Reaching consensus on falls prevention

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Falls – the case for change

- Falls and fractures = distress, pain, injury, loss of confidence, loss of independence and mortality
- 5% of people with a history of falls experience fracture and hospitalisation
- 160,000 fracture admissions per annum in England among those aged 65+
- 50,000 hip fractures admissions pa in England among those aged 65+
- Cost of fractures to the UK per annum - £4.4bn
  - Hip fractures - £2bn
  - Social care - £1.1bn
Falls and fracture risk factors

**Major falls risk factors**
- History of falls, muscle weakness, poor balance, visual impairment, polypharmacy and the use of psychotropic and anti-arrhythmic medicines, environmental hazards and a number of specific conditions.

**Major fracture risk factors**
- Low bone mineral density, previous fracture, age, female sex, history of falls, glucocorticoids, rheumatoid arthritis, smoking, high alcohol consumption, low BMI and visual impairment.

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**Reaching consensus on falls prevention**
Falls and fracture services & professions

Falls and fracture consensus

National Falls Prevention Coordination Group

Filling the policy void – Falls and fracture consensus statement

Commissioner focussed - key interventions, approaches to commissioning plus national commitments for support

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Next steps: technical annexe; supporting implementation
Key interventions – a ‘whole system’ approach

- Life course risk factor reduction
- Case finding and risk assessment
- Strength and balance exercise programmes
- Healthy homes
- High-risk care environments
- Fracture liaison services
- Collaborative care for severe injury
Life course risk factor reduction

- Physical activity – strength, balance and aerobic
- Maintaining adequate nutrition
- Childhood, 40+
- Everybody Active Every Day - PHE
- Towards an Active Nation – Sport England
Case finding and risk assessment

- Case finding and risk assessing for fractures – fracture liaison services
- Case finding and (multi-factorial) risk assessing for falls
- The role of emergency care
- NICE Quality Standard 86: Falls in older people
- Fire and Rescue Service winter pressures evaluation
Strength and balance exercise programmes

• Key single intervention
• Commissioning challenge
• Challenge for participants
• Q: How can we improve the offer?
Healthy homes

- Strategic approaches
- Home hazard assessment and modification
- Home improvement:


  **Home modifications to reduce injuries from falls in the home injury prevention intervention (HIPI) study: a cluster-randomised controlled trial.**

  Keall MD, Pierse N, Howden-Chapman P, Cunningham C, Cunningham M, Guria J, Baker MG.

  All falls reduced by 26%; modification specific falls reduced by 39%
Care settings and clinical care

• At-risk population – everybody!
• Multi-disciplinary approach
• RCP Falls and Fragility Fracture Audit Programme – using data for quality improvement
• Widening the net for severe injury
Making it happen

- System oversight – governance and commissioning leads
- National support
- Embedding falls and fracture prevention
- Recognising falls and fracture prevention
- Don’t mention the F word
- Enabling older people – transport, mobility, sociability
- Evaluate, evaluate, evaluate!

- It’s all of our business….