

Oxfordshire's Falls Prevention Service

Report for Oxfordshire Health and Overview Scrutiny Committee

August 2013

Purpose of this paper

This paper is to inform the Health and Overview Scrutiny Committee on the current status of delivering fall's prevention across Oxfordshire in line with the Older Peoples Joint Commissioning Strategy.

Context

In 2013 the Oxfordshire Clinical Commissioning Group and Oxfordshire County Council agreed the Oxfordshire Older People's Joint Commissioning Strategy 2013-16. This was developed from extensive consultation with members of the public, carers, commissioners, providers and partners. The strategy sets out the vision for supporting older people in Oxfordshire to live independent and successful lives, what success will look like as described by older people and the main priority areas:

1. I can take part in a range of activities and services that help me stay well and be part of a supportive community.
2. I get the care and support I need in the most appropriate way and at the right time.
3. When I am in hospital or longer term care it is because I need to be there. While I am there, I receive high quality care and am discharged home when I am ready.
4. As a carer, I am supported in my caring role.
5. Living with dementia, I and my carers receive good advice and support early on and I get the right help at the right time to live well.
6. I see health and social care services working well together.

The strategy sets out plans that will achieve this including encouraging healthy lifestyles, reducing ill health through early identification of problems and intervention and investment in community services to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care.

The Oxfordshire Falls Prevention Service is key in supporting the delivery of some of these outcomes by enabling older people to live independently, preventing ill-health and admission to hospital.

1.0 Why is fall's prevention important?

1.1 Why do older people fall?

Maintaining balance is the key to preventing falls, but as we age the balance system as a whole is less sensitive, less rapid, less accurate and weaker thus increasing our falls risk.

The causes of falls are divided into two groups: intrinsic factors which are things to do with the person and extrinsic factors which are those things to do with the environment.

A. Intrinsic factors:

- Reduced sensory input- this is believed to be the most significant.
- Medical conditions that commonly affect sensory input such as stroke and Parkinson's disease.
- Medications. Antidepressants and sleeping tablets affect sensory input. Older people also often take medications that affect the blood supply to the brain by causing a reduction in blood pressure which can result in a fall.
- Weakness to joints and muscles and pain from arthritis, damage to nerves will also increase the incidence of falls.
- Anxiety, depression and dementia can prevent a person from concentrating properly and they can fall as a result.
- An infection or any illness that makes a person feel unwell can increase their likelihood of falling. It is well recognised that falling can be a clear indicator of failing health.

B. Extrinsic factors:

- Cluttered environment,
- Rugs which are a trip hazard
- Equipment that is in a poor state
- Furniture such as the bed and chair at an inappropriate height.

1.2 Consequence of a fall

A fall or injury can have a devastating effect on the older person's life, leading to personal costs include, fear, isolation, pain, loss of independence, depression and death. The estimated burden of falls in the over 65 population in Oxfordshire now and over the next 20 years will rise due to the increase in the population 'at risk of falling'

It is well documented that effective fall prevention has the effect on reducing emergency department visits, hospitalisation, nursing home placements and functional decline.

The NICE 'clinical guidelines 21' on falls prevention were first published in 2004 and update in June 2012 as NICE 161. The Oxfordshire falls prevention service works to these NICE guidelines.

2.0 Oxfordshire Fall's Prevention Service

Oxfordshire has had a Falls Prevention Service since June 2004. It is jointly funded by Health and Social Care, and delivers a comprehensive fall prevention and intervention countywide service which has grown and developed over the last nine years.

The service strives to improve the health and wellbeing of the local population by the early detection, management and treatment of risk factors that can lead to falls. The underlying principles are:

- To treat all our patients with compassion and respect
- Provide services in the community close to home in a safe and secure environment
- Provide accessible high quality, personalised, safe and appropriate health care, where we listen to our patients and strive to provide the best service and aim to continually improve
- To maintain independence and improve the quality of life of those who fall or who are at risk of falling
- Reduce avoidable admissions to hospital
- Identify and treat common conditions
- Reduce the incidence of falls amongst older people
- Support our patients to remain living safe and independently at home
- Manage the demands on our services ensuring timely intervention
- Support carers/families and all clinicians in the early detection and management of risk factors that can increase the risk of falls through education, training

2.1 The Service Delivers:

- Falls assessments and treatment plan, in patients' homes in clinics and in care homes – *2012/13 total 2,308 undertaken, plus 1,939 non-conveyed fallers assessments in the last 21 months*
- Home based exercise programs - *2012/13 total 89 people supported*
- Education and Training – to both health and social care practitioners, private providers and to the general public – *2012/13 total of 1,391 individuals*
- Support to community and older people's mental health wards - *Daily*
- Health and wellbeing advice to community groups – *2012/13, 461 people attended exercise groups and 11 information fairs attended*
- Integrated delivery with the Fracture Prevention Service - *part of pathway*

2.2 Role of the Falls Prevention Practitioner

The fall's prevention practitioner is in most cases a registered nurse, trained as an extended scope practitioner to carry out a comprehensive gerontology assessment and put in place a treatment plan to reduce the risk of further falls, see Appendix A.

A patient treatment plan is discussed and implemented together with the individual and their carer as appropriate. Treatment recommendations and referrals to other services such as exercise classes are made and a copy of the plan is shared with the patient's GP.

3.0 Integration in the whole system of older people's care

3.1 Falls Prevention in Community Hospitals and Older People Acute Mental Health Wards

The service supports Local and National drivers by leading the fall prevention work throughout Oxford Health NHS Foundation Trust (OHFT) bed based care to reduce the number of falls in community hospitals and older people's mental health wards

The service has delivered training to the front line clinical staff since 2004. It has now developed an e-learning falls training package which takes about one hour to complete. This can be accessed in the workplace and replaces the three hour classroom based training that was previously necessary. This improves the efficiency of both the falls prevention service and the ward staff by releasing more time for patient care.

3.2 Non-conveyed fallers

A non-conveyed faller - is a person who has fallen in their home and needed the assistance of the ambulance service but did not require transport to a minor injury unit or the emergency department

In 2010 the service piloted the impact of ambulance staff referring all non-conveyed fallers in the Didcot area to the Oxfordshire Falls Prevention Service. The initial findings clearly demonstrated that this cohort of patients were high risk fallers. The number of hospital admissions among this group was high at 46% within the first 3 months of the first ambulance call out. The service saw a reduction in admission of 9% in the patients seen in the pilot area versus patients in the rest of the county. Following the pilot the service was commissioned to deliver an extended service to non-conveyed fallers countywide which has continued to demonstrate a significant reduction in hospital admissions and cost savings.

Findings in the last 21 month: 1,939 people have been seen with a reduction in hospital admissions down from 46% to 33%. Overall this equates to 249 fewer admissions over a 21 month period, equating to approximately £500k in savings to the health economy and improving people's lives.

3.3 Fragility Fracture Prevention Care Pathway

The service works closely with the Fracture Prevention Team based at the Nuffield Orthopaedic Centre to help support the fragility fracture pathway into the community and care homes.

Historically 2003 to 2005 the hip fracture rates among care home residents increased at a rate of 37%, data from the Oxfordshire Hip Fracture Audit reported. When the falls service was set up in 2004 the service started working with 10 designated care homes and was able to demonstrate a 20% reduction in falls incidents in these homes against the county levels. This increased to 40 care homes in 2006, now through the Care Home Support Service

which work with all care homes for the over 65 in the county the number of Hip fractures have continued to decline.

The most significant change is the ratio of fractures rate to total beds which has decreased from 2.6 in 2004 to 1.8 in 2011 (taken from Oxfordshire Hip Fracture Audit)

In 2012/13 the service and the Care Home Support Service carried out a total 850 falls assessments in care homes

3.4 Training and education

The service provides both formal and informal training to other health care providers – see Appendix B for details

Internally to Oxford Health NHS FT the service has carried out 35 training sessions to a range of qualified and non-qualified healthcare staff in 2012/13.

Across the county the service in total delivered 149 sessions to 1391 people

3.5 Health and wellbeing advisor

This advisor visits community groups, day centres and WI's delivering health promotion advice on falls prevention and makes links with local seated exercise groups and services.

They also Offer taster session of exercise to community centres, care homes, day centres and link them with a tutor to encourage them to have regular sessions- See Appendix B

3.6 Home Based Exercise Programme

This is delivered via 'The Otago Programme' developed in New Zealand for individuals who are house bound. Studies using the programme show a reduction in falls of between 30-46% and fewer injuries associated with falling. This programme was designed specifically to prevent falls and consists of a set of strength and balance retraining exercises and a walking plan. The exercises are individually prescribed and increase in difficulty over a series of five home visits. During 2012/13 a total of 89 patients undertook the programme.

4.0 Benchmarking

In 2011, Oxfordshire County Council commissioned: the following study

Improving falls and fracture services in the South Central and South Coast Regions:

"A research study involving Oxfordshire, Buckinghamshire and Kent" by Dr Todor Proykov and Rachel Taylor

The report published in January 2012 made the following statements after reviewing the national picture and the three project sites:

National picture

- There is a wide range of falls pathways implemented across the country; these vary significantly in the way they are organised.

- The majority of falls services are based in acute or community hospitals, with only a few in primary care or emergency departments. Most services undertake multi-factorial assessment with the content and quality of these assessments varying substantially. Access to services relies in the majority of cases on health professional referral.
- Very few pathways make an effort to integrate social and community services components.

Research sites findings

- The falls prevention services in Oxfordshire and Buckinghamshire are *well-grounded in research evidence* and their leadership is keeping up-to-date with the most recent research and with alternative models that exist across the country.
- The number of assessments carried out by Oxfordshire is approximately three times more than in Buckinghamshire (2,246 against 730).
- The relative numbers of assessment carried out by both services compare favorably to the 2,100 assessments carried out by Greater Glasgow and Clyde—with twice as many staff as Oxfordshire.
- Both Buckinghamshire and Oxfordshire provide exercise classes that are based on research evidence of what works for people with falls. Both sites evaluate the outcomes of the classes and demonstrate significant improvement for the patients, in consistency with the research evidence of the effectiveness of these classes.
- In the period 2007-2008 the Greater Glasgow and Clyde falls prevention service, the largest one in the country at that time had roughly 2,650 referrals. In that respect although three years later Buckinghamshire had similar number (2,657) of referrals to Greater Glasgow, and Oxfordshire more (3,500). The population of Greater Glasgow and Clyde is 1,196,335; in Oxfordshire it is 687,206 and in Buckinghamshire it is 739,600. This suggests that, given the smaller staff resource, Buckinghamshire and Oxfordshire are accepting a much greater number of referrals.
- Overall costs - estimation shows that
 - UK services (2007) – 180 attendances on average with *total budget* of £171,340 on average
 - Oxfordshire (2011) – 2,246 assessments with a *total budget* of £543,000
 - Buckinghamshire (2011) – 730 assessment with a *total budget* of £258,185.

5.0 Patient feedback

The patient survey in 2012 reported that:

59% of patients rated the service as excellent

36% very good

5% good

Below are some additional comments patients completed as part of the survey;

‘A very thorough and competent examination with a useful discussion concerning my predicament.’

‘Absolutely wonderful. I learned more about my health problems that have been worry me for a long time than any other health professionals I have seen before.’

‘The atmosphere was friendly and relaxing. The examination was thorough. I was left feeling reassured and happy.’

‘The sympathetic reception, the precise diagnosis and the very useful advice was all handled in a thoroughly professional manner.’

6.0 Next steps

The development of integrated locality teams and further Emergency Multi-disciplinary Units such as the one in Abingdon will continue the identification of people who are falling or at high risk so that they can access fall’s prevention experts. These teams will also be equipped to carry out first line assessments and interventions, by improving all professionals’ generic assessment abilities.

The increase of both Oxfordshire Clinical Commissioning Group and Oxfordshire County Councils pooling of resources in older peoples services, allows an increased scope for further support of services such as the falls prevention service. Which are demonstrating real change in older people’s lives and improving their quality.

Appendix A:

Competency of Falls Prevention Practitioner

1.0 Medical skills

Ability to:

- take a full medical history
- a drug review (an understanding of indications and uses of drugs, their side effects and interactions, their potential to cause falls, and the ability to recommend suitable alternatives to GPs)
- A cardiovascular examination: particularly heart rate and rhythm (including basic ECG interpretation), the presence of cardiac murmurs, clinical diagnosis of congestive cardiac failure.
- Assessment of lying and standing blood pressure
- A neurological examination: detection of neurological causes of disturbed gait and balance; assessment of neurological disability; assessment of vestibular dysfunction; ability to perform Epley's manoeuvre; detection of peripheral neuropathy.
- Ability to take blood samples and interpret the results.
- Undertake the MMSE and CLOX and understand the implications of the results.

2.0 Occupational Therapy skills

Ability to assess disability and functional state; to assess the patient's home environment; to have expertise in aids and appliances that might help overcome disability; to have a knowledge of local services.

3.0 Physiotherapy skills

Ability to assess gait and balance; selection of walking aids; knowledge of gait and balance re-training – its potential and limitations;

4.0 Osteoporosis knowledge

Ability to carry out an osteoporosis risk assessment understanding risk factors and treatment options

Competency achievement is monitored by the lead gerontology consultant and clinical leads via examination, direct supervision and indirect supervision.

APPENDIX B

Falls 2012-2013	TOTAL 2012-13
Total seen for one to one fall assessment	2,308
Number of teaching/education sessions delivered to:	Sessions
<i>Care home staff</i>	20
<i>Balance and safety group</i>	41
<i>Inpatient staff</i>	34
<i>Day centres/sheltered</i>	2
<i>Community groups</i>	4
<i>Falls awareness training</i>	35
<i>Other</i>	13
Total number of education/teaching sessions given:	149
Total number <i>people</i> taught at Education Level 1: (medical, registered or social service)	442
Total number <i>people</i> taught at Education Level 2, (health or social care support worker)	226
Total number <i>people</i> taught at Education Level 3, (older people who have fallen)	118
Total number <i>people</i> taught at Education Level 4, (the general public e.g. people spoke to at information fairs/relative advice during clinic)	634
Number of student/professional taught in clinic	Individuals
Level 1 (medical, registered or social service)	21
Level 2 (health or social care support worker)	21

Total number of people who received education/teaching:	1391
Number of patients receiving home based exercise:	Individuals
New:	89
Follow up:	317
Number of exercise session	0
<i>Taster:</i>	14
<i>Balance and Safety:</i>	24
<i>Weekly class:</i>	22
<i>Total number of exercise sessions</i>	58
Number of people attending exercise session	Individuals
<i>Taster:</i>	155
<i>Balance and Safety:</i>	96
<i>Weekly class:</i>	210
Total number of people attending an exercise session:	461
Other awareness raising activity/ information fairs attended	11