

Falls in older people: prevention

Consultation on draft NICE quality standard (QS10011)

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The National Institute for Health and Care Excellence (NICE) is currently developing a quality standard on falls prevention among older people, which is due to be published in January 2017. As part of this, stakeholders have been invited to comment on the draft quality standard, including the key areas for improvement that have been shortlisted (available online [here](#)). Age UK welcomes this quality standard as a positive contribution to preventing falls and reducing the fear of falling in later life.

Key points and recommendations

Age UK's detailed comments can be seen in the NICE proforma below. Key points from our response include:

- Asking NICE to clarify what is intended by 'primary prevention', 'secondary prevention' and 'previous falls', especially if secondary prevention is to remain outside of the scope of this quality standard;
- Highlighting the importance of c

			<p>'fall'. For example an older person who stumbles backwards onto a chair or bed may not consider themselves as having fallen. Equally, some healthcare professionals may only refer to falls as events that lead to injuries and ill health. In other cases older people might have had one or several fall(s) in the past and not reported them or received any support to prevent further falls. Our response therefore addresses the prevention of all types of falls, whether they result or not in serious harm and injury or whether they were preceded by other falls. As such, and in response to question 5 on page 7, we would support the idea of combining this quality standard with the existing quality standard on falls in older people (QS 86).</p>
3	Statement 1 (Quality statement and Rationale)	1	<p>We believe the language around 'asking older people about falls' in the first quality statement should be amended, including the wording of the quality statement itself. Research carried out by Age UK has found that older people tend to dislike mention of 'falls' and find that the language doesn't resonate with them (Age UK, <i>Don't Mention the F-word</i>, 2012). This may relate to the lack of consensus between the public and healthcare professionals around what constitutes a fall (as highlighted above). But this may also be down to negative perceptions and stigma attached to the word 'falls'. Some older people, including many of the over-75s in our studies, consider the subject of falls only relevant to people that are older and in poorer health than themselves. Some people who have fallen do not accept that it may happen again because they attribute their falls to momentary inattention or illness. Communicating falls prevention messages in a way that resonates with older people and ensures they engage with risk-reduction strategies remains an important challenge. Recent research commissioned by Age UK and the British Geriatrics Society (BGS) highlighted similar issues when it comes to using the medical term 'frailty', which can provoke strongly negative reactions from older people because of its perceived association with loss of independence and end of life (Age UK and BGS, <i>Frailty: Language and Perceptions</i>, 2014). It found that older people prefer to describe their needs in more 'everyday' terms, e.g. as starting to struggle with things, or being worried about their health. As such, we would recommend using terminology that chimes more with older people's perspectives, for example rather than asking about falls, we would recommend asking how people feel they are coping at home and if they feel they are finding moving around more difficult. Likewise, focusing conversations on retaining balance and strength and the benefits of exercise in positive terms rather than dwelling on the risk of falling is likely to generate better engagement with the topic. We therefore suggest changing the quality statement to "<i>Older people are asked about their strength and balance and ability to carry out everyday tasks when they have routine reviews or health checks [...]</i>"</p>
4	Statement 2 (Definitionse rc		

