

Falls notifications and assessments East of England Ambulance Services (EEAST) & Suffolk Community Health (SCH)

What happens now?	<ul style="list-style-type: none"> ▪ Every time East of England Ambulance Services Trust (EEAST) is called out to see a patient who has fallen, a falls notification (Cryer assessment) is completed and electronically sent to the relevant GP practice. ▪ The falls notification captures not only the patient's demographics but also key clinical information about the event. ▪ GP Practices may then refer into their monthly MDT meeting for discussion.
What's new?	<ul style="list-style-type: none"> ▪ An enhanced process so that the falls notifications carried out by (EEAST) are sent to Suffolk Community Healthcare (SCH) at the same time for patients who are not conveyed to hospital and follow up assessment and actions can be carried out where required. ▪ These notifications will be sent to each patient's respective community healthcare team for consideration and planning for a comprehensive falls assessment ▪ Upon receipt, SCH will triage the patients, which will include; <ul style="list-style-type: none"> - Falls assessment (NICE guidelines) - Identification of other agency support – this could include social, equipment assessment, primary care, family support - Consideration of enhanced health screening and medication review ▪ The assessment, conducted by the patients community healthcare teams, would be reflective of the ambulance crew comments and timescales for follow up are: <ul style="list-style-type: none"> - for routine patients within two weeks - for the more urgently identified patient up to 72 hours ▪ SCH will then complete a discharge summary and forward to the relevant practice, or refer to the practice for discussion at MDT if required. ▪ A full outline of the process can be found in Appendix One
What assessments are completed by the SCH teams?	<p>Range of assessments conducted include:</p> <ul style="list-style-type: none"> – Assessment of gait, balance and mobility, and muscle weakness – Assessment of osteoporosis risk – Assessment of perceived functional ability and fear of falling – Assessment of visual impairment – Assessment of cognitive impairment and neurological examination (if indicated) – Assessment of incontinence – Assessment of home hazards <p>Depending on the findings from these assessments, treatments / interventions could include:</p> <ul style="list-style-type: none"> – Strength and balance training – Home hazard assessment and intervention – Medication compliance and onward referral for medication review – Recommendation of sight test
Action for practices	To refer any patients referred by SCH for discussion at an appropriate MDT meeting if required
Launch details	The process will start from 8 th September 2014
Contact	If you have any queries, contact a member of the Commissioning Implementation Team

Appendix One
999 Non-conveyed falls patient pathway

