FaME

Falls Management Exercise

IMPLEMENTATION TOOLKIT

FaME
Falls Management Exercise

Implementation Toolkit

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We are delighted to present this toolkit which aims to enable commissioners and providers to successfully implement the Falls Management Exercise (FaME) programme.

The case for investing in strength and balance exercises for adults at risk of falling is clear. Each year around a third of adults over 65 and half of those aged over 80 have at least one fall. These falls can result in painful injuries, loss of confidence and potentially the loss of independence. Yet with better strength and balance, many of these falls and injuries could be prevented.

FaME is an evidence-based tailored and progressive strength and balance exercise programme. In clinical trials it has been shown to reduce the rate of falls, increase physical activity levels and improve wellbeing. Despite this, there is a lack of provision in many areas of the UK. By providing all of the necessary commissioning tools and delivery resources in one place it is hoped that FaME can be made available to more adults at risk of falling. By scaling up the provision of strength and balance exercise programmes we can ensure that adults develop the necessary capability to live a long, healthy, independent and happy life.

The toolkit has been developed by a team of researchers, practitioners, commissioners and service users across the East Midlands as an output of a research project (the PhISICAL study, funded by the National Institute of Health Research's Collaboration for Leadership in Applied Health Research and Care, East Midlands (NIHR CLAHRC EM)). Our thanks go to the local authorities that were willing to pilot FaME and provide the valuable learning around implementation, and to Later Life Training for their expertise. Without them, this toolkit wouldn't have been possible.

The toolkit is best used in the online version so that documents can be downloaded and adapted for your locality. There are also videos that can be used to make the case for FaME, and promote its uptake locally. If you have ideas about how we can improve the toolkit we'd love to hear from you by emailing phisicaltoolkit@nottingham.ac.uk

Dr Elizabeth Orton

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The PhISICAL study

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Director

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Introduction to the toolkit

Why is this toolkit needed?

FaME is a cost-effective[1] strength and balance exercise programme that has been shown in clinical trials to prevent falls and increase physical activity levels in older adults who are at high and lower risk of falls. Despite access to strength and balance exercises being recommended for older adults at risk of falling[2, 3, 4], only 39% of areas surveyed in England, Wales and Northern Ireland report having a postural stability falls prevention programme such as FaME or Otago[5]. Some examples of best practice delivery and community based provision have been published[6].

Implementation toolkits are a useful resource for commissioners and providers of services. They reduce the labour needed in the commissioning process and have the benefit of being derived from best practice across localities. This toolkit, for the Falls Management Exercise (FaME) programme, has been developed from programmes that were effective and had high programme fidelity when commissioned routinely by public sector services.

The aims of the PhISICAL study

This toolkit is an output of the PhISICAL study (Physical activity Implementation Study In Community-dwelling AduLts). The study had three key research questions:

1. Is FaME still effective and cost effective when commissioned routinely by public sector organisations?
2. Do the commissioned FaME programmes retain their quality and fidelity outside of the research setting?
3. What are the barriers and facilitators in relation to commissioning and delivering the FaME programme?

The study took place in three areas within the East Midlands region of England: In Derby City through services provided by Derby City Council and Derby County Community Trust (a charitable arm of Derby County Football Club); in the seven district leisure services within Leicestershire and Rutland County Council, supported by Leicester-Shire & Rutland sport. It was funded by the East Midlands CLAHRC with some additional intervention costs provided by Leicestershire County Council.

About the FaME programmes studied in PhISICAL

A total of 29 FaME programmes were investigated in the research. Briefly, the programmes were all 24 weeks in duration, with 45 min - 1 hour classes followed by time allocated after the session for participants to socialise. Classes were delivered by qualified Postural Stability Instructors, trained by Later Life Training (www.laterlifetraining.co.uk), and followed the FaME progressive, tailored delivery model. Some instructors were salaried by the leisure services and some were freelance. Some, but not all sessions had assistants supporting delivery. Classes were delivered in community venues such as village halls, sporting venues, such as leisure centres, and a few were delivered in sheltered housing complexes. Some classes were provided free of charge whilst others had a small participant fee (less than £3). None of the services provided transport to the classes. Participants were either referred by public sector services such as the Community Falls Rehabilitation service, GPs, Fire and Rescue service or Local Area Co-ordinators, or self-referred after seeing promotional materials advertising the programme in the community. Eligibility criteria for the programme were based on the ProAct65+ trial[7]. Outcomes monitored are described within this toolkit. They were measured at the beginning and end of the 24 week programme and some were also measured 6 months after the programme had ended. To enable continuous learning and improvement the providers came together several times a year in 'Community of Practice' sessions where problems were shared, solutions co-produced and continuous learning opportunities identified.

How was the toolkit developed?

The research team at the University of Nottingham developed this toolkit in collaboration with falls experts from around the UK, patient/participant involvement (PPI) representatives, service providers (postural stability instructors), Leicester-Shire & Rutland sport Active Partnership (previously County Sports Partnership) and commissioners.
PPI representatives contributed to the design and oversight of the study, interpretation of the results and dissemination strategy.
In addition, specialists in falls and bone health at Nottingham CityCare and commissioners at Nottinghamshire County Council were involved in reviewing the suggested content for the toolkit.

How should the toolkit be used?

This toolkit provides a suite of resources that commissioners can use to plan, implement and monitor FaME. It is divided into the following sections:

Section 1 - Building the case for implementing FaME

This section includes evidence summaries for commissioners and elected members, a costing tool, a business case and real life case studies from FaME class participants.

Section 2 – Planning the implementation of FaME

This section includes an implementation Gantt chart, a service specification, example delivery models, videos, logic model and key learning from the PhISICAL study.

Section 3 – Implementing the programme

This section includes sample promotional materials, template clinical letters, briefings for referrers and participants, home exercise diaries, videos and a sample class register.

Section 4 – Monitoring, evaluation and quality improvement

This section includes quality assurance guidance and suggested monitoring tools and schedule.

Resources can be downloaded and edited to suit local need (e.g. inserting logos). We do ask that you acknowledge the toolkit in documents that you publish and feedback to us on the usefulness of the toolkit. You can do this by emailing: phisicaltoolkit@nottingham.ac.uk


“It is good for the soul, a cup of tea at the end which is the socialising aspect.”

01

Building the case for investment in FaME

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This section contains resources for helping you to build the case locally for investment in FaME delivery. From the research carried out in the PhISICAL study it is clear that making the financial case for investment is crucial and often very difficult. It can be THE key barrier to implementation.

To help make a strong case a range of resources have been put together in this section. It contains a summary of the research evidence for senior members of local commissioning bodies and a briefing for elected members (which can be adapted for other audiences such as members of the Health and Wellbeing Board). There is a link to the nationally-developed Return on Investment Tool for falls interventions to help make the economic case and example case studies that can be used to convey the 'human case'. It is worth noting that the Return on Investment Tool can be adapted to include local costings and variations on delivery to make it more locally relevant. Finally, there is also a sample business case that can be populated with local data and costings.

A summary of the evidence for commissioners

The problem: Falls

Falls in later life can be devastating. They can lead to significant injury, loss of independence and confidence and even death. Falls are also costly to treat. The NHS spends £2.3billion per year treating the consequences of falls[8]. In England alone over 200,000 people aged 65+ are admitted into hospital each year because of a fall and nearly 60,000 people are admitted because of a hip fracture. Most of these are preventable. The most common and modifiable risk factor for falls is the age-related deterioration of strength and balance.

Prevention of falls in the community

Exercise can prevent falls in community-dwelling adults. Programmes that challenge balance and are of longer duration (dose) have larger effects, with a 39% reduction in falls in community dwelling adults[9] and up to 42% in those with a history of falls[10]. Falls prevention exercise programmes also have additional benefits related to improved physical and mental health and quality of life.

National guidance

National Institute for Health and Care Excellence (NICE), NHS Right Care[11], Public Health England[12] and the Chief Medical Officer guidelines for physical activity[13] all recommend that people at risk of falling have access to strength and balance exercise programmes as part of the local falls pathway.

Evidence-based strength and balance exercise programmes

To be effective at reducing falls, strength and balance programmes should be a minimum of 24 weeks long, comprising 1 hour per week structured exercise led by a qualified instructor, plus an additional hour per week of prescribed exercises to carry out at home. This achieves the 50 hour 'minimum dose' that has been shown to be necessary for falls prevention.

FaME is an evidence based strength and balance exercise programme that has been shown to reduce the rate of falls[14 15 16]. It is a 24 week group-based programme (with additional home exercises) delivered in community venues and aimed at people over 65 who are at risk of falling (have fallen in the previous year or have a high fear of falling). Class sizes are around 10-14 people and are delivered by specialist physical activity instructors who have been trained in postural stability instruction.

Cost effectiveness

A third of adults over age 65 and half of adults aged over 80 fall each year. A detailed analysis of the cost of a fall has shown that the majority of costs of caring for patients after a fall is outside the acute hospital setting, with community care costs being four times higher in the 12 months after an admission than the cost of the admission itself[17]. The cost of preventing a hospital admission should not therefore be considered in isolation.

The delivery of the 24 week FaME programme costs between £218-269 per person[15].
The hospital cost of treating a hip fracture is £16,302 per person in the first two years (including the index admission). FaME gives a societal return on investment of £2.28 for every £1.00 spent[18].

Feasibility of delivery

Research at the University of Nottingham described in this toolkit has shown that FaME can be successfully commissioned and delivered in the community. Programmes can achieve high fidelity and outcomes comparable to clinical trials, but outcome monitoring and quality assurance are essential in order to ensure that fidelity and outcomes are maintained in local programmes.

Download summary of the evidence for commissioners

View video for commissioners

A summary of the evidence for elected members

The problem: Falls

Falls can be devastating for the individual and costly for health and social care. As we age, the likelihood of falling increases. Each year, a third of adults over 65 and half of adults over 80 will have a fall. Adults who fall once are more likely to have another fall. However, the chances of this happening can be reduced by making improvements in an individual's strength and balance.

Peter's story

Peter had a fall 6 months ago in his back garden. This shook him up quite badly which made him worried about having another fall. The worrying meant that he gradually did less and less activity, which in turn made him more unsteady on his feet. Then one day he did have another fall, landing on the floor of his house and unable to get up. He wasn't able to raise an alarm and stayed on the floor for four hours until his daughter, who just happened to pop by, found him. As a result of this second fall, along with his now further increased fear of falling, his GP referred Peter to a local FaME (Falls Management Exercise) programme. Since attending the programme Peter's fear of falling has reduced and he is much steadier on his feet. He does his home exercises every day and whilst he did have a small fall at home, he knew how to get up again safely using techniques he had learnt in the classes.

What is FaME?

FaME is a strength and balance exercise programme for older adults who are at risk of falling. In research studies it has been shown to reduce falls and help older people keep more physically active. It is specifically designed to help people improve their balance, increase their range of movement and increase muscle strength. The programmes run for 24 weeks with an hour a week in a group based class, supplemented with specific home exercises. Programmes usually run in community venues, are led by specially trained physical activity instructors. The classes are also very social and people tend to form strong friendships in the group.

Who should commission FaME?

NICE, NHS England and Public Health England all recommend that strength and balance exercise programmes, such as FaME, are commissioned as part of the local falls prevention pathway. Across England FaME is commissioned by Clinical Commissioning Groups and Local authority Public Health teams, depending on local commissioning arrangements

Why commission FaME?

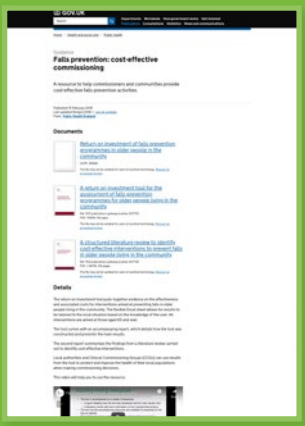
Public Health England have estimated that FaME has a social return on investment of £2.28 for every £1 invested, including savings for adult social care. Benefits include not only the prevention of falls but reductions in social isolation, improvements in quality of life and improved flexibility and fitness. This means that people can remain independent for longer, living in their own homes and requiring less social care support.

Research at the University of Nottingham has shown that FaME can be successfully commissioned and delivered in the community and whilst high quality programmes can be delivered, it is important to ensure that outcomes are monitored and quality assurance systems are in place to ensure that programme delivery remains consistent.

Download summary of the evidence for elected members

View video for commissioners

Return on Investment Tool



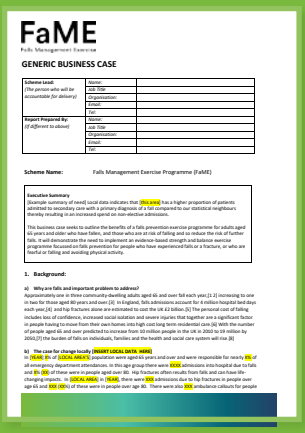
Public Health England have developed a Return on Investment tool for the assessment of falls prevention programmes for older people living in the community. The tool includes costing for the FaME programme and can be found here:

www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning

Read a Social Return on Investment Report by Gateshead Older Peoples Assembly where they calculated for every £1 of public health money invested in Staying Steady (FaME) classes, the return to the public purse is £50.59. The Staying Steady classes are supported by public health funds of £19,146. This provides estimated savings of at least £968,736 compared to the spend on public health without this investment.

https://issuu.com/gatesheadolderpeoplesassembly0/docs/gateshead_older_people_s_assembly_s

Business case



An evidence-based business case for the FaME programme can be downloaded here and modified for local use.

Download FaME business case

Case studies

Melton, Leicestershire

Pauline, aged 76, was keen to take part in a physical activity programme in order to avoid surgery on her knee. Following discussion with her doctor, she opted to take part in the FaME programme run by Melton Borough Council.

Her reluctance to have surgery was a key driver for Pauline to attend every session. By week 18 she was not only taking part in one FaME class per week, but also walks regularly and has started to discuss with the instructor what she can do to remain physically active and continue to improve her wellbeing once the programme has finished. Her engagement with the activities in class and also her enthusiasm to do more activity has rubbed off on other members of the group. They are really focused on improvement and strive to achieve the same level of ability and confidence as Pauline; She has become an unsuspecting role model for other members of the class.

For her achievements Pauline has also been nominated as part of the Feel Alive from 65 Campaign Celebration Event. She continues to achieve and excel within the programme, developing strength, losing weight and building confidence in her own abilities and balance. She serves as an inspiration for individuals wanting to improve their health, avoiding the need for surgery through a healthy lifestyle and physical activity.

"It is nice and varied, it is a lot of arm work, a lot of leg work and so it is very varied and it doesn't get boring"

Download case study - Pauline, North West Leicestershire

Blaby, Leicestershire

Beryl has regularly attended a Falls Management Exercise (FaME) Group since May and has also been practising the home exercises once or twice a week by herself.

She lives with several health conditions including arthritis, osteoporosis, asthma, cellulitis and is a cancer survivor. She has had both hips replaced, has a pacemaker and takes twelve different medications to help manage her conditions. Despite being 87, she described herself as being a 'sickly child' and suffering with poor health throughout her life.

In early September (around week 17 of the course) Beryl had a fall in the night. She was just going to bed and noticed the curtains were not drawn completely, she had put her lifeline under her pillow and went to draw the curtains and whilst doing so tripped on a trailing telephone wire. Beryl was in pain but managed to manoeuvre herself towards a chair and use the backward chaining technique (which she had learnt in the FaME class) to get back up, she was then able to call her daughter for help. Beryl avoided a long lie and an ambulance call out by using the skills she had mastered in her FaME group. It is likely also that attending the FaME group saved a significant cost to the NHS and also spared her the distress a fall would have caused had she not have been able to rise. Beryl had fractured a couple of ribs and was examined by a GP the next day requiring no further medical assistance.

She only missed two sessions because of the fall and is now back exercising regularly within the group.

"I couldn't believe where I have come from, from where I started, the confidence it gave me... that really means a lot to me"

Download case study - Beryl
Blaby, Leicestershire

North West Leicestershire, Leicestershire

Maureen attended a full twenty four week course of the local FaME class (called Steady Steps) at Hugglescote Surgery starting in March 2018 in North West Leicestershire, and now takes part in weekly Steady Steps plus classes because she found they helped her so greatly. Maureen said;

“The Steady Steps classes have definitely improved my quality of life. The biggest improvement has been to my back, and I never thought that would happen. The improvements to my lower back have made such a difference to my quality of life and the pain has almost gone. Years ago I also broke my ankle and as a result I lost mobility in it and it seized up. For the first three weeks I found the exercises caused me discomfort, particularly in my ankle. But then after that, as the weeks continued to pass by, my ankle gradually became much looser. Now I have no pain and full mobility back.

My balance has also improved and I feel more agile and lighter on my feet. I have much more energy than before when shopping or gardening. Before Steady Steps I could only manage 20 minutes gardening, now I can do an hour no problem.

I really enjoy the social aspect of the class too, and now attend three exercise classes every week. I never imagined I would ever be doing that”.

“It is a good thing for me, yes. I feel that FaME is pushing me, before I went to FaME I couldn’t do a lot of the things so probably I’ll be pushed further, who knows.”

Download case study - Maureen, North West Leicestershire

02

Planning for FaME implementation

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Once funding has been secured for FaME it is time to start planning implementation. FaME does take time to set up and an indicative Gantt chart has been included to help with this process. FaME needs to sit within a referral pathway and so a diagram showing how it fits in with NICE guidance is included.

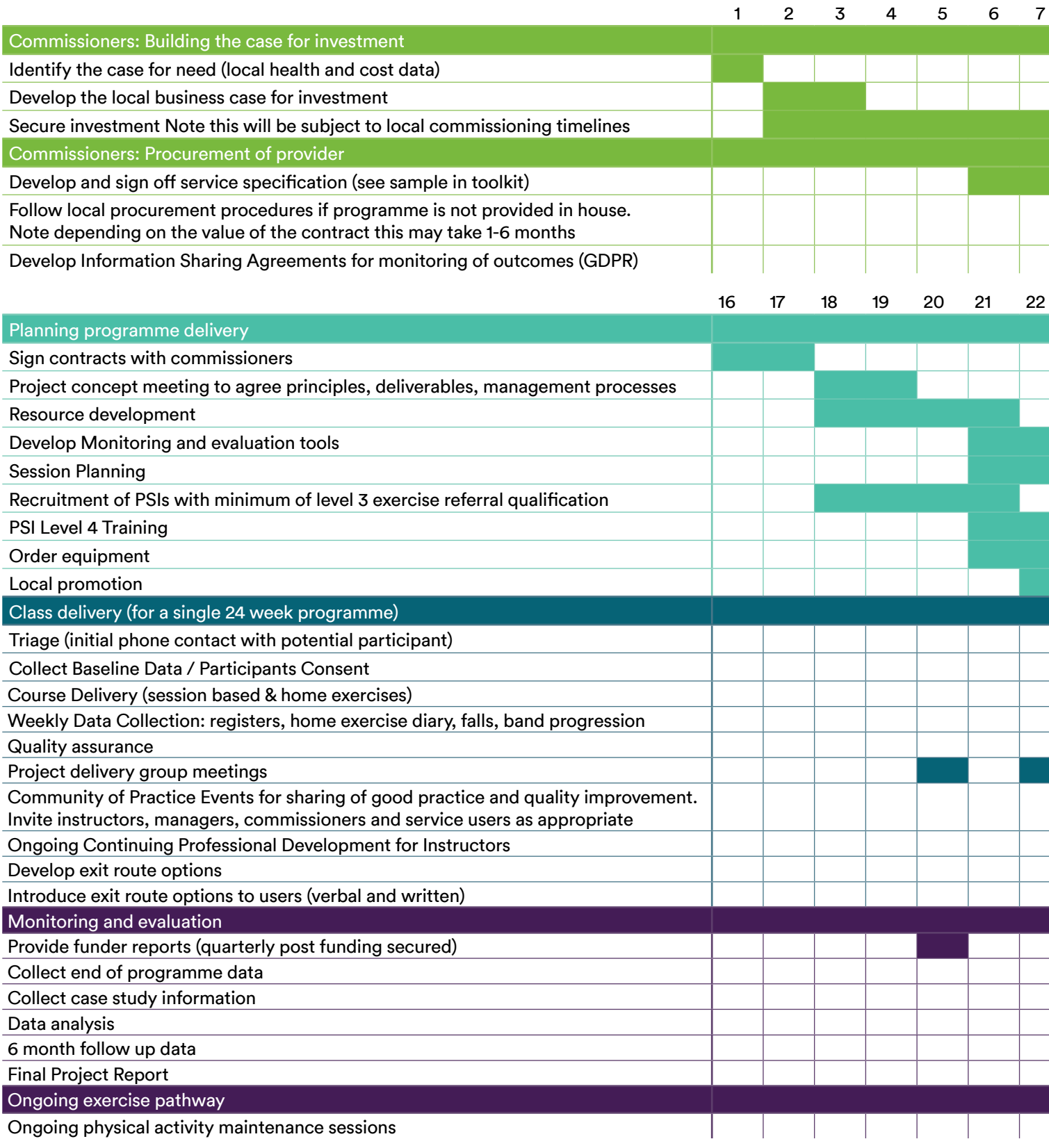
From the research carried out in the PhISICAL study it is clear that workforce capacity is a key issue. Postural Stability Instructors (PSIs) are highly qualified Level 4 instructors and new instructors may need to be trained to deliver the programme locally. To register for training with Later Life (who provide PSI training), instructors need to have their level 3 qualification. This may reduce the potential instructor pool and given that training takes several months end-to-end, training needs to be scheduled in early. It is also important that you plan for exercise exit strategies after participants complete the FaME programme, as continuation of strength and balance exercises is absolutely critical.

A key part of the commissioning process is to develop a service specification. We have provided a sample specification in this section which can be adapted for local use. It contains recommendations for data collection and also quality assurance (QA) systems as the PhISICAL study showed that QA is an important part of quality delivery and continuous improvement. We have also included a 'logic model' which sets out what the programme aims to achieve and how.

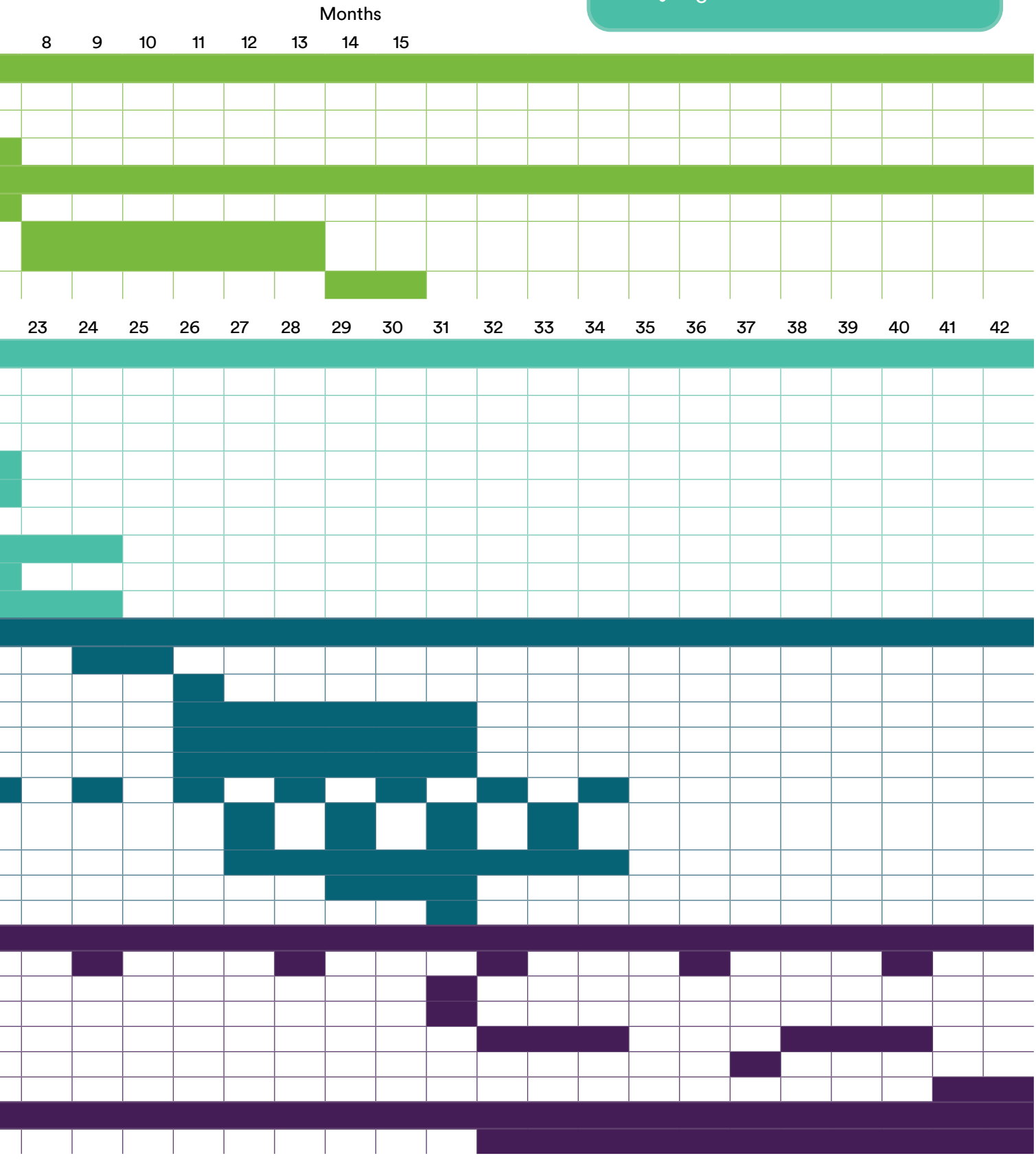
Which providers are procured to deliver the programme locally may look different in each area. In the PhISICAL study there were providers from the community football trust, exercise on referral providers and local in-house local authority-led lifestyle services. We have included a diagram of an example delivery model that we studied.

Finally we have included a document that summarises some of the key learning from the programmes studied in PhISICAL. This is to help you not make the same mistakes that have gone before and to build evidence into your programme.

IMPLEMENTATION GANTT CHART

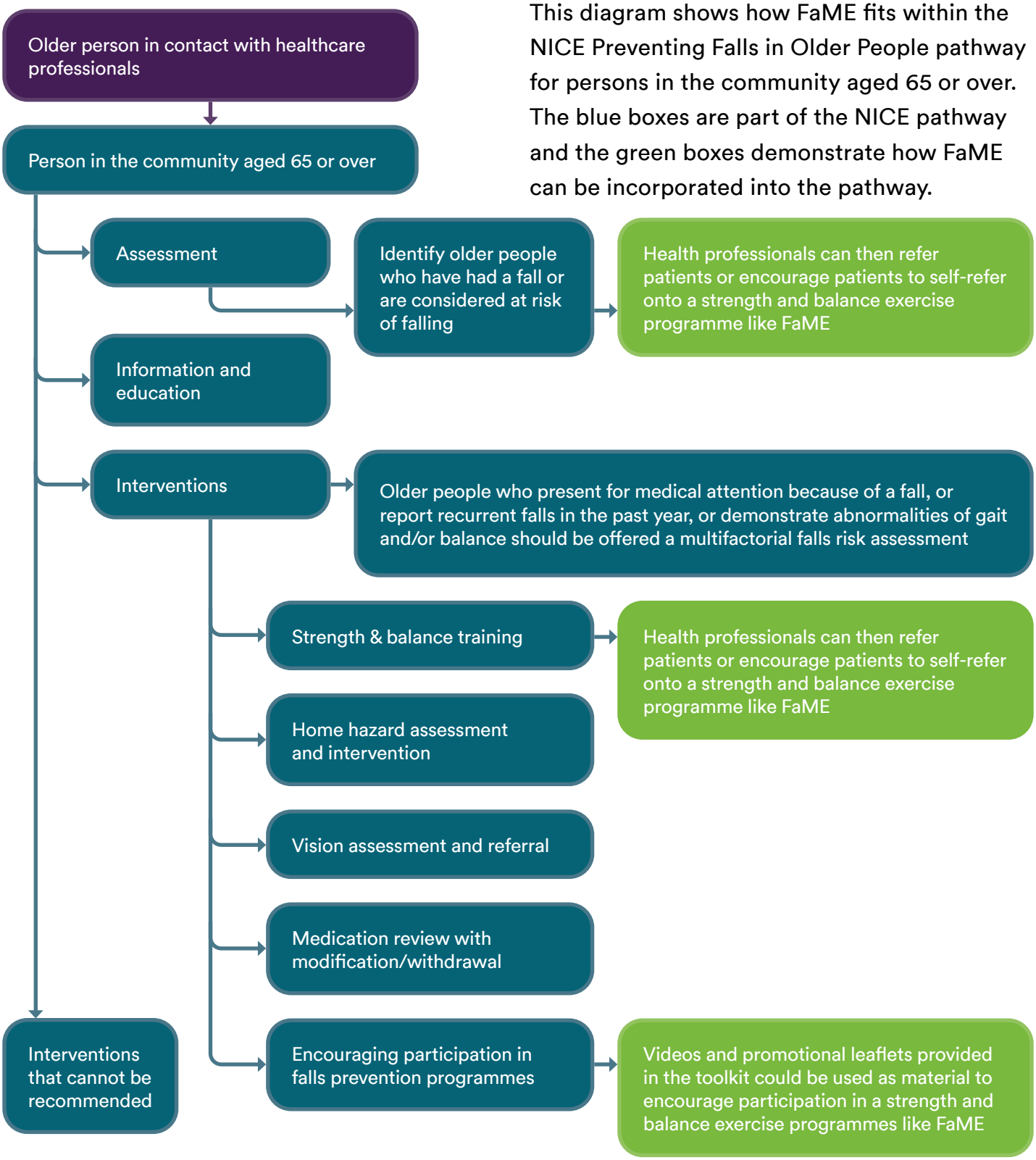


Download implementation gantt chart

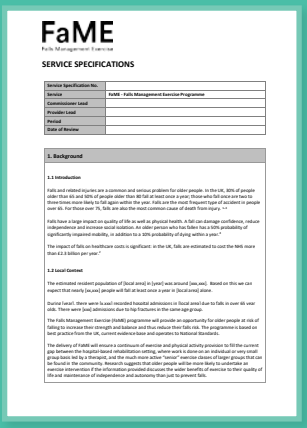


Where does FaME fit within the falls pathway?

This diagram shows how FaME fits within the NICE Preventing Falls in Older People pathway for persons in the community aged 65 or over. The blue boxes are part of the NICE pathway and the green boxes demonstrate how FaME can be incorporated into the pathway.



A service specification for FaME


FaME
Falls Management Exercise
SERVICE SPECIFICATIONS

Service Specification No.	
Service	FaME - Falls Management Exercise Programme
Commissioner Lead	
Provider Lead	
Period	
Date of Review	

1. Background

1.1 Introduction

Falls and related injuries are a common and serious problem for older people. In the UK, 30% of people older than 65 and 50% of people older than 80 fall at least once a year; those who fall once are two to three times more likely to fall again within the year. Falls are the most frequent type of accident in people over 65. For those over 75, falls are also the most common cause of death from injury. [1]

Falls have a large impact on quality of life as well as physical health. A fall can damage confidence, reduce independence and increase social isolation. An older person who has fallen has a 50% probability of significantly impaired mobility, in addition to a 30% probability of dying within a year.[2]

The impact of falls on healthcare costs is significant: in the UK, falls are estimated to cost the NHS more than £1.2 billion per year.[3]

1.2 Local Context

The estimated resident population of [local area] in [year] was around [xx,xxx]. Based on this we can expect that nearly [xx,xxx] people will fall at least once a year in [local area] alone.

During [year]. there were [x,xxx] recorded hospital admissions in [local area] due to falls in over 65 year olds. There were [xxx] admissions due to hip fractures in the same age group.

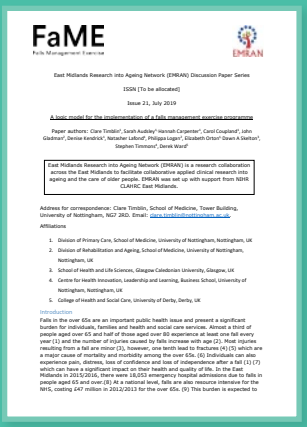
The Falls Management Exercise (FaME) programme will provide an opportunity for older people at risk of falling to increase their strength and balance and thus reduce their falls risk. The programme is based on best practice from the UK, current evidence base and operates to National Standards.

The delivery of FaME will ensure a continuum of exercise and physical activity provision to fill the current gap between the hospital-based rehabilitation setting, where work is done on an individual or very small group basis led by a therapist, and the much more active "senior" exercise classes of larger groups that can be found in the community. Participants will be encouraged and supported gradually to undertake an exercise intervention if the information provided discusses the wider benefits of exercise to their quality of life and maintenance of independence and autonomy than just to prevent falls.

This service specification has been developed as part of the PhISICAL study, incorporating learning from the programmes involved.

Download
FaME Service Specification

A logic model for FaME


FaME
Falls Management Exercise
EMRAN

East Midlands Research into Ageing Network (EMRAN) Discussion Paper Series

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A logic model for the implementation of a falls management exercise programme

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East Midlands Research into Ageing Network (EMRAN) is a research collaboration across the East Midlands to facilitate collaborative applied clinical research into ageing and the care of older people. EMRAN was set up with support from NIHR CLAHRC East Midlands.

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Introduction

Falls in the over 65s are an important public health issue and present a significant burden for individuals, families and health and social care services. Almost a third of people aged over 65 and half of those aged over 80 experience at least one fall every year (1) and the number of injuries caused by falls increase with age (2). Most injuries resulting from a fall are minor (3), however, one tenth lead to fractures (4) (5) which are a major cause of mortality and morbidity among the over 65s. (6) Individuals can also experience pain, distress, loss of confidence and loss of independence after a fall (1) (7) which can have a significant impact on their health and quality of life. In the East Midlands in 2015/2016, there were 18,053 emergency hospital admissions due to falls in people aged 65 and over.(8) At a national level, falls are also resource intensive for the NHS, costing £47 million in 2012/2013 for the over 65s. (9) This burden is expected to

This logic model sets out the stages of change for the FaME programme. Further information about the model can be found here:

Download
FaME Logic Model

www.nottingham.ac.uk/emran/documents/issue-21-emran-jul-2018.pdf

PhISICAL study findings; tips for programme delivery

As part of the PhISICAL study we interviewed people taking part in FaME programmes (Programme Users). We asked them what they did and didn't like about the classes, how they were organised and run, what encouraged them to continue to attend and so on. In addition, classes were observed by experienced PSIs and key learning about the quality and fidelity of delivery was noted. Two observations per programme took place, one early in the programme (within the first month – visit 1) and the second towards the end of the 6 month programme (visit 2) and were guided by a checklist. This checklist can be used to aid quality assurance in programmes and can be found can be found on page 48 (click here)

The following summarises they key learning from both the interviews with programme users and the class observations. Together they provide important learning for programme delivery. This is not a comprehensive delivery guide, but rather a highlight report of common issues found. This summary should not be viewed in isolation. PSIs have been trained in correct delivery and the quality assurance checklist covers most of the delivery points but this summary highlights some of the more common issues and more importantly, things that matter to the Programme Users.

PSI behaviours and class delivery

Always undertake detailed venue and class risk assessments

Undertake one risk assessment per venue. Each venue will have its specific hazards and considerations for this population group. Each venue should have its own risks identified and control measures in place encompassing: Access, lighting, temperature, floor surfaces, obstacles, distances to toilets, chairs available, emergency action procedures for venue known. NB: Venue risk assessments should be undertaken with consideration to specific session content and population group. Risk assessment is the interaction between environment, equipment and people.

Always ask about participants' health at the beginning of a session

It is crucial that PSIs ask programme users about falls during the previous week, if they are feeling well today and about injuries and medications so that they can ensure the individuals are safe to exercise.

Constantly review class numbers

Observe/evaluate class numbers and instructor ratios/different abilities and consider the possibility of splitting the class if needed.

Be future proof

Consider what equipment is available to allow progression (weights, bands, steps etc) over time.

Monitor class attendance and seek feedback from participants that miss classes

Follow up non-attendance with a phone call to gather feedback from programme users. Non-attendance might be because of the venue. Supporting adherence is critical, one missed week can cause a spiral of demotivation resulting in dropout. Every effort should be made and planned for participants to be fully informed at all times.

You may need a cover instructor but do handover

In the event of a cover instructor a verbal handover is essential in order for the usual PSI to explain the nuances of the group, component progressions and any essential tailoring for named individuals. Cover instructors are recommended to let the group know that they have 'had a chat with their usual instructor' (this promotes confidence) and in general to approach progressions with more caution. The cover instructor handover process should be detailed in usual operating procedures.

Consider the timing of sessions

Consider carefully the time of day and day of the week that sessions need to be scheduled. Avoid busy travel or useage periods, very early or very late classes.

Review the location of the venue

Choose a venue that is easily accessible to participants, not on back streets or roads - these can present issues at different times of the year in snow/ice roads with poor access or lighting. Does it have a car park or is it near bus routes?

Don't underestimate Programme User determination to attend sessions

Programme users we spoke to went to some lengths to attend classes. They value them highly.

Make it social

The social element of the programme was also valued and will require additional considerations such as tea making facilities or a cafe/coffee shop there or nearby (see later).

Keep participants informed

Give programme users a class timetable, where possible indicating any breaks, change of room or instructor, numbers to call if they need to contact an instructor. If the venue changes, take time to explain to existing programme users where the new location is and how to get to it.

PSI behaviours and class delivery

Don't rush the pace of the class

The pace of the session should be appropriate for the group and tailored for individuals, with changes made following observations of technique.

Tailor the exercises to the programme users, ensuring correct demonstrations and corrections

Each individual within a group will need specific tailoring as identified during the baseline assessment and pre-session checks undertaken on the day. It is important to monitor band progression for all programme users, in order to assess whether they are making appropriate progress or could be challenged further. Nurturing confidence and tailoring for individual difference are critical skills of a PSI. The challenge to the service is to ensure these high standards of teaching are evidenced across the team/workforce and not isolated to individual instructors. Quality Assurance (QA) processes can support team standardisation.

Warn them that they may ache afterwards

Don't assume that programme users know that they will be sore or achy following the classes. It is important to give them as much information as to what to typically expect when they engage in this kind of muscle strengthening exercises.

Correct demonstrations are critical

Sensory impairments will be common in older people (some may have poor hearing or poor sight) so visual and non-verbal cues are required as part of effective teaching. These criteria feature in QA measures.

Don't underestimate the importance of the relationship between the PSI and the programme user

This is so important and can often be the reason people keep attending.

Home Exercise Programmes

Provision of home exercises is a key fidelity point as it is the only way that participants can get a sufficient dose of strength and balance exercise when classes only run for one hour per week. However homework was only given in 46% of classes during visit 1 and 67% of classes in visit 2.

Encourage programme users to do exercises at home by setting weekly homework as part of session discussions

Instructors were often concerned about overloading participants with homework. Interestingly however, during the interviews, some instructors spoke of seeing the improvements in those that had done their home exercise and that this was an inspiration to others in the class and programme users said that they wanted homework because they could see improvements that people made when they did them. For further information see the home exercise diary sample and guide in this toolkit on page 42 (click here).

Advertising/Promotion/Recruitment

If participants can self-refer, advertise widely

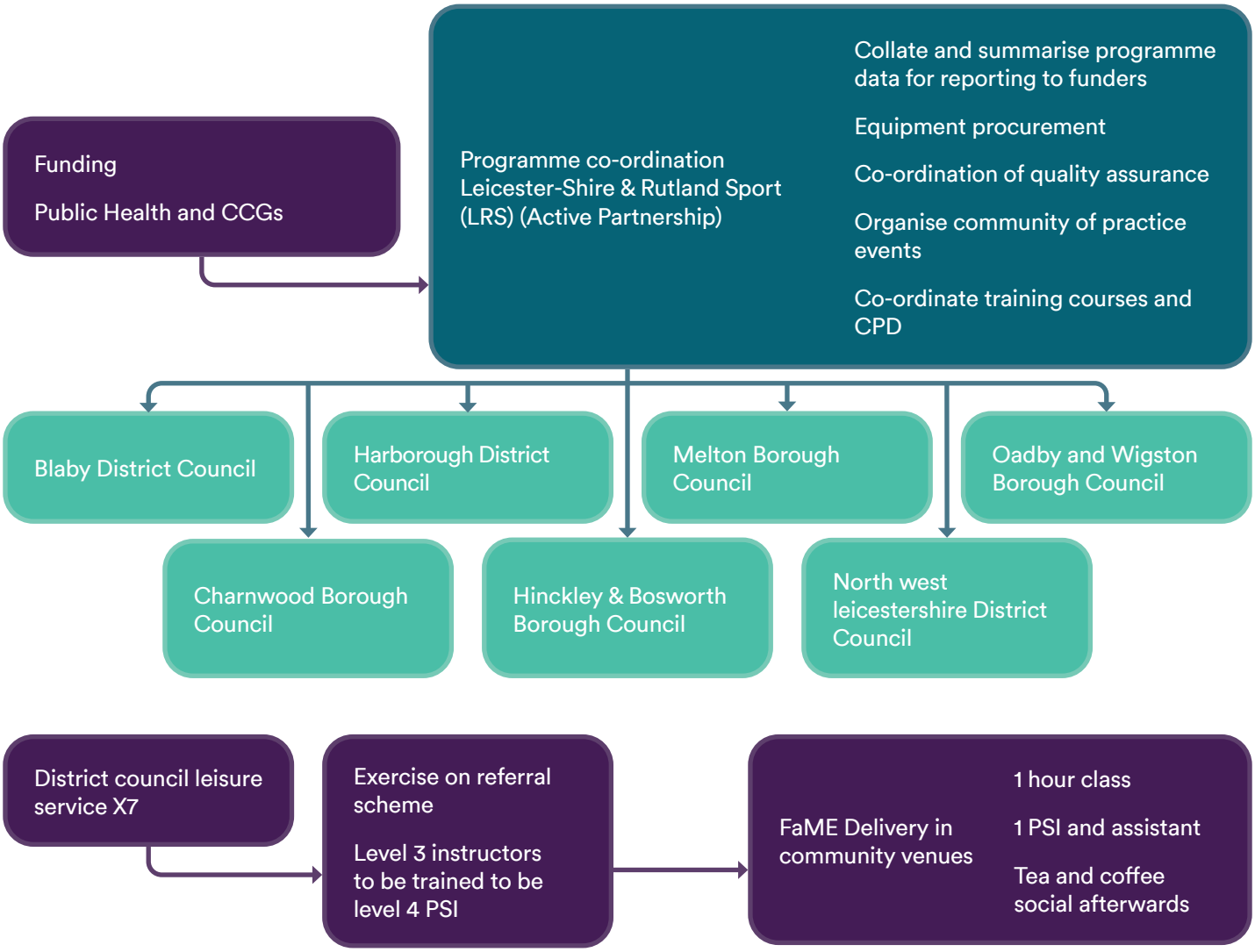
For self-referrals free papers, circulars and leaflets can be effective ways to advertise. Other methods that can reach programme users include word of mouth (both friends and family), health care practitioner referrals, outside agency referrals and posters at class venues. Contact existing services, groups and associations to help to promote the classes/advertise.

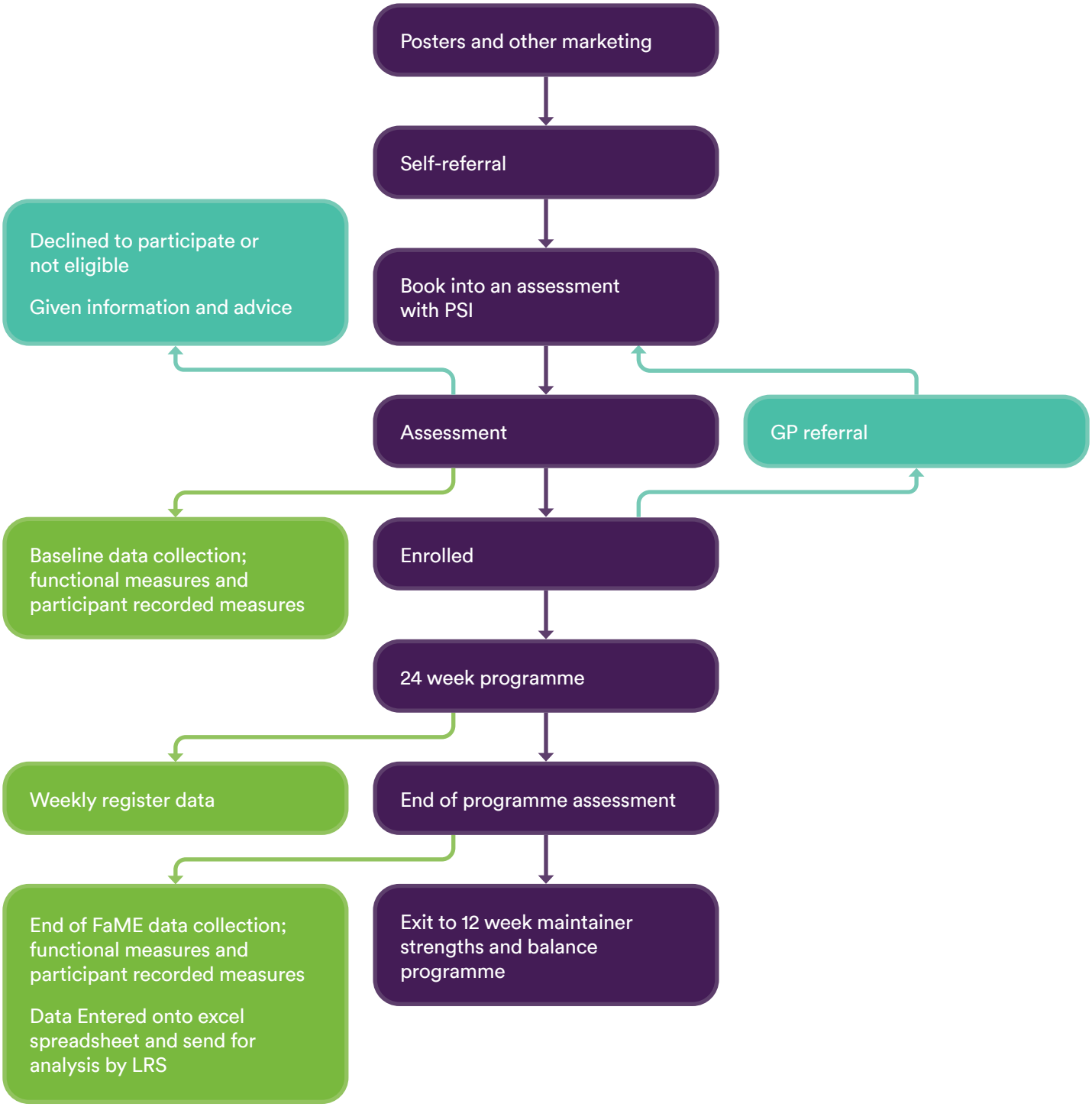
Example delivery models

The report 'Raising the bar on strength and balance: the importance of community-based provision' by the Centre for Ageing Better and University of Manchester's Healthy Ageing Research group presents the models of delivery, issues, barriers and innovative solutions of community-based strength and balance programmes. The report is full of downloadable documents and videos from programmes across England that illustrate good and innovative practice.

The figure below illustrates the FaME programme in Leicestershire (locally called Steady Steps) examined in the PhISICAL study.

www.ageing-better.org.uk/publications/raising-bar-strength-balance




Posters and other marketing
Self-referral
Declined to participate or not eligible
Given information and advice
Book into an assessment with PSI
Assessment
GP referral
Baseline data collection; functional measures and participant recorded measures
Enrolled
24 week programme
Weekly register data
End of programme assessment
End of FaME data collection; functional measures and participant recorded measures
Data Entered onto excel spreadsheet and send for analysis by LRS
Exit to 12 week maintainer strengths and balance programme

03

FaME Delivery

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After all that planning it is time to deliver the programme! Referral pathways will look different in different areas. In some areas FaME participation will be following a GP or health professional referral. In the programmes studied in PhISICAL the main referral route was self-referral. Promotional materials such as posters in GP surgeries and leisure centres were used to advertise the forthcoming FaME classes. We have provided a sample poster for you to download and adapt locally. Once people were enrolled in classes a letter was sent to the GP in case medical clearance was necessary. A sample of this letter is included for download. If clinical referral is the selected route locally we have provided a briefing that can be used to give to GPs to explain the FaME programme. We have also included a participant information leaflet to outline what to expect, what to wear and so on. Again these can be downloaded and adapted.

A key learning from the PhISICAL study was that PSIs did not always give participants home exercises to do. They worried that it would overload people and put them off coming back the next week. In fact, what we found was that participants could see that those people who did home exercises made the most significant improvements. They wanted to have 'homework' because they could see it was helpful. To help, we have provided a guide to 'Getting the most out of home exercises' that your PSIs may find useful.

We have also provided a register to ensure that all data are collected. Another key learning from the PhISICAL study was that it is important to track progression through the resistance bands (they change in colour with increased resistance) and that often, over the 24 weeks participants were not making the minimum expected 3 band progression. The progressive nature of FaME is a crucial ingredient in its effectiveness.

Finally we have included some information about continuous improvement through 'Communities of Practice'. We found that PSIs often feel isolated in their practice and newly qualified instructors are often uncertain about things but they have nobody to ask for support. Communities of Practice events were held in Leicestershire and attended by PSIs, their managers and sometimes participants. They were a great forum for information sharing, problem solving and networking. We highly recommend them.

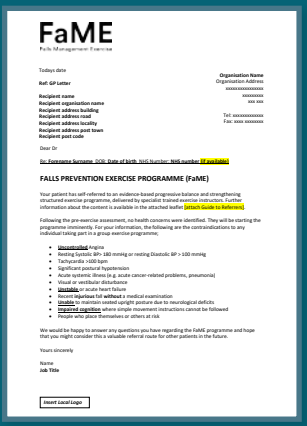

“I look forward to going each week”

Promotional materials

Here is an example promotional poster

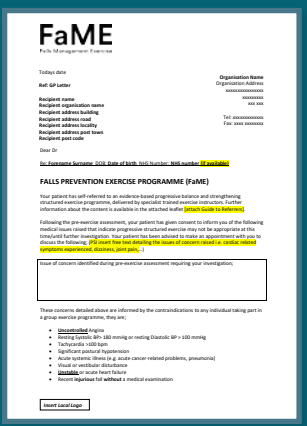
Download
promotional material

Clinical letters



This letter can be used to inform the GP that a participant is taking part in the FaME programme, where there are no health concerns.

Download
GP letter FaME participation no health concerns



This letter can be used to ask the GP to review patient participation in the FaME programme, where there are health concerns.

Download
GP letter regarding concerns re FaME participation

Briefing for participants

What is FaME?

FaME is the name of an exercise programme that has been shown to improve strength, stability and confidence in balance.
The programme is delivered across the UK and funded locally because of its success.
It's delivered by specialist qualified exercise instructors who understand the age-related changes that happen in the body and the medical concerns that you may have.

The small group exercise classes are designed to improve your physical fitness, strength and balance. The exercises within the class are progressed slowly according to your abilities and within the same group people normally progress at different rates. The exercises are specifically developed to help you feel steadier on your feet and improve your confidence in getting around on your own. The classes are also great social events!

What should I expect when I attend?

The once a week classes are usually held in community venues like church halls, community centres or leisure centres and have a maximum of 14 people. You should just wear ordinary, comfortable clothes and flat shoes when you attend. You don't need to wear sports clothing unless you want to. During your first session the instructor will ask you to fill in some questionnaires about your health and medications and will do some simple functional tests to see your starting point for the exercises. Most importantly they will ask you about the daily living movements that you would like to improve, or are having difficulty with, so they know what's important to you.

You will use some equipment, like resistance bands or weights to ensure your muscles work and there is a change in your strength over time. Some exercises are seated in the early weeks, but more will be done in standing over time. If needed, the instructor will work with you through the stages of safely getting onto the floor and back up.

The classes normally have a social element at the end where people can get to know each other and have a chat, but you don't have to stay for these if you prefer not. You are welcome to bring along someone, but they may not be able to participate in the class itself unless they are also enrolled in the classes.

After the first couple of sessions you will also be given exercises to do at home, in between the weekly sessions. These home exercises will be the same as ones you have done in the class and when done regularly you will feel the benefits much more quickly.

Towards the end of the programme (6 months) your instructor will talk to you about how to keep active afterwards as we know that if you stop exercising you will start to lose the strength and balance you gained in the programme.

[delete/amend as appropriate] There is a small fee for attending the classes. This ensures that the classes can continue to run. The fee is £xx.

What Next?

If you have been referred to FaME by your GP or another health professional you will hear from the local co-ordinator soon. If you wish to refer yourself to these classes, please contact [insert local information including a contact number]

What have people said about the classes?

"I couldn't believe where I have come from, from where I started, the confidence it gave me"

"I feel that FaME is pushing me, before I went to FaME I couldn't do a lot of the things so probably I'll be pushed further, who knows?"

"The instructor is very good… "Come on we're going up the hill now" and we do bigger marching steps and we're nearly at the top you know and she makes it fun"

"I thought well I can't see it is going to do me any good but it did so I am really chuffed - and I would recommend it to people"

"I meet other people and you get to talk to them … when you come back you are full of energy and you're just happy"

"I am very, very happy with the programme … it is a bit of fun and it is good."

"Put it this way, it has improved my quality of life big time"

"It helped ever such a lot with my balance … made so much difference"

Download briefing for participants

Download video for participants

Briefing for referrers

Why refer your patients to FaME? (Falls Management Exercise programme)

As you know, falls and fractures are costly, both to the NHS, to social care and to the individual and their families or carers. In [name of locality] reducing the number of injurious falls and improving quality of life are our priority. Since the publication of Public Health England's Falls and Fractures Consensus Statement and Return on Investment tools, which evidence FaME as a cost-effective evidence-based intervention, it has been commissioned locally. In your area FaME is commissioned by [Public Health/XX CCG] and provided by [name]. [The classes are free] or [Patients do have to pay a small fee of £xx].

What is FaME?

FaME is a structured exercise programme that in clinical trials has been shown to prevent or reduce falls, reduce the fear of falling and increase habitual physical activity and fitness. It has efficacy in adults who live independently (not in a care or nursing home).

The FaME programme is led by a Postural Stability Instructor (PSI) with specialist training for working with older people at risk of falling. They have the ability to tailor the structured exercises and progressions to suit an individual's medical conditions and functional ability. They will do their own health and function assessment of the person on the first visit.

FaME is delivered over 24 weeks in 1-hour group exercise classes (approximately 10-14 participants per class) plus directed home exercises to ensure effective dose and get quicker functional gains. Elastic resistance training bands, steps and small items of equipment and mats are used throughout the programme.

The evidenced based elements of the programme include:

- Functional leg muscle strengthening and balance retraining that progress in difficulty
- Functional progressive trunk and arm muscle strengthening
- Bone loading targeted prime fracture sites
- Endurance/cardiovascular training (including walking) and flexibility training
- Functional floor skills and skills to rise from floor (preventing long lies)
- Adapted Tai Chi

Who is it for?

FaME is ideal for older adults aged 65 or over who:

- Are at risk of falling
- Have a fear of falling
- Have fallen but do not need medical investigations (refer as appropriate)
- Are becoming concerned about their balance or are more cautious towards activities they used to enjoy

Patients who have had recurrent falls in the last year should be referred to a multi-disciplinary falls service first. They may be referred onto FaME following appropriate assessment and rehabilitation.

Contraindications to FaME exercise

Very few conditions are contraindicated for taking part in the FaME programme and are in line with usual medical contraindications to any exercise programme. These are:

- Uncontrolled angina
- Resting Systolic BP> 180 mmHg or resting Diastolic BP > 100 mmHg
- Tachycardia >100 bpm
- Significant postural hypotension
- Acute systemic illness (e.g. acute cancer-related problems, pneumonia)
- Visual or vestibular disturbance
- Unstable or acute heart failure
- Recent injurious fall without a medical examination
- Unable to maintain seated upright posture due to neurological deficits
- Impaired cognition where simple movement instructions cannot be followed
- People who place themselves or others at risk

How do I refer patients to the programme?

- If you are a GP, we will ask you to confirm they do not have any medical contraindications to exercise and to do a medication review to check they are on appropriate medications or doses. [insert local instructions]
- If you are an Allied Health Professional, we may contact the patients GP to confirm that there are no medical contraindications to exercise. [insert local instructions]
- If you have a FaME Information sheet for participants, please let them have a copy to read this in advance. [inset local leaflet].
- The [coordinator] will contact the patient and arrange the best class (time and date) for them to attend for their baseline assessment with the PSI.
- Your patients can also self-refer into the FaME programme. [insert local instructions of how to self-refer]. If this occurs the PSI will be back in touch to check they have no medical contraindications to exercise.


Download briefing for referrers


Download video For referrers

Getting the most out of home exercises

'Topping up' the dose of exercise with home exercise is vital to meet an effective prescription. We know from research that 1 hour per week is insufficient and doesn't fully support behaviour change and develop new habits and routines to undertake sufficient strength and balance across a week.

We also know from both research and practice that handing out a large booklet of exercises is not appealing and people rarely do the amount you ask them to do, and that 'asking' them to do it isn't the most successful approach.

Supporting home exercise practice really starts at the point of pre-exercise assessment with conversations about motivations (to attend your session), preferences and goals.

Here are 10 approaches to keep home exercise on your radar every week/at every interaction with your participants:

1. Introduce the home exercises gradually.

This will help people get used to doing a bit extra and then you can build them up (in terms of the number of exercises and number of repetitions) over the course of the programme. It is best in the first few weeks to start with one or two exercises that have been covered in the group session so that people know what they look and feel like.

2. Explain to individuals that for optimum benefits they want to be aiming for at least 1 hour (preferably more) a week, in addition to your once a week class.

This does though need to be built up over time, so they understand and feel the benefit of these additional exercises and can see them helping them be better in the group sessions. If an individual prefers doing the exercises in one go, then ask them to do them 2-3 times a week in between classes for 10-20 minutes at a time, building up to 30-40 minutes. If they prefer embedding exercises into daily life they need to ensure that they still build up to more repetitions and more exercises, not get entrenched in a few that they do regularly.

3. Add home exercises as a point of discussion to your register.

Have a section on the register to note discussions that you have had, this can help you to progress discussions. People will respond to your level of interest i.e. that you remember what they told you last week. Ask about how they did with their home exercise and praise them if they managed to do what was asked. If they didn't, explore reasons why and offer some suggestions for helping embed them into everyday life.

4. Build home strength and balance exercises and success stories from the week into your pre-session checks.

Before asking if everyone is well/any adverse events this week, start with "is there any good news to report?" or "has anyone progressed strength and balance exercises at home or been successful in getting some strength and balance in to their week?"

5. Start with exercises that they will quickly feel get easier the more they do - for example sit to stands and heel raises.

These can either be done every day, 10 times in one go, or give a suggestion that a few can be done in every advert break (if they watch TV) or waiting for the kettle to boil - so that they associate an exercise with an everyday task. This is all about making it a habit. In the first few weeks it helps if everyone is doing the same home exercises so you can ask the group how they got on doing them, how they felt, how best to remember to do them and are they making a difference.

6. Avoid handing out equipment early.

Get them into the habit of doing some exercises first before having to remember where the equipment is or how to use it.

7. Use your sessions to highlight/master class exercises that will feature in their home exercise programmes.

Relate the exercise to home exercise, continue to refer to frequency being important for results. This approach should really be implicit in all of your sessions.

8. Target the homework for individuals.

If they are finding something in your session difficult, offer them a way to improve, this may be just one exercise to rehearse several times per day.

9. Remember that we can support clarity of home exercise programmes by using consistent language in your sessions.

Repeating specific teaching points during the session will help them 'hear your voice' in their heads whilst performing them at home.

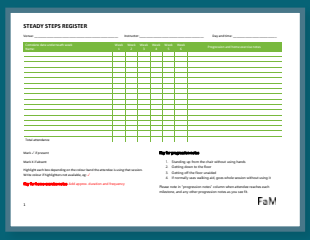
10. Progress.

As time goes on and we add more exercises, remember to offer exercise sheets (to remember technique). As the weeks progress you can add exercises that work on any asymmetry they may have (e.g. hamstring stretches on the leg with poor flexibility) or swap with other strength or balance exercises as you progress their ability over time within the group.

This is an example home exercise diary developed by the Leicestershire programmes in the PhISICAL study

Download 24 week
home exercise dairy

Sample register



This is an example register developed by the Leicestershire programmes in the PhISICAL study

Download 24 week
sample register


“I think this sort of thing is a very good way of keeping people healthier, mentally and physically, and the mental side is quite important as well”

Continuing professional development using Communities of Practice

What is a Community of Practice?

The term community of practice (CoP) was first coined by Lave and Wenger in 1991[19], who used examples of apprenticeships including midwives, naval quartermasters and tailors to demonstrate that learning occurs through the social interactions between individuals. They were referred to as “groups of people who share a concern, set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis”[20].

How are they organised?

Communities of Practice are commonly present as part of the normal infrastructure in large organisations such as the NHS. In some settings, where there is no existing infrastructure, informal networks that are self-organised, and not purposefully set up, may emerge. Alternatively, Communities of Practice may be newly initiated and developed by organisations and used as a tool to consciously manage knowledge in order to improve outcomes. This latter description probably best fits the Communities of Practice observed during the PhISICAL study.

The FaME Community of Practice sessions were hosted by the Active Partnership (formally County Sports Partnership) across Leicestershire, Leicester & Rutland, who also had a management remit for the local implementation of FaME. Formal invites were sent out to the Postural Stability Instructors, their managers and the commissioners to attend sessions of approximately 2 hours in duration. For one Community of Practice event, FaME participants were also invited, attended and contributed to the discussion. The agenda was varied but essentially addressed local successes and areas for improvement/trouble shooting.

What benefit did they have?

Analysis of the Community of Practice events revealed several useful functions and benefits. Communities of Practice:

1. Enabled shared learning regarding set up of the programme and how implementation problems had been overcome and supported the consistent implementation across multiple providers.
2. Provided a forum for problem solving, where the group members could ask each other questions and co-produce solutions, including with service users.
3. Provided an opportunity for the members to make suggestions of programme improvement, testing the feasibility of new ideas with each other and testing the acceptability of variations with commissioners.
4. Provided peer support and so helped to reduce the feeling of isolation, of 'going it alone', that instructors working independently and remotely often can have. They helped to boost instructor confidence by aiding knowledge consolidation, particularly about any components of the sessions they were less confident about and identified opportunities for ongoing learning.
5. Provided a forum for service user engagement and feedback.
6. Fostered better communication and shared working across providers in different localities.

Over time the Communities of Practice evolved from being commissioner-initiated and led to being instructor-led, and the content changed from being a forum for transferring knowledge about programme set up to a forum for improving quality and developing ways for the programmes to be sustainable.

When asked if the Communities of Practice events were useful, participants were overwhelmingly positive with comments such as:

"I certainly find them useful from my point of view, I think because I am probably that one step removed in a way from the delivery, and I think it has been really interesting to hear what has been going on in the localities"

"They were useful because I think it was interesting to understand what is happening within other districts and some of the challenges that there are... and I suppose more than anything is that you're not on your own, we're all experiencing some of those challenges"

Example agendas used during the PhISICAL study can be found here. There are three because the content changed over time.

Download
CoP event agenda 1

Download
CoP event agenda 2

Download
CoP event agenda 3

04
Monitoring & evaluation

Quality assurance checklist 48

Data collection for FaME programme monitoring and evaluation 49

Monitoring participant outcomes and evaluating programme performance are crucial for the successful delivery of high quality programmes with fidelity. Data collected from participants is important for two reasons: to ensure the FaME programme is tailored to that individual, their functional ability, comorbidities and cognitive capability; and to ensure that participants are improving in their strength, balance, confidence and fear of falling.

We have developed a short guide to summarise approaches taken to data collection in the programmes studied in PhISICAL, but you might also like to look at the common dataset suggested by the Royal Society for the Prevention of Accidents (RoSPA - see www.rospa.com/home-safety/stand-up-stay-up/falls-prevention-network).

A key research question for the PhISICAL study was whether programmes retain the quality and fidelity of FaME delivery set out in the clinical trials when commissioned in a non-research setting. To answer this question we observed classes against a quality and fidelity checklist. Instructors wanted feedback from observations and this inadvertently turned into a quality assurance process, with feedback and continuous improvement resulting. It is recommended therefore that FaME programme delivery has built in quality assurance – either procured and delivered externally, or delivered through internal peer-led approaches. We have provided the QA checklist used in the study.

Quality assurance checklist

Quality assurance (QA) supports the delivery of the FaME programme by ensuring programmes are high quality and have fidelity to the published clinical trials. Any QA should be a positive experience for the workforce, providing support and guidance for optimum exercise delivery/outcomes.

Quality assurance of FaME classes using peer observations by a qualified instructor was shown in the PhISICAL study to be an effective way of identifying PSI delivery strengths and areas for improvement. The QA resources in this toolkit provide a systematic method of carrying out and documenting such observations and of providing consistent feedback on outcomes and recommendations for improvement.

A self reflection document is available from Later Life Training (www.laterlifetraining.co.uk)

Download a QA checklist

Data collection for FaME programme monitoring and evaluation

Why collect data?

Data collection for the FaME programme is important at two levels:

1. Individual assessment level
    - To determine suitability or eligibility of individuals for the local programme
    - To ensure each programme is tailored to an individual's functional ability
    - To monitor an individual's progress and provide individualised feedback throughout the programme
2. Programme assessment level
    - To use aggregate data to monitor the overall performance of the programme against local performance indicators and quality criteria (usually set out in the service specification)

Individual level assessment

Depending upon the locally-agreed referral pathways for the FaME programme, participants may or may not be able to self-refer to the programme as well as being signposted or referred by healthcare providers to the programme. If a healthcare referral is required a local referral form should be developed in order to provide the necessary clinical information. If a healthcare professional referral is not required, there needs to be a local decision regarding whether or not the GP is notified of participation.

Irrespective of the entry route, postural stability instructors (PSIs) need to undertake an incoming assessment of health and function prior to people starting exercise to ensure that individuals are suitable for the programme and to allow involvement/referral onto other health professionals if required (i.e. to ensure the multifactorial nature of falls is addressed). It also allows the instructor to tailor an individual's exercises in class and at home. As PSIs are trained to collect data to undertake these individual-level assessments further guidance is not given here.

Programme level assessment

The Royal Society for the Prevention of Accidents (RoSPA) have developed a common data set for strength and balance exercise programmes – found here

www.rospa.com/rospaweb/docs/advice-services/home-safety/stand-up-stay-up/data-collection-form.pdf

The data are collected at the individual participant level and can then be aggregated to form programme-level data. It provides a minimum dataset that should be feasible to collect for most programmes.

In addition, based on the PhISICAL study we would recommend the following data are collected.

1. Resistance band colour progression (colour recorded weekly on class registers – see sample register on page 42 (click here)).
2. Self reported falls in the previous 3 months (collected at the beginning and end of the programme). The falls question used in

Download falls questionnaire

PhISICAL can be found here.

3. Quality of life using e.g. EQ5D – downloadable at www.euroqol.org]

Together the data can then be used to generate the following aggregate reports:

Suggested indicator measures

Process measures

1. Mean age (and standard deviation) of participants
2. Gender (% M/F) of participants
3. Number of people enrolled (by route of referral (%))
4. Number (%) of people completing the programme (defined as attending 75% or more classes in a 24 week programme)
5. Number (%) of people continuing with strength and balance-based exercise when exiting the FaME programme

Outcome measures

6. Change in 3-month falls rate from the beginning to end of the programme
7. Change in Timed Up and Go test, 30 second Sit-to-stand and FES-I (Falls Efficacy Scale-International) from beginning to end of the programme
8. EQ5D to measure changes in quality of life of participants from the beginning to end of the programme. Whilst this wasn't collected in the PhISICAL study it does help to provide evidence of wider benefits of the FaME programme
9. Number (%) of people making 3 or more resistance band progressions

Download a detailed monitoring and evaluation summary

National recommendations for auditing the quality of strength and balance programmes

Public Health England (PHE) is currently developing strength and balance quality markers to support the audit and improvement of falls pathways. These are aligned with the RoSPA dataset, but will enable assessment of strength and balance exercise at population level.

05 Conclusion

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Concluding remarks

We hope that you have found the FaME implementation toolkit useful. We are keen to ensure that it remains relevant to commissioners and providers of the FaME programme, so if you have any comments about how to improve it or make it more useful, please send us an email to phisicaltoolkit@nottingham.ac.uk

References

1 https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning

2 https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement

3 https://pathways.nice.org.uk/pathways/preventing-falls-in-older-people

4 https://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway

5 Buttery AK, Husk J, Lowe D, Treml J, Vasilakis N, Riglin J. Older people's experiences of therapeutic exercise as part of a falls prevention service: survey findings from England, Wales and Northern Ireland. Age and Ageing. 2014;43(3):369-74.

6 https://www.ageing-better.org.uk/publications/raising-bar-strength-balance

7 https://www.journalslibrary.nihr.ac.uk/hta/hta18490/#/abstract

8 Falls in older people: assessing risk and prevention. Clinical Guideline CGT161. National Institute for Health and Care Excellence https://www.nice.org.uk/guidance/cg161/chapter/introduction

9 Sherrington C, Michaleff ZA, Fairhall N et al. Exercise to prevent falls in older adults: an updated systematic review and meta-analysis. 2017. British Journal of Sports Medicine 51: 1949-1757. https://bjsm.bmj.com/content/bjsports/51/24/1750.full.pdf

10 Sherrington, C., Tiedemann, A., Fairhall, N., Close, J. C., & Lord, S. R. (2011). Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations. NSW Public Health Bulletin, 22(4), 78–83.

11 NHS Right Care falls and fragility fractures pathway. https://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway/

12 Public Health England Falls and fractures: consensus statement and resources pack. https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement

13 Chief Medical Officer for England physical activity guidelines for older adults (65+ years). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf

14 Skelton D, Dinan S, Campbell M, Rutherford O. Tailored group exercise (Falls Management Exercise – FaME) reduces falls in community-dwelling older frequent fallers (an RCT). 2005. Age and Ageing V34(6), p636-639. https://academic.oup.com/ageing/article/34/6/636/40192

15 Iliffe S, Kendrick D, Morris R et al., Multicentre cluster randomised trial comparing a community group exercise programme and home-based exercise with usual care for people aged 65 years and over in primary care. 2014. Health Technology Assessment 18(49):vii-xxvii, 1-105. https://www.journalslibrary.nihr.ac.uk/hta/hta18490/#/abstract

16 Sherrington C, Fairhall NJ, Wallbank GK, et al. Exercise for preventing falls in older people living in the community. Cochrane Database Syst Rev. 2019 Jan 31;1:CD012424. doi: 10.1002/14651858.CD012424.pub2.

17 Exploring the system-wide costs of falls in older people in Torbay. The Kings Fund 2013. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf

18 Public Health England Return on Investment Tool: Assessment of Falls Prevention Programmes for Older People Living in the Community. 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679856/A_return_on_investment_tool_for_falls_prevention_programmes.pdf

19 Lave, J. and Wenger, E. (1991) Situated learning: Legitimate peripheral participation. Cambridge University Press, Cambridge.

20 Wenger, E., MacDermott, R. and Snyder, W.M. (2002) Cultivating communities of practice. Harvard Business School Press, Boston.

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This implementation toolkit accurately reflects recommendations in the NICE guidance on falls in older people. It also supports statement 8 in the NICE quality standard on falls in older people.

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