

Falls Demonstrator

Lessons Learned

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Falls prevention and management

A Falls prevention and management demonstrator programme was developed in Leicester, Leicestershire and Rutland following a Long-Term Conditions Innovation Exchange event held in January 2017.

The programme planned to deliver four separate interventions across multiple organisations to introduce greater awareness and self-management of falls risk amongst citizens, digitise and connect falls risk assessments in different settings with services that could address patient needs and provide individuals at greatest risk from non-modifiable risk factors with monitoring technologies.

The proposal was based in the Leicester, Leicestershire and Rutland STP, led by Leicestershire County Council.

The proposal comprised four interventions:

Self assessment questionnaire:

- Publicly available, online self-assessment questionnaire.
- Participants receive personalised report with recommended action
- High risk individuals can choose to share their report with their GP (recommended if risk profile deems it necessary)

Professional assessment - mFRAT (multi-factorial risk assessment tool):

- Patients identified from participating GP practice lists or from self-assessments shared with the GP by individuals
- Clinic (initial resource provided by Demonstrator) includes NICE recommended multi-factorial risk assessment and Q-TUG (quantitative timed up and go)
- Onward referrals will be automated to health and social care services (City and County pathways differ)

eFRAT (electronic Falls Risk Assessment Tool) - EMAS:

- Digitise existing pathway / process
- Blue light attendance to a reported fall but no conveyance required – completion of eFRAT. Algorithm determines risk level and activates digital referral to appropriate health or social care professional
- Provides the opportunity for the system to react more quickly when someone has fallen

Monitoring:

- Individuals with significant unmodifiable risk are offered monitoring equipment (home based and wearable)
- Monitoring aims to identify increasing risk to enable appropriate action – not just a fall alert

The demonstrator was extremely complex and, ultimately, not successful. The following lessons have been captured.

Learning point 1: Multiple interventions across multiple organisations extremely complex to manage

- When seeking to test the deployment of an innovative solution, consider the complexity. Bringing several organisations together, each with potential competing priorities for resource are likely to significantly impact on delivery timelines. Consider deploying a single innovation or feature in a single organisation as a starting point. Other organisations may wish to join at a later stage when lessons have been learned .
- Each individual organisation involved must secure sufficient resource, with contingency plans to enable full focus on the project.
- Clear project milestones and “go/no go” decision points that involve senior decision makers to ensure a project that does not deliver as anticipated is checked for ongoing fit with strategic direction

Learning point 2: Introducing innovation into a “moving feast” of services is challenging

- Ensure full understanding of the current state. Map “current state” and “to be” service delivery, involving all stakeholders.
- Engage stakeholders to confirm short, medium and long term plans associated with care pathways that may impact on project delivery

Learning point 3: Changing personnel results in loss of organisational memory

- Confirm resource plans for project delivery and support including whether resource will be full or part time, permanent or fixed term. Plan delivery accordingly to manage any hand over.

Learning point 4: Essential to identify (and double check) information governance and data sharing requirements early on

- Use “current state” and “to be” mapping to ensure pathway and data flows are fully understood by all relevant pathways
- Ensure information governance is considered carefully by all participating organisations