

East Berkshire Integrated Falls Service

Tuesday 19th July 2005

Report

Introduction

The stakeholder event took place on falls awareness day. It was an opportunity to share progress to date in developing an integrated falls service across East Berkshire, and to consult with those present on opportunities and challenges. These discussions were informed by an excellent presentation from Dr David Oliver, a national authority in this field.

The presentations

Hard copies of Dr Oliver's presentation were included in the delegates' information packs. An electronic version of similar material is at:

http://www.berkshire.nhs.uk/tips/documents/Presentations/2005/Feb%20Rheum/medical_social_impact_of_falls_fractures.pdf

Anya Ryan described recent achievements, current plans and possible obstacles relating to the East Berkshire falls service. This drew largely on information included within the draft strategy that was distributed in advance of the meeting. In particular, Anya explained the multi-layered approach that is envisaged, together with the care pathway and referral paperwork.

The workshops

Four workshops covered three separate topics:

- Falls prevention in the hospital and care home setting
- Falls prevention in the community setting
- Raising awareness of falls among staff and members of the public

The key lessons from these workshops are covered in an Appendix.

A falls prevention poster

Delegates worked in groups to design a poster that would serve to raise awareness of falls and local services. These were of an extremely high quality with slogans including:

1. Keep Young and Fracture Free
2. Keep Your Eyes on the Balls – Prevent Falls
3. Slips Trips and Falls – Prevention is Better than Cure
4. Leaves Fall Every Year, You Don't Have To. If you fall, call....
5. Undertaking Simple Exercise Is The Optimal Route Leading Onto Staying Energised Independent To The End
6. Less Trips, Better Hips
7. Mind Your Step

Key Priorities

The closing discussions identified some key areas of activity for the next 12 months. These were:

1. Providing easy access to a comprehensive assessment with improved flow through the care pathway.
2. Equitable access to the various components of the care pathway both across East Berkshire and within localities.
3. Tying the many strands of activity together with a clear communications strategy.
4. Exploiting the opportunities of the new pharmacy contract.
5. Identifying an alternative response to uninjured fallers who are currently requiring the attentions of RBAT.
6. Provision of moving and handling training in domiciliary and residential care settings so that staff can lift fallers.
7. Training of care home staff so that they can provide exercise schemes in-house.
8. Training of care home staff to a high standard so that they can undertake risk assessments and establish appropriate procedures to manage those risks.
9. Acute sector taking a wider view of fallers to include quality of life issues, hydration etc
10. More training opportunities for staff across the full range of disciplines.

Closing comments

David Oliver closed the event with his reflections on the work that is under way across East Berkshire.

He noted, and welcomed the fact, that we are combining piecemeal with stately commissioning processes. That is to say, we are moving forward where we can but also have a sense of longer-term priorities that require careful assessment. In doing so, we need to be careful to avoid providing a Rolls Royce service for those that are fortunate enough to access services, at the risk of leaving a great deal of unmet need.

Moving forward, it is vital that we develop basic skills in falls prevention and management throughout the system and that we understand what works and what benefits can be delivered. This requires ongoing organisational learning and a sound awareness of the shifting evidence base.

Finally, the work to date and the enthusiasm among the seventy or more delegates presents a great opportunity. We must ensure that all staff have the necessary skills and seize the moment.

Key messages from the workshops

Falls prevention in the hospital setting and care homes

There was praise for Anya's work in the care homes, for the growing use of risk assessment in the acute and now the community hospitals, and for the emerging good practice in Slough care homes rooted in training and risk assessment. Major concerns were about the physical environment, the absence of medication reviews, resourcing and staffing levels for those with dementia, the lack of focus on falls as a result of the modernisation targets.

The key changes that are required include greater education, making formal risk assessments part of the core business, better organisational support and joined up working with other services. Priority areas for investment are (1) Training (2) Environment and equipment (3) Medication, notably Calcium and Vitamin D, and Bisphosphonates.

Falls in the community

Major areas of good practice include the Slough falls clinic, the falls assessment tool for district nurses (thought doubts about how much it is used), growing use of falls risk assessment tools in a range of settings, identification of fallers in community settings, Age Concern home visits, the health promotion website (www.bhps.org.uk/falls/index.htm) and the growing work of health activists and leisure services.

There are concerns about the initial response to fallers, access to podiatry outside towns, capacity shortfalls (to see fallers in their own homes, to provide comprehensive assessments etc), limited training opportunities, geographical inequities, limited knowledge base in Out of Hours services, the link to community matrons and our ability to identify multiple fallers who access different services.

Particular concerns for RBAT were the absence of a standard approach across the county and maximising the effectiveness of emergency care practitioners. It would be helpful (a) if standard literature could be left with clients (b) if there were more lifting cushions within the community (c) if there were closer links to district nursing and (d) if care homes were all adopting best practice.

Intermediate care teams see a need for medical input, as well as the authority to run basic tests (eg MSU). They would also like stronger links to disciplines such as pharmacy and podiatry. Major discussion was about how to make telephone triage effective through training and the design of a robust assessment tool (could we learn from NHS Direct?). Capacity remains a concern as does the contrast between those who receive a service and those who slip through the net. Critical to optimise the links to the falls clinics and the day hospitals.

Education and training are critical - Need to link this work into all three Older People's Partnership Boards - Referral form (FRAT Extra) needs to be simpler and conform to SAP outline and format - Clear Read coding is necessary to collate evidence - Extend the exercise programmes - Transport is vital - Consider mobile screening units - Target supermarkets - Don't lose sight of importance of diet

Falls education and awareness

Need to develop short, sharp training events for a wide range of staff. Impact in primary care is limited because not included in Quality Outcomes Framework for general practice but we could look to develop a Locally Enhanced Service. Training also needs to embrace the voluntary sector.

Public communications strategy needs to be more hard hitting and we need to develop a public face for falls. Media include roadshows, local authority newspapers, staff, voluntary sector organisations, commercial partners, housing associations and so on. Tick Tock monies may also present opportunities. Website should be available in other community languages.

Champions

The following people responded to our request for falls champions within organisations:

- Jane Brogan, Bracknell Forest PCT
- Shelley Reid, Sport and Health Team, Slough Leisure
- Annetta Dendie, Sport and Health Team, Slough Leisure
- Liz King, Avon Ward, Upton Hospital
- Sandie Taylor, Trent Ward, Upton Hospital
- Vain Dhillon, Matron, Wexham Park Hospital
- Connie Nxumalo, Rehab/OT, Wexham Park Hospital
- Suzanne Awadallah, Training Manager, WAM PCT
- Maria Doran, St Marks Day Hospital
- Tina Peacock-Edwards, Ward 15, Heatherwood Hospital
- Sudershan Sawhney, Slough Older People's Forum

Immediate Actions

Listed below are examples of immediate actions that delegates committed to undertaking as a result of their attendance at this event:

Awareness raising

- Disseminate knowledge gained to colleagues
- Work to ensure that falls is incorporated into a range of training areas/ study days
- Gather leaflets to give to patients eg SMILE
- Promoting health awareness of falls within community organisations
- Look at putting Asian languages on Health Promotion website
- Organise tick sheet for carers
- Talk about falls to as many people as I can
- Produce a poster for all older people's services to raise awareness in Slough
- Make an information board on falls for the department
- Laminated some of David Oliver's handouts to highlight reasons for falls to inform staff in A&E
- Pass on information to Older People's Forum and Carers' Forum

Improved assessments

- Look for action on falls assessments in patient notes
- Review risk factors for falls with ward patients
- Continue developing inpatient assessment/care plan with ward staff
- Take more time to assess fallers

Revised care pathway

- Set up a system to pick up fallers that RBAT cannot attend
- Ensure that the FRAT is included within the single assessment process
- Look into falls and dementia training
- Communicate with falls clinic to develop partnership working
- Promote training for nurses and carers in social care settings
- Get more exercise classes going in sheltered housing
- Arrange follow-up to exercise programme in falls clinics
- Review monitoring and evaluation to demonstrate efficiency
- Further research

Evaluation

Participants were asked to rate components of the day on a scale of 1 to 6 where 1 is extremely poor and 6 is excellent. Of the 75 people who attended at some point, 31 completed the evaluation form. Average scores were:

Communication prior to the day:	5.0
The venue	5.5
The catering	5.0
Keynote address	5.5
Workshop facilitation	5.0

The evaluation form also asked what had been learnt or what individuals might do differently as a result of their attendance. Key themes were:

Greater knowledge:

- Of available services and the work going on in East Berkshire
- Of falls in general and the size and significance of the problem
- Of risk assessment
- Of sources of information
- Of others who work in this area
- Of treatment options, including eye checks, medication
- Of the impact on RBAT
- Of the importance of falls clinics

Changes in approach:

- Challenge to ensure a more holistic assessment of patients in the acute setting
- Review current practices with a sounder understanding of the evidence base
- Simplify referral processes
- Greater contribution to multidisciplinary working
- Disseminate learning among colleagues
- Re-evaluate ward assessments

Finally, we asked what delegates would most like to see happen over the next 12 months. Responses included:

- Seamless referral arrangements to specialist services
- Falls clinic for Bracknell and Ascot
- More falls education, including in house training for staff and awareness raising campaign
- All disciplines working together
- More exercise and training in care home settings
- Operational plan, including audit and evaluation processes
- Stronger links between falls clinic and local exercise programmes
- Increased resources for intermediate care teams to work with fallers
- Effective assessments
- Widen access to services
- Wider sign up from GP community
- Falls clinic at St Marks and equivalent for Windsor residents
- Clear pathways from acute to community setting
- Increased awareness for pre-reg nurses and training for new staff
- Introduce vision assessment at day hospitals
- Formalise the current service
- Alternative response to Cat C fallers leading to a follow-up system of care
- An end to restrictions on moving and lifting fallers