

Meeting of
Lanarkshire NHS Board
Date 17 December 2008

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SUBJECT: PROPOSED FALLS PREVENTION AND BONE HEALTH STRATEGY

1. PURPOSE

The Scottish Government requires Health Boards to have a strategy which among other things:

- Reduces the number of falls particularly in hospitals and nursing homes
- Reduces the impact of falls, most notably fractures and loss of confidence in the individual
- Increases the health of people's bones to reduce the impact of the ageing process from conditions such as osteoporosis

The attached report has been developed by a group chaired by the general manager for Coatbridge locality and the Board's professional lead for physiotherapy. It has been widely consulted upon and enjoys wide support. The Board is asked to support the report's recommendations but note that the extent of its implementation is dependent upon consideration of the Board's future revenue plan, which will come before the Board in spring 2009.

2. CONTENT/SUMMARY OF KEY ISSUES

Falls in older people often result in fractures which not only cause pain and anxiety, but are life-threatening particularly when affecting the major joints such as fracture of the hip. Major surgery is often required and requires significant theatre and in-patient capacity. Whether a fracture occurs or not, there is often a loss of confidence in the individual and they may restrict their activities, resulting in a downward spiral of inactivity, lack of exercise, deterioration in muscle strength and sense of balance. All of which predispose the individual to a fall.

There are proven, cost-effective measures, which can be taken to prevent falls. These include assessment of those most at risk, exercise to strengthen muscles and improve balance, bone health improvement and the use of hip protectors to cushion the impact of a fall.

Bone health is an important issue not just for those who may be at risk of falling but is also important to reduce the impact of degenerative bone disease which may predispose a person to a fracture but often results in surgery to replace “worn-out” joints, particularly the hip joint. Assessment, exercise, and dietary supplements are the major planks of the preventative approach. As with falls prevention the evidence is strong that bone health improvement reduces the need for major operative surgery and the associated resources.

3. ACTIONS

The proposals in the strategy have been carefully costed and prioritised. If all proposals were implemented they would cost £905K recurring and £149K non-recurring. There is the potential for a significant economic saving of £2.6M, which has been prudently estimated at 15% reduction in falls, however, turning economic savings into a self-funding proposal, would be challenging because:

- The impact of the proposals in reducing the number and consequences of falls and increasing bone health would take time to effect
- Releasing funding from existing services (e.g. from requiring less trauma and orthopaedic capacity) has always been found to be difficult and proposals such as this are more prudently considered to be a “new” development

4. CONCLUSIONS

The Board is asked to support the report's recommendations but note that the extent of its implementation is dependent upon consideration of the Board's future revenue plan, which will come before the Board in spring 2009.

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact: Senga Cree, Head and Professional Lead of the NHS Lanarkshire Physiotherapy Service on telephone number 01355 585298 or Jim Wright, General Manager, Coatbridge Locality on telephone number 01236 707702.

Paul Wilson
Executive Director for NMAHPs
10 December 2008