A major report has revealed a worrying catalogue of poor practice in the treatment and prevention of falls in the UK.

The national audit of falls and hip health in older people showed that only about a third of local health services provide fracture liaison services to try to prevent future fractures, and about the same proportion fail to give hip fracture patients any pain relief within an hour of their arrival at hospital.

Although nearly all sites claimed to assess gait, balance and mobility, only about a third of patients with non-hip fractures received such assessments. The report reveals that patients are only being offered limited access to exercise programmes that could strengthen them and reduce the likelihood of falls.

The audit was carried out by the Royal College of Physicians. Its accompanying report, Falling Standards, Broken Promises, calls on managers to ensure that a fracture liaison nurse or similar designated person carries out assessment and management of all appropriate fracture patients. This would enhance patients’ likelihood of receiving assessment and treatment for osteoporosis, and reduces the risk of further fractures. The report stresses that nurses should give written and oral information to patients and their carers on preventing falls.

The researchers said that emergency departments and minor injury units should routinely screen all older people presenting with falls and fractures for falls risk and osteoporosis. Acute hospitals should also “review and improve” pain relief, pressure sore prevention and intravenous fluid policies.

Linda Nazarko, a nurse consultant for older people at Ealing Hospital NHS Trust in London, warns against handing too much responsibility to A&E staff. She says: ‘I run a falls clinic and it takes 45 minutes or an hour to do a proper assessment of cognition, gait, vision and balance. It is not appropriate to do anything like that in an emergency department because other patients would be piling up for treatment.’

There are pockets of good practice, however. Nurses, occupational therapists, physios and mental health workers make up a falls team at Cambridgeshire Community Services. Mandy Hill, a rehab and falls nurse specialist, says: ‘It is an integrated, joined-up approach. People are offered interventions from our evidence base, such as functional goals relating to how they move around or exercise programmes.’

The Healthcare Quality Improvement Partnership, which includes the RCN, commissioned the research that encompassed 10,000 patients in England, Wales and Northern Ireland. Scotland’s performance is not known.

Nurse June Andrews is director of the dementia services development centre at the University of Stirling, which offers short courses in organising exercise programmes.

She says: ‘If people get more exercise they are more likely to be tired naturally and sleep well. This means they will wander less during the night and have fewer falls.’