



FRONTLINE

Falls on the frontline – when collaboration and resources drive success

Stephen Arundel • 1 October 2024 ⌚ 5 Mins Read



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With winter looming and pressure on emergency services mounting, staying one step ahead is vital. However, with Lord Darzi highlighting the National Health Service as being in [‘serious trouble’](#), with ‘too little’ community funding, the question remains – how can the emergency services optimise operations to make the most of limited resources?

One of the areas where this is particularly pertinent is the prevention and management of falls. Here, Stephen Arundel, Managing Director of leading European medical device distributor, [Healthcare 21 \(HC21\)](#) argues that a well-coordinated lower acuity taskforce using a range of cutting-edge tools is critical to the modern emergency response.

While all people who fall are at risk of harm, the age, gender and health of the individual can affect the type and severity of injury. Data shows the [over 65s](#) the worst affected, with falls having



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potentially catastrophic effects on functional independence and quality of life. Furthermore, it is no secret that the longer someone has been lying on the floor, the higher the risk of serious injury, hospital admission, and relocation into long-term care.

Despite this bleak reality, not all falls result in serious injury, and a high proportion can be responded to by community-based response services that utilise the country's community health services, military corresponding teams, volunteers, the ambulance service and fire and rescue teams. This streamlined multi-agency collaboration does not simply enable faster intervention, improved patient care and a more responsive service, it promotes a continuum of care, from prevention to hands on support and aftercare.

One such taskforce, thought to be the first of its kind, is the [collaboration](#) between Bedfordshire, Cambridgeshire and Essex Fire and Rescue Service and the East of England Ambulance Service Trust (EEAST) to pioneer a lower acuity falls response teams known as community wellbeing officers, that operate across local communities.

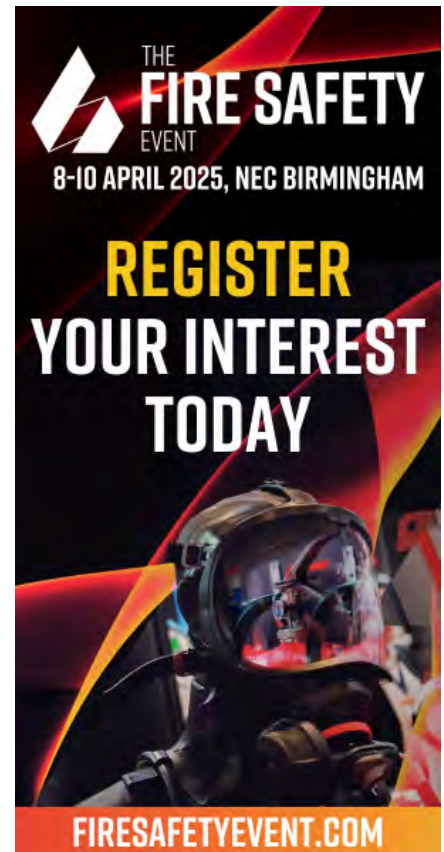
“Due to the increasing call demand, using the traditional ambulance response protocols can mean that a person who has fallen may have a long wait, especially if they haven't sustained any injuries. So, towards the end of last year we felt it vital to develop this innovative response team approach, which is working very well, and we hope to continue.”

— Tom Barker, Head of Collaborative Response at EEAST.

While this collaborative approach is proving successful for many trusts, having the right personnel in the right place is only half the challenge. Responders must also be equipped with the appropriate tools to carry out their duties safely, swiftly, and effectively, or they risk injury or the inability to triage a patient appropriately. This is particularly vital in fallen person cases, where the risk of injury is high. We know, for instance, that long-lie falls over one to two hours, significantly increase the risk of medical complications and risk eroding a person's independence and confidence.

In the past, emergency responders may have relied solely on manual handling techniques, which can be prone to human error. Today, however, there is a wide range of tools available that can perform the task more quickly, safely, and with fewer personnel.

For example, cutting-edge equipment like the Raizer II Lifting Chair is rapidly becoming an essential part of the emergency



responder's toolkit. This battery-powered lifting chair can be operated by a single person, raising the fallen individual to their feet in as little as 30 seconds, without the need for carers to risk unnecessary strain. By providing a smooth and controlled lift, the Raizer II not only minimises discomfort and anxiety for the fallen person but preserves their dignity – which is crucial when the patient is already distressed.

Barker reports that the lower acuity taskforce across the East of England has been using the Raizer II and said it has been received with praise: “Our collaborative approach and use of tools like the Raizer II mean we can get to a fallen person faster, assess them more quickly and then hopefully discharge them via our clinical advice line. And if they cannot be discharged, they are at least in a more comfortable position prior to an ambulance arriving.

“The feedback we’ve had on the Raizer II Lifting Chair has been particularly positive – not just from responders, but patients too, who use words like ‘safe’ and ‘secure’ to describe their experiences.

“With lifting aids, there isn’t necessarily a one-size-fits all piece of kit, but the Raizer II is certainly proving effective. By having a balance of different lifting aids, it ensures we can be adaptable and match the appropriate aid to the need.”

As demonstrated in the East of England, a well-coordinated lower acuity taskforce equipped with the right tools is critical to modern emergency response. Each service brings specialised skills, and when armed with cutting-edge equipment – like the [Raizer II Lifting Chair](#) – they can act faster, smarter, and safer. This powerful combination reduces risks for responders and patients alike, ensuring rapid, precise intervention when seconds count. The result? Better outcomes, fewer mistakes, and a safer, more efficient response to even the most complex emergencies.

For further information on Healthcare21 and the Raizer II Lifting Chair, please [see here](#).



Stephen Arundel

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