

## NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE

## Health Technology Appraisal

## Fallers' clinics for the assessment and prevention of falls

## Draft scope

**Objective:** To appraise the clinical and cost effectiveness of fallers' clinics for the assessment and prevention of falls, and to provide guidance to the NHS in England and Wales.<sup>1</sup>

**Background:**

A fall can be defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.<sup>2</sup>

Every year some 35% of community living adults over age 65 (about 2.7m England & Wales), and 45% of adults over age 80 (about 0.9m), have a syncopal event (faint) or fall. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK. Other consequences of an individual falling include the development of psychological problems (such as fear of falling and loss of confidence in being able to move about safely), impairment in carrying out daily activities, reduced mobility, increased dependency, infection, hip fractures and other falls related injuries.

A range of risk factors are associated with falls including falls history, gait deficit, balance deficit, mobility impairment, fear, visual impairment, postural hypotension, cognitive impairment and urinary incontinence. Environmental factors (such as poor lighting or loose carpets) may also contribute to an increased risk of falling.

In 1999, there were 647,721 accident & emergency attendances and 204,424 admissions to hospital for fall related injuries in the UK population aged 60 years or over. The associated cost of these falls to the NHS and Personal Social Services (PSS) has been estimated at £908.9 million and 63% of these costs were incurred from falls in those aged 75 years and over.<sup>3</sup>

**The technology:**

There is no widely accepted definition of a fallers' clinic (also known as falls clinics) and services supplied may vary between clinics. However, a common feature is that they provide a framework for comprehensive multi-disciplinary assessment and management of older people with complex falls related presentations or high recurrent falls risks. Interventions provided by the clinics

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<sup>1</sup> The Department of Health remit to the Institute is "to appraise the clinical and cost effectiveness of fallers' clinics for the assessment and prevention of falls."

<sup>2</sup> Tinetti ME, Baker DI, Dutcher J, Vincent JE, Rozett RT. (1997) Reducing the risk of falls among older adults in the community. Berkeley, CA: Peaceable Kingdom Press.

<sup>3</sup> Scuffman, P. Chaplin, S. (2002) The incidence and costs of accidental falls in the UK. Final report. York Health Economics Consortium, University of York.

## APPENDIX A-1

may include medical assessment, medication review, exercise and environmental checks. They may also provide education and training to patients, carers and health professionals.

<b>Intervention(s)</b>	Fallers' clinics
<b>Population(s)</b>	People aged 65 years and over who have previously fallen or are at high risk of falling.
<b>Current standard treatments (comparators)</b>	Usual care
<b>Outcomes</b>	Should include: <ul style="list-style-type: none"> <li>• Number of falls</li> <li>• Severity of falls</li> <li>• Incidence of fractures as a result of falling</li> <li>• Health-related quality of life</li> <li>• Mortality</li> </ul>
<b>Economic Analysis</b>	<p>If the evidence allows, the cost per quality adjusted life year gained from fallers' clinics will be estimated.</p> <p>Costs should include those relevant to the NHS and PSS. If evidence on the potential cost savings to other organisations/individuals from delayed admission to long term care is submitted, this information should be presented separately.</p>
<b>Other considerations</b>	<p>Fallers' clinics may be based in different settings (for example, in the community or in care homes). The setting of the clinic should be clearly stated alongside the evidence presented.</p> <p>The Institute seeks the views of the consultees on the following:</p> <ul style="list-style-type: none"> <li>• What is an appropriate definition of a fallers' clinic?</li> <li>• What is the most appropriate comparator to fallers' clinics?</li> </ul> <p>There is minimal research evidence specifically relating to fallers' clinics.</p> <p>This appraisal topic relates to the National Service Framework (NSF) for Older People which identifies the prevention of falls as a priority. The appraisal specifically supports the implementation of standard six of the NSF for older people. The NSF requires all local health systems to have an integrated falls service (which could include falls clinics) by April 2005</p> <p>NICE clinical guideline under development: The assessment and prevention of falls in older people. Expected November 2004.</p>

