



## Falls prevention

### New approaches to integrated falls prevention services

#### Key points

- One in three people over the age of 65, and one in two of those over 80, will fall each year.
- Falls and fractures in the over-65s account for four million hospital bed days each year in England.
- A falls prevention strategy could reduce the number of falls by up to 30 per cent.
- Community health service providers and the ambulance service can play a crucial part in the delivery of comprehensive care pathways for falls and fractures.
- Effective falls prevention schemes can be implemented at little cost with the involvement of professionals working in health, social care and in the community.

The ageing population, combined with fewer resources available for health and social care, mean that commissioners and providers cannot afford to ignore the issues of falls and falls prevention. The scale and cost of this health issue is significant and is everyone's concern.

This *Briefing* shares the learning and recommendations from a workshop for members held by the NHS Confederation and the Ambulance Service Network (ASN) on falls prevention strategies for the older population.<sup>1</sup> It is intended to help the NHS and local government think about new approaches to the commissioning and provision of comprehensive, integrated falls prevention services. It shows that a focus on prevention and early intervention through joint working has benefits for the whole health and social care system, and that not taking action may soon become unaffordable.

#### The scale of the problem

##### The impact on patients

Falls and fractures (the majority of which result from a fall) are significant public health issues. Although not an inevitable consequence of old age, statistics show that increased rates of falling are associated with growing older. About one in three people over the age of 65 will fall each year, increasing to one in two of those over 80.<sup>2</sup> The psychological impact of falling can be devastating, with lower levels of confidence

and independence, and increased isolation and depression inhibiting prompt recovery. Fallers may also have to contend with a range of physical injuries, such as fractures. Half of those with hip fracture never regain their former level of function and one in five die within three months.<sup>3</sup>

With a changing demography, where the number of people aged 60 or over in the UK is expected to pass the 20 million mark by 2031,<sup>4</sup> falls and fractures are issues that cannot be ignored.

### The impact on health and social care

The financial impact of falls and fractures on the NHS and social care is significant, incurring the use of a range of health and social care resources including GP visits, ambulance journeys, acute and community care.

The ambulance service is often the first point of contact when an older person falls. Falls account for approximately 10 to 25 per cent of ambulance call-outs for the over-65s, costing around £115 per call-out.<sup>5,6</sup> Every year, over 500,000 older people attend UK emergency departments following a fall.<sup>7</sup>

Falls and fractures among the over-65s take up four million hospital bed days each year in England, costing an estimated £2 billion.<sup>8</sup> A benchmarking study found that elderly patients who had a fall which did not require surgery spent, on average, 19 days in hospital, ranging from less than a week to over 25 days.<sup>9</sup>

Older people who fall are likely to suffer a repeat fall.<sup>10</sup> In most cases this will require the recurrent use of health and social care services. Recurrent fallers are also more prone to have a fall-related fracture; the health cost associated with hip fractures alone is estimated at £6 million per day or £2.3 billion per year.<sup>11</sup>

With the NHS needing to deliver year-on-year efficiency savings, and with a potential funding gap in older people's services of £6 billion over the next 20 years,<sup>12</sup>

### 'Studies have found a lack of integration between falls and fractures services and inadequate secondary prevention for falls'

calls have been made for investing more fully and strategically in both prevention and rehabilitation services. Falls prevention programmes have a greater potential for delivering health and wellbeing benefits for the older population and reducing costs, both for the NHS and social care.<sup>13</sup>

### Prevention in action

Government policies over the past 20 years have focused on prevention, health promotion and integration as a means to improve the health and social care of the older population, including those who fall. However, studies have found significant gaps in patients' journeys for falls and fractures, a lack of integration between falls and fractures services, and inadequate levels of secondary prevention for both falls and bone health.<sup>14</sup>

### The role of commissioners

To address these issues, effective commissioning of services is key. To help prevention, commissioning could include:

- making available strength/balance/exercise classes or advice for frail older people, especially those with known weaknesses or low bone density

- ensuring the availability of, and using health and wellbeing boards to deliver a range of community options to encourage healthy and active ageing
- advice on safety in the home and practical aids for daily living, recognising that many falls happen at home.

### Key facts

- One in three people over the age of 65, and one in two over the age of 80, fall each year.
- Falls are the leading cause of mortality resulting from injury in people over the age of 75 in the UK.<sup>15</sup>
- One in five people die within three months of a hip fracture.
- Hip fractures cost the NHS £2.3 billion per year.
- One in two women and one in five men over the age of 50 will suffer a fracture as a result of a fall.<sup>16</sup>
- Falls account for approximately 10 to 25 per cent of ambulance call-outs in the over-65s, costing £115 per call-out.
- Falls and fractures in the over-65s account for four million hospital bed days each year in England, costing an estimated £2 billion annually.
- A falls prevention strategy could reduce the number of falls by between 15 and 30 per cent.<sup>17</sup>

## The role of community health service providers

Community health service providers can play a crucial part in the delivery of comprehensive care pathways for falls and fractures.

Community health services are 'mission critical' to the NHS, according to the chief executive of the NHS in England, Sir David Nicholson. They offer opportunities to realise quality and productivity improvements in the rest of the NHS, and are well placed to:

- provide more personalised services for patients, closer to home
- lead efforts on identification, prevention and wellness services
- allow people to avoid unnecessary admission into hospital, and to leave hospital sooner
- keep people independent
- contribute to improvements in clinical outcomes.

These elements are reflected in some falls prevention initiatives being undertaken by community health service providers. For examples, see the case studies from NHS South Central (now part of NHS South of England Strategic Health Authority (SHA)), opposite.

**'Community health service providers can play a crucial part in the delivery of comprehensive care pathways for falls and fractures'**

## Case studies: Falls and fracture prevention in NHS South Central

The cost of falls in the central area of NHS South of England SHA was calculated at nearly £13 million for six months in 2009. A range of prevention initiatives have been implemented across the whole health and social care economy, involving collaborative working. Some of these are outlined below.

### Falls prevention in the community

There is a wealth of evidence for the effectiveness of falls prevention exercises for older people. Buckinghamshire Healthcare NHS Trust's 'Get Fit, Avoid Falls' programme is a joint venture between NHS health and adult social care. For more information, contact

**Alison.Aylen@buckshealthcare.nhs.uk**

Solent East's community exercise programme targets older people with a history of falls and fractures. Patients receive individually tailored exercises. A reduction in falls and fractures has been attributed to the initiative. For more information, contact

**Melody.Chawner@solent.nhs.uk**

### Training on falls prevention

An e-learning programme has been developed, aimed at nurses in hospital settings, but also of interest to therapists and other clinical staff. The interactive programme includes patient and environmental risk factors and post-fall assessment and care. It will be available from mid April 2012, free of charge to all NHS organisations in England. For more information, contact

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### Partnership working with patients

Portsmouth Hospitals NHS Trust and Southern Health NHS Foundation Trust are working closely with the Portsmouth Osteoporosis Support Group to raise awareness of the problem of osteoporosis and provide support and advice to patients. 'Love your bones' days combine talks on osteoporosis, medication, nutrition and exercise for patients, with lectures and updates for clinicians, information stands and practical demonstrations. Roadshows provide free information and advice to patients unable to travel. For more information, contact

**Jill.Phipps@southernhealth.nhs.uk**

### Fracture reduction via secondary detection

The Fracture Reduction in South Central (FRISCy) group of clinicians promotes and increases awareness of bone health. They are campaigning for the development of fracture prevention services across the region, which would identify patients over the age of 50 attending emergency departments and fracture clinics with fragility fractures and possible osteoporosis. FRISCy is also developing a data hub to reduce the administrative time for a fracture prevention service and increase clinical assessment time. For more information, contact

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**'The North East Falls Prevention Strategy has delivered significant benefits for the NHS and patients'**

### The role of the ambulance service

A history of one or more falls is considered as a predictor of future falls. The ambulance service is in a unique position to identify this group and also those at risk of a first fall. By creating a route of entry into a multidisciplinary assessment and intervention programme, the North East Falls Prevention Strategy has delivered significant benefits for the NHS and patients (see case study opposite).

### Confederation viewpoint

This *Briefing* illustrates the significant impact that falls and fractures have for older people and the need for a greater focus on prevention and early intervention strategies to address the individual and societal implications of falls.

The North East Falls Prevention Strategy shows that a falls prevention scheme can be implemented at little cost with the involvement of a number of professionals working in health, social care and in the community. Other ambulance services and community providers have also initiated, or are now implementing, variations of falls prevention programmes suited for their local populations. It is vital that such momentum continues.

### Case study: The North East Falls Prevention Strategy

In 2006, attending to fallers in the community within the Newcastle Primary Care Trust's boundary cost North East Ambulance Service NHS Foundation Trust (NEAS) £376,000 (£145 per fall). That year, NEAS received 1,979 calls from fallers over the age of 65 in Newcastle alone, with ambulance crews spending an average of 40 minutes on the scene with fallers. These patients would continue to have an ongoing, unrecognised risk of future falls.

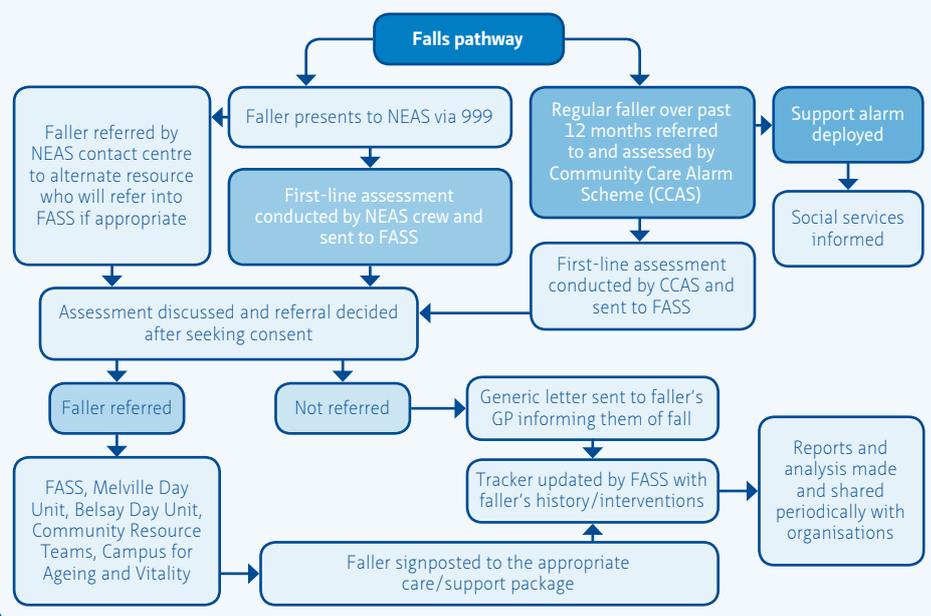
### The strategy

To address this issue, NEAS, in partnership with Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH), introduced an integrated falls prevention strategy to provide a seamless route into established falls prevention services in Newcastle upon Tyne for fallers over the age of 50.

It involves ambulance crews based in Newcastle using a 'first-line assessment' tool to screen and triage fallers to the appropriate falls service. Where three or more risk factors are identified, this is deemed an indication of a high risk of a future fall. The screening sheet completed by the ambulance crews is sent to a single point of access referral centre; for Newcastle patients this is the Falls and Syncope Service (FASS) based at NUTH. FASS evaluates and triages the referrals to the most suitable falls prevention team, either in primary care day hospital facilities services or secondary care specialist syncope services.

The success of the falls prevention initiative in Newcastle led the NHS partners involved in the scheme to spread the model across the North East strategic health authority.

### The Newcastle integrated falls pathway



## Outcomes

- Older people who fall are receiving the right care, with a considerably reduced risk of a future fall.
- Reduced attendance from fallers has resulted in cost savings for commissioners.
- The reduction in fallers has had a positive impact on A&E services. Fewer fallers are admitted by ambulance and, with recurrent fallers receiving the right care, they do not fall as frequently or need transferring back to A&E.
- Between 2006 and 2011, 999 calls for falls fell by over 75 per cent. This has enabled NEAS clinicians to be available more often for higher priority (category A) calls.
- Professionals in health and social care and those working in the community, such as library staff, housing wardens, and community alarm services, across the NEAS operational area now have a seamless route into established falls prevention services by using the same first-line assessment tool.
- The processes and tools from the North East Falls Prevention Strategy have been shared with the wider falls community and ambulance trusts nationally.

- The ambulance service has developed the strategy in conjunction with falls service physicians. Ambulance clinicians who take fallers to A&E due to clinical needs recommend to A&E staff that falls assessments are carried out after treating the faller.

## Key learning points

A number of factors have contributed to the success of the scheme.

### Leadership

Probably the most important factor is agreement between clinicians, in both acute and community settings, and managers that the evidence around early intervention and secondary prevention leads to improved outcomes for patients and efficiency gains.

The shared understanding that falls prevention is the 'right thing to do' has given both clinical and managerial leadership the impetus to make it happen.

### Partnership working

The 'silo' obstacles between health and social care organisations have been addressed to develop a shared screening protocol. A single point of access to treatment for older people who fall has been established.

## Data sharing

Data is shared between health and social care organisations to improve the outcomes for older people who fall.

## Making every contact count

A range of health and social care professionals who encounter those at risk of falling are supported to deliver the right care.

## Training

Regular training is provided to all ambulance staff on how to use the first-line assessment tool. Training is also delivered to other health and social care workers on the use of the tool and how to initially manage an older person who has fallen.

## Monitoring and feedback

The performance of the falls strategy and referrals to falls services are monitored monthly and feedback about the outcomes of the referrals made is provided to all partners involved.

For more information on the North East Falls Prevention Strategy, contact:

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**John.Davison@nuth.nhs.uk**

Accordingly, we have made a number of recommendations, summarised in the box opposite, to push for a greater national and local drive to address falls and fractures. These stress the need for prevention, early intervention and joint working, put forward in existing Government policies and the NHS reforms. Our proposals include the views of service providers who are at the forefront of dealing with this distressing health concern.

With fragility fractures rising, it has never been more crucial to incorporate an ethos of whole-system working to intervene and identify older people who fall earlier and provide entry into falls and fractures prevention services. Health and social care commissioners and providers must work together and use the new system to implement falls and fracture prevention strategies that incorporate early intervention measures, deliver QIPP targets and efficiency savings and, most importantly, meet the needs of patients.

We are always interested to hear about other examples of good practice in this area. To share your experiences, or for more information on the issues covered in this *Briefing*, contact [elaine.cohen@nhsconfed.org](mailto:elaine.cohen@nhsconfed.org) or [sangeeta.sooriah@nhsconfed.org](mailto:sangeeta.sooriah@nhsconfed.org)

## Our recommendations

### Whole-system collaboration

Multidisciplinary intervention programmes are considered effective in preventing falls. Prevention by one partner can create efficiencies for others.

- With the responsibility for encouraging integrated working, health and wellbeing boards will need to ensure joined-up approaches to the commissioning and delivery of falls and fractures prevention strategies to achieve the right outcomes for older people who fall.
- There should be increased sharing of data on patients who fall and/or fracture across the NHS, social care, public health and local government to support a much-needed collaborative approach.
- Organisations should start using the NHS patient number to enable the tracking of older people who fall and assess the care they receive. This will help measure patient care based on outcomes, as well as improve efficiency and integration.
- When addressing falls and fractures, health and social care organisations should be encouraged to align their own budgets to support joined-up working in this area.

### Commissioning

At present, the changing landscape can be considered a challenging context in which to develop collaborative approaches to the commissioning of falls services. However, the Health and Social Care Act 2012 presents an opportunity for commissioners in the NHS, social care, public health and local government to work together to establish more comprehensive

falls care pathways with a greater emphasis on early intervention and prevention services.

- To support collaboration, the NHS Commissioning Board and Public Health England should enable clinical commissioning groups and local government to have the flexibility to deliver a range of falls services across health and social care that are appropriate for their locality.
- The NHS Commissioning Board, clinical commissioning groups and local authorities will need to work together to ensure that falls and fracture services are integrated across community, primary care, social care and specialised health services.
- Local authorities will be mandated to provide public health advice on the commissioning of services. They should, therefore, incorporate falls prevention information and support services.

### The Joint Strategic Needs Assessment

Health and wellbeing boards will be responsible for developing the Joint Strategic Needs Assessment (JSNA) and the joint health and wellbeing strategy. These are crucial processes to ensure the commitment of resources and the commissioning of falls and fracture services across the NHS, social care, public health and local government.

- Falls and fractures should be addressed in the JSNA and in the joint health and wellbeing strategy to ensure that commissioning plans instigate whole pathways of care.
- Partners should work together to make the best use of resources

for the commissioning and delivery of integrated falls and fractures services and comprehensive care pathways.

### Mechanisms to deliver high-quality falls and fracture care

The transparency requirements of the outcomes frameworks and incentive mechanisms, such as Quality Accounts and the CQUIN payment framework, are levers for organisations to ensure that they deliver high-quality falls and fracture prevention strategies.

- A falls and fracture indicator should be a future inclusion in the Adult Social Care Outcomes Framework. We understand that a fragility fracture indicator is currently under consideration. This will help to achieve greater alignment on falls and fractures between health and social care organisations supporting the falls and fracture measures in the NHS and the Public Health Outcomes Frameworks.
- An indicator specific to falls and fractures should be considered as a future Ambulance Clinical Quality Indicator. This should focus on the older patient who falls, to ensure that they receive 'the right care, in the right place, at the right time', enhancing their quality of life.
- Trusts should establish quality priorities on falls prevention in their Quality Accounts, including the reduction of the number of falls and reducing harm from falls and fractures.
- As part of their CQUIN targets, healthcare providers should include an indicator to reduce the number of falls and avoidable admissions, in collaboration with other healthcare providers.

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## The NHS Confederation

The NHS Confederation represents all organisations that commission and provide NHS services. It is the only membership body to bring together and speak on behalf of the whole of the NHS.

We help the NHS to guarantee high standards of care for patients and best value for taxpayers by representing our members and working together with our health and social care partners.

We make sense of the whole health system, influence health policy and deliver industry-wide support functions for the NHS.

## The Ambulance Service Network

The Ambulance Service Network (ASN) was established as part of the NHS Confederation to provide a strong and independent voice for UK ambulance services, and to foster a closer working relationship with the rest of the NHS and other stakeholders in health and social care.

The ASN has 18 members – 11 English NHS ambulance trusts, Northern Ireland, Wales and the islands of Guernsey, Jersey and Isle of Man. There are two associate members, including the Association of Air Ambulances and the Scottish Ambulance service.

For further details about the work of the ASN, visit [www.nhsconfed.org/ASN](http://www.nhsconfed.org/ASN) or email [asn@nhsconfed.org](mailto:asn@nhsconfed.org)

## The Community Health Services Forum

The Community Health Services Forum represents the majority of community health services in the NHS. It provides a voice for such services to help policy-makers with the development of national policy, and to inform debate.

For further details about the work of the forum, visit [www.nhsconfed.org/Networks/communityhealth/Pages/Community-Health-Services-Forum.aspx](http://www.nhsconfed.org/Networks/communityhealth/Pages/Community-Health-Services-Forum.aspx) or email [membership@nhsconfed.org](mailto:membership@nhsconfed.org)

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