

BOSCARD Matrix: Improving the Falls Service**Theme: Prevention**

Background	<ul style="list-style-type: none"> Falls and fall-related injuries represent a major system wide health and social care challenge. Approximately 30% of people aged 65 years and over living in the community are likely to fall at least once a year and this increases to 50% of people older than 80 years (DoH, 2009, NICE, 2013). Half of fallers are likely to have a further fall within the next 12 months. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling therefore has an impact on quality of life, health, and health and social care costs (NICE, 2013). Over a third of women and one in five men in the UK have one or more bone fractures because of osteoporosis in their lifetime (NOS, 2013). A hip fracture remains the most common cause of accident related death, with a 20% mortality rate within 4 months and a 30% mortality rate within a year (DoH, 2009). Approximately half of those people who were previously independent become partly dependent following a hip fracture, with one third becoming totally dependent. An estimated 10% of older people that suffer a hip fracture are likely to require admission to a care home as a result of their injury (DoH, 2009). In excess of 95% of hip fractures are fall related and over 90% of hip fractures occur in older people with osteoporosis. Falls and osteoporosis are inextricably linked, both in their consequences and in the patient group who most suffer these outcomes, therefore approaches to fracture prevention must address both the force of the fall, the incidence of falling and bone fragility. BCCG is seeing an increase both in admissions for injuries due to falls and admission for hip fractures, rates that were once below the national average are now similar to national rates and showing an increasing trend. Service gaps in the current BCCG falls and fracture prevention pathway need to be addressed with evidence based services to reduce this upward trend in the harm caused to individuals from falls and the cost to the health and social care system. 		
Objectives	<ul style="list-style-type: none"> To commission a fracture liaison service (FLS) for the BCCG population – A FLS is a multidisciplinary service responsible for the secondary prevention of osteoporotic fractures through case finding. The role of the FLS is to systematically identify, treat and refer to appropriate services all eligible patients over 50 years of age who have suffered fragility fractures with the aim of reducing their risk of subsequent or secondary fractures. To commission expansion of the physiotherapy led falls group to cover central Bedfordshire and commission strength and balance classes across BCCG. The strongest evidence for preventing and managing falls is for participation in an exercise programme as part of a multi- factorial assessment and intervention plan. Fewer falls, to see a reduced recovery time for people who have fallen, reduction in hospital length of stay 		
Scope	Within Scope	<ul style="list-style-type: none"> Development of FLS at two main acute providers, BHT, L&D Expansion of physiotherapy led falls group to CBC population. Commission strength and balance classes across BCCG 	
	Outside Scope	<ul style="list-style-type: none"> Development of FLS at other BCCG commissioned acute providers Other acute providers outside of BHT and L&D 	
Constraints	There will be 9 month lead in time to commission FLS. A new service is being commissioned and will require significant work up, however stakeholders are supportive, National Osteoporotic Society FLS Implementation Toolkit being used to inform business case development and financial modelling.		
Assumptions	<ul style="list-style-type: none"> Stakeholder support and business case approval Additional funding approved. 		
Risks	<ul style="list-style-type: none"> FLS development at L&D may not be supported by LCCG (lead commissioner). Difficulty in demonstrating impact to project due to coding and data recording 	Mitigation	<ul style="list-style-type: none"> Achieve aligned approach across the two CCGs and via the SRG's established governance Discussion with provider to address coding and recording issues.
Deliverables	<ul style="list-style-type: none"> Project Initiation Document (PID) and business case approval for FLS - July 2016. Expansion of physiotherapy led falls group and strength and balance classes - October 2016 Service specifications for above – August 2016 Implementation plan for above – October 2016 CBC expansion of Urgent Homes and Falls Response Service into care homes – April 2016 Identification of falls champions in care homes – April 2016 		
National Conditions	<ul style="list-style-type: none"> Investment in Out of Hospital NHS Services Reduction in unplanned admissions 	National Metrics <ul style="list-style-type: none"> Reduction in unplanned admissions Emergency admissions due to falls (local) 	