

# Falls and Syncope Service



Falls and syncope (blackouts, or loss of consciousness) are common, disabling and sometimes fatal events affecting between 30% and 50% of older individuals each year. Unintentional injury, usually from falling, ranks as the sixth most common cause of death in the over 65 years age group while 10% to 15% of falls result in serious injuries, of which up to 50% are fractures. Locally, around 50% of adult patients attending the Accident and Emergency departments present with falls or blackouts, while 34% of admissions from A&E are a direct result of falling or losing consciousness. The government recently recognised the magnitude of the problem with the publication of the National Service Framework for Older People, which lists falls as one of its key standards for service development and treatment.

For more than a decade, the Falls and Syncope Service has been pioneering the investigation and treatment of falls and blackouts in Newcastle while leading the field both nationally and internationally in research into these common symptoms. Under the leadership of Professor Rose Anne Kenny, the unit has grown from a "one-woman show" seeing around one hundred new patients in its first year into a multi-professional team serving three thousand patients per annum. The unit sees patients referred by local GPs and Consultants within the Trust, but also supplies the only tertiary referral service for such patients north of Leicester, with patients seen from as far afield as Guernsey and Fort William!

Falls and blackouts are often caused by sudden and precipitous drops in blood pressure and pulse rate; while having expertise in the many other causes of these symptoms, the unit's main

area of interest is in these so-called cardiovascular causes of falls and blackouts. Blackouts and falls are reproduced under controlled laboratory conditions with the aid of a tilt table (head-up rather than down - see picture), with the pattern of pulse and blood pressure abnormalities during symptoms determining the cause (and ultimately the treatment) of the underlying condition causing falls and blackouts. The improvement in the quality of life is enormous, with both formal research and patient satisfaction surveys consistently showing the benefits of this approach to the investigation and management of falls and syncope.

The unit provides not only a high quality clinical service and world-leading research base, but also dramatically reduces both the number of acute admissions to the Trust and the length of stay of those unfortunate enough to have to be admitted because of their problems (see abstract). Indeed, when compared to similar Trusts, the Falls and Syncope Service saves more than six thousand bed days annually.

Our success has come at a price, with spiralling waiting lists caused by the exponential increase in the number of referrals. These problems will be dramatically improved in the coming months by a substantial investment in the service by the Trust and the Newcastle Primary Care Trust, enabling the development of a unique, rapid response Falls and Syncope facility serving the people of Newcastle and the northern region.

**Steve Parry**  
Consultant Physician  
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## Impact of a dedicated syncope and falls facility for older adults on emergency beds

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### Abstract

**Background:** syncope and falls are common symptoms in older adults. Dedicated facilities for these symptoms are emerging in the UK. To date, justification for resource allocation for these day case facilities is lacking. A dedicated syncope and falls day case facility for older adults was set up in Newcastle in 1991 (at the Royal Victoria Infirmary). The facility provided rapid access for assessment of appropriate patients from the community, the accident and emergency department, or emergency admissions. Activity and performance in 1999 were compared with peer inter-city teaching hospitals and with previous performance in 1990 at the Royal Victoria Infirmary to determine whether the facility had influenced emergency activity.

**Objective:** to describe the impact of the facility on emergency bed activity and performance for the diagnostic categories of syncope, falls, collapses, gait abnormalities and dizziness.

**Design:** descriptive study.

**Setting:** syncope and falls day case facility.

**Methods:** performance and activity for Healthcare Resource Groups and ICD codes relevant to falls and syncope were compared for adults over 65 years attending the Royal Victoria Infirmary and thirteen peer hospitals. Activity and performance before the facility was set up (1990) at the Royal Victoria Infirmary were also compared with 1999 data.

**Results:** syncope and collapse is the fifth commonest reason for acute hospital attendance of over 65-year olds in the UK. In 1999, the Royal Victoria Infirmary was at variance by -6616 bed days compared with other the other Trusts for these diagnoses. This equates to 18 beds occupied in that year. The degree of emergency activity for the relevant diagnoses (Healthcare Resource Groups data) was much less than at peer trusts - 35% v 97%. The average length of stay for admitted patients was also shorter for Royal Victoria Infirmary than peers - 2.4 v 8.6 days. Acute length of stay at the Royal Victoria Infirmary was reduced from 10.9 days in 1990 to 2.7 days in 1999 (ICD 10 data). In 1991 4E activity was emergency.

**Conclusions:** the striking variance in bed days in 1999 is due to lower emergency activity and shorter length of stay at the Royal Victoria Infirmary. This is attributed to the dedicated rapid access day-case facility. This has relevant economic implications for planning of future facilities and implementation of National Service Framework standards for falls and incontinence care.

## Health Minister Jacqui Smith MP visits the unit



"The Care of the Elderly Directorate is a beacon for identifying and dealing with the causes of falls. There is a Falls and Syncope Service which undertakes continued research and audit activity to ensure care provision is evidence based and to evaluate the service provided. Knowledge is shared with other services and disciplines and patients' views are sought."

Commission for Health Improvement citing Notable Practice

