

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):	Royal Pharmaceutical Society
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:	Tanya Rogers

Falls prevention

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

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
			<p>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.</p>
	General		<p>The Royal Pharmaceutical Society is the professional membership body for pharmacists and pharmacy in Great Britain. The Royal Pharmaceutical Society (RPS) welcomes the quality standard for Falls in older people: prevention. We are pleased with the recognition of the role of pharmacists in GP practices and Community in the prevention of falls. We would like to also highlight the role of pharmacists working within Care homes to help prevent falls.</p> <p>We have recently produced the Ultimate Guide for Pharmacists working in care homes http://www.rpharms.com/landing-pages/working-in-care-homes-hub.asp which highlights the role of</p> <ul style="list-style-type: none"> • Pharmacists working within care homes, • Working in a community pharmacy that provides services to care homes • GP practice pharmacists providing services to care homes <p>Examples of pharmacists improving patient care in care homes »</p> <ul style="list-style-type: none"> • Pharmaceutical Journal article "The Care Homes Clinician" The SHINE project demonstrated the value of pharmacist-led medication reviews in care homes, in this article, independent prescriber Carmel Copeland describes the impact she has made. It mentions how her work included medication reviews for patients admitted following a fall at home. • Pharmaceutical Journal article "Pharmacists offer a clinical service to vulnerable care home residents"

Please return to: QSconsultations@nice.org.uk

Falls prevention

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

			<p>which mentions that the risk of falls has gone down because of improved medicines monitoring and management, and there has also been a reduction in the use of “inappropriate polypharmacy”</p> <ul style="list-style-type: none"> List of shared examples from the NICE website (good examples in what is currently being done and its success). Better care for care home residents vanguard East and North Herts Clinical Commissioning Group (CCG) is working with Hertfordshire County Council and the Hertfordshire Care Providers Association on an NHS England Care Homes (vanguard) project to provide planned, proactive and preventative support to elderly care home residents with complex care needs. The Proactive Care Homes Project – Central London Community Healthcare NHS Trust & CLARHC. A multidisciplinary proactive care project started in December 2013 across Kensington and Chelsea and Hammersmith and Fulham. The project aims were to reduce medication errors, patient falls and prevent unexpected hospital admissions. A total of 981 patients were seen in 11 months, with 6414 interventions made by the pharmacist, with a cost saving of £168,661. The key outcomes of the project included a reduction of falls by 35% and a 26% reduction in London Ambulance Service callouts from falls. <p>The Ultimate guide includes Clinical guidance and support tools specific to Falls and Frailty. The RPS recommends that a resident must receive a falls assessment on admission into a care home and regularly thereafter, and a pharmacist should be involved in assessing falls risk from the medicines that the resident takes.</p> <p>As well as in care homes, pharmacists are ideally placed in both community and within GP practices to interact with patients via conversation, Medication Use reviews or health checks to identify patients at risk of falls.</p> <p>We also have examples of pharmacists involvement to reduce falls in the following The Right Medicine: Improving Care in Care Homes http://www.rpharms.com/promoting-pharmacy-pdfs/care-homes-report.pdf</p> <ul style="list-style-type: none"> See page 8 - Falls in care homes Page 2 – Executive Summary
1	Identifying people at risk of falling	1	Pharmacists have regular contact with patients across a wide range of settings, community pharmacy, within GP practices and within care homes. They can routinely be involved in asking questions about patient’s falls history to identify older people who may be at risk of falling, and if so refer them to or advise them to see a healthcare professional or service to further assess their risk.
2	Multifactorial	2	Pharmacists are ideally situated to be involved as part of components of the multifactorial risk assessment, to include:

Falls prevention

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

	risk assessment		<ul style="list-style-type: none"> • Identification of falls history, and identification of polypharmacy –use of multiple drugs and drugs that can increase the risk of falls such as drugs that cause postural hypotension and psychoactive drugs. • Identification of chronic conditions that affect mobility or balance. <p>These can be identified via conversation, Medication Use reviews or health checks to identify patients at risk of falls.</p>
3	Multifactorial intervention		<p>Pharmacists in all settings mentioned can be involved in interventions such as medication review with modification or withdrawal to reduce components of fall risk.</p> <p>We recommend that pharmacists are included in the category of healthcare providers in this section.</p>
4			
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.
- 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

Please return to: QSconsultations@nice.org.uk

Falls prevention

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

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.