

Falls prevention

Consultation on draft quality standard – deadline for comments 17:00 on 25.08.16 **email:** QSconsultations@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Care & Repair England
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<u>N/A</u>
Name of commentator person completing form:	Jane Minter

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Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.		Yes	
Type		[office use only]	
Comment number	Section	Statement number	Comments
Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.			
Example 1	Statement 1 (measure)		This statement may be hard to measure because...
1	Statement 1	1	<p>We welcome the proposal that older people are asked about falls on routine reviews with health and care practitioners though would like to see this extended to include housing, alongside healthcare and social care, practitioners. There will be many occasions where housing professionals come into contact with older people at risk of falling –for example housing advisers from home improvement agencies and local authorities plus scheme managers and staff in supported housing.</p> <p>It would be helpful for this Quality Standard to expect a falls risk to be considered on these routine housing contacts/reviews to extend the opportunities available to prevent falls.</p> <p>The use of a simple proforma for housing professionals might help to support all staff that come into contact with older people to determine if a person requires a multifactorial risk assessment due to their risk /history of falling.</p>
2	Statement 2	2	As the multifactorial risk assessment includes home hazards there will be a need to ensure that those undertaking this assessment have access to skills and knowledge about how poor and inappropriate housing impacts on falls. Some 1.2 million of households aged 65 or older lived in a home that failed to meet the Decent Homes Standard in 2012. The main reason for homes failing to meet this standard is the presence of a Cat 1 hazard with the two commonest being risk of falls and excess cold.

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			<p>It is proposed that the assessment is undertaken by health professionals. We suggest that these professionals should ideally be trained in home hazard assessments and understand who to contact locally for advice on housing interventions that would help to reduce falls risk including repairs and adaptations as well as dealing with day to day hazards.</p> <p>We are aware that in many areas this will be done by Occupational Therapists, some of whom have these skills and knowledge, but we welcome the fact that the QS expects a multidisciplinary team to be in place, which we would urge must involve expertise on housing, and will expect quality reviews to assess how comprehensive the risk assessment for falls are.</p>
3	Statement 3	3	<p>We welcome this proposal for individualised intervention. Whilst the QS states that health professionals must ensure that, following a multifactorial assessment, older people have an appropriate intervention it should also insist that the health professionals work with housing professions locally to ensure that the assessment has identified the optimum solution to make the home environment safe and secure to reduce falls.</p> <p>This will require joint working with local bodies such as home improvement agencies, with local authority providers of Disabled Facilities Grant, with housing advice agencies and with housing associations for them to directly provide or facilitate the necessary housing interventions. As well as ‘fixing anything unsafe at home’ (p20) interventions should ensure that the appropriate repairs and adaptations are organised to prevent further falls.</p> <p>In terms of resources we would make the point that funding for adaptations from the Better Care Fund and funds for repairs, handyperson and home improvement agency services from local councils and sometimes from the NHS need to be available and sufficient to meet the demand for housing interventions for fall’s prevention work. We would urge health, social care and health commissioners to work collaboratively to ensure that this is the case.</p>
4	Question 5	5	<p>In our view it would be appropriate to bring this standard together with the standard on falls in older people to set up a comprehensive approach to falls which has prevention at its heart.</p>
5			
6			

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.

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- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.