Falls prevention

Stakeholder engagement – deadline for comments 17:00 on 13/04/2016
email: QStopicengagement@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. We would like to hear your views on these questions: 1. What are the **key areas for quality improvement** that you would want to see covered by this quality standard? Please **prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality. 2. You may also wish to highlight any areas of practice that might be considered as emergent, are only currently being done by a minority of providers but which have the potential to be widely adopted and drive improvements in the longer term. Please note, these areas should be underpinned by NICE or NICE-accredited guidance 3. [Insert any specific questions you would like considered during consultation, 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):	**[College of Optometrists,Optical Confederation and Local Optical Committee Support Unit]**
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**[Insert disclosure here]**
Name of person completing form:	**[Jo Mullin]**

Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.		**[Yes]**	
Type		[for office use only]	
Key area for quality improvement	**Why is this important?**	**Why is this a key area for quality improvement?** Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	**Supporting information** If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Do not paste other tables into this table, as your comments could get lost – type directly into this table.

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Sight-testing in all Falls risk assessments	The chances of having reduced vision greatly increases with age and older people with reduced vision are more likely to fall. Vision is fundamental to coordinating our movement – balance and postural stability are directly affected by vision. In addition, vision is fundamental to adapt gait to enable safe travel though the environment, avoiding obstacles and negotiating steps and stairs.	We are pleased that the NICE Guideline 161 asserts that vision should be a part of any falls multi-factorial assessment and a core part of falls interventions. We feel that vision should be a consideration in all aspects of a patient pathway through falls services - including prevention and rehabilitation programmes.	Please see the Thomas Pocklington Trust report *Falls in older people with sight loss: a review of emerging research and key action points* published June 2013, for further evidence. The College of Optometrists published the *Focus On Falls* report which looks specifically at the relationship between falls and vision, making several practical recommendations for falls services and the optometric sector.
Accessible eye-health information on patients resident in care homes	With the majority of care home residents likely to have a visual impairment of some sort (and in many cases elements of dementia) the risk of falling is high.	Spectacles with personalised initials engraved, colour-coding for noting which glasses should be worn for which scenario (reading etc) could all help to ensure that residents are going about their daily business with their vision at an optimum.	Effectiveness of multifaceted fall-prevention programs for the elderly in residential care M D Cusimano, J Kwok, K Spadafora http://injuryprevention.bmj.com/content/14/2/113.abstract Dyer, CAE et al. Falls prevention in residential care homes: a randomised controlled trial http://ageing.oxfordjournals.org/content/33/6/596.short

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In-patient bedside assessments to include adequate vision check	In-patient falls are costly, both in financial terms and for the patient. Visual testing should be a core part of every bedside-assessment.	The Royal College of Physicians published the first national inpatient falls audit in October 2015. The audit was created to measure against the National Institute for Health and Care Excellence (NICE) guidance on falls assessment and prevention https://www.nice.org.uk/Guidance/CG161 and other patient safety guidance on preventing falls in hospital 1-6. The audit was open to all acute hospitals in England and Wales and sought to understand how trusts and hospitals organised themselves in terms of strategic falls prevention work as well as an assessment of how this translated to ward-based care. The audit highlighted that less than half of assessements included an adequate vision check.	More data can be found here: www.rcplondon.ac.uk/fffap

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Information on relationship between eye health and falls risk	Besides all the major eye conditions (AMD, Glaucoma, Cataract, and Diabetic Retinopathy), dementia, stroke and diabetes can cause an increase in falls risk due to visual implications.	Information at the point of diagnosis on the crucial link between vision and falls would be beneficial for both health professionals and patients.	**References:** College of Optometrists and The British Geriatric Society. *The importance of vision in preventing falls, a*vailable from http://tinyurl.com/vision-falls. Accessed 18.7.2014. Abdelhafiz, A.H. and Austin, C.A Visual factors should be assessed in older people presenting with falls or hip fracture *Age and Ageing* 2003 32(1), 26-30 Ivers RQ, Cumming RG, Mitchell P et al. Visual impairment and falls in older adults: the Blue Mountains Eye Study. *J. Amer Ger. Soc*. 1998 46(1): 58-64 Cummings SR. Treatable and untreatable risk factors for hip fracture. *Bone* 1996 18(3 suppl): 165S-167S Jack DI, Smith T, Neoh C et al. Prevalence of low vision in elderly patients admitted to an acute geriatric unit in Liverpool: elderly people who fall are more likely to have low vision *Gerontology* 1995 41(5), 280-5 Patino CM, McKean-Cowdin R, Azen SP et al Central and peripheral visual impairment and the risk of falls and falls with injury *Ophthalmology* 2010 117(2) 199-206
Optometrists and Dispensing Opticians should be empowered to spot at risk groups and refer to specialist falls services	As vision plays such a fundamental role in risk of falling and the vast majority of patients seen by optometrists and Dispensing Opticians are in the target group for this quality standard, both professions are therefore in a prime position to become a sanctioned identifier of those at increased risk.	Even a simple change in glasses prescription or a patient wearing bi/multi-focals can drastically increase the risk of a fall in the over 65s. The benefits of empowering optometrists to be official risk identifiers would be vast.	http://www.college-optometrists.org/en/EyesAndTheNHS/focus-on-falls/index.cfm

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			Further references Knudtson MD, Klein BE, Klein R Biomarker of aging and falling: the Beaver Dam eye study *Arch Gerontol Geriatr* 2009 49(1) 22-26 Kuang TM, Tsai SY, Hsu WM et al Visual impairment and falls in the elderly: the Shihpai Eye Study *J Chin Med Assoc* 2008 71(9) 467-72 Kulmala J, Era P, Parssinen O et al Lowered vision as a risk factor for injurious accidents in older people *Aging Clin Exp Res* 2008 20(1) 25-30 Lamoureux El, Chong E, Want JJ et al Visual impairment, causes of vision loss, and falls; the Singapore Malay eye study *Invest Ophthalmol Vis Sci* 2008 49(2) 528-33 de Boer MR, Pluijm SM, Lips P et al Different aspects of visual impairment as risk factors for falls and fractures in older men and women *J Bone Miner Res* 2004 19(9) 1539-47 Coleman AL, Stone K, Ewing SK et al Higher risk of multiple falls among elderly women who lose visual acuity *Ophthalmology* 2004 111(5) 857-62

Checklist for submitting comments

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

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- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

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