Falling standards, broken promises

Based on findings from the national audit of falls and bone health in older people 2010

National audit funded by: HQIP
Healthcare Quality Improvement Partnership
Acknowledgements

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Explanation of words used in this booklet

**Audit (clinical and organisational)**
A way to measure the performance, quality of care and organisation of services of local NHS trusts against national guidelines and to make improvements using the information collected.

**Care bundle approach**
This emphasises the importance of completing all the important elements of clinical care for a particular condition rather than considering each part individually. For example, all patients with a hip fracture should receive pain relief, pressure sore prevention and intravenous fluids.

**Care pathway**
A locally agreed outline of how someone should be cared for when they have a particular medical condition, eg hip fracture. It should help to make sure patients get the right care in the right place at the right time.

**Clinical care**
The actual care provided for people who have fallen by healthcare professionals, eg doctors, nurses, physiotherapists and occupational therapists.

**Commissioners of healthcare services**
Those who are responsible for purchasing healthcare services.

**Evidence-based therapeutic exercise**
There is strong evidence to show that exercise can help to prevent falls, but the exercise has to be very specific. For example:

> It has to be the right type, ie strength and balance exercises.
> It has to be done often enough to make a difference, ie preferably everyday but at least three times every week.
> It has to be sufficiently challenging to the individual and the exercises need to be made progressively harder as the person improves.
> It has to be done for a long period of time, ie for 15 to 52 weeks, but preferably for ever.
**Falls clinic**
A service that provides specialist assessment and appropriate treatment for people aged over 65 after a fall.

**Fracture**
A broken bone.

**Fracture liaison services**
Services that provide routine assessment and appropriate treatment for all men and women aged over 50 years with a fragility fracture.

**Fragility fracture**
A fracture resulting from a fall from standing height or lower which is usually due to osteoporosis.

**Guidelines**
Recommended guidelines for healthcare professionals looking after patients with a particular medical condition, eg hip fracture.

**Healthcare Quality Improvement Partnership (HQIP)**
An organisation established in 2008 to promote high quality in health services, in England and Wales.

**Injurious fall**
A fall resulting in injury such as cuts and bruises, lacerations, sprains or fracture.

**Non-hip fragility fractures**
For the purposes of this audit, these include fractures of the upper arm, wrist and pelvis.

**Osteoporosis**
A disease that leads to a reduction in the density of bones, which makes bones more fragile and prone to break after a minor bump or fall.
The purpose of this booklet

The purpose of this booklet is to summarise the full length report: *National audit of falls and bone health in older people 2010*.

- It tells you about the main points in the full report but in less detail.
- It is written for:
  i) older people who feel unsteady on their feet, those who have had one or more falls and those who have broken a bone as the result of a fall
  ii) their friends, relatives and neighbours.
- It tells you about the main points in the full report so that you are aware of the falls and fracture services that are available in your area, as well as the standards of care that you should expect from these services.

Ways to use this booklet

Reading this booklet from start to finish will give you a summary of the *National audit of falls and bone health in older people* published in 2010.

Alternatively, you can just read the sections that are of interest to you, for example:

- The introduction gives you some facts and figures about falls and fractures and explains what the audit is.
- The results of the audit gives you a summary of the findings and recommendations nationally.
- Useful contacts and publications directs you to additional information to help older people stay steady on their feet.

We hope that you find this booklet helpful.
Introduction

Falls and fractures are common and a serious problem affecting older people.

Some facts and figures

- People in England aged 65 and over spend 4 million days in hospital each year as the result of falls and fractures.
- Injurious falls (ie falls that cause an injury), including over 70,000 hip fractures annually, are the leading cause of accident-related death in older people.

The healthcare cost associated with fragility fractures, which are usually due to osteoporosis, is estimated at £2 billion a year.

Falls and fractures can lead to loss of confidence and increased difficulty in carrying out day-to-day activities both indoors and outdoors. This may result in increased dependency on families, carers and services, and lower quality of life.

With many people living longer, the rate of falls and fractures is increasing and will continue to do so unless action is taken to address serious inadequacies in services currently provided.

What action can be taken?

National guidelines are available to healthcare staff and local authorities telling them how to provide good-quality local falls and fragility fracture prevention services. Examples of these guidelines are:

To find out whether these guidelines are being followed, an audit of services for falls and bone health is carried out regularly. In 2010 an audit of falls and fragility fractures was carried out. This was a follow-up of previous audits in 2005, 2007 and 2008.

What was audited?

There were two parts to the 2010 audit:

> How falls and fragility fracture services are organised locally (organisational audit).

Over 90% of healthcare organisations in England, Wales, Northern Ireland and the Channel Islands, participated in this audit.

> The clinical care given to people who have fallen and fractured a bone (clinical audit).

i) Information was collected and analysed on the clinical care of 9,567 patients who had suffered a fragility fracture following a fall in 2010.

ii) Patients were divided into those who had broken their hip, and those who had broken an upper arm, wrist or pelvis (non-hip fragility fractures).

continued on p8 >>>
Who was involved in the audit?

> This audit was run by the Royal College of Physicians of London.
> It was funded by the Healthcare Quality Improvement Partnership.
> It was guided by a group of doctors, nurses, pharmacists, occupational therapists, physiotherapists and representatives from Age UK.
> The information needed for the audit was collected locally by healthcare staff themselves.

What did the audit show?

As judged against national guidelines such as those listed on pages 6–7, this audit showed that there is unacceptable variation in the quality of falls and fracture services in different parts of England, Wales, Northern Ireland and the Channel Islands.

In many areas, there was a major gap between what organisations reported they were doing (in the organisational audit) and what the patient notes showed was actually being done (in the clinical audit).

Some services were doing well and there had been modest improvements in some parts of some services since the previous audits. But important deficiencies remained in the buying, organisation and provision of care for falls and bone health in England, Wales, Northern Ireland and the Channel Islands.
‘...there was a major gap between what organisations reported they were doing (in the organisational audit) and what the patient notes showed was actually being done (in the clinical audit).’
Results of the 2010 audit

Key messages and recommendations from the audit have been divided into four sections.

- These correspond to the four objectives for preventing falls and fractures set out by the Department of Health in 2009 in an important document called the *Prevention package for older people*.

Adapted from the Department of Health’s *Prevention package for older people*:

**Objective 1**

> Improve the care and quality of life for patients after hip fractures.

**Objective 2**

> Provide correct assessment and treatment after a first fracture to prevent a second by using fracture liaison services in hospitals and the community.

**Objective 3**

> Provide timely help from hospital and community services both to enable patients to return to independent living and to prevent further falls and fractures.

**Objective 4**

> Promote healthy lifestyles and reduce environmental hazards to reduce the risk of falls and fractures and improve quality of life.
Why have the audit results been linked to the prevention package?

> The *Prevention package for older people* was published partly in response to concerns raised in the previous falls and fragility fracture audits.

> The purpose of the *Prevention package for older people* was to improve several aspects of NHS care for older people including falls and fractures.

> By grouping the audit results to correspond with the objectives in the *Prevention package for older people*, the 2010 audit can show how much impact the document has had and where significant gaps remain.

‘The purpose of the *Prevention package for older people* was to improve several aspects of NHS care for older people including falls and fractures.’
Summary of key findings and recommendations

Objective 1: Improve care and quality of life for patients after hip fractures.

Current findings

- Most patients do not receive adequate assessment and care before their operation to repair a hip fracture. For example, only 30% of patients with a hip fracture received:
  - adequate pain relief in the first hour
  - care of pressure areas such as heels and bottom in the first four hours
  - fluids through a drip in the vein in the first 12 hours.

Recommended practice

- All hospitals providing emergency care should introduce a ‘care bundle approach’ for treating patients with a hip fracture (to include, as a minimum, pain relief, pressure sore prevention and intravenous fluids).

Why this is important

- To make sure patients receive sufficient pain relief as soon after the fracture as possible.
- To help prevent bed sores developing.
- To help prevent problems such as confusion caused by dehydration.

Current findings

- Only 22% of hip fracture patients received care in line with three core standards, ie:
  - surgery within 36 hours of arriving at the emergency department
  - assessment by a specialist doctor for older people within 72 hours
  - use of an agreed care pathway.

Recommended practice

- Hospitals should review and improve the time taken for patients with a hip fracture to:
  - be admitted to hospital
  - receive specialist assessment
  - undergo surgery.

Why this is important

- Those patients who fracture their hip and are admitted to hospital, seen by a specialist doctor and operated on within 36 hours have been shown to make a quicker and more complete recovery.
Objective 2: Provide correct assessment and treatment after a first fracture to prevent a second by using fracture liaison services in hospitals and the community.

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<th>Current findings</th>
<th>Recommended practice</th>
<th>Why this is important</th>
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<td>Only 37% of local health services provide any kind of fracture liaison service.</td>
<td>All localities should purchase a fracture liaison service, following the good examples of Glasgow and West Sussex.</td>
<td>Most older people who break their hip following a fall do so because they have osteoporosis. Fracture liaison services provide: + comprehensive assessment to identify whether the patient is at risk of further falls and fractures + appropriate treatment to reduce future risk of falls and fractures.</td>
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<td>Current findings</td>
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<td>Only 32% of non-hip fracture patients (upper arm, wrist or pelvis) but 67% of hip fracture patients had an assessment to find out whether they were at risk of more falls and fractures.</td>
<td>All hospitals should routinely screen older people attending emergency departments or minor injury units, for falls and fractures, and this should be monitored at least annually.</td>
<td>Assessments and treatment that aim to reduce the risk of further falls and fractures can be given.</td>
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Objective 3: Provide timely help from hospital and community services both to enable patients to return to independent living and to prevent further falls and fractures.

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<td>&gt; 86% of NHS trusts report that they provide supervised strength and balance exercise training.</td>
<td>&gt; Health and local authorities should jointly fund evidence-based therapeutic exercise programmes, particularly for older people who have fallen and fractured or who are at risk of fracture.</td>
<td>&gt; Research shows that certain types of exercise programmes, especially those that focus on improving balance and strength, are one of the most effective ways of reducing the risk of a fall in older people.</td>
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<td>&gt; However, only 19% of non-hip fracture patients participated in any form of exercise for falls prevention within 12 weeks of the fracture.</td>
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<td>&gt; Nearly all localities provide falls clinics, but only 12% of non-hip fracture patients had attended a falls clinic, or equivalent, within 12 weeks of the fracture.</td>
<td>&gt; Those who purchase healthcare services should ensure adequate local provision of falls clinics, particularly for those older people who have fallen and fractured or who are at risk of fracture.</td>
<td>&gt; Assessments and falls clinics provide specialist assessment and appropriate treatment from doctors, nurses and therapists for older people following a fall.</td>
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<td>&gt; The audit showed that attending a falls clinic improves the care patients receive.</td>
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Objective 4: Promote healthy lifestyles and reduce environmental hazards to reduce the risk of falls and fractures and improve quality of life.

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<td>&gt; Many providers of falls and fragility fracture services are failing in their</td>
<td>&gt; Commissioners of healthcare services should ensure that care home residents at risk</td>
<td>&gt; Residents of care homes are usually among the frailest of older people which often means they are at high</td>
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<td>responsibility to provide expertise to reduce falls in the high-risk care home</td>
<td>of falls and fractures receive appropriate care, such as regular review of their</td>
<td>risk of falls and fractures.</td>
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<td>population. For example:</td>
<td>medicines.</td>
<td>It is important that this vulnerable group of people have access to appropriate assessment and treatments to</td>
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<tr>
<td>+ Only 25% of care homes that took part in the 2010 audit had falls prevention</td>
<td></td>
<td>reduce their risk of falls and fractures.</td>
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<td>exercise groups for residents.</td>
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<td>+ Training for all care home staff by local falls services was low.</td>
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‘It is important that this vulnerable group of people have access to appropriate assessment and treatments to reduce their risk of falls and fractures.’

Objective 4; why this is important
Useful publications

Any of the titles below are available to order from Age UK, Tel: +44 (0)800 169 65 65 or download from: www.ageuk.org.uk

**Staying steady – improving your strength and balance** This guide tells you about exercises to improve your strength and balance, things to watch for that could affect your balance and help that’s available if you need it.

**Preventing falls – strength and balance exercises for healthy ageing** This is a book about exercises you can do at home.

**Healthy bones** This leaflet provides information and advice about caring for your bones.

**Home safety checker** This leaflet will help you identify and resolve any possible safety risks, and help prevent accidents in your home.

**Stop falling: start saving lives and money** This is the report of Age UK’s ‘Stop falling: start saving lives and money’ campaign which aims to reduce the number of older people suffering falls and ultimately to save lives.

You can also order any of the titles below from Age UK, Tel: +44 (0)800 169 65 65


**Be strong, be steady (price £12)** A strength and balance exercise DVD that includes chair-based and standing exercises. It is available in English.

**Step to the future (price £12)** A strength and stability exercise DVD that includes standing, chair-based and floor work suitable for active people in later life. It is available in English, with English subtitles, or with a Hindi voiceover.
Useful contacts

Age UK  www.ageuk.org.uk
1–6 Tavistock Square, London WC1H 9NA. Tel: +44 (0)800 169 65 65

Carers UK  www.carersuk.org
Provides useful advice and information for carers.
20 Great Dover Street, London SE1 4LX. Carers line: +44 (0)808 808 7777

Counsel and Care  www.counselandcare.org.uk
Counsel and Care works with older people, their families and carers to get the best care and support for them. Twyman House, 16 Bonny Street, London NW1 9PG. Advice line: +44 (0)845 300 7585

Fit as a fiddle  www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle/
‘Fit as a fiddle’ is a project across England which provides physical activity and healthy eating sessions for people aged over 50 to improve their health and mental well-being. Tel: +44 (0)800 169 8787

National Osteoporosis Society  www.nos.org.uk
This society offers a wide range of services to people who are concerned about osteoporosis. Camerton, Bath BA2 0PJ. Advice line: +44 (0)845 450 0230

NHS Choices  www.nhs.uk/choices
Provides information about your health and finding and using NHS services in England.

Patient Advice and Liaison Service (PALS)  www.pals.nhs.uk
You can find your nearest PALS by asking at your GP surgery or local hospital, phoning NHS Direct on +44 (0)845 4647 or by searching the PALS website.

Relatives and Residents Association  www.relres.org
This association represents the interests of older people in residential care settings. The Ivories, 6–18 Northampton Street, London N1 2HY. Advice line: +44 (0)20 7359 8136
What happens next?

Healthcare organisations
Each NHS trust that took part has been sent a full copy of the report with their own results and national results so they can compare the services across the country.

Staff from the trusts have attended workshops to help them review audit results and plan how they will improve the services they provide.

The public
If you would like to read the full report then visit: www.rcplondon.ac.uk/sites/default/files/national_report.pdf

There is also a list of other useful organisations that could support you, or provide you with more information on falls prevention in this booklet.

If you are worried about falling or are someone who may fall then contact your GP.

We would like your feedback

For more copies of this booklet or to feed back about how useful it is, please contact:
National Audit of Falls and Bone Health Audit Team at the Royal College of Physicians: +44 (0)20 3075 1266 or email: fbhop@rcplondon.ac.uk

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