



Falls and Fractures Programme

The Academic Health Science Network for the North East and North Cumbria

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).

Falls and Fractures Programme 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.

Projects 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.



To find out more about the Falls and Fractures Programme, please contact Jill Mitchell: jill.mitchell@ahsn-nenc.org.uk