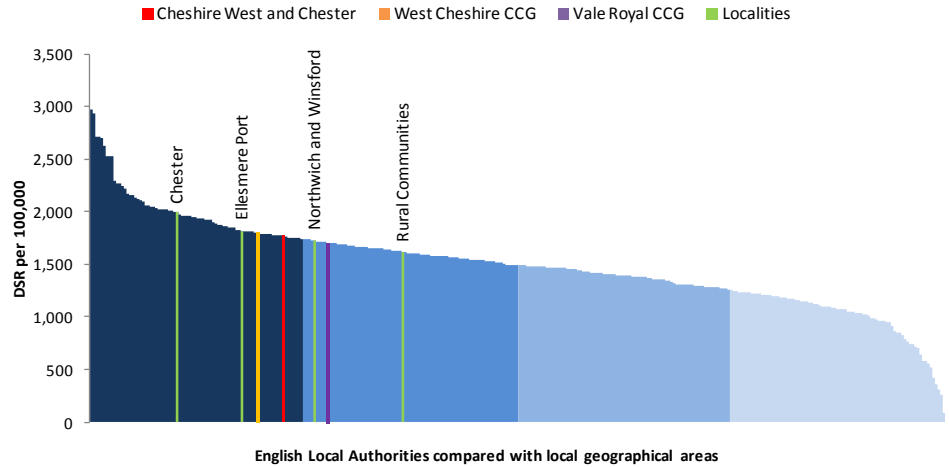
PHOF 2.24i - Injuries due to falls in people aged 65 and over (Persons)

Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.

Cheshire West and Chester

Fall related admissions with an injury diagnosis, 2011/12



Source: NHS Indicator Portal, Hospital Episode Statistics, ONS Mid Year Population Estimates

RECOMMENDED ACTIONS

- Healthcare professionals should routinely ask about fall frequency and nature.
- Those with a history of falls should practise strength and balance training.
- Those discharged from hospital after a fall should be offered a home hazard assessment and safety intervention/modification by an occupational therapist.
- Healthcare professionals should develop and maintain competencies in falls assessment and prevention.
- Interventions which can't be recommended are: brisk walking, untargeted group exercise, cognitive/behavioural interventions, correction of visual impairment, vitamin D and hip protectors.

EVIDENCE OF WHAT WORKS

Although intuitive, the supporting evidence base for falls prevention is limited. Inconsistency in the definitions of falls and falls-related injury has hampered the quality of data available. There is some evidence that interventions reduce the number of falls (10% reduction is considered to be the best estimate) but even less data on prevention of injury, mortality or hospital attendances.

Based on two Cochrane reviews, targeted, group and home-based exercise programmes and improvement in home safety can be recommended. NICE Clinical Guideline 161 on falls assessment and prevention in older people (June 2013), is the most recent authoritative guidance available.

During 2011/12 there were just over 1,400 hospital admissions for people aged 65 and over with an injury related to a fall. Compared to the England average, this was a significantly higher admission rate per head of population.

Both CCGs had a higher rate than England but West Cheshire CCG was significantly higher. The admission rate for those aged 85 and over was particularly high in Chester.

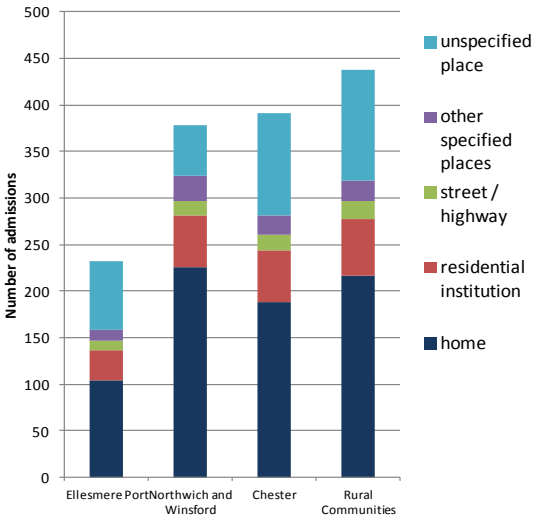
Although the rate per head of population is highest in Chester and Ellesmere Port localities, there are a higher number of admissions from rural communities due to the higher numbers of older people living there. Of fall admissions for those aged 65 and over in CW&C, almost half (46%) were for people aged over 85.

Most falls occurred in the home. There could be discrepancies however in the way 'home' is interpreted in terms of residential homes, so care needs to be taken with interpretation. In older age groups, the proportion of falls occurring in a residential institution increases as might be expected. Coding completeness of the place falls occur appears to be better in the Vale Royal CCG area.

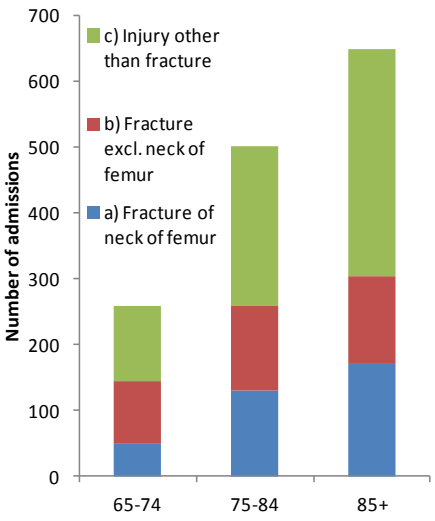
Injuries resulting from a fall are often serious with one quarter of fall admissions in the over 65s being for a fractured neck or femur. In comparison, half of all admissions are for injuries other than a fracture, most commonly these are head injuries.

Provisional data for 2012/13 suggests a decrease in the admission rate for CW&C that looks more in line with the England rate. This has been largely driven by reduced admissions for Vale Royal CCG. Ellesmere Port admissions increased in 2012/13 and despite reductions in Chester locality it could remain significantly higher than England.

Place fall occurred, 2011/12



Fall admission diagnosis 2011/12



RATIONALE: Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. Interventions for recently retired and active older people are likely to be different in provision and uptake for frailer older people. This indicator therefore has sub indicators for ages 65-79 and 80+.

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