Falls prevention

Stakeholder engagement – deadline for comments 17:00 on 13/04/2016
email: QStopicengagement@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. We would like to hear your views on these questions: 1. What are the **key areas for quality improvement** that you would want to see covered by this quality standard? Please **prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality. 2. You may also wish to highlight any areas of practice that might be considered as emergent, are only currently being done by a minority of providers but which have the potential to be widely adopted and drive improvements in the longer term. Please note, these areas should be underpinned by NICE or NICE-accredited guidance 3. NICE should consider how its guidance on falls prevention could inform a public campaign on this topic. This campaigning activity could be in partnership with voluntary organisation or other public health bodies i.e. Public Health England.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Independent Age
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	N/A

Name of person completing form:		Adrian McDowell	
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.		No	
Type		[for office use only]	
Key area for quality improvement	**Why is this important?**	**Why is this a key area for quality improvement?** Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	**Supporting information** If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Do not paste other tables into this table, as your comments could get lost – type directly into this table.

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Separately list each key area for quality improvement that you would want to see covered by this quality standard. **EXAMPLE:** **Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)**	EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD. Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.	EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK. Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.	EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit

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Falls prevention in care homes	Falls at home are a common reason for an older person needing to move into a care home, and once there, they will be at higher risk of falling. In many cases, this admission may be directly from hospital, and care homes will need to play a role in helping new arrivals to recover mobility lost while in hospital. Research into the choices and preferences of older people (including older care home residents) has repeatedly found that independence is an important attribute of a good later life. It is therefore crucial that falls prevention strategies in care homes do not stifle the independence of residents.	60% of people living in nursing homes experience recurrent falls each year, compared to 30% of over 65s living in the community. This is in spite of the fact that care homes are dedicated care environments with staff on hand 24 hours a day. There is clearly more to be done to reduce the risk of falling in a care home. However, there is also some concern in the sector that overly risk-averse strategies to reducing and preventing falls can stifle independence and impact negatively on the quality of care and quality of life of residents. Quality standards need to balance safety and falls prevention (such as the standards that already exist within NICE's existing guidance on falls in older people) with sensible risk management and the expectation of an enabling ethos, and this should also be reflected in the CQC inspection regime.	Demos, 2014, *Commission on Residential Care*, http://www.demos.co.uk/files/Demos_CORC_report.pdf?1409673172 Cryer and Patel, 2001, *Falls, Fragility and Fractures,* http://www.kent.ac.uk/chss/docs/falls_fragility_fractures.pdf JRF's *Care Homes: Risk and Relationships* programme

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Falls prevention; information and advice	As our society ages falls prevention needs to be a public health priority. We know that older people frequently fall in their own home. This can be due to loose carpeting and rugs, other obstacles around the home and the absence of grab rails/secondary banisters etc. Information and advice about falls prevention is essential for individuals, carers and organisations.	NICE's own guidance -Falls in older people: assessing risk and prevention – recommends '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 where they can seek further advice and assistance' Recent research carried out by Qa research, for Independent Age, found that only 70% of local authorities are providing online information and advice across all the areas required of them under the Care Act 2014. This included information and advice on prevention of care and support needs. The latter has been supported by a recent report by the British Red Cross into the quality of preventative services – Prevention in action	Independent Age – Information and advice since the Care Act – how are councils performing? (Link unavailable at date of submission due to website being down 13.4.2016) British Red Cross – Prevention in action

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		It is essential that local authorities and NHS organisations make information and advice available on falls prevention. NICE should take steps, in partnership with other organisations if necessary, to ensure it has confidence in this area. Information and advice on access to the Disability Facilities Grant is of particular relevance in this regard. We know take-up is limited and people should make the most of increased funding for the Fund. We are also aware of variability regarding information and advice available for several groups in the health and social care system: - visitors in care homes - inpatients in hospital (please see below) - patients being discharged from hospital - visitors in hospital	

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Falls prevention in hospital	Falls in hospital accounted for 324,000 (26%) of all patient safety incidents in hospitals in 2011. We appreciate falls in hospital have been a long term problem for the NHS and that this issue is relatively well researched. Despite this evidence falls prevention in acute settings still requires improvement.	A falls risk assessment should be carried out for every patient who requires one and a reassessment for patients who are in hospital for extended periods or whose medication/treatment might affect their mobility when in hospital. The latter should be part of regular activity on geriatric wards or for patients with severe osteoporosis. Information and advice for patients in hospital about what would reduce their risk of a fall should be widely available. Advice for patients' friends and families should also be available for how to help patients move around the ward and how patients are helped in and out of bed.	

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Falls prevention; care planning	Many people who have suffered a fall or have a medical condition which puts them at higher risk of a fall will have undergone a care and support assessment. This assessment should lead to a detailed care plan for the person concerned. All care plans should account for preventative measures, including falls prevention, and not just focus on existing acre and support needs. This is also relevant for carers' assessments.	NICE should consider how its guidance is communicated to organisations who create care plans. It should work to have confidence that care planning – for people moving from an acute care setting back home or into another acre setting – give sufficient regard to falls prevention. We know from a recent public survey that many older people and their families are receiving insufficient acre plans or written records following an assessment.	Independent Age – Year one of the Care Act: taking its first steps.

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.

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- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

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