reducing harm from patient falls

Helen Martin, Governance & Safety Lead at Liverpool Heart and Chest Hospital, describes the work they undertook to ascertain the extent of falls and the recommendations that arose.

Our falls expert Emma Stanmore, highlights what to look out for and what can be done to prevent falls, and how we can promote independence and improve the quality of life for older people.

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preventing falls - balancing the problem

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Welcome to Issue 2 of Innov-age and a big thank you to everyone for your encouraging feedback about Issue 1. Collation of information and sharing it in an easily accessible format seems to have been extremely well received. Reliable information sits at the heart of enabling us to make informed choices. Indeed the NHS has a whole section of its website dedicated to choice - ‘your health – your choices’ (www.nhs.uk/choiceinthenhs/yourchoices.aspx).

Choice is becoming increasingly important in relation to the care home and home care sectors and I’m writing this editorial at the same time as Norman Lamb, the UK Government Care and Support Minister launches the new ‘Care Comparison’ initiative.

He describes a website that provides a comprehensive guide to help make comparisons and to choose / comment on residential care homes and home care services. This has been populated by over 8,000 care providers to date and is available to view via NHS choices – www.nhs.uk/CareersDirect/social-care/Pages/choosing-care.aspx.

Many factors help influence our decision about the best care homes including location, services, standards and price. Most centres guarantee ‘protection from harm’ yet despite every effort falls are a common problem as highlighted by Professor Tracey Howe in her succinct review of the falls literature in the ‘Cochrane Corner’.

As we are all aware falling is not specific to care homes and falls can occur anywhere and at any age but we are more at risk as we get older. The ProfaNE (Prevention of Falls Network Europe) website (www.profane.eu.org) and online falls community (profane.co/) provide a plethora of information about the causes, prevention and monitoring of falls.

This issue draws upon some of the research arising from the ProfaNE network members but also many other resources to provide an overview of what to do to prevent and manage falls. Fear of falling, pain, strength and balance all seem to be major contributors to our risk of falling and Dr Emma Stanmore provides some thoughts on what we can do to mitigate this risk.

For me keeping mobile, maintaining balance and drawing upon a burgeoning number of services and tools that provide support for falls prevention is the way forward. This issue shares some of these other developments and should help to steer you in the direction of where to go next. Finally, don’t miss Alex’s carer’s perspective and the acknowledgement that sometimes falls just happen in spite of everything that you do to prevent them!

Jackie Oldham
Honorary Director, Edward Centre for Healthcare Management Research

Welcome... Editorial foreword

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Falls are common in older people, yet many older people are unaware of their risk of falling. The good news is that research has shown that many falls can be predicted and prevented. This article highlights the scale of the problem, what to look out for and what can be done to prevent falls, how we can promote independence and improve the quality of life for older people.

How common are falls?

Around 1 in 3 people over the age of 65 years fall each year in the community with women tending to fall more often than men. This rate increases with age and for those living in care homes. Approximately 10% of these falls will result in fractures, however most fall-related injuries are less serious and include strains, sprains, bruising or laceration. Fear of falling is also common and anxiety can lead to an increasingly sedentary lifestyle. This in turn can lead to exacerbation of the risk of falling due to the resulting muscle weakness and balance difficulties.

What is classed as a fall?

What a health professional and what an older person might classify as a fall can differ.

A stumble or trip where the person is able to respond and recover is not a fall. The following wording is recommended when defining whether an older person has fallen or not: “In the past month, have you had any falls including a slip or trip, in which you lost your balance and landed on the floor or ground or lower level?”

Why do older people fall?

There are many reasons why older adults are more prone to falling. Their balance and muscle strength deteriorates and their reaction time and walking speed slow, so the ability to remain steady and upright becomes much more challenging. We know that older people are generally more sedentary and this can increase the likelihood of a fall.

What are the risk factors for falls?

A history of a previous fall is the best predictor of a future fall and any older person who has already fallen should receive support on preventing further falls. Having poor strength and balance, gait problems and fear of falling also increases your risk of falling. Some conditions such as Parkinson’s disease, Stroke and Dementia also increase the likelihood of falls as does having poor vision, foot pain and incontinence. We know that taking more than four types of medicine and particularly certain types of medicine (antidepressants, diuretics, analgesics and antipsychotic medicines) also increase a person’s risk of falling.

A person’s environment can also increase the likelihood of falls, for instance if there were lots of tripping hazards or uneven surfaces.

What can we do about it?

There is a great deal that can be done to prevent falls and this message needs to be spread to older people and many health professionals who may believe that falls are inevitable as we age.

Strength and balance exercises are particularly good at reducing the risk of falls. These exercises also increase bone health (therefore reducing the risk of fractures) and can have other beneficial properties such as improving mood and social contact.

We know that group and home based exercise programmes (delivered by trained professionals) and home safety checks reduce falls in older people. Tai Chi is also known to reduce the risk of falls and is a type of exercise that many older people enjoy due to its relaxing properties.

Ensuring that older people receive regular eyesight checks and treatment for visual problems (e.g. cataract surgery) can be helpful as can wearing well fitting, anti-slip shoes.

As many older people can be taking a number of different types of medicines it is important that they receive a regular review of their prescriptions so that they can be modified if necessary.
Where can we get more information?

There are a number of good websites that can be readily accessed for older people and health professionals to help increase their knowledge about falls prevention. Take a look at…

Prevention of Falls Network Earth website for resources, updates and an online forum for advice and discussion, see www.profane.co

Later Life Training website for online support and audio files on specific exercises and training programmes for falls prevention, see www.laterlifetraining.co.uk

Healthcare Quality Strategies website for more information about the issues of some medication and falls, see www.hqsi.org/index/providers/Adverse-Drug-Events/Medication-and-Falls.html

For health professionals, an article by Dr Jackie Close is useful, see www.bmj.com/highwire/filestream/395023/field_highwire_article_pdf/0/bmj.d5153

Emm a Stanmore

Emma Stanmore is a Lecturer in Nursing, based at the School of Nursing, Midwifery and Social Work, University of Manchester. Emma’s recent PhD studies investigated the incidence of falls, prevalence of fear of falling and fall risk factors in adults with Rheumatoid Arthritis. This research was funded by an Arthritis Research UK Fellowship and the Manchester Wellcome Trust Clinical Research Facility. Emma is a registered Nurse and qualified District Nurse and has worked in a variety of specialist nursing and clinical management roles, all related to the care of older people. Emma.K.Stanmore@manchester.ac.uk

The Falls Partnership Team run by the East of England Ambulance Service NHS Trust (EEAST), aims to cut down on hospital admissions, where appropriate. The team supports elderly people who have suffered falls at home, with the understanding that for those who are not badly injured, home is the best place to stay to get over the shock without any further distress of a trip to hospital. The team also work with the community services to prevent further falls. The partnership between EEAST and Cambridge Community Services NHS Trust (CCS NHST) won an NHS Innovation Challenge award, created to recognise and reward ideas that tackle some of the most challenging areas in healthcare. The £50,000 prize money will help ensure that the Falls Partnership Team continues to run successfully.

The service combines the skills of an emergency care practitioner (ECP) and an occupational therapist (OT) to deliver a falls response service to any person over 65 years of age that has fallen at home. The innovation in this project is in its ability to deliver a thorough yet immediate response to the multi-faceted issues of elderly fallers, bringing together services that have previously worked independently.

**Falls make up one in five 999 calls.**

The service responds to 999 calls that indicate an elderly person has fallen at home and, on arrival, the ECP undertakes a medical assessment prior to the team assisting the person up off the floor. Once the person is comfortable, the OT assesses both their functional mobility and their environment, providing equipment where needed to enable the person to remain independent and at home.

The falls team usually spend over an hour and a half with a patient where a full falls assessment is carried out. Their vehicle has specialist therapy equipment such as sliding sheets, a lifting cushion and bed and chair raisers on board. It is also equipped with a variety of aids to assist activities of daily living, e.g. bed loops, while leaflets are provided on care-lines and all manner of subjects relating to falls prevention.

The team communicates with the person’s GP district and specialist nurses as well as community matrons. The community consultant geriatrician provides governance in the form of a weekly virtual ward round with the team and is on hand for further advice. They can also refer onto community physiotherapy or occupational therapy. Strong links are also established with Cambridge’s Rehab and Falls Unit where patients are referred onto balance and strength groups to work on personal goals. Referrals to the Trust’s assistive technology department are also made where follow-up visits are arranged to install falls prevention technology.

Phil Lum bard

Phil Lum bard mans the falls vehicle alongside either an occupational therapist or physiotherapist from the CCS NHST. They also have a consultant geriatrician on hand for clinical advice.

“We look at whether the patient can get food and drink themselves; how their house is set up, can they get up the stairs and whether they need a care plan or other support. There are lots of inconspicuous reasons for elderly people falling so we try to find a specific diagnosis and am not to send people to hospital,” said Phil.

“Our general population is ageing and we need to understand older people better and be proactive to ensure we can deal with the increasing demand.”

Phil Lum bard

Find out more about the NHS Innovation Challenge Award www.challengeprizes.institute.nhs.uk/
Reducing harm from patient falls in a clinical environment

In England, approximately 152,000 falls are reported in acute hospitals every year, some resulting in moderate to severe harm and even patient death. It is recognised that a fall can cause psychological harm to both patients and families. Patient falls has been a safety issue within the NHS for some time and staying safe by preventing falls was identified as a key priority in the recommendations of the ‘Safety First’ campaign launched by the Department of Health in 2006. This article describes the work undertaken in one Hospital Trust to ascertain the extent of falls and the recommendations that arose from this work. This approach could be adapted to any environment where falls are a significant risk.

The Project Group

In order to ascertain the root causes of any falls and to develop tools to help prevent patient falls within the Trust, a project group was developed. This group consisted of: the Deputy Director of Nursing as the project lead; a registered nurse acting as the ‘Falls link nurse’ with the wards; and the Governance and Safety Lead to offer guidance and training and to troubleshoot where necessary.

The group also encompassed members of staff from several different clinical areas of the hospital. Prior to commencing the project, the Trust had collected limited data on patient falls, mainly those falls reported as incidents via the Trust incident reporting system.

The project team reviewed the results of reported studies and developed a project outline. The initiative was Trust wide, initially concentrating on the wards which had recorded the highest numbers of reported patient falls in the previous year (four pilot wards).

The aim of the initiative was to achieve a threefold outcome by improving patient safety, improving the patient experience and reducing the cost of falls within the Trust and ultimately the NHS.

The Development of a Falls Change Package

The falls project group met monthly and was tasked with developing ideas for the link nurses to take back to the pilot wards. Four ideas, in addition to assessment of risk of falls on admission to hospital, were considered appropriate for development into a change package.

These consisted of:
- comfort checks
- investigation of all patient falls
- daily completion of a safety calendar
- briefing of staff on the ward of all patients at risk of falls using a ‘safety huddle’

It was determined that if all the elements of the change package were used together the Trust would know which patients were at risk for falling and would be able to take action to reduce occurrence of a fall. In the event that a patient fell, an investigation took place using a predetermined investigation tool, which aimed to elicit the reason why the fall had occurred.

Comfort checks were undertaken on an hourly basis for patients deemed to be at high risk of falls if they tried to mobilise on their own. This consisted of a nurse going to the bedside and asking the patient if they had all they required or if they needed anything to make them more comfortable, e.g. painkillers, assistance to the bathroom etc. Less frequent checks were performed on patients who had a lower dependency of needs.

A small survey into the impact of comfort checks was performed, asking staff and patients if they had made a difference to their care. Patients felt reassured that there was a regular and visible nursing presence and staff reported that patients actually buzzed less for help as they were being seen to every hour.

The use of a ‘safety huddle’ was used as an extra briefing for staff in the clinical area. ‘Safety huddles’ are short briefings of all safety issues identified in that area including a list of patients who were assessed as being at risk of falling.

The ‘safety huddle’ formed part of the formal handover of care already performed between shift changes.

Results achieved

The Trust had set itself a goal of a 10% reduction in patient falls in the pilot wards for the first year of the project. The actual result was an impressive 32% reduction.

Benefits of the project

The obvious benefit was a reduction of patient falls and reduction of associated harm to patients.

The introduction of comfort checks and ‘safety huddle’ briefings played a large part in the reduction of falls in clinical areas.

In addition, as part of the increased awareness, it was identified that falls were happening at shift changes, when staff were receiving a handover. This led to a change in how handovers are conducted, with healthcare assistants staying out on the ward and visible to the patients. The healthcare assistants then receive a separate task based handover from their team leader.

Benefits also included an increased awareness in the organisation of why falls occur; the impact a fall has on a patient and their family and what can be done to prevent falls.

Benefits to the patient and family

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SensorMat

A ‘magic carpet’ which can instantly detect when someone has fallen, as well as help to predict mobility problems, has been demonstrated by an interdisciplinary team of scientists at The University of Manchester. The SensorMat has been developed by laying plastic optical fibres on the underlay of a carpet, these bend when anyone treads on it and map, in real-time, their walking patterns.

Tiny electronics at the edges act as sensors and relay signals to a computer. These signals can then be analysed to show the image of the footprint and identify gradual changes in walking behaviour, or a sudden incident such as a fall or trip. They can also show a steady deterioration or change in walking habits, possibly predicting a dramatic episode such as a fall.

The potential applications include smart carpets in care homes or hospital wards, as well as being fitted in people’s homes. Physiotherapists could also use the carpet to monitor a person’s gait. The main team of investigators believes the magic carpet could be vital not only for helping people in the immediate aftermath of a fall, but also in identifying subtle changes in people’s walking habits which might not be spotted by a family member or carer.

One of the team, Dr Patricia Scully from The University of Manchester’s School of Chemical Engineering and Analytical Science, said:

“The carpet can gather a wide range of information about a person’s condition; from biomechanical to chemical sensing of body fluids, enabling holistic sensing to provide an environment that detects and responds to changes in patient condition.

“The carpet can be retrofitted at low cost, to allow living space to adapt as the occupier’s needs evolve – particularly relevant with an aging population and for those with long term disabilities – and incorporated non-intrusively into any living space or furniture surface such as a mattress or wall that a patient interacts with.”

Team member Professor Chris Todd said: “Falls are a really important problem for our ageing society. More than a third of older people fall each year, and in nursing and residential homes it is much more common than that.

“Older people will benefit from exercises to improve balance and muscle strength in the legs. So being able to identify changes in people’s walking patterns and gait in the natural environment, such as in a corridor in a nursing home, could really help us identify problems earlier on”.

For more information contact Dr Patricia Scully at p.scully@manchester.ac.uk

To find out more please visit

www.manchester.ac.uk/aboutus/news/display/?id=8648

New IDEA to support Dementia Education & Awareness

IDEA (Improve Dementia Education and Awareness) is a new online learning resource centre encouraging dementia education and awareness developed and hosted by The University of Nottingham in conjunction with the Open University. The resource was developed by both clinicians and academics with working with families and carers of those with dementia.

It is aimed at improving the care and quality of life for people with dementia. The site supports carers, health professionals and care workers, providing a bank of interactive and user friendly audio visual and text resources, online discussion forums, as well as directing users to relevant online and face to face courses.

To find out more please visit

http://idea.nottingham.ac.uk/

ProFouND Falls Prevention Community

The Prevention of Falls Network for Dissemination (ProFouND) is a new EC funded initiative dedicated to bring about the dissemination and implementation of best practice in falls prevention across Europe.

ProFouND encompasses 21 partners from 2 countries, and associate members from a further 10 countries. It aims to influence policy and to increase awareness of falls and innovative prevention programmes amongst all sectors and organisations that work with older people. The network hopes to facilitate communities of interest and disseminate their work to target groups across EU.

The network hopes to oversee the best falls prevention resources for use by professionals in practice. This includes developing web applications to support easy production of tailored information for at-risk older people and promoting the dissemination and adoption of evidence based best practice in falls prevention throughout Europe.

Their objective is to embed evidence based fall prevention programmes for elderly people at risk of falls by using novel Information and Communications Technology (ICT) and effective training programmes in at least 10 countries by 2015.

To find out more please visit

www.profound.eu.com

Edward Healthcare launches new website

Edward Healthcare, a UK based company with interests in research, education and investment in elder care, launches a new website.

Edward Healthcare, the publisher of IDEA, is the UK arm of a prominent Chinese health care group which owns and operates large-scale retirement facilities. Peter Bullock, the company’s Managing Director commented: “Our focus is to take the best the UK has to offer in research, education and innovation in care to address the urgent needs of growing elderly populations. It has been designed to offer information on our activities for our clients, partners and individuals interested in this area. The company has made significant investment in the UK since its inception in 2010. In January 2013 it launched the Edward Centre for Healthcare Management Research in Manchester, linking up with both university and NHS organisations to conduct research into best practice in this field.

Hanjie Huang, Operations Executive, has led the development of the website and added: “As well as offering information on our corporate activities, the website is the home of ‘innov-age’, our quarterly magazine, which is available to view or download on the site. We’re continually growing our network and developing new opportunities to engage with UK business and educational organisations and the website will reflect that with regular updates.”

To find out more please visit

www.edwardhealthcare.org or email info@edwardhealthcare.org

Upcoming Events...

14th International Falls & Pastoral Stability Conference
9th September 2013

Organised by the Falls and Bone Health Section of the British Geriatrics Society, and taking place in Bristol, this annual event is widely recognised as the premier UK National meeting for clinicians working in the field of ‘Falls and Mobility’ medicine. Hear more on the key issues & challenges currently facing falls and bone health specialists.

www.bgs.events.org

National Eye Health Week
16th – 22nd September 2013

The fourth annual National Eye Health Week raises awareness of eye health and the need for regular sight tests for all. If you would like to find out how you can get involved, ‘Your Guide to Getting Involved’ is available as a free download from the vision matters website.

www.visionmatters.org.uk

UK Older People’s Day
1st October 2013

Conceding with the UK International Day of Older Persons, this national event celebrates the achievements and contributions that older people make to our society. Older People’s Day will support the campaign to challenge negative attitudes and outdated stereotypes. Find out more events and activities close to you.

www.ukoldersday.org.uk

Falls Prevention and Management in Older People
Wednesday 2 October 2013

This event focuses on reducing falls and injuries in the over 65s and encouraging a positive approach to engaging older people in falls prevention exercises. It aims to give practical tools and ideas to improve falls prevention and management in local practice and care organisations.

www.healthcareconferences.co.uk
www.ukoldepdaysociety.co.uk

www.fallspreventioninolderpeople-training.co.uk
Why we need social impact investment in eldercare

More than a third of babies born today will live to see their 100th birthday. In fact life expectancy is improving at such a dramatic rate that statisticians tell us we are gaining an extra five hours a day. It’s a marvel of modern medicine, as well as vast improvements in housing and changes in industry. And it’s an exciting prospect – what will you do with your extra years?

But disability free life expectancy isn’t going up any faster than life expectancy, which means that every society will have a large, and growing, number of people living with long-term conditions and disabilities, especially in later life.

More than ever we need innovation in this space. Investment in pills and new devices will only get us so far. We believe that we need innovations which are social not just technological, innovations which make the most of how cheap and accessible technologies can be used, rather than spending more on the technologies themselves, and a better map of what works – there are great ideas, platforms and products out there but they are unevenly distributed.

Nesta, as the UK’s innovation foundation, is already involved in supporting some of the most interesting projects that are seeking answers – from new models of care where neighbours do more for each other like Care4Care, to platforms like The Amazingis and Streetbank that allow older people to share their stuff and skills, to support for entrepreneurship in later life like our new Rooted guide to setting up a business in later life.

And we’re committed to expanding our work in this field. That’s why we’ve just launched Nesta Impact Investments, a £25m impact investment fund. It aims to deliver financial and social return, with a primary focus upon scaling innovations that can demonstrate quantifiable benefits to an ageing UK population around quality of life, avoidable injuries and socio-economic participation.

We are particularly interested in the businesses that are deploying affordable technology solutions which enhance the care pathways for those suffering from long term medical conditions; provide informal care networks supporting greater independence; create greater self-dependency in the management of long term conditions; facilitate greater participation in social, cultural and economic life. We’re also interested in innovations that allow this growing demographic to live as fully and independently as possible and when their situation changes, provide appropriate and graduated support which engages and coordinates the involvement of family, friends, social and health professionals.

A great example of the type of innovation we think has scalable potential is Tyze Personal Networks. Tyze is a Canadian start-up that has been supported by the Innovation in Giving programme, run by Nesta and funded by the Cabinet Office, to establish a pilot in the UK. Tyze is an online tool that facilitates the provision of formal and informal care by enabling people to create a private community centred on one person. The primary beneficiaries of Tyze are people undergoing treatment for critical illness, older people, and people with disabilities, as well as the home carers and caregiving agencies that provide support for them. Through the platform groups of caregivers, friends, and family can organize, share, and contribute within a circle of support, to ensure that an individual’s care needs are met. Once a private network has been created, everyone in the community has access to a range of tools; everything from scheduling appointments and storing personal care plans to planning social events, uploading photos, sharing stories and sending messages. The early qualitative data around its effectiveness is strong and we look forward to seeing if this translates to a UK setting.

As society ages a new generation of older people will be looking for new platforms and products to help them age well at home. The newest retirees are tech savvy – used to getting advice from the internet and comparing products on their smartphones. And whilst they are more willing to spend money on adapting their own homes for later life they are also often more suspicious and demanding of institutions and less well connected than the generation before. We believe this throws the market wide open for new products, platforms and services that will help older people to age well. Impact investing is one such route to encourage new players to bring forward the best innovations so that we might all make the most of our extra five hours a day.

For more information about Nesta and Nesta’s impact investment fund visit www.nesta.org.uk

Alex Hook is an Investment Manager for the Impact Investment Fund. Nesta’s ageing themed impact investment fund is open now. See www.nestainvestments.org.uk

Vicki Sellick is a Senior Programme Manager delivering Nesta’s practical ageing work. Nesta’s new report Five hours a day: Systemic Innovation for an Ageing Population, is available on Nesta’s website.
As with most other aspects of supporting the elderly, the risk of falls is on a scale of gradually increasing worry for those caring for them. From my experience, along with a fire that could be left on with no flame, the risk of my mum falling was the most pressing cause for concern. This was particularly so as she had periods where she was pottering around the house and so was going upstairs without any help. She also was feeling the cold and so was turning on but not lighting the gas fire.

When the (very good) local occupational health assessment was carried out, grab handles, walkers etc were fitted, but never used! The walker incorporating a seat and a set of brakes sounded like the ideal aid to me, but mum’s inability to remember to apply the brakes at the critical moment made it far too dangerous and stressful. It would however have been ideal for someone with fewer memory problems.

The aids were great in theory but with my mum falling down a full flight of stairs or over the gas fire when she was trying to light it. The latter happened but mercifully we had disconnected it and some of the spectacular bruises kept us up to date on the number of times it happened when we weren’t there. Bruises were also made spectacular by the fact she was on Warfarin treatment to prevent clotting, something she should have come off apparently as soon as she was having falls!

The stairs issue was dealt with by the installation of a stair lift (not provided by our local authority), which she fought against but conceded very quickly and which made life for everyone much easier. The price was extortionate but we negotiated very hard and sold them the maximum we were prepared to pay and amazingly a “reconditioned” unit appeared for a quarter of the initial quote! Another piece of invaluable kit was the bath lift. Modern ones are brilliant and with having a ground floor shower fitted but only accessible by climbing 2 steps, the daily risk of falling whilst she was getting in and out of the bath became less stressful and safer – both for mum and her carer.

We have now installed the warden call system from the local authority which includes an upgrade so the call button has an inertia fall monitor included. Unfortunately this gets very little use, because as soon as I leave the room it is removed and put on the table. We have tried belt and necklace versions as well, but they all get the same restful treatment.

Our worst fears were realised when she fell and broke her pelvis in two places – she even had the call button on for a change, but completely forgot to use it. This resulted in a month in hospital and 2 months in a rehabilitation unit but 4 years on she is still living at home, so even if falls occur (and it is rare to be able to remove all risks and possibility) it need not be too disastrous. It has also had the added benefit of ensuring that Mum now uses a new, “narrow walker” all the time, and it is even pressed into action to get down the front steps to transfer to the wheelchair for trips into town!

As with many of the issues affecting the elderly, a single problem cannot be managed in isolation and falls will happen.
Banishing the fear of falling with reflexology?

Reflexology has been claimed to be a holistic, non-intrusive, complementary medicine that can be used to treat patients with a diverse range of health conditions. It is founded on the theory that different points on the feet, lower leg, hands, face or ears all reflect different areas of the body. Pressure is applied to these areas in an aim to improve the health and wellbeing of the patient.

Its use is increasingly popular and there have been a number of studies investigating the potential benefits for patients. Evidence from clinical trials suggest efficacy in several illnesses, particularly for those patients with psychological problems, such as anxiety, insomnia or depression, due to its relaxing ability. There are also some claims that reflexology may offer relief or help with symptoms of cancer, constipation, multiple sclerosis and mild dementia under certain circumstances.

However, as yet, there is not a large enough body of evidence to suggest clinical indications or make clinical claims of effectiveness. Indeed, a review by one of the leading complementary therapy experts, Edward Ernst, observed that many of the research studies undertaken so far are of poor quality and the higher quality trials did not yield positive findings. Two of the systematic reviews worth reading are cited below.


Claims about reflexology therefore need to be interpreted with caution. Nevertheless, many people have found benefit from the treatment and one story of a personal journey is summarised in the following article.

Amanda, the Reflexology expert for www.WhenTheyGetOlder.co.uk, tells us how her reflexology knowledge has helped a friend, who’d become fearful of falling, to take back control of her feet and start living again. **Amanda Weller, AdvCBP, ParamaBP**

I have a lovely ninety-year-old friend who lives in Cornwall. She loves reflexology but I don’t get my hands on her very frequently due to the distance.

Eighteen months ago, my friend was extremely fit and energetic, easily able to out-dig me in the garden and far more mentally alert than I will ever be! Then one day, while waiting at the bus stop, she fainted and hit her head on a stone wall.

Since then, she has had feelings of dizziness when she moved, and her legs and feet wouldn’t do what she wanted them to. Fear of not being steady or in control of her movements resulted in her doing less and less.

The family drove down to collect her for an Easter break but despite knowing how she was feeling from our telephone chats, I was utterly shocked when I saw her. The woman I knew with boundless ‘get up and go’ was markedly different. She resolutely refused to move from the sitting room to the kitchen unless she absolutely had to.

When she did stand up, she was hunched and she shuffled along uncertainly, walking stick in one hand, her other arm supported by someone else. Her feet were a tight squeeze in her shoes due to profound swelling. She felt as though her feet didn’t belong to her.

I did four reflexology treatments on her over the course of the two weeks she stayed. She also had two cranial osteopathy treatments with a local osteopath.

The first time I worked on her, she seemed confused, not realising that she had to take her shoes and socks off and get into my reflexology chair. Her ankles and lower legs were solid, with very little flexibility and her toes were stiff and unyielding.

By the end of her four sessions with me, she had flexible ankles and toes, her swelling had reduced significantly, so much so that her shoes looked like boats on her.

She delighted in standing on one leg while demonstrating to us how much she could wiggle the other ankle. She felt like her feet belonged to her again. She was standing straighter and, although still dizzy when moving, her head no longer felt heavy on her shoulders. Not only that, the day before she left she went out shopping.

What a change from the woman who was reluctant to move from one room to another. Her whole outlook was much more positive and confident and she even suggested coming up by train next time, as she had always done until eighteen months ago.

We discussed what an extraordinary change there had been in her over the course of the two weeks and that perhaps it might be worthwhile trying to find a reflexologist when she got home. After my brother-in-law had dropped her home she boiled the kettle and sat down with the new parish magazine. Lo and behold, there was a reflexologist in her village who she had not known of before. So, before she had even unpacked, she rang her and booked an appointment for a regular visit in her own home.

In my opinion, reflexology treatments can be beneficial on many levels. They can be extremely relaxing and many advantages, such as improved mobility in the case of my friend, may be experienced on an individual basis. Reflexologists work holistically with their clients and aim to work alongside allopathic healthcare to promote better health – addressing the body, mind and spirit.

Sometimes stress and fears can really block us – physically, mentally and emotionally - and if something as simple as ‘twiddling your toes’, as my friend called it, can help remind our bodies/minds to get back on track, I just think why not?

If I could recommend three things to improve the health of an ageing relative or parent they would be, touch, tumble and toes.

Physical touch is often an aspect of life that’s lacking for the older generation. Frequently the only form of physical contact an elderly person may experience is purely functional – supporting them whilst walking or helping them to get up from a chair, so receiving caring touch in the form of a reflexology session can be a real tonic.

I always offer my clients a tumble of water after a reflexology treatment. How hydrated, or dehydrated, someone is can determine how they function both physically and mentally. Commonly people forget to drink throughout the day and so it’s not unusual for me to hear that my clients are drinking very little. Simple tips such as having a glass of water by the bed or filling up a water bottle in the morning means that a drink is always within easy reach. A full tumbler is a great visual reminder, especially for an elderly person who can aim to drink several during the course of the day.

How well an ageing relative looks after their feet is also important. My friend has always cared for her feet well but as she’s got older she’s not as supple. She finds it more difficult to reach her feet being ninety-years-old! She now has regular appointments with a podiatrist to check that she can keep her feet in good order.

It’s vital that we get the word out about health issues associated with old age. Sometimes people’s personal stories are far more revealing and a much easier way of learning what to do when encountering difficulties in caring for the elderly. ‘When They Get Older’ (www.whentheygetolder.co.uk) has been shaped by shared experiences and offers advice from experts such as myself but also from neighbours or friends who have trodden the path before. Their knowledge is something we can all benefit from as they talk about the challenges they’ve faced guarding the health of ageing parents and how they’ve overcome these challenges.
Spotlight on...

Emma Stanmore

Here we speak with our falls expert Emma Stanmore and ask the expert the questions...

What is your current position and what was your career path that took you there?

I have worked as a Lecturer in Nursing at the University of Manchester for the last 8 years. I spent my first few years in practice as a Community Nursing Sister and then as a specialist nurse working at the interface between hospitals and homes to prevent admissions and assist the rehabilitation of older people. I also worked as a project manager developing a generic training programme (with Nursing, Physiotherapy, Occupational Therapy and Speech and Language Therapy components) for Rehabilitation Assistants.

I undertook a Masters degree in research carrying out research in the perspectives of older people that led to some rewarding improvements in practice. This led to my PhD fellowship funded by Arthritis Research. In my current post as a Lecturer, I have continued to teach, undertake research and work clinically where possible.

What challenges do you face in your current position and which has been the greatest one?

My greatest recent challenge was completing my PhD as I carried out a large study that recruited and followed up patients with rheumatoid arthritis for over a year. I also had to learn a lot about statistics which was never my strong point! Since then, obtaining funding to continue with my research and managing my workload has been difficult at times. Nevertheless, all the different aspects of my job are really interesting and as long as I constantly prioritise I can usually keep on top of things.

What changes in elderly care do you anticipate in the next few years?

We are going to need more specialist nurses in the care of older people, care homes, home care support and in particular services for people with dementia. We will see advances in facilities (both in care homes and in the community) and assistive technologies for older people to enable them to remain independent for longer. I also hope that there will be a greater emphasis on the training and regulation of healthcare assistants as they are the people who have the most contact time with older people.

If you hadn’t become a Nurse or a Lecturer, what might you have done?

I was planning on training to be a journalist but worked in a local Care Home at weekends before I went to University. I found working with older people to be very rewarding and at the same time I was put off the journalism idea by a retired journalist who told me some awful stories!

What experience has influenced your career the most?

I had a great manager who took a risk and employed me in a senior nursing position when I was only in my mid-twenties. She allowed me to undertake a Masters in research and supported me in writing funding bids to implement changes in healthcare practice. This support and encouragement made a huge difference to my personal development and practice as a nurse.

What advice would you give to someone contemplating following in your footsteps?

You need to be prepared for the long haul, both in nursing practice and in research so I would recommend finding out what interests you and do it to the best of your ability, stay focused and keep persevering until you reach your goal.

Where do you go for advice and information?

It really depends on the problem. I’m fortunate that I have many senior colleagues who are readily available for advice and a good network of colleagues in a variety of roles.

Who would you like to work with?

I would like to work with people who are motivated to improve healthcare and have some influence in being able to do this so I guess Margaret Chan, the Director-General of the World Health Organization would be top of my list!

If you were stranded on a desert Island what would be your one luxury?

A fully equipped yacht?? I would probably like a huge supply of good books (but would have serious problems with caffeine withdrawal!!)

What do you enjoy doing when you are not working?

I love being outdoors and have lots of hobbies from pottery throwing to horse riding but I spend most of my time with my family as I have three young children who have lots of energy.

What do you do in a typical working day?

Every day is different. Some days are spent teaching the Bachelor in Nursing degree students and seeing undergraduate or postgraduate students on a one-to-one basis. When not teaching or assessing students I spend as much time as possible working on various research projects or writing papers for publication or grant writing. One of my current projects is around helping older people to carry out evidence based exercise at home to prevent falls and I have just completed a workshop to find out the views of older people on this topic.

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In our next quarterly issue of Innov-age we will be looking at the awareness of, and issues surrounding older people with Dementia. The team will be sharing their knowledge and experiences on the topic as well as other eldercare issues...

We welcome contributions from our readers demonstrating better ways of providing care and understanding. We are particularly interested in stories of real life experiences and the views of those who work and care for older people.

To subscribe for free or comment on any of our features please email the team at info@innov-age.org and visit our website www.innov-age.org for more information.