

Section 4: Burden of ill-health

Falls and bone health



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Briefing (and hyperlink)	Section
Age and the ageing population	Demographics
Demographics	Burden of ill-health: disability and conditions effecting older people
Reducing admissions to care homes	Burden of ill-health: disability and conditions effecting older people
Physical disability	Burden of ill-health: disability and conditions effecting older people
Visual impairment	Burden of ill-health: disability and conditions effecting older people
Hearing impairment	Burden of ill-health: disability and conditions effecting older people
Rheumatological and orthopaedic conditions	Burden of ill-health: disability and conditions effecting older people
Carers	Burden of ill-health: disability and conditions effecting older people

Outcome Frameworks Summary

The Public Health Outcomes Framework for England, 2013-2016¹ outlines the overarching vision for public health as “to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest”. The NHS Outcomes Framework 2014/15² set out how the improvement of healthcare outcomes for all will be the primary purpose of the NHS. The following indicators from these frameworks are relevant to this section.

Framework	Reference	Indicator
Public Health	2.24	Falls and fall injuries in the over 65s
Public Health	4.12	Preventable sight loss
Public Health	4.14	Hip fractures in over 65s
Public Health	3.5	The proportion of patients recovering to their previous levels of mobility / walking ability at (i) 30 and (ii) 120 days

Edition

Edition	Version no.	Changes/Comments
2012/13	1	N/A
2013/14	1	

Executive Summary

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The conventional methodology for counting admissions for fall injuries was updated in 2013 and a new definition adopted for use in the Public Health Outcomes Framework. Therefore, figures calculated under this new methodology cannot be compared to those under the previous methodology. Using the new methodology, Wiltshire's rate is statistically significantly lower than the England rate, in 2012/13.

Falls are more common, and more likely to have serious consequences, in older people. Therefore, as Wiltshire has an ageing population, falls is a focus area for Public Health. The Joint Wiltshire Falls and Bone Health Strategy has been updated in 2012⁴.

Why is this area important

Falls are a common cause of injury and loss of independence in older people.

Nationally each year 1 in 3 people aged over 65 and almost 50% of people aged over 85 have one or more falls every year. Over half of residents in institutional care have had at least one fall over a one-year period. Two out of three previous fallers will fall in the subsequent year.^{5 6}

Around 40-60% of falls lead to injuries, with the majority being minor injuries. However 5% of falls cause major injuries and a further 5% cause fractures. Falls are the commonest cause of injury-related death in people over 75 years.

There are other serious consequences of falling:

- Fear of falling.
- Loss of confidence.
- Loss of mobility which can lead to social isolation and depression.
- Loss of independence.
- Disability.

These can lead to increased dependency on carers and services.

Falls and falls related injuries are considered a factor in 40-60% of care home admissions, and also lead to increased levels of care at home.

The incidence of falls is currently increasing by 2% each year. As England has an ageing population unless action is taken it is likely that this rate will continue to rise.⁷ The South West region faces a particular challenge as many people choose to retire here. The population of people aged 85 and over in Wiltshire increased by 32.8% between the 2001 and 2011 Censuses⁸ and the number of Wiltshire's residents aged over 85 years is projected to increase from around 12,600 in 2012 to over 17,000 by 2021. Not only does this mean there will be an increasing numbers of falls and fractures, but also more people with dementia and long-term conditions.

Falls cost the UK government around £981 million.⁹ Inpatient admissions and long term care account for the majority of these costs.¹⁰ The total annual cost to the NHS of falls related fractures has been calculated as £1.7 billion.¹¹

Falls and falls related injuries have been identified within national targets in the Public Health Outcome Framework, NHS outcome Framework and Quality Outcome Framework (QOF).

An acknowledgement of falls as an increasing public health issue in Wiltshire led to the launch of a Wiltshire falls and bone health strategy in June 2009. This has been revised and a new strategy has been published for 2012-2014¹².

What are the needs of the population?

Falls primarily focuses on older people as research provides evidence that this group are more at risk of falls than any other group.

In 2011/12¹³, there were 1,551 emergency admissions because of injuries sustained from a fall per 100,000 people aged over 65¹. That means that on average for every day in 2011/12 there were around 5 emergency admissions for falls in people aged over 65 living in Wiltshire. This also equates to one in every 49 people aged 65 or over being admitted to hospital as a result of a fall. In Wiltshire, in 2012/13, there were 8,724 callouts from the South Western Ambulance Service for falls, which was 16% of the total callouts. This compares with 8,771 callouts in 2011/12 which equated to 17% of all callouts.

Wiltshire's admission rate for falls fell slightly from 1,587 per 100,000 (over 65s) in 2010/11 to 1,551 in 2011/12. The conventional methodology for counting admissions for fall injuries was updated in 2013 and a new definition adopted for use in the Public Health Outcomes Framework. Using the new methodology, Wiltshire's rate is statistically significantly lower than the England rate (in 2012/13) of 1,665 per 100,000¹⁴.

As a large number of falls are not admitted to secondary care these numbers are an under-estimate of the true burden of falls in the community. Estimates from Projecting Older People Population Information System (POPPI) show that for every hospital admission for a fall there are two ED attendances for a fall.

¹ Note that the conventional methodology for counting admissions for fall injuries was updated in 2013 and a new definition adopted for use in the Public Health Outcomes Framework

There is variation in falls admission between community areas. In 2012/13, the admissions to hospital due to falls per 100,000 people aged 65 or over are statistically significantly higher in Salisbury and Wilton compared to the Wiltshire rate and statistically significantly lower in Southern Wiltshire and Calne.

It is important to prevent falls in older people during a stay in hospital. NICE guidance suggests that all people 65 or older and those aged 50-64 at high risk, who are admitted to hospital should be considered for a multifactorial assessment for their risk of falling during their hospital stay. They should also be offered a multifactorial assessment of their community-based falls risk, if appropriate. It is not possible to isolate hospitals as a location of a fall from hospital admission statistics. However, 2011/12 Wiltshire statistics show that the majority of falls (68.7%) happened at home and 15.6% in a residential setting that would include care homes and nursing homes.

548 people aged 65 or over who lived in Wiltshire had a hip fracture in 2011/12¹⁵. Hip fractures in this age group cost around £3.2 million in hospital costs. This does not include costs to the patient or social care. There will also be a large number of other osteoporotic fractures, such as wrist and vertebral fractures.

An estimated 2 million women in England and Wales have osteoporosis. 25% of women 80 years or older have osteoporosis. For a woman over 50 her lifetime risk of a vertebral fracture is 1 in 3 and for a hip fracture 1 in 5.

The NICE costing template¹⁶ uses national data for osteoporosis to give local estimates for osteoporosis and fragility fractures. This template estimates that there are 86,460 post-menopausal women in Wiltshire of whom 10,372 women have osteoporosis without a prior fracture and 9,754 women with osteoporosis with clinically apparent osteoporotic fragility fractures.¹⁷

Current service provision

There are currently a wide range of services in Wiltshire both to prevent falls and fractures and to treat those who have fallen or fractured. Wiltshire has adopted a model of universal, targeted and specialist services for falls and bone health. Specialist services target those who have complex needs relating to falls or fracture. Within the model falls and fracture risk management are seen as the business of all health and social care providers in Wiltshire.

Services are provided at community, inpatient, ambulance service and GP levels. Such multidisciplinary assessment and treatment has been shown to reduce people's risk of falls and fracture.

Universal and targeted care services are intended to support the general population, and provide those at risk of a fall or fracture with the support they need to self-care and self-manage. Physical Activity is especially important. Currently there are 24 Older People's strength and balance classes across Wiltshire, including postural stability classes and chair based/standing classes.

Wiltshire Council, community health services and the voluntary sector also provide exercise programmes and general exercise classes targeting older people. Wiltshire's multidisciplinary approach also means falls services are incorporated into an array of programmes, including nutrition, transport, the Good Neighbour service and social care.

What works

NICE guidance¹⁸ provides five key priorities for falls and fracture prevention:

- Case/risk identification.
- Multifactorial falls risk assessment.
- Multifactorial interventions.
- Encouraging the participation of older people in falls prevention programmes including education and information.
- Professional education.

Osteoporosis assessment and treatment need to be integrated within primary care and falls services. NICE Technology Appraisals Guidelines¹⁹²⁰²¹ on the management of primary and secondary prevention of osteoporosis gives clear guidance on who should be treated and appropriate management options.

A Cochrane review²² shows multifactorial assessment and interventions significantly reduce the rate of falls. The NICE²³ cost-effectiveness analysis shows that multifactorial interventions are cost-effective compared to a control group.

Resources

NICE Clinical practice guideline for the assessment and prevention of falls in older people, 2013. New recommendations have been added about preventing falls in older people during a hospital stay.

<http://www.nice.org.uk/Guidance/cg161>

National Hip Fracture Database - The NHFD is a joint venture of the British Geriatrics Society and the British Orthopaedic Association, and is designed to facilitate improvements in the quality and cost effectiveness of hip fracture care. It allows care to be audited against the six evidence-based standards set out in the BOA/BGS Blue Book on the care of patients with fragility fracture; and enables local health economies to benchmark their performance in hip fracture care against national data.

<http://www.nhfd.co.uk/>

NICE. TA 160 – Osteoporosis primary prevention. 2011.

<http://guidance.nice.org.uk/TA160/Guidance/pdf/English>

NICE. TA 161 – Osteoporosis secondary prevention. 2008.

<http://guidance.nice.org.uk/TA161/Guidance/pdf/English>

National Osteoporosis Society - The National Osteoporosis Society is the only UK wide charity dedicated to improving the diagnosis, prevention and treatment of osteoporosis.

<http://www.nos.org.uk/>

All Party Parliamentary Osteoporosis Group

Challenges for consideration

The five priority areas for action identified in the Wiltshire Falls and Bone Health Strategy 2012-14²⁴ are:

1. Update the falls and osteoporosis care pathways for use across Wiltshire.
2. Make sure an individual person's risk of falling is assessed and people have access to evidence-based treatments.
3. Make sure an individual person's risk of osteoporosis is assessment and suitable treatment started.
4. Maintain improvement of hospitals in the management of hip fractures.
5. Raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers. Including the promotion of healthy lifestyles.

The Falls and Bone Health Strategy Group will be working on a detailed implementation plan which will include further recommendations and actions.

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¹ Healthy Lives, Healthy People: Improving outcomes and supporting transparency, Department of Health, January 2012 <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

² NHS Outcomes Framework 2014/15, Department of Health, 2013.

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

³ Public Health Outcomes Framework. <http://www.phoutcomes.info/> (accessed 11/12/13)

⁴ Wiltshire Falls and Bone Health Strategy, 2012-2014 Wiltshire Council & NHS Wiltshire.

<http://www.intelligence-network.org.uk/EasysiteWeb/getresource.axd?AssetID=55338&type=full&servicetype=Attachment>

⁵ Masud, T. and Morris R. Epidemiology of falls. Age and Ageing 2001; 30-S4:3-7.

⁶ Department of Health (2011) Healthy Lives, Healthy People.

⁷ Masud, T. and Morris R. Epidemiology of falls. Age and Ageing 2001; 30-S4:3-7.

⁸ www.intelligence-network.org.uk

⁹ Scuffham P, Chaplin S and Legood R. Incidence and cost of unintentional falls in older people in the United Kingdom. J Epidemiol Community Health 2003; 57: 740-744.

¹⁰ Scuffham P, Chaplin S and Legood R. Incidence and cost of unintentional falls in older people in the United Kingdom. J Epidemiol Community Health 2003; 57: 740-744.

¹¹ NICE. Clinical practice guideline for the assessment and prevention of falls in older people. 2013 <http://www.nice.org.uk/Guidance/cg161> .

¹² Wiltshire Falls and Bone Health Strategy, 2012-2014 Wiltshire Council & NHS Wiltshire.

<http://www.intelligence-network.org.uk/EasysiteWeb/getresource.axd?AssetID=55338&type=full&servicetype=Attachment>

¹³ Public Health Outcomes Framework. <http://www.phoutcomes.info/> (accessed 11/12/13)

¹⁴ Public Health Outcomes Framework. <http://www.phoutcomes.info/> (accessed 11/12/13)

¹⁵ Public Health Outcomes Framework. <http://www.phoutcomes.info/> (accessed 11/12/13)

¹⁶ NICE Osteoporosis – secondary prevention including strontium ranelate: costing template. 2008. Osteoporosis – primary prevention: costing template. 2008. Available at:

<http://www.nice.org.uk/nicemedia/live/11748/42723/42723.xls>

¹⁷ NHS Employers. Changing to QOF 2012/13. Available at:

<http://www.nhsemployers.org/SiteCollectionDocuments/Summary%20of%20QOF%20changes%20for%202012-13%20-%20updated%20Feb%202012%20-%20ja200212.pdf>

¹⁸ NICE. Clinical practice guideline for the assessment and prevention of falls in older people. 2004.

¹⁹ NHS Employers. Changing to QOF 2012/13. Available at:

<http://www.nhsemployers.org/SiteCollectionDocuments/Summary%20of%20QOF%20changes%20for%202012-13%20-%20updated%20Feb%202012%20-%20ja200212.pdf>

²⁰ NICE. TA 160 – Osteoporosis primary prevention. 2011. Available at:

<http://guidance.nice.org.uk/TA160/Guidance/pdf/English>.

²¹ NICE. TA 161 – Osteoporosis secondary prevention. 2008. Available at:

<http://guidance.nice.org.uk/TA161/Guidance/pdf/English>

²² Howe TE, Shea B, Dawson LJ, Downie F, Murray A, Ross C, Harbour RT, Caldwell LM, Creed G. Exercise for preventing and treating osteoporosis in postmenopausal women. Cochrane Database of Systematic Reviews 2011, Issue 7.

²³ NICE. Clinical practice guideline for the assessment and prevention of falls in older people. 2013

<http://www.nice.org.uk/Guidance/cg161> .

²⁴ Wiltshire Falls and Bone Health Strategy, 2012-2014 Wiltshire Council & NHS Wiltshire.

<http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=55338&type=full&servicetype=Attachment>