City and Hackney Management of Falls in Primary Care Pathway

Homerton University Hospital NHS Foundation Trust

NHS City and Hackney Clinical Commissioning Group

Patient presents having had a fall

- First Fall → Assess falls risk factors – click here for table of referral options
- Recurrent Falls → Assess risk factors and carry out appropriate investigations
- Syncope/ blackouts → Refer to Cardiology or Neurology or Falls clinic as deemed appropriate

Referral to the Falls clinic (high risk adult fallers aged 65 or over):

- High risk of falls or recurrent unexplained falls (2+ in one year)
- Patient would benefit from an evidence-based strength and balance group (strong and steady exercise group) but needs a medical review first
- Underlying the fall(s), the patient may have multiple medical problems which would benefit from a Geriatrician assessment.

A falls risk assessment should be carried out in all adults aged over 65 who present with:

- A fall in the community or recurrent falls
- Are at high risk of falls
- Report difficulties with gait or balance
- Are referred by other Health care providers e.g. London Ambulance Service or Paradoc.

Investigations that should be done by GP where possible:

- Lying and standing BP
- Urine dip (to exclude UTI)
- ECG
- Bloods including FBC, U&Es, LFTs, TFTs, glucose, B12, folate
- If there is a history of fragility fractures has a DEXA scan been carried out? Does the scan confirm osteoporosis?
- Timed get up and go test*
- Address polypharmacy (4+ drugs) with a focus on benzodiazepines, hyponotics and other drugs which can increase falls risk

***Timed get up and go test**: The patient should be able to rise from a chair, walk 3 metres, turn around, walk back to the chair and sit down. If the patient takes more than 15 seconds to do this then they are at risk of falls.

An opportunistic assessment of osteoporosis risk should be carried out where possible and referral for DEXA imaging if there are major risk factors. Click here for Falls and Osteoporosis Integrated Care Pathway.

Risk factors for osteoporosis:

- Previous fractures?
- Maternal history of #NOF?
- Family history of #NOF?
- Inflammatory bowel disease, chronic renal/liver disease, malabsorption?

On any of the following medication:

- Steroids, thyroid medication, anti-epileptics, aromatase inhibitors?
- Post menopausal or early menopause?

A multifactorial falls risk assessment can be carried out by a combination of primary care, therapy services and the Falls clinic and includes the following:

- An assessment of gait, balance, mobility and muscle strength
- An assessment of osteoporosis risk
- Perceived functional ability
- Vision assessment
- Cognitive assessment
- Urinary continence
- Hazards in the home
- Cardiovascular assessment
- Medication review

Table of referral options from Primary Care

Patient need	Team	How to Refer
Patient requires full medical assessment by Geriatrician and MDT (nursing or therapy) due to: • Recurrent unexplained falls • Recurrent syncope or transient loss of consciousness • Would benefit from an evidence-based strength and balance group • Underlying their falls they have multiple medical problems which would benefit from a Geriatrician assessment	Bryning Assessment and Rehabilitation Unit	**Bryning Assessment and Rehabilitation Unit** Refer to: Falls Clinic, Bryning Unit, Homerton Hospital, E9 6SR via e-RS referral
Urgent Therapy & Nursing assessment Patient at risk of admission	**Integrated Independence Team**	**Single Point of Access:** **Tel: 020 8510 7750** to discuss or complete a referral huh-tr.iitreferrals@nhs.net
Urgent Geriatrician assessment As part of Integrated Independence Team (IIT) for rapid comprehensive geriatric assessment	**Rapid Access Geriatrician**	**Rapid Access Geriatrician:** **Tel: 07766703203**
Non-urgent Therapy Assessment and Rehabilitation	**Adult Community Rehabilitation Team (ACRT)** Session limited intervention (uni/multi-disciplinary community approach to rehabilitation) **or** **Integrated Independence Team** Intermediate Care rehabilitation +/- re-enablement care package	**ACRT Screening line:** **Tel: 020 7683 4148** Monday - Friday 10 am – 4 pm or via online referral form. **Single Point of Access:** **Tel: 020 8510 7750** to discuss or complete a referral. huh-tr.iitreferrals@nhs.net

Patient need	Team	How to Refer
Group Exercise Options for Falls Prevention	**Therapy Led groups** For lower level patients requiring support to exercise from therapists **Community Based Falls Prevention Classes with MRS Independent Living – Staying Steady programme PSI classes** For higher level patients not requiring therapy assessment	**Please refer to ACRT or Bryning** (see above) for full assessment. Therapists will then refer onward to appropriate level Postural Stability Class (PSI) **with Staying Steady programme MRS Independent Living – Staying Steady programme PSI classes** Tel: 0330 380 1013 Referral form accessible at Classes – Staying Steady programme
Other Services	**Telecare** For pendant alarms **Social services** For social care needs and assessment for equipment by Occupational Therapy Services. **MRS Independent Living - Staying Steady programme** For assessment and modification of environmental hazards for falling at home where no therapy input is required.	**Telecare:** Tel: 020 8510 0626 **Social Services Access Team**: Tel: 020 8356 6262 **MRS Independent Living - Staying Steady programme Home Safety Check** Tel: 0330 380 1013 Home safety check.

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