



National Falls & Fragility Fracture Audit Programme

UPCARE: 0.01 Programme name - please do not change this field.*	National Falls & Fragility Fracture Audit Programme
0.02 Workstream name (if applicable) - please do not change this field.*	Fracture Liaison Service Database
0.1 Contract status	Ongoing
0.2 Audit or non-audit	Audit
0.3 HQIP commissioned*	Yes
0.41 HQIP AD	PS
0.42 HQIP PM	SB
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales; Jersey
1.1b Geographical coverage - External agreement*	Northern Ireland
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Musculoskeletal
1.2b If you selected 'Other' above, please provide details.*	Musculoskeletal, falls, older people
1.3a Healthcare setting*	NHS secondary or tertiary care
1.4 Inclusion and exclusion criteria*	Inclusion: NHS patients living in England and Wales aged 50 and over who have sustained fragility fracture. Exclusion: Fractures of the face, skull, scaphoid and digits.
1.5 Methods of data submission*	Bespoke data submission by healthcare provider

1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	31/05/2024
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	31/05/2025
1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*	31/05/2026
1.7 Data flow diagram	FFFAP data processing statements RCP London
1.8 Data quality & analysis plan	<p>The audit is completed by clinical teams using the online webtool.</p> <p>Crown Informatics complete internal data value and range checks, date/time checks and dataset logic checks on all audits. The webtool validates data at the point of entry by rejecting invalid responses. Data are reviewed by Crown post extract for validity and dataset consistency.</p> <p>FLS-DB analysis plan: Fracture Liaison Service Database (FLS-DB) RCP London</p>
1.9a Link to the outlier policy*	Outlier policy launched October 2025
1.9b Link to the cause for concern policy*	Outlier process developed 2025, this will take precedent prior to development when needed of a cause for concern policy
2.1 Outcome measures	<p>Re-fracture rates</p> <p>Commenced bone therapy by first follow up (16 weeks of fracture)</p> <p>Adherence to prescribed anti-osteoporosis medication at 12 months post fracture</p>
2.2 Process measures	<p>Identification of fractures</p> <p>Time to FLS assessment</p> <p>Time to DXA</p> <p>Referred for falls assessment</p> <p>Bone therapy recommended</p> <p>Strength and balance treatment received</p> <p>Monitoring contact 12-16 weeks post fracture</p> <p>Treatment by 1st follow up</p> <p>1 year drug adherence</p>

2.3 Organisational measures	<ul style="list-style-type: none"> Resources - commissioning arrangements and staffing arrangements e.g. how much time is spent working within the FLS as the whole time equivalent Scope - population size served; patient groups covered Patient identification - methods of identifying different types of patients e.g. hip fracture, non-hip fracture, vertebral fracture Assessment / identification - testing for secondary causes of osteoporosis, DXA scans Initiation for secondary fracture prevention - who is responsible, types of interventions offered, medication offered Falls intervention - falls assessment provision, exercise assessments Report distribution - where does the FLS report go, what does it include Long-term management of patients - who is responsible for monitoring of patients in FLS, adherence and re-evaluation Patient experience - survey to seek patient views, use of FFFAP and ROS patient resources Governance - how often, minutes, patient involvement
2.4 Patient reported outcome measures	Not currently collected
2.5 Patient reported experience measures	Not currently collected
2.6a Do measures align with any of the following sources of evidence (select all that apply)	NICE clinical guideline; NICE quality standard; Professional society; NICE technology appraisal
2.6b Evidence supplemental information	https://www.nice.org.uk/guidance/ng249 https://www.nice.org.uk/guidance/qs86 https://www.nice.org.uk/guidance/qs149/ https://www.nice.org.uk/guidance/TA204 https://www.nice.org.uk/Guidance/TA161 https://www.nice.org.uk/guidance/ta991 https://strwebprdmedia.blob.core.windows.net/media/bphbqiqj/ros-clinical-standards-for-fracture-liaison-service.pdf
3.1 Results visualisation	Annual report; Interactive online portal (run charts available); Patient report
3.2a Levels of reporting*	National; Trust or health board; Hospital or specialist unit; Integrated care system (ICS); NHS region or other geographic area
3.3 Timeliness of results feedback	Within 24 hours; Within 3 months; Within 1 year
3.4 Link to dynamic reporting*	https://www.fffap.org.uk/fls/flsweb.nsf
4.01 2023/24 Dataset covers the period FROM/TO (within	01/01/2024 - 31/12/2024

**financial year 01/04 to
31/03)***

4.02 2024/25 Dataset 01/01/2024 - 31/12/2024
covers the period
FROM/TO (within
financial year 01/04 to
31/03)*

4.03 2025/26 Dataset 01/01/2025 - 31/12/2025
covers the period
FROM/TO (within
financial year 01/04 to
31/03)*

4.10 Dataset #1 name Fracture liaison service database clinical dataset

4.11 Dataset #1 type Clinical audit

4.12 Dataset #1 All eligible patients
population coverage*

4.13 Dataset #1 items 51
collected (n)

4.14 Dataset #1 items 0
from existing national
datasets (n)

4.15 Dataset #1 use of N/A
existing national datasets

4.16 Dataset #1 [General audit resources / Download documents](#)
specification

4.20 Dataset #2 name Not applicable

4.30 Dataset #3 name Not applicable

4.40 Dataset #4 name Not applicable

5.00 When was your 15/01/2024
healthcare quality
improvement plan
(referred to as a QI Plan)
last reviewed? Please
upload under 'Files'
below using the HQIP
naming convention (click
on response to see pop-
up help text).

5.10 When were your 03/09/2025
clinical performance
indicators (referred to as
metrics) signed off by
fundors? Please upload
under 'Files' below using
the HQIP template and

naming convention (click on response to see pop-up help text).

5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*

<https://www.fffap.org.uk/fls/flsweb.nsf>

5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*

January 2023

5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*

February 2024

5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*

January 2025

5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*

January 2026

6.0 Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).

17/11/2025

6.1 Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*

<https://www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap/fffap-data-processing-statements/>

Files

2024MetricFLSDB.xlsx

FFFAP healthcare improvement strategy 2023-26v FINAL.docx