

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, ISD<sup>5</sup>; 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  $\geq 65$ ) still shows a 1.7% reduction in NHSGGC over this period. There has also been a reduction in admissions due to falls in  $\geq 65$ 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<sup>1–4</sup> 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