

A decorative sunburst graphic in the top left corner, composed of many thin, white, radiating lines on an orange background.

# Falls Prevention & Bone Health Workstream<sub>v0\_7</sub>

To radically improve patient  
outcomes and efficiency of care  
after falls and fractures

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# Case for change



- Falls affects, at least once a year, 30% of people over 65, & 50% of people over 80 yrs old.
  - ~260,000 people in NHS East Midlands
- Falls are the commonest cause of serious injury in older people and the commonest reason for hospital attendance.
- Falls are the biggest cause of trauma bed days in NHSEM. In 2009/10:
  - ~100,000 falls-related bed days in >60yr olds
  - Were 6,444 excess bed days for all falls patients, costing £1,390,000
- Falls are the commonest cause of calls to EMAS on a consistent basis
  - ~25% of all EMAS calls are falls related
  - ~60% of these are being conveyed to A&E
- Fractures sustained as a result of falling are rising
  - ~6% of falls result in a fracture

# Case for change II



- The number of fractures per year now exceeds the number of people suffering strokes and heart attacks
- Over 300,000 patients each year present to hospitals in the UK with 'fragility' fractures.
- Medical and social care costs for fragility fractures are around £2 billion a year – most of which relate to hip fracture care. In NHSEM for people aged >60yrs
  - 3,258 people fell and fractured their hip in 2008/09, 3,523 people in 2009/10
  - At an average of £6,395 per hip fracture procedure (or an average of ~£16,000 for each overall #NOF care), in 2009/10, the procedure alone equates to £22.5m, and total care equates to £56.3m
- **Doing nothing is NOT an option. An ageing demography means this will increase 50% by 2020**



# The Challenge

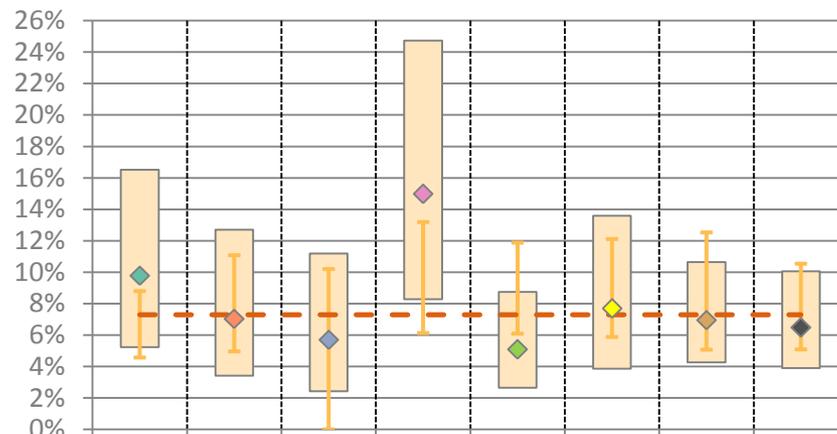


- Falls & Fractures are identified in NHS Outcomes Framework (3.5 – improving recovery from fragility fractures), NHS Operating Framework (4.67 – Fragility fractures in the elderly), and NHS Prevention package for older people resources
- ***“There are few other examples of such a common and serious presentation (falls & fractures), with **such compelling evidence of effective treatment that has been so neglected by health care professionals** (British Geriatrics Society)”.***
- The aim of this presentation is to get the following evidence-based solutions into commissioning contracts, and to commission:
  - **Best Practice Tariff** for improving outcomes in hip fractures
  - **Fracture Liaison Service** to help prevent future fractures
  - **Multi disciplinary interventions** to reduce future falls
  - **Integrated falls patient pathway** to reduce future falls
- Effective commissioning is needed to produce high quality falls and fracture prevention services, and to reduce variation

# Variation & Opportunity



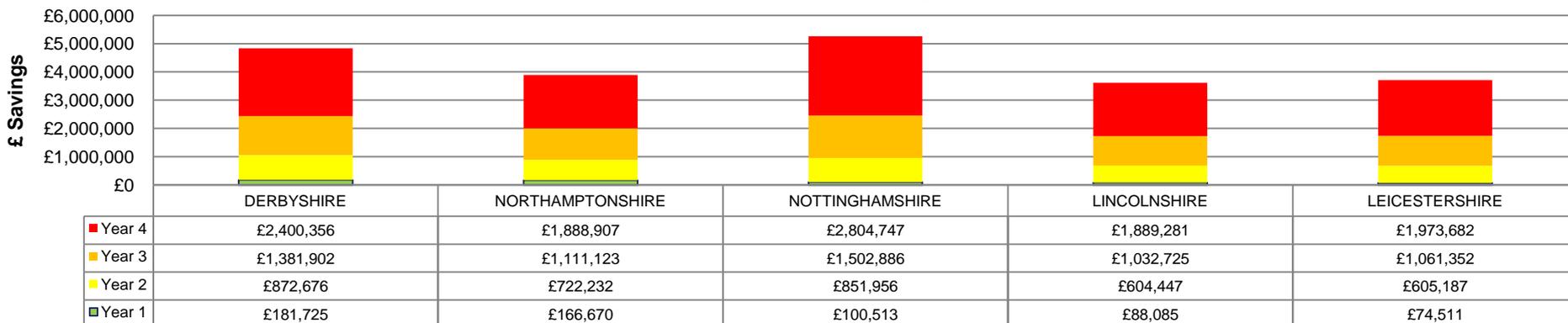
- Care and outcomes show massive, unnecessary national and local variation
  - e.g. hip fractures annually are the leading cause of accident-related mortality In NHSEM
  - Initial figures on mortality for patients >60 admitted with a primary diagnosis of #NOF varies between 5.09% to 14.9%



Mortality for patients >60 admitted with a primary diagnosis of #NOF (RY Q1 2010/11)

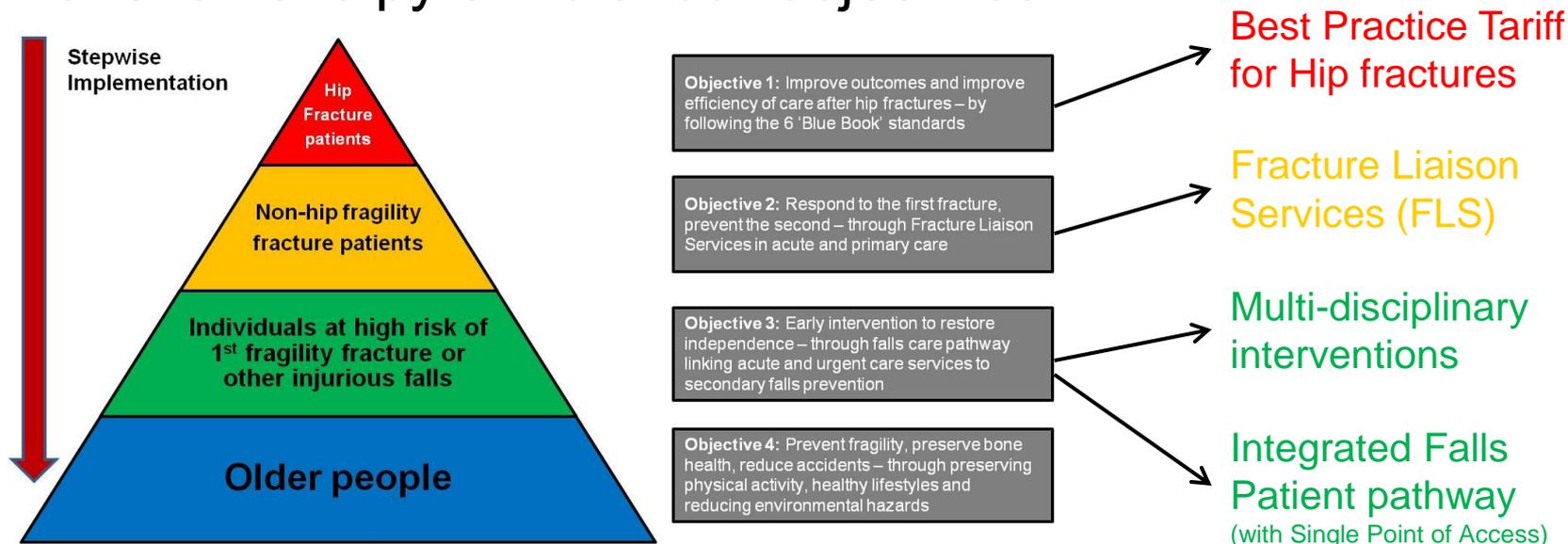
- Initial figures - opportunity to save ~£21m in NHSEM over four years
  - (£0.6m in yr 1, £3.6m in yr 2, £6m in yr 3, £11m in yr 4)

East Midlands LHCs falls related savings over four years



# Recommended solutions

- Our evidence-based proposed model is linked to the National Falls & Bone Health Strategy, and mirrors the national falls pyramid's four objectives



- Implementing these solutions won't always show immediate benefits
  - e.g. based on a 320,000 PCT population, a FLS will cost ~£250,000 for a years cohort of pts. While pts gain benefits much sooner, organisations may not see financial 'break even' benefits until year four/five.

# What we recommend

Most NHSEM organisations are already planning for, developing, or improving at-least one of the below

Recommendation	Provider	Commissioner	Rationale / Benefits
<p><b>Best Practice Tariff (BPT) for Hip Fractures</b></p> <p>Developed to promote prompt surgery for #NOF, and appropriate involvement of geriatric medicine</p>	<p>Progress towards achieving BPT for hip fractures, following the blue book six-steps. Best Practice Tariff financial incentives are available</p> <ul style="list-style-type: none"> <li>Six steps located at <a href="http://www.fractures.com/pdf/BOA-BGS-Blue-Book.pdf">http://www.fractures.com/pdf/BOA-BGS-Blue-Book.pdf</a></li> </ul>	<p>Commission services that follow the blue book six steps, and achieve BPT.</p> <ul style="list-style-type: none"> <li>Eight questions to ask your trust about #NOF located at <a href="http://www.institute.nhs.uk/images/documents/Quality_and_value/RIE/Eight%20Questions%20you%20should%20ask%20of%20your%20Trust%20today.doc">http://www.institute.nhs.uk/images/documents/Quality_and_value/RIE/Eight%20Questions%20you%20should%20ask%20of%20your%20Trust%20today.doc</a></li> </ul>	<ul style="list-style-type: none"> <li>Reduces hospital mortality</li> <li>Improves patient quality of care and patient outcomes</li> <li>Reduces patient Length of Stay (LOS) in hospital</li> <li>Increase compliance and consistency with #NOF pathways</li> <li>Links to falls service, which will help reduce future falls</li> <li>More cost effective care</li> </ul>
<p><b>Fracture Liaison Service</b></p> <p>A multi-disciplinary service where all fragility fracture pts over a certain age (e.g. 50) receive a bone health assessment and secondary fracture preventative assessment, to reduce future fractures</p>	<p>Deliver an osteoporosis assessment on all patients presenting with a fragility fracture, and monitors compliance with treatment</p>	<p>Set up/adapt multi-disciplinary Fracture Liaison Service, with links to Falls prevention services</p> <ul style="list-style-type: none"> <li>Economic case for FLS at <a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110099.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110099.pdf</a></li> </ul>	<ul style="list-style-type: none"> <li>Increases effective identification of patients with fragility fractures and the assessment and treatment of these patients</li> <li>Reduces future hip fractures, and helps prevent future fragility fractures</li> <li>Improves quality to the patient</li> <li>Monitor medication for better compliance &amp; improved patient outcomes</li> <li>Links to falls service, which will help reduce future falls</li> </ul>
<p><b>Multi-disciplinary Interventions</b></p> <p>Interventions that target multiple risk factors are more effective in reducing future falls than individual interventions</p>	<p>All falls services should deliver evidence based multi-disciplinary services, as recommended by NICE CG21</p> <ul style="list-style-type: none"> <li>NICE CG21 can be found at <a href="http://www.nice.org.uk/nicemedia/live/10956/29582/29582.pdf">http://www.nice.org.uk/nicemedia/live/10956/29582/29582.pdf</a></li> </ul>	<p>All falls services should deliver evidence based multi-disciplinary services including community-based therapeutic exercise</p>	<ul style="list-style-type: none"> <li>As the reason for falling is not linked to one area, provides a full intervention programme that, evidence shows, can reduce future falls by 40-50%</li> <li>Specific programmes for improving strength and balance can reduce the risk of falls by as much as 55%</li> <li>Helps towards maintaining patient independence in their own home</li> </ul>
<p><b>Integrated care falls patient pathway, (with a Single Point of Access)</b></p>	<p>All patients presenting with a fall following a fall should be offered multi-disciplinary falls risk assessment, with appropriate onward locally agreed assessment tool for referral and intervention to prevent future falls.</p>	<p>Review current patient pathway, and compare with an ideal integrated patient pathway that includes a Single Point of Access, to establish what changes need to be made.</p>	<ul style="list-style-type: none"> <li>Single Point of access enables easier access to Falls services, and reduces confusion of what falls service to refer a patient to</li> </ul>

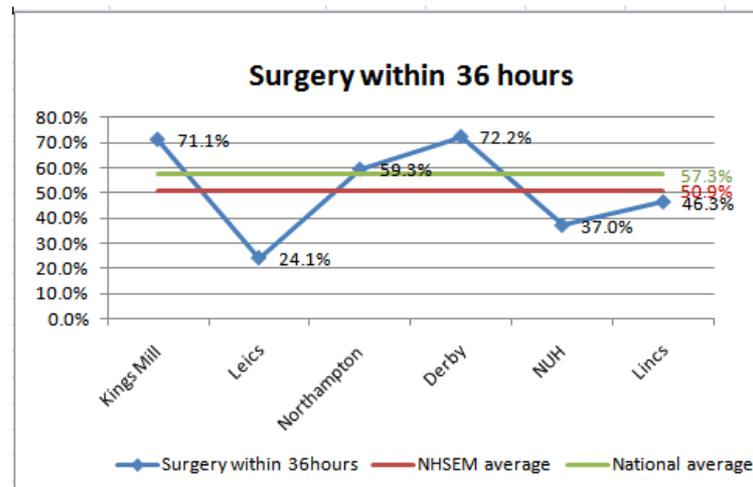
Work collaboratively across your county towards a new, integrated pathway

Links to further evidence and information can be found at <http://www.excellence.eastmidlands.nhs.uk/EasySiteWeb/getresource.axd?AssetID=39685&type=full&servicetype=Attachment>

# Agreement of Standards



- The locally agreed standards will enable you to target, monitor and compare the initial 'solutions'
- These will help deliver a high quality, efficient, and cost effective falls prevention and bone health service
  - These Standards can be found at <http://www.excellence.eastmidlands.nhs.uk/EasySiteWeb/getresource.axd?AssetID=39687&type=full&servicetype=Attachment>
- e.g. Standard 3 (BPT) - All patients with hip fracture who are medically fit should have surgery within 36 hours of admission.
  - Significant variance in Apr09-Mar10
  - Evidence shows that stabilising and operating on a hip fracture patient within 36hrs of presenting significantly
    - improves patient outcomes,
    - reduces patient mortality,
    - reduces the time patient is in hospital



# Metrics

Metrics have been agreed, and the Quality Observatory team are creating relevant searches and validating the information

Number	Metric
<b>Activity 1</b>	% of patients >60 yrs presenting with a fragility fracture *
<b>Activity 2</b>	Bed days of patients >60 yrs due to admissions related to falls (rolling year cumulative) *
<b>Activity 3</b>	% of readmissions of patients >60 yrs within 28 days for DVT, PE, Hip Infections, Pneumonia of all discharged #NOF
<b>Activity 4</b>	Admissions / presentations of patients >60 yrs with a recurrent fragility fracture
<b>Activity 5</b>	Number of #NOF admissions *
<b>Activity 6</b>	Number of admissions / presentations with falls
<b>Activity 7</b>	Length of stay for patients who have had an in-patient fall *
<b>Quality 1</b>	% of patients >60 yrs who meet best practice tariff criteria for hip fractures as a proportion of all hip fractures
<b>Quality 2</b>	In hospital mortality for people admitted with #NOF *
<b>Quality 3</b>	HES coded in-patient falls per 1000 bed days

\* Data currently being pulled. This will be made available once validated, and commentary included

# How we can support you



The NHS East Midlands QIPP Falls Prevention & Bone Health workstream is:

- Producing an evidence-based integrated care pathways model
  - What NHSEM organisations should aspire to be
  - What to have in-place to enable this
- Business case & financial modelling for evidence based Fracture Liaison Services, highlighting:
  - Cost implications
  - Patient benefits
  - Financial benefits,
- Section on the Towards Excellence website for communicating this, with examples, information, evidence, and case studies  
<http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/safe-care/falls-and-bone-health/>
- A Clinical Advisory Group of multi-disciplines is already set up, that should be allowed to continue and aim towards regional consensus



FLS Example - Lincs



# Summary & questions



## To summarise:

- Falls & fragility fractures are a growing problem, there is lots of evidence to reduce this, improvement won't happen overnight
- Potential to save ~£21m in NHS East Midlands over the next 4 years
- Initial 'solutions' to commission are:
  - **Best Practice Tariff** for hip fractures
  - **Fracture Liaison Service**
  - **Multi disciplinary interventions**
  - **Integrated falls patient pathway**

## Questions to ask:

- Is there something you need between now and the end of March 2011?
- How can we sustain regional momentum post March 2011?
- What other information do you need?
- What will convince you to implement these objectives?

# Key regional contacts



## Main Regional Contacts

Regional Workstream	Name	Contact	Contact	Role	Location
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