary for reasons of public interest in the area of public health, and
- (b) is carried out—
 - (i) by or under the responsibility of a health professional

The FLS-DB has Section 251 support (reference 15/CAG/0158) to collect patient data without needing to obtain individual patient consent to do so.

Need to know more?

If you would like more information about the Fracture Liaison Service Database or would like to see copies of the audit reports, please contact us or visit our website.

www.fffap.org.uk

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