Falls, Frailty in Care & Support Planning
A feasibility study in Newcastle & Gateshead CCG

Supported by the Academic Health Science Network

Summary

Care and support planning (CSP) has proven to be a flexible framework to deliver personalised proactive care to people with long-term conditions, including those with multiple conditions, increasing complexity and frailty. This study sought to determine the feasibility of introducing falls, as an element of frailty, into the CSP approach. The results demonstrated that the identification and prevention of falls is feasible as part of routine care and support planning for people with (largely) mild and moderate frailty. It enables falls detection and management to be included within a wider approach to holistic care. Modified pathways, resources, training and support for general practice teams are now available, and important lessons for implementation have been identified.

Background

Frailty is a key issue in current healthcare delivery, and falls, as a recognised frailty syndrome, are an important component of this. It is well known that there are potentially preventable or modifiable risk factors for falls and frailty that can support older adults to age well. Therefore, prevention and early intervention are important components of any frailty strategy.

CSP is an established approach that provides an opportunity to focus on proactive care and prevention. Traditionally focused on specific long-term conditions, CSP allows for a 'better conversation' between a prepared person and a trained practitioner, to focus on all the challenges a person may be living with. It is solution focused and combines traditional clinical issues with support for day to day living. Therefore, this project aimed to introduce falls (as an element of frailty) in to the established CSP process, to determine the potential benefits and challenges.

Aims of the study

This was designed as a feasibility study with the aim of answering the following questions:

1. How do we introduce falls prevention and assessment in a systematic way to general practice for people already experiencing CSP?
2. What needs to be done to introduce CSP for people living with frailty in the future?

Methodology

A total of 7 practices took part in the study across Newcastle and Gateshead between July 2019-Jan 2020. All these practices were up and running with care and support planning and had systems in place for routinely identifying and recording frailty. To incorporate falls and frailty within the CSP process, practices were asked to include an additional 3 questions (relating to falls) for all those verified as mild/moderate or severely frail:

In the last 12 months:

1. Have you had a fall including a slip or trip?
2. Have you had a blackout or found yourself on the floor?
3. Have you noticed any problems with your balance (e.g. whilst walking, standing up from a chair or dressing?)

All patients that answered positively to any one of these questions underwent a lying/standing blood pressure measurement. They were also provided with a self-assessment form and preparation sheet, to encourage them to think about their falls and what mattered to them, in the context of frailty. This was explored in their second appointment, within the CSP 'conversation'. Here, the focus was on reviewing relevant findings, e.g. postural hypotension, identifying potential underlying reasons for falls and establishing appropriate preventative solutions.

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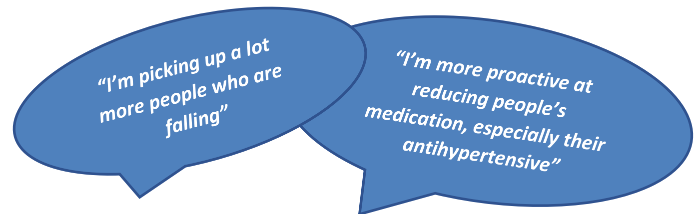
To support implementation, practices were provided with training on falls and frailty alongside useful resources, such as the 'Get up and Go' leaflet, and information on local strength and balance classes. Modifications were also made to the IT templates to support recording and data collection.

To evaluate the impact of the changes both qualitative and quantitative evaluations were undertaken. Quantitative data was collected to determine the degree of overlap between frailty and those already undergoing routine care and support planning as part of long-term condition management. The qualitative evaluation sought to gain the views of the practice staff using focus groups. Observation of training and relevant meetings were also completed.

Key Findings

- It proved possible to include falls and falls prevention work in the existing CSP process with benefits for patients and staff. The study involved over 2000 people in 7 diverse practices.
- Practitioners were positive about the training, their experience and the relevance of including issues of frailty and falls in CSP processes. They reported that they became more confident in discussing frailty topics within many areas of their clinical practice.
- Asking questions about falls including slips and trips identified a previously unidentified cohort who were either at risk of falls or reported falling, with 50 to 74% of this group having new postural hypotension.
- Practitioners reported modifying medicines, promoting self-management and referring to formal strength and balance classes as outputs of a falls discussion within the conversation.
- Not all practices were successful in implementing the approach for the duration of the study term. Success appeared to be linked to the existing readiness for CSP and culture within the practice.
- Headline figures suggest that at least half of those in this target group for falls are already seen as part of CSP in Newcastle and Gateshead. This suggests that CSP potentially provides a practical vehicle for introducing a systematic approach to regular review and preventive activities for frailty and falls in general practice.



Recommendations

1. This CSP approach can be utilised by G.P practices and primary care teams who are interested in furthering their work on frailty and ageing. Where practices are not already involved in CSP, the core learning, training and organisation for this will also be required.
2. Practices would benefit from training and clinical support in relation to frailty and falls. A practice-based frailty 'champion' could help to upskill the workforce and be on hand to support clinical queries.
3. Practical challenges, such as measuring lying and standing BP would need to be specifically addressed for this approach to be successful.
4. Greater availability of, and information about, relevant community interventions would be beneficial to support appropriate signposting.
5. As this was a feasibility study, further research is recommended to determine the effectiveness of this approach on clinical outcomes.
6. If deemed effective, further research is required to determine how CSP can be accessed by all those living with, or at risk of frailty.

The full study report can be found at:
https://bit.ly/37wbUv6

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