



Falls

1. Introduction

Falls are a major cause of disability and the leading cause of mortality due to injury in people aged over 75 in the UK¹. Falls can cause severe injuries, such as hip fractures and head traumas. It is estimated that the combined cost of social and hospital care for patients with fragility fractures is more than £2 billion per year in the UK.

A fall can cause serious damage to a person's confidence, preventing outings, which in turn increases isolation, reduces independence and affects their physical condition in such a way that increases the likelihood of falling again.

Falls are a largely preventable public health issue. Prevention includes the avoidance and treatment of osteoporosis, care and treatment of those who have fallen, rehabilitation and long-term support.

2. The Local Picture

In Hounslow, the number of admissions to hospital as a result of a fall appears to be on an increasing trend: there were 1,798 admissions in 2010/11, compared with 1,713 in 2009/10 and 1,677 in 2008/09. In 2010/11, 65% of these admissions were for people aged 65 and over. Nearly all admissions were emergencies (96%), and presented to West Middlesex University Hospital (WMUH) (69%). The mean length of hospital stay in 2010/11 was 7.7 days, lower than previous years (10.2 days in both 2008/09 and 2009/10). Length of stay varies with age: patients aged 65 and over stayed on average 10.3 days in 2010/11, compared to 3.1 days for patients aged under the age of 65. ([Table 1](#))

Some patients are readmitted to hospital following a fall. The 1,798 admissions for falls in 2010/11 were accounted for by 1,464 individual patients. The majority of falls admissions were for females (56%) in 2010/11. The mean age for falls patients was 64 years, while for patients aged 65 and over, the mean age was 82 years. ([Table 1](#))

In 2010/11, there were 1,320 patients admitted to hospital with a main secondary diagnosis of a fall, a year-on-year increase since 2007/08. Reflecting those people admitted where a fall was mentioned in any diagnosis field, the majority (63%) were aged over 64 years, and the majority were emergency admissions (96%). ([Table 2](#))

When discharged from hospital, the majority of patients aged 65 and older who had been admitted as an emergency following a fall return to their usual place of residence (86% in 2010/11). A small proportion of patients go to temporary residences (2%), other NHS trusts (3%) and NHS care homes (3%). A small number (5%) of patients die in hospital following admission for a fall. ([Table 3](#))

¹ Health Education Authority (1999) Older People - Older People and accidents; Fact Sheet 2. London: HEA (Category: C1).



3. Strategic Leadership and Collaboration

The [Hounslow Older Persons Falls Strategy 2009 – 2014](#) proposed the development of an integrated falls care pathway with sufficient capacity to deliver a five-tier model of care to older people in Hounslow at risk of falling. The work to achieve this continues, supported by The Falls Strategy Group which has representatives from local NHS services, the Council and voluntary groups.

The Strategy aims that all people at risk of falling are made aware of the risks and how to minimise them, receive quality treatment following an injury, are offered rehabilitation to help return them to pre-fall levels or better, and are given treatment respecting their choices and equal opportunities.

The four key stages in the Hounslow Integrated Falls Prevention Strategy are:

- Population approaches, including the promotion of a healthy lifestyle, diet and exercise and the reduction of environmental risks;
- Screening groups of older people to identify individuals at high risk of falls or fracture;
- Assessment to identify risk factors and plan measures to address them; and
- Treatment to minimise the risk of falls and injury, and to address underlying risk factors.

4. Fall Prevention

The following falls services are provided in Hounslow:

- The WMUH has a falls clinic which provides treatment for complex medical cases referred by GPs;
- The Community Rehabilitation Service provides physiotherapy and occupational therapy assessment and treatment for those who have fallen;
- District nursing, community matron and continence services, podiatry and dietetic services can help with falls prevention;
- The London Borough of Hounslow (LBH) supports healthy lifestyle activities through support for activities such as the exercise classes at Age UK and the Indian Gymkhana Club;
- The Fit-as-a-Fiddle Coordinator at Age UK provides specific falls prevention and balance classes to groups of older people in the community in venues including day centres and sheltered accommodation units;
- Falls Awareness Week activities take place at WMUH and in community venues, including checks of walking stick ferrules and distribution of falls information booklets and advice;
- Falls 'champions' (older volunteers trained about falls and osteoporosis) promote falls awareness and avoidance for their peers in the community, and visit groups of older people to give a dramatic presentation and discuss how to prevent falls;
- The LBH Home Improvement Service conducts home assessments and can assist with some simple home improvements, including 'Care and Repair', an advisory and



support service to help disabled and older homeowners repair and improve their homes;

- LBH provides telecare services, which, in addition to a 'link-line' for summoning help in an emergency, can provide a falls detector; and
- A falls prevention booklet is published with advice on preventing falls in the community.

5. Priorities

The priorities for falls in the Borough in 2011/12 are to:

- Continue to work towards implementing the intentions of the [Older Persons Falls Strategy 2009 – 2014](#); and
- Work towards implementing best practice as outlined in the 2010 Royal College of Physicians' [Falls and Bone Health Audit](#).

6. Summary of Need

The following table summarises the needs in Falls in the London Borough of Hounslow.

SUMMARY OF NEED: CHECKLIST	
Is need increasing over time?	Yes
Is need greater than the London average?	Yes
Is there qualitative intelligence indicating that need is substantially unmet?	Yes
Is there an external inspection or report suggesting need is unmet?	Yes
Are quality indicators worsening over time?	Yes
Are quality indicators worse than the London average?	No
Is there an intervention of proven effectiveness to address the need which is not currently delivered in Hounslow (or not delivered enough)?	Yes