

NHFD Chester Feb 3rd 2010

Commissioning Toolkit for Falls & Fractures

Finbarr C Martin

Geriatrician, Guys and St Thomas', London

***Acting* National Clinical Director, DH**

Co-chair NHFD

The NSF for Older People 2001

Standard 6: Falls

- *“The aim of this standard is to reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen.”*
- April 2005: *“All local health and social care systems should have established an integrated service for the prevention of falls and fractures.”*

NICE guidance

- CG21 Falls 2004
- TA 87 on secondary fracture prevention 2005 (now updated)

How are we doing ??

RCP 2008 falls and bone health audit (8,800 patients with hip and non-hip #)

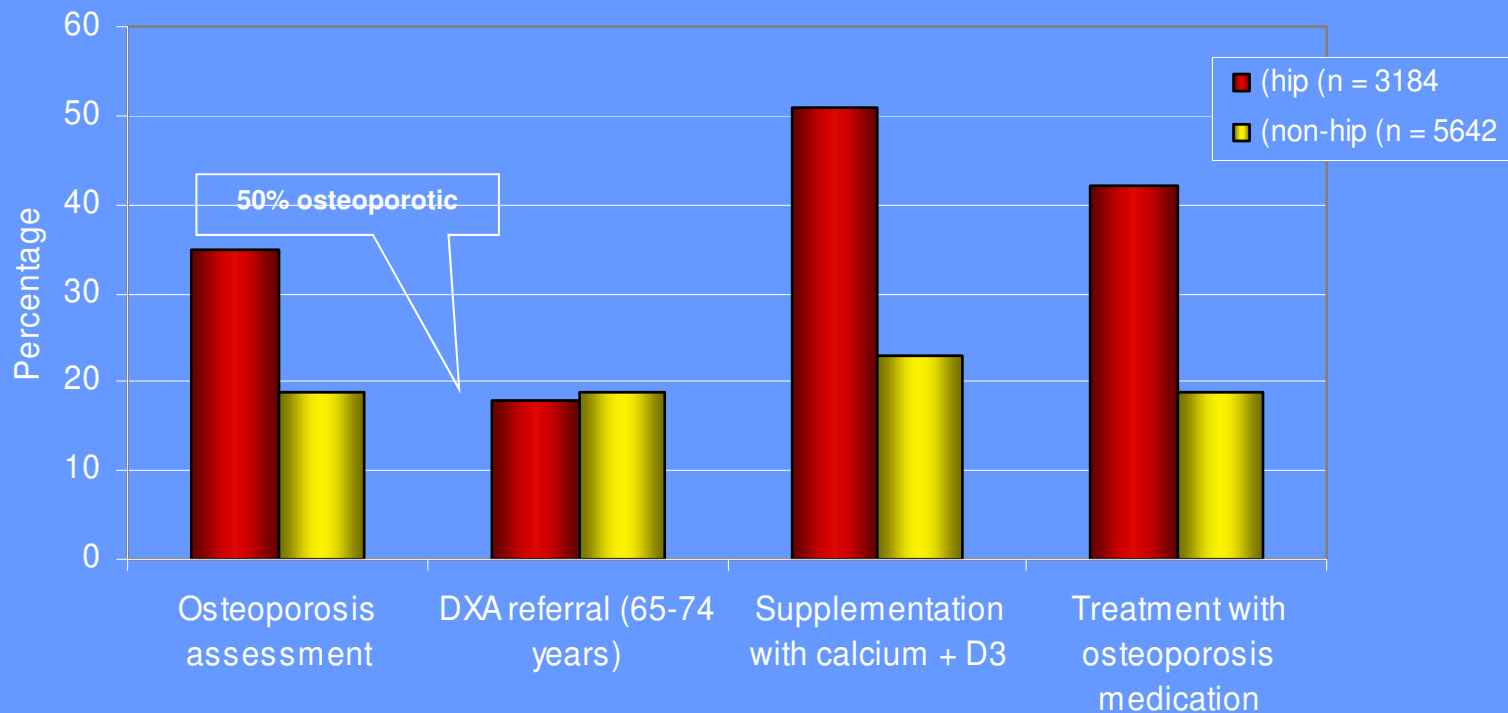
Multi-disciplinary falls risk assessment & treatment

	Non-Hip (%)	Hip (%)
Adequate Fall history	19	14
Syncope considered	17 (19% yes)	22 (14% yes)
Medication review	31	44
Standing BP measured	13	23
CV examination	40	89
CV investigations	10	10
Vision assessment	10	19
Vision impaired	38 (most treated)	40 (most treated)
Gait & balance assessed	28	68
Exercise programme	22	44
Home hazard assessed	14	51

Secondary prevention - Bone health

Hip fracture v Non-hip fragility fracture

Interventions following low trauma fracture Oct-Dec 2006
England, Wales and NI (n=8826)

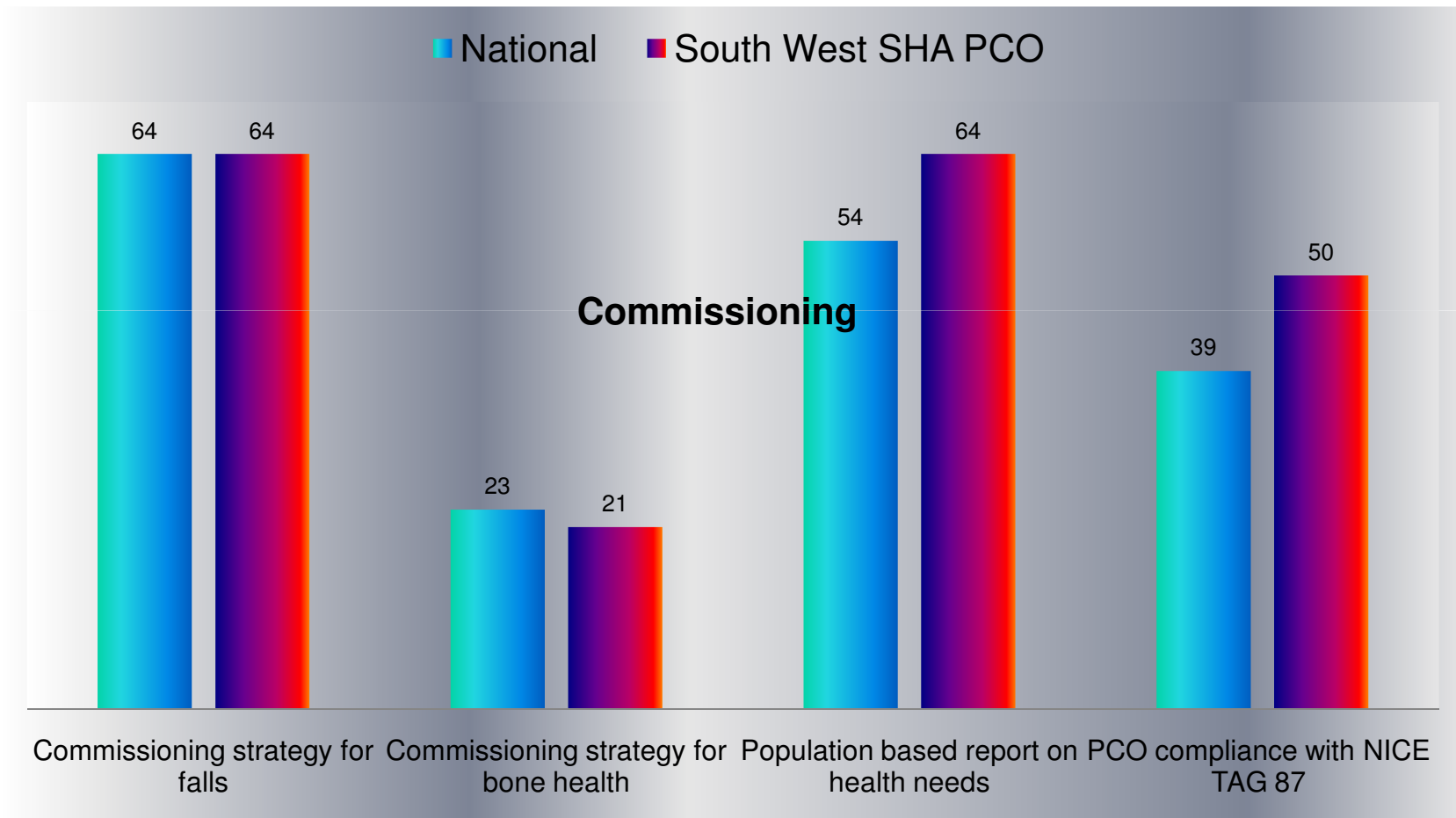


**Hip
fracture**

Non-hip

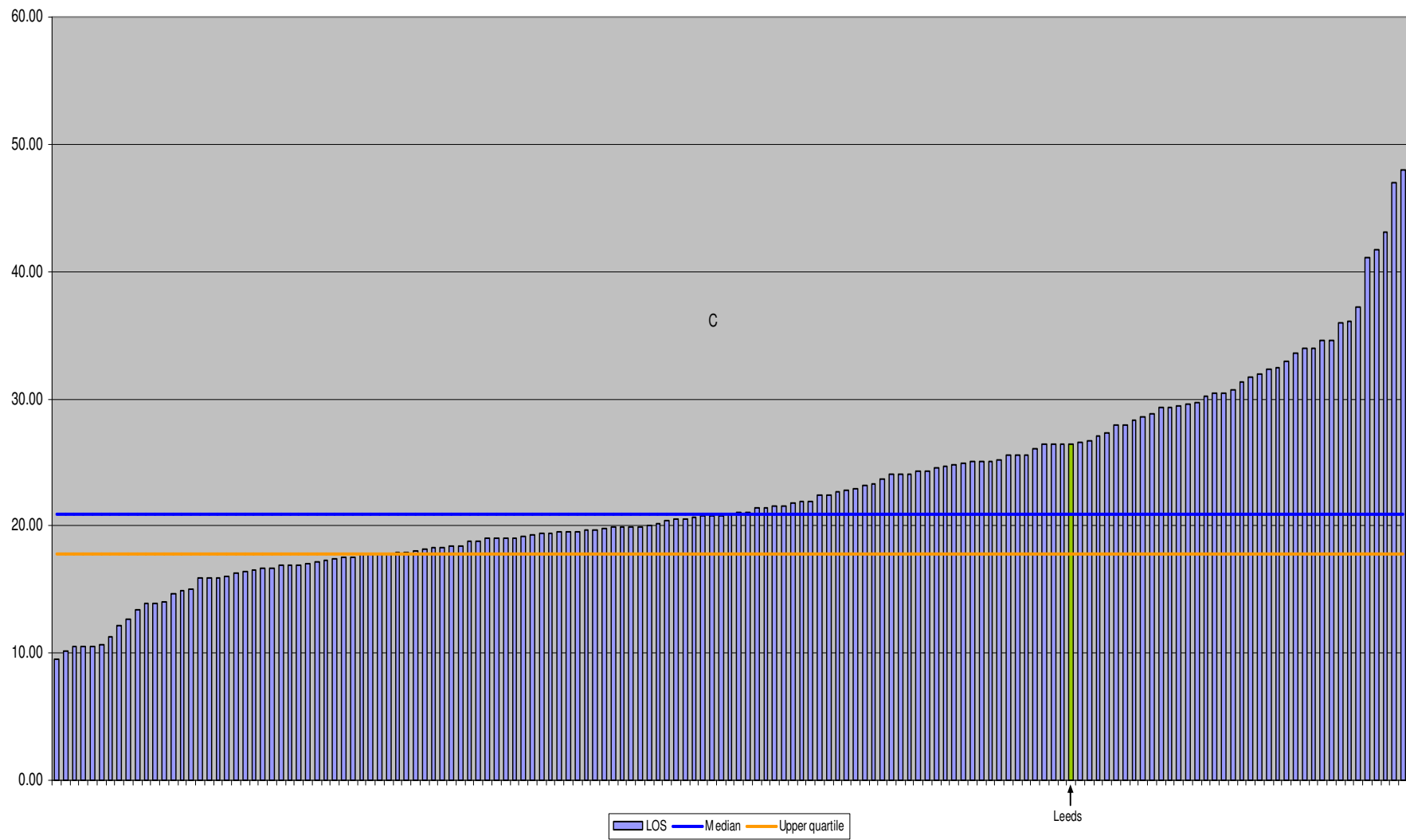
RCP 2008 Organisational Audit

Commissioning



Length of stay – FNOF (From NHS Institute Report)

FNOF - LOS



Where do we want to be in 2011?

- Coherent and sustainable primary prevention strategies through local partnership action
- Targeting specific treatments at high risk groups through case finding
- High quality and efficient acute care, eg for hip fractures
-and knowing how we are doing

How to achieve change?

- Clarity about what needs doing
- A clear strategy to do it
- Motivation to do it
- Help to achieve it
- Knowing if it is happening

Clarity about what to do

- Cochrane systematic review Falls 2008 update
- AGS/BGS guidelines 2009 update
- BOA blue book and standards
- Map of Medicine
- NICE Hip # guidance 2010

A clear strategy to do it

DH Falls and Fragility Fractures Commissioning Toolkit

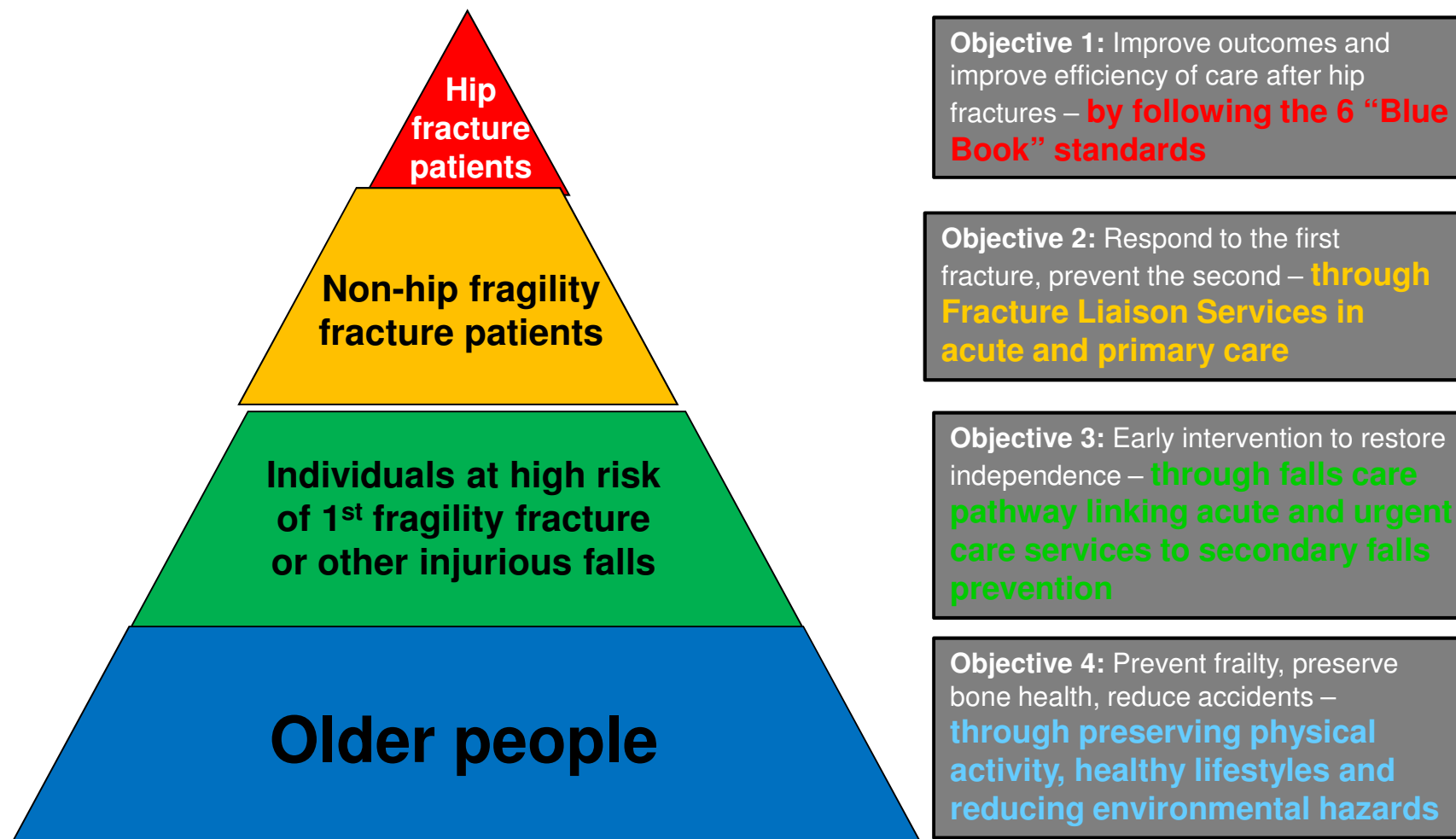
Objectives:

- better commissioning
- Better services
- Better integration of services
- Raise public profile

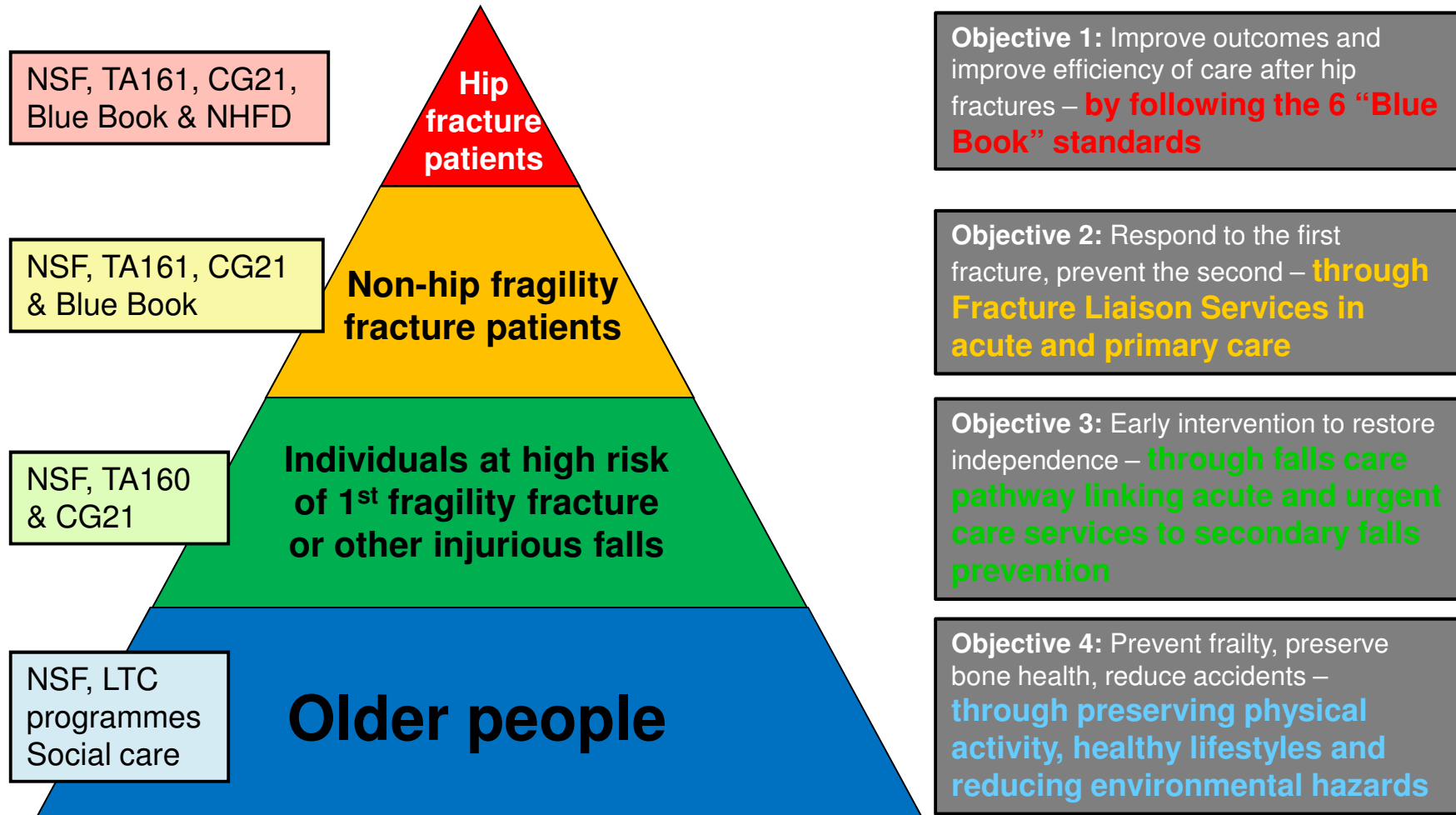
Toolkit Why and for Whom?

- For clinicians and service providers
 - Understand arguments to use in order to work with and influence commissioners
- For commissioners
 - Understand scale and importance of the problem
 - What we should be doing
 - Benefits of getting it right
- For SHAs
 - To help facilitate and oversee better commissioning and equity

DH Systematic approach to falls and fracture care & prevention: four key objectives



DH Systematic approach to falls and fracture care & prevention: four key objectives



For a typical 300K pop. PCT:

- ~ 300 - 350 hip fractures per year**
- > 1000 other fragility fractures**
- > 15,000 fall each year, 6000 twice or more**
- > 70 per week will attend A&E**

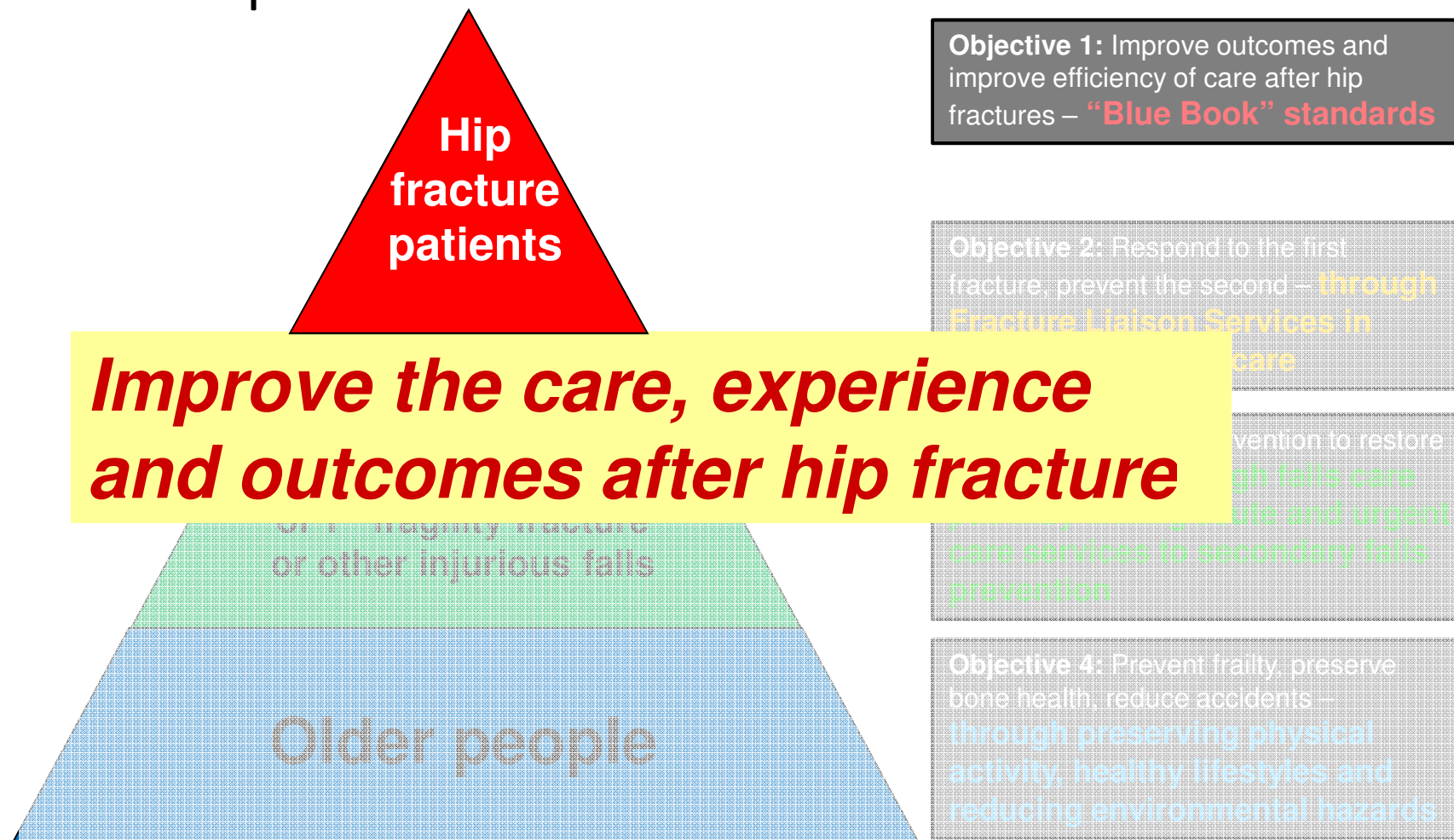
This will cost PCT & council £50m per annum

This will increase 50% by 2020

What about other priorities ?

Issues:	Strokes & TIAs	Heart attacks	Fragility fractures
Incidence/year	110,000	275,000	310,000
Current trend	Falling	Falling	Rising
NHS bed days*	1.85m	1.15m	1.57m (hips)
Annual costs	£2.8bn	£1.7bn	£1.7bn

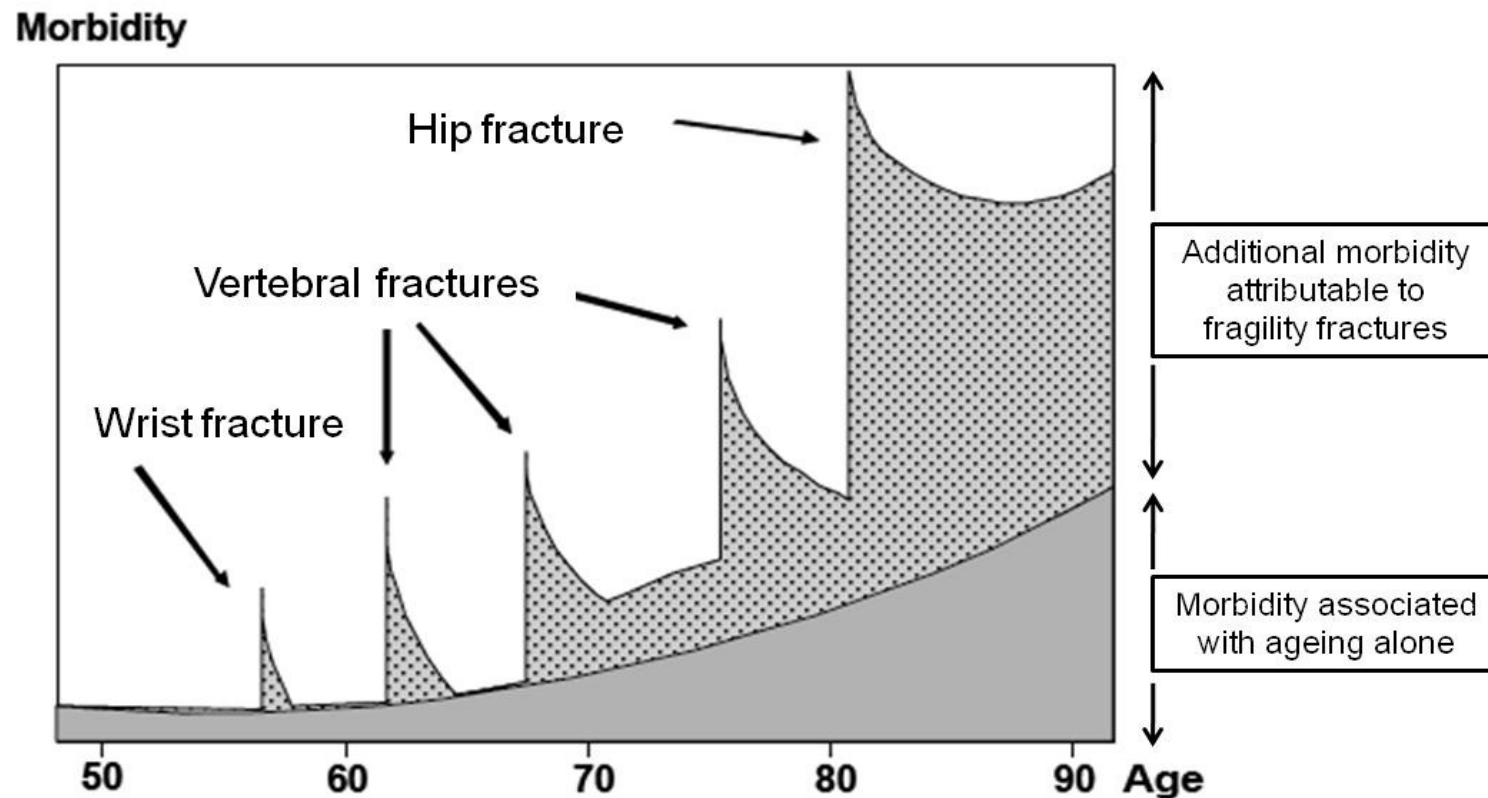
Best Practice Tariff and NHGD is main method to address hip fractures



Payment by Results - Hip Fractures 2010

- One of 4 conditions
- Quality service markers rewarded by higher tariffs from PCTs
- DH work linked to the toolkit
- More detail later from Maggie Partridge and Dave Marsh

But we need to address falls and fragility fractures as long-term conditions



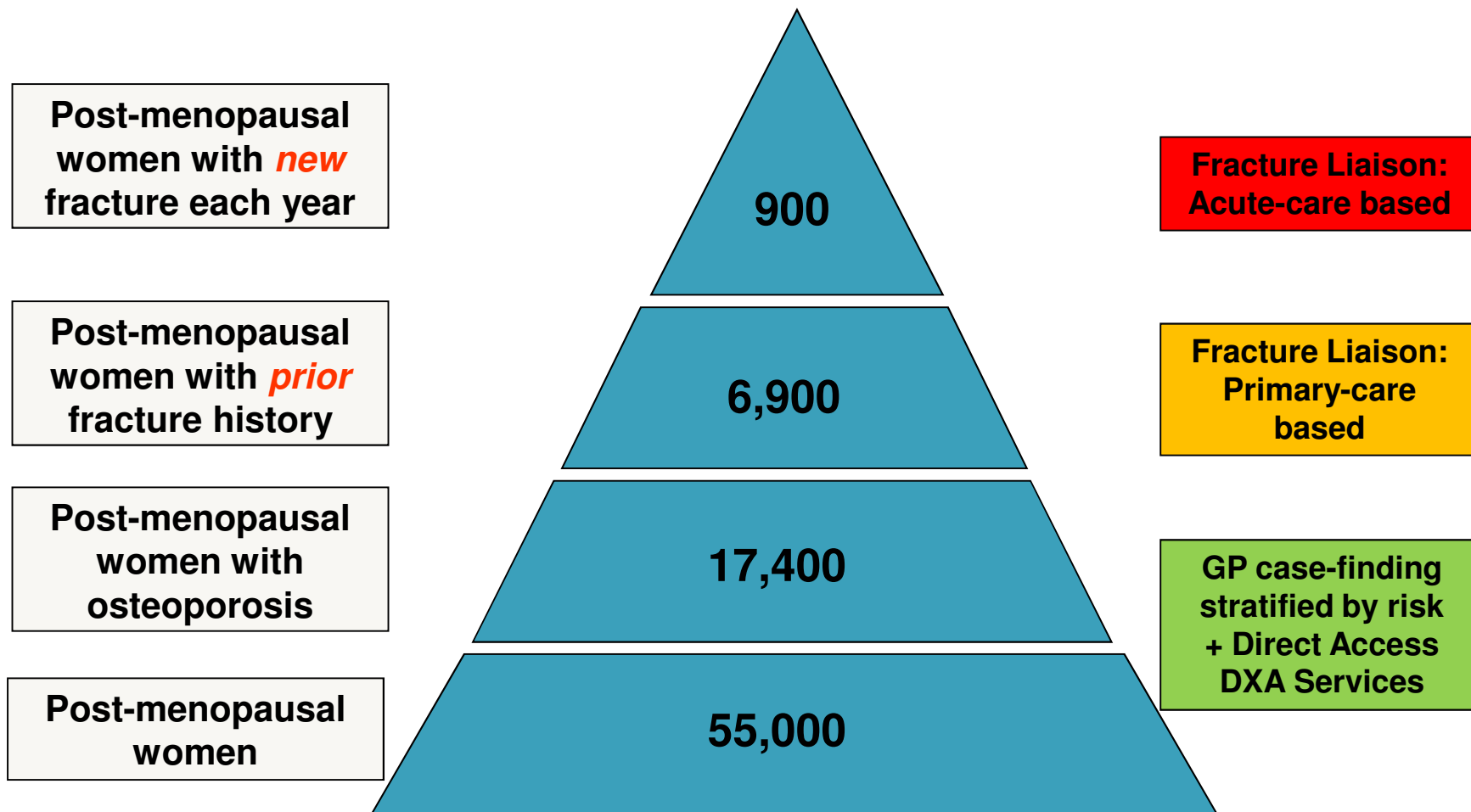
Objective 2: Respond to the first fracture, Prevent the second



How is this achieved?

- **Fracture Liaison Services**
 - Case finding in A&E, MIUs and hospital fracture services
 - Apply NICE guidance care pathways
 - Link straight to falls services
 - Monitor and maintain medication adherence
- Case find those with previous fractures
- Agree who needs specialist investigations and services from local osteoporosis experts

Consider a PCT population of 300,000



1. <http://www.statistics.gov.uk/pdfdir/popest0808.pdf>

2. (Adapted from) *Curr Med Res Opin* 2005;21:4:475-482 Brankin E et al

What do the NHS and local councils need to do?

- **Commission a Fracture Liaison Service from the acute hospital**
- **Appoint an “osteoporosis champion” in primary care**
- **Implement the DES for osteoporosis**
- **Broker the local service level agreements**

Objective 3: Early intervention to restore independence



What do the NHS and local councils need to do?

1. Review the local falls pathway

- community
- acute providers

2. Agree who does what? Who attends specialist clinics?

3. Build falls prevention into mainstream services and intermediate care

4. Commission effective exercise programmes

5. Consider using leisure services / voluntary sector

Objective 3: Early intervention to restore independence



How is this achieved?

- 1. Fear of falling and restricting activity leads to further falls**
- 2. Fallers who are unsteady need a falls risk assessment**
 - medical conditions, gait & balance, vision, medication review
 - Re-enablement and rehabilitation
 - Increase opportunities for social participation
- 3. Successful programmes are multidisciplinary BUT coordinated**
- 4. Exercise to improving strength and balance is the most powerful part**

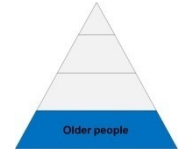
Objective 4: Prevent frailty, preserve bone health, reduce accidents



How is this achieved?

- 1. Promote healthy ageing and preserve bone health**
 - Physical activity (as per the NHS physical activity strategy) 30minutes x 5 per week
 - Maintain optimal weight
 - Quit smoking
 - Alcohol only in moderation
- 2. Targeted home assessments and Telecare**
- 3. Medications reviews**
- 4. Safe environments for promoting social participation**

Objective 4: Prevent frailty, preserve bone health, reduce accidents



What do the NHS and local councils need to do?

- 1. Use JSNA and develop local strategies**
- 2. Involve the local population**

Toolkit content

- Detailed referenced resource for commissioners, providers and clinicians
 - Epidemiology
 - Evidence Base for Intervention
 - Audits and Guidelines
- Separate document on evidence base and economic arguments for exercise services
- Commissioning pathways with measureables
- Suggested metrics and levers for change
- “Invest to save” case for fracture liaison service
- Narrative slide set
- Good practice examples

What are the levers?

- 2008 Next Stage Review/High Quality Care for All set out the best practice tariff promise
- NHS Operating Framework has a handful of central “must do’s” including mention of ***Prevention Package for falls and fractures***
- No QoF targets for falls or bone health, but locally applicable **Directly Enhanced Service** for secondary bone treatment
- **World Class Commissioning** guidance based on “joint strategic needs assessment and local area agreements” and quality assurance framework promotes clinician involvement (that’s you)
- **Quality and Productivity QUIP**

Acknowledgements

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Contacts for information

- Finbarr.Martin@gstt.nhs.uk
- Nye.Harries@dh.gsi.gov.uk
- David.Oliver@royalberkshire.nhs.uk

Thank you