Marie Curie Response

Falls and Fracture Prevention Strategy for Scotland, 2019-2024 Consultation

About Marie Curie

1. Marie Curie provides care and support for people living with a terminal illness and their families and carers. We provide support through our two hospices in Glasgow and Edinburgh, as well as our community nursing services across 31 local authority areas, and our volunteer led services. We also provide nationwide support through our information and support service including our national helpline. Marie Curie is also the biggest charitable funder of palliative care research in the UK.

2. Last year we provided care for over 8,600 people living with a terminal illness, as well as their families and carers across Scotland.

3. Our vision is for a better life for people and their families living with a terminal illness. Our mission is to help people living with a terminal illness, their families and carers, make the most of the time they have together by delivering expert care, emotional support, research and guidance.

4. We are encouraged by the recognition of chronic and long-term conditions in the draft strategy and the focus on frailty and ageing. However, the strategy makes very little reference to those living with terminal illness and the range of illnesses that might be affected, and those in the last few months of life.

5. These patients are at high risk of falls and can have different needs to the general population. They may not need to access the full range of falls prevention assessments but will need staff to take a rapid, proactive and flexible approach to falls management, who are then able to take the service to the patient rather than expect the patient to attend clinic appointments.

Falls and fractures in a palliative care setting

6. Palliative care is for people living with a terminal illness where a cure is no longer possible and includes caring for people who are near the end of life. People who receive palliative care, especially in specialist palliative care settings such as the care provided by Marie Curie, can be among the most vulnerable patients seen in health and care settings.

7. These are often people who:

- have complex and multiple conditions and have debilitating symptoms associated with their conditions,
- are taking multiple medications or changing medications, which can cause drowsiness and dizziness
- have altered mental states including delirium, confusion, disorientation and depression,
- are likely to undergo weight changes and experience fatigue, muscle weakness or atrophy causing impaired mobility as they approach the end of life,
- experience impaired vision, and
- are elderly and frail.

8. Additionally, these risk factors can be multifactorial, and people may not always be aware of their changing ability when their health declines.

9. The above factors all mean that people living with terminal illness can be more at risk of falls. In the palliative care setting, falls remain one of the highest reported patient safety incidents. The outcome of falling can also be devastating, causing mortality, severe disability, loss of independence and often results in more acute and nursing home admissions.

10. Palliative care can include managing physical symptoms such as pain, as well as emotional, spiritual and psychological support. It can include social and personal care, such as help with things like washing, dressing or eating, and it can provide support for your family and friends.

11. Palliative care can be delivered in several settings from hospitals, to hospices and in people's homes and their communities including care and nursing homes. Specialist palliative care settings such as hospices, are normally smaller than acute services, which can make it easier to monitor and supervise patients. However, often patients choose to be cared for at home, choosing to remain independent and this can increase the risks of falls and repeat hospital admissions.

Falls prevention in Marie Curie

12. Marie Curie has an organisational policy on falls prevention that is in line with guidance from all four UK Nations. Falls training is incorporated into training programmes for all Marie Curie Staff and Volunteers in Hospices.

13. Each Hospice inpatient unit will complete a falls assessment on admission and this is reviewed depending on individual need and risk factors. Our multidisciplinary teams provide support and guidance on the assessment and prevention of risk. Individualised care plans are then agreed with patients to mitigate risk factors and appropriate measures are put in place such as low-rise beds, falls sensor alarms, enhanced supervision.

14. Day therapy and out-patients are asked about a history of falls if appropriate on the first visit and thereafter depending on risks identified. Referrals to appropriate health care professionals will be made, if appropriate.

15. In the Marie Curie nursing service, our nurses follow the District Nurses' assessment. If there are no records in the home, then they undertake a dynamic risk assessment. Preventative measures, such as organising equipment and adaptations in people's homes remains the responsibility of the District Nurses and Primary Care/Social Care teams.

16. Effective cross service working can be significantly hindered by the lack of shared records, meaning that staff are not always able to see assessments and care plans agreed by other services.

The draft Strategy

17. We agree that the draft strategy will improve services for those who experience falls in general care settings. Overall, we also agree with the outcomes in the draft Strategy. However, the Strategy should also refer to those living with terminal illness, and those in the last few months of life.

Ambition 1. Build an integrated approach

Outcome 1: A whole-system approach that is joined-up, collaborative and co-designed with communities

18. Earlier in our submission, we noted that in our experience, effective cross service working can be significantly hindered by the lack of shared records. This means that staff are not always able to see assessments and care plans agreed by other services. This is vital to ensure that people get the care and support that they need, and that work is not duplicated. This is especially important as people approach the end of life and do not want to experience repeat assessments. We would like to see systems in place to ensure collaboration and that processes that put the needs and outcomes of people at their heart.

19. We are encouraged that the Scottish Government is developing a National Preventing Harm from Falls Collaborative to co-ordinate and support prevention activity. We recommend that this also includes palliative care organisations, such as Marie Curie. We understand the focus on the promotion of healthy ageing, but there also needs to be a focus on the end of life, and ways to prevent falls in a population that due to the nature of illnesses, will only experience further debilitation. There should be a focus on rehabilitation and prevention of unnecessary acute admissions.

Ambition 2. Build resilience at population level & Ambition 3. Take action earlier

Outcomes 2-8

20. We are very supportive of these outcomes and the focus on actions to preserve and restore functional ability and independence. However, overall, the strategy is aimed with very early interventions in mind, most of which is not appropriate for people living with terminal illness.

21. We would like to see more recognition in the strategy of people who are living with terminal conditions, and actions that can be taken to improve their quality of life and independence, despite their continued decline.

Ambition 4. Target more specialist, personalised care and support

Outcome 9 Personalised falls prevention for people at higher risk and with complex needs.

Outcome 10 Evidence-based and personalised falls prevention in community settings, in hospitals and in care homes.

22. We are pleased to see the focus in outcomes 9 and 10 on personalised prevention plans for people with complex needs and those in community settings. In particular, we would like to see reference to palliative care contained within these sections.

23. People living with terminal illnesses and those in receipt of palliative care may not need to access the full range of falls prevention assessments as detailed within outcome 9. However, staff will need to take a rapid, proactive and flexible approach to falls management. We recommend that the draft strategy includes faster access to falls assessment, shared access to records, and individualised approaches for patients who are nearing the end of their life.

24. We further recommend that this document links to the Strategic Framework for Action on Palliative and End of Life Care, the Scottish Palliative Care Guidelines, and The Palliative and end of life care education framework and learning resource, Palliative and End of Life Care: enriching and improving experience.

Further information:

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