

Emergency admissions for falls in the over 65 years age group

Introduction

- Falls are a major cause of disability and mortality in the UK.
- Thirty per cent of those aged 65 and over who live in the community fall each year, rising to 45% for those aged 80 and over.
- Recurrent falls are associated with increased mortality, increased rates of hospitalisation, curtailment of daily activities and higher rates of institutionalisation (Liverpool Public Health Observatory 2010).
- In Wirral in 2008/09 there were a total of 6,822 trauma attendances at Arrowe Park Hospital amongst the 60 plus age group and the majority of these (68%) were as a result of a fall (Wirral JSNA 2012).

Local evidence

Wirral JSNA contains a chapter with information about older people in Wirral and this includes a section on falls. Based on population statistics calculated by the Office for National Statistics, it is thought that by 2031, older people will make up 1 in 4 of the Wirral population (26%). With this expanding older population and the greater risk of falling associated with increasing age, the number of falls in Wirral could also rise if new interventions and prevention strategies are not adopted.

<http://info.wirral.nhs.uk/ourjsna/wirral2009-10/olderpeople/>

Map of Medicine

[Map of Medicine](#) offers evidence-based patient care journeys, providing clinicians with guidelines, references and clinical information. There are currently over 390 NICE compliant, regularly reviewed national pathways.

National Policy Guidance

An Audit Commission report **Supporting frail older people** (2004) provides an overview of the many emerging models from the US and the UK with potential to promote the independence and well-being of frailer older people. The report explains that the majority of older people want to maintain their independence and sense of wellbeing, and identifies some of the new ways to sustain and support frail older people, rather than reacting only when things go wrong.

<http://archive.audit-commission.gov.uk/auditcommission/nationalstudies/health/socialcare/pages/olderpeople3.aspx.html>

NHS Health & Social Care Change Agent Team publication **Avoiding and diverting admissions to hospital - a good practice guide** (2004), sets out some suggested approaches to avoid and divert admissions to hospital for older people. It is part of a series of good practice guides aimed at managers and clinicians who commission or run emergency, intermediate and community services and long-term care. The publication suggests that there is little value in optimising use of hospitals without looking at the use of other services in the system. It maintains that focus should be on how hospital services link with other forms of support to meet the needs of patients, not on structuring services to minimise the use of hospitals.

A planned approach to care of older people is advocated, involving aspects that can be managed in primary care including:

- Education and ownership - encouraging people to manage their own condition and recognise when it changes
- Pre screening and assessment - Assessing the needs of older people before a crisis occurs and managing changes in their condition.
- Assertive outreach - A relatively small number of people are heavy users of health and social care. By targeting these individuals and offering more intensive review and management, unplanned hospital and long term care admissions may be avoided.
- Support to live at home - Following assessment of need, the provision of services which form part of the care plan should be delivered in a local setting or the individual's own home.
- Intermediate care - 'Step up' intermediate care services to prevent admission to hospital are becoming increasingly well developed. It is important that its primary focus should be enabling people to stay at home; therefore home-based options should be used as much as possible. Intermediate care to prevent admission should be closely linked to discharge services and there should be flexibility in services to meet changing demand between discharge and prevention.

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4082904

DH guidance **8 tips for quick wins: Improving responses for older people** (2005) also contains concise practical advice for professionals aimed at helping to improve the quality of care in the community and so reduce the likelihood of a sudden emergency requiring acute hospital care and improving the care patients get when they do need emergency hospital care. http://webarchive.nationalarchives.gov.uk/20080205132101/http://dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4112223

Avoiding hospital admissions: Lessons from evidence and experience (October 2010) by The Kings Fund, summarises presentations made at a seminar held in April 2010 which brought together case studies from the NHS in England, Kaiser Permanente in California and the independent sector, as well as research evidence, to explore what has been tried and what has worked in avoiding hospital admissions. A key message that came out of the seminar was that a single assessment and co-ordinated care approach for older people identified as being at risk of avoidable hospital admission or admission to residential care has shown a range of positive impacts, including fewer bed days and A&E visits, fewer falls and delayed transfers to nursing care. http://www.kingsfund.org.uk/current_projects/quality_in_a_cold_climate/avoiding_hospital.html

Recent clinical guideline from the National Institute for Health & Care Excellence (NICE) **Falls: assessment and prevention of falls in older people** (June 2013) provides recommendations for the assessment and prevention of falls in older people. The guidance maintains that falls and fall-related injuries are a common and serious problem for older people with people aged 65 and older having the highest risk of falling: 30% of people older than 65 and 50% of people older than 80 falling at least once a year. <http://guidance.nice.org.uk/cg161>

Frail older people – Safe, compassionate care (February 2014) by NHS England provides practical guidance for commissioners, providers and nursing, medical and allied health professional leaders. It claims that if frail older people are supported in living independently and understanding their long-term conditions, and educated to manage them effectively, they are less likely to reach crisis, require urgent care support and experience harm. <http://www.england.nhs.uk/ourwork/pe/safe-care/>

Relevant articles/ other evidence

Recent evidence, *Interventions to reduce emergency hospital admissions for falls* by Liverpool Public Health Observatory (2010) makes key recommendations of effective policy, community and health service interventions for falls prevention.

These include:

- effective lifestyle messages focusing on improving independence, and strength and balance, rather than focusing on falls and
- addressing underlying factors such as
 - Medications,
 - Eyesight,
 - Nutrition,
 - Modifications to the home such as improving maintenance of stairs and improving lighting.

It also mentions implementing falls care pathways, to agree contribution of each health professional, employing a falls co-ordinator to integrate hospital and community interventions, and to promote falls prevention to other agencies and offer patients multi-disciplinary assessment to prevent future falls.

http://www.liv.ac.uk/PublicHealth/obs/publications/report/81_Interventions_to_prevent_emergency_admissions_for_falls.pdf

Further advice

For further information about evidence based methods, evaluation and research, please visit the NHS Wirral R & D team evidence fact sheets on the JSNA website:

<http://info.wirral.nhs.uk/intelligencehub/howtofact-sheetsonevidence&research.html>.

These fact sheets will be particularly useful if you are considering carrying out an evaluation of your current practice.

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For more information on Wirral JSNA please contact John Highton at johnhighton@wirral.gov.uk or 0151 666 5151.