

currently reviews over 180 patients/month in their own home and over 500 patients/month are seen by the Fracture Liaison/Falls Pharmacy services. This study aimed to compare hospital admissions for hip fracture and due to falls in NHSGGC in the period 1998–2008, with data from NHS Scotland and England.

Method Data on admissions were obtained using diagnosis code S72 (Scotland, ISD⁵; England, HES(6)).

Results Between 1998 and 2008 the number of admissions for hip fractures decreased by 3.6%, compared to a rise in Scotland (5.1%) and England (16.2%). Standardising the hip fracture admission rate (number of hip fracture admissions/population of those aged ≥ 65) still shows a 1.7% reduction in NHSGGC over this period. There has also been a reduction in admissions due to falls in ≥ 65 s (in the home 32%, residential institutions 27%, street/highway 40%).

Conclusion The falls and bone health strategy employed by NHSGGC has had a positive reduction on the number of hip fracture admissions and to a greater extent, the number of admissions due to falls over a decade.

References

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0812 REDUCTION IN HIP FRACTURE ADMISSIONS OVER A 10 YEAR PERIOD IN A SCOTTISH HEALTH BOARD WITH A WELL ESTABLISHED FALLS AND FRACTURE LIAISON SERVICE

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Background Guidelines on reducing falls/fractures^{1–4} have been published with the aim of reducing the burden both to health services/individuals. Data on hip fractures are collected centrally and through National Hip Fracture Databases. Within Scotlands National Health Service (NHS), Greater Glasgow and Clyde (GGC) health board have had a phased implementation of a falls and bone health strategy since 1998. The NHSGGC community falls prevention programme