

## FALLS PREVENTION Fact Sheet

### **Background**

In people aged 65 years and over, falls and fractures account for over four million bed days each year in England.<sup>1</sup> Falls often lead to a reduced ability to undertake normal daily activity and an increased dependence on families, carers and public services.

Falls can have a major impact on individuals. As well as fractures, they can lead to a loss of confidence and increased isolation, which in turn can lead to poor health and the loss of independent living. The impact on the NHS ranges from ambulance call outs through to surgery and hospital stays. People who are likely to fall require significant health and social care input. Prevention of falls has been shown to significantly reduce the level of fractures.

For older people who fall, the most common cause of fracture is osteoporosis, a condition in which the bones are more fragile and likely to break. The most common types of fractures relating to osteoporosis occur within the hip, spine and wrist. Disability and death rates tend to be higher for hip fractures than for other low trauma fractures. Any inpatient admissions relating to osteoporosis may involve a long length of hospital stay.

### **The Local Picture**

In Sutton:

- People aged 85 and over account for 2.2% of the population in Sutton, a little higher than London (1.6%) and similar to England (2.4%). At the time of the 2011 census there were 4,031 people in Sutton this age group rising to 4,320 according to the latest population estimates.
- The Sutton wards with the highest proportion of older people are Cheam, Nonsuch and Wallington South and Belmont. However, older people who are more disadvantaged are living in the Northern wards, predominately St Helier and Wandle Valley, as well as in Beddington South and Sutton Central.

In Sutton from April 2010 to March 2015 (five years), there were 927 emergency hospital admissions due to hip fractures to people aged 65 and over, representing an indirectly standardised rate of 101.1, statistically similar to England.

**Fig. 1** shows that rates are higher than both London and England, through statistically similar.

### **Fig.1: Trend in hip fractures in people aged 65 and over, Sutton compared with London and England**

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<sup>1</sup> Royal College of Physicians, 2011. Falling Standards, broken promises: report of the national audit of falls and bone health in older people 2010.



**Fig. 2** shows that injuries due to falls in people aged 65 and over have been consistently and significantly higher than both London and England for the past four years. However, there was a decrease (an improvement) in the rate for males in the latest reported year for 2015/16. There were 944 emergency admissions for this age group in 2015/16.

**Fig. 2: Trend in injuries due to falls in people aged 65 and over, Sutton compared with London and England**

**Sutton progress**

The current provider of Sutton Community Health Services is the Royal Marsden NHS Foundation Trust.

The overall aim of the Sutton Falls Prevention Service is to improve the health of older people by preventing falls, fractures and unnecessary admissions to hospital. The service is delivered as a therapy-based intervention, either as group exercise in a community setting or in a client's home. Referrals to this service can come from a variety of sources including London Ambulance Service, hospital discharge teams, community team nurses, GPs and Local Authorities.

The service is part of the wider older people community services, including Community Rehabilitation Team, Community Neurotherapy Team and Older People Assessment and Rehabilitation Service.

In addition urgent referrals can be seen by the Community Prevention of Admissions Team (CPAT) within 4 hours of referral.



### **What works**

The strongest evidence for preventing and managing falls is around participation in an exercise programme as part of a multifactorial assessment and intervention plan.

The Department of Health document *Falls and fractures 2009*<sup>2</sup> recommended a systematic approach to falls and fracture prevention. Objective three is 'Early intervention to restore independence and reduce future injuries'. This consists of the following interventions in the community:

- A falls care pathway
- A falls service
- A falls co-ordinator
- Multifactorial interventions
- Community-based therapeutic exercise

NICE clinical guideline 161 *Falls: assessment and prevention of falls in older people* was published in June 2013.<sup>3</sup> The document provides guidelines for healthcare and other professionals who care for older people (age 65 and above) who are at risk of falling. The guidance has two key priorities for implementation:

- Preventing falls in older people - case/risk identification, multifactorial falls risk assessment, multifactorial interventions, strength and balance training
- Preventing falls in older people during a hospital stay - predicting patients' risk of falling in hospital, assessment and interventions, information and support

### **Key Indicators and targets**

*Relevant indicators from the Public Health Outcomes Framework*

<http://www.phoutcomes.info/>

Health Improvement domain

- 2.24 - Injuries due to falls in people aged 65 and over

Healthcare and premature mortality domain

- 4.14 - Hip fractures in people aged 65 and over

### **Links to further information**

- *NICE Clinical Guideline (CG146) Osteoporosis: assessing the risk of fragility fracture, August 2012, updated February 2017*  
<https://www.nice.org.uk/guidance/cg146>
- Royal College of Physicians 2011. *Falling Standards, broken promises: report of the national audit of falls and bone health in older people 2010*  
<https://www.rcplondon.ac.uk/projects/outputs/falling-standards-broken-promises-report-national-audit-falls-and-bone-health>

<sup>2</sup> Department of Health, 2009. Falls and fractures: Effective interventions in health and social care.

<sup>3</sup> NICE. Clinical guideline [CG161]. Falls in older people: assessing risk and prevention, June 2013.  
<https://www.nice.org.uk/guidance/cg161>



### **Priorities for Sutton**

Falls prevention remains a high priority in Sutton. It is recommended that there is an integrated approach between primary prevention, improved access to health care and quality of services for those at risk/or who have had a fall.

The direct referral pathway from London Ambulance Service will continue to be developed with an increasing proactive response to falls prevention.

- Further investigate an exercise continuum so that participants can move from the NHS led programme into a 'step down' community class. As recommended by the RCP 2012 National Audit. "Commissioners need to commission a local, integrated exercise continuum across health and local authorities/voluntary sector to ensure long term provision of evidence-based exercise programmes for reducing falls run by appropriately qualified staff."