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Falls Prevention: Closing the gap in Falls and enhancing opportunities

Falls are a major population health problem that will increase with ageing demographics, this will result in increased pressures on the NHS and social services to provide relevant treatments and ongoing care. The negative impact of the covid pandemic on levels of activity in older people will add to this.

UNDERSTANDING THE PROBLEM TO DEFINE THE GOAL AND IMPLEMENT CHANGE

The current Falls referral process in Luton is fragmented and complex with multiple entry points and significant duplication for patients with regards to providing information and history taking. For patients that have sustained a fall or are at risk of falls, they can frequently move between services (CCS, Virgin Care, Luton & Dunstable Hospital) in the current pathway which can cause confusion, delays, and a poor patient experience. Referrers are also unsure about when, where, and how to refer patients to address falls risks.

The current gaps in the Luton system against the key components of the BLMK offer are:

- No single point of access for falls prevention
- No population education on falls prevention
- Low integration between services managing falls patients
- No shared care records
- Limited therapy input into the CCS falls service
- No level two strength and balance programme, limited level 1
- No Fracture Liaison Service

Our Think QI approach

DEEP DIVE:

Investigation: The Falls team spent time with other providers in BLMK to understand how they deliver their services and how the implementation of a Strength & Balance Programme and a Triage process could work for them.

Data insights: Analysis was undertaken to understand the breadth of referrals into the system, the source and the waiting time for initial assessment. This gave us a baseline and wider understanding on where efforts need to be focused.

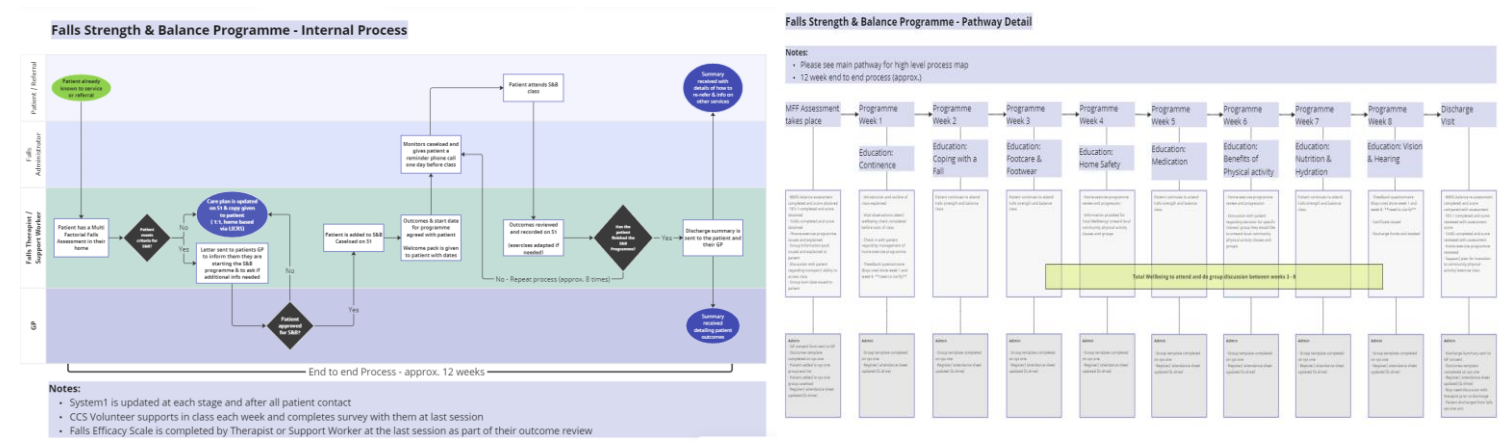
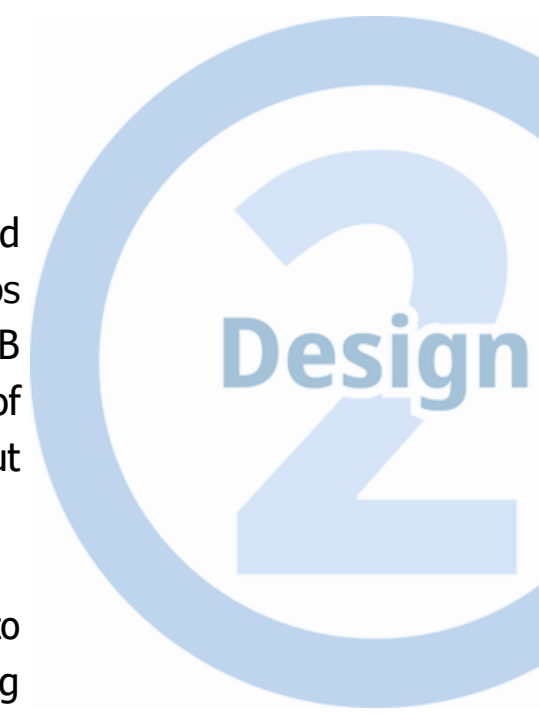
Engagement: Initial workshops with staff and patient representatives took place to get insight to their barriers, frustrations and thoughts on what we wanted to focus on as a provider.



DESIGN

Strength & Balance Programme: Workshops were held with the project group, external partners and patient reps to design and co-produce pathways for the new S&B Programme. This allowed the team to look at all aspects of the design, what was working elsewhere and to test out thinking in a joined up and collaborative way.

Triage: The team again worked with system partners to discuss and look at how triage processes were being managed in other areas. There were a lot of ideas bouncing around with some staff anxiety in terms of implementing a new triage structure. The Falls team therefore set up a pilot of the desired changes to see how it would work, if any problems would occur and to ensure it was manageable. The pilot went well, and the team were bale to make tweaks. This gave them more confidence to proceed with the new process.





Deliver

The project was initiated after the successful application of a business case that set out how the team would close the gap for Falls Prevention in Luton, in April 2022. The anticipated timeline for the project was 1 year, however it took 2 years to complete the deliverables due to extensive recruitment requirements and challenges to appoint. The first step was to get the recruitment rolling however there were some elements that the team could begin with such as strengthening relationships with other providers, identifying hot spots in the system and starting with design principles of the Programme.

Recruitment: The project needed PT/OT roles in post in order to deliver the S&B Programme. These roles were new to the service so there was no opportunity for internal promotion. The team went out to advert multiple times before they were able to appoint a suitable candidate. The team looked at skill mixing, rebranding the JD/PS requirements and rotational posts.

Co-production: The team worked closely with patient reps on all aspects of the project including on recruitment panels, design workshops, venue testing, educational materials development, comms and public information. This gave extremely valuable insights to lived experiences and helped to manage expectations.

Workshops: Multiple workshops with the team and stakeholders took place to ensure engagement and accountability in the delivery of this work. A whole team workshop in Autumn 2023 enabled shared learning and identified continuous improvement opportunities.

Competencies: The teams skillset has grown to meet the new service offer and supports their continued professional development.

Demand & Capacity Planning: Modelling for the new Triage pathway was completed to give confidence and assurance that the changes would be impactful

Outcomes

58

Strength & Balance classes to date

As a result of attending the Strength & Balance classes, a 92 year old lady she felt confident to start using public transport

76

Self referrals received

A gentleman set a personal goal to walk his daughter down the isle, he achieved this following the completion of Strength & Balance classes

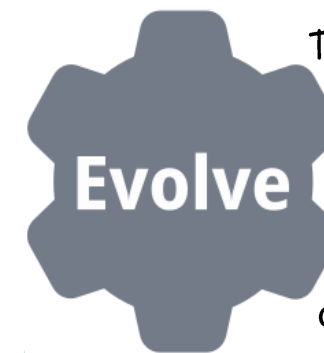
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Patients have completed the 8 week Strength & Balance Programme

A patient that completed strength and balancing classes has now become a volunteer to support new patients starting their journey

Benefits/Successes:

- Strength & Balance Programme initiated
- Improved education Programme
- Refined Triage process
- New Falls MDT with support of Acute Consultant
- Increased public knowledge and comms
- Implemented a self-referral pathway
- Improved data reporting across the service
- Built great relationships with system partners through collaborative working – which strengthened other areas wider than Falls work
- Upskilling / development of staff
- QI Knowledge and confidence to manage change within the service



The Falls team will feed into the wider service Single Point of Contact work to ensure it can deliver against this objective.

The Falls team have identified key areas for continuous improvement and have set up a Kanban board to manage demand within the team.

Lessons Learnt

- **Recruitment** - Getting people into posts was challenging - tried to network, skill mix, looked at rotational. Next time we could have put posts out with slightly different requirements at the same time to save time and see what comes first.
- **Patient Engagement** - Lots of engagement/co-production worked very well and contributed to the overall development of changes being made. Included some patient reps with NHS knowledge and background.
- **Pilot** – The pilot worked very well and allowed the team to safely test out ideas and learn from experience before going live. It settled some nerves.
- **QI Tools** – Using a mix of project tools has helped with the development of the project as well as understanding and confidence to use them in the future.
- **Adaption to Change** – Lots of change was happening across the team and it was hard to manage this along with staffing challenges and manging the caseload. Everyone's way of learning is different - was hard to manage and meets all needs.