

Action to prevent falls

Reducing pressures on A&E and promoting healthy ageing by preventing falls among older people

Introduction

The Royal Society for the Prevention of Accidents (RoSPA) and the Royal College of Emergency Medicine (RCEM) are calling for more proactive falls prevention strategies to reduce injuries among older people. Such action would be effective in improving health in an ageing society, and reduce costs and ease the pressure on hospital emergency departments (A&E) and other health and social

What's the problem?

Injury prevention programmes aimed at preventing falls among over-65s are critical to reducing harm, A&E attendances and hospital admissions.

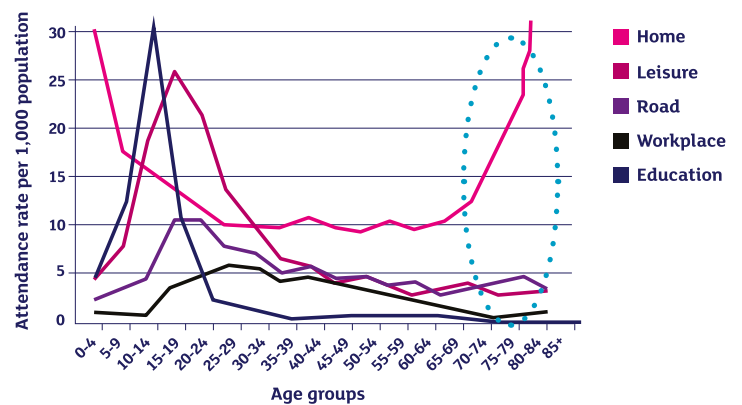
Falls and fragility fractures can result in loss of independence, injury and death. In health service terms, they are high volume and costly.

For those whose injuries are particularly serious, there were 25,144 related emergency hospital admissions in Scotland in 2016/17 among people aged over 65.¹ Of this, 85 per cent were the result of a fall. The rate of falls in Scotland to those aged 65 and over has increased from 19.5 per 1,000 in 2008/09 to 21.4 in 2017/18.²

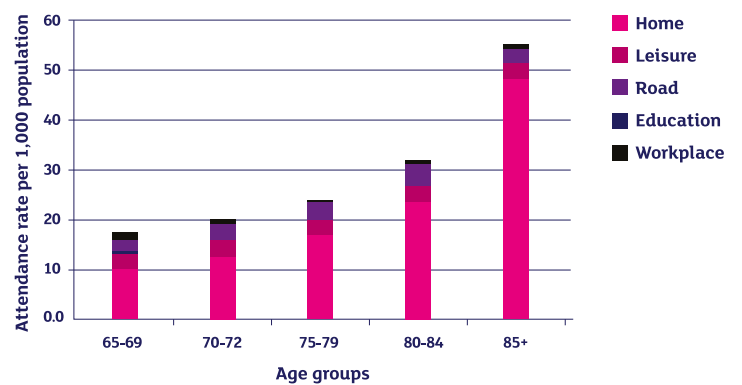
A total of 816 people in Scotland over the age of 65 were recorded as having died as a result of a fall in 2016.³ This is very much the tip of the iceberg as falls, although not necessarily the cause of death, can result in significant decline in health, contributing to many more deaths than this figure implies.

Around a third of all people aged 65 and over fall each year, increasing to half of those aged 80 and over.⁴ Among older people living in the community, five per cent of those who fall in a given year will suffer from fractures and hospitalisation.⁵ One in two women and one in five men in the UK will experience a fracture after the age of 50.⁶ Falls impact on mental as well as physical health.⁷ There is increased prevalence of fear of falling among older people who have fallen, and this can result in activity avoidance, social isolation and increasing frailty – all factors that can increase someone's risk of falling.

Tackling falls requires the commitment of a wide range of services. Many areas are already developing falls strategies. However, these often focus on the response when a person first enters the healthcare system after a fall. This may be too late for those who never fully recover from their original fall and are more vulnerable as a result.



A&E attendance rates per 1,000 population, by location of unintentional injury across all age groups, from Oxford University Hospitals NHS Trust Emergency Departments, John Radcliffe and Horton General Jan 1, 2012 – Dec 31, 2012



A&E attendance rates per 1,000 population, by location of unintentional injury among older people, from Oxford University Hospitals NHS Trust Emergency Departments, John Radcliffe and Horton General Jan 1, 2012 – Dec 31, 2012



accidents don't have to happen



The Royal College of Emergency Medicine



Cost of treatment and cost to society

Falls, and fear of falling, have a significant individual human cost. A third of older people treated for hip fracture have not returned home 120 days after treatment, and only 10 per cent describe themselves as freely mobile and moving without aids.⁸ For some, it is the event which forces them to move into residential care. In addition, vast numbers of people who are injured in falls but don't break their hip need significant treatment and care.

The total number of Quality Adjusted Life Years (QALYs) lost due to fracture is expected to rise from 158,700 in 2010 to 190,500 in 2025, corresponding to an increase of 20 per cent. The cost, including the value of QALYs lost, is estimated to increase from approximately £11.5 billion in 2010 to £14bn in 2025.⁹

Fortunately cost-saving opportunities have been identified. Fixing currently unaddressed falls hazards in the home, for example, would save the NHS in England an estimated £435million¹⁰ per year. The estimated savings to the NHS in Scotland would be comparatively similar at around £43million per year.

What's the solution?

The population of Scotland is projected to rise from 5.4 million in 2016 to 5.69 million in 2041.¹³ The population is also expected to age with the number of people aged 75 and over projected to increase by 79% over the next 25 years.¹³

An increase in life expectancy doesn't automatically mean an increase in healthy life expectancy and people are increasingly seeking information about how they can age well to enjoy a healthy older life. There is an opportunity to promote ageing as a good news story and provide people with the tools to enjoy healthier, longer lives rather than present the story of ageing as a drain on resources and a "problem to be solved".

Effective, planned, evidence-based approaches to falls and fracture risk reduction are of great importance to the health and wellbeing of people living in our communities and those who care for them. The routine identification of those most vulnerable to falling will allow us to target interventions which confer the best chances of avoiding injury and its potentially catastrophic consequences.

There is a range of interventions with evidence of cost and clinical effectiveness. However, audit data has repeatedly shown variation in their coverage and provision.¹⁴ Effective commissioning for falls and fracture prevention will reduce demand on services and improve quality and outcomes.

Scotland's Prevention and Management of Falls in the Community Framework for Action¹⁵ highlights the need to:

- Support health improvement and self management to reduce the risk of falls and fragility fractures
- Identify individuals at high risk of falls and/or fragility fractures
- Respond to an individual who has just fallen and requires immediate assistance
- Co-ordinate management including specialist assessment.

A new Scottish Government falls strategy is currently being developed, which will focus on a collaborative, whole-system approach to preventing falls and harm from falls, including fractures.

Complementing the activities of those working on home safety, practitioners engaged in occupational health and safety are starting to look at the potential for using the workplace as a conduit for taking forward wider falls prevention programmes.

Disability and death

More than 70,000 hip fractures occur in the UK each year. Hip fracture is the leading cause of accident-related mortality in older people, with around 10 per cent of patients dying within 30 days of admission and 30 per cent after one year.¹¹

Location and causes of falls to over-65s

The location of falls is often unrecorded, but where this information is collected it shows that the most serious injuries are caused by falls from stairs or steps, with more than half of deaths recorded in 2015. Falls from a chair or out of bed (i.e. a fall on two levels) account for 22 per cent of deaths from falls, and a slip or trip on the same level e.g. falling over a mat or a rug accounts for around 12 per cent.¹²

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