Chapter 12
Falls

12.1 Key audiences

Primary care trusts:

- commissioners of community and hospital services, especially those for older people
- directors of public health
- GPs.

NHS trusts:

- medical directors
- care of the elderly physicians
- directors of nursing
- allied health professionals
- accident and emergency departments.

12.2 Key issues and concerns

- Falling is a serious and frequent occurrence in people aged 65 and over.
- Hip fractures are the most frequent fragility fracture caused by falls and the commonest cause of 'accident' related death, but are often not managed well.
- Falls are a significant cost to local health and care services.
- Good clinical practice can reduce death and disability resulting from hip fractures and prevent future falls and fragility fractures, but despite evidence-based guidance on preventing and treating falls in older people there is poor recognition, diagnosis and management of those at risk.
- Commissioning of falls services is very variable.
- There are economic benefits of effective interventions to prevent and manage falls.
- There are potential discrimination issues in relation to falls that primary care trusts and providers need to consider.

Falling is a serious and frequent occurrence in people aged 65 and over

Each year, 35 per cent of over-65s experience one or more falls. About 45 per cent of people aged over 80 who live in the community fall each year. Between 10 and 25 per cent of such fallers will sustain a serious injury.[288] The consequences for an individual of falling or of not being able to get up after a fall can include:

- psychological problems, for example a fear of falling and loss of confidence in being able to move about safely
- loss of mobility leading to social isolation and depression
- increase in dependency and disability
- hypothermia.[289]

Falls, and fear of falling, have a significant human cost. Fewer than half of older people with a hip fracture return to their usual place of residence and for some it is the event that forces them to leave their homes and move into residential care.

Hip fractures are often not managed well

Hip fractures are the most frequent fragility fracture caused by falls and the commonest cause of 'accident' related death.[290]

There is a consensus that surgery for hip fracture should be carried out within 24 hours of presentation to accident and emergency (A&E) and that if this is delayed beyond 48 hours there is evidence to show that there is an increase in mortality and morbidity. Recent audits have shown up to 31 per cent of patients around the country are delayed beyond the 48 hours target.[291] [292] Most patients returning home from A&E after a fragility fracture are not offered a falls risk assessment and only 22 per cent were referred for exercise training to reduce future falls. Forty per cent left hospital without an adequate assessment of their osteoporosis.[293] [294] Even after recovering from hip

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[288] *Falls and Fractures,* Department of Health, 2009
[289] *National Service Framework – for Older People, Department of Health*, 2001
[290] *National Clinical Audit of falls and bone health in older people*, RCP/Healthcare Commission, 2007
[291] *National Clinical Audit of falls and bone health in older people,* RCP/Healthcare Commission, 2007
[292] *The National Hip Fracture Database Preliminary National Report*, British Orthopaedic Association and British Geriatrics Society, 2009
[293] *National Clinical Audit of falls and bone health in older people,* RCP/Healthcare Commission, 2007
[294] *The National Hip Fracture Database Preliminary National Report*, British Orthopaedic Association and British Geriatrics Society, 2009

fracture surgery, less than 50 per cent of people were on appropriate osteoporosis treatment.[295]

Cost to health and social care services

In addition to the individual costs, falls are a significant cost to local health and care services including:

- ambulance call-outs to pick up people who have fallen
- A&E attendances
- inpatient treatments for fractures and other trauma
- rehabilitation and other long-term follow up care and support. [296]

The numbers are large. A local authority and PCT population of 300,000 may currently include 45,000 people aged over 65. Of these:

- 15,500 will fall each year
- 6,700 will fall twice or more
- 2,200 fallers will attend an A&E department or minor injuries unit
- a similar number will call the ambulance service
- 1,100 will sustain a fracture, 360 to the hip.[297]

Despite evidence-based guidance on preventing and treating falls in older people, there is poor recognition, diagnosis and management of those at risk

Good clinical practice, based on national standards and evidence-based guidelines, can reduce death and disability resulting from hip fractures and prevent future falls and fragility fractures.[298] Despite evidence-based guidance on preventing and treating falls in older people there is poor recognition and diagnosis of those at risk. For instance, few GPs assess the risk of falling among their older patients or can do the required assessment.[299] Only 39 per cent of primary care trusts are compliant with NICE guidance on secondary prevention of osteoporotic fragility fractures.[300] For the minority of patients

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[295] *National Clinical Audit of falls and bone health in older people*, RCP/Healthcare Commission, 2007
[296] *Falls and Fractures – Developing a Local Joint Strategic Needs Assessment*
[297] *Falls and Fractures*, Department of Health, 2009
[298] *National Clinical Audit of falls and bone health in older people*, RCP/Healthcare Commission, 2007
[299] *Ageism and age discrimination in primary health care in the United Kingdom,* CPA, May 2009
[300] *National Audit of the Organisation of Services for Falls and Bone Health,* RCP and HQIP, March 2009

who attended a falls clinic, the falls and fracture risk assessments and treatment offered were better.[301]

Commissioning of falls services

Commissioning of falls services is very variable, rarely providing a coordinated falls and fracture strategy. There is low representation of falls and bone health in public health strategies.[302] A Royal College of Physicians (RCP) audit showed that only 20 per cent of Directors of Public Health Reports include falls and only 8 per cent report fracture rates.[303] The most recent RCP audit found that only 23 per cent of Joint Strategic Needs Assessments (JSNAs) included bone health or fractures.[304]

It is also important to be aware that there are many links between physical and mental health conditions in older people. A 2003 survey reported that the highest primary diagnosis, relating to dementia as co-morbidity, was for fracture of the femur. This indicates a need to develop links between mental health services and the falls strategy.[305]

There are economic benefits of effective interventions

Health and social care services have a joint interest in developing effective falls and fracture preventative services. There are economic benefits for both of effective interventions.[306] [307]

Discrimination

The principal issue is that discrimination could be seen to be implicit in the general lack of priority for, and under-investment in, community services, such as integrated falls services, that benefit older people.[308] *The National Services Framework for Older People (NSF)* referred to one form of discrimination being a low overall rate of intervention that is relatively more important for older people, and this is likely to be the situation in many parts of the country. The service for those who have had a hip fracture is also poor in many parts of the country.[309] [310] There is a need to ensure that falls services are equally accessible to all age groups.

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[301] *National Clinical Audit of falls and bone health in older people,* RCP/Healthcare Commission, 2007
[302] *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, May 2009
[303] *Audit on Falls and Bone Health,* Royal College of Physicians, 2005-6
[304] *National Audit of the Organisation of Services for Falls and Bone Health,* RCP and HQIP, March 2009
[305] *A Pilot Survey - The Mental Health Needs of People Aged 65 years of Age and Over in an Acute Medical Setting*, Hopkin C, Kaiser P, Scholes J, Boaler S, 2003
[306] *Falls and Fractures*, *Review findings*, Department of Health, 2009
[307] *High Impact Actions for Nursing and Midwifery*, Department of Health et al, 2009
[308] *Ageism and age discrimination in primary health care in the United Kingdom,* CPA, 2009
[309] *National Clinical Audit of falls and bone health in older people, RCP/Healthcare Commission,* 2007

Dual/multiple discrimination

People with falls and fractures often have dementia, delirium or cognitive impairment and so have a degree of pre-existing disability. They often also have visual impairment. Those from poor socio-economic backgrounds or from some minority ethnic groups are likely to be less well informed about investigations and services.

12.3 Drivers and policy imperatives

The National Service Framework for Older People[311] highlighted falls as a significant issue for older people. Standard six set out an aim to:

> *"Reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen."*

The standard set for the NHS and others is:

> *"The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people.*
>
> *"Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service."*

Whilst the NSF standards were set some years ago, there is still a need to maintain the focus on reducing falls and improving treatment of those who have fallen.

NICE has published the following relevant guidance:

> *NICE Clinical Guidance 21 Clinical practice guideline for the assessment and prevention of falls in older people.*
>
> *NICE Technology Appraisal (TA) 87 The clinical effectiveness and cost effectiveness of technologies of the secondary prevention of osteoporotic fractures in post-menopausal women.*
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> *NICE Technology Appraisal (TA) 161 Review of treatments for the secondary prevention of osteoporotic fragility fractures in post-menopausal women.*

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[310] *The National Hip Fracture Database Preliminary National Report,* British Orthopaedic Association and British Geriatrics Society, 2009
[311] *National Service Framework for Older People,* Department of Health, March 2001

The National Hip Fracture Database was established in 2007 to focus attention on hip fracture both locally and nationally, benchmark its care across the country, and use continuous comparative data to create a drive for sustained improvements in clinical standards and cost effectiveness. See:

→ http://www.nhfd.co.uk/

12.4 What good age-equal practice might look like

The Department of Health has set out a comprehensive guide to effective interventions for health and social care organisations to prevent, treat and reduce the impact of falls in older people.[312] The Royal College of Physicians also makes recommendations to improve the care of those who have fallen and sustained a fracture.[313]

These set out the following aims and guidance:

PCTs will want to aim to reduce falls and fractures by:

- Preventing frailty and promoting bone health through encouraging physical activity and a healthy lifestyle - reviewing the range of therapeutic exercise options available locally and promoting evidence-based programmes in collaboration with local authorities through the joint commissioning and planning processes.
- Preventing accidents by reducing unnecessary environmental hazards – reviewing problems and solutions locally in collaboration with local authorities through the joint commissioning and planning processes.
- Commissioning community or hospital-based clinics which can perform the range of risk factor assessments necessary to offer an individual targeted treatment plan to reduce falls and fractures.

PCTs will want to aim to improve patient outcomes and improve efficiency of care after hip fractures through:

- Commissioning a patient care pathway for the secondary prevention of falls and fractures, including a fracture liaison service that targets the high-risk group of patients presenting with a first fragility fracture.
- Ensuring that prompt surgery can be offered for patients with hip fractures. They could encourage hospitals to apply the approach developed by the NHS Institute for Innovation and Improvement -

[312] *Falls and Fractures*, Department of Health, 2009
[313] *National Clinical Audit of falls and bone health in older people*, RCP/Healthcare Commission, 2007

Delivering Quality and Value - Focus on: Fractured Neck of Femur (2006):

→ www.institute.nhs.uk

- Early intervention to restore independence – through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries.

A number of evidence-based inputs are identified to deliver these objectives:

- case-finding systems in hospital and community settings to identify high-risk fallers
- following recommendations set out by the National Hip Fracture Database[314]
- adherence to NICE appraisal guidance with monitoring by local audit
- identified clinical leaders including a consultant with job plan commitment
- a fracture liaison service to ensure initiation of secondary prevention medical treatments for osteoporotic fragility fractures
- targeted use of validated home safety assessments
- widespread and accessible evidence-based exercise programmes.

Promoting advice on exercise

It is worth noting that there is strong evidence for the promotion and provision of safe, effective exercise that includes strength and balance training (such as Tai Chi), to prevent falls.[315] Work by Help the Aged and others[316] found gender differences in preferences in relation to exercise programmes – more women prefer group-based to home-based interventions. Also research published by Help the Aged[317] suggests that older people respond best to health promotion programmes that stress the benefits of improving strength and balance rather than focusing on the risk of falls.

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[314] *The National Hip Fracture Database Preliminary National Report,* British Orthopaedic Association and British Geriatrics Society, 2009

[315] *Falls and Fractures – Exercise training to prevent falls*, Department of Health, July 2009

[316] *Falls and falls prevention amongst older people: socioeconomic and ethnic factors - Report to Department of Health*, Todd et al, 2008

[317] *Encouraging Positive Attitudes to Falls Prevention in Later Life*, Yardley and Todd, published, 2005

What does a good non-discriminatory age-equal service look like?

- Medical staff treat all fractures in older people according to clinical need and in line with best practice, providing advice on prevention of further falls and fractures and referring to other services where necessary. Falls are viewed as preventable and not an inevitable consequence of ageing.
- There is a presumption that older people are discharged to their own homes following a fall and fracture. This will require robust discharge planning including assessment and provision of any adaptations that may be needed and follow up support and prevention advice.
- The assessment, interventions and outcomes for older people who have had falls and fractures are audited and analysed to ensure that any differences with other groups can be justified by need.

12.5 Case studies of illustrative / good practice

NICE has a shared learning database with examples from organisations that have implemented the falls guidelines:

→ www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/examples_of_implementation.jsp

The NHS Institute has a collection of useful examples to help improve care for those with hip fracture, including local action plans, example pathways and job descriptions of key staff:

→ www.institute.nhs.uk/quality_and_value/high_volume_care/fractured_neck_of_femur_facts.html

University Hospitals of Leicester Trust

The trust aimed to implement changes in the management of elderly fallers within the Emergency Department (ED) and the Trust, based on NICE guidance with emphasis on local practice and resources. They carried out an audit of the ED in 2004 based on the local Falls Pathway.

This revealed very poor compliance and many instances of inappropriate management. They found that the assessment and management of patients presenting with falls to the Emergency Department had been inadequate on a number of fronts including:

- failure to construct a proper falls history
- failure to provide multi-factorial assessments
- failure to inform and educate on falls prevention programmes.

The following changes were made:

- A consultant in the ED established a liaison role with the geriatricians and formed a 'Falls Interest Team' within the ED.
- Community matrons were seconded to the ED from the PCT to help with managing the elderly fallers.
- An ED falls pathway of care was established
- A Directorate of Services for Elderly People (DSOP) was established.
- A one-day training conference on assessment and management of elderly fallers was established.
- A Department of Health-funded 'Pacesetters' programme within University of Hospitals Leicester, observed care of frail elderly patients in the ED and helped to raise awareness.

A second audit was conducted after two years to monitor progress and assess the efficacy of the changes made. This showed huge improvements.

(Source: NICE shared learning database.)

Further information

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Tameside and Glossop Primary Care Trust

The PCT had twice the national average rate of fractured neck of femurs - a break typically suffered by older people who have a fall. To tackle this a whole systems approach strategy was implemented involving the local council, crime prevention unit, Age Concern Tameside, local care homes, ambulance service, sports and leisure services, acute and primary care, health and social care services, and the social housing team. This has brought benefits to many older people who have avoided falls-related serious injury. Since its launch in 2004, the strategy has helped reduce the number of falls with serious facture rates to below the national average.

As part of the PCT-led strategy, a falls prevention steering group is active in ensuring falls prevention work is embedded in a wide range of community-based activities.

For example, the crime prevention unit now runs regular ‘Crucial Crew’ events to raise awareness of some self-protection issues among older people. National Falls Prevention Day now extends to a week of activities mainly delivered across Tameside by the Healthy Living lead at Age Concern Tameside. Age Concern Tameside also introduced regular ten-week falls

prevention programmes throughout the year. Supported by the PCT, the Healthy Living Community Falls Group offers education on falls prevention, recognising falls risks and signposting vulnerable people to other services. All the help and advice delivered is by professionals and team members who have training or suitable experience in falls prevention; dignity and respect is embedded throughout the project. Activities are aimed at a multicultural population and demonstration of various forms of physical activity is often undertaken by ethnic minority service users, particularly on major event days, to encourage as many people as possible to access falls prevention services.

Further information

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12.6 Suggestions for quick wins / what you can do now

- Make falls a key performance indicator reported to the trust board.
- Ensure that hospital trusts are participating in the national hip fracture database and audit:

  → www.nhfd.co.uk/
- Include fracture rates and falls in Annual Director of Public Health Reports.
- Prioritise falls and fractures for early inclusion in each area's joint strategic needs assessment (as recommended in *Falls and Fractures,* Department of Health 2009).
- Set up a multi-agency falls steering / working group and establish a plan to revise services in line with NICE guidance and the Department of Health's effective interventions guide.[318]
- Conduct a mapping exercise to get a clear picture of existing services and how they link together and where the gaps are. This can form the basis of a plan for establishing a comprehensive, multidisciplinary falls service.
- Appoint a falls coordinator at a senior level in the PCT.
- Commission a Fracture Liaison Service.

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[318] *Falls and Fractures*, Department of Health, 2009

- See *Eight Questions you should ask of your Trust today* - Fractured Neck of Femur at

  → www.institute.nhs.uk/quality_and_value/high_volume_care/fractured_neck_of_femur_facts.html

- Involve older people in audit to ensure the service is accessible to older people and designed to be age appropriate.
- Plan an activity around National Falls Week:

  → www.helptheaged.org.uk/en-gb/AdviceSupport/HomeSafety/FallPrevention/

12.7 Useful resources

The Department of Health guidance, *Falls and Fractures - Developing a local joint strategic needs assessment,* provides a template for assessing local needs and services. This is part of the resources comprising the older people's prevention package:

→ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103146