

The Greater Manchester Falls Collaborative: Community of Learning, Sharing, and Problem Solving: (12-Month Programme)

Session 4

Wednesday 28th August 2024



10:30-10:35

Welcome & Overview of the CoLSP Programme
(Beth Mitchell, The Greater Manchester Combined Authority)

10:35-11:15

Chief Medical Officer (CMO) Guidelines:
Strength and Balance guidance
(Dr Ashley Gluchowski, University of Salford)

11:15-11:55

Deep Dive into our Falls Prevention Pathway: Oldham
(Gareth Hughes, Oldham Community Rehab and Falls Team)

11:55-12:00

Any actions and close of the session:
Next meeting: Thursday 26th September, 10:30am-12pm



**GREATER
MANCHESTER**
DOING AGEING DIFFERENTLY

Greater Manchester
Moving > ^ < v

HEALTHY
AGEING
RESEARCH
GROUP

MANCHESTER
1824
The University of Manchester

NHS
Greater Manchester
Integrated Care

#GMFallsCollaborative

#GMFallsPrevention

**GM FALLS
COLLABORATIVE**

**OLDHAM FALLS
PREVENTION**

GARETH HUGHES

Oldham Falls Prevention

- Acute services
 - Falls clinic
- Community services
 - Community Rehab and Falls Team (CRAFT)
 - UCRT
 - Primary care OT
- Private sector
 - Age UK / OCL falls class

Falls Clinic

- Weekly
- Consultant lead
 - Registrar and junior doctors
- Assess for medical cause of falls
- Referrals from
 - GP
 - A&E
 - Wards
 - Comm therapy
 - Ortho trauma

Falls Clinic

- Scope of clinic
 - Postural hypotension
 - Neuro diagnoses
 - Identify and forward on to neurology
 - Cardiology
 - BP monitoring
 - HR recording
 - Loop recorders
 - Vestibular
 - Osteoporosis
 - Follow up from wards
 - Most done by FLS service
 - Hip # follow up
- Weekly MDT with CRAFT

Fracture Liaison Service

- Identify through FLS database
- Post questionnaire
- Forward on to GP with treatment recommendation
- Follow up by GP
- Forward to CRAFT for rehab if indicated

- Issues
 - Relies on patient replying to questionnaire
 - GP follow up varies
 - Can be big delay between fracture and referral to CRAFT

CRAFT

- Merge of Community Physio and Falls Prevention team in Aug 2022
- “To promote patient independence and wellbeing by providing effective integrated therapy in the community”
- Referrals
 - Criteria
 - Over 18 & cannot get to OPD physio
 - Accept from health professional and social care
 - 2023
 - Average 416
 - High of 472
 - 2024
 - Average 445
 - High of 519

CRAFT

- Split Oldham in to 5 clusters – mini teams
 - Each cluster has physio, OT and assistant therapist
 - Each cluster has routine and urgent WL
 - Huddle every morning – prioritise / discuss caseload
- KPIs
 - Urgent within 2 working weeks
 - Routine within 8 working weeks
- Urgent: hospital referrals, IMC referrals, UCRT referrals, Fractures/Ortho, STP
 - hip # - 1 week KPI due to hip sprint audit

CRAFT

- Process
 - Telephone clinical triage
 - Assess and prioritise (and advise if appropriate)
 - Book home visit / clinic apt
 - Assessment
 - MFA
 - Vestibular
 - Treatment
 - Otago
 - Otago & falls class
 - Bespoke HEP
 - Vestibular – Epley / adaptation exercises
 - Signpost
 - GP for meds review
 - Podiatry
 - Orthotics
 - Falls clinic
 - Assistive technology

CRAFT Therapy Interventions

	Low Risk	Medium Risk	High Risk
1 – 1 Bespoke therapy	-	-	✓
Chair Based Exercise	-	-	✓
Vestibular Exercises	✓	✓	✓
Otago Exercise Programme (OEP)	✓	✓	-
OEP and Falls Exercise Class	✓	✓	-
OCL Activities (e.g. Tai Chi, Exercise classes etc...)	✓	✓	-

Age UK & OCL

- Weekly class
- Referral by CRAFT only
 - Otago at home
- 12 classes per week
 - Cover different boroughs of Oldham
 - 3 Zoom classes (at same time as live class, but with zoom option)
- 9 month course
 - Free if you can get there
 - £3.20 per return journey if not
 - First 2 months free
- Continuation class
 - Can stay in the class after 9 months for fee (£4)
- Monthly partnership meeting

Age UK & OCL

- Class content
 - Postural stability trained instructors
 - Promote standing exercises
 - Explain physiology (which muscles and why)
 - Include monthly backward chaining
 - Falls prevention education
 - Nutrition
 - Footwear
 - Home hazards
 - Check Otago exercises
 - Education on local voluntary services
 - Testing every 3 months
 - TUAG
 - POAM
 - FES-I

Urgent Care Response Team

- Crisis response
 - Reduce unnecessary ambulance calls and hospital admission
 - Work in conjunction with SDEC, urgent care hub & GP practices
- Falls pick up service
 - Attend within 1 hour
 - Safe lifting equipment
 - Carry out obs
 - Outcome
 - Feedback to NWAS - stand down, still required, ?upgrade
 - Refer to UCRT / Digital hub / CRAFT

Primary Care Therapy

- OT employed by Primary Care in East sector in Oldham
- Works with care homes
 - Attends ward round
 - Education and assessment
 - Onward referral if indicated
- Not widely available in all sectors
 - Relies on GP funding

Collaboration

- Care home training
 - Focusing on preventing A&E attendance
 - Includes falls prevention as key message
- Blended roles
 - Train care staff
 - Walking aid management, falls risk factors, Istumble, frailty, bone health, malnutrition & dehydration
 - Improved care and reduction in frailty & falls
 - Reduced A&E attendance
- One off presentations to groups / communities

Future?

- Where can we improve?
 - Care homes
 - Proactive intervention
 - ?better FLS
 - Acute clinic in other locations
 - Primary care?