Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Falls Prevention and Response HWE Insights pack

Dr Annalan Navaratnam, Public Health Registrar

Dr Heidi Bowring, Clinical Fellow

Dr Sam Williamson, Associate Medical Director

Working together
for a healthier future

Hertfordshire and West Essex Integrated Care System

Contents

Working together
for a healthier future

Key Messages

Findings	Opportunities
Low referral and uptake of falls services following falls risk assessment	Increasing both falls risk assessments for people with frailty and ensuring that people at high risk of falling are referred to falls prevention services will reduce the impact of falling for both individuals and the health system.
Higher rate of falls amongst moderate/severely frail individuals compared to other regions and national average.	Maximise identification of patients with moderate or severe frailty who are at risk of falls (through the ECF) and ensure actions are taken to manage risk.
High rates of emergency admissions for falls, particularly in South West Herts Districts	Maximise falls prevention services to reduce falls risk and avoid falls events. Utilise multidisciplinary networks, e.g. integrated neighbourhood teams, to review complex cases and manage needs holistically. Local teams to work in partnership with wider stakeholders, including the voluntary and charitable sector to make use of the full range of resources across sectors to identify best community support and rehabilitations services prior to discharge.
Lower admission rates and length of stay from hip fractures, but higher rates of readmissions post-discharge.	
Anticholinergic burden (ACB) score ≥6 was higher than peer regions across HWE ICB.	Work with primary care and pharmacy networks to encourage medications reviews, deprescribing and assessing individuals holistically, including the need for medications that may increase the ACB.
Higher rate of urgent community response, with above 60% conveyance, and higher rates of emergency attendances and hospital admissions for falls or falls related injuries compared to peer and national average.	Develop clear community pathways for non-clinical and clinical individuals on how to assess falls and consider referrals to specialist services that offer holistic interventions.
Inconsistent reporting for screening (e.g. FRAT score, FRAX scores) and referrals across the ICB due to heterogenous measurements, both processes and outcomes.	Develop standardised indicators that reflect activity along the clinical pathways.
Inconsistency in recording clinical care resulting in data quality issues (e.g. for falls prevalence in people aged 65+ years)	Improve data quality and recording of clinical information in the patient record through the use of clinical templates and adoption of consistent, structured, standardised clinical codes.

Summary

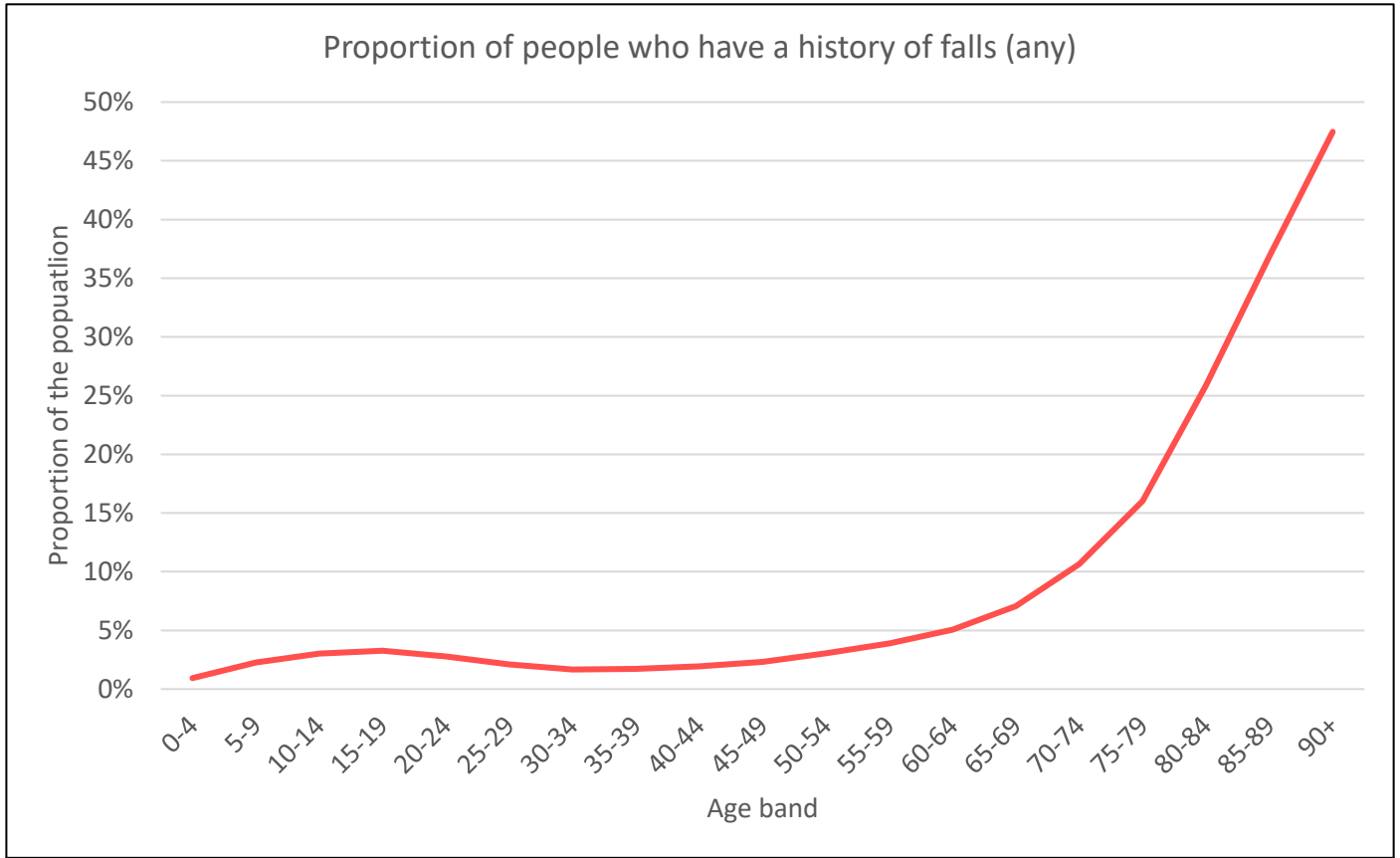
Good news

- Annual medication reviews amongst 65 with severe frailty is above the national and peer median.
- Proportion of patients with an ACB score >6 is lower than national average.
- Percentage of patients on number of medicines that can have an unintended hypotensive effect is less than the peer and national averages.
- Wide range of services across the voluntary, social care and healthcare that support or provide falls related services

Room for improvement

- Proportion of 85+ patients with an ACB score >6 is higher than national average.
- Low rate of referrals to falls clinics.
- Rate of referral to urgent community response is higher than national and peer rates.
- Rate of A&E attendance for falls is higher than the national average, with an increasing trend over time.
- Emergency admissions for 85 is above the national average.

Falls Prevalence (1)

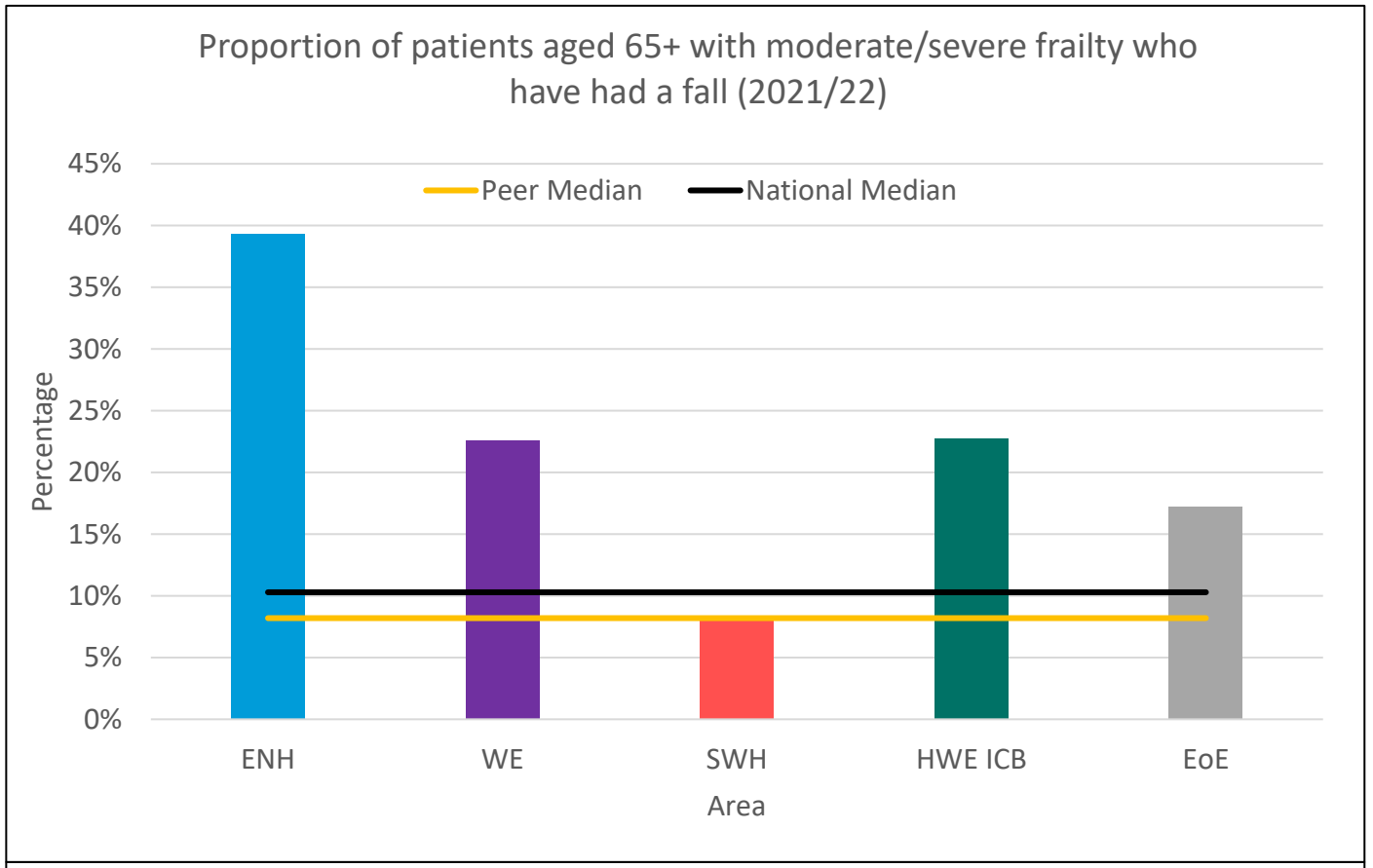


Source: HWE linked data (Jan '22)

- Local data on falls history show that there is **sharp increase in the proportion of people with a history of falls after the age of 65 years**.
- One in 14 people aged 65-69 years have a history of falls.
- However, this climbs to over a quarter (25.9%) among people aged 80-84 years and is **highest in the oldest age band of 90+ years (47.5%)**.

- Factors that increase the risk of having a fall include mobility and transfer problems, visual problems, history of dizziness
- People aged 65 and over who have a history of falls are likely to have coexisting history of dizziness (40.6%), visual impairment (48.0%) or mobility and transfer problems (24.0%)

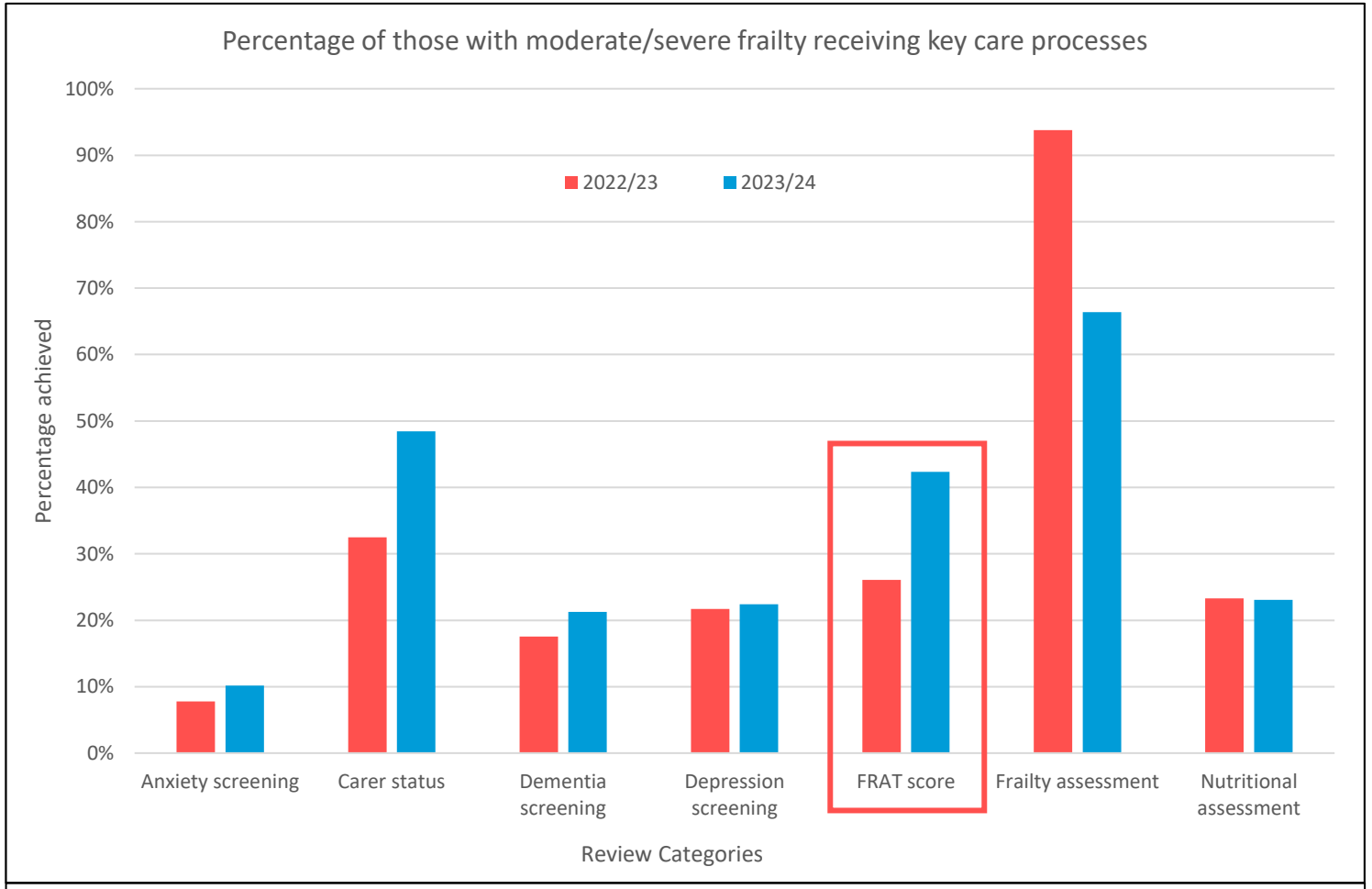
Falls Prevalence (2)



Source: NHS Digital - GP Contract Data: GMS/PMS Core Contract Data Collection, 2021/22

- The frail population in HWE is in **highest quartile for falls**, when compared to the national.
- More than 1 in 5 patients 65+ with mod/severe frailty in HWE have had a fall.
- There is variation within the ICS, **fall rates in ENH and WE** are above the peer and national median.
- This likely reflects differences in reporting and coding quality. This is likely to have changed since implementation of the Enhanced Commissioning Framework.
- Data is from FY 21/22 and includes patients registered with a primary care provider.

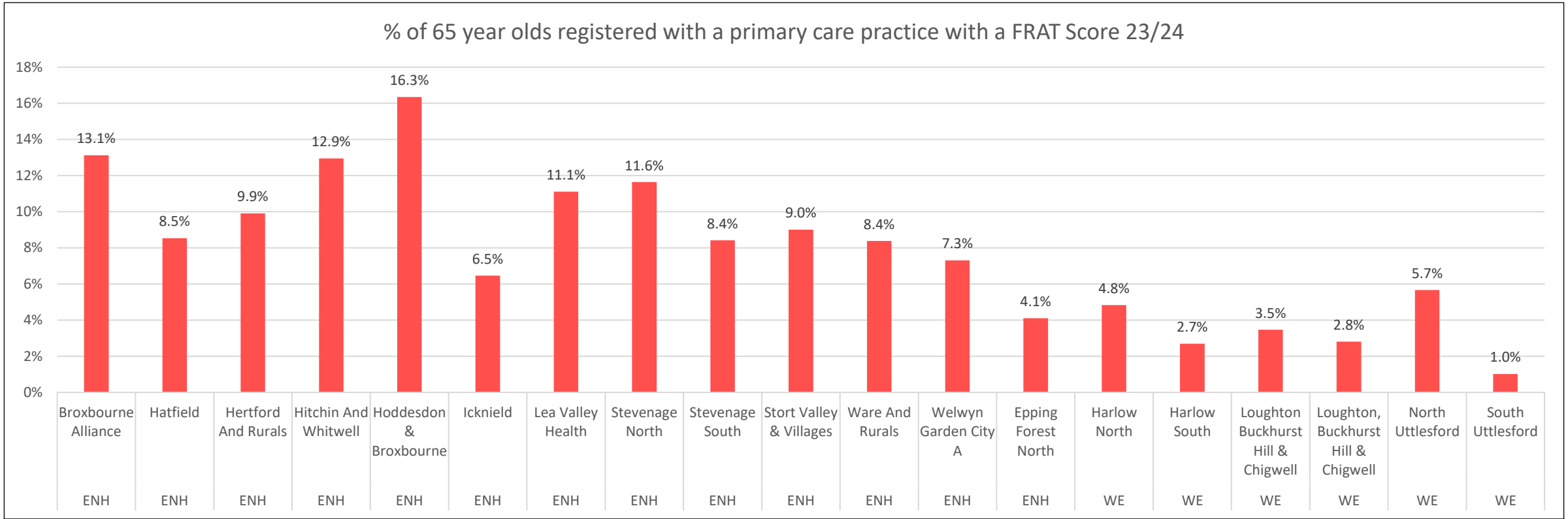
Identification of Falls risk (1)



Source: Ardens Manager 2022/23 & 23/24

- Data represents activity since ECF roll-out October 2022.
- Compared to 22/23, a higher proportion of people with moderate or severe frailty had a FRAT completed in 23/24 (26.1% vs 42.4%).
- The improvement between years reflects the increased thresholds in the Enhanced Commissioning Framework (ECF) that funds practices to deliver key care processes for people with frailty.
- SWH had the highest completion of FRAT (47.4%), followed by ENH (41.2% and then WE (36.5%).

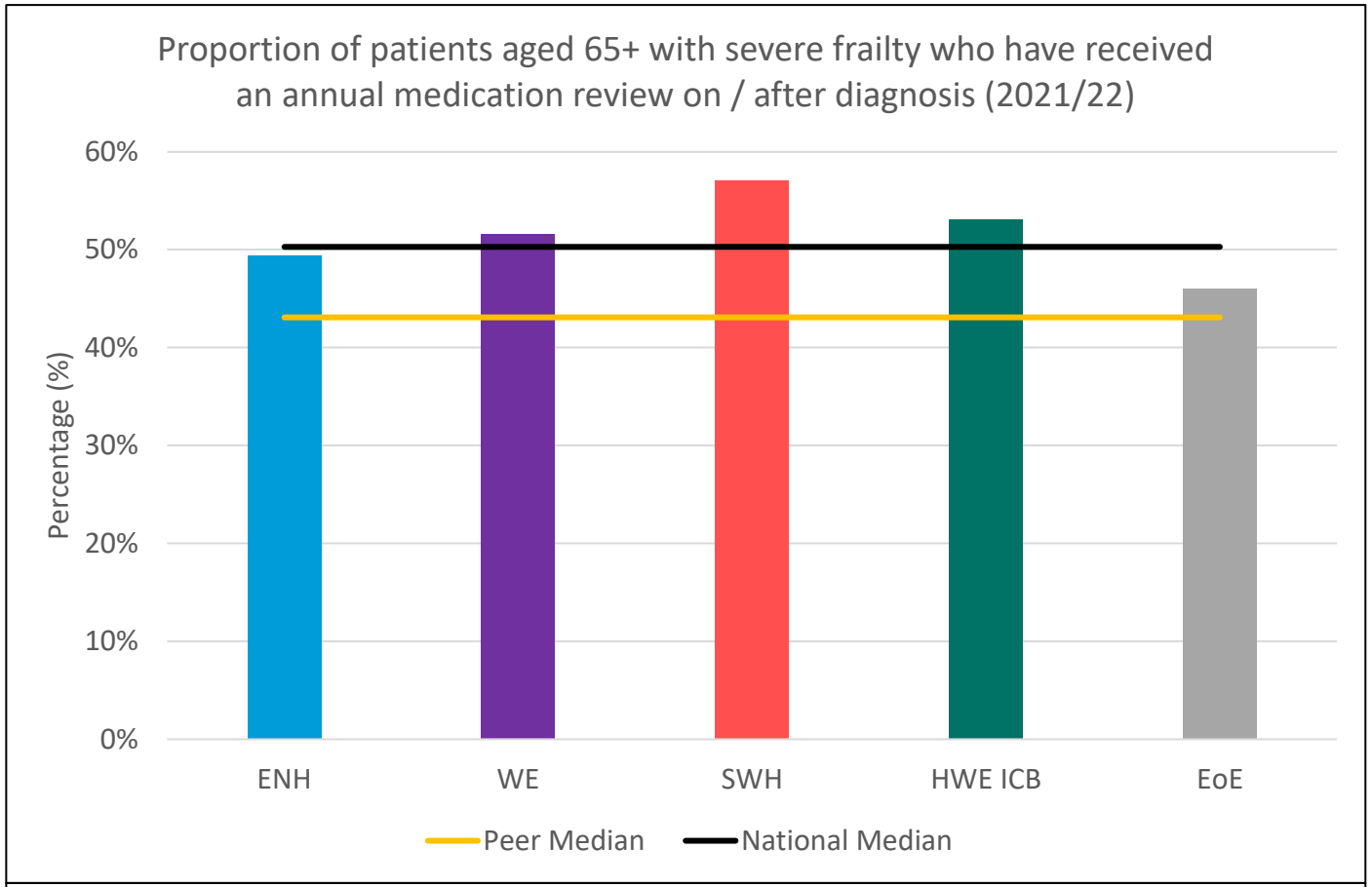
Identification of Falls risk (2)



Source: Ardens Data Manager – only PCN systems that use TPP's SystmOne IT system

- Percentage of patients 65 years and older who have a recorded FRAT score by Primary Care Network (PCN) for each place, where scoring was available.
- Issues with certain PCN reporting systems meant it was not possible to extract data for all PCNs and therefore leads to potential underreporting.

Falls Risk factors – Polypharmacy (1)



Source: NHS Digital - GP Contract Data: GMS/PMS Core Contract Data Collection, 2021/22

- HWE is above the national and peer median for medication reviews for 65+ with severe frailty
- HWE and its sub-ICBs are above the regional and peer medians.
- ENH is below the national median and the lowest percentage across three sub-ICBs.
- ENH had the highest percentage of falls among 65+ with moderate/sever frailty.
- Data is from FY 21/22 and only accounts for those registered with a primary care provider.

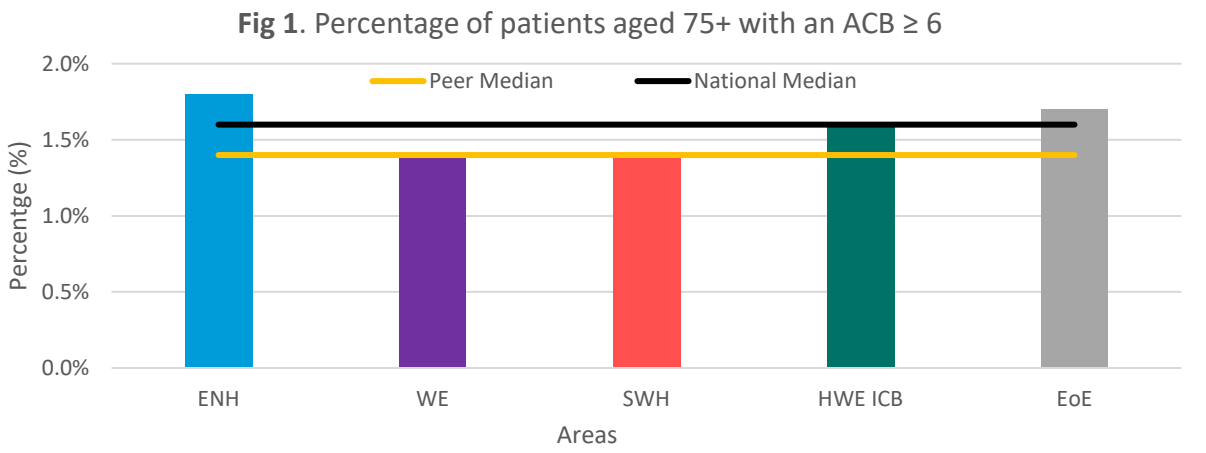
Falls Risk factors – Polypharmacy (2)

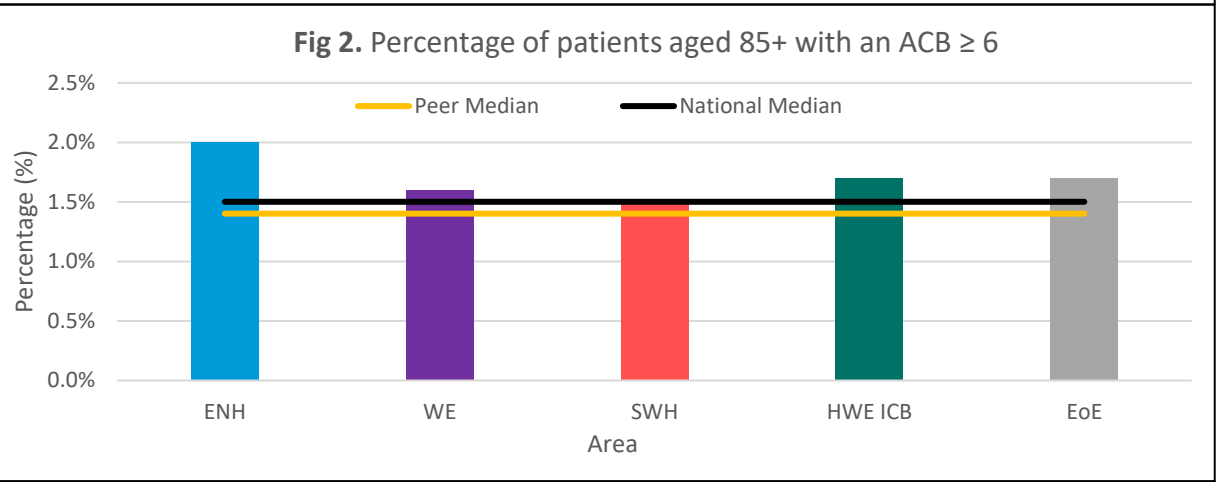
Area/Objective	Programme interdependencies	Dec '21 (baseline)	National average (Oct '23)	Oct '23	ENH	WE	SWE
% patients prescribed ≥10 medicines (Epact2)	Frailty	4.42%	5.47%	4.52%	4.87%	4.9%	3.90%
% patients with ACB ≥ 6 (Epact2)	Frailty	0.81%	0.89%	0.83%	0.88%	0.82%	0.78%
Number of patients prescribed concurrently a benzodiazepine and opioid in same month (per 1000 patients – rolling 3 months) (Epact2)	MSK & Mental Health	2.6%	2.97%	2.31%	2.42%	2.32%	2.2%
Opioid items with likely daily dose of >120mg morphine equivalence compared with prescribing of all items of these opioids (Open prescribing)	MSK	13.49%	9.87%	10.77%	12.32%	6.65%	11.97%

Source: Pharmacy and medicines optimisation workstream, 2022/23

- More recent data shows the ICS has a lower rate of ACB scores ≥6 when compared to the national average
- For opioid prescribing (>120mg), with WE was the only ICB-locality with a percentage less than the national average

Falls Risk factors – Polypharmacy (3): Anticholinergic burden





Source: NHS Business Services Authority, 2021/22

- Anticholinergic burden (ACB) is the cumulative effect on an individual of taking one or more medications with anticholinergic activity
- ACB score of 3 or more may increase the risks of cognitive impairment, functional impairment, falls and mortality in older adults.
- In FY 21/22, percentage of patients in HWE ICB with an ACB ≥6 aged 75+ and 85+ was **higher** than the peer median only and both the peer and national median, respectively (Fig 1&2).
- **ENH** had the highest percentage of patients with ACB ≥6 for both age groups in HWE ICB, which aligns with it have the lowest rate of annual medication reviews for those with moderate or severe frailty (see slide 10).
- The data may represent a high rate of ACB ≥6 or reflects high levels of coding for ACB and therefore higher reporting.
- These figures are only for prescribed medications and do not account of over-the-counter medications.

Falls Risk factors – Polypharmacy (4): Unintended hypotensive effects

Fig 1. Percentage of patients (≥75) prescribed a minimum number of medicines that can have an unintended hypotensive effect

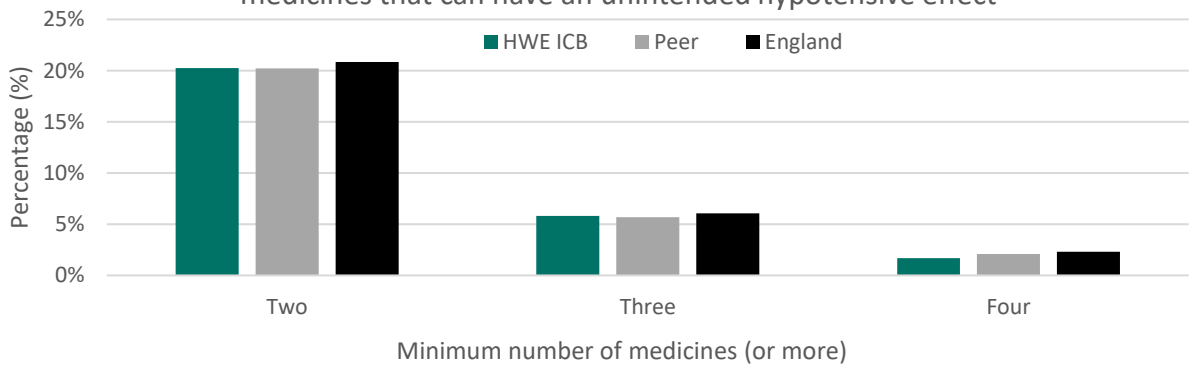
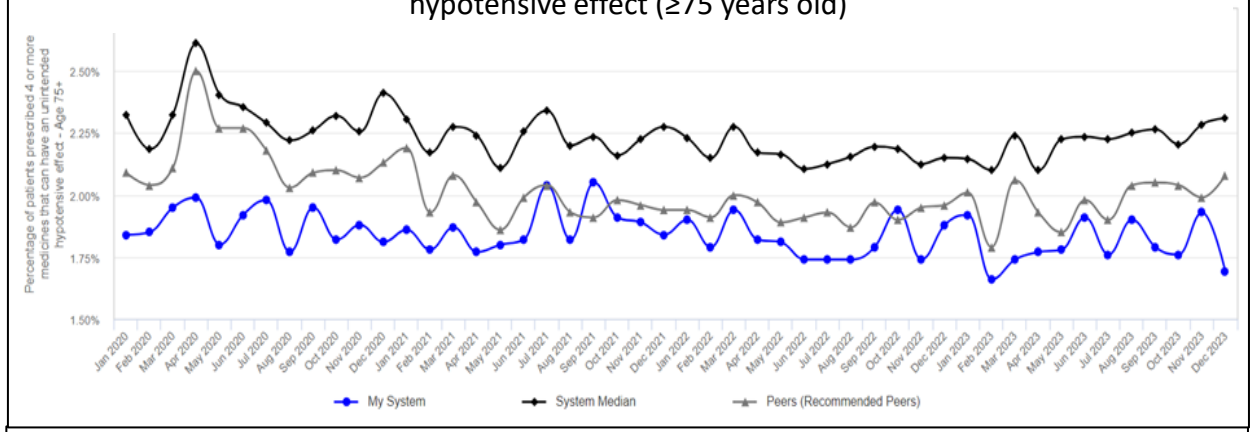


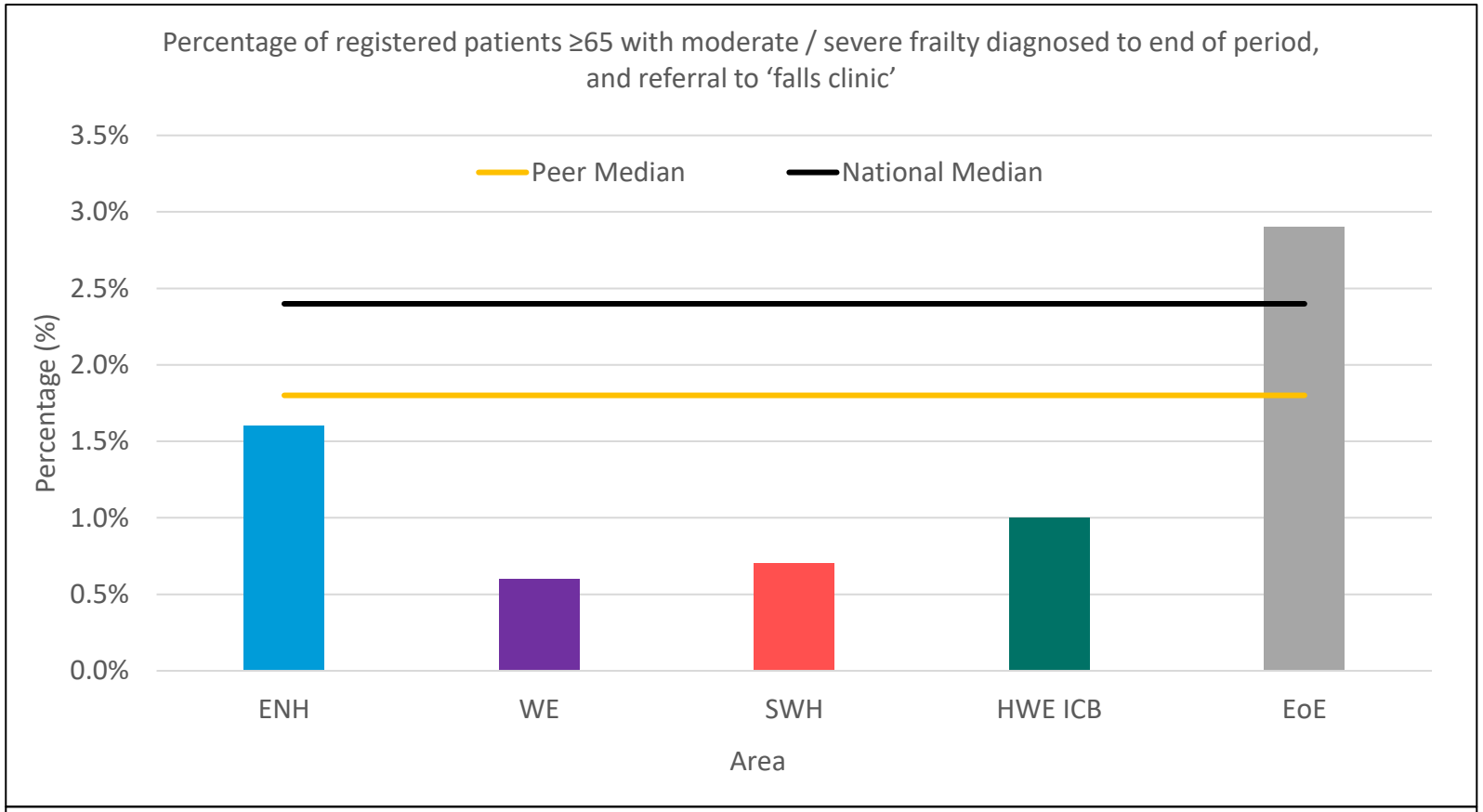
Fig 2. Percentage of patients prescribed 4 or more medicine that can have an unintended hypotensive effect (≥75 years old)



Source: Primary care data - ePACT2

- The percentage of patients prescribed ≥2, ≥3 and ≥4 medicines with unintended hypotensive effects in HWE ICB is below the peer and national median in all three categories (Fig 1).
- The percentage between Jan 2020 and Dec 2023 for medicines in HWE has overall decreased, with monthly fluctuations (Fig 2).
- The ICB rate has always been below the national median for all three categories.
- Although the ICB rate is below the peer median for ≥4 medicines, for ≥2 and ≥3 medicines it has been approximately the same as the peer median.
- This does not account of medicines that can be obtained over-the-counter, which can have a hypotensive effect.

Falls Risk Management – Referral to falls clinic



Source: NHS Digital - GP Contract Data: GMS/PMS Core Contract Data Collection, 2021/22

- Despite being in top quartile for falls, **HWE has a referral rate to falls clinic that is the third lowest in the country** (not pictured.)
- This suggests proactive management of frail patients and risk management processes are below what is expected.
- All places within HWE have a falls clinic referral rate below the national median, with WE performing the worst.

Response following a Fall (1) – Referral to Urgent Community Response

Fig 1. Percentage of Urgent Community Response (UCR) referrals (standard and all) with referral reason of 'falls risk'

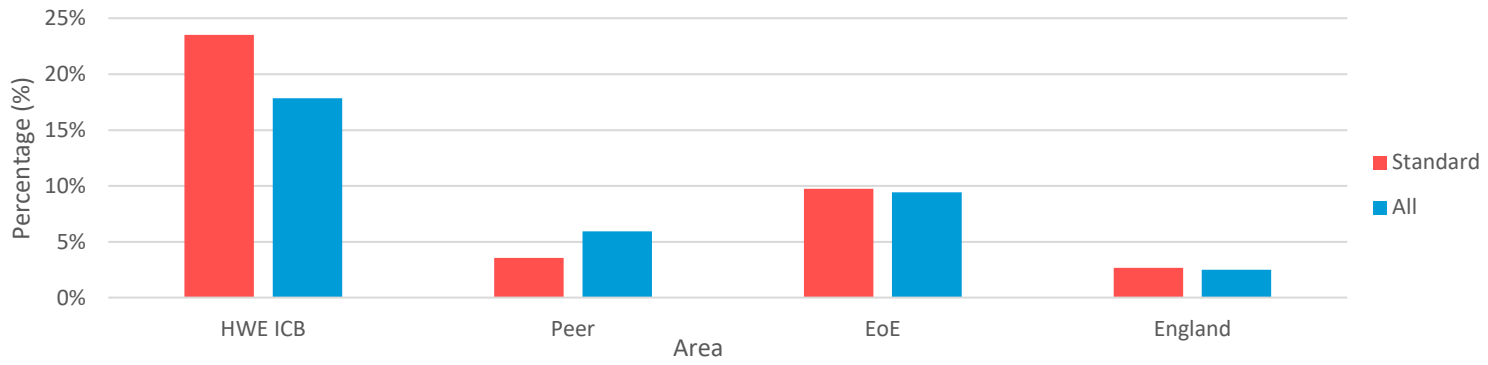
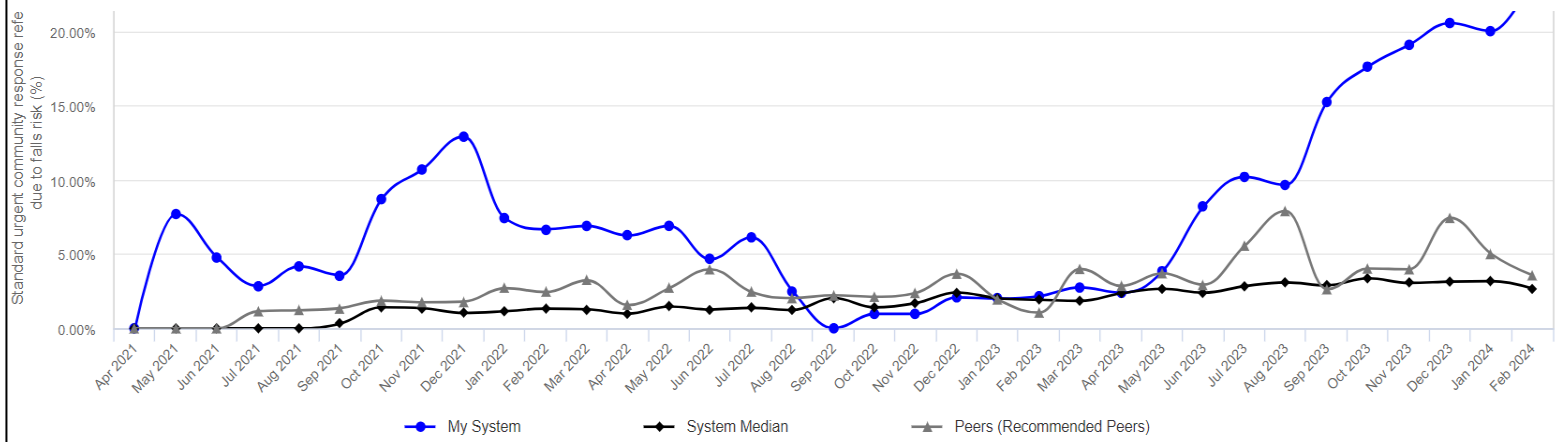


Fig 2. Standard referrals to UCR due to falls risk (%)



Source: Community Services Data Set (CSDS). Feb '24

- Falls response represents a significant proportion of activity managed by Urgent Community Response teams.
- Urgent Community Response (UCR) services provide multi-disciplinary assessment and treatment to adults at risk of an emergency admission in the next 24 hours.
- HWE ICB in the highest quartile for the proportion of UCR referrals that are for falls risk. This applies to both standard referrals as well as all referrals. The proportion in HWE is higher than peers, the East of England region and national percentages (Fig 1).
- There has been an increase in percentage of referrals to UCR for falls risk since May 2023, which is higher than the peer and national rate of increase (Fig 2).

Response following a Fall (2) – Conveyances

Fig 1. Total Ambulance Callouts Recorded as 'Falls' for each place, including conveyances, by place 23/24

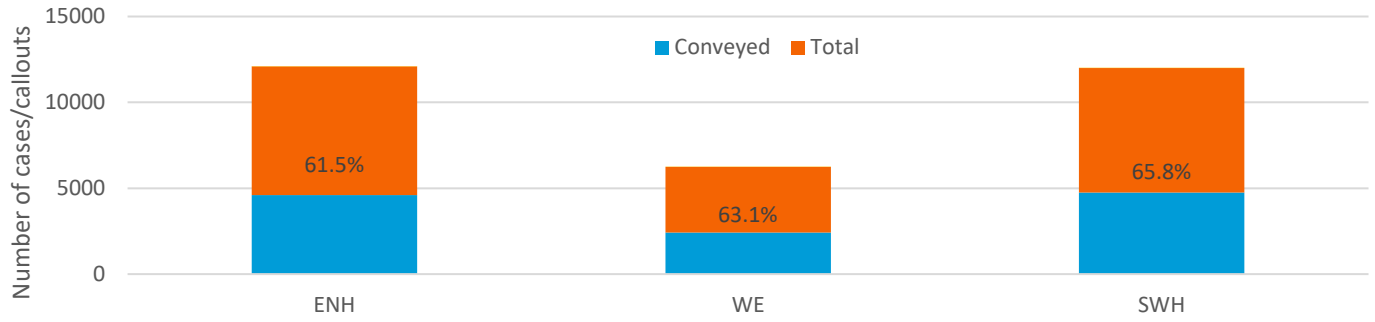
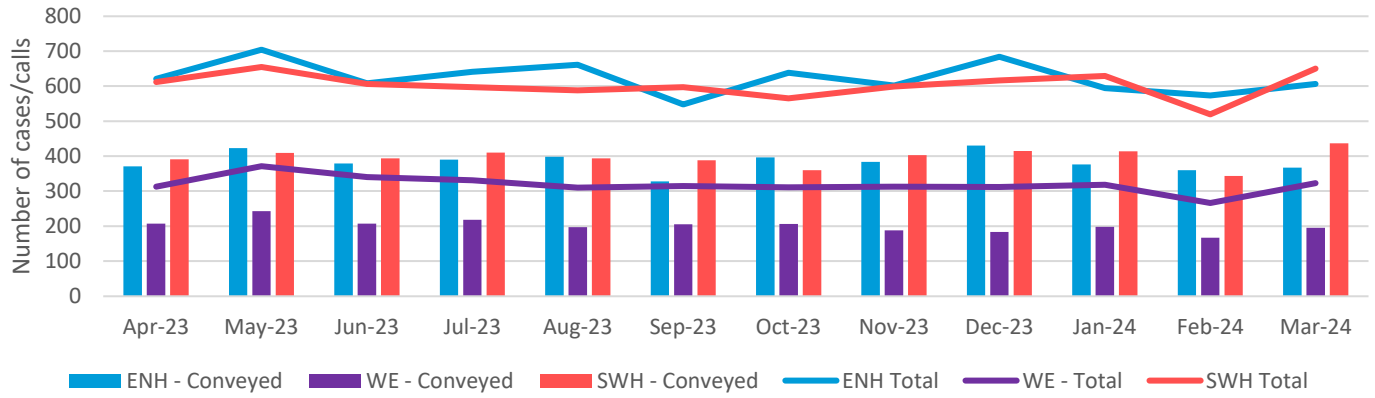


Fig 2. Total Ambulance Callouts Recorded as 'Falls' for each place, per month 23/24



Source: East of England Ambulance Service reporting (EEAST) April '23 – Mar '24

- Proportion of conveyed ambulance callouts related to falls ranged between 61.5% and 65.8% across the three places/sub-ICBs (Fig 1).
- The highest number of calls relating to falls was in ENH (7480) and the highest proportion of conveyances was in SWH (4,758 out of 7,234).
- The highest number of callouts relating to falls was in May across all three places/sub-ICBs (Fig 2).
- The highest proportion of falls conveyed was in November '23 in ENH (63.7%), October '23 in WE (66.2%) and Jul '23 in SWH (68.7%).
- After July, the second highest proportion of conveyed falls in SWH was in November '23 (63.7%) and October '23 (63.7%).
- The number of callouts recorded are for all ages and only if 'fall' was the primary reason.

Response following a Fall (3) – A+E attendance

- Emergency Department attendance rates due to falls is currently higher than the national rate but is consistently below the rate for peers (Fig 1&2).
- Rate of Emergency attendances due to falls in HWE have been increasing since Q1 2020/21, with a significant change observed from Q4 2018/19 onwards (Fig 1&2).
- The change in ED attendances for falls is being driven by attendances at Type 1&2 facilities.
- Note:
  - Types 1 and 2 Emergency departments cover major A&E units and other single-specialty emergency facilities (Fig 2).
  - Type 3 and 4 Emergency departments include Urgent treatment centres, minor injury units and NHS walk in centres.

Rate of Emergency Department attendance due to injuries from falls for people 65+ per 100,000 population

Fig 1. Types 1-4

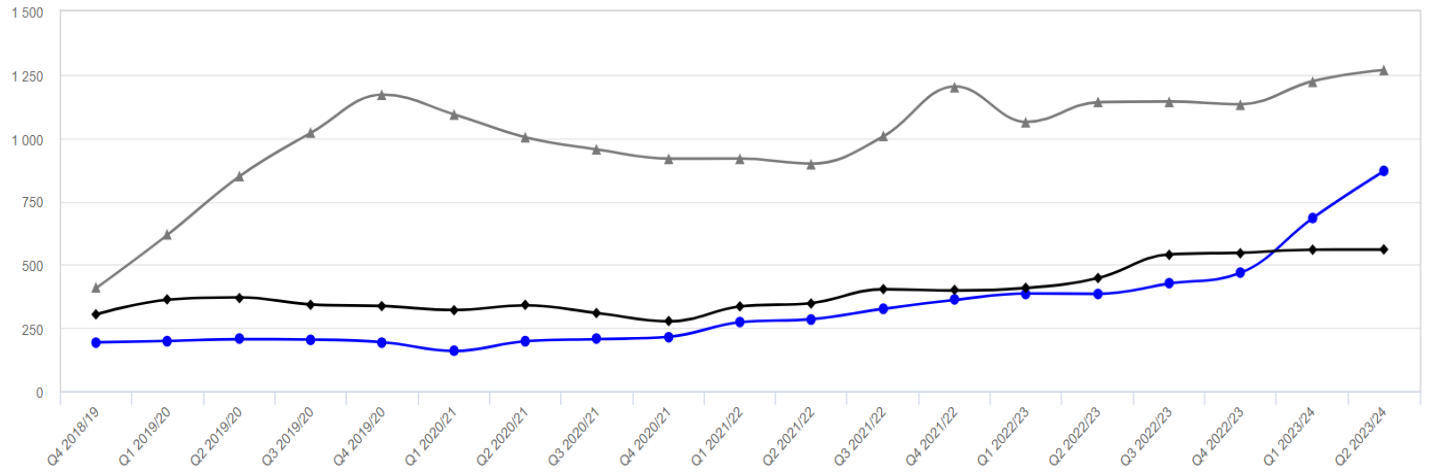
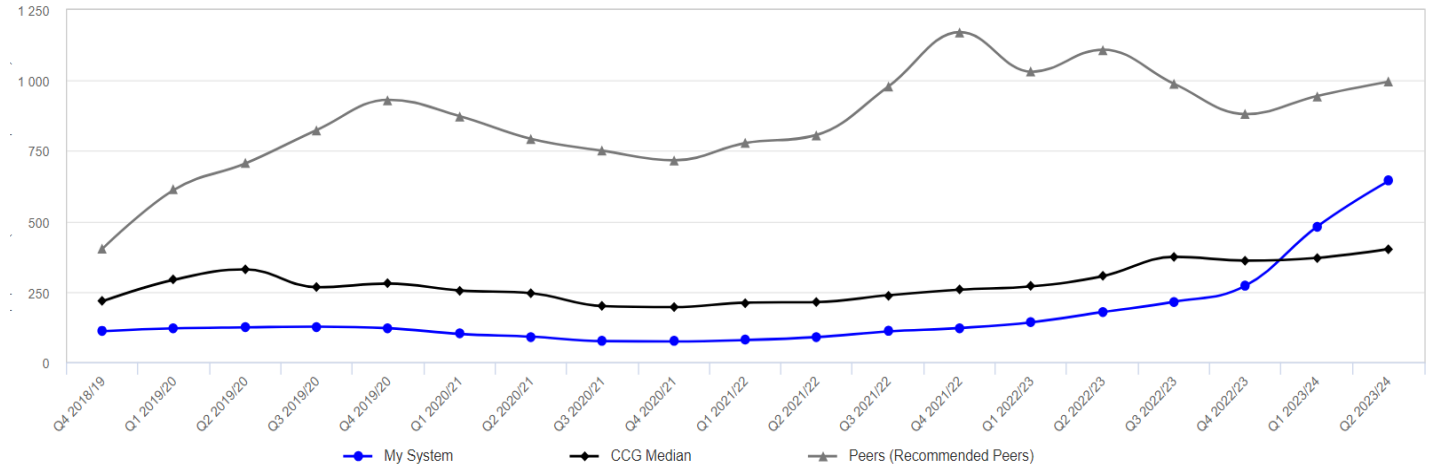


Fig 2. Type 1-2



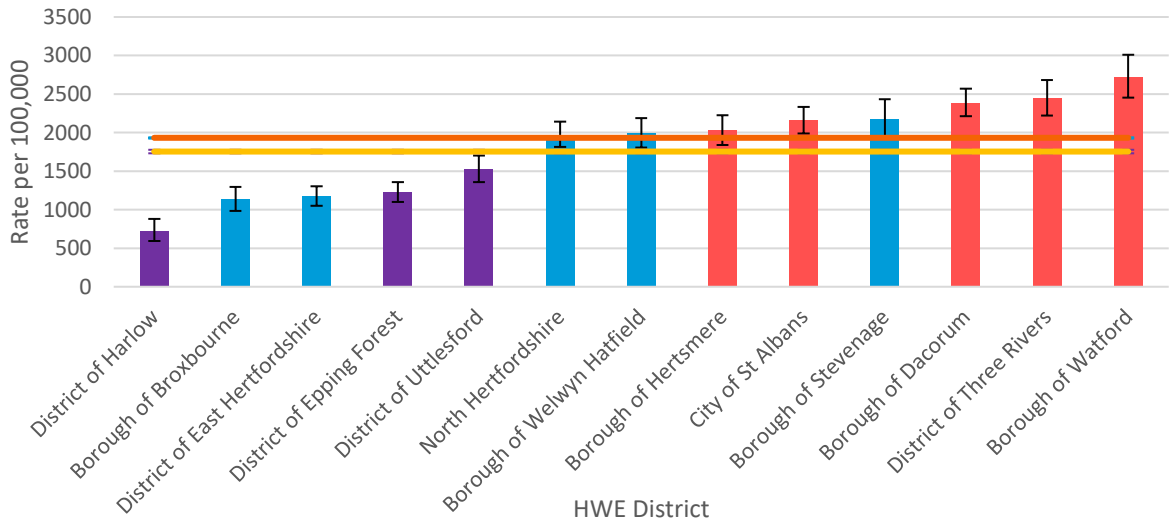
Numerator source: National Commissioning Data Repository (NCDR) – Hospital Admissions Databases, SUS+ SEM (Secondary Uses Services Plus, Standard Extract Mart) - Combined ECDS & AEA data. **Denominator source:** 12-month average GP registered population, NHAIS (National Health Application and Infrastructure Services), NHS Digital

Hertfordshire and West Essex Integrated Care System

Response following a Fall (4) – Emergency Admissions

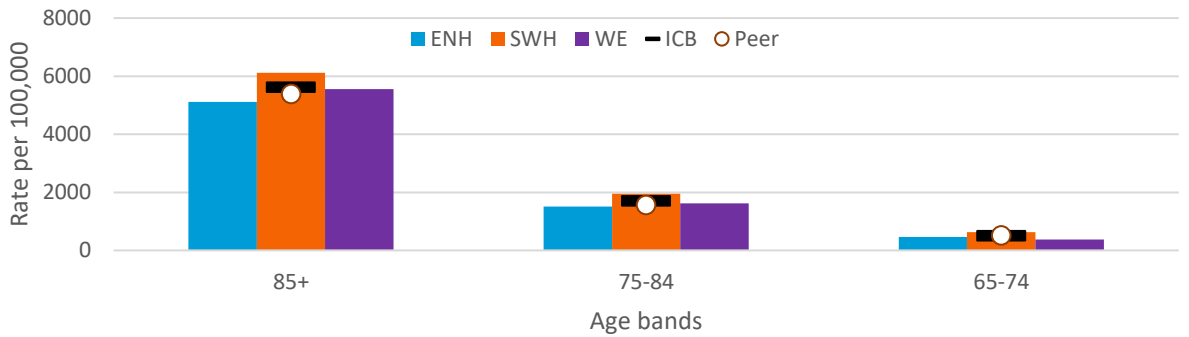
- There is statistically significant variation within the ICS for emergency admissions due to falls among people aged 65 years and above (Fig 1).
- Rates of emergency admissions due to falls increases with age (Fig 2).
- **Watford (2721), Three Rivers (2445)** and **Dacorum (2387)** represent the three Districts with the highest rates in the East of England region. Rates in **Watford, Three Rivers, Dacorum,** and **St Albans** are statistically significantly higher than national and regional rates. Rates in **Hertsmere, Welwyn/Hatfield and North Hertfordshire** are statistically higher than the regional rates.
- Rates in **Harlow, Broxbourne, East Hertfordshire, Epping Forest** and **Uttlesford** are statistically significantly lower than both national and regional rates.
- Rates of emergency admissions from falls for each age group was highest in **South and West Herts (SWH)** sub-ICB, compared to other sub-ICB areas. Rates in SWH were higher than regional and peer rates.

Fig 1. Emergency hospital admissions due to falls in people aged 65 and above in HWE (2022/23)



Numerator source: NHS England, Hospital Episode Statistics (HES). **Denominator source:** Office for National Statistics (ONS), midyear population estimates. 2021/22

Fig 2. Injuries due to falls - Emergency admissions per 100,000 age-sex weighted population (12 months Q2 2023/24)



Numerator source: Hospital Admissions Databases, SUS+ SEM. **Denominator source:** NHAIS, NHS Digital, 2023/24

Hertfordshire and West Essex Integrated Care System

Response following a Fall (5) – Emergency Admissions

- Between Q4 2018/19 an Q2 2023/24, rates of emergency admissions from falls has decreased among those aged 65-74 and 85 in HWE ICB (Fig 1&2).
- Since Q3 2020/21, the rates have remained below national rates for 65-74 (Fig 1).
- Since Q1 2022/23, the rates have remained above peer and national rates for 85+, apart from Q4 2022/23 (Fig 2).
- Locally and nationally, there was a fall in emergency admissions for injuries due to falls in Q4 2020/21, which aligns with the second wave of COVID-19 and associated lockdowns (Fig 1&2).

Emergency admissions per 100,000 age-sex weighted population

Fig 1. Aged 65-74

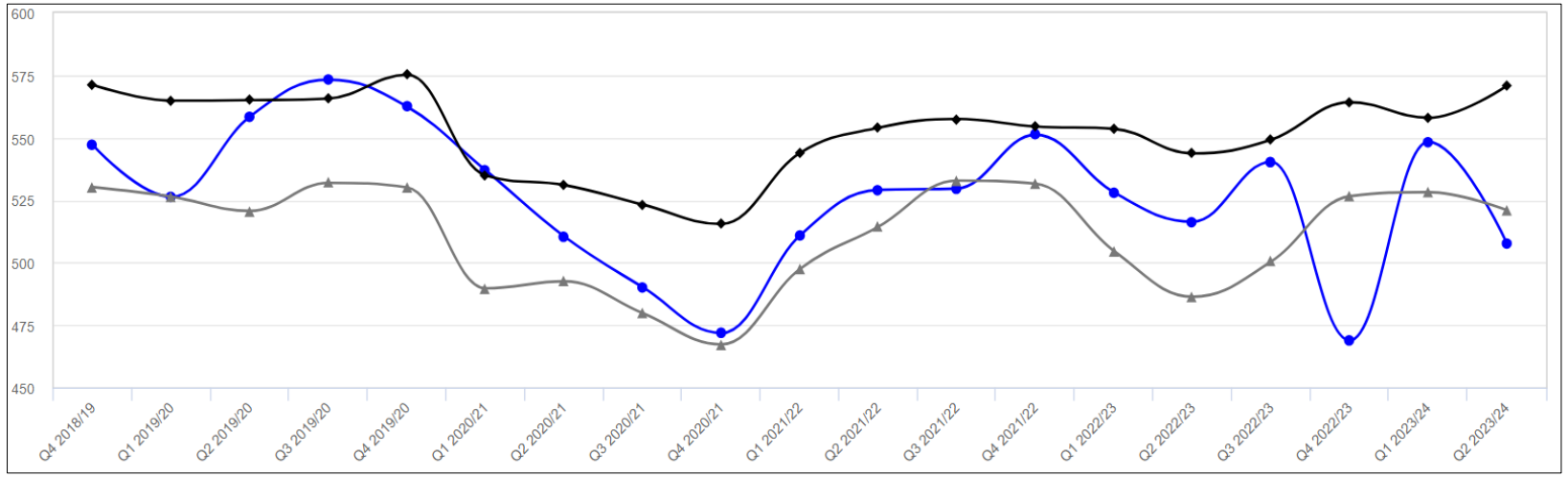
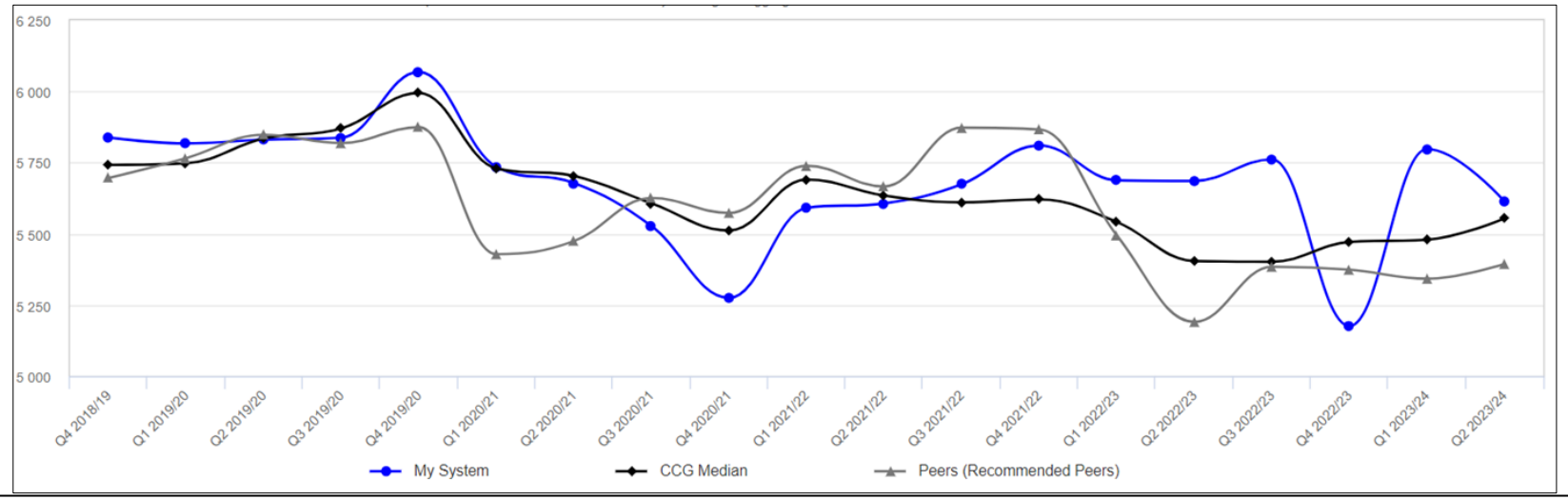


Fig 2. Aged 85+

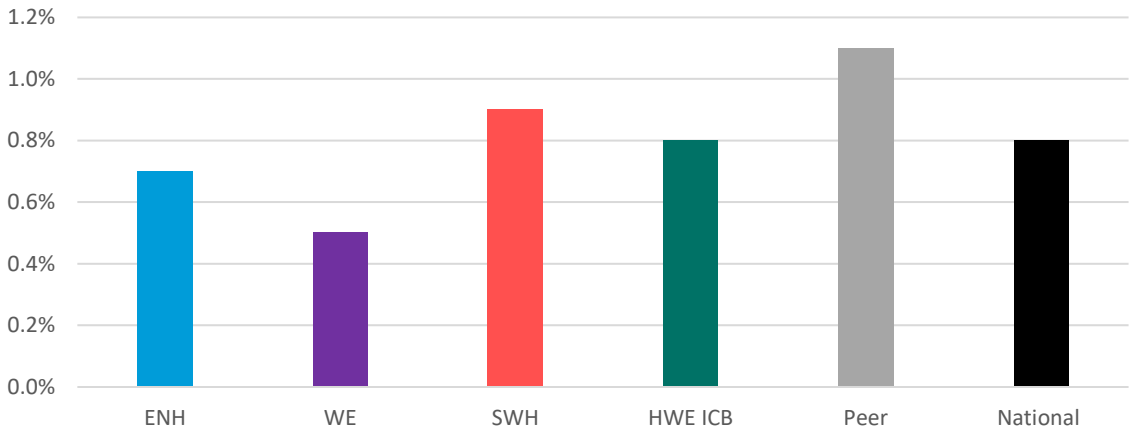


Numerator source: National Commissioning Data Repository (NCDR) – Hospital Admissions Databases, SUS+ SEM (Secondary Uses Services Plus, Standard Extract Mart)
Denominator source: 12-month average GP registered population, NHAIS (National Health Application and Infrastructure Services), NHS Digital

Hertfordshire and West Essex Integrated Care System

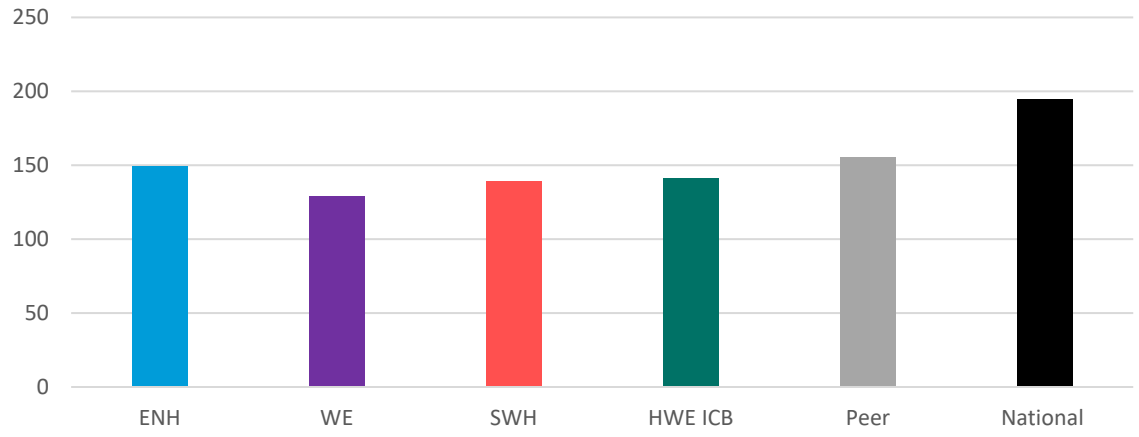
Outcomes following Falls (1) – Osteoporosis and Fragility Fractures

Fig 1. % of people aged 50+ with osteoporosis and fragility fracture



Source: Quality and Outcomes Framework (QOF), NHS Digital 2022/23

Fig 2. Osteoporosis and Fragility Fractures - Total Bed Days per 100,000 population



Numerator source: National Commissioning Data Repository (NCDR). **Denominator source**: 12-month average GP registered population, NHS Digital

- The proportion of people aged 50+ years diagnosed with osteoporosis and/or fragility fractures in HWE ICB (0.8%) is lower than peers (1.1%), but the same as the national average (0.8%). (Fig 1)
- Between place/sub-ICB, SWH has the highest proportion of 50+ year olds with osteoporosis and/or fragility fractures, followed by ENH and WE.
- Total bed days per 100,000 population due to osteoporosis and/or fragility fractures in HWE ICB (141) is lower than peer (155) and the national average (194). (Fig 2)

Outcomes following Falls (2) – Hip fractures

- Admissions with hip fractures amongst people aged 65+ years and mean length of stay was lower in HWE ICB than peer and national averages (Fig 1 & 2). WE had both the highest rate of admissions and mean length of stay.
- The proportion of patients returning to their usually place of residence within 28 days of admission with hip fracture was higher than peer and national average. ENH had the highest proportion (65.6%), followed by WE (65.5%) and SWH (58.6%).
- The percentage of patients readmitted within 28 days was higher in HWE compared to peer and national averages. SWH (14.9%) has the highest readmission rate, followed by WE (14%) and ENH (11.4%). (Fig 4).
- This may reflect discharge planning and post-discharge community care as an area that requires greater support to reduce rates of readmissions.

Fig 1. Admissions for hip fracture, aged 65+ (36 months to quarter end, Q3 2023/24)

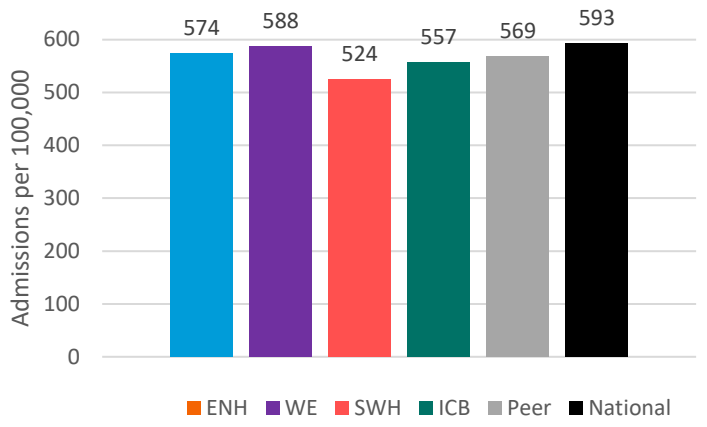


Fig 2. Mean Length of Stay following hip fracture, aged 65+ (12 months to quarter end, Q3 2023/24)

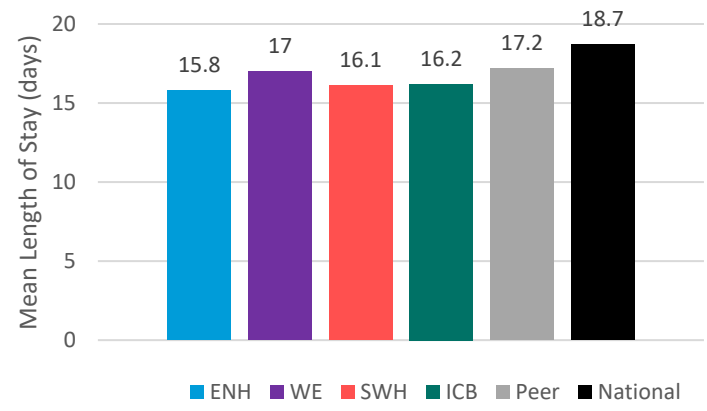


Fig 3. Percentage of patients returning to usual place of residence within 28 days following hip fracture admission (12 months to quarter end, Q3 2023/24)

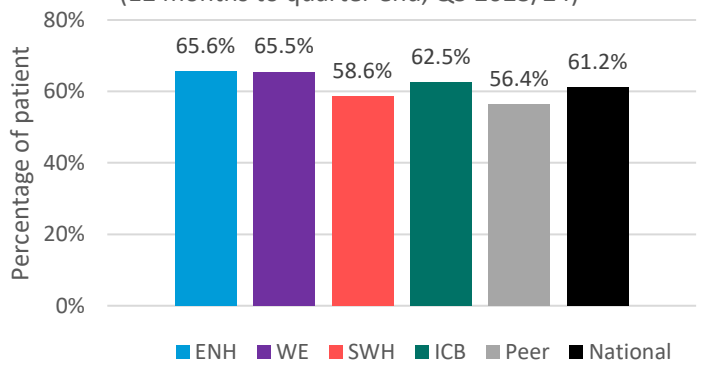
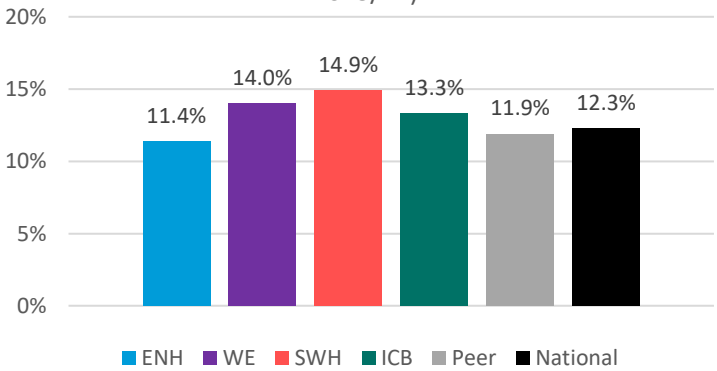


Fig 4. Percentage of patients with emergency readmissions to hospital within 28 days following hip fracture (36 months to quarter end, Q2 2023/24)



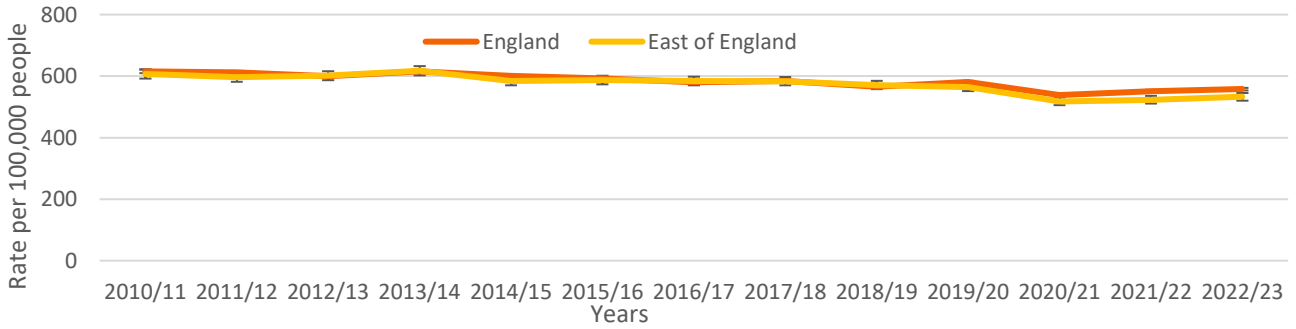
Source: National Commissioning Data Repository (NCDR)

Hertfordshire and West Essex Integrated Care System

Outcomes following Falls (3) – Hip Fractures

Fig 1. Hip fractures in people aged 65+ directly age standardised (2022/23)

Fig 2. Directly age standardised hip fractures among 65+, per 100,000 population (2010-2023)

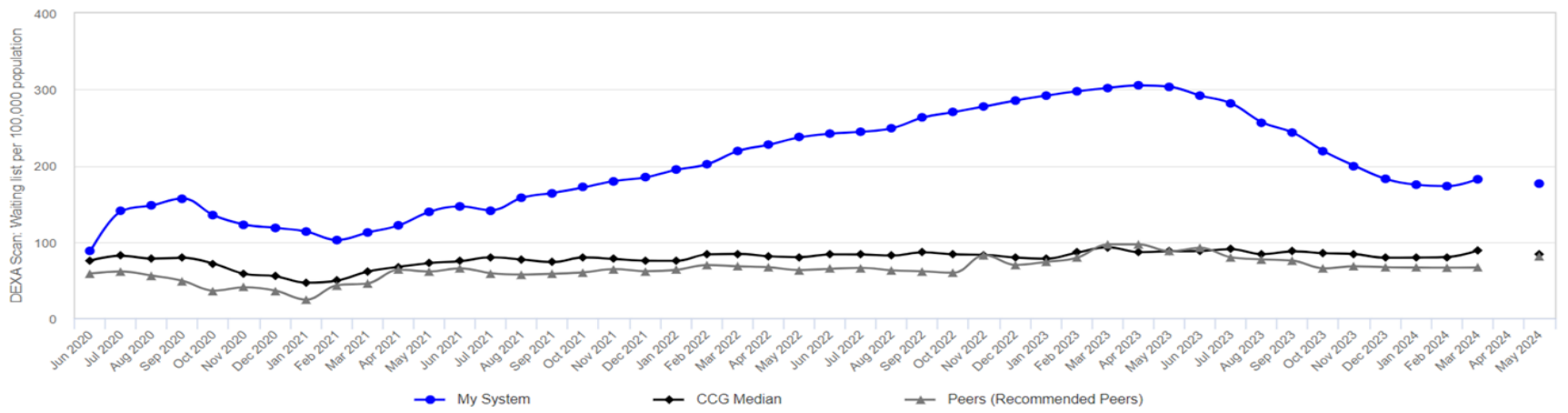


Numerator source: NHS England, Hospital Episode Statistics (HES). **Denominator source:** Office for National Statistics (ONS), mid year population estimates. 2022/23

- Across the ICB, the rate of hip fracture among people aged 65+ ranges from 235 to 636 per 100,000 (Fig 1).
- Rate of hip fractures were statistically significantly lower than the national rate in **Harlow, Broxbourne, East Herts and Epping Forest**.
- Hip fracture rates in **Harlow, Broxbourne and East Herts** were statistically significantly lower than the regional rate.
- Rates of hip fractures have declined between 2010/11 and 2020/21 nationally and regionally. Between 2020/21 and 2022/23, there has been an increase.
- The regional rate of hip fractures has remained below the national, and statistically significantly lower between 2020/21 to 2022/23.

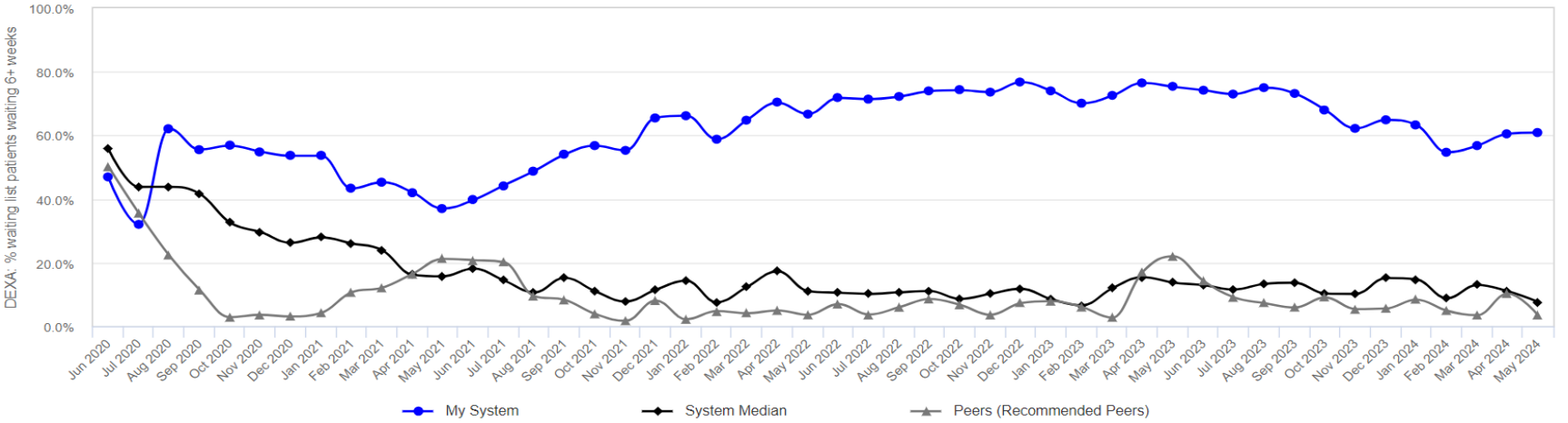
Outcomes following Falls (4) – DEXA scans

Fig 1. Waiting list per 100,000 population waiting for DEXA scan per month Jun 2020 – May 2024



Numerator source: Diagnostics Waiting Times and Activity, NHS England. **Denominator source**: GP registered population snapshot on 1st of the month, NHAIS (National Health Application and Infrastructure Services), NHS Digital.

Fig 2. Percentage of waiting list patients waiting ^+ weeks DEXA scan per month Jun 2020 – May 2024



Numerator source: Diagnostics Waiting Times and Activity, NHS England. **Denominator source**: GP registered population snapshot on 1st of the month, NHAIS (National Health Application and Infrastructure Services), NHS Digital.

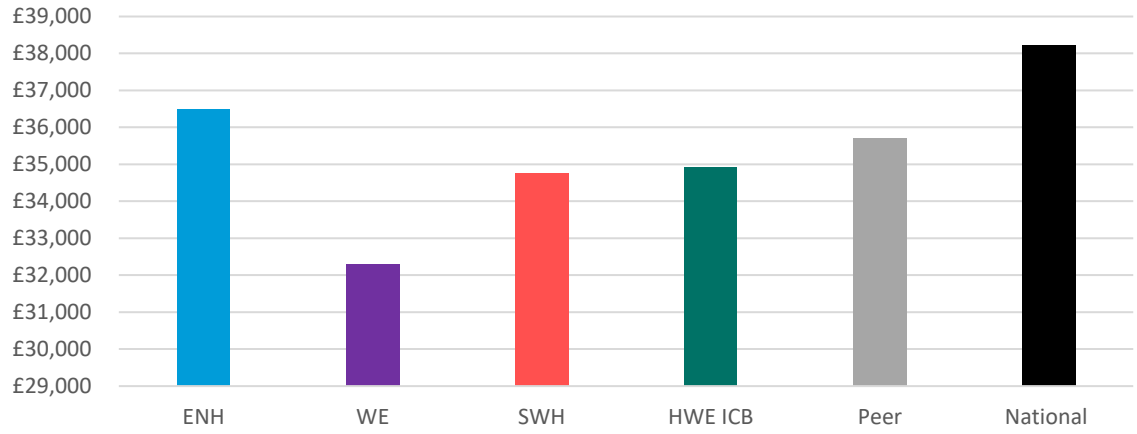
- Dual Energy X-ray Absorptiometry (DEXA) scans are used to measure bone density.
- A 10-year fragility fracture risk score should be calculated prior to offering a DEXA scan.
- The number of patients on waiting lists for DEXA scans have been above the national and peer average since Jun 2020. (Fig 1).
- Whilst the peer and national average of proportion of those waiting 6+ weeks decreased since June 2020, in HWE ICB it initially increased and has plateaued.
- These figures do not include private providers and it does not state whether 10-year fragility fractures were calculated prior to referral.

Outcomes following Falls (5) – Secondary prevention and Bisphosphonate prescribing

Fig 1. Primary Care Prescribing items per 100,000 age-sex weighted population (12 months to Q3 23/24)

Numerator source: Medicines Dispensed in Primary Care (NHSBSA Data).
Denominator source: 12-month average GP registered population, NHS Digital

Fig 2. Primary Care Prescribing Cost (NIC) per 100,000 age-sex weighted population (12 months to Q3 23/24)



Numerator source: Medicines Dispensed in Primary Care (NHSBSA Data) .
Denominator source: 12-month average GP registered population, NHS Digital

- Bisphosphonates are the first line bone-sparing treatment for those high risk of osteoporotic fractures. Rate of prescribing in HWE ICB (8,435 per 100,000 population) is above the peer average (6,840) and slightly below the national average (8,763). (Fig 1)
- Rate of prescribing is lowest in SWH (7,463 per 100,000 population) followed by WE (8,563) and ENH (9,373). This is unusual SWH has the highest proportion of 50+ with osteoporosis and/or fragility fractures.
- Cost of primary care prescribing is lower in the HWE ICB (£34,912) compared to peer (£35,708) and national (38,210) average, despite having high rate of prescribing that peer regions.

Outcomes following Falls (6) – Mortality rates

- There is some variation within the ICS for mortality rate from accidental falls, but not statistically different between districts (Fig 1).
- **Uttlesford, Stevenage, St Albans, East Herts and Epping Forest** have mortality rates that are statistically significantly lower than the national median mortality rate per 100,000.
- **None** of the districts have mortality rates from falls that are statistically significantly lower or higher than the regional rate.
- Rates of mortality due to accidental falls has statistically significantly **increased** between 2001 to 2022 in England and East of England region (Fig 2).
- The mortality rate from accidental falls in the East of England region has **stayed consistently lower** than the national rate.

Fig 1. Mortality rate from accidental falls (all ages), directly standardised (2020-22)

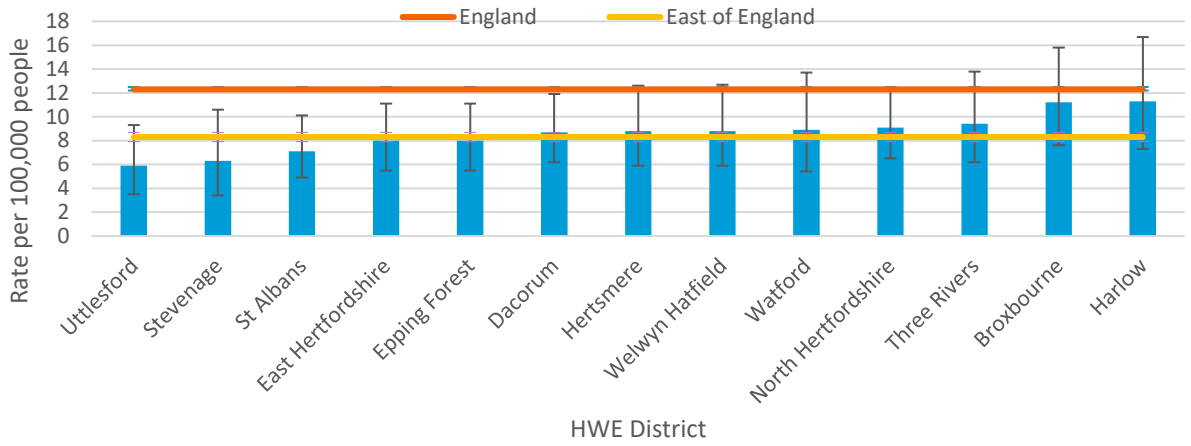
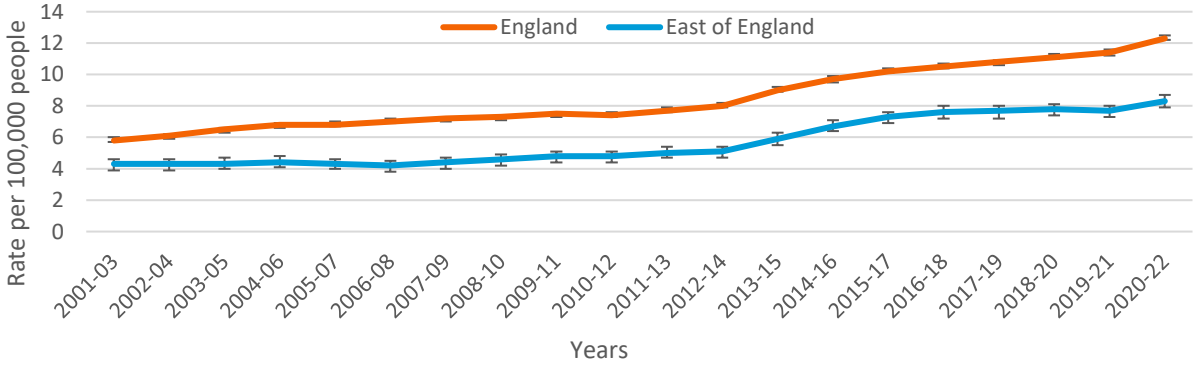


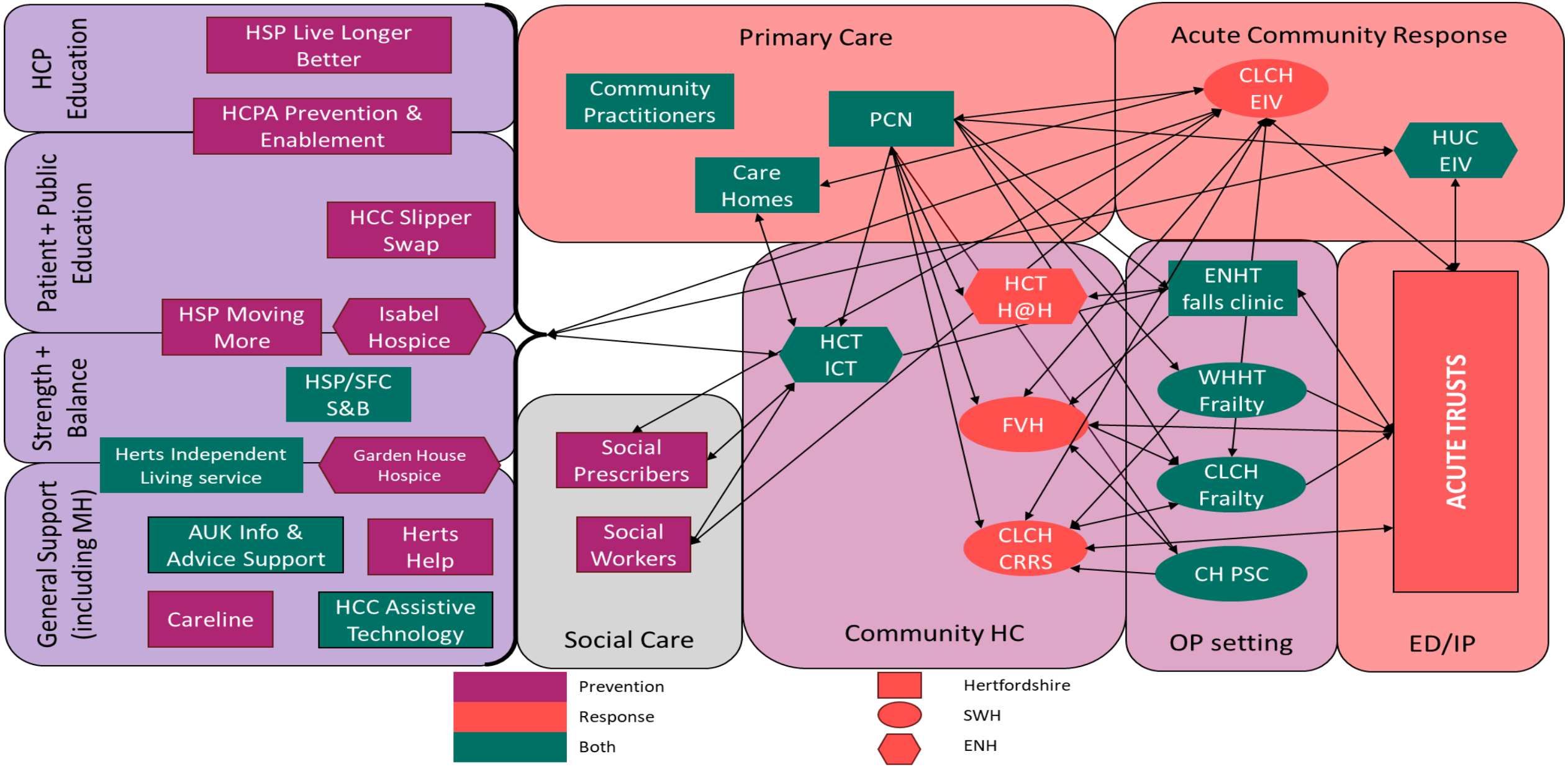
Fig 2. Three year rolling average mortality rate from falls of all ages, DSR per 100,000 (2011 to 2022)



Numerator source: Office for National Statistics: Annual Mortality Extracts. **Denominator source:** ONS Census based mid-year population estimates

Hertfordshire and West Essex Integrated Care System

Falls Services - Hertfordshire



Falls Services - West Essex