

NHS
Nottinghamshire County
Improving the health and well being of people in Nottinghamshire



Falls and Fractures
Keeping older people independent in their own homes
Monday 1st March 2010
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Our recent work

- Dedicated PCT teams formed to take forward work on key health challenges
- 6 week period to really understand the issue of hip fractures
- Analysed population data and projections
- Reviewed effectiveness of what we were doing already
- Researched international evidence and best practice
- Shared our approach and findings with partners and forums
- Developed clinical pathways to support GPs and others
- Prioritised actions and progressing implementation (October 2009)

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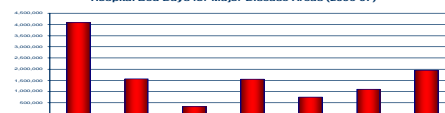
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In the UK

Fragility Fractures are a Rising Trend

Issue	Strokes/TIAs	Heart attacks	Fragility Fractures
Incidence/year	110,000	275,000	310,000
Current trend	Falling	Falling	Rising
NHS bed days*	1.85 million	1.15million	1.57 million (hips)
Annual costs	£2.8 Billion	£ 1.7 Billion	£ 1.7 Billion

Hospital Bed Days for Major Disease Areas (2005-07)



Thanks to Jonathan Bayly for bar chart

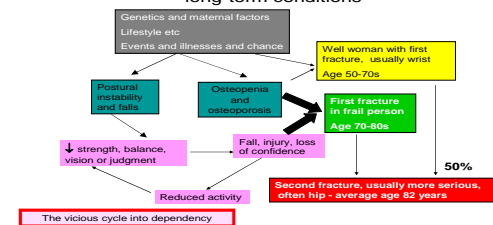
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Falls & fractures are a long-term condition

Understanding falls and fragility fractures as long-term conditions



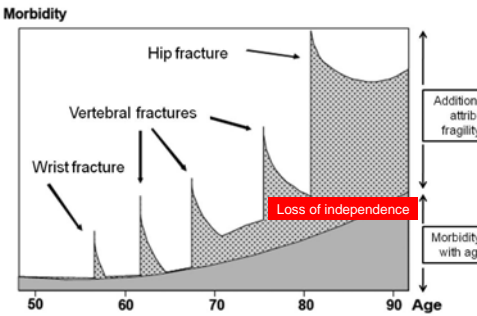
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Contents

Morbidity



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Doing nothing isn't an option

Forecast number of FNOF in elderly people

Number of fractures

Age Group	2009	2010	2011	2012	2013	2014
• 85+	247	253	260	268	276	282
• 80-84	170	172	173	176	180	182
• 75-79	85	86	86	88	90	93
• 70-74	60	61	61	62	64	67
• 65-69	37	38	40	44	45	46

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Scale and complexity of the challenge

In Nottinghamshire...

- Currently four out of six local authorities covered by NHS Nottinghamshire County and Bassetlaw Primary Care Trust have admission rates in the worst 40% in the region with two in the worst 20%.
- 20% older people die within 12 months of experiencing fracture neck of femur locally (120). Plus 18% will die within 3 months
- Between 10-20% admitted from home will move into care homes following a hip fracture
- 50% do not return to previous level of mobility and will require care packages.
- Costs NHS Nottinghamshire County around £13 million a year

Prioritised initiatives

Preventing falls Improving bone health

Clinical optimisation

- Multi-factorial clinical assessment
- Bone health assessment
- Medication usage reviews
- Fracture liaison

Exercise

- Targeted exercises
- Tailored to patient ability
- Focus on increasing patient's strength and balance

Environment

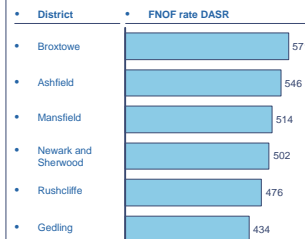
- Home environment hazard assessment
- Lifestyle & behavioural change
- Confidence building
- Mobility aids / adaptations



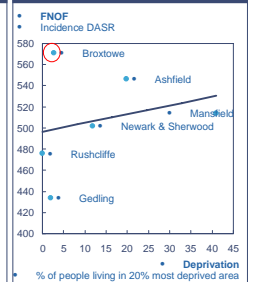
Partnership Importance

Variation in the rate of hip fractures is large, targeting of some programs may be effective (e.g., social marketing in Broxtowe)

Incidence of fractured neck of femur (DASR), 2006/2007



FNOF and deprivation correlation, 2006/2007



Source: APHO: Notts County PCT data

Cost Benefit Analysis

Cost benefit analysis of falls initiatives (£,000s)

Initiative	Cost	Benefits	Impact (FNOF reduction)	Net saving for falls including FNOF (£,000s)
Clinical optimization	-680k	-1,115k / 775k / 1,735k	*70-110	*+280k
Exercise programs	-435k	175k / 390k	*12-25	*+130k
Home adaptation	-515k	80k / 180k	*7-12	*-255k

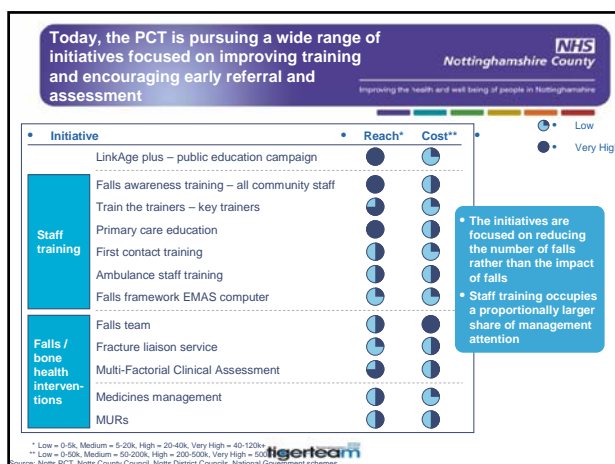
* Direct costs for falls teams apportioned across the exercise programs and home adaptation
 ** Benefits relating to FNOF assume a saving of £6,785 per fracture avoided
 *** Benefits relating to other falls assume a benefit of £15,168 relating to other fractures avoided
 Source: Notts County PCT Falls Team analysis

The Hip Fracture Challenge

Integrated care for fragility fractures

- Admitted jointly between orthopaedics, anaesthetics and geriatric medicine
- Prompt good surgery and anaesthesia
- Peri-operative care – geriatric medicine
- Early geriatric-led multidisciplinary rehabilitation
- Secondary prevention assessments
 - Falls risk and Bone Health (osteoporosis)
- Integrated with Social Care

Link the quality metrics with productivity QIPP



Building an unprecedented coalition of support

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- Widest range of partners – Patients, social care, voluntary organisations, GPs, Practice Based Commissioners, PCT Commissioners, acute hospitals, community services, local authorities
- Managing the market to ensure productivity and efficiencies are gained for patients
- Making a compelling case for re-distribution of resources, to move care from being a reactive clinical service to a proactive care service. North & south networks.
- Sharing evidence, insights, data, resources (staff, training, infrastructure and £)

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Thank you

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