**ANNEX**

**The Prevention and Management of Falls in the Community**

**A Framework for Action for Scotland 2014/2015**

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

***1. Name/Organisation***

**Organisation Name**

|  |
| --- |
| **Chartered Society of Physiotherapy Scotland** |

**Title**  **Mr** *√* **Ms [ ]  Mrs [ ]  Miss [ ]  Dr [ ]   *Please tick as appropriate***

**Surname**

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| Lloyd-Jones |

**Forename**

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| --- |
| Kenryck |

***2. Postal Address***

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***3. Permissions* - I am responding as…**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Individual** | **/** | **Group/Organisation** |  |  |  |
|  |  |  | *[ ]*  |  | ***Please tick as appropriate*** |  | *√[ ]*  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(a)** | Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?***Please tick as appropriate [ ]* Yes *[ ]*  No** |  | **(c)** | The name and address of your organisation ***will be*** made available to the public (in the Scottish Government library and/or on the Scottish Government web site). |
| **(b)** | Where confidentiality is not requested, we will make your responses available to the public on the following basis |  |  | Are you content for your ***response*** to be made available? |
|  | ***Please tick ONE of the following boxes*** |  |  | ***Please tick as appropriate****√***Yes**  |
|  | Yes, make my response, name and address all available | *[ ]*  |  |  |  |  |
|  |  | ***or*** |  |  |  |  |
|  | Yes, make my response available, but not my name and address | *[ ]*  |  |  |  |  |
|  |  | ***or*** |  |  |  |  |
|  | Yes, make my response and name available, but not my address | *[ ]*  |  |  |  |  |
|  |  |  |  |  |  |  |
| **(d)** | We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?***Please tick as appropriate*** *√***Yes**  |

THE CHARTERED SOCIETY OF PHYSIOTHERAPY SCOTLAND



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**CSP Scotland response to**

**The Prevention and Management of Falls in the Community Framework for Action for Scotland 2014/2015**

**Introduction and comment**

The Chartered Society of Physiotherapy Scotland welcomes the opportunity to respond to ***The Prevention and Management of Falls in the Community Framework for Action for Scotland 2014/2015.***

The demographics of an ageing population mean it is essential that more is done to reduce hospital admissions, and facilitate early discharge, particularly amongst older people. CSP Scotland fully supports measures to extend preventative and anticipatory care across all NHS services.

Falling is serious and frequent in people aged 65 and over. Each year, 35% of over-65s experience one or more falls. Injury due to falls is the leading cause of mortality in older people aged over 75 in the UK.([[1]](#footnote-1))

Falls prevention, and the management of falls in the community remain an essential component of preventative care for older people and physiotherapy has plays a primary role services.

**Physiotherapy and the prevention and management of falls**

Recurrent falls are associated with increased mortality, increased rates of hospitalisation, and higher rates of institutionalisation.([[2]](#footnote-2))

**Physiotherapists work in hospitals, communities and in patients’ homes. They have core and advanced knowledge and skills in reablement through which they:**

* Prevent frailty through evidence-based exercise programmes
* Restore independence through falls care pathways
* Promote bone health and reduce accidents through encouraging physical activity and active lifestyles
* Lead falls clinics where at risk people receive thorough assessment and tailored advice.(6)
* Identify underlying pathologies, including osteoporosis, and signpost to other specialists.

**Physiotherapy delivers on rehabilitation to reduce the cost burden**

Research has demonstrated the clinical and cost effectiveness of physiotherapy and falls prevention intervention. Based on 2009/10 costs each hip fracture avoided would save approximately £10,170 (\*HRG HA11 -14 inpatient).

Every avoided fracture of the upper arm, back and wrist saves PbR tariff costs (combined in- and out-patients) of approximately £1,300, £3,246 and £1,082 respectively, plus a local social care reduction averaging £225 per case for back and wrist fractures.(1, 2)

* NICE guidance requires all older people with recurrent falls, or at increased risk of falling, to be considered for an individualised multifactorial intervention including evidence based strength and balance training, home hazard assessment and intervention.[[3]](#footnote-3)
* Community-based falls prevention programmes targeting older people, particularly older women, can be highly cost saving, with the value of the benefits from reduced hospital admission significantly exceeding the costs of the intervention.[[4]](#footnote-4)
* Exercise programmes to prevent falls in older people at-risk are cost effective, with a cost per Quality Adjusted Life Year (QALY) of under £10,000. This is well below the level usually considered to be affordable in the NHS (about £20,000 to £30,000 per QALY).[[5]](#footnote-5)
* Preventing in-hospital falls by adopting a targeted falls prevention intervention using physiotherapist clinical judgement is cost saving compared to no-intervention.[[6]](#footnote-6) The combined evidence is sufficiently robust to support the conclusion that clinically effective programmes, delivered to high risk patient groups, are likely to be cost saving for the NHS.

**Case Study**

The physiotherapist-led Glasgow Falls Prevention Programme sees nearly 175 patients a month in their homes to assess risk factors and intervene on modifiable risk factors. This compares to 20 patients a month in English falls services. Between 1998 and 2008 there was a reduction in admissions due to falls in the home of 32%, falls in residential institutions of 27% and falls in the street of nearly 40%. Over the same period, the number of admissions for hip fractures decreased by 3.6%. This positive trend compares with a growth of hip fracture admissions of nearly 2% in England.[[7]](#footnote-7)

**Comment on the Framework Document**

CSP Scotland fully welcomes the Framework for Action and the proposals for minimum standards for 2014/15. It is essential that evidence based models of care are promoted across the NHS in Scotland, and that standards are understood and articulated to prevent and mange falls admissions.

CSP Scotland would therefore commend the Scottish government for furthering the work of the National falls programme, and applaud the efforts to develop the minimum standards and care pathways framework.

The following are areas where CSP Scotland would make further suggestion or comment in relation to the published document.

**Stage One: Supporting health improvement and self management to reduce the risk of falls and fragility fractures (p4)**

**1. Action 1.1**

CSP Scotland believes that this essential preventative element could be developed.

Producing and providing up-to-date information on preventing falls is essential information that must be available to older people and *their carers and relatives*.

Health promotion around falls prevention should also not only be accessible but provided in a variety of formats, including online and the use of social media. These media are also mechanisms where collaboration amongst health boards would avoid duplication and maximise impact.

There may be considerable economies of scale, and the prevention of duplication of effort, by collaboration amongst health boards to devise and produce advice and keep information updated.

Supported self management is also a crucial part of health promotion and preventative care and requires greater emphasis to ensure that service users are confident that they can take action to prevent falls.

**2. Stage Two: identifying individuals at high risk of falls and/or fragility fractures**

**Description (p8)**

While it is crucial that appropriate interventions are triggered when a person reports or presents with a fall, CSP Scotland would add that it may be inadequate to refer to ‘opportunistic’ case identification by health and social c are professionals.

There is a strong case for *self referral* for a ***Level 1 assessment*** by older people themselves, or their relatives and carers, in circumstances where they have legitimate concerns about increasing frailty and the risk of falling.

This must also apply to **Action 4.1 Level 2 assessment** **(p14)** where the principle risk factors may well be identified by older people and carers, such as alcohol intake, fear of falling, anxiety and depression, gait balance and muscle strength, vision etc These factors may require early intervention and there should be a mechanism whereby self referral by older people and relatives and carers can access formal assessment and intervention.

There may also be a case for including hearing in the level 2 multi-factorial assessment given its association with falls.

**3. Stage 4 Coordinated management including specialist assessment (p5)**

The referral pathways clearly relate to immediate need and to a falls and fracture care action plan. However, reference would also be recommended across a multidisciplinary and cross sector environment, in which broader services may be of benefit. For example, by reducing alcohol consumption, attending exercise classes, or walking groups, etc. Again while these aspects may be essential in specialist assessment, there is sufficient evidence to ensure that these risk factors are addressed prior to presenting to health services having had a fall. To this end, falls prevention requires wider links to community assets that reduce the risk factors, specifically for older people.

In particular, CSP Scotland would point to increasing physical activity as having a decisive role in preventing falls. Access to community based facilities and assets, such as walking groups, exercise classes and community led activities can be the first step in reducing falls in older people. Combined with self referral mechanism and readily information and advice on health should form part of a wider strategy to reduce falls in the older population.

**4. Action 3.1 Responding services have a standard operating procedure (p10)**

There would be value inexpanding on the level 3 services with details on the nature of the assessment and intervention, and a description of the professions that should generaly be included in the multidisciplinary team. This would be valuable to service users, and from a physiotherapy perspective, given that physiotherapists are able to demonstrate cost effective intervention in falls management and prevention, CSP Scotland would also value an explicit reference to assist in promoting the adopted standard.

5. **Action 3.6 older people assisted by other health and social care services in the event of a fall and who are not conveyed to hospital, are offered Level 1 assessment.(p11)**

People may decline conveyance to hospital. The up to date information they people are given should include how to access information should they change their mind.

In addition, consideration may need to be given to circumstances in which the person is unable to provide consent or understand the reasons for the intervention, given the prevalence of dementia in people who fall and vice versa. Older people with dementia experience 8 times more incident falls than those without dementia.[[8]](#footnote-8) Risk of injury has also been found to be higher in people with dementia compared to those without. The annual incidence of falls in older people with dementia is 70-80%[[9]](#footnote-9).

**Conclusion**

**CSP Scotland applauds the current framework as a genuine sand welcome initiative to introduce minimum standards across the NHS in Scotland to manage and prevent falls in the community.**

The potential savings from fragility fracture prevention are significant for the UK health economy. Physiotherapists can lead and input into many aspects of fragility fracture and falls prevention programmes, and physiotherapy should be part of these commissioned services.

In addition, CSP Scotland would point to the potential for self referral for assessment and to the wider context of more integrated health and social care provision. Community assets must be part of the solution to address the risk factors associated with falls and fragility in older people. There remains a broader need to ensure that the health sector takes responsibility for integrating its services with provision in community settings to promote healthy ageing across Scotland.

**About the Chartered Society of Physiotherapy**

 *The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK’s 52,000 chartered physiotherapists, physiotherapy students and support workers. The CSP has around 4,000 members in Scotland. The majority are employed in the NHS but chartered physiotherapists are also found in education, independent practice, the voluntary sector and with other large employers, such as sports clubs and businesses. More than 95% of all physiotherapists are members of the CSP. Physiotherapy is the largest health care profession in the UK after nursing and medicine and is the largest of the allied health professions.*

1. National Institute for Clinical Excellence. Clinical practice guideline for the assessment and prevention of falls in older people. CG21. London: National Institute for Clinical Excellence; 2004. URL: [↑](#footnote-ref-1)
2. Department of Health. Fracture prevention services: an economic evaluation. London: Department of Health; 2009. URL: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.g...](http://webarchive.nationalarchives.gov.uk/20130107105354/http%3A/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110098) [↑](#footnote-ref-2)
3. Department of Health. Falls and fractures: exercise training to prevent falls. London: Department of Health; 2009. URL: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.g...](http://webarchive.nationalarchives.gov.uk/20130107105354/http%3A/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103146) National Institute for Clinical Excellence. Clinical practice guideline for the assessment and prevention of falls in older people. CG21. London: National Institute for Clinical Excellence; 2004. URL: [http://publications.nice.org.uk/falls-assessment-and-prevention-of-falls...](http://publications.nice.org.uk/falls-assessment-and-prevention-of-falls-in-older-people-cg161) National Institute for Clinical Excellence. Clinical practice guideline for the assessment and prevention of falls in older people. CG21. London: National Institute for Clinical Excellence; 2004. URL: [http://publications.nice.org.uk/falls-assessment-and-prevention-of-falls...](http://publications.nice.org.uk/falls-assessment-and-prevention-of-falls-in-older-people-cg161) [↑](#footnote-ref-3)
4. Beard J, Rowell D, Scott D, et al. Economic analysis of a community-based falls

prevention program. Public Health. 2006 Aug;120(8):742-51. Hektoen LF, Aas E, Luras H. Cost-effectiveness in fall prevention for older women.Scand J Public Health. 2009 Aug;37(6):584-9.

 [↑](#footnote-ref-4)
5. Haines T, Kuys SS, Morrison G, et al. Cost-effectiveness analysis of screening for risk of in-hospital falls using physiotherapist clinical judgement. Med Care. 2009 Apr;47(4):448-56. 7. Skelton DA, Neil F. NHS Greater 5. Glasgow and Clyde strategy for osteoporosis and falls prevention 2006-2010. An evaluation 2007-2009. Glasgow: Glasgow Caledonian University; 2009. URL:<http://library.nhsggc.org.uk/mediaAssets/OFPS/NHSGGC%20Strategy%20for%20Osteoporosis%20and%20Falls%20Prevention%202006-2010_An%20Evaluation_Skelton%20and%20Neil%202009.pdf> [↑](#footnote-ref-5)
6. Haines T, Kuys SS, Morrison G, et al. Cost-effectiveness analysis of screening for risk of in-hospital falls using physiotherapist clinical judgement. Med Care. 2009 Apr;47(4):448-56. [↑](#footnote-ref-6)
7. Skelton DA, Neil F. NHS Greater Glasgow and Clyde strategy for osteoporosis and falls prevention 2006-2010. An evaluation 2007-2009. Glasgow: Glasgow Caledonian University; 2009. [↑](#footnote-ref-7)
8. (Allan et al 2009). [↑](#footnote-ref-8)
9. (Shaw 2007) [↑](#footnote-ref-9)