

LOW RISK

MODERATE RISK

HIGH RISK

AGEING WELL

(ALL OLDER PERSONS 65 YEARS+)

Supporting health improvement and self management to reduce risk of falls and fragility fractures by:

- Health promotion to encourage healthy ageing generally, and around falls prevention specifically. Derbyshire Falls Alert Service (01629 533 190). Useful national resources - [Staying Steady](#) and [Maintaining Strength](#)
- [Live Better Derbyshire](#)
Email: info@derbyshire.gov.uk
- First Contact - Safe Home Environment: firstcontact@derbyshire.gov.uk
 1. Handy Van (Connex: 01298 23970) (NMVC: 01663 744196)
 2. Affordable warmth, home adaptations, telecare including home safety alarms – Metropolitan Home Improvement Agency (01332 947 350)
 3. Housing providers and house enforcements (01629 533 190)
- Safe and well check – contact local fire service.
- Strength and balance exercise. Long-term/Continuous Physical Activity suitable for older people who require strength and balance training:
 4. [Strictly No Falling](#) (01773 766 922)
 5. Advice and support (social prescriber)
- Personal care plan as appropriate
- Care Link or Falls Response Service

IDENTIFY THOSE AT RISK

All health/social care professionals and others who are in regular contact with older people to ask:

- Fell in the last 12 months?
- If YES ask:**
 - How many times?
 - Circumstances of the fall?
 - Injuries sustained?
 - Worried about falling?
- Do they have other risk factors for falls? E.g. cognitive impairment, poly pharmacy or vision impairment

Assess gait / balance using Timed Up & Go or 180 Test

If NO go to Ageing Well

If YES ask:

Do any of the following apply to the older person?

- 2 or more falls in the last 12 months?
- Single fall and presented for medical attention?
- Cannot perform, or has difficulty performing the Timed Up & Go Test and/or the turn 180 test?

If NO go to Ageing Well

If YES go to MULTI-FACTORIAL ASSESSMENT

RESPONDING TO INDIVIDUALS WHO HAVE FALLEN

(EMAS/FRS/GP/WARDEN/CARELINK)

TREAT and LEAVE :
– Go to ‘Identify those at risk’

TREAT and DISCHARGE
– Go to ‘Identify those at risk’

TAKEN TO HOSPITAL / A&E

ADMISSION

INPATIENT INCLUDING ORTHOPAEDIC GERIATRICIAN REHABILITATION

FRACTURE LIAISON SERVICE FOR BONE HEALTH AND FALLS PREVENTION OR PERFORM MULTI-FACTORIAL ASSESSMENT.

OUTPATIENT GERIATRICIAN LED CLINIC

MULTI-FACTORIAL ASSESSMENT

- **Strength and Balance Exercises**
If non-housebound refer to out patient physio 01246 565 050. If housebound refer to CAP 01332 564 900. communityaccesspoint@nhs.net For Falls Group refer to CAP 01332 564 900
- **Home Environment Assessment and Modification**
Refer to CRT via CAP 01332 564 900 + [Falls Hazard Check](#)
- **Vision Assessment**
[Refer to optician and vision checklist](#)
- **Medicines Review**
[Refer to GP and medicines review](#)
- **Bone Health Assessment**
[Refer to GP and FRAX tool](#)
- If clinically appropriate consider whether persons needs frailty assessment. EG CGA
- If cause of fall(s) remain unknown or are due to complex frailty refer to outpatient geriatric led clinic.

SELF MANAGEMENT

LOCALITY BASED ASSESSMENT AND REHABILITATION
PROMOTE SELF MANAGEMENT WITH APPROPRIATE SUPPORT IF NEEDED