

## **Inquiry: Scope and Focus (Paper 2)**

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### **All-Party Parliamentary Group on Osteoporosis and Bone Health All-Party Parliamentary Group on Prostate Cancer**

#### **Oral evidence hearing**

Thursday 2 July  
09:45 – 11:15

Committee Room 6, Palace of Westminster

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### **Preventing Predictable Bone Loss Closing the gap between known risk and NHS action**

#### **Purpose**

To examine how the NHS identifies, monitors and manages bone loss in patients at predictable high risk due to treatments and long-term conditions, and to set out how earlier, systematic intervention could prevent fractures, improve outcomes, and reduce avoidable cost to the NHS and wider economy.

The inquiry will focus on primary fracture prevention, specifically where fracture risk is foreseeable but not consistently acted upon in practice.

#### **Why this inquiry, and why now**

There has been significant progress in recent years in improving secondary fracture prevention, particularly through Fracture Liaison Services. However, in many cases fracture risk is entirely predictable years before a first fracture occurs, especially where it arises from:

- cancer treatments
- intensive or specialist therapies
- long-term medication use

Despite clear clinical evidence, prevention is not systematically embedded into these pathways.

This creates a persistent gap between:

- what the NHS knows about risk, and
- what the NHS actually does to prevent harm

At the same time:

- Government is prioritising prevention, productivity and keeping people in work
- Cancer survivorship is rising up the policy agenda
- Long-term condition management is increasingly focused on early intervention
- There is strong media and political interest in avoidable harm and missed prevention

This inquiry will position osteoporosis as a test case for prevention policy, highlighting a clear, addressable failure to act on known risk.

## **Scope**

The inquiry will examine how bone health is addressed, or overlooked, within clinical pathways where fracture risk is well-evidenced.

It will focus on three priority areas:

### **1. Prostate cancer**

#### **Focus: androgen deprivation therapy (ADT) and survivorship pathways**

- Whether men starting ADT are routinely assessed for fracture risk
- Whether bone health is embedded within oncology pathways
- Clarity of responsibility between oncology, primary care and other services

### **2. Stem cell transplantation and advanced therapies**

#### **Focus: intensive treatments with known skeletal impact**

- Whether stem cell transplant patients are routinely informed of bone health risk as part of care pathway
- How bone health risks are managed before, during and after treatment
- Whether long-term monitoring and follow-up are in place
- Continuity of care once patients leave specialist services

### **3. Respiratory disease**

#### **Focus: long-term and repeated steroid exposure**

- Whether patients on oral or high-dose inhaled steroids are systematically identified
- Variation in access to assessment (e.g. DXA) and follow-up
- Clarity of responsibility between primary and specialist care

## **Cross-cutting questions**

Across all three areas, the inquiry will address a common set of system-level questions:

### **Identification**

- How effectively are high-risk patients identified within existing pathways?
- Where are the key drop-off points in practice?

### **Ownership and accountability**

- Which part of the system is responsible for managing bone health risk?
- Where does responsibility fall between services?

## **Pathways and consistency**

- Are there clear, standardised pathways for conditions that consider treatment-induced bone loss?
- How much variation exists across the country?

## **Integration**

- **How do these** pathways connect to existing early diagnosis services, including FLS?
- Are opportunities for prevention being missed?

## **Patient experience**

- Are patients informed about risks to their bone health?
- Do they know where to go for support?
- What are the consequences of missed prevention?

## **Policy and incentives**

- Why has prevention not been embedded, despite clear evidence?
- What policy levers would drive systematic change?

## **Evidence gathering**

A central aim of the inquiry will be to generate new, original evidence alongside clinical and policy insight.

### **1. Lived experience survey**

A UK-wide survey of patients within the conditions and treatments in scope, exploring:

- whether bone health risks were discussed
- access to assessment (e.g. DXA or risk tools)
- experiences of treatment-related bone loss
- impact on daily life and long-term health
- perceptions of missed opportunities for prevention

The survey will be distributed through both ROS and partner organisations to ensure a broad and diverse respondent base. This approach has been shown to generate large-scale, robust insight into patient experience

### **2. Joint evidence sessions with partner APPGs**

A series of oral evidence sessions focused on each priority area, held jointly with relevant APPGs.

Each session will:

- hear from clinicians, researchers and/or people with lived experience
- examine how bone health is addressed within existing pathways

- identify practical opportunities for earlier intervention

From partner APPGs' perspective, each session will stand alone. Collectively, they will form a coherent evidence base on predictable fracture risk.

### **3. FOI requests to NHS bodies**

Targeted FOI requests to ICBs, Health Boards and Trusts to assess:

- whether pathways exist for treatment-induced bone loss
- access to DXA scanning for high-risk groups
- waiting times and follow-up arrangements
- whether bone health is routinely considered in relevant pathways
- variation between areas

This will generate clear, comparable data on variation, gaps in provision, and lack of accountability.

### **4. Written evidence**

Submissions from:

- professional bodies
- patient organisations
- clinical experts
- academic researchers

This will triangulate lived experience and system data with clinical and policy expertise.

### **Outputs**

- A parliamentary report bringing together lived experience, system data and expert evidence
- New, original statistics suitable for media and public affairs activity
- Clear, practical recommendations for embedding prevention into existing care pathways
- A strengthened evidence base to support wider influencing and campaigning work

### **Strategic value**

This inquiry will:

- Shift the conversation from reactive care to predictable risk and prevention
- Position osteoporosis within high-profile clinical pathways such as cancer and respiratory disease
- Strengthen partnerships with other condition-specific charities and APPGs
- Generate compelling, press-ready findings on missed prevention and postcode variation

- Support longer-term objectives on early diagnosis, case-finding and system accountability

## **Summary**

This inquiry will examine a simple but under-addressed problem: the NHS often knows who is at high risk of fracture but does not act on it.

By focusing on prostate cancer, stem cell transplantation and respiratory disease as case studies, the inquiry will highlight how predictable bone loss is overlooked in practice, and set out how prevention can be systematically embedded into care pathways.