Wiltshire Council
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NHS
Wiltshire

Wiltshire Falls and Bone Health Strategy

2012-2014

❖ Executive Summary

Falls are a common cause of injury and loss of independence in older people. Around 1 in 3 people aged over 65 have one or more falls every year, many of which may have been preventable. One of the most common serious injuries related to falls in older people is hip fracture.

The incidence of falls in England is currently increasing by 2% each year. There has been a 34% increase in falls admissions in the last 8 years. Every day in 2010/11 on average there were 7 non-elective admissions for falls in people aged over 65 living in Wiltshire. An estimated 20,000 women in Wiltshire have osteoporosis, with 25% of women 80 years or older having osteoporosis.

To reduce falls and fractures the National Institute for Health and Clinical Excellence (NICE) recommends; case/risk identification, multifactorial falls risk assessment, multifactorial interventions, encouraging participation in falls prevention programmes, professional education, and primary and secondary prevention of osteoporosis through nutrition, exercise and medication.

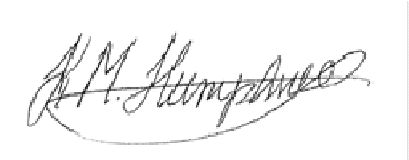
There are a wide range of services available in Wiltshire to prevent falls and fractures and to treat those who have fallen or fractured. In order to ensure effective provision for falls and bone health services across health and social care in Wiltshire the Kaiser Pyramid of Care model is used. This adopts a model of universal, targeted and specialist services for falls, fractures and osteoporosis.

The strategy action plan uses national and local information on falls, fractures and osteoporosis. This encompasses the results of the 2010 Royal College of Physicians falls and bone health audit in which Wiltshire participated.

There are five priority areas for local action:

1) Update and implement falls and osteoporosis care pathways for use across Wiltshire which set out clearly what is expected at each stage.
2) Ensure adequate provision of multi-disciplinary assessment, interventions and evidence-based therapeutic exercise programmes.
3) Ensure adequate assessment, primary prevention and secondary prevention of osteoporosis across health and community services.
4) Review and maintain improvement of provider performance against the National Hip Fracture Database standards.
5) Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.

Maggie Rae
Corporate Director of Public Health and Public Protection



Cllr Keith Humphries
Cabinet Member for Public Health and Protection Services

❖ Plain language summary

The aim of this strategy is to reduce the number of people who fall in Wiltshire, and improve outcomes for those who do.

As people get older they may fall more often for a variety of reasons, including problems with balance, poor vision, and dementia. Up to 1 in 3 people aged 65 or over fall per year. It may not be possible to prevent falls completely, but people who tend to fall frequently may be enabled to fall less often.

The number of people falling in England and in Wiltshire is increasing. In 2010/11 in Wiltshire on average every day there were seven emergency admissions for falls in people aged 65 or over.

Older people with osteoporosis are particularly at risk from falling, as osteoporosis is a condition where bones become fragile and break more easily. An estimated 20,000 women in Wiltshire have osteoporosis.

To reduce falls and fractures it is important that:

- Those who have fallen or may fall are identified.
- An individual person's risk of falling is assessed.
- The treatment plan takes into account all an individual person's falls risks. Those at risk of falling are encouraged to take part in falls prevention programmes.
- Those with osteoporosis should be treated appropriately.

There are a wide range of services available in Wiltshire to prevent falls and fractures and to treat those who have fallen or broken a bone.

The Wiltshire strategy action plan has been developed using national and local information on falls, fractures and osteoporosis. There are five priority areas for local action:

1) Update the falls and osteoporosis care pathways for use across Wiltshire.
2) Make sure an individual person's risk of falling is assessed and people have access to evidence-based treatments.
3) Make sure an individual person's risk of osteoporosis is assessment and suitable treatment started.
4) Maintain improvement of hospitals in the management of hip fractures.
5) Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.

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❖ Glossary

Anti-resorptive therapy: Specific treatment for osteoporosis, which includes a number of different medicines, for example alendronate.

Care bundle: A group of evidence-based practice points that, when combined, define best care and significantly improve patient outcome.

DXA or DEXA: Dual energy X-ray is a type of X-ray that measures the amount of calcium in bones. This measurement is often referred to as bone mineral density (BMD). DXA scans are most commonly used for diagnosing osteoporosis.

Fall: A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

Falls risk assessment: Assessment used to establish how likely it is that someone will fall.

Kaiser pyramid of care: This is a model for care used to identify groups and define the level of management appropriate for each group.

Multi-factorial: Service that covers many different aspects. For example with falls it would cover eye-sight, balance, medication, environment etc.

NICE: National Institute for Health and Clinical Excellence

Osteoporosis: Some of the materials that make up bone are lost as part of normal ageing. This can lead to osteoporosis, a condition in which bones become fragile and break easily. These fractures are most common in bones of the spine, wrists and hips. Women who have gone through the menopause are at increased risk of osteoporosis because their ovaries no longer produce oestrogen, which protects against bone loss.

Postural stability exercise: Exercise to improve balance and strength, and reduce the risk of falling.

QOF: Quality outcome framework. This is an annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.

POPPI: Projecting Older People Population Information System

Trip or slip: These are not defined separately within the strategy. If someone has fallen, tripped or slipped a careful history is needed to know whether further assessment or interventions are required.

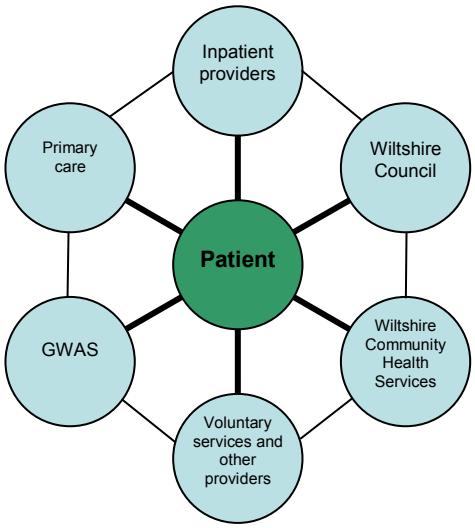
❖ Introduction

"Falls lead to physical injury, loss of function, loss of independence and increased mortality. They are the leading cause of mortality due to injury in older people aged over 75 in the UK. Over 400,000 older people in England attend accident and emergency departments following an accident and up to 14,000 people a year dies in the UK as a result of an osteoporotic hip fracture."[1]

This strategy is an update of the Wiltshire Falls and Bone Health Strategy which was published in 2009. It is expected that the 2012 strategy will remain valid for two years.

The strategy primarily focuses on older people as research provides evidence that this group are more at risk of falls than any other group.

Strategy Development Process
The Public Health team within Wiltshire Council has the strategic lead for Falls and Bone Health and has led on the update of the Wiltshire Strategy in consultation with a wide range of stakeholders.
Service users were consulted during the development of the first strategy and their views along with those heard at a series of workshops with older people run during 2010 by Wiltshire Council have been incorporated into this strategy.



[1] Department of Health. *National service framework for older people, standard 6, Falls,* London: DH, 2001.

Values and principles underlying the strategy

- To provide accessible information and support to enable people to make informed choices about their health and wellbeing.
- To provide services that are sensitive to protected characteristics as set out within the Equality Act 2010.
- To ensure that services are of a high standard and are based on the best available evidence.

NHS Wiltshire and Wiltshire County Council have agreed the following shared outcomes

- To reduce the total number of people entering care homes (this to include people who are self-funding).
- To reduce the numbers of people who are in residential care who then require transfer to care homes with nursing (the escalation rate).
- To, wherever possible and appropriate, avoid emergency admissions through the development and use of alternative care pathways.
- To reduce the average delayed transfers of care over 52 weeks per 100,000 population.
- To reduce length of stay for emergency admissions to acute hospitals and all admissions to community hospitals.

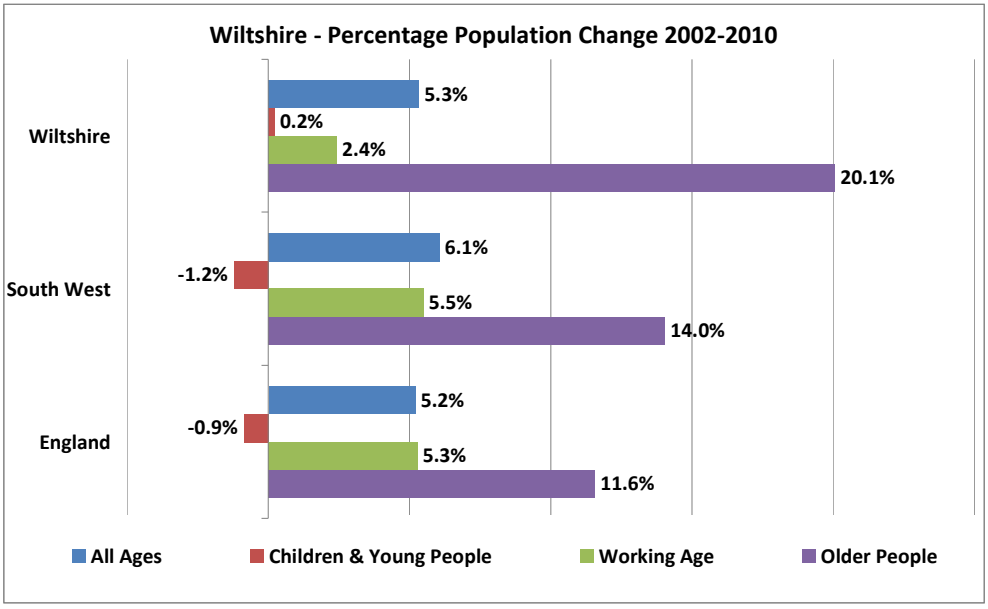
Falls and bone health has the potential to impact on all of these shared outcomes.

❖ Background

Falls are a common cause of injury and loss of independence in older people. Bone health (osteoporosis) is addressed in this strategy as fractures are often the result of a fall.
"The consequences of a fall and associated injuries have an impact on all agencies who work with older people. All local organisations working with older people are part of the solution." [2]

The incidence of falls is currently increasing by 2% each year. As England has an ageing population and unless action is taken it is likely that this rate will continue to rise. By 2025, the number of people aged over 65 in England is due to rise by a third, the number of people over 80 is expected to double and there will be four times as many people aged over 100. (Department of Health, 2009a) The South West region faces a particular challenge as many people choose to retire here. Graph 1 shows a 20.1% increase in older people in Wiltshire's population between 2002 and 2010. Not only does this mean there will be an increasing numbers of falls and fractures, but also more people with dementia and long-term conditions.

Graph 1: Percentage population change 2002-2010.



Older people are defined as males 65 or over and females 60 or over.
Source: JSNA 2011 (ONS Mid-Year Estimates 2002 and 2010)

A national analysis of Hospital Episodes Statistics data showed that "*bed-days following unscheduled admissions for fractures in over 60 year olds account for more than 2 million bed days in England alone. This is substantially more than is associated with stroke.*" [3]

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[2] Department of Health, 2009. Falls and fractures: effective interventions in health and social care.
[3] Royal College of Physicians (2011) Falling standards, broken promises. Report of the national audit of falls and bone health in older people 2010.

Strategic Vision

- Improve patient outcomes and improve efficiency of care after hip fractures.
- Respond to a first fracture and prevent the second.
- Provide early intervention to restore independence.
- Prevent frailty, promote bone health and reduce accidents

Strategic Aims

Within the next two years we are aiming to:

- Improve falls and fracture services used by Wiltshire residents and ensure that services respond to the needs of older people.
- Halt the rising number of falls and related injuries experienced by older people each year.
- Meet local and national targets on falls and fracture prevention.
- Support older people to access a wide range of community resources.

Policy Context

This strategy is based on the following policy and guidance documents:

- NICE Clinical Guidance 21 Clinical practice guideline for the assessment and prevention of falls in older people (2004).
- The Care of Patients with Fragility Fracture (British Orthopaedic Association and British Geriatrics Society, 2007).
- NICE Technology Appraisal Guidance 160: Primary prevention of osteoporotic fragility fractures in postmenopausal women (2008).
- NICE Technology Appraisal Guidance 161 Review of treatments for the on secondary prevention of osteoporotic fragility fractures in post-menopausal women (2008).
- Falls and fractures: effective interventions in health and social care (Department of Health, 2009).
- NHS Operating Framework, 2011-2012.
- Royal College of Physicians' Falls and Bone Health Audit 2010.
- Public Health Outcomes Framework (Department of Health, 2011).
- NICE Clinical Guidance 124: Hip fracture (2011).

❖ Epidemiology of falls

Over 400 potential risk factors have been identified for falling. One way to group these is into five categories; environmental, medication, medical conditions and changes associated with ageing, nutritional, and lack of exercise. [4] It is often a combination of factors that lead to falls and all of these need to be addressed to reduce someone's risk of falling or suffering from a fracture.

Nationally each year 1 in 3 people aged over 65 and almost 50% of people aged over 85 have one or more falls every year. Over half of residents in institutional care have had at least one fall over a one-year period. Two out of three previous fallers will fall in the subsequent year, and approximately 65% of women and 44% of men, who fall, fall inside their usual residence. A further 11% of women and 25% of men fall in their garden. In the community most falls occur during the day. [4] [5]

Around 40-60% of falls lead to injuries, with the majority being minor injuries. However 5% of falls cause major injuries and a further 5% cause fractures. Falls are the commonest cause of injury-related death in people over 75 years.
There are other serious consequences of falling:

- Fear of falling.
- Loss of confidence.
- Loss of mobility which can lead to social isolation and depression.
- Loss of independence.
- Disability.

These can lead to increased dependency on carers and services.

[4] Masud, T. and Morris R. Epidemiology of falls. *Age and Ageing* 2001; 30-S4:3-7.
[5] Department of Health (2011) Healthy Lives, Healthy People.

❖ Falls and fracture in Wiltshire

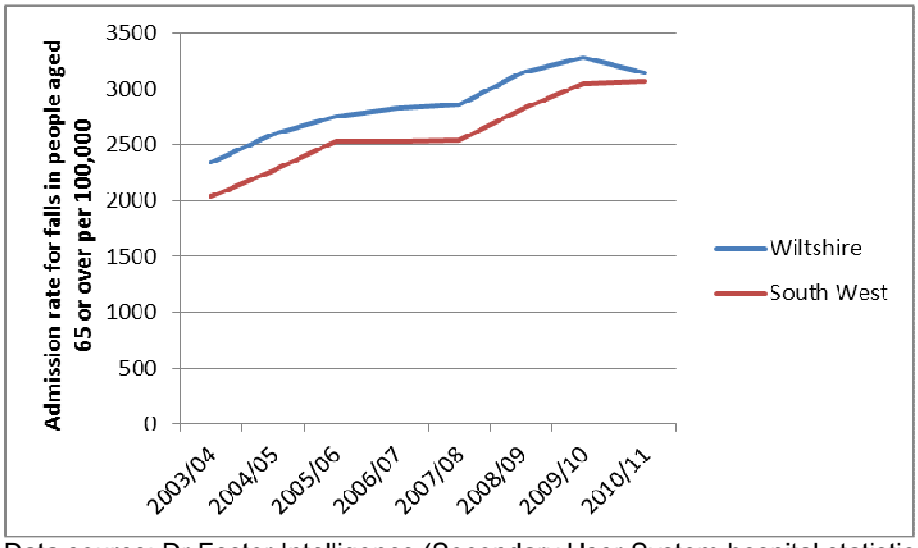
Falls

In 2010/11 there were 3,054 admissions as a result of a fall per 100,000 people aged over 65. That means that on average for every day in 2010/11 there were around 7 non-elective admissions for falls in people aged over 65 living in Wiltshire. With one in 33 people aged 65 or over being admitted to hospital as a result of a fall. 20% of Great Western Ambulance Service callouts in quarter one of 2011/12 were for falls.

As a large number of falls are not admitted to secondary care these numbers are an under-estimate of the true burden of falls in the community. Estimates from Projecting Older People Population Information System (POPPI) show that for every hospital admission for a fall there are two ED attendances for a fall.

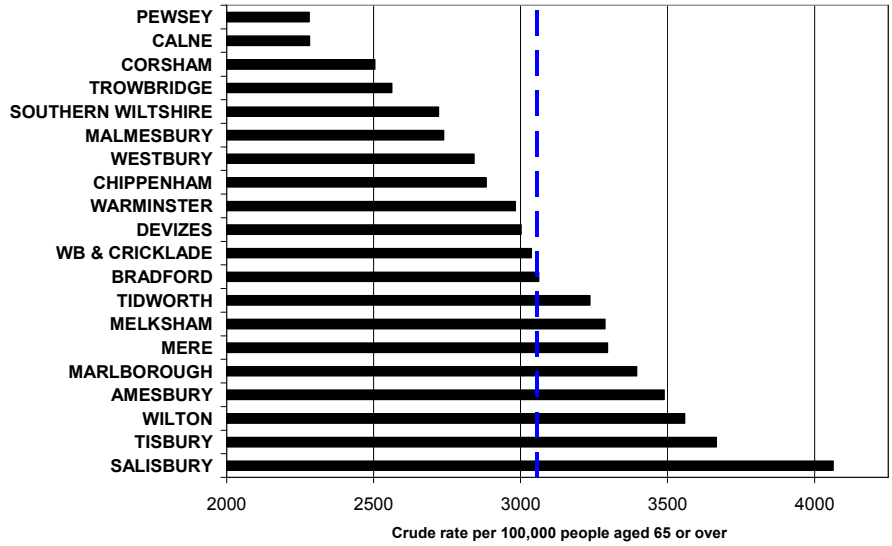
There has been a 34% increase in admissions to hospital as a result of a fall in people aged over 65 between 2003/04 and 2010/11 (graph 2). There is variation in falls admission between community areas (graph 3). The admissions to hospital due to falls per 100,000 people aged 65 or over are statistically significantly higher in Salisbury compared to the Wiltshire average and statistically significantly lower in Pewsey and Calne.

Graph 2: Emergency admission rate to hospital as a result of a fall for people 65 or over.



Data source: Dr Foster Intelligence (Secondary User System hospital statistics).

Graph 3: Falls admission rate per 100,000 people 65 or over by Community Area.



Data source: Community Area JSAs 2011 from Dr Foster Intelligence (Secondary User System hospital statistics).

There are approximately 85,000 people aged 65 or over in Wiltshire. In 2010/11 there were 1,274 people aged 65 or over in Wiltshire living in residential care and 796 in nursing care. This means there are around 2,000 people living in residential or nursing care who are at high risk of falls This is only those people in receipt of services from the Department of Community Services and Wiltshire Mental Health partnership NHS Trust.

There has been a 19.3% increase in alcohol related falls leading to hospital admissions in people aged over 65 in Wiltshire between 2002 and 2007.

Fractures

541 people aged 65 or over who lived in Wiltshire had a hip fracture in 2010/11. Hip fractures in this age group cost around £3.2 million in hospital costs. This does not include costs to the patient or social care. There will also be a large number of other osteoporotic fractures, such as wrist and vertebral fractures

❖ Epidemiology of osteoporosis in Wiltshire

An estimated 2 million women in England and Wales have osteoporosis. 25% of women 80 years or older have osteoporosis. For a woman over 50 her lifetime risk of a vertebral fracture is 1in 3 and for a hip fracture 1 in 5.

Estimates suggest that there are 180,000 osteoporosis related fractures in England and Wales each year. 70,000 of these are hip fractures, 25,000 vertebral fractures and 41,000 wrist fractures. 50-70% of vertebral fractures do not come to clinical attention.[6]

A broken hip can lead to serious disability such as reduced mobility, admission to a nursing home, restricted driving and other difficulty with daily living. Vertebral compression fractures due to osteoporosis can lead to back pain, height loss, spinal curvature and make activities of daily living much more difficult.

The NICE costing template uses national data for osteoporosis to give local estimates for osteoporosis and fragility fractures. This template estimates that there are 86,460 post menopausal women in Wiltshire of whom 10,372 women have osteoporosis without a prior fracture and 9,754 women with osteoporosis with clinically apparent osteoporotic fragility fractures.[7]

[6] NICE TA160: Osteoporosis: Primary prevention guidance. 2011. Available at: http://www.nice.org.uk/nicemedia/live/11746/47176/47176.pdf.

[7] NICE Osteoporosis– secondary prevention including strontium ranelate: costing template. 2008. Osteoporosis – primary prevention: costing template. 2008. Available at: http://www.nice.org.uk/nicemedia/live/11748/42723/42723.xls

❖ What works in falls and fracture prevention and management?

NICE identifies five key priorities for falls and fracture prevention[8]:

- ***Case/risk identification***
  - Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.
  - Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance.

- ***Multifactorial falls risk assessment***
  - Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by healthcare professionals with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multifactorial intervention.
  - Multifactorial assessment may include the following:
    - Identification of falls history.
    - Assessment of gait, balance and mobility, and muscle weakness.
    - Assessment of osteoporosis risk.
    - Assessment of the older person's perceived functional ability and fear relating to falling.
    - Assessment of visual impairment.
    - Assessment of cognitive impairment and neurological examination.
    - Assessment of urinary incontinence.
    - Assessment of home hazards.
  - Cardiovascular examination and medication review

Multifactorial interventions

- All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multifactorial intervention.
- In successful multifactorial intervention programmes the following specific components are common (against a background of the general diagnosis and management of causes and recognised risk factors):
  - Strength and balance training.
  - Home hazard assessment and intervention.
  - Vision assessment and referral.
  - Medication review with modification/withdrawal.
- Following treatment for an injurious fall, older people should be offered a multidisciplinary assessment to identify and address future risk, and individualised intervention aimed at promoting independence and improving physical and psychological function.

[8] NICE CG 21 - The assessment and prevention of falls in older people. 2004. Available at: http://guidance.nice.org.uk/CG21/Guidance/pdf/English.

- ***Encouraging the participation of older people in falls prevention programmes including education and information***
    - Individuals at risk of falling, and their carers, should be offered information orally and in writing about what measures they can take to prevent further falls.

- ***Professional education***
    - All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.

Osteoporosis assessment and treatment need to be integrated within primary care and falls services.

Primary and secondary prevention of osteoporosis through nutrition, exercise and medication is crucial. A Cochrane review (2011) shows that for postmenopausal women exercise will improve bone mineral density slightly and exercise will reduce the chances of having a fracture slightly. NICE has published technology appraisals for medications for primary and secondary prevention of osteoporosis (box 1). Another Cochrane review (2008) shows that the best estimate of what happens to women that have already been diagnosed with low bone density or have already had a fracture in the bones of their spine is:
- 12 out of 100 women had a spinal fracture when taking a placebo.
- 6 out of 100 women had a spinal fracture when taking alendronate.

"There is strong evidence about the impact and cost benefit arguments for fracture prevention interventions …" [9]

"Over a 5 year period £290,708 is saved in NHS acute and community services and local authority social case costs, against an additional £234,181 revenue costs. This is for an annual patient cohort of 797 hip, humerus, spine and forearm fractures anticipated from a 320,000 population." [9]

[9] Department of Health (2009b) Fracture prevention services: an economic evaluation.

Box 1: NICE primary and secondary prevention Technology Appraisal Guidelines.[10 11]

For primary prevention of osteoporotic fractures alendronate is recommended in:

- Women aged 70 years or older who have an independent clinical risk factor for fracture (see section 1.5)
  OR an indicator of low BMD (see section 1.6)
  AND who are confirmed to have osteoporosis (that is, a T-score of −2.5 SD or below).
  In women aged 75 years or older who have two or more independent clinical risk factors for fracture or indicators of low BMD, a DXA scan may not be required if the responsible clinician considers it to be clinically inappropriate or unfeasible.
- Women aged 65–69 years who have an independent clinical risk factor for fracture (see section 1.5)
  AND who are confirmed to have osteoporosis (that is, a T-score of −2.5 SD or below).
- Postmenopausal women younger than 65 years who have an independent clinical risk factor for fracture (see section 1.5)
  AND at least one additional indicator of low BMD (see section 1.6)
  AND who are confirmed to have osteoporosis (that is, a T-score of −2.5 SD or below).

Alternative treatment options are recommended in women who cannot have alendronate and specific risk factors.

For secondary prevention of fragility fractures alendronate is recommended in:

- Osteoporotic fragility fractures in postmenopausal women who are confirmed to have osteoporosis (that is, a T-score of −2.5 SD or below).
- In women aged 75 years or older, a DXA scan may not be required if the responsible clinician considers it to be clinically inappropriate or unfeasible.

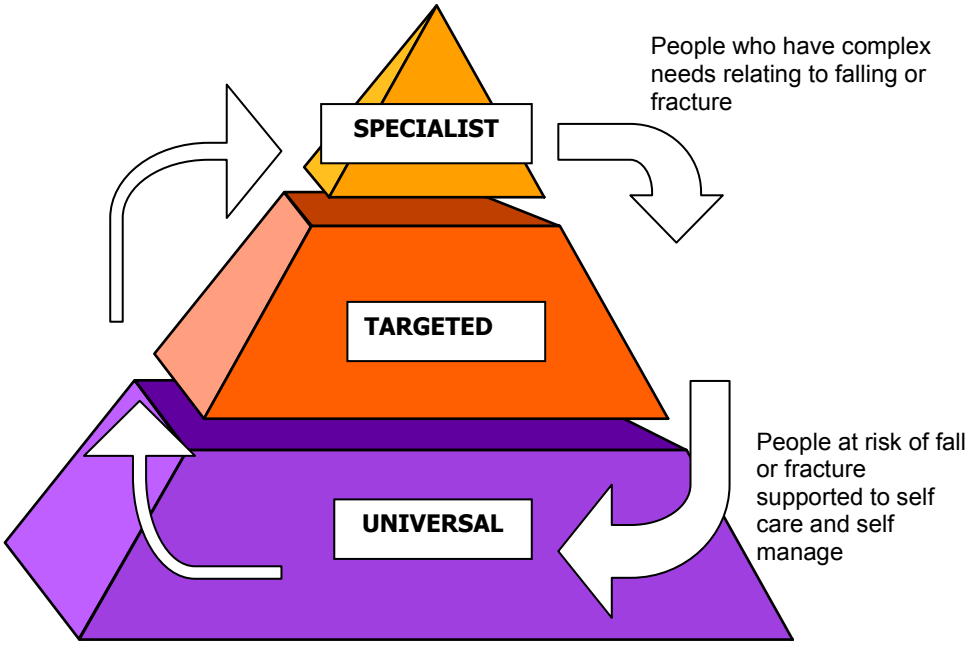
Alternative treatment options are recommended in women who cannot have alendronate and have specific risk factors.

[10]NICE. TA 160 – Osteoporosis primary prevention. 2011. Available at: http://guidance.nice.org.uk/TA160/Guidance/pdf/English.
[11]NICE. TA 161 – Osteoporosis secondary prevention. 2008. Available at: http://guidance.nice.org.uk/TA161/Guidance/pdf/English

❖ Current service provision

There are a wide range of services available in Wiltshire to prevent falls and fractures and to treat those who have fallen or fractured.

The model of care for falls and fracture services is based on the Kaiser Pyramid of Care. In order to ensure effective provision across health and social care (including primary and secondary (specialist) care), Wiltshire has adopted a model of universal, targeted and specialist services for both falls and osteoporosis as per the illustration below. Within the model falls and fracture risk management are seen as the business of all health and social care providers in Wiltshire.



The model serves various purposes:

- Overall it provides a population based model of care.
- The pyramid shape of the model reflects the numbers of the population who would benefit from assessment and /or intervention at the three levels of care.
- It acts as a guide for service providers as to what level of assessment and intervention an individual requires.
- The 3 levels and the arrows indicate the need for service providers to assist people to move between the levels based on need.
- The stronger downward arrows indicate that the aim of assessment and intervention at levels 2 or 3 is to support people to move to the 'universal' level.

Summary of services available in Wiltshire for fallers, people at risk of falling or having a fragility fracture

Organisation	Service provided
Great Western Hospital Community Adult and Children's Service (previously WCHS)	• Identification of potential fallers and osteoporosis and fracture in vulnerable patients. • Multifactorial falls assessment, • Delivery or referral to appropriate multifactorial interventions, including postural stability classes. • Health promotion advice, including encouraging exercise. • MIUs.
Inpatient providers	• Identification of potential fallers and osteoporosis and fracture in vulnerable patients. • Assessment and management of non-elective admission. • Maintaining National Hip Fracture Database standards. • Maintaining National Patient Safety Agency standards. • Discharge planning including appropriate referral to community care.
Primary Care	• Identification of potential fallers and osteoporosis and fracture in vulnerable patients. • Medication monitoring and adjustment. • Osteoporosis treatment. • Health promotion advice, including encouraging exercise. • Referral to appropriate agencies.
Wiltshire Council	• Health promotion advice, including encouraging exercise. • Identification of potential fallers and osteoporosis and fracture in vulnerable patients. • Motivate and promote independence. • Postural Stability Classes. • General exercise class provision for older people. • Wiltshire Warm and Well Scheme. • Equipments and adaptations. • Help to Live at Home. • Nutrition. • Emergency alarms which includes a response service for those without family/friends. • Social care including nursing and residential care. • Transport. • Local environment; parks, pavements, lighting. • Good Neighbour service.

Great Western Ambulance Service (GWAS)	• Assessment and management of falls in the community. • Referral to community care where appropriate as per GWAS falls pathway.

Avon and Wiltshire Mental Health Partnership Trust	• Identification of:
	  ○ Potential fallers,
	  ○ Osteoporosis and fracture in vulnerable patients.
	• Health promotion advice, including encouraging exercise.
	• Monitoring medication.

Care homes	• Falls pathway for care home.
	• Identification of:
	  ○ Potential fallers,
	  ○ Osteoporosis and fracture in vulnerable patients.
	• Health promotion advice, including encouraging exercise.
	• Monitoring medication.

Voluntary services including Age UK Wiltshire	• Good Neighbour service. • Exercise classes. • Toenail cutting service. • Befriending. • Osteoporosis support groups.
Opticians, pharmacists, dentists.	• Vision assessment. • Medicine reviews.

❖ Royal College of Physicians audit of falls and bone health in older people 2010: Results

Wiltshire participated in the 2010 Royal College of Physicians falls and bone health audit. The 2010 national audit aimed to:

- Assess the national progress in the implementation of integrated falls services as described in Chapter 6 of the NSF for Older People
- Assess the national progress in the implementation of the NICE Guideline and Health Technology Appraisal relating to falls and osteoporosis.

The Royal College of Physicians published the national audit report in May 2011 and the recommendations have been incorporated into the action plan for this strategy.[12]

Wiltshire performed well in the following areas:

- Multi-factorial falls risk assessment especially the following aspects:
  - Cardiovascular (heart) assessment.
  - Medication review within 12 weeks of a fracture.
  - Home hazard and cognitive assessment.
  - Continence assessments for non-hip fracture patients.
- Exercise interventions for non-hip fracture patients.
- Local multi-professional falls service.
- Falls co-ordinator.
- Consultant geriatrician input and commitment to falls service.
- Inpatient falls prevention.

Some areas need strengthening:

- Osteoporosis assessments and treatment for patients in primary care.
- Falls risk and bone health assessment for older people who have had a fall or fragility fracture.
- Care pathway development.
- Staff training and awareness of falls, fractures and osteoporosis.
- Promotion of a healthy lifestyle including physical activity and nutrition.
- Some aspects of multi-factorial falls risk assessment:
  - Vision, mobility & function assessments.
  - Continence assessments for hip fracture patients.
- Access to falls clinic or similar service.

[12] Royal College of Physicians (2011) Falling standards, broken promises. Report of the national audit of falls and bone health in older people 2010.

❖ National Hip Fracture Database (NHFD) standards

The NHFD audits care against six blue book standards (evidence-based best practice):

- Prompt admission to orthopaedic care,
- Surgery within 48 hours of admission and within normal working hours,
- Nursing care aimed at minimising pressure ulcer incidence,
- Routine access to orthogeriatric medical care,
- Assessment and appropriate treatment to promote bone health,
- Specialist falls assessment.

The 2011 NHFD report, which audited from April 2010 to March 2011, shows that local acute providers (Salisbury Foundation Trust, Royal United Hospital Bath, and Great Western Hospital Swindon) are performing well in the majority of these six main standards (table 1).[13]

Table 1: Percentage of patients who were admitted for a hip fracture in 2010/11meeting certain aspects of the six NHFD blue book standards.

	Royal United Hospital Bath	**Salisbury Foundation Trust**	**Great Western Hospital**	South West	National
Number of hip fractures	469	226	363	6539	61202
Admitted to orthopaedic ward in 4 hours (%)	41	36	79	50	48
Surgery within 48 hours (%)	88	88	94.	89	86
Pressure ulcers (%)	4	4	5	3	3
Assessed by geriatrician (%)*	31	49	74	47	43
Bone protection medication started on this admission (%)#	60	70	75	-	52
Specialist falls assessment or awaiting clinic review (%)#	84	92	98	-	81

*does not include if assessed by physician
#approximate values
Data source: National Hip Fracture Database national report 2011.

[13] NHS information centre. The National Hip Fracture Database national Report 2011. Available at: http://www.nhfd.co.uk/003/hipfractureR.nsf/NHFDNationalReport2011_Final.pdf.

❖ Action plan

Using the national and local information of falls, fractures and osteoporosis the following action plan has been developed. This encompasses the results of the 2010 Royal College of Physicians falls and bone health audit.

There are five priority areas for local action:

1) Update and implement falls and osteoporosis care pathways for use across Wiltshire which set out clearly what is expected at each stage.

2) Ensure adequate provision of multi-disciplinary assessment, interventions and evidence-based therapeutic exercise programmes.

3) Ensure adequate assessment, primary prevention and secondary prevention of osteoporosis across health and community services.

4) Review and maintain improvement of provider performance against the National Hip Fracture Database standards.

5) Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.

Each action area has several aspects related to it and these are detailed in the implementation plan. Reports of progress against the action plan will be to the Health Improvement Partnership (HIP) and the action plan will be updated as required for 2013/14.

❖ Implementation plan

1. Update and implement falls and osteoporosis care pathways for use across Wiltshire which sets out clearly what is expected at each stage. The aim is to increase the number of patients screened for falls or increased falls risk. And increase the proportion of people who have had a fracture, fall or are at increased risk of falls having multifactorial falls risk assessment. And to increase the proportion of patients who have had a fracture or fall being assessed for their need for anti-resorptive therapy to prevent osteoporotic fractures.

Actions	**Target date for completion**	**Lead**	**Measurable Outcome**
Update and implement a falls care pathway for use across Wiltshire which sets out clearly what is expected at each stage and is accompanied by referral forms.	July 2012	Public Health	Updated pathway, with plan for dissemination and implementation. Audit of compliance with falls care pathway 6 months after implementation.
Develop and implement an osteoporosis care pathway for use across Wiltshire which sets out clearly what treatment/response is required at each stage and is accompanied by referral forms.	July 2012	Public Health	Updated pathway, with plan for dissemination and implementation. Audit of compliance with falls care pathway 6 months after implementation.
Monitor GWAS falls pathway and support further development if required.	December 2012	GWAS Public Health	Conveyance rates for falls. Referrals from GWAS to WCHS.
Engage with primary care to assist closer working with care homes. Introduce a proforma of best practice for care homes pathways, policies and training. Ensure that patient annual review includes questions about falls & bone health, and there is a clear referral route	April 2013	Primary care Public Health	Review of use of proforma and patient annual review.

2. Ensure adequate provision of multi-disciplinary assessment, interventions and evidence-based therapeutic exercise programmes.

Actions	**Target date for completion**	**Lead**	**Measurable Outcome**
Undertake review of falls clinics and falls services available in one area of Wiltshire to identify best practice, and develop recommendations for improvement. Disseminate findings to other areas of Wiltshire.	October 2012	Public Health Primary Care Commissioning	Recommendations for falls clinics and falls services. Annual review of service provision. Community services 6 monthly audit of falls service (scorecard outcomes)
Undertake a review of exercise and postural stability classes provided across Wiltshire and develop recommendations for improvement. Ensure that fallers/fracture patients can access evidence-based therapeutic exercise programmes (Otago and/or FaME) to be used for falls prevention within 12 weeks of the fall.	October 2012	Public Health Wiltshire Council	Recommendations for exercise and postural stability classes. 6 monthly report on the location, type and number of classes, number of people attending and length of time attending for.
Transient loss of consciousness pathway.		Public Health RUH	Prospective study of patients against the pathway and retrospective review of patient notes against the pathway.
Monitor referrals to Help to Live at Home.	April 2013	Wiltshire Council	Annual referrals to HTLAH.

3. Ensure adequate assessment, primary prevention and secondary prevention of osteoporosis across health and community services.

Actions	**Target date for completion**	**Lead**	**Measurable Outcome**
Engage with GPs to develop a plan for the introduction of the osteoporosis QOF in April 2012. This will include reviewing the DXA referral process and ensuring awareness of osteoporosis prescribing guidelines produced by Bath Clinical Area Partnership Prescribing and Therapeutics Committee in conjunction with NHS Wiltshire (BCAP).	April 2013	Public Health Primary Care Medicines Management	Annual osteoporosis QOF achievement. Annual report on number of DXA scans. Annual report on osteoporosis prescribing costs.

4. Review and maintain improvement of provider performance against the National Hip Fracture Database standards.

Actions	**Target date for completion**	**Lead**	**Measurable Outcome**
Monitor performance against National Hip Fracture Database standards and ensure improvement where required.	April 2013	NHS Wiltshire Commissioning Acute providers	Monthly performance meetings (already in place). Data to form part of annual update to HIP.
Ensure recommendations within RCP audit are usual practice for inpatient providers. This includes the use of a care bundle approach to the initial management of hip fracture patients and recording pre-admission functional ability, mobility and social support as routine for all hip fracture patients on admission using standardised documentation.	April 2013	Acute providers	To be developed.

5. Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers, including the promotion of healthy lifestyles.

Actions	**Target date for completion**	**Lead**	**Measurable Outcome**
Staff training and public awareness campaigns to raise awareness of the risk and protective factors for falls and osteoporosis with older people, their carers and staff who work with them. This will include working with local voluntary agencies.	November 2012	Public Health	Training plan for health and social care, and care home staff. Campaign for falls awareness week (June 2012). Communication plan
All older people in contact with primary or social care professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s. This should trigger further assessment according to the falls pathway.	July 2012	Primary care Wiltshire council	Referrals to WCHS.
Promote physical activity and a healthy diet amongst older people, including working with local voluntary organisations. Introduce short educational talks into community exercise groups.	April 2013	Wiltshire Council Public Health Primary Care	To be developed.
Record patients' views of the falls and bone health service using questionnaires and/or interviews.	April 2013	GWH community service	To be developed.
Ensure that data relating to action plan are regularly collected, monitored at timely intervals and reported appropriately to enable change to occur where required.	April 2013	Public Health	Annual report to Health and Wellbeing Board on hip and fragility fracture rate, monitoring number of bed days relating to falls admissions amongst people aged over 75 and calculating serious injurious falls rate against activity.