

## REPORT TO THE PBC GOVERNANCE TO BE HELD ON 11 November 2009

<b>Enclosure:</b>						
<b>Subject:</b>	South East Staffordshire Consortium Falls Service					
<b>Lead Director:</b>	Sue Price					
<b>Lead Officer:</b>	Frances Sutherland					
<b>Recommendation:</b>	<b>For Approval</b>	<b>X</b>	<b>For Discussion</b>		<b>For Information</b>	

### PURPOSE OF THE REPORT:

To request pump priming LDP monies for the implementation of a comprehensive falls service in South East Staffs area.

South East Staffs were allocated funds from 0910 LDP to develop a Falls service. This business case describes the service that PBC feel will deliver an evidence based service for the local population. With the projected increase in older people across the locality this is an essential service that is not in pace at this time. The paper describes the financial implications, projected savings and model of service delivery.

The service specification will be sent to PEC for approval but due to timings of meeting will be discussed at PBC Governance first.

### IMPLICATIONS:

<b>Legal and/or Risk</b>	Tamworth in particular has high levels of accidental death compared to national figures (Public health 2009) with 50% of the accidental deaths in the over 65s being through falls. We have no recognised service in the locality
<b>Standards for Better Health</b>	<ol style="list-style-type: none"> <li>1. Clinical and cost effectiveness- evidence based service</li> <li>2. Patient focus-</li> <li>3. Accessible and responsive care- delivered in the patients home or community hospitals</li> </ol>
<b>Financial</b>	National evidence suggests financial savings form this type of service
<b>Training</b>	The service will raise levels of training across the locality
<b>PBC</b>	PBC plan

<b>Other</b>	This service will work in partnership with social care and the borough councils
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**RECOMMENDATIONS / ACTION REQUIRED:**

To agree the development of a Falls service in the South East Staffs area
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## Service Provision Business Case

<b>TITLE OF PROPOSAL</b>	<b>Falls service South East Staffs</b>
<b>ORGANISATION/ COMMISSIONING BODY</b>	<b>South East Staffordshire Consortium</b>
<b>LEAD NAME FOR PROPOSAL</b>	<b>Frances Sutherland/Peter Gregory</b>
<b>TELEPHONE</b>	<b>07815 561767</b>
<b>EMAIL</b>	<b>Frances.sutherland@southstaffspct.nhs.uk</b>

### Document Control

<b>Document Version</b>	<b>Date of Revision</b>	<b>Summary of Revision</b>

## Section 1: Compliance with the PCT Commissioning Framework

This business case complies with the following priority areas as outlined in the PCT Commissioning Framework:

<b>PCT Commissioning Framework Priority Areas:</b>  <i>PCT to complete PCT Commissioning Framework priorities as outlined in the PCT LDP and ISIP.</i>  <i>Full details of each of these areas are available from your PCT</i>	<b>This business case relates to the following</b> <i>(Proposer to tick as appropriate):</i>
<i>PCTS have specific targets on all of the following areas in line with national directives regarding achievement thereof, and practice are expected to work within these priorities as practice based commissioners. With regard to your specific service proposal, please tick all appropriate boxes served by your scheme.</i>	
1. National priorities	
1.1 Improving health of the population	x
1.2 Supporting people with long term conditions	x
1.3 Access to services	X
1.4 Patient/user experience	X
1.5 Achieving financial balance	
1.6 Implementing reform	
1.7 6 key service priorities:	
- health inequalities	
- cancer 31 and 62 day waits	
- 18 week wait	
- MRSA	
- Patient Choose & Book	
- Sexual health & access to GU medicine	
1.8 Links with Integrated Service Improvement Plan (ISIP) & Benefits Realisation Plan (BRP)?	
2. Local priorities	
Development of pre referral systems	
Care closer to Home	X

## Section 2: Outline of the Proposed Service Provision

<p><b>Introduction</b>  <i>Give a brief out line of the background (i.e. current service provision and demonstration of need for improvement. Include Health Needs Assessment)</i></p>	<p>28-33% of people over the age of 65 years, and 32-42% of those aged over 75 years will fall each year. (RCP 2008). Of those 10-25% will sustain a serious injury and up to 6% culminate in a fracture. There are no recorded figures of fallers in the locality but estimated figures are:</p> <table border="1" data-bbox="414 504 1513 619"> <tr> <td>Patients over 65 years falling</td> <td>5024-6595</td> </tr> <tr> <td>Serious injuries per year</td> <td>502-1648</td> </tr> <tr> <td>Fractures per year</td> <td>301-398</td> </tr> </table> <p>With the increase in the population of older people these figures are projected to increase year on year.</p> <p>Tamworth district has higher levels of mortality from accidents and 50% of all accidental deaths of the over 65 year olds are from falls (NCHOD 2005-2007)</p> <p>A Needs assessment undertaken in November 2008 indicated that the service provide only partially meet the NICE 2004 guidelines for a falls prevention service. This proposal will ensure that the service provides Multi factual assessment and intervention, and professional education. Further work will need to be undertaken to fully develop risk identification across provider services. Work is being undertaken by social care to encourage the participation of older people in falls prevention programme with exercise programmes in local authority housing and local venues.</p> <p>The present service within South East commenced on 14 July 2009 and consists of a part time occupational therapist with some admin support. Previous to this Age Concern provided a service which commissioners felt did not meet the requirements. This is a jointly funded service with social care. Referrals are taken from the local MIUs</p> <p>National evidence (NSF, RCPs , NICE) suggests that any assessments and subsequent interventions should be multi factorial, but the present service does not provide this</p> <p>Falls initiatives can reduce the number of fallers by up to 15- 30% ( DOH 2003). This could prevent as a minimum</p> <ul style="list-style-type: none"> <li>• 75 serious injuries from falls per year (15% of the minimum figure). This would save as a minimum the A&amp; E charge £6,000.(75 patients at standard cost of £80).</li> <li>• Evidence suggests that there would also be a decrease of 15-30% of fractures. We are aware from SUS data that 140 fractured neck of femurs are admitted to hospital each year. If these were reduced by 15% that would save 21 admissions. An average cost for a fractured neck of femur is £5,000, therefore saving at least £105,000.</li> <li>• The remaining 161 fractures (301 projected fractures per year- those that are not femur fractures) may not be admitted but would need to attend</li> </ul>	Patients over 65 years falling	5024-6595	Serious injuries per year	502-1648	Fractures per year	301-398
Patients over 65 years falling	5024-6595						
Serious injuries per year	502-1648						
Fractures per year	301-398						

	<p>fracture clinics at least twice at a cost of £209 for each patient. If these were prevented then this would provide further savings of £33,649.</p> <p>Falls in older people have a major impact in confidence levels and many older people loose contact with friends and it is a major reason for admission to a care home.</p> <p>This proposal links with WCC competencies:  two -Works collaboratively with community partners to commission services that optimise health gain and reductions in health inequalities  Four-Leads continuous and meaningful engagement of clinicians to inform strategy and drive quality, service design and resource utilisation  Five- Undertakes robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements</p>
<p><b>Outline of Proposal</b>  <i>How does this link to PCT &amp; Local priorities?</i></p>	<p>This proposal will develop the present service to include a range of professionals and services to ensure that interventions are multi factorial. At present patients are assessed by the OT and then have to be referred into an already over stretched local service. The new service would provide this and also develop exercise plans for patients dependant on their ability and include follow up of all patients. A consultant for Care of the Elderly would review the medical issues for these patients and provide advice for the team. Education of other health and social care staff would also be undertaken by the team. A Handyman scheme to provide support for these patients ensuring they are safe in their own homes and feel safer therefore increasing their confidence.</p>
<p><b>Aims &amp; Objectives</b></p>	<p>To provide</p> <ul style="list-style-type: none"> <li>○ A quality service to local patients</li> <li>○ Multi factual assessment and intervention</li> <li>○ Professional education.</li> </ul>
<p><b>Management of the Service</b>  <i>(Explain how the service will be managed i.e. receiving referrals, appointments, outcomes and waiting list</i></p>	<p>Referrals will follow the present process and be sent to Social services office Tamworth</p> <p>Patients where possible will complete their own assessment form and these will be triaged according to need. All patients will receive information on Falls prevention, some will be contacted via telephone and some will receive a 1:1 assessment at home. Clinic will not be held as evidence suggests that environmental factors play a part in falls prevention. After assessment the handyman will be able to provide equipment and household maintenance to support the patient. The physiotherapist will provide an exercise plan which will be followed up by the generic assistant. A consultant with a specialist interest in falls prevention will run a weekly clinic locally for those requiring medical assessment.</p> <p>Any patients at risk of osteoporosis will be screened via peripheral DEXA scan within</p>

<i>requirements)</i>	the team and those at risk referred for more specialist services.
<b>Scope of the Proposed Service</b>	All patients over the age of 65 years who have fallen or who at risk of falls
<b>Clinical Effectiveness</b>	NICE guidance 2004 Royal College of Physicians 2007 NSF Older people 2001

<b>What will be the benefits to Patients?</b> <i>(e.g. How will this link in to Choice/Choose &amp; Book?)</i>	Increased awareness of falls prevention Risk factors identified and mitigated if possible Increased confidence after a fall Equipment and adaptations fitted to support and increase confidence building Less falls and therefore less fractures
<b>What will be the benefits for Clinicians/Staff?</b>	Coordinated service where referral routes are clear
<b>What will be the anticipated benefit area for the PCT</b> <i>(i.e Number of Reduced Admissions / Avoided Out Patient attendances)</i>	Reduced attendances at A& E Reduced Fracture clinic appointments Reduce fracture admissions Reduced delayed for equipment

<b>Milestones &amp; Timescales</b>	<b>Milestone</b>	<b>Timescale</b>
		Appoint staff
	Develop pathways protocols	December 2009 (present staff to develop)
	Approach local acute providers for consultant session	3 months
	Community facility to undertake clinics	3 months
	Performance monitoring developed	After funding agreed- 1 month only
	Launch service within health economy	Plan during appointment process-time to be decided

<b>Initial Risks Associated with the Service</b>	<b>Risk</b>	<b>Countermeasure</b>
		Staff not recruited

<b>Provision Proposal and Strategy for managing those risks (Countermeasure)</b>	Not integrated with other services	To be considered within neighbourhood team work with provider
	Falls not reduced	Ensure evidence based service is provided
	Cost savings not made	Performance monitoring of contract

### Section 3: Financial Implications

<b>Annual Expenses (Cost of New Service)</b> <i>List a breakdown of all expenses, remembering to add on-costs to staff costs</i>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<b>Capital Costs</b>			
Computers	1000		
Telephones	500		
Dexa scan			
<b>Staffing Costs, including backfill for clinicians running new service provision</b>			
Physiotherapist Band 6- 1 WTE	35132		
Occupational therapist 0.5WTE (0.5 WTE already in post)	17566		
Generic worker Band 3 0.5 WTE	10,185		
Handyman five days a week 3 hours a day (shared with East at weekends/bank holidays)	11,395		
Consultant Care of the Elderly ( 1 session a week with on costs admin etc)	28,571		
<b>Total staff costs (includes 22% on costs)</b>	<b>102,849</b>		
<b>Training supervision etc</b>			
<b>Equipment &amp; Materials</b>			
Patient information	1500		
Stationary	500		
<b>Other Expenses</b>			
Travel	6000		
<b>Total Cost of New Service-recurrent</b>	<b>£110,849</b>		
<b>Capital- non recurrent</b>	1500		
<b>Anticipated Revenue</b>	<b>nil</b>		

<b>Anticipated Financial Benefit to PBC Budgets</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Anticipated freed up resources achieved through avoided secondary care activity. <i>Please specify:</i> Reduction in A&E- £6000 Reduction Trauma clinics- £33,649	If 50% of projected activity achieved savings of	£ ( at 0910 prices and population) £144,649	

Reduction in admissions- £105,000	£72,324		
Less Cost of new Service Provision to users of the service	£110,849	£110,849	
Surplus to PBC Budgets	-£38,525	£33,800	

<b>How much funding is being requested &amp; identification of purpose</b>	£110,849 pump priming monies for year one		
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## Section 4: Corporate Governance

Please note that some contracting methods will entail certain liabilities, for example a Limited Company option under APMS. It is therefore essential specialist advice is taken to understand clinical/personal liability, medical indemnity etc.

<p><b>On which contracting basis do you intend this service provision to be based?</b> <i>e.g. LES, PMS, SPMS, APMS, PCT GPSI Commissioned Service, please explain.</i></p>	<p>Community contract</p>
<p><b>Which National, NSF and PCT Targets will this service provision deliver against?</b></p>	<p>NSH Older people Reduction in Emergency bed days Care closer to home</p>
<p><b>Patient, Public &amp; Front-line Staff Involvement.</b> <i>Please describe how you have involved Patient, Public and front-line staff in this proposed development.</i></p>	<p>Clinical Champion for older people, occupational therapist for falls prevention, Social care and health district manager all involved within the development of this plan</p>

## Section 5: Quality & Corporate Assurance

Please note there is value in discussing your proposals early on with your PCT Clinical Governance Lead

<b>Clinical Governance Assurances</b>	
<b>Please provide details of how the intended provider location meets Health &amp; Safety and other Clinical Governance Assurance standards</b>	
<b>Please Specify Audit arrangements ie, patient satisfaction surveys, reduction of hospital referrals &amp; admissions</b>	Reduction in fractures in people over the age of 65 years Reduction in fractured neck of femur Patient surveys Patient satisfaction questionnaires Reduction in A& E admissions for falls
<b>What Quality Checks will be in place?</b>	
<b>What information will you supply to the PCT and with what regularity?</b>	Patients assessed Patients referred Patients who have interventions and a description of the intervention Number of patients having DEXA scans within the service Quarterly for the first year to steering group. After that reported through the contract meetings
<b>Outline Contractual Arrangements</b> (To be detailed in the Service Level Agreement)	
<b>Proposed period of Contract</b>	
<b>Proposed Notice Period</b>	<b>Six months</b>
<b>What Contract Review</b>	<b>As part of the contract monitoring meetings</b>

<b>arrangements do you envisage?</b>	
<b>How will Complaints be managed?</b>	Via PCT complaints systems

**To be Completed by PCT:**

<b>Comments received:</b>	<b>Date</b>
Practice Based Commissioning practice/consortia	
Clinical Governance Lead	
Executive Directors	
Professional Executive Committee	

<b>Outcome of Application</b>	<b>Name</b>	<b>Date</b>
Approved – on the basis of:		
Rejected - Reasons for Rejection:		
Passed for Payment:		