

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 care services.

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.

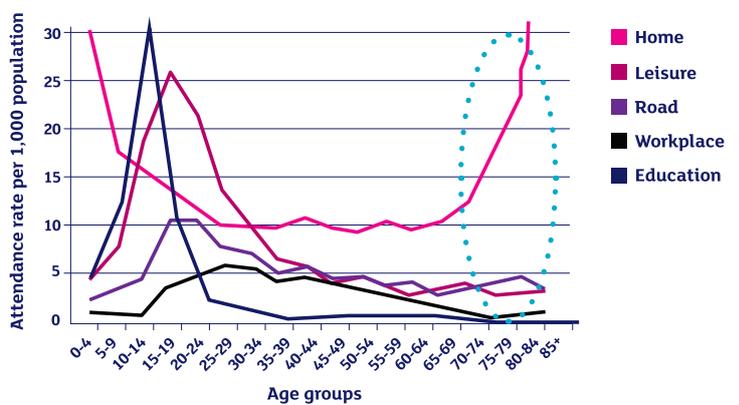
A&E departments treat a disproportionate number of unintentional injuries among older people, and particularly those aged over 70, with accidents in the home (predominantly falls) accounting for the greatest proportion of these injuries.

For those whose injuries are particularly serious, there are 255,000 falls-related emergency hospital admissions in England per year among people aged over 65¹.

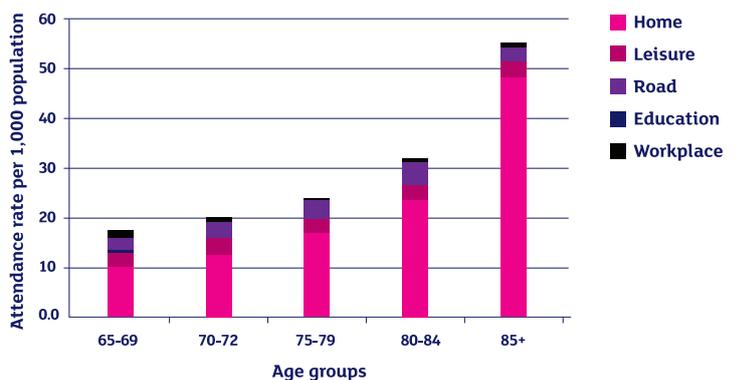
More than 4,500 people in England over the age of 65 were recorded as having died as a result of a fall in 2015². This is very much the tip of the iceberg as falls, although not necessarily the cause of death, can result in significant decline in health, contributing to many more deaths than this figure implies.

Around a third of all people aged 65 and over fall each year, increasing to half of those aged 80 and over³. Among older people living in the community, five per cent of those who fall in a given year will suffer from fractures and hospitalisation⁴. One in two women and one in five men in the UK will experience a fracture after the age of 50⁵. Falls impact on mental as well as physical health⁶. 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 aids⁷. 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 2025⁸.

But cost-saving opportunities have been identified. Fixing currently unaddressed falls hazards in the home, for example, would save the NHS in England an estimated £435 million⁹ per year.

What's the solution?

The number of people in the UK aged 65 and over is projected to rise by nearly 50 per cent to 16.8m from 2014-2024¹².

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 are a range of interventions with evidence of cost and clinical effectiveness. However, audit data has repeatedly shown variation in their coverage and provision¹³. Effective commissioning for falls and fracture prevention will reduce demand on services and improve quality and outcomes.

RoSPA and RCEM support the recommendations of the National Falls Consensus Statement¹⁴ which highlight the need to:

- promote healthy ageing at all stages of life
- ensure early identification of those most at risk of falls
- commission services that provide:
 - o an appropriate response attending people who have fallen
 - o multifactorial risk assessment and timely and evidence-based tailored interventions for those at high risk of falls
 - o evidence-based strength and balance programmes and opportunities for those at low to moderate risk of falls
 - o home hazard assessment and improvement programmes
- develop local approaches to improve poor or inappropriate housing which address falls prevention and promote healthy ageing
- have a strategic lead and governance body with oversight for falls prevention and treatment.

RoSPA's Stand Up, Stay Up programme¹⁵, which is funded by the Department of Health, aims to bring together all those working across England to prevent falls among older people to spread good practice. The greater the participation in programmes like this, the more effective falls prevention activities will become.

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 year¹⁰.

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 cent¹¹.

Contacts

RoSPA Ashley Martin, public health project manager
amartin@rospa.com | www.rospa.com

RCEM Dr Simon Howes, policy research manager
simon.howes@rcem.ac.uk | www.rcem.ac.uk

Acknowledgments:

The A&E data insights contained within this factsheet are based on the work of Dr Tom Hughes and his colleagues at the Oxford University Hospitals NHS Foundation Trust, Oxfordshire, Graham Kirkwood and Professor Allyson Pollock of the Institute of Health and Society at the University of Newcastle, Dr Simon Howes of RCEM and Errol Taylor of RoSPA.

References

- 1 Public Health England. Public Health Outcomes Framework [Internet]. 2016 [cited 2016 Nov 24]. Available from: www.phoutcomes.info/search/falls
- 2 Office for National Statistics. Mortality Statistics 2015 (accessed from nomis Oct 2017). Available from: www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=73
- 3 National Institute for Health and Care Excellence. Falls in older people: assessing risk and prevention. Guidance and guidelines. NICE [Internet]. 2013 [cited 2016 Nov 25]. Available from: www.nice.org.uk/guidance/cg161
- 4 Rubenstein LZ, Powers CM, MacLean CH. Quality indicators for the management and prevention of falls and mobility problems in vulnerable elders. *Ann Intern Med*. 2001 Oct 16;135(8 Pt 2):686-9. Available from: <http://annals.org/aim/article/714861/quality-indicators-management-prevention-falls-mobility-problems-vulnerable-elders>
- 5 National Osteoporosis Society. Effective secondary prevention of fragility fractures: clinical standards for fracture liaison services. National Osteoporosis Society. 2015. Available from: <https://staging.nos.org.uk/media/1776/clinical-standards-report.pdf>
- 6 Parry SW, Bamford C, Deary V, Finch TL, Gray J, MacDonald C, et al. Cognitive-behavioural therapy-based intervention to reduce fear of falling in older people: therapy development and randomised controlled trial - the Strategies for Increasing Independence, Confidence and Energy (STRIDE) study. *Health Technol Assess Winch Engl*. 2016 Jul;20(56):1-206. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27480813>
- 7 Royal College of Physicians. National Hip Fracture Database annual report 2017. Available from: <http://www.nhfd.co.uk/2017report>
- 8 Svedbom A, Helmlund E, Ivergård M, Compston J, Cooper C, Stenmark J, McCloskey EV, et al. Osteoporosis in the European Union: a compendium of country specific reports. *Arch Osteoporos* [Internet]. 2013 [cited 2016 Nov 24];8(1-2). Available from: www.ncbi.nlm.nih.gov/pmc/articles/PMC3880492/
- 9 Nicol S, Roys M, Garrett H, BRE. The cost of poor housing to the NHS [Internet]. BRE Trust. 2016 [cited 2016 Nov 25]. Available from: www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf
- 10 National Institute for Health and Care Excellence. Clinical Guidance 124. Hip fracture costing report. June 2011. Available from: www.nice.org.uk/guidance/cg124
- 11 Office for National Statistics. Mortality Statistics 2015 (accessed from nomis Oct 2017). Available from: www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=73
- 12 Office for National Statistics. National population projections for the UK, 2014-based statistical bulletin [Internet]. 2015 [cited 2017 Jan 5]. Available from: www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2015-10-29
- 13 Public Health England with the National Falls Prevention Coordination Group member organisations. Falls and fracture consensus statement: Supporting commissioning for prevention. January 2017. Available from: www.gov.uk/government/publications/falls-and-fractures-consensus-statement
- 14 Public Health England. Falls and fracture consensus statement: Supporting commissioning for prevention. January 2017. Available at www.gov.uk/government/publications/falls-and-fractures-consensus-statement
- 15 For more details of RoSPA's Stand Up Stay Up Programme visit <https://www.rospa.com/home-safety/stand-up-stay-up/>

