



Public Health
England

Protecting and improving the nation's health

NHS Health Check content review form

1. Please tick the categories that apply to your proposal.
<input type="checkbox"/> It involves amending the eligible population. <input type="checkbox"/> It involves amending an existing component of the risk assessment. <input checked="" type="checkbox"/> It involves introducing a new component to the risk assessment.
2. Please provide a short summary describing your proposed change [max 200 words]
<p><i>[Please be sure to clearly state what your change or addition is e.g. to introduce a lung function test]</i></p> <p>People aged 65 and older have the highest risk of falling. Around 30% of adults who are over 65 and living at home fall. We propose that falls screening and interventions for the 65-74's is introduced into the NHS Health Check risk assessment; using the "Timed up and Go" test with a 13.5 second cut off. Identify individuals over age 65 - 74 who fall into the groups below, who will be at higher risk of a fall.</p> <p><input type="checkbox"/> Those with cognitive impairment, a visual impairment, are physically frail or have a condition that affects mobility or balance such as arthritis, diabetes, incontinence, stroke, or Parkinson's disease, are taking multiple drugs, psychoactive drugs (such as benzodiazepines), or drugs that can cause postural hypotension (such as anti-hypertensive drugs) or have a fear of falling.</p>
3. Please state which strategic health priority in the NHS outcome framework or the public health outcome framework the proposed change supports [max 200 words]
<p><i>[Please identify up to three priorities]</i></p> <p>Public Health Outcomes Framework Domain 2: Health Improvement - Indicator: Falls and injuries in people aged 65 and over Domain 4: Healthcare public health and preventing premature mortality: Indicators 4.3,4.11,4.13,4.14, 4.15 - Indicator: Hip fractures in people aged 65 and over</p> <p>NHS Outcomes Framework Domain 1 Preventing people from dying prematurely; 1a and 1b</p>

<p>Domain 2: Enhancing quality of life for people with long-term conditions</p> <p>- Indicator: Proportion of people feeling supported to manage their condition</p> <p>2 Health related quality of life for people with long term conditions**</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition</p> <p>Reducing time spent in hospital by people with long term conditions</p> <p>Domain 4 Ensuring that people have a positive experience of care;4.9</p>
<p>4. Please identify which of the programmes objectives the proposed change supports [please tick]</p>
<p><input type="checkbox"/> To promote and improve the early identification and management of the individual behavioural and physiological risk factors for vascular disease and the other conditions associated with those risk factors.</p> <p><input checked="" type="checkbox"/> To support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions.</p> <p><input checked="" type="checkbox"/> To help reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities.</p> <p><input type="checkbox"/> To promote and support appropriate operational research and evaluation to optimise programme delivery and impact, nationally and locally.</p>
<p>5. How will the proposed change support the(se) objective(s)?</p>
<p>The changes will benefit and support the objectives of the programme in two ways;</p> <p>- Identifying those at risk of falling by supporting them to manage and reduce risks, associated conditions through provision of information and behavioural evidence based interventions, recommended by NICE.</p> <p>- Identifying those who have already developed signs of falling or fallen, and refer to the appropriate healthcare professional</p>
<p>6. What is the evidence for the clinical effectiveness of the proposed change?</p>
<p>The Timed Up and Go test (TUG) will be used to assess falls risk. The TUG will be applied as described by Podsiadlo and Richardson (3). The TUG has shown excellent test-retest reliability (ICC = 0.99) in older adults (3). Evidence suggests that a score of >13.5 seconds highlights the older person to be at falls risk. However, recent meta analysis suggests that the TUG should not be used alone (4). It should be used alongside further multifactorial risk assessment as suggested by NICE (CG161). TUG is an indicator of poor function and falls risk. Strength and balance training is the single most effective intervention to prevent falls (1), so the TUG is a potentially clinically effective tool which can be used as part of the health check to identify</p>

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functional issues alongside medical ones and propose falls prevention intervention including strength and balance training.

7. What is the evidence of cost effectiveness of the proposed change?

cost over £2 billion a year. Local service evaluation has estimated the costs of falls and overall impact of falls to be even greater (5). Early intervention is estimated to reduce this cost by £331million (6).

Exercise interventions and multifactorial programmes have been shown to be cost effective (1). Referral to a falls service has been found to save £1,551 per fall saved per patient compared to normal service (7). Single evidence based exercise interventions such as the Otago exercise pr

8. Please provide an outline of how this would change current practice
i.e. what would frontline professionals delivering the NHS Health Check need to do that isn't already a part of the programme?

Frontline professional delivering the NHS health check would need to ask some screening questions, such as the Falls Risk Assessment tool (FRAT)/use NICE guidelines and understand and be trained on using the 'Get up and Go' test. There is an opportunity to utilise an instrumented TUG assessment Application. The TUG is a quick and easy assessment to carry out.
The screening questions could be asked by NHS Health Check staff and then those at high risk referred to a GP. However, its more cost effective for the test to be carried out during the NHS Health Check and then the referral is made to the GP.

9. If you are proposing a new component to the programme, please describe the effective treatment and management systems that are exist and are available.

Recommended programme of strength and balance exercises. Home hazard assessment. Medication reviews, where more than 4 medications in use. Dementia diagnosis as part of the NHS Health Check. General practice should also check blood pressure and carry out an overall medical assessment, including a medication review, bone health and continence assessment. They may then refer to a falls service for multifactorial assessment and intervention or refer to individual services for home hazard check, vision, feet and strength and balance interventions.

N.B A wide number of areas use the Falls Risk Assessment Tool (FRAT). This has been validated within primary care. <http://www.laterlifetraining.co.uk/wp-content/uploads/2011/12/FRAT.pdf>

10. Please state whether you feel the change will have a negative, neutral or

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<p>positive impact on health inequalities and on the nine protected characteristic groups and why. [please tick, <i>max 200 words</i>]</p>
<p><input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Positive</p>
<p>[Why...] Capturing intelligence on the key risk factors for all groups in the 65- 74 year olds, will support better targetting of those groups in the population who are at the greatest risk of a fall. Such as those with a disability, low socio-economic background, women.</p>
<p>11. Please name a local authority that has already adopted this proposed change to their delivery of the NHS Health Check programme.</p>
<p>N/A</p>
<p>12. Please list any relevant references</p>
<p>1. Gillespie Lesley D, Robertson MC, Gillespie William J, et al. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews. 2012 http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007146.pub3/abstract 2. Close JCT, Lord SR. Fall assessment in older people.(2) BMJ 2011;343:d5153.(15 September) Kings Fund, 3. Podsiadlo, D., Richardson, S. (1991) The timed "Up & Go": a test of basic functional mobility for frail elderly persons. J Am Geriatr Soc, 39(2):142–148. 4. Schoene D, Wu SM, Mikolaizak AS, Menant JC, Smith ST, Delbaere K, Lord SR. Discriminative ability and predictive validity of the timed up and go test in identifying older people who fall: systematic review and meta-analysis.J Am Geriatr Soc. 2013 Feb;61(2):202-8. doi: 10.1111/jgs.12106 5. Yang Tian, James Thompson, David Buck, Lara Sonola. Exploring the system-wide costs of falls in older people in Torbay, Kings Fund, 2013. 6. http://www.csp.org.uk/professional-union/practice/your-business/evidence-base/cost-falls 7 Sach, T., et al, Community falls prevention for people who call an emergency ambulance after a fall: an economic evaluation alongside a randomised controlled trial, Age and Ageing, 2012, 41: 635 8 Robertson MC, Devlin N, Gardner MM and Campbell AJ (2001a): Effectiveness and economic evaluation of a nurse delivered home exercise programme to prevent falls. 1: randomised controlled trial. British Medical Journal 322: 697–701. 9. Robertson MC, Gardner MM, Devlin N, McGee R and Campbell AJ (2001b): Effectiveness and economic evaluation of a nurse delivered home exercise programme to prevent falls. 2:controlled trial in multiple centres. British Medical Journal 322: 701–704. NICE Quality Standard on Falls, 2014</p>

For completion by the ESCAP secretariat

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13. Proposal to be shared with ESCAP
Yes.
14. ESCAP feedback
<p>ESCAP considered that the evidence identified in the proposal was insufficient to meet the requirements of the clinical and cost effectiveness criteria. In addition, ESCAP also agreed that the scope of this proposal goes beyond the purpose of the NHS Health Check programme. Therefore, ESCAP recommended that this proposal should not progress to stage 2.</p>