

Falls and Fractures Programme



Falls and Fractures

Improving bone health and preventing falls are strategic priorities in each health economy. Improving patient outcomes contribute to the Commissioning Outcome Framework and the Public Health Outcome Framework. The AHSN programme works with the North East & North Cumbria Regional Falls Group to support quality improvement initiatives and sharing of best practice across the region.

The annual cost of fragility fractures in the UK is £2.3 Billion. Each 1% reduction in fragility fractures could deliver savings of £20 million. Falls and fractures in people aged 65 and over accounted for over 4 million bed days per year in England alone during 2008-2009; it is estimated that the over 80s population will grow by around 27% by 2022 (ONS figures).

Programme background

The programme focuses on initiatives across all health and care setting, supporting initiatives and technologies that can transform care pathways, reduce risk of falls and improve patient outcomes.

After hip fracture, 10-20% of former community dwelling patients require long-term nursing care. Around 20% of patients die within 1 year of hip fracture. Less than 50% of survivors regain their previous levels of function. History of previous fracture is associated with an 86% risk of future fracture.

Fragility fractures occur as a result of a complex interplay of factors leading to impaired bone quality (age, gender, co-morbidities, medication, lifestyle factors). Identification is a silent process and first presentation is often with a fracture. **1 in 3 women** aged over 50 and **1 in 5 men** will experience an osteoporotic fracture. Prevention of fracture is possible with effective treatments (30-70% risk reduction).



Priority areas

- **Primary prevention and risk assessment** – GPs hold registered population lists. They have the opportunity to audit registered lists to identify cohorts of patients who may be at risk of falling. Systematic clinical audit can ensure that care and treatment is delivered in line with national guidelines, contributing to a reduction in non-elective admissions relating to falls and fractures.
- **Falls prevention in secondary care** – the incidence of falls whilst a patient is within a hospital environment can be reduced through the introduction of Fall Safe initiatives. These initiatives raise awareness of the risk of falling and also introduce standard practices such as 'Safety Huddles'.
- **Community exercise standards & provision** – it is recognised that the support available within local communities promotes health and wellbeing. Maintaining independence and wellness can be improved through access to local exercise programmes and local community initiatives.
- **Telehealth** - initiatives such as falls diaries and medication compliance has been tested in other areas of the country. Telehealth provides the opportunity for remote monitoring, enhancing the level of support provided to patients.
- **Technology and devices** – new technologies and devices can redesign and maximise care pathways, contributing to the falls prevention agenda.

Project overview

- **Osteoporosis and bone health project** – an audit programme, to identify patients at risk of falling and to maximise treatment options, is being developed and led by primary care. We are seeking GP practices to work with the AHSN during 2016/17 to extend the roll-out of the project.
- **Community exercise standards & provision** – a regional conference is planned for late 2016 to support the promotion of community exercise as part of a comprehensive care pathway.
- **Falls prevention in hospital environments** – implementation of the Fall Safe initiative in several acute sites across the region to raise awareness and minimise the risk of falls in a hospital environment.
- **Telehealth to support measurement of patient outcomes** – a two-year project to measure patient outcomes after access to a Falls Services is being developed and tested by The Newcastle upon Tyne Hospitals NHS FT using telehealth solutions (falls diaries, medication prompts/compliance, etc.).
- **Technology and devices** – a pilot of the QTUG mobility and falls risk assessment device will be tested within an assisted living environment. The technology supports falls prevention by early identification of falls risk through gait and mobility assessment.



The Academic Health Science Network for the North East and North Cumbria (AHSN NENC)

The AHSN NENC is committed to improving both the health and economic prosperity of the region through innovation and dissemination of best practice. Key aims for the Network are to improve patient care and population health outcomes and to create wealth and stimulate engagement with industry to promote economic growth. The AHSN NENC health improvement programmes have already delivered the following:

- Investment of over £3m into projects designed to disseminate best practice and make a demonstrable impact on health outcomes.
- Established strategic partnerships with organisations including the North East Quality Observatory Service, the Northern England Strategic Clinical Network and Health Education North East for the successful delivery of the Health Improvement Programmes.
- Successful delivery of the Patient Safety Collaborative with close to £500k invested in projects focused on improving patient safety and leading towards transformational change.
- Secured over £800k matched funding for investments from partner organisations.

Why this work is important for the region

- The economic impact of falls and fractures across the region is significant. The impact on patients can be debilitating and life changing. Health and social care commissioners, striving to improve patient outcomes and support AHSN initiatives, directly contribute to this agenda.
- The Regional Falls Group is a multi-disciplinary forum where providers come together to share best practice, service developments and promote the falls agenda.

Contact us

To find out further details on any of the programme initiatives or to participate in the GP audit programme contact Jill Mitchell, Programme Lead (Jill.Mitchell@ahsn-nenc.org.uk).