

Stop Falling: Start Saving Lives and Money



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Introduction

Falls represent the most frequent and serious type of accident in people aged 65 and over. Furthermore, falls are the main cause of disability and the leading cause of death from injury among people aged over 75 in the UK.

Falls destroy confidence, increase isolation and reduce independence. A fall can hasten a move into residential care. After a hip fracture, 50 per cent of people can no longer live independently.

The after-effects of even the most minor fall can be catastrophic for an older person's physical and mental health. Fear of falling again, among older people and those who care for them, reduces quality of life and well-being, even if a fall does not result in serious consequences.

However, falls are not inevitable.

There is a mass of evidence showing that exercise programmes designed to improve strength and balance, delivered over several weeks or months by a local service, can lead to a reduction in falls.

Yet such services are not available to all older people at the time when they need them. It is outrageous that over a million falls could be prevented by using the right exercises. Decision-makers in government and commissioners at the local level need to do more to address this issue.

Every year, more than one in three (3.4 million) people over 65 suffer a fall that can cause serious injury, and even death.

What we want to achieve

Age UK's **'Stop Falling: Start Saving Lives and Money'** campaign aims to reduce the number of older people suffering falls and ultimately to save lives. We are calling on all those responsible to work together to improve access to falls prevention services for all people in later life who are at risk of falling.

The full financial cost of falls to the NHS and social care has not been calculated but we know that hip fractures alone cost over £2.3bn per year. Evidence shows that falls prevention services are cost effective¹ and could make substantial savings.

The Stop Falling: Start Saving Lives and Money campaign is calling for:

- Falls prevention services to be prioritised by all those responsible including the Department of Health, general practitioners, primary care trusts and local authorities.
- Evidence-based exercise programmes to be made available to all older people who are at risk of falling.
- Health services to identify and refer older people at risk of falling to falls prevention services.

Every minute, six people over 65 suffer a fall.

¹ Fracture Prevention Services: An economic evaluation, Department of Health, November 2009.

What is currently happening to prevent falls

We know that well-organised services, based on national standards and expert guidance, can prevent future falls and reduce death and disability from fractures.

Evidence shows that specific programmes for improving strength and balance can reduce the risk of falls by as much as 55 per cent.² If all over-65s followed a tailored exercise programme, we would prevent 7,000 unnecessary deaths a year – 19 a day – from hip fractures alone.

Although the *National Service Framework for Older People*, published in 2001, set out ‘to reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen’ and the National Institute for Health and Clinical Excellence (NICE) has issued guidance,³ little progress has been made.

We know what is happening at a local level through the results gathered by the *National Audit of the Organisation of Services for Falls and Bone Health of Older People*. This audit shows that there are large variations in the quality of falls prevention services.

It highlights that services for falls prevention and treatment are still not integrated and that routine falls risk assessments are not being carried out. Crucially, the audit reported that only 38 per cent of services provide evidence-based exercise programmes.⁴

Although the Department of Health is pushing for better falls prevention services by publishing the *Prevention Package for Older People*, still more must be done at the local level to prioritise falls prevention and put in place these key services.

Every hour, an older person dies as the result of a hip fracture.

² P. A. Logan et al., Community Falls Prevention for People Who Call an Emergency Ambulance after a Fall: Randomised Controlled Trial, *British Medical Journal*, 11 May 2010.

³ *The Assessment and Prevention of Falls in Older People* (Falls CG21), NICE clinical guidelines, November 2004.

⁴ *National Audit of the Organisation of Services for Falls and Bone Health of Older People*, Royal College of Physicians, March 2009.

The cost of falls

Falls are costly for the individual, the NHS, and the care and support system. Falls cost the NHS and social care an estimated £6m per day or £2.3bn per year.⁵ However, this figure represents the cost associated with hip fractures alone. It does not take into account other costs associated with falls that do not result in hip fracture but that may still require treatment or care.

There is growing evidence to show that investing in falls prevention services is cost-effective. The Department of Health currently estimates that if every strategic health authority in England invested £2m in falls and bone health early intervention services they could each save £5m (net £3m) each year through reduced NHS costs, such as 400 fewer hip fractures.⁶

In fact, the cost of falls has an impact across the health and social care system. For instance, many people in later life who fall require the help of the ambulance service.

Annually, ambulance services respond to 700,000 calls from older people who have fallen, which accounts for 10 per cent of total calls. Around 25 per cent of these do not need to go to hospital.⁷ Falls cost £115 per ambulance call-out.⁸

While statistics from A&E departments and hospitals are made publicly available there is very little information gathered about costs incurred by community services, GP consultations or nursing home costs, all of which are likely to be substantial.

Fractures sustained as a result of falling are rising. The number of fractures exceeds the number of people suffering strokes and heart attacks, both of which are priority areas for the NHS.

If we are to reduce fractures, we need to follow the example of these other disease areas and prioritise falls prevention services. In order to help older people to stay active, prevention services must be available to all those at risk of falling.

Issues	Strokes and TIAs	Heart attacks	Fractures resulting from falling
Incidence/year	110,000	275,000	310,000
Current trend	Decreasing	Decreasing	Rising

5 National Osteoporosis Facts and Figures, NOS website <http://www.nos.org.uk/NetCommunity/Page.aspx?pid=328&srcid=312> accessed October 2010

6 *A Recipe for Care – Not a Single Ingredient*. Department of Health, 2007.

7 *Falls and Fractures: Effective Interventions in Health and Social Care*, Department of Health, 2009.

8 J.L. Newton et al., 'The Costs of Falls in the Community to the North East Ambulance Service', *Emergency Medicine Journal*, 23: 479–81 (2006) doi:10.1136/emj.2005.028803

The experiences of people in later life

Stan has been a farmer all his life, so when a combination of illness and arthritis affected his mobility, he found it difficult to cope.

‘Having been a farmer, I’ve always been a fit man and proud of it. Then I recently developed breathing difficulties and needed several spells in hospital. I’ve got the lung condition, COPD. Also, arthritis in my knees has caused me to fall a few times.

‘My wife worries about me falling – I’m a fairly big man, so she can’t pick me up. She called the local Age Concern to see if they could help. A lady came round and asked us some questions, then she looked around and pointed out some hazards she had spotted straight away.

‘I was a bit surprised, but she was right, these were places I’d fallen before. She’d noticed other hazards too, like folded rugs and trailing wires. She put us in touch with a handyman scheme to get the hazards sorted and my son, who lives away, came and helped too.

‘She also told us about a COPD light exercise group. I wasn’t sure but my wife insisted I try it. I’m not good at mixing and don’t like crowds but now I look forward to going. My strength and balance have improved and I even met a friend there who I hadn’t seen for years.

‘I haven’t fallen again or been in hospital. I know my condition will not get better but I feel happier and more confident and so does my wife. And I’m five pounds lighter!’

‘I haven’t fallen again or been in hospital... I feel happier and confident and so does my wife.’



Advice to stay active

Age UK works locally and in partnership with Age Concerns to help people in later life to stay active by providing opportunities to exercise.

Regular physical activity is tremendously important to mental and physical health and well-being.

Experts recommend participating in physical activity for at least 30 minutes on five or more days a week.

Additional recommendations for older people include:

All people in later life should undertake physical activities to improve muscle strength at least twice a week in addition to the primary recommendation of 150 minutes, activities can include heavy gardening or dancing and need not be undertaken as gym-based exercise.

Older adults at risk of falls should also undertake physical activity involving balance training on two or more days per week for the prevention of falls. This should be in addition to the primary recommendation of 150 minutes, although some aerobic activities can also enhance balance (e.g. dancing), and some movements simultaneously strengthen muscles and improve balance (e.g. tai chi exercise).



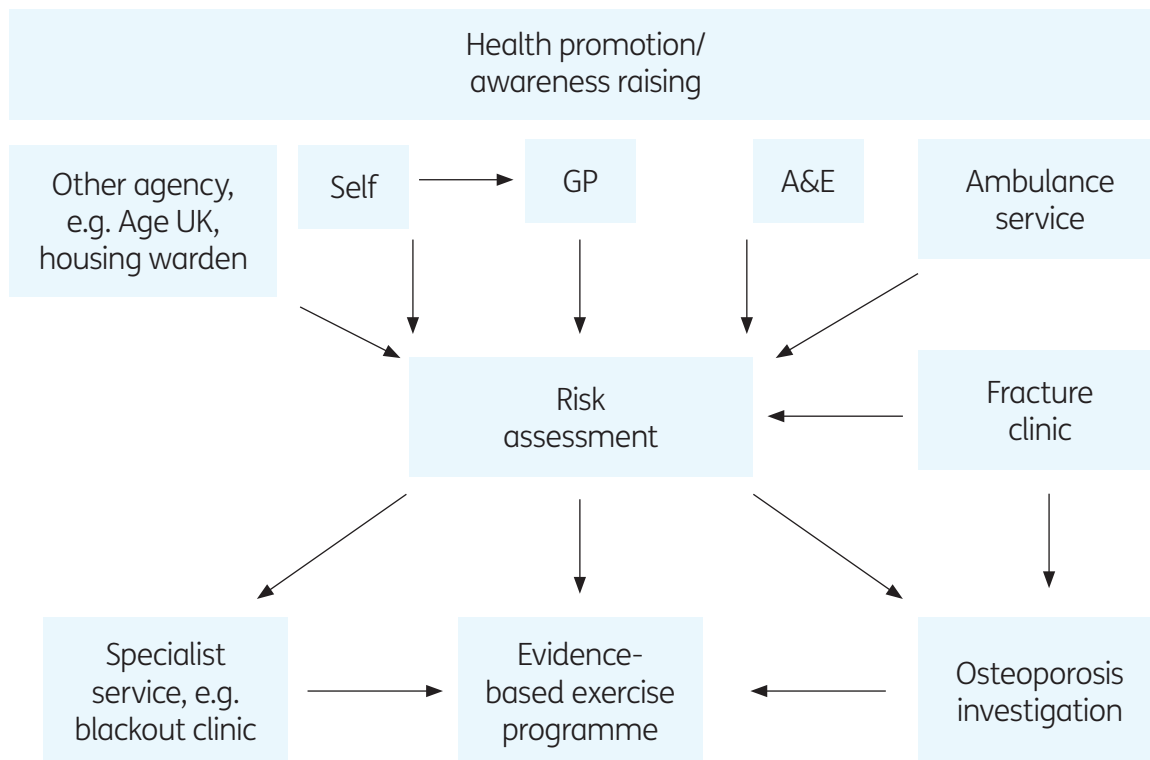
People in later life should undertake physical activities to improve muscle strength at least twice a week.

Investing in falls prevention services

In order to be effective in reducing falls, a falls prevention service needs to be integrated and comprehensive. As there can be so many causes of a fall, there are a multitude of interventions and agencies that should be involved in referral, assessment and treatment. A fall at home could be caused by home hazards, for example. However, if it is a result of unexplained blackouts, a home hazard assessment will not determine the root of the problem and have little effect in reducing the risk of further falls. Good referral routes between organisations are therefore essential, as is a full risk assessment.

The diagram below shows the possible – and sometimes missing – agencies that can be involved in identifying people who have fallen, and those at risk, as well as some of the treatments and processes that are involved in a falls care pathway.

Falls care pathway



Exercise programmes designed to improve strength and balance, delivered over several weeks or months by a local service, can lead to a reduction in falls.





Cambridge Community Services NHS

Providing a lifetime of care

Our Vision

To deliver high quality health and social care to maximise the health and wellbeing of the people we serve

Our Purpose

To make people's lives better

Our Values

Honesty
Empathy
Ambition
Respect

The key components within this pathway include:

- **Integrated, multi-disciplinary services**

Effective falls prevention services require a wide referral base and integrated referral routes from agencies including ambulance services, the voluntary sector as well as older people, families and relatives. In many falls pathways, the only route to a falls prevention service and risk assessment is through referral from the GP.

- **Evidence-based exercise programmes**

Services should offer a choice of and referral to an evidence-based exercise programme such as the Otago Exercise Programme or Postural Stability. For those who have not had a fall, effective exercise programmes can also include tai chi, dancing and other general exercise classes that include components of strength and balance.

- **Health promotion**

Older people, as well as their families and carers, need to know how to prevent falls and to access the services that can help to reduce the risk of falls. Effective health promotion, and self-referral where this is available, are two important ways of achieving this.

The following examples outline some of the services which have effectively responded to these areas.

Effective exercise programmes can also include tai chi, dancing and other general exercise classes that include components of strength and balance.



Examples of falls prevention services

Greater Glasgow and Clyde Community (GC&C) Falls Prevention Programme

The Greater Glasgow and Clyde Community Falls Prevention Programme sees nearly 175 patients a month. Over a ten-year period, there has been a reduction in admissions due to falls in the home by 32 per cent, falls in residential institutions by 27 per cent and falls in the street by nearly 40 per cent. By comparison, there was just a 5 per cent reduction throughout Scotland over a similar period. Admissions for hip fractures over this ten-year period have also decreased by 3.6 per cent in Greater Glasgow and Clyde. In England admissions have increased by nearly 2 per cent year on year.

The key to success

• Clear and easy referral process

The service accepts open referral and has a one-stop phone number which can be used by older people, as well as families, carers and health professionals.

Unlike most other falls prevention services, Glasgow operates a database that keeps track of patients that have used the service.

• Efficiency

Patients who are referred to the service are first contacted and triaged by the falls administrator before being referred on for a full risk assessment.

The service has trained Occupational Therapist Support Workers specifically for this, reducing costs without any negative impact on treatment.

• Promotion

A leaflet to advertise the service and the one-stop phone number is displayed widely in GP surgeries, libraries and other settings throughout Glasgow. It is well received due to its accessible use of imagery, with both standing and sitting models, and no images of frailty.

• Integration

The NHS and local council have a very good relationship. Exercise instructors are trained alongside physiotherapists, leading to good relationships within the service and breaks down some of the usual barriers in referrals from one element of the pathway to another.

• Accessibility

Assessments are carried out in the patient's home rather than in a healthcare environment, ensuring the service is user friendly and non-threatening. This also eliminates 'no-shows'.

Exercise classes are set up with the patient in mind and run in community centres by trained specialised therapists rather than NHS settings. They are held one hour after rehabilitation classes, which is more convenient for patients.

	GC&C	Scotland	England
Admissions due to falls	↓ 32% falls in the home ↓ 27% falls in residential institutions ↓ 40% falls in the street/highway	↓ 5%	↑ 5%
Hip fractures	↓ 3.6%		↑ 2%

Examples of falls prevention services

Tameside and Glossop Falls and Osteoporosis Service

Since launching its multi-agency strategy in 2006, Tameside and Glossop Falls and Osteoporosis Service has seen a dramatic reduction in the number of falls and fractures throughout the borough: from a rate of twice the national average for hip fractures to just under the national average, and made significant savings along the way.

The key to success

• Multi-agency approach

Tameside and Glossop NHS has brought in a wide variety of agencies, including the local council, crime prevention unit, care homes and social housing teams, and developed a range of innovative, low-cost solutions to raising awareness and reducing falls. For example, introducing a model of risk assessment for care home residents, supporting intergenerational activities in sheltered housing and engaging the local Asian Older People's network to translate and deliver culturally sensitive information.

• Reducing hospital admissions

The service has worked particularly closely with the North West Ambulance Service to improve triage and referral routes. New 999 protocols have been implemented to reduce the number of non-emergency admissions to A&E, and provide more rapid response and assessment, home care and independent living support.

Age Concern Tameside, as part of its Healthy Living Community Falls Service, undertakes services to help maintain safety, independence, choice and dignity. The service receives and triages referrals, inviting clients to attend falls prevention education and introduction to exercise sessions over a period of eight weeks before referring clients into a low-cost Postural Stability Exercise Group provided by the local Sports and Leisure Services.

• Addressing barriers to participation

Transport is provided by local volunteer drivers and falls prevention groups and exercise classes are held within local sheltered housing schemes to help reduce costs and allow clients from inside and outside the housing schemes to socialise.

Hampshire: Better Balance for Life

Over the last year, Hampshire Council has been working with the primary care trust, Hampshire Community Health Care, district councils and the voluntary sector to roll out a public health programme to increase opportunities for older people to take part in physical activity. The programme links into the NHS falls and bone health strategy and pathway.

‘Better Balance for Life’ is an easy-to-follow programme designed by physiotherapists and physical activity professionals. It consists of nine exercises that can be done alone or as part of a group to improve strength and balance, particularly among those who have never had a fall. It can be led by older people, volunteers, activity co-ordinators in sheltered housing and residential homes. No previous experience is needed.

Following a series of launch events, facilitator workshops were held to motivate older people to get involved. Participants were taken through the exercises themselves and provided with a facilitator pack including a DVD of exercises and a CD of music to take away and use. There are now several hundred facilitators across the county who know how to use the exercises. Over 1,000 people have been contacted through launches and facilitator workshops.

The key to the success of this programme is that every community social group of older people in Hampshire is able to do some exercise. The feedback so far has been very positive and it’s been well received because it is simple to follow.

Following on from this success, Hampshire County Council is developing a training pack for people with dementia as well as ongoing monitoring and evaluation with the aim of reducing attendance figures at A&E from falls.

The feedback so far has been very positive and it’s been well received because it is simple to follow.



Cambridge City Falls Exercise Pathway

Strength and balance is considered to be one of the biggest interventions in reducing the risk of falls, particularly in primary prevention. Evidence based exercise programmes such as Otago Exercise Programme and FaME (Falls Management Exercise) can reduce the risk of falls by up to 55 per cent. Yet, in practice, the majority of older people are limited to an eight- to 12-week programme. Research conducted by Age UK also indicates that only 44 per cent of people over 65 are aware that certain exercises prevent falls.

The Cambridge City Falls Exercise Pathway is one of the few services that has established exercise opportunities across health and other statutory and voluntary agencies, ensuring continuity in its falls exercise pathway.

The service demonstrates how resource and funding limitations can be overcome to achieve sustainability, as well as a wide variety of choice for older people.

The pathway offers a range of classes appropriate to the ability of the individual and delivered by an appropriately trained instructor. This includes appropriate home and group classes for those who have fallen and/or feel unsteady on their feet. Local classes are also provided in the community to promote healthy active ageing and increase independence in order to delay the onset of risk factors for falling.

Specifically:

- Level 1** – introduction to exercise (chair-based)
- Level 2** – chair exercises and some supported standing exercises
- Level 3** – strength and balance exercises (Otago Exercise Programme)
- Level 4** – strength and balance (Postural Stability Exercises, including coping strategies and functional floor work)
- Level 5** – general community-based exercise opportunities for older people.

Motivation is a key element within the pathway and is included in the training for all healthcare and exercise professionals. The aim is to ensure that participants understand what they're signing up to and that there are limited staff resources available to run the service. For example, a motivation interview has been incorporated into the pathway for those offered a strength and balance programme following a falls assessment to identify risk factors for falling. The importance of carrying out the exercise programme at least three times a week (typically a class once a week and home exercise programme twice a week), in order to reduce and maintain falls risk, is explained. If the older person expresses any doubt about their motivation to exercise, they are encouraged to think about it, discuss with relatives or friends if appropriate and to phone back if they are interested in proceeding.

This has reduced the number of participants who do not complete the programme and allowed limited staff resources to be targeted more effectively.

Cambridge City Falls Exercise Pathway

The success of this pathway is largely due to the 'Forever Active' project. This started ten years ago with money from the Improving Health Partnership. A Sports Development Officer (SDO) with a specific remit for older people was appointed by Cambridge City Council. The project was overseen by an inter-agency steering group.

In 2007 the project evolved into a constituted voluntary organisation, co-ordinated by the SDO post above but with a forum, 'Friends of Forever Active', run by older people for older people. This enables them to apply for external grants, and classes are now self-funding and therefore sustainable. There are currently 800-1,000 attendances at classes each month.

The scheme facilitates an extremely wide reach across the city – brochures are sent out to every participant on the database as well as to a wide variety of local venues including community centres, sport centres, older adult organisations, libraries and GP surgeries. Volunteers also help out with publicity and give regular talks about the scheme to local community groups to attract new members. In addition, a volunteer car-share scheme helps socially isolated members get to classes. It is also an active route for referrals through to the Falls Prevention Service.

'The service demonstrates how resource and funding limitations can be overcome to achieve sustainability, as well as a wide variety of choice for older people.'



Examples of falls prevention services

Age UK Barnet: Ageing Well

Age UK Barnet's Ageing Well project promotes healthier lifestyles among the over-50s.

It has established a successful borough-wide falls prevention programme and includes a sophisticated programme of advice on topics such as healthy eating, regular eye checks, managing medicines, foot care, hazards in the home and keeping active.

The falls prevention programme runs in day centres, luncheon clubs and other community settings to reach the widest possible audience. Tai chi is a central element of the falls prevention programme and the project has established many classes throughout Barnet as well as training volunteers to become tai chi class leaders and senior health mentors to deliver health promotion talks and provide related advice.

Age UK Cheshire: Falls Prevention Project

Age UK Cheshire's Falls Prevention Project works to reduce the number of people who need to attend the A&E department because they have fallen in their homes.

By carrying out home visits to individuals and talks to groups, they are able to highlight possible hazardous areas within the home and make alterations where necessary.

A Falls Prevention Co-ordinator is employed to make home visits and discuss concerns about falls in the home and their possible causes, including:

- use of steps and stairs
- access to the bath
- medication
- vision
- feet and footwear
- furniture
- rugs, etc.

Alterations that are agreed with the Falls Prevention Co-ordinator are provided free of charge. The service is open to anyone who feels that an older person is at risk of falling or has fallen, including health and social care agencies, voluntary organisations, carers, relatives, friends, neighbours, as well as older people themselves.

Age UK South Staffordshire: Falls Service

Age UK South Staffordshire began running a Falls Service with Cannock Chase Primary Care Trust as a pilot project in April 2005. Following the success of the first year the scheme has now been extended and is funded by South Staffordshire PCT.

The service is delivered by two co-ordinators and an administration assistant who upon receiving a referral, will contact the service user to arrange a home assessment. All service users are protected by confidentiality and the Data Protection Act. Following assessment, onward referrals are made, if appropriate and with the service user's permission, to partnership agencies such as Cannock Chase Intermediate Care Team, Disability Services Team, Social Services, Pharmacy review, etc. All service users will receive falls prevention literature and advice.

Age Concern Oldham: Falls and Injury Prevention Exercise Scheme

Age Concern Oldham's Falls and Injury Prevention Exercise Scheme for older people is delivered in partnership with Oldham Community Leisure Ltd. The scheme is targeted towards people in later life who have experienced falls or who are considered to be at high risk of falling and to whom physiotherapists can offer only a limited programme due to the demands made on their service.

Sessions are delivered by fitness instructors who have completed an intensive specialised 60-hour course on falls prevention in older people, pioneered by Leicester College and developed by the exercise physiology and gerontology schools from Salford University specifically for Age Concern Oldham and Oldham Community Leisure Ltd.

The exercise classes take place at the local sports centre as well as at sheltered accommodation lounges throughout Oldham. Groups are restricted to ten clients per session to facilitate more one-to-one attention and guidance. Instructors use a variety of strength, balance, co-ordination, flexibility and chair exercises tailored to the individual's abilities. There is an emphasis on the education and empowerment of all participants.

Age UK Milton Keynes: Preventing falls together

Age UK Milton Keynes, the local primary care trust, foundation trust and the local authority work together to reduce the risk to people in later life from falling.

Older people who have suffered falls are assessed at home to see if they are at further risk. Often small practical measures can be taken to reduce the risk of falling, or reduce the complications that can arise following a fall.

Age UK Milton Keynes also offers guided walks in the local area to encourage people to take gentle exercise and keep active and mobile.



Recommendations

The Stop Falling: Start Saving Lives and Money campaign is calling for:

- Falls prevention services to be prioritised by all those responsible including the Department of Health, general practitioners, primary care trusts and local authorities.
- Evidence-based exercise programmes to be made available to all older people who are at risk of falling.
- Health services to identify and refer older people at risk of falling to falls prevention services.

Falling is not an inevitable part of ageing. With the right knowledge and support older people can stay active and prevent falling.

Where to go for more information

If you would like to find out more about our campaign, or to share your experience:

Call us: 0800 169 87 87

Visit: www.ageuk.org.uk

Email: campaigns@ageuk.org.uk

Write to us:

Age UK Campaigns
Astral House
1268 London Road
London SW16 4ER

Age UK produces the following resources to help if you want to improve your strength and balance:

Strength and Balance Exercises for Healthy Ageing (price £6)

An A4 ring-bound, table-top flip chart with simple illustrations and step-by-step instructions for chair- and non-chair-based exercises.

Be Strong, Be Steady (price £12)

A strength and balance exercise DVD that includes chair-based and standing exercises, 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.

To order any of these titles, call **Age UK Advice** on **0800 169 65 65**.

Prices do not include postage and packing.

Useful free publications available from Age UK include: **Adapting Your Home** and **Home Safety Checker**

'fit as a fiddle' is a nationwide programme of regional and national projects, supporting people aged over 50 by encouraging physical activity, healthy eating and mental well-being. For more information, visit www.fitasafiddle.org.uk





The new force combining
Age Concern and Help the Aged

Age UK is working locally and in partnership with Age Concerns.

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