

Reducing the number of falls in the elderly in Doncaster

A social marketing strategy

April 2008

DRAFT REPORT

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A Summary

1. Background & Objectives

- Doncaster PCT commissioned Dr Foster Intelligence (DFI) to gain insights into six public health issues and to develop social marketing strategies aimed at achieving long term solutions.
- This report focuses on the issue of reducing the number of falls in the elderly.

2. Method & Sample

2.1 Method

- Analysis of several national data sets to identify key target populations who are most likely to fall. Data sets included Mosaic™, Hospital Episode Statistics (HES) and data from Doncaster PCT. For more information on these data sets see Appendix 1
- Qualitative research with men and women aged 63 to 100 years old.
- Review of the falls service provided by the PCT and NICE guidelines for the prevention of falls.

2.2. Sample

Participants were aged 63 to 100 years old and were from the Age Concern Day Centre in Sandalwood and the Maytime Social Club in Rossington.

3. Key findings

3.1. Analytics

- Falls are the principle cause of accidental death and injury in Doncaster, accounting for 33% of deaths (1992-2001) and 53% of admissions for serious injury (1998-2002).¹
- Postcode sectors with a significantly high Standardised Admission Ratios (SARs) for fractured neck of femur are DN1 2, DN3 3, DN6 8, DN9 3, S64 9, DN5 0, DN11 8, DN7 5, DN7 5, DN7 4.
- The risk of admission to hospital as a result of a fall increases significantly as people get older, with an admission rate of over 10% for those over 80.
- Women are at greater risk of incurring serious injury as a result of a fall due to osteoporosis.

3.2 Focus Groups

- Falls are considered to be an inevitable part of growing old. The consequences of falling, in terms of physical and mental well-being, were well-known and there is a strong fear of having a fall.

¹ Doncaster PCT

- Advice and information on how to prevent falls would be widely welcomed, although many people said they would be reluctant to ask for specific advice until they had had a fall or a 'near fall'. They also said they would be unwilling to call a helpline for advice preferring to talk to an organisation such as Age Concern.
- A wide range of communication routes should be used to reach the target audience including radio, TV and press; discussion groups; and printed materials. Printed materials should be distributed in non-health settings such as community centres, supermarkets, post offices, bingo halls.

4 Recommended strategy

4.1 Service development

- All older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and considered for their ability to benefit from interventions to improve strength and balance. Risk assessment should be offered as part of an individualised, multifactorial intervention.
- All those aged 65 and over should be encouraged to seek a falls risk assessment from their GP if they consider themselves to be at risk.
- Advice about preventing falls should be widely available in the community.

4.2 Marketing and communications

Aims

- To increase awareness amongst those aged 65 and over of the actions they can take to prevent a fall and to encourage those who consider themselves at risk to get an assessment.
- To increase awareness amongst those aged 55 to 64 of the actions they can take to stay healthy, and reduce the risk of falling, as they get older.
- To raise awareness amongst those looking after elderly people of the actions that can be taken to prevent falls.
- To inform older people and their carers about where to go for advice about falls prevention.

Target groups

- All those aged 65 and over. Priority should be given to women and those living in postcode areas DN1 2, DN3 3, DN6 8, DN9 3, S64 9, DN5 0, DN11 8, DN7 5, DN7 5, DN7 4.
- All those aged between 55 and 64 should be targeted with healthy ageing advice that includes falls prevention messages.
- Those looking after elderly people, in particular care home managers.

Strategy

The following messages should be promoted:

- Falling is **not** an inevitable part of getting older and actions can be taken to reduce the risk of falling.

- Take action before a fall or a 'near fall' occurs.
- Empower elderly people to get the help and advice they need **before** they have a fall.
- Give advice on how to prevent falls inside and outside the home.
- An emphasis on taking positive action rather than restricting activity will be more motivating.
- Include falls prevention in the healthy ageing agenda to enable younger people to take action sooner.

Brand identity/proposition

- Develop a strong identity (or logo) for the falls service and clarify the brand proposition or 'offering'.

Communication routes

- Posters are an effective means of raising awareness. Site them in the locations where the target audience visit.
- Written materials for use during face-to-face consultations as well as to take home are important.
- Take the service to the target audience e.g. give talks in clubs and day centres and put stalls in shopping centres and supermarkets.
- Use PR activity to target the local press and radio stations.
- The PCT's website should be used to support activity.

B Background and Objectives

1. Background

Doncaster PCT commissioned DFI to provide insights into six public health issues and to develop social marketing strategies aimed at developing long term solutions to address these issues. The six public health issues are:

- Reducing the number of falls in the elderly
- Reducing the prevalence of smoking
- Increasing the rates of breastfeeding
- Improving the management of COPD
- Increasing physical exercise
- Reducing childhood obesity

This report focuses on the issue of reducing the number of falls in the elderly. It contains the initial recommendations for a social marketing strategy. This strategy will be further developed with PCT staff at a workshop on 13 May, 2008 and finalised thereafter.

2. Context

Falls represent the most frequent and serious type of accident in the over-65s, with one older person dying every five hours as a result of a fall. About 30% of older people living in the community fall each year, rising to approximately 50% for those aged 85 and over. Falls are twice as common in women as men in those aged over 74². Among those aged 65 to 74, 54% of falls occur in the home. This figure rises to 65% for those aged 75 and over³.

Falls destroy confidence, increase isolation and reduce independence and are a huge cost to society. With an ageing population, these costs are only set to rise. However, falls are not an inevitable part of ageing and there are steps that can be taken to reduce the risk of falling in the elderly.

2. Objectives

2.1. Objective of Analytics

The objective of the quantitative analysis was to identify and profile key target audiences in Doncaster who are at most risk of falling.

2.2. Objectives of Focus Groups

The objectives of the focus groups were to explore:

- General attitudes towards health, healthy living and getting older.

² Help The Aged

³ RoSPA

- The attitudes to falling in old age and the impact of a fall.
- People's experience of falls within the past 12 months.
- Awareness of information and advice on staying active and healthy.
- Responses to four different creative routes developed for a campaign to raise awareness of the issue of falls and how they can be prevented.

C Method and Sample

1. Analytics

DFI carried out analysis of several national and local data sets in order to identify key target populations in Doncaster who are most likely to fall. The national and local data sets used were:

- Commissioning Data set (CDS)
- Mosaic™ lifestyle data
- Data from Doncaster PCT

See Appendix 1 for an explanation of these data sets.

2. Focus Groups

Discussions were held with older people in two separate locations in Doncaster. These were:

- A group based in the Age Concern Day Centre in Sandalwood. 18 people took part in an open group discussion. The ages of the participants ranged from 63 to 100 and all but one were female.
- A group based at the Maytime Social Club in Rossington. 15 people were involved in the session and ages ranged from 65 to 85 years old. There were six men and nine women. Three different approaches were adopted:
 1. A round table discussion with eight participants
 2. An in-depth discussion with two participants
 3. A group meeting involving all the attendees

3. Other Research

The falls service provided by the PCT was reviewed and face-to-face and telephone interviews were conducted with senior staff. Desk-based research on 'best practice' in the management of falls was also conducted.

D Analytics

To support the development of a social marketing strategy, DFI analysed several national data sets to identify and map the target audience and to profile the lifestyle of those most likely to fall. This section sets out the main findings from the quantitative analysis.

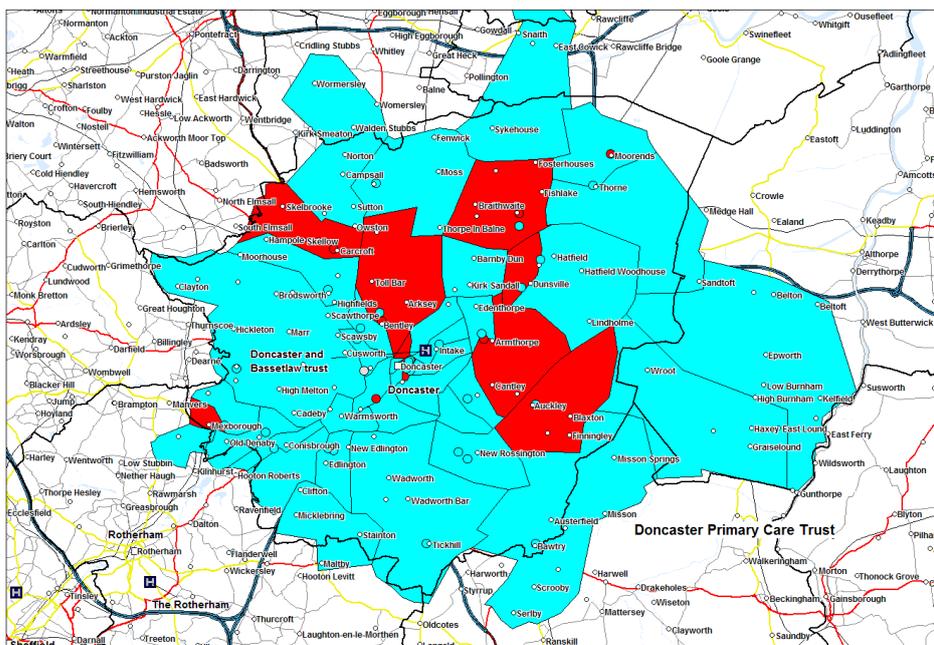
1. Analysis of hospital admissions and data from the PCT

In Doncaster, falls are the principle cause of accidental death and injury, accounting for 33% of deaths (1992-2001) and 53% of admissions for serious injury (1998-2002). Women accounted for 56% of deaths and the main cause of death were fractures (32%). 72% of those admitted for serious injury fell at home or at a residential institution.⁴

As a proxy for falls in the elderly, an analysis of hospital admissions for fractured neck of femur has been conducted by DFI. Figure 1 shows the SARs for fractured neck of femur by postcode sector. Each shaded section represents a postcode sector and areas shaded in red indicate where the standardised admission ratio was significantly higher than average. Each dot on the map represents a GP practice where there was data for fractured neck of femur.

It appears that areas in the centre, to the north, north west and west of Doncaster had higher than expected admissions for fractured neck of femur, once the characteristics of the population have been taken into account. Areas shaded in blue indicate no significant difference from average. GP practices have been shaded in the same manner.

Figure 1 Standardised admission ratios for fractured neck of femur

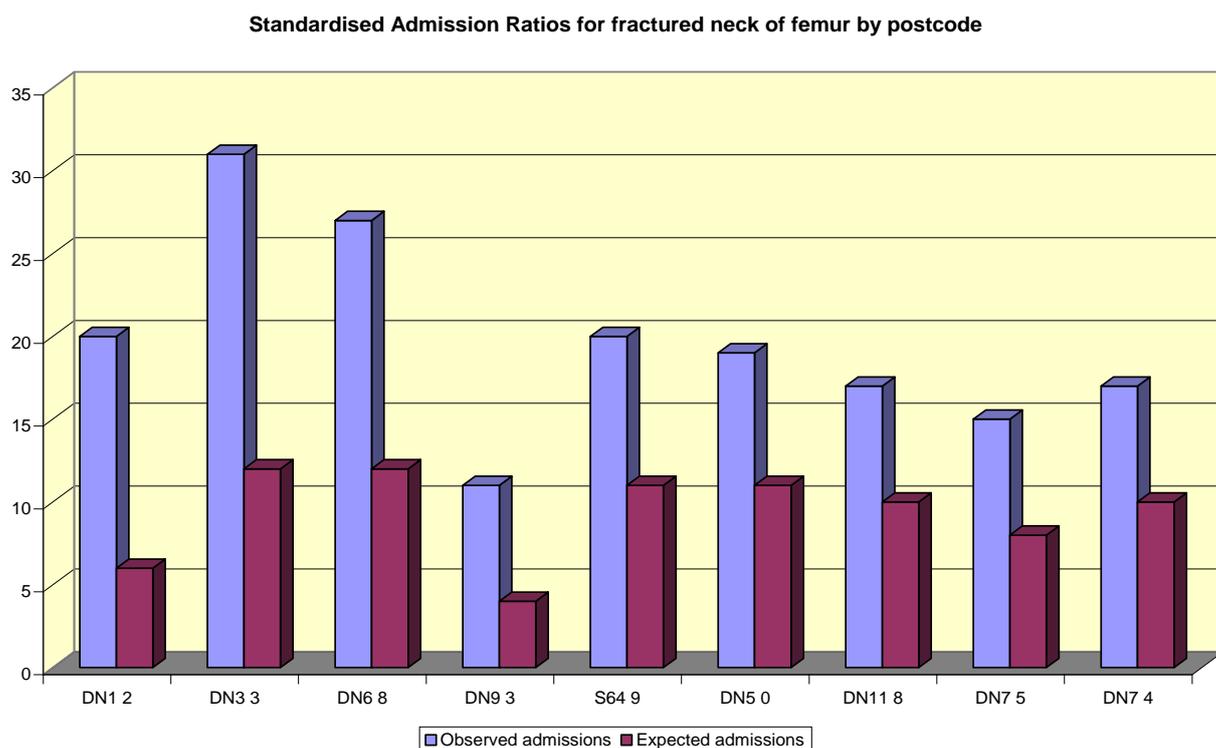


⁴ Doncaster PCT

Graph 1 shows the postcode sectors with significantly high SARs. (SARs for all postcodes are available on request.) The following postcode sectors have significantly high SARs:

DN1 2, DN3 3, DN6 8, DN9 3, S64 9, DN5 0, DN11 8, DN7 5 , DN7 5, DN7 4

Graph 1 Standardised Admission Ratios for fractured neck of femur by postcode



See Appendix 2 for SARs by GP practice where the SAR is statistically significantly high for fractured neck or femur. For the listed surgeries, there were more admissions than would be expected given the population.

Table 1 shows the ages of those admitted to hospital for fractured neck of femur, both as a total number and percentage of Doncaster's total population within each age band (taken from the 2001 Census).

The risk of admission to hospital increases significantly as people get older, with an admission rate of more than 10% of the population for the over-80s.

Table 1 Admission to hospital for fractured neck of femur in Doncaster PCT by age

Age band	Total	% of admissions for fracture	Total Doncaster population in this age band	% of total population in this age band admitted
65-69	272	8.2%	13,624	2.0%
70-74	450	13.6%	12,500	3.6%
75-79	597	18.1%	10,250	5.8%
80-84	839	25.4%	6,000	14.0%
85-89	662	20.0%	3,200	20.7%
90-94	373	11.3%	1,125	33.2%
95-99	100	3.0%	265	37.7%
100+	14	0.4%	43	32.6%

Source: Doncaster PCT

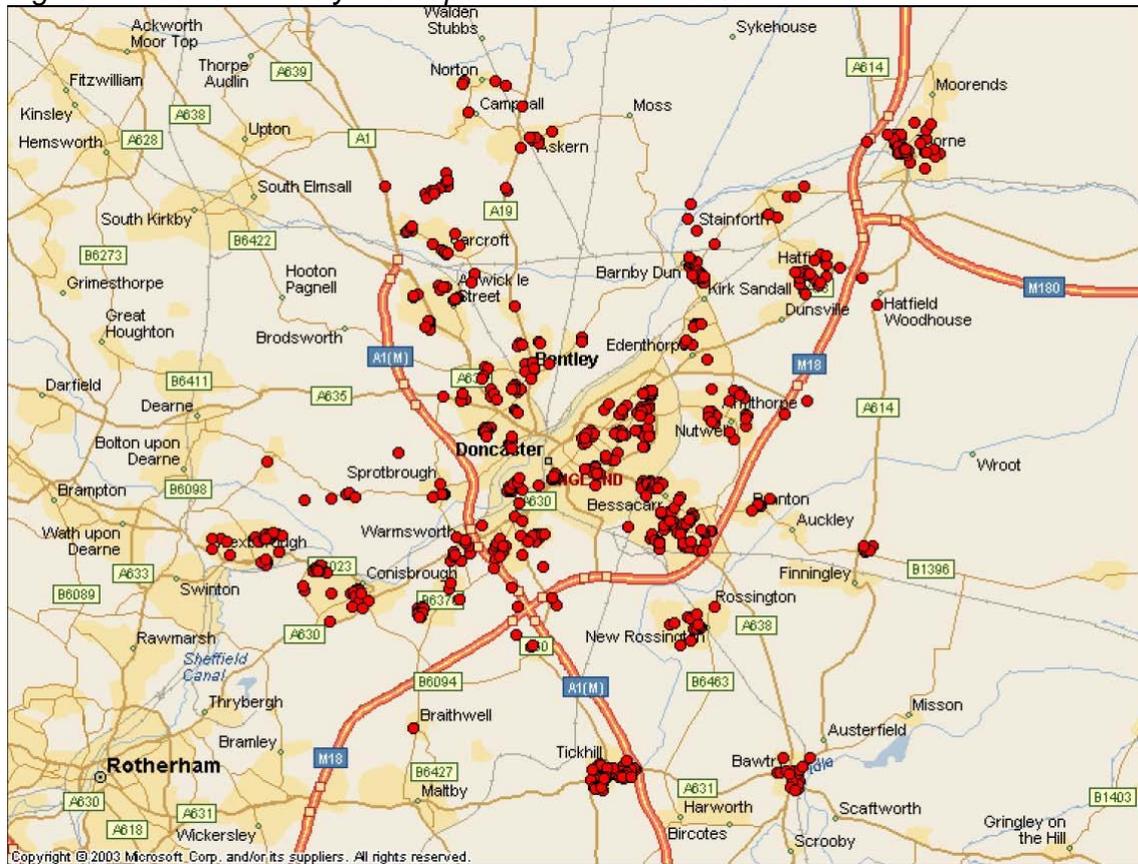
Whilst analysis of Mosaic™ lifestyle data was undertaken, the findings were not felt to be useful because the defining characteristic of people at risk of falling is their age, not their lifestyle. However, the data can be used to identify where groups of people live. Mosaic™ lifestyle groups I and J are predominately made up of older people, in Doncaster the largest lifestyle types in these two groups are:

- I50: Older people receiving care in homes or sheltered accommodation (2% of the population)
- J55: Older people preferring to live in familiar surroundings in small market towns (2% of the population)
- I49: Low income older couples renting low rise social housing in industrial regions (1% of the population)
- J54: Older couples, independent but on limited incomes (1% of the population)
- J53: Financially secure and physically active older people, many retired to semi-rural locations (1% of the population)
- I48: Older people living in small council and housing association flats (1% of the population).

See Appendix 3 for more information about these lifestyle types.

Figure 2 shows where Mosaic™ lifestyle groups I and J live in Doncaster.

Figure 2 Mosaic™ Lifestyle Groups I & J in the Doncaster PCT area



3. Profile of those at risk of falling in Doncaster

Analysis shows that falls are associated with the following:

- Postcode - postcode sectors with a significantly high SARs are DN1 2, DN3 3, DN6 8, DN9 3, S64 9, DN5 0, DN11 8, DN7 5, DN7 5, DN7 4.
- Age – the risk of admission to hospital as a result of a fall increases significantly as people get older, with an admission rate of over 10% for those over 80.
- Sex - women are at greater risk of incurring serious injury as a result of a fall due to osteoporosis.

E Qualitative Research

Using qualitative research DFI has been able to explore people's awareness of and attitudes towards COPD and their responses to creative materials. The findings from the qualitative study are detailed below under the following headings:

1. Attitudes towards healthy living and getting older
2. Attitudes towards falls
3. Experiences of falling
4. Views on health information and education
5. Views on the creative materials

See Appendix 4 for the creative materials.

1. Attitudes towards health/healthy living and getting older

1.1. Attitudes towards physical activity and getting older

Participants from both the day centre and the social group recognise the value of exercise and its contribution to physical and mental wellbeing. They think that anything that limits an individual's ability to take regular exercise has a significant impact on their life and wellbeing.

Participants without mobility issues are keen to take part in physical activity and see this is a good thing to do for their general health and wellbeing. Most try to keep active, rather than sitting down all day. Many participants with mobility issues are disappointed that they are no longer able to take part in physical activity. Some would like to get back to going for walks, which they used to really enjoy. Others are keen to get back into swimming or dancing.

In general participants focus on mobility, rather than age, as the factor that restricts the amount of physical activity that they can take part in. Some participants without mobility issues have a youthful, playful attitude towards health and physical activity

“Well, I’m looked on as a bit of a maniac, because I love to move about. So I dance three times a week, and break the speed limit on the dance floor. I suppose I’ve got rhythm in me, and I enjoy dancing, but the main part of it for me is being able to jump about, act the fool”

Focus group participant, male, 65+, Rossington

“I’m hoping, within the next six months or so, to get back to swimming because it does make you feel better”

Focus group participant, male, 65+, Rossington

1.2. Taking part in physical activity

There are marked differences in the levels of physical activity taken by the two groups. This reflects the different levels of physical health enjoyed by participants.

1.2.1. Participants from the Day Centre

The majority of the group attending the day centre are suffering from mobility issues and many are either wheelchairs users or can only walk with the support of a frame. While the majority would like the opportunity to walk, dance and take other exercise, they are physically not able to do so. Consequently, physical activity is limited to sedentary activities such as knitting and tapestry.

"I like tapestry"

Focus group participant, female, 65+, Sandalwood

"[I do] reading...and knitting"

Focus group participant, female, 65+, Sandalwood

"[I would like to be able to] go for a long walk"

Focus group participant, female 65+, Sandalwood

"[I would like to be able to] walk a bit faster to keep up with my daughter"

Focus group participant, female 65+, Sandalwood

Some participants attending the Day Centre are physically able to take exercise. They express a preference for walking and swimming and some had been referred to the Dome Centre through "Exercise on Prescription".

"I've been at theDome and it's very nice"

Focus group, participant, female, 65+, Sandalwood

"Well [at the Dome] you can do dancing exercise, and there are swimming pools and.." **Focus group participant, female, 65+, Sandalwood**

The barriers to participation in exercise experienced by this group are mobility and opportunity.

1.2.2. Participants from the Social Club

With a few exceptions, the group attending the social club consider themselves to be relatively fit and express a real desire to stay that way. They engage in a range of physical activities including swimming, dancing, walking, cycling, gardening and playing bowls. The club itself offers Keep Fit sessions (which are actually run by a member of the group who herself is 80). Doncaster Health Trainers are available to give advice and support to members.

The barriers to participation in exercise include:

- Decreased mobility making participation difficult
- Injuries, possibly as the result of a fall, that limit ability and the confidence to take part in exercise
- General health problems and the fact that they are physically less able to cope with exercise

Some participants from the social club have limited mobility and are restricted in the types of physical activity that they can take part in. Those with restricted mobility are keen to become more active again.

“...When my hip got that bad, I had to stop swimming which was the really good thing. Now, I can’t walk long distances, but yet I like to. So consequently, my hobby is photography”

Focus group participant, male, 65+, Rossington

“There’s plenty [of organised activities in this day centre]. There’s a sauna and everything in there”

Focus group participant, female, 65+, Rossington

2. Attitudes towards falls

2.1. Attitudes towards accidental falls and getting older

There is widespread belief that “falls are a part of getting older” and that they can happen as easily outside the home as inside. Along with the recognition of the danger of falls, goes a real fear of actually falling.

Accidental falls are seen to have a significant impact on the life of the individual and they are anxious to take steps to minimise the danger. Issues such as loss of confidence, a reluctance to go out independently and general fear and wariness are mentioned frequently.

“I am always frightened I will fall. It gets worse as you get older”

Focus group participant, female, 65+, Sandalwood

“I am more wary that I used to be”

Focus group participant, female, 65+, Sandalwood

“There is always a danger that you will turn around quickly and miss your step”

Focus group participant, female, 65+, Sandalwood

2.2. Changes to lifestyle and behaviour as a result of the fear of falling

Many participants report changes to their lifestyle and behaviour as a result of the fear of falling. Some have taken positive steps to reduce the risk, particularly in the home. Others report that they have restricted their activities and independence, for example some report that they no longer go for walks on their own

2.2.1. Inside the home

Fears about falls within the home have prompted some individuals to take steps to avoid accidental falls and/or to put in place coping strategies so that they can summon help in the event of a fall. This includes:

- The removal (as far as possible) of all obstacles such as mats, slippery surfaces etc

- Making sure they know where everything is and putting things away
- Always carrying a mobile phone to summon help
- Subscribing to an Alert Service. However, participants acknowledge that they have a responsibility to ensure that alert cords are accessible from the floor. Some talk of “tidying up” the cords which means they can not be reached if someone is on the floor
- Always holding on to someone or something
- Not wearing slippers, or only wearing slippers which have backs (this behaviour was reported by a few participants)

“[I’ve got] Cords in each room. Every room”

Focus group participant, Female, 65+, Sandalwood

“...In our place, they’re letting them dangle to the floor. If you’re on the floor, you can squiggle along and get to them”

Focus group participant, Female, 65+, Sandalwood

“I’ve got one [an alarm] round my neck”

Focus group participant, Female, 65+, Sandalwood

“I’ve got non-slip mats and things like that”

Focus group participant, Male, 65+, Rossington

“Well, I take my telephone in [to] the bathroom”,
Focus group participant, Male, 65+, Rossington

“You’d know slippers were wrong. They should have a flip back on”

Focus group participant, Male, 65+, Rossington

There is variability in the extent to which participants take measures to prevent falls in the home. Whilst some have non-slip mats and alarm cords, others, whilst aware of the risks of falling, do not.

“I’m silly. I never do that [choose non-slip mats]”

Focus group participant, Male, 65+, Rossington

2.2.2. Outside the home

Many participants are concerned that, whilst they can take measures to prevent falls within the home, it is difficult to do this outside the home. Many are very worried about walking outside, in particular because of uneven pavements, unmarked obstacles on pavements and kerbs. Many say that help and advice on what to do when walking outside would be welcomed.

For some, the fear of falling outside the home leads to reduced independence and mobility. Some no longer leave the house alone or walk on their own. Others say that they find themselves constantly looking down, in order to avoid obstacles or tripping, or walk very slowly. Confidence about walking outside is low. Some regard Doncaster as being particularly bad in terms of uneven pavements, broken kerbs and other dangerous obstacles.

“My mates won’t let me walk. Any time we go out they say come on get hold”

Focus group participant, Male, 65+, Rossington

“I find the times that I’ve fallen have actually been mainly in Doncaster. They have a bad record for paving slabs”

Focus group participant, Male, 65+, Rossington

“I mean, no matter where I’ve been, Doncaster was always the worst. Now, you only need a half-inch to three-quarters of an inch to trip over it. Now, one of my problems was I have to have glasses. I have to have two pairs because I can’t walk with these because I have to continually look at the floor, where I’m walking, with my walking sticks. Consequently, you’re looking through the reading part, so everything’s just swimming...”

Paired depth interview, Male, 65+, Rossington

Although there is recognition of the need to be alert to the dangers of falls, participants are reluctant to ask for specific advice until they have had a fall or a “close encounter”. There is a lack of willingness to call a helpline for advice and people are much more likely to talk to organisations such as Age Concern.

3. Experiences of falling

3.1. Experiences of falls amongst participants

Many of the participants in both groups have had multiple falls. Some have had multiple falls within the last year and one has multiple falls within the past two weeks. Having had falls increases the fear of falling and further reduces confidence.

Some participants report being surprised and upset when they had their first fall because they did not see themselves as being likely to have a fall. Several participants report feeling foolish as a result of falling.

Falls are experienced both inside and outside the home. Participants report that, within the home, their falls have occurred mainly in areas where it is easy to miss footing or to trip over obstacles. Kitchen and bathroom falls are common.

Some participants report falling over at home when alone and finding themselves on the floor for long periods of time before they get help. Some find that even with alarm cords and/or other family members in the house, they can end up not being able to get help; for example if they fall over out of reach of their alarm cord or if family members are asleep. Many participants are worried about falling over in this type of situation.

Outside the home falls can happen almost anywhere. The most common locations are quoted as being in the street often as the result of uneven flagstones, kerbs and other obstacles and in the garden. A number of participants had fallen in the street as the result of frames overturning on kerbs and surfaces designed to help the visually impaired. One participant had fallen when her wheelchair overturned on cobblestones. Other causes are:

- Hurrying to catch the post
- Going out shopping with bags and tripping
- Not watching where they are going

- Falling down unexpected holes
- Falling off scooters

“Well, I used to be the sort of fool who believed that I would never fall, because I felt I would always regain my balance before I’d hit the deck. But I have had three falls in the last six years or so”

Paired depth interview, Male, 65+, Rossington

“...The only time with me, at home is, say I’m in the kitchen and you can reach from the sink to the table or to the workbenches where the cooker is. So I put my sticks down, and I’ll be at the sink, and if I then turn back I hold on to the table, but I then lost my balance because I hadn’t had my sticks and I’ve gone”

Paired depth interview, Male, 65+, Rossington

“I was on my scooter, and I went to open the door, with the key, my stomach hit my reverse button, and fell over and the scooter went over like this. I was in hospital for a week”

Focus group participant, Female, 65+, Sandalwood

“I fell over in the bathroom. I remember being hit...I just went and, because I can’t kneel on my knees, and I was ages there...So I thought, well how am I going to get up. There was the bath there, and the toilet there...I pulled myself up by the bath...[There was an alarm cord there] but I couldn’t reach it. I was this way by the bath. There’s the toilet. In my daughter’s house. And I thought, there’s nothing to do, as you get older...”

Focus group participant, Female, 65+, Sandalwood

“Yes. The family was there [when I fell]. My daughter...they were all in bed, you see. Yes, it was during the night. One of my calls [was eventually heard] but it was a predicament to get involved in”

Focus group participant, Female, 65+, Sandalwood

3.2. Impact of falls

The impact of the fall varies considerably. In physical terms, the immediate impact for many is mobility. They report that their knees suffer most, as they tend to take the force of the fall. Other injuries include spinal injuries and injuries to arms where they are used to support and protect the rest of the body. In the longer term, the physical impact is described by some as leading to a complete change in their lives with a need to restructure physical activities

“I used to dance all the time. Now I can’t dance at all”

Focus group participant, Female, 65+, Sandalwood

“I used to be able to go swimming which was really helpful for my hip. Now I can’t but I am trying new pain relief because I want to get back to swimming”

Focus group participant, Male, 65+, Rossington

In psychological terms the impact is considerable and leads to a lack of confidence and, in some cases, depression. Many report a much higher awareness of their liability

to fall and found this upsetting. They look down when they walk and are much more conscious about avoiding, for example, broken pavements that might trip them up.

“I feel afraid all the time”

Focus group participant, Female, 65+, Rossington

“Feeling of looking down all the time”

Focus group participant, Male, 65+, Rossington

“It really affected my confidence”

Focus group Participant, Female, Sandalwood

“...And it must be I don’t pick my feet up high enough... But I seem to catch the least thing...”

Paired depth interview, Male, 65+, Rossington

3.3. Experience of healthcare related to falling

The level of healthcare and support required following a fall depends on the severity of the fall and other the health of the person. Some report having been in hospital for some time after a fall.

In general, there is a lack of awareness of the falls service at the Tickhill day hospital. The vast majority of participants had never heard of the service, although one participant who has been receiving treatment for cancer had heard of it. One participant had received a visit from the falls service at her daughter’s home.

Despite the lack of awareness of the service, the concept of having specialist falls service is welcomed. However, it is important to ensure that the location is accessible. It was noted that Tickhill is very difficult to get to and that for many possible users it would mean taking two buses – something that would be very challenging if you have had a fall.

“Tipple Road, yeah...I’m allowed to go. I can go one day a week if I want to but I never went. But it’s [Tickhill day hospital] marvellous”

Focus group participant, Female, 65+, Rossington

“Both of us were there [at Tickhill day hospital] but we have to catch two buses. It would be better if there was something [closer]”

Focus group participant, Male, 65+, Rossington

4. Views on health information and education

4.1. Views on how information should be distributed

The availability of information and education on all aspects of health and staying healthy is widely welcomed.

This information should be made available in different ways to ensure that everyone has the opportunity to be made aware of the issues and what they can do. Participants think that communications materials should be placed in situations where older people

are most likely to go. The following means of communication are considered to be appropriate:

- Radio and TV, although it is important to use both media as some people only listen to the radio or only watch TV
- Presentations and discussions at clubs and community centres
- Post Office as older people go to the post office to pick up their pension
- Bingo halls
- There are divided opinions on the benefits of leaflets through the door or direct mail. Some people say they read and save important leaflets while others talk of putting “junk mail” straight into the recycling

No-one feels that it is appropriate to telephone individuals with information. Phone calls are seen to be a nuisance and an intrusion and many participants talk of “hanging up” and not bothering to find out who is calling or why. There was mention of the recorded “Debt Advice Service” calls, which made people feel threatened

“I think they should be in community centres”

Focus group participant, Male, 65+, Rossington

“And in the post office. Everybody goes in for their pension and they see these...They could do with them. If you want them in the right position they ought to have them in there”

Focus group participant, Male, 65+, Rossington

4.2. Current communications materials

Looking at the current leaflets that are available in the area, with the exception of some of the “Exercise for Health” leaflets, participants did not recall seeing any of the publications. Many commented that there is a wide range of leaflets available in places such as the doctors’ surgeries, but unless prompted or unless they look very interesting, they do not pick them up. The Exercise for Health leaflet had been circulated at a tenants association meeting.

Specific comments about the leaflets include:

- They are interesting but you would not necessarily pick them up
- The exercise information is good and something you need to know
- Participants particularly like the leaflet on feet as it gives good information and shows you what to do

5. Views on the creative material

Copies of each poster and the leaflet have been included in Appendix 4. The participants were asked to give initial reactions to the posters, how the poster makes them feel and whether it would encourage them to take any action. Finally, participants were asked where they would expect to see such posters

A number of comments were made that are common to all of the posters. These relate to visibility and the extent to which they convey the message:

- The posters are dependent on individuals having reasonable eyesight. Recognition needs to be given to the fact that eyesight deteriorates with old age and that it should be possible for people to read the posters easily
 - The font size is too small to be seen easily – especially at the bottom of the poster. This may well mean that the posters are ignored
 - All lettering should be in bold to make it easily visible
 - Attention should be given to colours and backgrounds
- There is a feeling that the posters need to be much clearer about what they are trying to say

“They need to say exactly what they mean”

Focus group participant, Female, 65+, Sandalwood

“None of the posters tell you what to do. They are all very subtle”

Focus group participant, Male, 65+, Rossington

- Many of the headlines seem to focus on the over 75s. Are they ignoring younger people who are just as likely to fall?
- The posters all focus on danger in the home and yet falls outside the home are common. There is no mention of external dangers and what to look out for.

Poster A: ‘Eyesight Test’

The immediate reactions to this poster are:

- It is bland
- It is an advertisement for an eyesight test.
- You can’t read what it says. In fact many participants are unable to read below line three or four and comment that they do not understand the message.

Other comments included

- Participants liked the concept, but are not sure that it relates to falls. Eyesight is important for all sorts of things.
- Even having eye tests may not help. Even with appropriate glasses it can be very difficult to focus and see obstacles that are in the way
- It would not encourage people to eye tests as these are considered to be part of health checks anyway
- There was no immediate recognition of the availability of the helpline and the poster would not encourage individuals to contact the helpline

Poster B: 'Home Sweet Nursing Home'

The immediate reaction is that this is a "nice picture" but then raises a number of anxieties

- A number of individuals do not like the association with nursing home. It is somewhere they don't want to think about and therefore the poster is a "turn off"
- A number of individuals were not sure what message it is trying to get across

Other comments included:

- More direct advice on how to avoid falls would be helpful

Poster C: 'Slippers on the Stairs'

The immediate reaction to the posters was the comment "But you know you should never wear slippers like that". This was followed by confusion over what the poster was trying to say.

- Is it just about slippers and inappropriate footwear
- Is it talking about using stairs
- Is it saying that stairs should always have rails

Other comments included:

- The picture is very bland. You would not stop and look at it
- The headline doesn't really mean very much. What about other ages?
- It would be more dramatic if there was a picture of someone falling

Poster D: 'Caution' Notice and Home Visit

The immediate reaction to the poster was that this is relevant and has a clear message. The cleaning triangle is a warning sign that everyone recognises and to have it placed in the middle of your own "sitting room " alerts you to dangers

- It is seen to be very eye catching
- It is clear what is it saying

Other comments included:

- This is the best poster. It is easy to understand
- I would stop and look at this one and wonder why there is a warning triangle in the middle of the room

Leaflet: 'Your Living Room'

The immediate reaction to the leaflet was that it is not eye catching and would not encourage people to pick it up and read it. Comments included:

- We are not sure what the message is
- The headline does nothing for the leaflet

- This looks like a comfortable home, your home, and there is nothing to tell you there is a problem. It would be much better if you had the warning triangle in it to show that your own home needs a health warning

Location of posters

It is seen to be vital to raise awareness of the danger of falls and how to minimise the risks. Consequently, posters should be given as much prominence as possible. They should be placed in all the places that older people visit to serve as a constant reminder of the danger of falling and the factors that contribute to it. Specific places mentioned include:

- Day Centres
- Community Centres and clubs
- Supermarkets
- Doctors surgeries
- Libraries
- Bus stations and other transport hubs
- Post Offices
- Bingo halls
- Dentists
- Public buildings

Alternative messages that would be relevant

Many participants commented that the messages on the posters were not clear. They were asked what hints and messages they felt should be passed on to others. Their message are:

“Watch your step”

“Watch where you walk”

“Watch it”

“Take care wherever you are”

“Take that mat away”

F Conclusions

- Analysis of national data sets confirms and underscores that:
 - the risk of admission to hospital as a result of a fall increases significantly as people get older
 - women are at greater risk of incurring serious injury as a result of a fall due to osteoporosis
 - postcode code sectors with a significantly high SARs are DN1 2, DN3 3, DN6 8, DN9 3, S64 9, DN5 0, DN11 8, DN7 5, DN7 5, DN7 4.
- Amongst those interviewed, falls are considered to be an inevitable part of growing old. The consequences of falling, in terms of physical and mental well-being, are well-known and there is a strong fear of having a fall. In addition, participants who consider themselves to be relatively fit express a clear desire to stay that way.
- Advice and information on how to prevent falls is widely welcomed, although many people say they would be reluctant to ask for specific advice until they had had a fall or a 'near fall'. There is unwillingness to call a helpline for advice and a preference to talk to an organisation such as Age Concern.
- A wide range of communication routes should be used to reach the target audience including radio, TV and press, discussion groups and printed materials. Printed materials should be distributed in health and non-health settings such as community centres, supermarkets, post offices, bingo halls.
- Of the creative materials shown to the participants, Poster D is considered to be the most effective. The visual is considered eye-catching and the message is clear. However, the suitability of this execution would need to be considered in the light of the communication objectives.

G. Recommendations

DFI's initial recommendations for Doncaster PCT's falls prevention strategy are outlined below, however, these will be further developed with PCT staff at the workshop on 13 May and finalised thereafter.

Falls prevention strategy

The falls prevention strategy should combine service development with marketing and communications to ensure that all older people in Doncaster have access to a high quality service.

1. Service development

In line with NICE guidelines, DFI recommends that all older people in contact with healthcare professionals should be routinely asked whether they have fallen in the past year and considered for their ability to benefit from interventions to improve strength and balance. Risk assessment should be offered as part of an individualised, multifactorial intervention.

DFI recommends that all those aged 65 and over should be encouraged to seek a falls risk assessment from their GP.

In addition, it is recommended that information and advice on the prevention of falls be made widely available in the community. Developing this service in conjunction with a voluntary sector organisation, such as Age Concern, will increase its appeal with the target audience.

2. Marketing and communications

2.1 Aims

The aims of the marketing strategy should be:

- To increase awareness amongst those aged 65 and over of the actions they can take to prevent a fall and to encourage those who consider themselves at risk to get an assessment.
- To increase awareness amongst those aged 55 to 64 of the actions they can take to stay healthy, and reduce the risk of falling, as they get older.
- To raise awareness amongst those looking after elderly people of the actions that can be taken to prevent falls.
- To ensure that the target audience know where to go for information and advice on preventing falls.

NB These aims should be quantified and measurable

2.2 Target groups

All those aged 65 and over should be the primary audience. Priority should be given to women and those living in postcode areas DN1 2, DN3 3, DN6 8, DN9 3, S64 9, DN5 0, DN11 8, DN7 5, DN7 5, DN7 4.

All those aged between 55 and 64 should be targeted with healthy ageing advice that includes falls prevention messages.

In addition, those looking after elderly people, in particular care home managers, should be targeted.

2.3 Strategy

2.3.1 Communication and marketing

Messages

- Promoting the message that falling is **not** an inevitable part of getting older and that actions can be taken to reduce the risk of falling is key.
- As is encouraging people to take action before a fall or a 'near fall' occurs.
- Elderly people are often reluctant to ask for specific advice until they have had a fall or a 'near fall' and so messages should empower them to get the help and advice they need.
- Advice should be given on how to prevent falls both inside and outside the home.
- Messages that emphasise taking positive action rather than restricting activity will be more motivational.
- Including falls prevention in the healthy ageing agenda will enable younger people to take action sooner.
- As a general point, in view of the age of the target audience, all communication needs to be straightforward and easy to read.

Brand identity/proposition

- Developing a strong identity (or logo) for the falls service and clarifying the brand proposition or 'offering' is important. This will ensure that the target audience is aware of the services on offer. However, we would like to explore the issue of branding further during the workshop with staff in May.

Communication routes

- Posters are an effective means of raising awareness and can be sited in the locations where the target audience visit. Health and non-health settings such as community centres, shops and supermarkets, post offices and bingo halls should be used.
- Written materials that can be used during a face-to-face consultation and then given to the person to take home are also important.
- Reach out to people by taking the service to them e.g. give talks in clubs and day centres and put stalls in shopping centres and supermarkets.
- PR activity targeting the local press and radio stations is also an effective way of reaching the target audience.
- The PCT's website should be used to support the activity outlined above.

The performance of communications and marketing activities should be measured against their original objectives in terms of awareness, uptake and impact.

4. Other

- Review the actions and policies of those GP practices that have been identified as having higher numbers of admissions for fractured neck or femur than expected.

Appendix 1

Explanation of data sets

1. Mosaic™

Geodemographic neighbourhood-level analysis techniques (Mosaic™ UK – see Appendix 1) applied widely in the private sector are used in this report to:

- Classify people into 11 clearly defined socio-economic groups, and then into 61 sub-groups. These groups are defined at a national level, but can be applied to all UK localised areas.
- Locate these groups geographically, by postcode.

It breaks the UK population into 61 types based on more than 400 data variables. Key within these are the 2001 census, ONS local area statistics, the electoral roll, Experian Lifestyle Survey information, consumer credit activity, Shareholders Register, house price and council tax information. Other data resources incorporated in the analysis include education and crime databases.

The advantage of using Mosaic™ is that it enables a closer understanding of the target audience for any social marketing campaign, as well as an insight into the communications methods to which they will be most receptive.

2. Hospital Episode Statistics (HES)

Hospital Episode Statistics (HES) is a data warehouse containing details of all admissions to NHS hospitals in England. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS. HES also contains details of all NHS outpatient appointments in England.

HES information is stored as a large collection of separate records - one for each period of care - in a secure data warehouse. Each HES record contains a wide range of information about an individual patient admitted to an NHS hospital. For example:

- Clinical information about diagnoses and operations
- Information about the patient, such as age group, gender and ethnic category
- Administrative information, such as time waited and date of admission
- Geographical information on where the patient was treated and the area in which they lived.

Diagnoses are currently coded according to the International Classification of Diseases, 10th Revision (ICD-10) and procedures and interventions according to the Office of Population, Censuses and Surveys: Classification of interventions and procedures, 4th Revision (OPCS-4).

For further information, see HESonline (www.hesonline.nhs.uk).

Appendix 2

SARs by GP practice

Table 1 shows SARs by GP practice where the SAR is statistically significantly high for fractured neck of femur. For the listed surgeries, there were more admissions than would be expected given the population.

Table 1 Standardised admission ratios (SARs) by GP practice

GP practice name	Observed admissions	Expected admissions	SAR	Lower Confidence Interval	Upper Confidence Interval
CARCROFT DOCTORS GROUP	26	13	198	129	290
ST.JOHNS GROUP PRACTICE	21	12	175	108	268
WHITEHOUSE FARM MEDICAL CENTRE	24	9	258	165	384
BENTLEY SURGERY	13	7	190	101	324
CONISBROUGH GROUP PRACTICE	15	7	201	112	332
FIELD ROAD SURGERY	19	11	167	100	261
MOORENDS SURGERY	12	3	345	178	602

Appendix 3

Key characteristics of Mosaic™ lifestyle types

148 Older people living in small council and housing association flats

Key Features	Communication
Very frail Many widowed Small rented flats Pension Credit Low savings and debts HES emergencies Grandchildren TV popular Crosswords and puzzles	Receptive TV Red top newspapers Post Office GP surgery Unreceptive Internet Telephone advice lines Magazines

149 Low income older couples renting low rise social housing in industrial regions

Key Features	Communication
Empty nesters and pensioners No savings Pension Credit Low rise flats Poor diet and health HES emergencies TV viewing Grandchildren	Receptive TV Unreceptive Internet Magazines

150 Older people receiving care in homes or sheltered accommodation

Key Features	Communication
Old age pensioners Pension Credit Modest savings Purpose built bungalows Meals on wheels TV popular Coach tours Poor health HES emergencies	Receptive TV Red top newspapers Unreceptive Most channels

J53 Financially secure and physically active older people, many retired to semi-rural locations

Key Features	Communication
Early retirees Pensioner couples Wealthy State pension Active lifestyles Good diet and exercise Coast or countryside Golf Good place to live	Receptive Heavyweight magazines Women's magazines Centre-right broadsheets Unreceptive Internet TV Posters Radio

J54 Older couples, independent but on limited incomes

Key Features	Communication
Retired elderly couples Seaside bungalows Large gardens Slower pace Health checks Healthy eating Traditional values Common sense Pets	Receptive Centre-right press Social networks Unreceptive Internet Telemarketing TV Posters

55 Older people preferring to live in familiar surroundings in small market towns

Key Features	Communication
Pensioners Low/middle incomes Pension Credit Savings Seaside resorts Pleasant homes Enjoy gardens Bird-watching HES emergencies	Receptive Centre-right press Unreceptive Internet Telemarketing TV

Appendix 4

Creative materials tested in focus groups

Poster A: 'Eyesight Test'

A poster with a light blue background and a black border. The text is centered and reads: "A FALL IS THE MOST COMMON CAUSE OF DEATH IN PEOPLE OVER 75. BUT YOU CAN AVOID HAVING ONE BY TAKING SIMPLE PRECAUTIONS LIKE HAVING AN EYE TEST". At the bottom left of the poster, there is a small number "983 - 983".

Having your eyes tested is just one way to help avoid falls

To get more advice on avoiding falls call 0800 00 00 00 today Doncaster Primary Care Trust 

Poster B: 'Home Sweet Nursing Home'

A poster featuring a framed cross-stitch artwork hanging on a patterned wall. The cross-stitch reads: "Home sweet nursing home". To the right of the text is a small illustration of a house with a red roof and a chimney. To the left is a small illustration of a red rose. At the top right of the poster, there is a logo for "Doncaster Primary Care Trust" and the "NHS" logo.

Having a fall is the most common reason for going into residential care

For a leaflet on how to avoid falls please call 0800 00 00 00 today


intelligence

Poster C: 'Slippers on the Stairs'

Doncaster **NHS**
Primary Care Trust

**What kills more people over 75
than heart disease or cancer?**



Falls from easily avoidable causes, like poorly fitting footwear, are the leading cause of death in people over 75

Get advice on avoiding falls on 0800 00 00 00

Poster D: 'Caution' Notice and Home Visit



Receive a free home visit from a falls advisor. **Ask at your local Health Centre**

Leaflet: 'Your Living Room'



Falls are the leading cause of death in people over 75

For advice on how to avoid falls, speak to a health advisor

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