



Resource impact summary report

Resource impact

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The [NICE guideline on falls: assessment and prevention in older people and in people 50 and over at higher risk](#) updates and replaces NICE's guideline on falls in older people: assessing risk and prevention from 2013. The guideline update aims to reduce the risk and incidence of falls, and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.

Most of the recommendations in the updated guideline reinforce best practice. However, some of the guideline recommendations may represent a change to current local practice. Where a change is required to current practice, this may require additional resources to implement.

The size of the resource impact will need to be determined at a local level and will depend on service configurations and future uptake of the recommendations.

The recommendations now apply to people aged 50 to 64 with 1 or more factors that could increase their risk of falls in all settings. This is a change from the previous guideline where the age 50 to 64 was restricted to a hospital setting. This is assumed to be a small number of people, however this will need to be assessed at a local level.

Depending on current local practice, the recommendations which may require additional resources are:

Community settings – people who need comprehensive falls management

- Recommendation 1.3.5 - Offer a home hazard assessment and intervention using a validated tool.
- Recommendation 1.3.6 - Consider having the home hazard assessment and intervention from recommendation 1.3.5 carried out by an occupational therapist. If an occupational therapist does not carry out the assessment and intervention, it may be done by:
 - an appropriately trained healthcare professional or
 - an appropriately trained therapy assistant or technician, with supervision from an appropriately trained healthcare professional.

These recommendations may have capacity and financial implications in areas when implemented where home hazard assessments are not routinely carried out by occupational therapists and local practice changes.

Based on expert clinical opinion and in line with the health economic model underpinning the guideline, it is assumed that currently 25% of home hazard assessments are carried out by occupational therapists and 75% are carried out by a range of clinical staff. This is subject to uncertainty and will vary nationally.

The [resource impact template](#) assumes that an occupational therapist will be midpoint of a band 6 and uses the top pay point of a band 4 for other clinical staff. The template also builds in the ability to model the resource impact if more than 1 staff member at a time carries out the home hazard assessments (for example an occupational therapist in combination with another staff member). All these variables can be amended within the resource impact template that accompanies this summary report.

The resource impact template is available to help organisations estimate the resource impact at a local level.

Falls services are commissioned by integrated care boards and local authorities. Providers are NHS hospital trusts and community providers.