



FPH Response to the APPG inquiry on Osteoporosis and Bone Health

About the Faculty of Public Health

This response is submitted on behalf of the UK Faculty of Public Health (FPH), as developed by the MSK Special Interest Group. The FPH, as part of the medical Royal College arrangements, is the standard-setting body for public health in the UK and professional home for over 5,000 members of the public health workforce. We advocate on key public health issues and have a strong mandate and responsibility to ensure that the essential functions, standards and resources of a robust public health system are maintained. Our role is to improve the health and wellbeing of local communities and national populations. We do this by supporting the training and development of the public health workforce and improving public health policy and practice in partnership with local and national governments in the UK and globally.

FPH welcomes the APPG's review into the osteoporosis treatment gap and the opportunity to submit evidence on this important public health issue.

Despite the existence of effective treatments, a substantial care and treatment gap persists; only 31% receive treatment within four months of diagnosis, and just 14% of patients remain on treatment after one year. This represents a critical missed opportunity for prevention.

a) Osteoporosis as a Public Health Issue

- **There needs to be research on effectiveness and cost-effectiveness of interventions to achieve tangible, outcomes.** A recommended tangible outcome/indicator at a population level is the reduction of age-sex specific hip fracture rates, noting hip fractures alone take up around 5% NHS unscheduled bed days.
- Fragility fractures lead to over 500,000 hospital admissions and over £4.4 billion in healthcare and social care costs annually in the UK. Hip fractures alone result in a 1-in-4 one-year mortality rate among older adults.
- As the population ages, fracture incidence is projected to rise, leading to increased demand on already stretched health and social care systems.

b) Widening Health Inequalities

From a public health perspective, **addressing the osteoporosis treatment gap is a matter of health equity, ageing well, and reducing demand on overstretched services.**

- There is clear evidence of regional and socioeconomic variation in access to Fracture Liaison Services, diagnostic assessments (such as DXA), and timely treatment.

- Vulnerable populations, particularly older adults living alone, in care homes, or in rural/deprived areas, are at greater risk of both fractures and being missed by the system.

c) Inadequate Integration into Preventative Services

Successful management models of other long-term conditions, such as diabetes, asthma, and cardiovascular disease, offers valuable insights that could be replicated to enhance osteoporosis care.

Currently, **there is inadequate integration into preventative services**. Musculoskeletal (MSK) health is under-represented in public health policy and lacks visibility in integrated care planning and healthy ageing strategies. Osteoporosis is often managed reactively, after a fracture has occurred, rather than proactively through risk identification, education, and early treatment. By positioning MSK health as a priority within the NHS 10-year plan and incorporating osteoporosis prevention into falls prevention programmes, NHS Health Checks and healthy ageing initiatives, the potential benefits could be significant.

- Musculoskeletal health is underrepresented in public health policy and lacks visibility in integrated care planning and healthy ageing strategies at both national and local level.
- Osteoporosis is often managed reactively, after a fracture has occurred, rather than proactively through risk identification, education, and early treatment.
- Integrate osteoporosis risk tools (e.g. FRAX, QFracture) into primary care workflows, NHS Health Checks, and care home assessments.

d) Targeted Public and Professional Education

- Partner with organisations to **develop co-branded national campaigns to increase public awareness of bone health, fall prevention, and the safety and efficacy of treatments**.
- Provide accessible, evidence-based training to GPs, pharmacists, allied health professionals, and care workers on early identification and management of osteoporosis.
- There is a national audit of Fracture liaison services based on clear standards. Standards should be developed from upstream prevention too.

Conclusion

Closing the osteoporosis treatment gap will not only prevent fractures and save lives—it will also reduce pressure on overstretched NHS and social care services and support healthy, independent ageing across all communities.

We urge the APPG to recommend sustainable reforms, and a stronger focus on prevention and inequality. By investing in bone health today, we can secure a healthier, more independent ageing population for the future.