

FALLS PREVENTION SERVICE

Your health challenge

- Falls are estimated to cost the NHS more than £2.3 billion per year¹
- In England, Wales and Northern Ireland 64,838 people were admitted to hospital in 2013 with a hip fracture,² and 95% of hip fractures are the result of a fall¹
- Following a hip fracture 20% of patients die within 12 months, up to 75% do not regain their prior level of function and 50% can no longer live independently¹



How can community pharmacies help?

Thirty percent of people older than 65 and 50% of people older than 80 fall at least once a year.¹

A community pharmacy falls prevention service helps identify those patients who are at risk of a fall or those who have already experienced a fall and aims to prevent patient falls or fractures in the future.

In an evaluation of a falls prevention service offered by community pharmacists in Doncaster:

- 95% of patients reviewed were taking one or more 'high-risk' medicines, 32% were experiencing fall-inducing side effects, 22% had fallen in the past year, 23% had balance/gait problems, 22% vision or continence problems and 17% were afraid of falling;³
- 10% of patients were referred to the specialist falls clinic,³ and
- Over 50% of patients who had suffered a previous fragility fracture were not prescribed medicines that help prevent bone loss.³

1. NICE: CG 161 - Assessment and prevention of falls in older people (2013)
2. RCP: Falls and Fragility Fractures Audit Programme. National Hip Fracture Database Annual report (2014)
3. Falls prevention service evaluation for Doncaster CCG (2014)

CHOOSEPHARMACY

What the experts say

"Support was amazing after poor service from A&E at my local hospital. The pharmacy has done more to me and reduce readmission to A&E which is for me a step in the right direction."⁴

Patient

"Feedback from service users is excellent with referrals received into the system being of a very high/outstanding standard. We are now working with our pharmacy colleagues to develop this service further."⁵

Senior Officer for Primary Care, Doncaster CCG

"It is accessing patients who are not accessing other services."⁵

Specialist Falls Service Coordinator, Doncaster service

4. Community pharmacist's role in falls prevention poster, Thomas C.L. (2014)
5. Community Pharmacists' Role in Falls Prevention, The Clinical Pharmacy Congress Poster Zone Submission Form, Thomas C.L. (2015)

THINKPHARMACY

Potential benefits of a community pharmacy falls prevention service

Identifies a **GREATER** number of patients who are at risk of falling



Prevents a **HIGHER** number of patients from falling



MORE patients are kept well and at home



REDUCES A&E and GP attendance, inpatients stays and more



SAVES NHS money

How might your local service work?

The service could target a particular age group, for example, those aged 65 or over, and it could also include patients who are taking a certain number of medicines or patients prescribed 'high-risk' medicines.

During the consultation the pharmacist could enquire about falls history and side effects which may contribute to falls, identify any high-risk medicines, perform an assessment of gait/balance using the 'Turn 180° test' and ask the patient if they have any problems with vision or continence.

This service could be used as an extension of the existing Medicines Use Review (MUR) service or if the patient is not eligible for an MUR, then it could be provided as a stand-alone service.

Depending on the risk factors identified, the patient could then be referred to a local specialist falls clinic or to their GP for further action to be taken to reduce their risk of falling.

CHOOSEPHARMACY

Patient story from Doncaster³

Mr J.E. aged 85 presented at the pharmacy to collect his repeat medicines. The pharmacist identified he was eligible for the service as he was prescribed multiple medicines including high-risk medicines. Mr J.E. agreed to a consultation with the pharmacist who identified that the patient had had 10 falls in the last year and had other risk factors including: high-risk medicines, balance and mobility problems, diabetes and osteoarthritis. It was agreed with the patient that he would be referred to the Specialist Falls Service.

Outcomes following referral included:

- a review by a medical consultant who identified postural hypotension (a drop in blood pressure due to a change in body position when a person moves to a more vertical position) and advised the GP to stop ramipril and reduce the patient's dose of amitriptyline;
- an occupational therapist assessment to make bed transfers safer;
- referral to a podiatrist for foot care; patient was unable to do this for himself; and
- referral to social services for additional support for carers as patient was identified as having difficulties with activities of daily living.

For further details, please email info@cpwy.org.