



Reducing Falls

A guide to falls prevention
and management in Derbyshire

**LIVE STRONGER
FOR LONGER**

PREVENT FALLS & FRACTURES



Who is this guidance for?

This document is for healthcare professionals who care for older people who are at risk of falling.

Populations covered by this guideline

This guideline is primarily for people aged 65 or older who are living in the community.

Acknowledgements

Some of the material has been sourced from the ‘cross agency and whole of system approach’ to falls and fracture management in New Zealand between HQSC, ACC and MoH.

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INTRODUCTION

Falls and fractures are a common and serious health issue faced by older people. A fall can lead to pain, distress, loss of confidence and the first indication of a new or worsening health problem and/or can represent a tipping point in a person's life, triggering a downward decline in independence.

30% of older people aged 65 and over will fall once per year and around 5% of falls results in serious injuries such as fragility fractures and hip fractures .

Falls can be a sign of frailty and good falls prevention is good frailty care. However focusing solely on frailty will not identify all individuals at risk of falling.

Falls are not an inevitable part of ageing and falls prevention is everyone's business and we can all contribute to reduce falls in 3 easy steps:

1. **ASK** the older person about healthy ageing
2. **ASSESS** their risk of falling
3. **ACT** to reduce the risk



WHAT IS THE IMPACT OF FALLS INVOLVING OLDER PEOPLE IN DERBY AND DERBYSHIRE

The diagram below summarises the impact of falls involving older people:

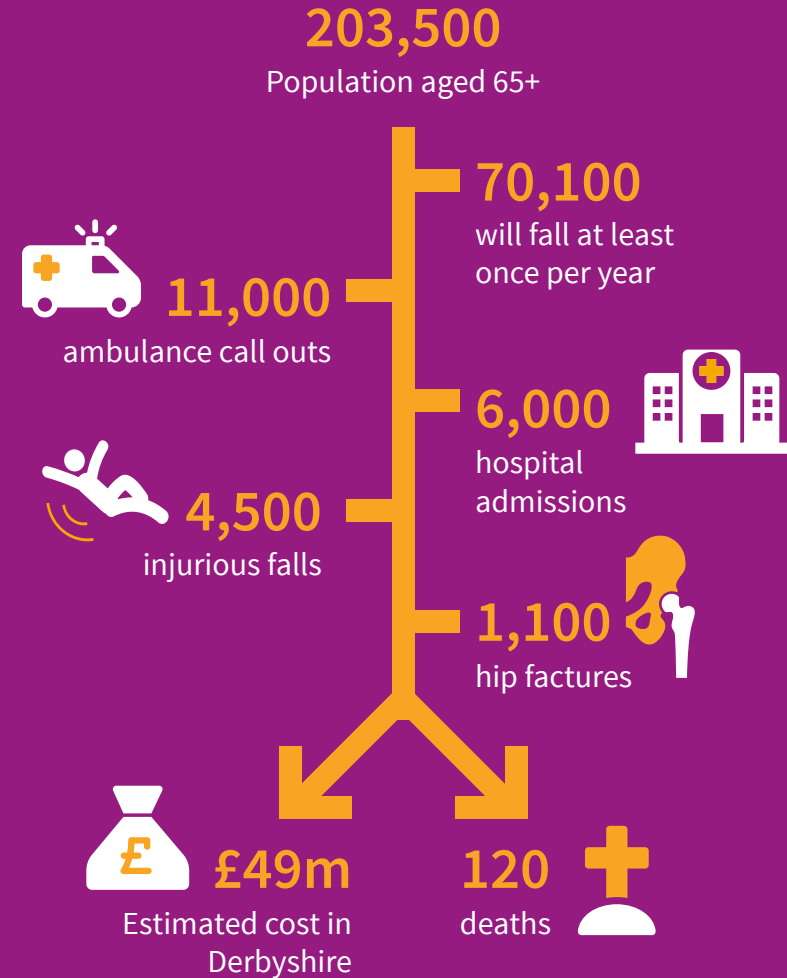


Figure 1 – Impact of Falls on Older People, Derbyshire CC Public Health Knowledge and Intelligence Services

RISK FACTORS FOR FALLS

Falls rarely result from a single factor; mainly being multifactorial with a combination of biological, environmental and behavioural risk factors.

Figure 2 – Falls Triangle



Some of the significant risk factors³ include:

<div> <div>↑</div> <div>Increase risk of falls</div> <div>Greater risk in those with multiple risk factors</div> </div>	Risk factor	Mean Risk/Odds Ratio (Range)
	Muscle weakness	4.4 (1.5-10.3)
	History of falls	3.0 (1.7-7.0)
	Gait deficit	2.9 (1.3-5.6)
	Balance deficit	2.9 (1.6-5.4)
	Use of assist devices	2.6 (1.2-4.6)
	Visual deficit	2.5 (1.6-3.5)
	Arthritis	2.4 (1.9-2.9)
	Impaired activities of daily living	2.3 (1.5-3.1)
	Depression	2.2 (1.7-2.5)
	Cognitive impairment	1.8 (1.0-2.3)
	Age >80 years	1.7 (1.1-2.5)

³Rubenstein LZ and KR Josephson. The epidemiology of falls and syncope. Clinics in Geriatric Medicine, 2002, 18, pp.141-58.

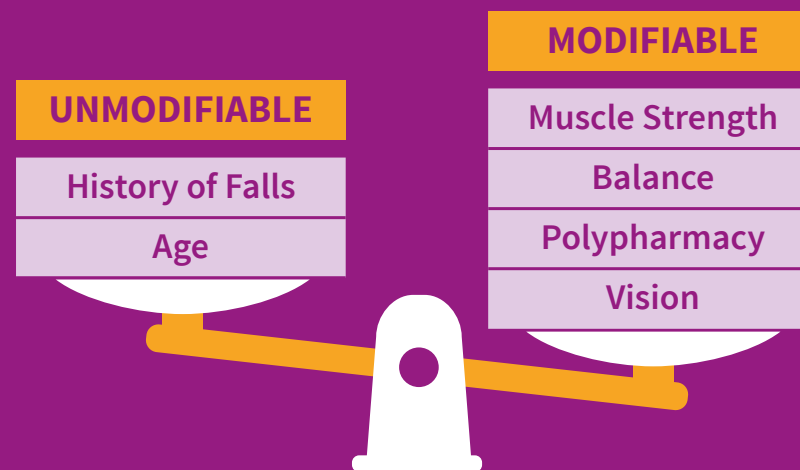
Environmental risk factors for falls include slippery floors, inadequate lighting, loose rugs, unstable furniture, obstructed walkways, absence of handrails etc.

Behaviour related risk factors include standing on chairs, not using walking aids such as sticks or not maintaining them in good condition e.g. worn ferrules and inappropriate footwear (slippers that have the laces in look)

Older people with multiple risk factors are at greater risk of having a fall. Some of these risk factors such as age cannot be changed but many can.

Recognising and modifying risk factors is crucial in preventing falls.

Figure 3 – Changing Risk of falls



DERBY AND DERBYSHIRE FALLS PATHWAY

This pathway is designed to support a whole system collaborative approach to prevention, response and treatment of falls involving older people by:

- Promoting healthy ageing and encouraging older people to take steps to reduce their risk of falling;
- Encouraging evidence based case finding and risk assessment
- Improve treatment including secondary prevention for those older people who have suffered injury following a fall

A simplified version of the pathway can be found on page ten.



Strictly No Falling

Age UK Derby and Derbyshire run Strictly No Falling sessions to improve strength and balance.

AGEING WELL

At this stage the emphasis is on self-care, supported self-management, health education and promotion to encourage older people to remain as healthy as possible and reduce their risk of falling.



Encourage Active Ageing

All older people should be encouraged to adopt a healthy lifestyle (smoking, drinking, diet, exercise) to prevent/delay ill health in later life, see – www.nhs.uk/oneyou for further information. [Live Life Better Derbyshire](#) provides free help to Derbyshire residents to stop smoking, lose weight, become active etc. [Livewell](#) provides a similar service in Derby City.

Strength and Balance

Activities that improve muscle strength, and balance and coordination should be undertaken at least two days per week. [Strictly No Falling](#) is a falls prevention exercise programme, based in the community, that's available for older people living in Derbyshire (excluding Derby City) who have fallen, or are at risk of falling, to improve their strength, balance and coordination.

Information

Older people should be given information on ageing well and in particular how to reduce risk of falls.

Age UK and Saga have produced specific guides on falls prevention: www.ageuk.org.uk/health-wellbeing
www.csp.org.uk/publications/get-go-guide-staying-steady

Organisations such as [Age UK Derby and Derbyshire](#) can also provide advice and information on ageing well.

Physical Activity

All older people should aim to be active daily and should aim for at least 150 minutes of moderate (or 75 minutes of vigorous) activity per week in bouts of 10 minutes or more.

[Live Life Better Derbyshire](#) can provide information on getting active. [Livewell](#) provides a similar service in Derby.

A Safe and Warm Home Environment can reduce the risk of falls. The [Handy Van Service](#) provides practical support and advice to help older and vulnerable people to live independently in their own homes in Derbyshire by offering advice on falls prevention, energy efficiency and carrying out practical tasks e.g. changing light bulbs, hanging curtains etc. [The Handy Person](#) service operates in Derby City.

Community alarm and telecare services such as [Derbyshire Falls Alert Service](#) enables older people in Derbyshire to get help at the push of a button and provides alarms with falls sensors. Local housing providers may also offer community alarm services. In Derby City [Carelink](#) offer a community alarm service.



[First Contact](#) can refer any concerns about housing and keeping safe and warm to the relevant organisations such as district councils or housing associations who can then give advice on affordable warmth, housing repairs and adaptations. The [Housing Hub](#) can provide advice and help to Derby residents who need help with keeping their home safe and warm.

IDENTIFYING PEOPLE AT RISK OF FALLS

People at risk are identified either when they present with a fall or an injury due to a fall or opportunistically by health and social care practitioners and others who are in regular contact with older people.

Relevant professional groups and anyone in regular contact with older people who can identify and assess for falls risk include:

- Primary care (GP's, advanced clinical practitioners, practice nurses, care co-ordinators, pharmacist, community matrons)
- Community and Planned care (nursing and allied health professionals)
- Secondary Care (A & E)
- Emergency Services (Ambulance crews, fire and rescue staff);
- Social care (Social workers, care home staff, day care staff, telecare providers),
- Housing (Wardens, tenancy support, environmental health officers)
- Voluntary and community sector organisations working with older people
- Patient /relatives/ carers

All relevant professionals should routinely ask older people:

- Have they fallen in last 12 months?

If **YES** ask;

- How many times?
- Circumstances of the fall?
- Were there injuries sustained?
- Are they worried about falling?

"If health professionals don't ask about falls, and patients don't mention they've fallen, it's a lost opportunity".

Chief Executive, Age UK
Derby and Derbyshire

Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits using tools such as Timed Up and Go – see Derbyshire Falls Assessment for further information.

In addition, GP practices may wish to use the [Electronic Frailty Index \(EFI\)](#) to help identify older people with moderate to severe frailty, at risk of falling. However focusing on frailty alone may not identify those older people with a low/moderate risk of falling and frailty can only be identified after a clinical review and not from the EFI score alone.

Talking to Older People About Falls

Points to consider when talking to older people about falls:

- An older person may appear to be unwilling to talk about, or be defensive, about falls
- Keep the conversation positive – it may be helpful to frame the conversation around staying independent. Remember that older people do not often see falls as a problem and therefore may underestimate the risk.
- Acknowledge the older person's insight and preferences to help them identify and manage their risks

Remember it's also important to look and listen – what do you see that is not being said? For example is the older person only moving around by holding onto something?

Reducing the risk of older people falling needs them to change their behaviour by:

- Joining a strength and balance class or exercising at home
- Adapting their home environment

Behaviour change can be difficult but the Stages of Change model can be used to assess an individual's readiness to act on a new, healthier behaviour:

Talking with your patients about falls

If you hear:	You can say:
PRECONTEMPLATION STAGE	
Falling is just a matter of bad luck	As we age, falls are more likely for many reasons, including changes in our balance and how we walk.
CONTEMPLATION STAGE	
My friend down the street fell and ended up in a nursing home.	Preventing falls can prevent broken hips and help you stay independent.
PREPARATION STAGE	
I'm worried about falling. Do you think there's anything I can do to keep from falling?	Let's look at some factors that may make you likely to fall and talk about what you could do about one or two of them.
ACTION STAGE	
I know a fall can be serious. What can I do to keep from falling and stay independent.	I am going to refer you to a service who may be able to help you improve your vision, balance and review your medications

If an older person is identified at low risk of falling

1. Complete the Derbyshire Falls Assessment (Appendix B) or use the DCHS Falls Assessment Form if appropriate. Take action on any immediate, modifiable risk factors such as home hazards, vision issues etc.
2. Exclude other underlying other medical conditions e.g. movement disorders, Parkinson's etc.
3. If no underlying medical conditions are identified and the patient is considered at low risk then signpost to appropriate ageing well services. These may include community strength and balance services such as Strictly No Falling, the falls alarm service or specific health or social care interventions identified from the Derbyshire Falls Assessment by using [First Contact](#) for residents of Derbyshire County.
4. Record findings on the patient's record.

If an older person is identified at high risk of falling

This includes older people who have:

- Had recurrent falls (two or more in 12 months) or
 - Presented for medical attention following a single fall and injury or
 - Poor gait/balance and a history of falls or are worried about falling
1. Complete the Derbyshire Falls Assessment (including identified need for medication review and cardiovascular examination e.g. lying and standing blood pressure) and refer onto appropriate services as identified. This may include Derbyshire Community Health Services for further assessment of strength and balance, home environment, functional abilities and associated evidence based interventions.

2. Exclude underlying other medical conditions e.g. movement disorders, Parkinson's

3. If there is a concern that:

- the cause of the recurrent falls is unknown
- if there is a significant blood pressure fall of over 20mmHg on standing
- if there is concern about blackouts causing the falls or significant complexity.

Then you might want to consider a referral to the local consultant led service after discussion with the patient, relatives and/or carer and the patients GP.

4. Record findings in patient records.

Useful Information

- [*NICE CG 161 Falls in older people: assessing risk and prevention provides further advice and guidance*](#)
- [*NICE CG 146 Osteoporosis: assessing the risk of fragility fracture*](#)
- [*NICE NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes*](#)
- [*PHE Falls and Fracture Consensus Statement Resource Pack*](#)

Derbyshire Community Health Services

Derbyshire Community Health Services will complete an evidence based multi-factorial falls risk assessment including environmental assessment at patient's usual place of residence.

Evidence based interventions offered (not exclusive) include: -

- Individual, inclusive and progressive evidence based exercise programme
- 1:1 or group formats
- Functional rehabilitation to promote independence
- Home hazard assessments including assessment for minor adaptations
- Equipment e.g. mobility and transfer aids
- Educational advice to promote risk awareness and patient goals.

Further information on services offered by DCHS including contact details can be found [*here*](#)

Appendix A

Derbyshire and Derby City Falls Pathway – Falls Prevention and Management in three Easy Steps

One – **ASK** about Ageing Well

Two – **ASSESS** Risk of Falling

Three – **ACT** to reduce risk

All older persons (65 years +)

ASK older people about ageing well and how they can be supported to improve their health to reduce falls and stay independent by:

Promote healthy ageing All older people should be encouraged to adopt a healthy lifestyle (smoking, drinking, diet, exercise)

- **Live Life Better Derbyshire** and **Live Well** in Derby City can help people lose weight.

Encourage strength and balance exercise:

- **Strictly No Falling** (01773 768240) is a community based falls prevention exercise programme

Information about falls prevention:

- **Age UK Derbyshire** (01773 768240) can provide advice on falls prevention

Ensure safe home environment:

- **The Handy Van** service provides practical support with changing light bulbs, securing carpets and rugs etc. **The Handy Person** service operates in Derby.
- **Derbyshire Falls Alert Service** enables older people to summon assistance at the push of a button with falls alarm. In Derby City **Carelink** offer a community alarm service.
- First Contact can refer any concerns about housing to District Councils or Housing Associations who can provide advice on affordable warmth and housing repairs and adaptations. Complete First Contact referral form online at: www.derbyshire.gov.uk/firstcontact. Derby City contact the **Healthy Housing Hub**

ASSESS risk of falling by older people by asking about falls and if they:

- Have had two or more falls in last 12 months?
- Had a single fall and needed medical attention in last 12 months?
- Are worried about falling and/or have abnormal gait/balance – check using Timed Up and Go or similar

NO to all questions

Yes to one or more questions

ACT – continue to encourage ageing well to reduce risk of falling

ACT to reduce the older person's risk by:

1. Explaining to the older person that they are at risk of falling.
2. Exclude any other underlying medical conditions e.g. Parkinson's Disease.
3. Complete the Derbyshire Falls Risk Assessment, action any immediate modifiable risk factors and if appropriate refer to DCHS for multi-factorial risk assessment or refer to a Consultant led service if clinically appropriate.



Derbyshire Falls Risk Assessment for Health Professionals in Primary Care

This assessment should be completed in conjunction with the Derbyshire Falls Pathway and Guidance booklet.

All patients aged over 65 years should be routinely asked: -

Have they experienced a fall in the last 12 months?

This falls risk assessment should be completed for those patients who report: -

- More than 2 falls in the last 12 months **OR**
- Single fall and presented for medical attention **OR**
- Abnormal gait/balance and history of falls or worried about falling

Falls Risk	Identification	Y/N Comments
Medication (Think Frailty)	Derbyshire Medicines Management Guidelines – Medication and falls prevention in the older person. www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/clinical_guidelines_front_page/Medication & falls prevention in the older person.pdf	
Suggested Interventions	High falls risk / Level 3 medication review with support from Community Pharmacist / Medicines Management Team.	
Cardiovascular	Measure Baseline observations e.g. pulse History of blackouts/Loss of Consciousness – if present consider ECG and onward referral if cause unknown RCP Measure lying and standing BP Guide	

Suggested Interventions	<p>If there is a concern that :-</p> <ul style="list-style-type: none"> • cause of the recurrent falls is unknown, • a significant blood pressure fall of over 20mmHg on standing, • blackouts causing the falls • presentation significant complexity/co-morbidities <p>Consider discussing a referral to the local consultant led service after discussion with the patient, relatives and GP.</p>	
Fracture Risk (if patient not already receiving bone health interventions)	<p>Assess using FRAX online tool</p> <p>www.sheffield.ac.uk/FRAX/tool.jsp</p> <p>All men aged over 75</p> <p>All women aged over 65</p>	
Suggested Interventions	<p>Consider NOGG intervention threshold – www.sheffield.ac.uk/NOGG/result-bmd.html</p>	
Post Fall Coping Strategy	<p>Does the patient have a method of summoning help should a fall occur in their home setting e.g. mobile to hand or call bell/pendant alarm, sensor pad?</p> <p>Is the patient capable to get up from the floor independently?</p>	
Suggested Interventions	<p>Appropriately signpost for Telecare/pendant alarm service and refer person to Strictly No Falling if they live in Derbyshire County ‘Getting up from a fall’ advice leaflet www.csp.org.uk/sites/files/csp/secure/get_up_and_go_0.pdf</p>	
Vision	<p>When did you last have a sight test? (should be every year)</p> <p>Do you wear glasses? Are they up to date?</p> <p>What do you wear your glasses for? E.g. reading / distance / everything [bifocals/varifocals]?</p> <p>Do you have any eye conditions?</p> <p>Check distance vision e.g. can you see TV clearly at home, identify picture 2 m away</p> <p>Check near vision e.g. can you usually read newspaper print, shopping lists or medicine labels, ask them to read/identify picture at arm’s length.</p> <p>RCP Bedside Vision Check List</p>	
Suggested Interventions	<p>Consider referral to optician +/- conversion of varifocals to distance lenses</p> <p>Consider Diabetic related checks if appropriate</p>	

Home Hazard/ Functional ability	<p>Does the patient have difficulties with any of the following: –</p> <ul style="list-style-type: none"> • Access in/out of the property e.g. door thresholds/steps • Using the stairs in their home • Completing daily activities e.g. bathing • Condition/state of home e.g. adequate heating, satisfactory repair <p><i>Falls Check</i> is an online tool to prevent falls at home</p>	
Suggested Interventions	<p>Consider referral to local Integrated Care Service for equipment provision/therapy input.</p> <p>Advise safe movement and minimise potential hazards</p> <p>Contact housing provider/environmental health/DCC First Contact/Derby City Housing Hub</p>	
Gait, balance and fear of falling (Think Frailty)	<p>Observe in standing and when moving/transferring for disturbance</p> <p>Consider walking aids</p> <p>Is the patient fearful of further falls/injury?</p> <p>Are they reluctant to continue with activities in the home/go out in the community due to fear of falling?</p> <p>If appropriate, perform <i>Timed up and go test (TUGT)</i></p>	
Suggested Interventions	<p>Consider referral to local Integrated Care Service for Falls Prevention Programme/rehabilitation</p> <p>And/or physical activity in community e.g. <i>Derbyshire County Council Age UK Strictly No Falling programme</i></p> <p>Refer to physiotherapy for walking aid assessment/recommendations.</p>	

Foot wear/Foot care	<p>Are they wearing appropriate, good fitting footwear?</p> <p>Check the condition of the patient's foot and nails</p> <p>Any concerns maintaining their foot health?</p> <p>Are there any observable or reported signs of pain and possible causes?</p>	
Suggested Interventions	<p>Advise on routine foot care. Refer to podiatry for specific foot health/foot pain concerns</p> <p>Ensure suitable footwear available and worn.</p>	
Continence (Think Frailty)	<p>Discuss impact of any urgency, frequency, functional ability and nocturia</p> <p>Check of clinical signs & symptoms of infection – If suspected, MSU sample required to confirm.</p> <p>If patient unwell, consider treatment whilst waiting for sample result.</p> <p>Guidance – https://www.nice.org.uk/guidance/conditions-and-diseases/neurological-conditions/urinary-incontinence#pathways</p>	
Suggested Interventions	<p>Consider referral to continence service for assessment if new presenting condition or specialist advice needed.</p> <p>Consider additional equipment e.g. grab rails/raised seat and location of toilet.</p>	
Cognitive Impairment and Delirium (Think Frailty)	<p>Does the patient have a diagnosis of cognitive impairment?</p> <p>If it has been present for a time consider screening for dementia using agreed local guidelines</p> <p>Has the patient presented with symptoms or signs of new onset confusion?</p> <p>Assess cognition using AMT 4 or CAM and assess delirium using PINCHME.</p>	
Suggested Interventions	<p>Delirium – see www.northderbyshireccg.nhs.uk/assets/Clinical_Guidelines/_Misc_/Delirium_Pathway_version3_June_2015.pdf</p>	