Falls in older people: prevention

NICE quality standard

Draft for consultation

January 2017

Introduction

This quality standard covers prevention of falls for older people (aged 65 and over) living in the community. This includes older people living in extended care settings such as nursing homes and supported accommodation, as well as those living in their own homes. Assessment after a fall and preventing further falls during a hospital stay and in the community are covered by the falls in older people quality standard. For more information see the falls: prevention topic overview.

The potential for combining this quality standard with the existing falls in older people quality standard will be explored prior to final publication. The falls in older people quality statements are listed for information in related quality standards.

Why this quality standard is needed

Falls and fall‑related injuries are a common and serious problem for older people, particularly those who have underlying pathologies or conditions. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged 75 and older in the UK.

People aged 65 and older have the highest risk of falling. Around 30% of adults who are over 65 and living at home will experience at least 1 fall a year (approximately 2.5 million people in England). This rises to 50% of adults over 80 who are either at home or in residential care.

Most falls do not result in serious injury, but annually approximately 5% of older people living in the community who fall experience a fracture or need hospitalisation. The Royal College of Physicians (2011) report Falling standards, broken promises

highlights that falls and fractures in people aged 65 and over account for over 4 million hospital bed days each year in England alone.

Falls result in significant costs. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. The cost to the NHS of falls is estimated to be more than £2.3 billion per year.

There are over 400 separate risk factors associated with falls, and many of them are modifiable. Falls history is a frequently reported significant risk factor and predictor of further falls.

The quality standard is expected to contribute to improvements in the following outcomes:

- falls in older people
- injuries resulting from falls
- hospital admissions resulting from falls
- health-related quality of life for older people
- independence of older people
- mortality resulting from falls in older people.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- Adult Social Care Outcomes Framework 2015–16
- NHS Outcomes Framework 2016–17
- Public Health Outcomes Framework 2016–19.

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 The Adult Social Care Outcomes Framework 2015–16

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	***Overarching measure*** 1A Social care-related quality of life**
2 Delaying and reducing the need for care and support	***Overarching measure*** 2A Permanent admissions to residential and nursing care homes, per 100,000 population
4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	***Overarching measure*** 4A The proportion of people who use services who feel safe** ***Outcome measures*** **Everyone enjoys physical safety and feels secure** **People are free from physical and emotional abuse, harassment, neglect and self-harm** **People are protected as far as possible from avoidable harm, disease and injuries** **People are supported to plan ahead and have the freedom to manage risks the way that they wish** 4B The proportion of people who use services who say that those services have made them feel safe and secure
Alignment with NHS Outcomes Framework and/or Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Table 2 NHS Outcomes Framework 2016–17

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Overarching indicators*** 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults 1b Life expectancy at 75 i Males ii Females
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** 2 Health-related quality of life for people with long-term conditions**

4 Ensuring that people have a positive experience of care	***Overarching indicators*** 4a Patient experience of primary care i GP services ii GP Out-of-hours services 4b Patient experience of hospital care ***Improvement areas*** **Improving hospitals' responsiveness to personal needs** 4.2 Responsiveness to inpatients' personal needs **Improving people's experience of accident and emergency services** 4.3 Patient experience of A&E services **Improving people's experience of integrated care** *4.9 People's experience of integrated care***
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	***Overarching indicators*** *5a Deaths attributable to problems in healthcare* *5b Severe harm attributable to problems in healthcare* ***Improvement areas*** **Reducing the incidence of avoidable harm** *5.4 Hip fractures from falls during hospital care* **Improving the culture of safety reporting** 5.6 Patient safety incidents reported
Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Table 3 Public health outcomes framework for England, 2016–19

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors which affect health and wellbeing and health inequalities ***Indicators*** 1.16 Utilisation of outdoor space for exercise/health reasons 1.18 Social isolation*
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities ***Indicators*** 2.13 Proportion of physically active and inactive adults 2.23 Self-reported well-being 2.24 Injuries due to falls in people aged 65 and over
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill

	health and people dying prematurely, whilst reducing the gap between communities ***Indicators*** 4.03 Mortality rate from causes considered preventable***(NHSOF 1a)*** 4.13 Health-related quality of life for older people 4.14 Hip fractures in people aged 65 and over 4.15 Excess winter deaths
Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services to prevent falls.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services and service user experience in adult mental health services (see the NICE pathway on patient experience in adult NHS services and service user experience in adult mental health services) which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to people using services. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect people's experience of using services and are specific to the topic are considered during quality statement development.

Coordinated services

Falls prevention services should be commissioned from and coordinated across all relevant agencies encompassing the whole falls care pathway. A person-centred, integrated approach to providing services is fundamental to preventing falls in older people.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality falls prevention service are listed in related quality standards.

Resource impact considerations

Quality standards should be achievable by local services given the resources required to implement them. Resource impact considerations are taken into account by the quality standards advisory committee, drawing on resource impact work associated with source guidelines:

- The costing statement for NICE guideline CG161 (Falls in older people: assessing risk and prevention) provides more detailed resource impact information. Organisations are encouraged to use the tool to help estimate local costs.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in preventing falls in older people should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in preventing older people from falling. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about identifying older people at risk of falling, and assessing risk and making interventions to prevent falls.

List of quality statements

Statement 1. Older people are asked about falls when they have routine reviews or health checks with primary care services, if they are admitted to hospital, and in regular conversations with their community healthcare and social care practitioners.

Statement 2. Older people at risk of falling are offered a multifactorial falls risk assessment.

Statement 3. Older people assessed as at risk of falling receive an individualised multifactorial intervention.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any treatment. Please describe any potential cost savings or opportunities for disinvestment.

Question 5 Do you have any comments on combining this quality standard with the existing quality standard on falls in older people which covers assessment after a fall and preventing further falls (secondary prevention) in older people living in the community and during a hospital stay?

Question 6 For draft quality statement 1: This draft statement applies to health and social care practitioners in contact with older people across a range of settings. Do you think the statement is measurable in each setting to support quality improvement?

Question 7 For draft quality statement 2: Do the audience descriptors adequately describe what the statement means for the different types of service providers that carry out multifactorial falls risk assessments? If not, please identify the type of service provider not adequately covered and what the statement would mean for them in in practice.

Question 8 For draft quality statement 3: Do the audience descriptors adequately describe what the statement means for the different types of service providers that carry out multifactorial interventions? If not, please describe the type of service provider and what the statement would mean for them in in practice.

Quality statement 1: Identifying people at risk of falling

Quality statement

Older people are asked about falls when they have routine reviews or health checks with primary care services, if they are admitted to hospital, and in regular conversations with their community healthcare and social care practitioners.

Rationale

To prevent falls, people who are at risk of falling need to be identified. A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls. Health and social care practitioners have regular contact with older people across a wide range of settings, including in people's homes. By routinely asking questions about their falls history, health and social care practitioners can identify older people who may be at risk of falling. People who have fallen can be referred or advised to see a healthcare professional or service to further assess their risk.

Quality measures

Structure

a) Evidence of local arrangements and written protocols to ensure that older people are asked about falls when they have routine reviews or health checks with primary care services.

Data source: Local data collection.

b) Evidence of local arrangements and written protocols to ensure that older people are asked about falls when they are admitted to hospital.

Data source: Local data collection.

c) Evidence of local arrangements and written protocols to ensure that community healthcare and social care practitioners regularly ask older people they care for about falls.

Data source: Local data collection.

Process

a) Proportion of older people asked about falls during routine reviews or health checks with primary care services.

Numerator – the number in the denominator where the person was asked about falls.

Denominator – the number of routine reviews or health checks of older people in a by a primary care service.

Data source: Local data collection.

b) Proportion of older people asked about falls on admission to hospital.

Numerator – the number in the denominator where the person was asked about falls.

Denominator – the number of older people admitted to hospital (includes day case, outpatient and accident and emergency admissions; excludes inpatient admissions).

Data source: Local data collection.

c) Proportion of older people in contact with community health and social care practitioners who were asked about falls in the last 3 months.

Numerator – the number in the denominator where the person was asked about falls in the last 3 months.

Denominator – the number of older people in contact with community health and social care practitioners in the last 3 months.

Data source: Local data collection.

Outcome

a) Number of multifactorial falls risk assessments performed

Data source: Local data collection

b) Number of falls in older people

Data source: Local data collection

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers such as GP practices ensure that routine reviews and health checks for older people include questions about falls; hospitals ensure that admission procedures include questions about falls for older people; and community healthcare and social care providers ensure that protocols and training are in place for health and social care practitioners to ask older people about falls as part of their routine practice.

Health and social care practitioners ask older people whether they have fallen in the past year, and about the frequency, context and characteristics of any falls. Healthcare practitioners in primary care such as GPs, practice nurses and pharmacists ask about falls as part of routine reviews or health checks. Healthcare practitioners in hospitals ask about falls when they admit older people to outpatient clinics, accident and emergency departments or onto wards as day patients. Community health and social care practitioners (such as district nurses, physiotherapists, occupational therapists, pharmacists, social workers, care home workers, home care workers, sheltered housing staff) ensure that they routinely ask older people they are caring for about falls.

Commissioners (such as clinical commissioning groups, NHS England, local authorities) ensure that they commission services from primary care providers that ask about falls as part of routine reviews or health checks; from hospitals that ask older people about falls on admission and from community health care providers and social care providers whose staff ask older people routinely about falls.

What the quality statement means for patients, people using services and carers

Older people who are seen by a health or social care practitioner are asked regularly whether they have had a fall in the past year. If they have fallen, they are asked how many times this has happened, what caused it and what happened when they fell.

Source guidance

- Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, recommendation 1.1.1.1

Definitions of terms used in this quality statement

Older people

People aged 65 and over living in their own home or in an extended care setting such as a nursing home or supported accommodation.

[Adapted from Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, 'Terms used in this guideline'].

Routine reviews or health checks

Planned, recurring appointments with primary care practitioners where a person is assessed. These include reviews for chronic conditions such as diabetes, heart failure or chronic obstructive pulmonary disease; medication reviews and NHS Health Checks.

Regular conversations

Discussions where older people are asked about falls at least every 3 months by community healthcare or social care practitioners providing their care.

Equality and diversity considerations

Health and social care practitioners should recognise that some subgroups of the population (such as people who are not registered with GP practices, people in traveller communities or people who are homeless) may not be in regular contact with health and social care services. Practitioners should take every opportunity to ask about falls history when people from these groups present, so that they can make every contact count.

Question for consultation

This draft statement applies to health and social care practitioners in contact with older people across a range of settings. Do you think the statement is measurable in each setting to support quality improvement?

Quality statement 2: Multifactorial risk assessment

Quality statement

Older people at risk of falling are offered a multifactorial falls risk assessment.

Rationale

There are over 400 risk factors associated with falling, and the risk of falling appears to increase with the number of risk factors. A multifactorial falls risk assessment has multiple components which identify a person's individual risk factors for falling. This allows interventions to be targeted at specific risk factors to help prevent future falls. The assessment should be performed by a healthcare professional with skills and experience in falls prevention, often in the setting of a specialist falls service. Individual components of the assessment may be undertaken by different healthcare professionals, but each element has to be combined to form a single multifactorial assessment. This assessment should form part of an individualised multifactorial intervention to prevent further falls

Quality measures

Structure

a) Evidence of local arrangements and written protocols to ensure that older people at risk of falling are referred to healthcare professionals with skills and experience in carrying out multifactorial falls risk assessment.

Data source: Local data collection.

b) Evidence of local arrangements and written protocols to ensure that multifactorial assessment comprises multiple components to identify individual risks of falling, and forms part of a multifactorial intervention.

Data source: Local data collection.

c) Evidence of local arrangements for a specialist falls service comprising a multidisciplinary team with access to diagnostic, assessment and intervention facilities.

Data source: Local data collection.

Process

a) Proportion of older people at risk of falling presenting to healthcare professionals who are referred for multifactorial falls risk assessment.

Numerator – the number in the denominator where the older person was referred for a multifactorial assessment.

Denominator – the number of older people presenting to a healthcare professional who were considered to be at risk of falling.

Data source: Local data collection.

b) Proportion of older people at risk of falling presenting to a healthcare professional who have a multifactorial falls risk assessment and have this documented in their patient record.

Numerator – the number in the denominator where the older person has been referred for and had a multifactorial assessment, and this is documented in their patient record.

Denominator – the number of people presenting to a healthcare professional who were considered to be at risk of falling.

Data source: Local data collection.

Outcome

a) Number of older people receiving interventions to address risk factors for falling

Data source: Local data collection

b) Number of falls in older people

Data source: Local data collection

What the quality statement means for service providers, healthcare practitioners, and commissioners

Service providers (such as specialist falls services) ensure that protocols are in place to receive referrals of older people at risk of falling; that assessment comprises multiple components to assess individual risk factors; and that this assessment forms part of a multifactorial intervention.

Healthcare professionals (such as GPs) ensure that they refer older people they believe to be at risk of falling to healthcare professionals with skills and experience in falls prevention for a multifactorial falls risk assessment. Healthcare professionals undertaking the assessment identify individual risk factors and use their assessment as part of a multifactorial intervention.

Commissioners (such as clinical commissioning groups, NHS England) ensure that they commission services so that older people at risk of falling who present to GPs are referred to a service that can perform a multifactorial falls risk assessment as part of a multifactorial intervention.

What the quality statement means for patients, people using services and carers

Older people who are seen by a healthcare professional have an assessment if they have fallen in the past year or if they have problems with balance or walking. This assessment will uncover anything that might make them more likely to fall again to help stop this from happening. An older person may be asked to go to a specialist clinic (called a falls service) for their assessment. This assessment forms part of a plan to help them avoid falling again.

Source guidance

- Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, recommendations 1.1.2.1 (key priority for implementation) and 1.1.2.2
- Falls – risk assessment (2014) NICE clinical knowledge summary

Definitions of terms used in this quality statement

Older people

People aged 65 and over living in their own home or in an extended care setting such as a nursing home or supported accommodation.

[Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, 'Terms used in this guideline']

At risk of falling

People aged 65 years and over who:

- have had 2 or more falls in the last 12 months
- demonstrate abnormalities of gait or balance.

[Adapted from Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, recommendation 1.1.2.1, and Falls – risk assessment (2014) NICE clinical knowledge summary]

Multifactorial falls risk assessment

An assessment with multiple components that aims to identify a person's risk factors for falling. An assessment may include:

- identification of falls history
- assessment of gait, balance and mobility, and muscle weakness
- assessment of osteoporosis risk
- assessment of the older person's perceived functional ability and fear relating to falling
- assessment of visual impairment
- assessment of cognitive impairment and neurological examination
- assessment of urinary incontinence
- assessment of home hazards
- cardiovascular examination and medication review
- polypharmacy (use of multiple drugs) and use of drugs that can increase the risk of falls, for example drugs that can cause postural hypotension (such as

antihypertensive drugs) and psychoactive drugs (such as benzodiazepines and antidepressants)

- chronic conditions that affect mobility or balance (including arthritis, diabetes, stroke, Parkinson's disease, and dementia).

[Adapted from Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, recommendation 1.1.2.2 and Falls – risk assessment (2014) NICE clinical knowledge summary]

Question for consultation

Do the audience descriptors adequately describe what the statement means for the different types of service providers that carry out multifactorial falls risk assessments? If not, please identify the type of service provider not adequately covered and what the statement would mean for them in in practice.

Quality statement 3: Multifactorial intervention

Quality statement

Older people assessed as at risk of falling receive an individualised multifactorial intervention.

Rationale

Targeting a multifactorial intervention to specific risk factors is an effective way to reduce falls in older people. The causes of falls are multifactorial, and the risk of falling appears to increase with the number of risk factors. Multifactorial risk assessment allows an individual's risk factors to be identified. Multiple interventions can then target these specific risk factors and reduce several components of fall risk. In successful multifactorial intervention programmes, the following specific components are common:

- strength and balance training
- home hazard assessment and intervention
- vision assessment and referral
- medication review with modification or withdrawal.

Quality measures

Structure

a) Evidence of local arrangements and written protocols to ensure that older people assessed as at risk of falling receive an individualised multifactorial intervention.

Data source: Local data collection.

Process

a) Proportion of older people assessed as at risk of falling referred for multifactorial intervention.

Numerator – the number in the denominator where the older person was referred for a multifactorial intervention.

Denominator – the number of older people assessed as at risk of falling.

Data source: Local data collection.

b) Proportion of older people assessed as at risk of falling who receive a multifactorial intervention and have it documented in their patient records.

Numerator – the number in the denominator where the older person has received a multifactorial intervention and has it documented in their patient record.

Denominator – the number of older people assessed as at risk of falling.

Data source: Local data collection.

Outcome

a) Number of falls in older people

Data source: Local data collection.

b) Fear of falling in older people

Data source: Local data collection.

c) Feeling of independence in older people

Data source: Local data collection.

d) Ability of older people to maintain activities of daily living

Data source: Local data collection

What the quality statement means for service providers, healthcare practitioners, and commissioners

Service providers (such as specialist falls services) ensure that systems are in place to receive referrals of older people at risk of falling, for multifactorial interventions that incorporate multifactorial risk assessment; and that staff are trained to deliver multifactorial interventions.

Healthcare professionals (such as consultant geriatricians, nurses, physiotherapists, occupational therapists) ensure that older people assessed as

being at risk of falling have an individualised multifactorial intervention based on their specific risk factors, and document the intervention in their patient records.

Commissioners (such as clinical commissioning groups, NHS England) ensure that they commission services so that older people who are assessed as being at risk of falling have an individualised multifactorial intervention that incorporates a multifactorial falls risk assessment.

What the quality statement means for patients, people using services and carers

Older people who have had an assessment that shows they are at risk of falling discuss with a healthcare professional a plan to stop them from falling. The plan may include treating health problems, fixing anything unsafe at home, exercises to help their strength and balance, having their eyes checked and looking at whether any medicines they take should be changed.

Source guidance

- Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, recommendation 1.1.3.1
- Falls – risk assessment (2014) NICE clinical knowledge summary

Definitions of terms used in this quality statement

Older people

People aged 65 and over living in their own home, or in an extended care setting such as a nursing home or supported accommodation.

[Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, 'Terms used in this guideline']

Assessed as at risk of falling

Identified as being at risk of falling through a multifactorial risk assessment, which is an assessment with multiple components to identify a person's risk factors for falling.

[Adapted from Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, 'Terms used in this guideline']

Individualised multifactorial intervention

An intervention with multiple components that aims to address the risk factors for falling that are identified in a person's individual multifactorial assessment. Strength and balance training, home hazard and vision assessment and intervention, and medication review are common components in successful multifactorial intervention. The following interventions are not recommended due to insufficient or conflicting evidence:

- Low intensity exercise combined with incontinence programmes.
- Group exercise (untargeted).
- Cognitive/behavioural interventions.
- Referral for correction of visual impairment.
- Vitamin D.
- Hip protectors.
- Brisk walking.

[Adapted from Falls in older people: assessing risk and prevention (2013) NICE guideline CG161, recommendation 1.1.3.1 and Falls - risk assessment (2014) NICE clinical knowledge summary]

Question for consultation

Do the audience descriptors adequately describe what the statement means for the different types of service providers that carry out multifactorial interventions? If not, please describe the type of service provider and what the statement would mean for them in in practice.

Status of this quality standard

This is the draft quality standard released for consultation from 28 July 2016 to 25 August 2016. It is not NICE's final quality standard on preventing falls in older people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 25 August 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from January 2017.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's quality standard service improvement template helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and older people at risk of falling is essential. Assessment, interventions, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Older people at risk of falling should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Falls – risk assessment (2014) NICE clinical knowledge summary
- Falls in older people: assessing risk and prevention (2013) NICE guideline CG161

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Health and Social Care Information Centre (2016) NHS safety thermometer report – January 2015 to January 2016
- NICE uptake data (2015) Falls in older people: assessment after a fall and preventing further falls [QS86]
- Public Health England (2015) Cold weather plan for England
- Public Health England, SAGA, Chartered Society of Physiotherapists (2015) Get up and go – a guide to staying steady
- Royal College of Physicians (2015) Health Foundation FallSafe report
- Royal College of Physicians Falls and Fragility Fracture Audit Programme (2015) National audit of inpatient falls audit report 2015
- Age UK (2013) Falls prevention exercise – following the evidence
- Royal College of Physicians (2013) Falls prevention in hospitals and mental health units: an extended evaluation of the FallSafe quality improvement project
- Age UK and the National Osteoporosis Society (2012) Breaking through: building better falls and fractures services in England
- Department of Health (2010) Prevention package for older people resources

Definitions and data sources for the quality measures

- Falls – risk assessment (2014) NICE clinical knowledge summary
- Falls in older people: assessing risk and prevention (2013) NICE guideline CG161

Related NICE quality standards

Published

- Falls in older people (2015) NICE quality standard 86
  Statement 1. Older people who fall during a hospital stay are checked for signs or symptoms of fracture and potential for spinal injury before they are moved.
  Statement 2. Older people who fall during a hospital stay and have signs or symptoms of fracture or potential for spinal injury are moved using safe manual handling methods.
  Statement 3. Older people who fall during a hospital stay have a medical examination.
  Statement 4. Older people who present for medical attention because of a fall have a multifactorial falls risk assessment.
  Statement 5. Older people living in the community who have a known history of recurrent falls are referred for strength and balance training.
  Statement 6. Older people who are admitted to hospital after having a fall are offered a home hazard assessment and safety interventions.

- Hip fracture in adults (2012) NICE quality standard 16

In development

- Hip fracture (update)

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Primary prevention: population and community based primary prevention strategies, including the role of A&E, at different stages of the life course

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

Miss Alison Allam
Lay member

Dr Harry Allen
Consultant Old Age Psychiatrist, Manchester Mental Health and Social Care Trust

Mrs Moyra Amess
Associate Director, Assurance and Accreditation, CASPE Health Knowledge Systems

Mrs Jane Bradshaw
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Mr Derek Cruickshank
Consultant Gynaecological Oncologist/Chief of Service, South Tees NHS Foundation Trust

Dr Allison Duggal
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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway on Falls in older people.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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