Older People’s Experiences of Falls Prevention Services

Patient and Public Involvement

Commissioned by:
The Healthcare Quality Improvement Partnership

Supported by:
Age Concern/Help the Aged (AGE UK)

Conducted by:
Clinical Standards Department,
Royal College of Physicians, London

Advised and approved by:
The Falls and Bone Health Audit Steering Group

Report - 1st February 2010
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</tr>
</tbody>
</table>
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Report approved by the National Audit of Falls and Bone Health Steering Group

Acknowledgement
Thank you to the members of the RCP Patient and Carer Network and to all the people that took part in this project.
Introduction

This report presents the findings from a pilot postal questionnaire which asked about older peoples’ experiences of falls prevention services. The questionnaire design was based on feedback obtained from talking with older people at focus groups about their experiences of their local services. The layout of the questionnaire was further refined by the multi-disciplinary sub group which included members of the public who had used falls services.

Questions asked about how patients were referred to the falls service, their experience of different components of the falls services and how effective they felt the interventions to have been. These aspects were chosen as they reflect the relevant statements in the guidance on which the national falls and bone health audits were based. They include the National Service Framework for Older People (NSF, 2001), and the National Institute for Health and Clinical Excellence (NICE) clinical guideline on the prevention of falls (Clinical Guideline 21, 2004).

The questionnaire participants were all patients who were currently or had recently been attending a falls service. This work complements the findings from the recent set of national audits investigating the organisation of falls services (2008/9) and the clinical care received by a sample of patients who had fallen and sustained fractures (2006/7).

We encourage you to consider the key messages obtained from older people who have used falls services and the recommendations derived from their messages within this report.

We would especially like to thank the older people who completed and returned the questionnaire. Finally we would like to thank everyone who helped in the design, performance and analysis of this project.

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Date: 10th February 2010
Executive Summary

For an older person a fall can have serious effects on confidence and independence (Salkeld et al, 2000). In the report of Older People’s Experience of Falls and Bone Health Services (RCP, London, September 2008) one of the focus group participants said: ‘It’s a fact, almost every day. Almost every day I still fight for confidence to do things.” It is therefore important to develop appropriate services in the National Health Service (NHS) to help maintain independence and prevent further falls and injuries from falls. Using patients’ experiences can help to develop such services (Kings Fund, 2009, NHSI 2009).

This report presents the findings from a pilot postal questionnaire which asked about older people’s experiences of falls prevention services. NHS Trusts identified patients who had recently attended or were currently attending their local Falls Prevention Service and sent them a questionnaire to capture their experiences. The anonymous questionnaires were returned to the Clinical Effectiveness and Evaluation Unit (CEEU), Royal College of Physicians (RCP), London. 1008 people returned a completed questionnaire providing valuable information about services. From this the key messages and subsequent recommendations were obtained.

Key messages

The majority of people were positive about their experiences of the local Falls Prevention Service.

a) At least 3 out of every 4:-

• Knew why they had been referred to the service (95%).
• Felt they had been seen quickly enough to help with their recovery (78%).
• Felt they received a thorough health check up (85%).
• Felt they had been involved in deciding what actions should be taken after being seen (80%).
• Were fully satisfied that good communication took place (85%).
• Found it easy or fairly easy to travel to appointments (76%).
• Were asked about their experiences of losing their balance or falling (84%).
• Felt that their overall experience had been useful (76%).

b) There were hundreds of comments from both patients and their helpers, carers and relatives complementing their local Falls Prevention Service, even though this was not asked for, or relevant to the actual question, for example:-

‘I have been well looked after at the falls clinic, had plenty of tests and know how to look after myself. How to get up from the floor, how to take my drugs, and look after my well being, my footwear, spectacles etc take loose rugs up out the way, and I have had hand rails put in my shower room and by back door, I am feeling much better.’

‘I am the wife as well as being the carer of this patient. The falls team have been very helpful in their assessment of my husband’s condition. He was having as many as 3 and 4 falls weekly and of late he has hardly had any. We have both gained the excellent information and advice we have been given by the falls team. They have been wonderful. Long may their work continue.’
Poor communication

The recurring theme from those not fully satisfied with their local Falls Prevention Service is around poor communication between different healthcare professionals and between healthcare professionals and patient. Examples include:-

- Delay in referral.
- Long waits once referral made with no communication as to the likely length of wait.
- 1 in 7 people did not feel that the outcome of their check up had been explained to them in a way they could understand.
- Nearly 1 in 7 people either left the question blank or didn’t know if they had been involved in deciding what actions would be taken after being seen.
- Only 39% of people were sure that information about their attendance had been provided to their GP.
- Just over 1 in 5 people were either not confident at all or not very confident about getting up from the floor and/or summoning help. This is important given the well documented evidence of the risks associated with a ‘long lie’ (being on the floor longer than 1 hour).

It should be noted that some of these negative responses may have been due to the person not yet having completed their investigations and appropriate interventions.

Exercise interventions

Of the 650 people participating in an exercise programme, 602 provided comments about what sort of exercises they were doing. These comments show that many people:-

- Are continuing to participate in some form of exercise programme.
- Find self motivation to exercise at home is harder than when attending a class.
- Are limited as to what exercise they can do by factors such as pain, tiredness or other health problems.
- Appear to be participating in exercises and/or physical activities that have no evidence base for reducing risk of falls. This means it is not, for example, sufficiently specific, frequent or challenging. Evidence based programmes include Otago, FaME and Strength and Balance classes.
- Would like more help with continuing to exercise. For example, more than 1 class a week, longer courses, options for home visits, follow up from courses, more local classes and help with transport. There is little mention of classes being provided in the community, although this could be because most people are still at the stage of exercise interventions from healthcare professionals.
Recommendations

These findings raise important issues for improving the delivery of a timely, appropriate and effective local Falls Prevention Programme. Recommendations focus on improving communication and provision of local, long term, evidence based exercise interventions.

1) Communication

- Falls Prevention Services should provide written information about referral criteria and pathways to healthcare professionals, other statutory and voluntary agencies involved with older people and the general public, to raise awareness of the service and ensure timely referral. This could include information on the local Trust website.

- Falls Prevention Services should provide adequate verbal and written communication about treatment with both patients (and their family where appropriate) and healthcare and other professionals involved in their care. This includes following up the results of investigations for example.

- Falls Prevention Services should take time to ensure that the concerns of the individual are listened to, taken into account and documented at each stage of assessment, investigation, and intervention at a level and manner appropriate to the individual.

- Commissioners of Falls Prevention Services should recognise that effective communication takes time, but if achieved this is likely to increase satisfaction with the Service and improve compliance with any recommendations made for reducing the risk of falls and reducing injuries from falls. This is likely to reduce the number of patients seen in a busy clinic for example.

2) Exercise interventions

- Falls Prevention Services should provide adequate verbal and written information about the specific types of exercise needed to reduce the risk of falls, to both professionals and the general public. They also need to promote nationally validated courses to train appropriate health and exercise professionals to deliver these programmes.

- Falls Prevention Services should provide appropriate training/education programmes to promote the benefits of healthy active ageing to both healthcare and other professionals and the general public, to help:-
  - Prevent the onset of unsteadiness and risk of falls.
  - Maintain the benefits from attending strength and balance classes in a healthcare setting following a fall.

- Commissioners of Falls Prevention Services, district/county councils, housing associations and the voluntary sector should work in partnership to jointly fund the development of long term, local, safe and effective exercise opportunities in the community for older adults, and thus reduce risk of falls. Appropriate
venues could include leisure centres, sheltered housing complexes, church and village halls and day centres.

- Falls Prevention Services should provide appropriate exercise booklets to help motivate people to continue exercising at home.

- Falls Prevention Services should ensure that all patients are confident about getting up from the floor and or summoning help. This is important given the well documented evidence of risks associated with a ‘long lie’, (being on the floor for longer than one hour) and may include practising ‘backward chaining’ together with the provision of written information on getting up from the floor, information on community lifelines and the provision of bed sensors/falls detectors.

Next steps

Revision of the questionnaire
Using the completed questionnaires as a guide, further revisions will be made. Work has already started within the sub group. The plan is to have the final questionnaire ready for local use and freely available in the public domain by end of March 2010.

Further patient involvement work
The Falls and Bone Health audit programme plans to develop the use of patient experience in the future.
Background

Using older people's views
In the Department of Health Next Stage Review (2008), Lord Darzi announced the introduction of several new measures for improving quality such as “Quality Accounts” to include patients’ views on the quality of their experiences which could in turn have an impact on the way hospitals are funded. Quality Boards will feature at regional and national level which will complement local Primary Care Trust level arrangements as part of the World Class Commissioning Programme.

Work is progressing, as The Patient and Public Engagement Support Programme (DH, 2009) plan to use patient experience to improve service quality by engaging and empowering users of services. The Kings Fund Point of Care Programme (2009) has also produced work which states that patient experience is useful in providing an understanding about any problems in care delivery and can inform improvements and service redesign. However they suggest the need of an overall strategy within Trusts to coordinate the different types of patient feedback (national patient surveys, ward level surveys, patient forums, complaints or informal feedback to Patient Liaison Services (PALS))

Using patient experiences to inform and improve falls prevention services nationally is a challenge because services have been developed in many different ways and are therefore difficult to compare.

The importance of falls and fracture services
Falling is a serious event and is a frequent occurrence in people aged 65 years and over. Falls, and the fear of falling has a significant effect on older people and their lifestyle resulting in a loss of confidence, restriction of activity and subsequent reduction in quality of life. In addition to the individual costs, falls have considerable costs to care and health services such as ambulance call outs, inpatient treatments, rehabilitation and long term follow-up care and support.

Falls and resultant fractures in people aged 65 and over account for over 4 million bed days each year in England alone. Injurious falls, including over 60,000 hip fractures annually, are the leading cause of accident-related mortality in older people. Well organised services, based on national standards and evidence-based guidelines can prevent future falls and reduce death and disability from fractures (Falls and fractures prevention package, DH, July 2009).

The series of National audits
The National Falls and Bone Health Programme produced the first audit of the organisation of services for falls and bone health in older people in 2005. The first clinical audit followed in 2007. Patient experience focus groups were convened in 2008 and there was a repeat organisational audit in 2008. The patient focus group work led onto the development of a patient experience questionnaire to obtain their views of falls services.

National audit provides detailed information about falls and bone health services and the care provided for older people based on self assessment or from what is recorded in the patient’s case notes (RCP, London, 2007). Audit findings can be enhanced by obtaining the views of people using those services.
**Aim of project**
The aim was to obtain patients’ experiences of falls prevention services.

**Key objectives**
- To obtain patient feedback via a postal questionnaire about falls prevention services from approximately a third of NHS Trusts.
- To summarise the findings in a report.
- To revise and finalise the questionnaire.
- To make the final questionnaire available for local use (in England, Wales, Northern Ireland and the Channel Islands).

**Method**

**Recruitment**
As part of the 2008 National Audit of the Organisation of Services for Falls and Bone Health NHS Trusts were asked if they used questionnaires or interviews to gather patients’ views about their Falls Prevention Service. If the response to these questions was “No” they were invited to take part in this piece of work.

As such, in May 2009, 149 Trusts were invited by letters sent to the Chief Executive, previous audit lead (for the National Fall and Bone Health Audit Programme) and clinical audit staff.

Clinical Governance and/or Audit Departments were contacted after clinical leads were identified to ensure that the paper work used fulfilled their patient and public involvement requirements.

The National Information Governance Board (NIGB) was contacted and gave approval for the proposed process of individual Trusts identifying their patients, sending or giving out questionnaires with the project information and obtaining patient consent to take part by the patient completing and returning the questionnaire.

**Sample**
A total of 86 Trusts agreed to take part. Another 10 Trusts that had heard about the project requested to take part, making a total of 96 Trusts.

These included 74 acute Trusts, 17 primary care organisations, 1 health and social care trusts and 4 combined PCT and acute Trusts, covering England, Wales, Channel Islands and Northern Ireland. Several Trusts chose to send out questionnaires from more than one of their sites making a total of 106 sites taking part. Subsequently 22 sites out of the 106 decided to withdraw leaving 83 participating sites. Some withdrew for reasons related to how their falls services were organised eg acute trusts whose exercise interventions took place in the community felt unable take part as many questions related to community or primary care.

In July and early August 2009 each participating site was sent 42 questionnaires, 40 to be sent to patients with 2 spares. Not all sites managed to send out 40 questionnaires.

Questionnaires, together with an invitation letter on local Trust headed paper; a patient information sheet and a pre paid reply envelope were sent/given to appropriate men and women either currently attending or who had recently attended
their Falls Prevention Service. Trusts were advised not to use patients who had been discharged more than 12 weeks from services because of the likelihood of being less able to recall what had happened. Members of staff were asked to check patient information databases to ensure that patients who had been discharged were alive so that no unnecessary distress should be caused to relatives.

- Questionnaires were not sent to patients with known dementia.
- Patients were advised that someone (for example a carer) could help them complete the questionnaire if required.
- Some sites asked their audit or patient involvement departments to complete the questionnaire with the patients while they were attending the Falls Prevention Service, as this was their usual method for obtaining patient views.

**Questionnaire**

The aim was to use a postal questionnaire based on the themes identified by the focus group work outlined in the Older Peoples’ Experiences of Falls and Bone Health Services report (2008). The questions for the focus groups were based on the NICE Clinical Guideline 21 Falls: Assessment and Prevention of Falls in Older people (2004) and used as a framework for the discussion. The content of the questionnaire was then further developed by a multi-disciplinary sub group (see appendix) which included patient representatives. The RCP Patient and Carer Network was also used to check specific items.

**Returning the questionnaires**

Patients completed the questionnaire and returned it anonymously to the RCP project team via a pre-paid envelope. As each questionnaire was received it was allocated a number and the date received was noted on the front page.

The original deadline to send back the questionnaires was 14th September 2009. However because there were numerous postal strikes between 17th July and 14th September questionnaires were accepted until 28 September 2009 (79 questionnaires were received after 28th September but they were not included in the analysis).

**Return rate**

A total of 2784 questionnaires were sent or given out and 1028 questionnaires were returned to the RCP. 20 questionnaires were excluded. The return rate was 36% (1008/2784). These came from 84 sites; the median number per site being 10, inter-quartile range 7-17.

Two sites sent out 40 and 25 questionnaires respectively to their patients but none were returned to RCP. Further discussion with these sites indicated that this might have been due to questionnaires being sent to patients whilst they were at the assessment stage in the Falls Prevention Service and therefore unable to answer many of the questions.

**Data entry**

The numbered and dated questionnaires were entered into an SPSS data file (SPSS is computer software used for statistical analysis). The questions where patients were invited to add their comments were entered verbatim unless what they said identified the patient or local service. Responses that could not be read or were difficult to interpret were put to one side for checking. Unanswered or missing answers were coded as such. 1028 questionnaires were received and data entered
by one person. A second person checked through all the responses that could not be read. Responses that were difficult to interpret, such as ticking more than one box or writing a comment alongside a tick box were recoded by agreement within the project team as follows:–

- Those with no ticks, or more than one tick, were coded as missing (not interpretable), except in Questions 1 and 10 where they were altered based on the comment and included in tables 3 and 13 respectively.
- Tick box answers were entered unless there were written comments that clearly overruled the tick box answer.

**Checking the quality of the data entered**
A systematic method was used to check the questionnaire data entered on to the computer against the hardcopy questionnaires. Using this method 1 in 10 questionnaires were identified for checking. A different person than the one that entered the data in the first instance performed the checking. Of 96 selected questionnaires 9 items needed correction, these all being simple typing mistakes. There were 28 columns and therefore 2668 cells for data entry, making an error rate of 0.3%. This is a low error rate and therefore no further checking was deemed necessary by the project statistician.

Whilst quality checking the information entered on the computer seven questionnaires were identified as being entirely blank, others included a note saying that the patient had recently died, so these were set aside. A further 13 questionnaires could not reliably be analysed because the patient was uncertain whether they had been referred to a falls prevention service, and had not completed parts of the questionnaire. This left a total of 1008 questionnaires which were included in the analysis.

**Comments**
The comments were interpreted manually, and using the software NVIVO 8 (QSR International Pty Ltd. Version 8, 2008) which is computer software used to analyse text information.

**Understanding the tables and comments**

**Tables:**
- The percentages for the responses within tables have been rounded up or down so their total will not always equal 100.
- Where percentages are given this is usually the number that responded out of the total 1008. Sometimes the question only applies to a subset of responders and the percentages are then out of this number instead.

**Comments**
There were opportunities to provide comments within the questionnaire. However not everyone provided a comment when given the opportunity and some people provided a comment when they were not asked to.
Results
The questionnaire response rate was: 36% (1008/2784). The results presented below are based on 1008 completed patient questionnaires returned to RCP.

Table 1: Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>281 (28%)</td>
</tr>
<tr>
<td>Female</td>
<td>692 (69%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>35 (3%)</td>
</tr>
</tbody>
</table>

Table 2: Age group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>54 years or less</td>
<td>3 (0.3%)</td>
</tr>
<tr>
<td>55-64 years</td>
<td>48 (5%)</td>
</tr>
<tr>
<td>65-74 years</td>
<td>162 (16%)</td>
</tr>
<tr>
<td>75-84 years</td>
<td>461 (46%)</td>
</tr>
<tr>
<td>85-94 years</td>
<td>310 (31%)</td>
</tr>
<tr>
<td>95 years or greater</td>
<td>10 (1%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>14 (1%)</td>
</tr>
</tbody>
</table>

The age and sex of people replying to this questionnaire is similar to other data collected from falls prevention services, with the majority of people being female and above 75 years of age.

For example in the National Clinical Audit (2007) there were 2 groups of patients audited; one that had a fall and a hip fracture (Hip) and the other those that had a fall and a different fragility fracture (Non-hip). The results for these groups were:

Hip = Mean age 83 years and 80% were female (2555/3184)
Non-hip = Mean age 79 years and 86 % were female (4880/5642).
Table 3: Question 1 - Who referred you to the Falls Prevention Service?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your general practitioner (GP)</td>
<td>478 (47%)</td>
</tr>
<tr>
<td>Hospital Doctor</td>
<td>200 (20%)</td>
</tr>
<tr>
<td>Physiotherapist (Physio)</td>
<td>94 (9%)</td>
</tr>
<tr>
<td>Nurse</td>
<td>38 (4%)</td>
</tr>
<tr>
<td>Occupational Therapist (OT)</td>
<td>28 (3%)</td>
</tr>
<tr>
<td>Self</td>
<td>17 (2%)</td>
</tr>
<tr>
<td>Social Worker or Warden</td>
<td>14 (1%)</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>11 (1%)</td>
</tr>
<tr>
<td>Other, if other, who was it?*</td>
<td>36 (4%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>30 (3%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>28 (3%)</td>
</tr>
<tr>
<td>Multiple tick boxes selected</td>
<td>34 (3%)</td>
</tr>
</tbody>
</table>

* Other, if other, who was it? This included other health care professionals, other hospital departments, other statutory agencies, voluntary sector and relatives.

Just under half of the people in this questionnaire had been referred by their GP. Hospital-based doctors were the next most common group, referring one in five.

This is a surprising result because in the report using focus groups (September 2008) one of the comments made was that people did not know who had referred them to the Falls Prevention Service and this was reflected in comments such as:

‘...but as I say I don’t know whether all the GPs have got that sort of information because my actual GP has never mentioned it. As I say it was this locum which I was very grateful for.’
Table 4: Question 2 - Do you understand why you were referred?

<table>
<thead>
<tr>
<th>Possible responses</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>955 (95%)</td>
</tr>
<tr>
<td>No</td>
<td>23 (2%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>30 (3%)</td>
</tr>
</tbody>
</table>

98% of people (955/978) felt that they understood why they had been referred.

Table 5: Question 3a - Do you feel that the Falls Prevention Service saw you soon enough to be able to help your recovery?

<table>
<thead>
<tr>
<th>Possible responses</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>786 (78%)</td>
</tr>
<tr>
<td>No</td>
<td>74 (7%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>106 (11%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>42 (4%)</td>
</tr>
</tbody>
</table>

Just over three-quarters (78%) of people felt they had been seen quickly enough to help them recover.

One out of every nine respondents said they did not know whether it was soon enough or not.
Question 3b: If you answered NO to question 3a, can you explain why it was not soon enough?

89 people provided a comment to question 3b. However 74 people said ‘No’ and 106 said they ‘Did not know’ to this question. The key themes to the comments with examples are as follows:

- **Too many falls (and injuries) before being referred:**

  ‘I fell on November 2008 and the GP called home after a few days and mentioned the Falls Clinic. I had an injury to my left arm which took a month to heal. During the winter I gradually deteriorated and my daughter reminded the GP for a referral to the Falls Clinic at end of April. I was examined at the clinic in May 2009.’

  ‘I feel the waiting time of 4 to 5 months since the GP’s referral to actually seeing the doctor at the falls clinic was too long. This did not help my confidence. I had been quite active before feeling unwell - but due to feeling unsteady on my feet became almost housebound or could only go out with someone's help.’

- **Once referred, waited too long to be seen by a healthcare professional:**

  ‘I fell and broke my nose and went to the local hospital who patched me up. Had to wait about 4 months for an appointment to see the physio who suggested I would benefit from some exercises. I have just done two weeks at the local hospital where I think things are improving and I am learning to stand up straight. There are three more weeks to go! My balance is improving too.’

  ‘My initial date for consultation came within 4 weeks but was cancelled due to poor weather (ice, snow etc). I was promised a new appointment which never arrived some months later in April, I phoned to ask what was happening and was told they had forgotten me! I was not able to attend a falls clinic, suggested by the consultant I saw because the hospital is too far away for ease or possibility of access.’

- **People hadn’t reported falls soon enough:**

  ‘Although it was long before I went to the “falls prevention service” I think it was my fault, as I did not report, or do anything about the falls I was having until I fell and broke my wrist.’
Table 6: Question 4 - Did you feel that you received a thorough health check up when you attended the Falls Prevention Service?

<table>
<thead>
<tr>
<th>Possible responses</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>859 (85%)</td>
</tr>
<tr>
<td>No</td>
<td>56 (6%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>38 (4%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>55 (5%)</td>
</tr>
</tbody>
</table>

85% of people felt they had received a thorough health check up.

Table 7: Question 5 - If yes to question 4, can you tell us how much you agree with the following sentence? The staff explained the outcome of the check up that I had and I understood what they told me.

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of 859 responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I fully agree</td>
<td>718 (84%)</td>
</tr>
<tr>
<td>I partially agree</td>
<td>94 (11%)</td>
</tr>
<tr>
<td>I don’t really agree</td>
<td>18 (2%)</td>
</tr>
<tr>
<td>I definitely do not agree</td>
<td>3 (0.4%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>26 (3%)</td>
</tr>
</tbody>
</table>

Of those people who felt they had a thorough check up, almost everyone (95%) agreed to some extent that staff had explained the outcome of the check up to them and that they had understood. However one in seven did not fully agree, which is concerning.
Table 8: Question 6 - Did you feel you were involved in deciding what actions should be taken after you were seen by the Falls Prevention Service?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>802 (80%)</td>
</tr>
<tr>
<td>No</td>
<td>63 (6%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>64 (6%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>79 (8%)</td>
</tr>
</tbody>
</table>

Four out of every five people (80%) felt they had been involved in deciding what actions would be taken after been seen by the Falls Prevention Service. However, nearly 1 in 7 people said they either didn’t know, or left the question blank. This may indicate that people are not clear as to what sort of decisions they should expect to be involved in.

Table 9: Question 7 - Did you feel satisfied good communication took place?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, fully satisfied</td>
<td>858 (85%)</td>
</tr>
<tr>
<td>Partially satisfied</td>
<td>81 (8%)</td>
</tr>
<tr>
<td>Not very satisfied</td>
<td>17 (2%)</td>
</tr>
<tr>
<td>No, Not all satisfied</td>
<td>3 (0.3%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>49 (5%)</td>
</tr>
</tbody>
</table>

85% of people were fully satisfied that good communication had taken place, but some people were less satisfied.
Question 7a: If you were not satisfied that good communication took place can you tell us why?

83 people provided a comment to question 7a. A few of these comments reinforced positive answers, however most provided information about why they were not completely satisfied. The key themes to the comments with examples are as follows:

- **Lack of communication between different departments within the health service:**

  ‘On two occasions I was sent dates for tests that were after the dates given for consultant meetings. I had to telephone on both occasions to ask them to change tests in order that results were available on the date fixed for consultation.’

  ‘Still waiting after 2 months for them to contact GP regarding calcium tablets.’

- **Problems remembering what had been said to them, understanding what was said and hearing what was said. Sometimes there were additional language barriers:**

  ‘Did not understand what was being discussed.’

  ‘Doctor very softly spoken. Could not always hear first time, even though I was wearing hearing aid. He did not seem able to adapt to my needs when I requested him to speak louder.’

  ‘There was a language barrier because I do not speak English fluently and there was not always an interpreter available to translate into Punjabi for me.’

  ‘Being Italian, I needed things explained more slowly and clearly.’

- **Not always able to make healthcare professionals understand their story or their responses to questions:**

  ‘I felt patronised and I wasn’t given time or psychological space to respond, ask questions or talk about my own experience. Disappointing.’

  ‘I explained that I had no sense I was about to fall which got translated as doesn’t feel dizzy. I often feel dizzy but not before I fall unconscious and unexpected.’
• More feedback wanted about what was going on:

‘I was quite satisfied with the communication but the doctor decided what action should be taken.’

‘No one involved me or my family.’

‘There was no concluding interview which summarised the results of the examinations made or made recommendations.’

‘I would have liked to know who feedback to me and when. I am assuming that someone would have contacted me (in writing because my memory is sometimes poor) if anything is wrong with me apart from old age.’

‘It depends on the age, length of training and experience of those who had discussion with me. I was fortunate to be seen by a senior physiotherapist and then the consultant doctor. I appreciated their levels of knowledge, understanding and empathy. Advanced old age is very difficult to adjust to the gap between different stages in human development challenges the imagination!’

Table 10: Question 8 - Have you been invited to start an exercise programme either in a class or at home as part of your recent involvement with the Falls Prevention Service?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>701 (70%)</td>
</tr>
<tr>
<td>No</td>
<td>231 (23%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>19 (2%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>57 (6%)</td>
</tr>
</tbody>
</table>

One quarter of the people who answered this question (26%, 250/951) said they had not been invited to start an exercise programme, or did not know this. It is important to note that exercise interventions are not appropriate for everybody referred to a Falls Prevention Service.
Table 11: Question 8a - Have you participated in an exercise programme?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>650 (64%)</td>
</tr>
<tr>
<td>No</td>
<td>266 (26%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>19 (2%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>73 (7%)</td>
</tr>
</tbody>
</table>

About two thirds of people who answered this question had participated in an exercise programme. This question was very general and is likely to include those who have participated:

a) In a programme specifically for reducing falls risk but prior to the most recent fall.

b) In a more general exercise class not specifically for reducing the risk of falling.

Question 8b: If you answered NO to question 8a, please can you tell us why?

216 people provided a comment to question 8b. The key themes to the comments with examples are as follows:

- Had been told exercise not appropriate:
  
  'My condition of 'postural hypotenison’ was due to incorrect medication.'

  'Hospital decided it wasn’t needed – I fell on a pavement and broke my wrist pavement very uneven. Fall due to dizziness etc.’

- Still waiting to start:

  'I am awaiting an appointment at physiotherapy department.'

  'Long waiting list to join exercise class.'

- Exercise declined for a variety of reasons:

  'I get enough exercise walking my dog.'

  'I have done exercises night and morning for several years.'

  'Not appropriate at 95 years age.’
• Other illnesses, further falls and injuries:

‘Several other problems, getting around to physical exercise programme eventually. I had an operation and picked up pressure sores in hospital which had to be addressed first.’

‘Awaiting more tests.’

‘Further fall – broken arm.’

• Transport problems:

‘Sadly, my mother feels that attending a class due to transport problems is somewhat stressful. At the moment she feels leaving the house is stressful.’

‘I had no transport to get there.’

Question 8c: If you answered YES to question 8a, can you tell us a bit about the exercises you are doing at home?

602 people provided a comment to question 8c which indicates that many people are continuing to participate in some form of exercise programme. The key themes to the comments with examples are as follows:

• A lot of people are using booklets / exercise sheets to help them exercise at home:

‘A daily exercise sheet given to me by the physiotherapist ... mainly to strengthen my leg muscles. I have done them everyday and there has been a marked improvement in my mobility.’

‘Do exercises in "Staying Strong, Stay Steady" leaflet.’

• A lot of people continue to do the exercises they were taught in class / shown at the hospital:

‘Am following exercises as laid down in handbook supplied, most of which were used in the falls prevention exercises.’
• Some specific types of exercise or exercise programmes were mentioned:

‘As recommended by instructor – OTAGO.’

‘Generally based on Skelton "Research into Ageing” programme.’

‘I am a resident of a sheltered house, we have EXTEND classes weekly.’

‘Did Yaka yoga once a week – course now finished.’

‘Ongoing T’ai Chi.’

• Others mentioned components to an exercise programme:

‘I do the "Warm up" exercise 2/3 times weekly.’

‘I exercise by walking around my flat and along the veranda. I also do stretching exercises.’

• Limiting factors such as pain, tiredness or health problem were frequently mentioned:

‘I had 12 weeks exercises at the hospital, but was very disappointed not being able to go to the 2nd few weeks - because trouble with my blood pressure. I was put in touch with a chair programme at the local leisure centre and I now go there of course this not free!! But that’s ok with me. I am 89 years old and recently lost my dear husband of 64 years - so it's good to mix with others.’

‘I try to do them as often as possible especially the ones for my balance but I sometimes feel too muggy to do them.’

‘I was given an exercise paper also I try to do the exercises I can remember as often as possible, though I am restricted by back pain and loss of balance.’

‘Some from yellow instructions titled "preventing falls” I did not do these as often as I should have due to lack of time and exhaustion.’

• Some people stated that it was more difficult to motivate themselves to exercise at home than in class:

‘After finishing the course of exercises at the hospital I found it very difficult to motivate myself to continue at home on a regular basis.’
Table 12: Question 9 - Was the information about your attendance at the Falls Prevention Service provided to your GP?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I know the information was provided to my GP</td>
<td>390 (39%)</td>
</tr>
<tr>
<td>No, I know the information was not provided to my GP</td>
<td>77 (8%)</td>
</tr>
<tr>
<td>I don’t know if the information was provided to my GP</td>
<td>482 (48%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>59 (6%)</td>
</tr>
</tbody>
</table>

Only 39% of people were sure that their GP had been provided with information about their visit to the Falls Prevention Service, even though 85% were fully satisfied that good communication took place at the Falls Prevention Service (question 7). This indicates poor communication between the Falls Prevention Service and GP and/or the GP and patient.

Table 13: Question 10 - How easy did you find travelling to appointments with your local falls prevention service?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>536 (53%)</td>
</tr>
<tr>
<td>Fairly easy</td>
<td>228 (23%)</td>
</tr>
<tr>
<td>Not very easy</td>
<td>111 (11%)</td>
</tr>
<tr>
<td>Patient reported not applicable because they had not travelled</td>
<td>45 (4%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>88 (9%)</td>
</tr>
</tbody>
</table>

Although just over a half of patients found it easy to travel to appointments, one third of people found it either not very easy or only fairly easy to travel to appointments.
Table 14: Question 11- Were you asked about your experiences of losing your balance or falling?

11. Were you asked about your experiences of losing your balance or falling?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>851 (84%)</td>
</tr>
<tr>
<td>No</td>
<td>46 (5%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>23 (2%)</td>
</tr>
<tr>
<td>Did not fall or lose balance</td>
<td>12 (1%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>76 (8%)</td>
</tr>
</tbody>
</table>

The great majority of people reported having been asked about their experiences of losing their balance or falling. About half of the remainder left the question blank, but 5% (one in twenty) reported that they had definitely not been asked.

Table 15: Question 12 - Were the possible causes of your loss of balance or fall (s) explained to you by someone?

12. Were the possible causes of your loss of balance or fall (s) explained to you by someone?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>584 (58%)</td>
</tr>
<tr>
<td>No</td>
<td>214 (21%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>106 (11%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>104 (10%)</td>
</tr>
</tbody>
</table>

Just under 60% of people reported having had the possible causes of their fall explained to them. Half of the remainder answered “don’t know” or left the question blank. This leaves one in five people who did not feel that the possible causes of their loss of balance had been explained to them. This is another indication of poor communication with the patient.
Table 16: Question 13 - Can you tell us about your overall experience of using your local Falls Prevention Service by ticking one statement that sums up your views?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Useful for me</td>
<td>767 (76%)</td>
</tr>
<tr>
<td>Quite useful for me but could be better</td>
<td>89 (9%)</td>
</tr>
<tr>
<td>Not useful for me</td>
<td>41 (4%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>111 (11%)</td>
</tr>
</tbody>
</table>

Three-quarters of people felt the service had been useful for them, while just under one in eight said it had been “quite useful for me but could be better” or ‘not useful for me’.

Question 13a: If you answered not useful or could be better to question 13, please can you explain why?
123 people provided a comment. The key themes to the comments with examples are as follows:

- **Poor communication:**

  ‘Communication needs to be improved to eliminate unnecessary delays in transmitting information.’

  ‘The professor I saw explained my problems but did not explain that there was nothing he could or could not do to help with my problems. He just told me he was discharging me. All the people who attended that clinic the same time as I did, were also discharged. I got the impression that he had been told by his seniors to reduce the number of patients. Plus my symptoms have not altered since I first went to my GP at least 6 months ago.’

- **No improvement seen in overall health:**

  ‘Because it hasn’t helped my feet at all, in fact they are getting worse.’

  ‘Tried unsuccessfully to do exercises but it aggravated my osteoporosis – unable to walk for a couple of days.’

- **Exercise sessions didn’t last long enough:**

  ‘I attended for eight weeks I feel 12 weeks would have been better.’

  ‘I found the 7 weeks rather short.’
Follow up from exercise class wanted:

‘It was useful to do the exercise programme but that was it - no follow up to see I’ve progressed.’

Person’s own concerns not always seen to be taken seriously:

‘I felt that my problem was my eyesight and nobody was really interested in that aspect but they did listen. Have a stick and look down and forward when in the town.’

‘My fear of falling comes from two causes 1) poor balance, 2) poor sight. Reason 2 was completely ignored.’

More information wanted on the causes of their falls:

‘I would like more information about why I lose my balance so suddenly.’

‘I have not been given a reason for the falls.’

‘No attempt was made to diagnose reason for falls. Perhaps age accepted as adequate reason.’

Question 14: What changes if any have you made to reduce your risk of falling again or losing your balance?

730 people provided a comment although about 10% of the comments did not answer the question. From the comments relating to the question the key themes with examples are as follows:

Participating in an exercise programme:

‘Coming to the group exercise class and doing them at home’

‘I have gone back to dancing once a week as I prefer dancing to keep fit before the fall in the street I went dancing 3 times each week.’

‘I am following the advice given in the talks after exercises, such as removing or avoiding as far as possible situations that would cause me to trip up or fall. Also the exercises have strengthened my muscles and helped with balance’.

Being more careful when standing up and turning:

‘I used to walk quickly, now I take more time. Sometimes I have a dizzy spells when I get up, now I sit on the side of my bed for a while until I feel stable.’

‘When standing up, to get proper balance before starting to walk.’

‘I turn slowly to the left and I attend exercise classes’.
• Picking feet up properly and wearing appropriate footwear:

‘Picking my feet up properly which I realised I wasn’t doing and doing the exercises I was taught as they have definitely strengthened my muscles.’

‘Wearing lace-up shoes, using a walking stick more and being more aware of placing the feet sensibly and lifting feet better.’

‘My wife has thrown out all my backless slippers (so I won’t be tempted to wear them again) now have a stick recommended by physiotherapist who did my risk assessment.’

• Provision of walking aids and other equipment:

‘I am now using a hospital provided wheeled “walker” which means I can go out alone, walking upright instead of leaning on a stick - thus less back pain.’

‘Always use my stick when out walking have bought a grabber to avoid bending to pick things up from the floor.’

‘Changed floor covering to non slip type. Using walking frames. Hand rails fitted in doors and outdoors. Steps to front door altered for ease for wheel chair and self.’

• Awareness of home hazards:

‘Removing hazards in the home - keeping floor clear with loose electrical leads. No sudden bending, better lighting in hall and stairs.’

‘Removed mats, go at a slower pace, re-arranged furniture so I have a clean passage if I do lose my balance the injury is minimal.’

‘Removing hazards like wires, I have a personal CARELINE alarm now in case I fall at home. (I’m a widow - I live alone) I’m now fearful of falling again in or away from home.’

• Glasses and vision:

‘Now wear 2 pairs of glasses - one for reading and one for normal not bifocals.’

‘Changed my glasses, walk slowly, turn carefully because of sometimes dizziness.’

‘Always have a night light if I have to go to the bathroom in the night.’
Table 17: Question 15 - How confident do you feel that if you fell in the future you could get up from the floor yourself or if unable know how to summon help?

<table>
<thead>
<tr>
<th>Possible options</th>
<th>Number of responses (% of responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very confident</td>
<td>255 (25%)</td>
</tr>
<tr>
<td>Fairly confident</td>
<td>441 (44%)</td>
</tr>
<tr>
<td>Not very confident</td>
<td>133 (13%)</td>
</tr>
<tr>
<td>Not confident at all</td>
<td>93 (9%)</td>
</tr>
<tr>
<td>Response missing</td>
<td>86 (9%)</td>
</tr>
</tbody>
</table>

Just over one in five people were either not confident at all or not very confident about getting up from the floor or summoning help if unable to do this independently. This is an important finding given the well documented evidence of risks associated with a ‘long lie’ (being on the floor for longer than one hour).

Question 15a: If you do not feel confident can you tell us why?
257 people provided a comment. The key themes to the comments with examples are as follows:

- Unable to get up from floor due to long term health problems:
  
  ‘Due to my weight and where and when I fall and no qualified members of the public assist me.’

  ‘Because my arthritis is so bad when I fall I cannot put any pressure to my arms to help me.’

  ‘It is impossible to get up on my own, owing to a knee replacement, unable to kneel. Have had 2 nasty falls recently, one almost outside my doctor’s surgery, and I sat on the pavement for 10 minutes, before anyone helped. Eventually a young lady stopped her car and picked me up.’
• Unable to get up from floor due to panic, fear, loss of confidence:

‘Always feel that I am going to fall again after I have managed to get up. Have lost my confidence.’

‘Don't think I could get up.’

‘Feel very insecure and nervous.’

‘Lingering fear of falling caused by suddenness of the feeling of loss of balance and the slowing down of reaction time.’

• Person couldn’t always reach pull cords:

‘Flat has pull cord but if I am not near the cord when on floor I may not be able to reach cord. I do have a pendant (helpline).’

• Person hadn’t been told how to get up/summon help:

‘No instructions yet.’

‘No one has explained this to me I have a back problem which interferes with my balance.’
Do you have any other comments that could help improve the Falls Prevention Service?

404 people provided additional comments but over 200 of these (more than 50%) did not relate to the question. Many of them were complementing the Falls Prevention Service. From the comments relating to the question, the key themes with examples are as follows:

- **Request for improved communication:**

  ‘An excellent service which has helped me a great deal. It is unfortunate that no one in the medical profession informed me about this service. Could it be that not all NHS foundation trusts are aware of such a service? If so more publicity is needed.’

  ‘I think that more liaison with GP could prove beneficial.’

- **Request for quicker referral to the Falls Prevention Service including access to physiotherapy and exercise classes:**

  ‘Earlier referral by GP when encountering balance problems might have helped. Excellent course and well run by helpful staff!’

  ‘A faster referral would be helpful, but once here I was seen promptly and staff were pleasant and helpful.’

- **Request for longer term and more local exercise classes:**

  ‘A local group would be preferable to the "bus" service offered, which often took over an hour to do a 15-20 minutes journey, especially as I get travel sick with all the twisting.’

  ‘A follow up class would be helpful to help keep up my confidence.’

  ‘The 12 week programme is well designed and does help to strengthen muscles. I do the exercises at home but without the classes and the discipline, encouragement and information about prevention of falls, my motivation will wane and I’ll lose many of the benefits already gained. Could a follow up programme be offered? The social side of meeting similarly placed people, and sharing experiences is an added benefit. The leaders of the class are excellent. The information leaflets are very good. I am very grateful to be included in the Falls Prevention Classes, but after a progressive improvement over the 12 weeks, much will be lost when I’m left to my own devices.’
• Request for improved transport and accessibility to buildings:

‘There should be more centres where people could have easy access to the service. I have to travel there and back by taxi which is proving very expensive.’

‘I attended the exercise class today in the new medical centre whoever designed the long walk way must have been mad. If you are disabled and cannot walk far it makes it very difficult to get to reception.’
Does your helper, carer or relative have any comments that could improve the Falls Prevention Service?

There were 105 comments from carers. As in the previous question, the majority of these did not relate to the question and many complemented the Falls Prevention Service. From the comments relating to the question, the key themes with examples are as follows:

- **Request for improvement in transport to service:**

  ‘It is not very easy to get there on public transport. Sometimes we had to wait for 30 mins and after time of appointment’

  ‘My mother has benefited from attending the exercise classes and enjoyed them. Her balance has improved and confidence in walking inside too. Because the classes commence at 11am my mother has been picked up at 8.15 sometimes, which has been difficult for her as she has angina and is almost 90 years old – and finds it difficult to ‘rush’ in the morning.’

- **Request for improvement in follow up to service:**

  ‘Son – After the initial course, a follow up could be provided. The session could be repeated. Your staff were very helpful, professional and understanding’

  ‘Improvement going up and down steps and definite improvement in balance. A refresher class of say once a month would be helpful to ensure the exercises etc are kept and remembered. A very worthwhile service (daughter).’

- **Request for additional exercise sessions and the option of home visits:**

  ‘I think it would help if the exercise programme could go on for longer period than the 10 weeks, as it gave my husband more confidence, and it helped me knowing he was in good hands at the clinic.’

  ‘As a carer I would suggest that the ‘group’ balance exercises at the physio department should be for more than one hour weekly, as one can see the difference it makes to the patient being part of a group rather than by themselves at home.’

  ‘Daughter has suggested that to be more effective it would be helpful if it was possible to have a physiotherapist at home once or twice a week.’
• Request for better communication between doctors and doctor/ and patient

‘Better communication on results of tests and action. Concern over time.’

‘Communicate with GP sooner regarding tablets to be taken.’

‘As my mother suffers from mental ill health I feel that she has not answered these questions appropriately at present. In the light of her mental state which varies I feel that it would be very helpful if communication was made with a relative in relation to outcome of assessment and future care. It was only by chance encounter that we found out changes to medication and request for bone density. Overall though we were very impressed with the quick response to referral and input by OT occurred next day.’
Key messages

The majority of people were positive about their experiences of the local Falls Prevention Service.

a) At least 3 out of every 4:-
- Knew why they had been referred to the service (95%).
- Felt they had been seen quickly enough to help with their recovery (78%).
- Felt they received a thorough health check up (85%).
- Felt they had been involved in deciding what actions should be taken after being seen (80%).
- Were fully satisfied that good communication took place (85%).
- Found it easy or fairly easy to travel to appointments (76%).
- Were asked about their experiences of losing their balance or falling (84%).
- Felt that their overall experience had been useful (76%).

b) There were hundreds of comments from both patients and their helpers, carers and relatives complementing their local Falls Prevention Service, even though this was not asked for, or relevant to the actual question, for example:-

‘I have been well looked after at the falls clinic, had plenty of tests and know how to look after myself. How to get up from the floor, how to take my drugs, and look after my well being, my footwear, spectacles etc take loose rugs up out the way, and I have had hand rails put in my shower room and by back door, I am feeling much better.’

‘I am the wife as well as being the carer of this patient. The falls team have been very helpful in their assessment of my husband’s condition. He was having as many as 3 and 4 falls weekly and of late he has hardly had any. We have both gained the excellent information and advice we have been given by the falls team. They have been wonderful. Long may their work continue.’

Poor communication

The recurring theme from those not fully satisfied with their local Falls Prevention Service is around poor communication between different healthcare professionals and between healthcare professionals and patient. Examples include:-

- Delay in referral.
- Long waits once referral made with no communication as to the likely length of wait.
- 1 in 7 people did not feel that the outcome of their check up had been explained to them in a way they could understand.
- Nearly 1 in 7 people either left the question blank or didn’t know if they had been involved in deciding what actions would be taken after being seen.
- Only 39% of people were sure that information about their attendance had been provided to their GP.
- Just over 1 in 5 people were either not confident at all or not very confident about getting up from the floor and/or summoning help. This is important given
the well documented evidence of the risks associated with a ‘long lie’ (being on the floor longer than 1 hour).

It should be noted that some of these negative responses may have been due to the person not yet having completed their investigations and appropriate interventions.

**Exercise interventions**

Of the 650 people participating in an exercise programme, 602 provided comments about what sort of exercises they were doing. These comments show that many people:-

- Are continuing to participate in some form of exercise programme.
- Find self motivation to exercise at home is harder than when attending a class.
- Are limited as to what exercise they can do by factors such as pain, tiredness or other health problems.
- Appear to be participating in exercises and/or physical activities that have no evidence base for reducing risk of falls. This means it is not, for example, sufficiently specific, frequent or challenging. Evidence based programmes include Otago, FaME and Strength and Balance classes.
- Would like more help with continuing to exercise. For example, more than 1 class a week, longer courses, options for home visits, follow up from courses, more local classes and help with transport. There is little mention of classes being provided in the community, although this could be because most people are still at the stage of exercise interventions from healthcare professionals.
Recommendations

These findings raise important issues for improving the delivery of a timely, appropriate and effective local Falls Prevention Programme. Recommendations focus on improving communication and provision of local, long term, evidence based exercise interventions.

1) Communication

- Falls Prevention Services should provide written information about referral criteria and pathways to healthcare professionals, other statutory and voluntary agencies involved with older people and the general public, to raise awareness of the service and ensure timely referral. This could include information on the local Trust website.

- Falls Prevention Services should provide adequate verbal and written communication about treatment with both patients (and their family where appropriate) and healthcare and other professionals involved in their care. This includes following up the results of investigations for example.

- Falls Prevention Services should take time to ensure that the concerns of the individual are listened to, taken into account and documented at each stage of assessment, investigation, and intervention at a level and manner appropriate to the individual.

- Commissioners of Falls Prevention Services should recognise that effective communication takes time, but if achieved this is likely to increase satisfaction with the Service and improve compliance with any recommendations made for reducing the risk of falls and reducing injuries from falls. This is likely to reduce the number of patients seen in a busy clinic for example.

2) Exercise interventions

- Falls Prevention Services should provide adequate verbal and written information about the specific types of exercise needed to reduce the risk of falls, to both professionals and the general public. They also need to promote nationally validated courses to train appropriate health and exercise professionals to deliver these programmes.

- Falls Prevention Services should provide appropriate training/education programmes to promote the benefits of healthy active ageing to both healthcare and other professionals and the general public, to help:
  - Prevent the onset of unsteadiness and risk of falls.
  - Maintain the benefits from attending strength and balance classes in a healthcare setting following a fall.

- Commissioners of Falls Prevention Services, district/county councils, housing associations and the voluntary sector should work in partnership to jointly fund the development of long term, local, safe and effective exercise opportunities in the community for older adults, and thus reduce risk of falls. Appropriate
venues could include leisure centres, sheltered housing complexes, church and village halls and day centres.

- Falls Prevention Services should provide appropriate exercise booklets to help motivate people to continue exercising at home.

- Falls Prevention Services should ensure that all patients are confident about getting up from the floor and or summoning help. This is important given the well documented evidence of risks associated with a ‘long lie’, (being on the floor for longer than one hour) and may include practising ‘backward chaining’ together with the provision of written information on getting up from the floor, information on community lifelines and the provision of bed sensors/falls detectors.

**Next steps**

**Revision of the questionnaire**
Using the completed questionnaires as a guide, further revisions will be made. Work has already started within the sub group. The plan is to have the final questionnaire ready for local use and freely available in the public domain by end of March 2010.

**Further patient involvement work**
The Falls and Bone Health audit programme plans to develop the use of patient experience in the future.
References: further reading

- NHS Institute for Institute for Innovation and Improvement, *The ebd approach: experience based design using patient and staff experience to design better healthcare services*, 2009.
- Royal College of Physicians, Clinical Effectiveness and Evaluation Unit. *National Audit of the Organisation of Services for Falls and Bone Health in Older People report*. February 2006.
Appendix 1

Glossary

Audit: process to determine from available documentation and records, whether defined activities are conducted according to predefined agreed standards.

National Audit: National audit is performed when standards apply equally across the country. For falls prevention services there are separate National Service Frameworks for England and Wales, but guidance from the National Institute for Health and Clinical Effectiveness (NICE) applies to England and Wales. With agreement from the relevant Trusts, this audit covers England, Wales, the Channel Islands and Northern Ireland.

Organisational Audit: Audit of an organisation, i.e. its structures, policies and processes. It indicates how systems are set up but does not capture what actually happens to individual patients.

Clinical audit: Audit of activities (e.g. assessments, treatments or provision of information or equipment) that have taken place with individual patients, as recorded in clinical records etc.

Carer: Someone (commonly the older person’s spouse, a close relative or a friend) who provides ongoing support or assistance

Evidence-based exercise programmes: Research has shown the type, frequency, intensity, duration and progression of exercise which is necessary to be effective in reducing falls rates. Two programmes are strongly supported by existing research evidence:

- FaME (Falls Management Exercise) programme - Participants attend a weekly class run by a specialist exercise instructor, (for example a physiotherapist, postural stability instructor, registered exercise professional), lasting between 45 and 75 minutes over at least 48 weeks. The exercise is modified according to individual progress and the participants are encouraged to perform the exercises at home at least twice weekly. (Skelton DA, Dinan SM, Campbell M, Rutherford OM. FaME (Falls Management Exercise): an RCT on the effects of a 9-month group exercise programme in frequently falling community dwelling women age 65 and over. J Aging Phys Act 2004: 12: 457–8).

- Otago home exercise programme - Participants are seen at home by a specialist exercise instructor (for example a physiotherapist, postural stability instructor, Otago exercise leader, registered exercise professional) at least 4 times during the first 8 weeks with a booster visit at 6 months and telephone follow up each month between visits. Participants are encouraged to perform the exercises at home at least three times weekly for one hour or more and also to walk outdoors on 2 other days of the week. They are also encouraged to continue exercises for at least one year. The exercises are tailored and progressed according to the needs of the individual. (Robertson MC, Devlin N, Gardner MM, Campbell JC. Effectiveness and economic evaluation of a nurse

**Fall:** A fall is defined as “an event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness” (Guideline for the prevention of falls in older persons. American Geriatrics Society, British Geriatrics Society and American Association of Orthopaedic Surgeons Panel on Falls Prevention. Journal American Geriatric Society 2001; 49:664)

**Falls Prevention Service:** The NSF for Older People refers to “an integrated specialist falls service”. For the purpose of this project a FPS is taken to mean a coordinated, integrated, multi-professional and multi-agency service.

*Coordinated:* using a regular mechanism or meeting to agree strategy, and review progress towards objectives.

*Multi-agency:* e.g. health, local authority, voluntary sector.

*Multi-professional:* e.g. medical, nursing, physiotherapy, occupational therapy, social work.

*Integrated:* working to agreed protocols & pathways, utilising agreed communication pathways.

**Fragility fractures:** Defined as a fracture resulting from low trauma, such as a fall from a standing height or below.

**Inter Quartile Range (IQR):** The range between 25th and 75th centile when all the results are ranked from highest to lowest, i.e. it covers the middle fifty percent of results. NOTE that this does not mean that the results were distributed from a score of 100 to zero.

**Intervention plan:** Mechanism whereby various interventions have been implemented in response to the individual’s multi-factorial falls risk assessment and agreed in writing with the older person.

**Mean:** Average, occupying a position about midway between extremes.

**Median:** This is the middle point of the data set, when all the results are ranked from highest to lowest. Half of the values are below this point, and half are above this point.

**Multi-Factorial Falls Risk Assessment (MFFRA):** A specialist assessment performed by healthcare professionals with appropriate skill and experience normally in the setting of a specialist falls service. It identifies and documents modifiable risk factors for falling for a given individual, together with an action plan for reducing those risks.

**National Institute for Health and Clinical Excellence (NICE):** is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

**National Service Framework for Older People, Department of Health (NSF), England** was published in March 2001. There is a separate NSF for Wales (2006). The NSF’s set national standards and service models of care across health and
social services for all older people whether they live at home, in residential care or are being cared for in hospital.

Pathway: The patient’s care pathway should be agreed and implemented by health and social services, and should include referral criteria and onward arrangements.

Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice. The QOF rewards GPs for implementing good practice in their surgeries. The QOF comprises a range of criteria which are grouped into 5 domains: clinical care, organisational, patient experience, additional services and holistic care.

Secondary prevention: Intervention aimed at reducing risk of a recurrent event, e.g. to prevent falls and fragility fractures in a person who has already fallen.

Site: In this project, a site is an organisation, which can be a primary care organisation (which includes primary care trusts and local health boards), acute trust, or health and social care trust, which includes Northern Ireland and the Islands. An organisation may have more than one hospital, but would be considered as one site. However, where an organisation has two or more localities with quite separate services, these would be considered as separate sites.

SPSS: This is a statistical software package used to analyse the questionnaires.

Spreadsheet: Is a software system in which large groups of data can be displayed on a visual displayed unit, a computer screen, in a set format such as rows or columns and rapid calculations or adjustments can be made.

Trusts: In the context of the National Health Service (NHS), Trusts are organisational units, e.g. hospital trusts, community trusts, primary care trusts or combinations thereof.

Primary care organisation (PCO): The exact term differs in different parts of the UK. In England, primary care trusts (PCT’s) are the responsible local NHS body for commissioning but are also responsible for local provision of direct community and primary care services including general medical practice. Acute trusts are separate bodies responsible for providing services only.
In Northern Ireland, the Health and Social Care Trust provides a full range of health and social care services to the local population
In Wales the local NHS body is the Local Health Board (numbering 22 at the time of the audit) which directly provides primary, community and acute hospital services.
## Appendix 2

### Patient Involvement Project Group

<table>
<thead>
<tr>
<th>Title</th>
<th>Forename</th>
<th>Surname</th>
<th>Job title or project role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr</td>
<td>Claire</td>
<td>Ballinger</td>
<td>Academic, Occupational Therapy</td>
</tr>
<tr>
<td>Ms</td>
<td>Caroline</td>
<td>Barker</td>
<td>Falls Nurse</td>
</tr>
<tr>
<td>Ms</td>
<td>Amanda</td>
<td>Buttery</td>
<td>Research Fellow</td>
</tr>
<tr>
<td>Ms</td>
<td>Melody</td>
<td>Chawner</td>
<td>Clinical Physiotherapy Specialist and Falls Prevention Coordinator</td>
</tr>
<tr>
<td>Ms</td>
<td>Sue</td>
<td>Doyle</td>
<td>Falls Service Coordinator</td>
</tr>
<tr>
<td>Ms</td>
<td>Mary</td>
<td>Elliot</td>
<td>Lead Fracture Liaison Nurse Specialist</td>
</tr>
<tr>
<td>Ms</td>
<td>Debbie</td>
<td>Janaway</td>
<td>Falls Coordinator</td>
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<tr>
<td>Ms</td>
<td>Jackie</td>
<td>Riglin</td>
<td>Clinical Associate and Chair</td>
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<td></td>
<td></td>
<td></td>
<td>Falls Prevention Coordinator</td>
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<tr>
<td>Dr</td>
<td>Shelagh</td>
<td>O'Riordan</td>
<td>Consultant, Falls Lead</td>
</tr>
<tr>
<td>Mrs</td>
<td>Sheilah</td>
<td>Rengert</td>
<td>Patient representative</td>
</tr>
<tr>
<td>Mr</td>
<td>Cyril</td>
<td>Smith</td>
<td>Service user</td>
</tr>
<tr>
<td>Mrs</td>
<td>Joan</td>
<td>Soper</td>
<td>Service user</td>
</tr>
<tr>
<td>Mr</td>
<td>David</td>
<td>Welch</td>
<td>Service user</td>
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# Appendix 3

## National Falls and Bone Health Audit Steering group

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<th>Title</th>
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<tr>
<td>Dr</td>
<td>Jay</td>
<td>Banerjee</td>
<td>College of Emergency Medicine</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Primary Care / National Osteoporosis Society</td>
</tr>
<tr>
<td>Mr</td>
<td>Jonathan</td>
<td>Bayly</td>
<td>Northern Ireland</td>
</tr>
<tr>
<td>Dr</td>
<td>Tim</td>
<td>Beringer</td>
<td>BGS Nurse Consultant Special Interest Group</td>
</tr>
<tr>
<td>Dr</td>
<td>Hugh</td>
<td>Chadderton</td>
<td></td>
</tr>
<tr>
<td>Mr</td>
<td>Kostakis</td>
<td>Christodoulou</td>
<td>Public Health</td>
</tr>
<tr>
<td>Dr</td>
<td>Gary</td>
<td>Cook</td>
<td>Epidemiology, Public Health</td>
</tr>
<tr>
<td>Dr</td>
<td>Andrew</td>
<td>Davies</td>
<td>British Geriatric Society</td>
</tr>
<tr>
<td>Mr</td>
<td>Robert</td>
<td>Grant</td>
<td>CEEu – Statistician</td>
</tr>
<tr>
<td>Mr</td>
<td>Nicky</td>
<td>Hayes</td>
<td>Royal College of Nursing</td>
</tr>
<tr>
<td>Mrs</td>
<td>Frances</td>
<td>Healey</td>
<td>National Patient Safety Agency</td>
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<tr>
<td>Dr</td>
<td>Helen</td>
<td>Hosker</td>
<td>GP/Primary Care &amp; Commissioning</td>
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<tr>
<td>Dr</td>
<td>Antony</td>
<td>Johansen</td>
<td>Wales</td>
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<tr>
<td>Ms</td>
<td>Carole</td>
<td>MacGregor</td>
<td>Physiotherapy / AGILE</td>
</tr>
<tr>
<td>Mr</td>
<td>Gordon</td>
<td>Maclellan</td>
<td>Orthopaedics</td>
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<tr>
<td>Dr</td>
<td>Finbarr</td>
<td>Martin</td>
<td>British Geriatric Society, Department of Health</td>
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<tr>
<td>Ms</td>
<td>Catherina</td>
<td>Nolan</td>
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</tr>
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<td>Dr</td>
<td>Jonathan</td>
<td>Potter</td>
<td>CEEU, RCP</td>
</tr>
<tr>
<td>Dr</td>
<td>Susan</td>
<td>Poulton</td>
<td>British Geriatric Society</td>
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<td>Community / PCT services</td>
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<td>Royal College of Psychiatrists</td>
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<td>Stone</td>
<td>Wales/ Nursing &amp; Osteoporosis</td>
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<td>Dr</td>
<td>Jonathan</td>
<td>Treml</td>
<td>Associate Director and Chair</td>
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<td>Ms</td>
<td>Gail</td>
<td>Tucker</td>
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<tr>
<td>Dr</td>
<td>Margit</td>
<td>Physant</td>
<td>Age Concern/Help the Aged</td>
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</tbody>
</table>
Appendix 4
COPY ONLY TO GO ON YOUR Hospital headed paper

Dear <Patient name>  Date:

Re: Older peoples experiences of falls and bone health services

We would like to invite you to take part in a patient involvement project run jointly by <Add your trust name or service here> and the Royal College of Physicians (London). It has been funded by the Healthcare Quality Improvement Partnership (HQIP), which is a government funded body whose role is to commission projects to assess the quality of services provided by the National Health Service (NHS).

We are inviting people to take part who have fallen or lost their balance and then attended their local Falls Prevention Service. The aim is to obtain older people's experiences of their local service by completing a patient questionnaire which will aid the development of future national and local falls services.

Please be assured that feedback will be entirely anonymous, to encourage people to be entirely open about the care they have received.

Please read through the attached information and if you wish to take part complete the enclosed questionnaire and return it in the pre paid envelope to the Royal College of Physicians.

If you need more information about the project please contact <lead name> on phone number………………………… or the project manager on 020 7935 1174 ext 347.

If you do not wish to take part, you do not need to do anything and we will not contact you again. It will not affect your treatment if you decide not to take part.

We plan to feedback the questionnaire results to <Add your trust name or service here>.

We hope that you will take part in this project and complete the enclosed questionnaire.

Janet Husk  Jackie Riglin  Jonathan Potter
Project Manager  Clinical associate, Falls  Director CEEu

Date: 10th February 2010
What was your experience of you local falls prevention service?

On behalf of the Royal College of Physicians we would like to invite you to take part in completing a questionnaire. Before you make a decision to take part, it is important that you understand why the project is being carried out, by whom and what your participation will involve. Please take time to read the following information carefully and discuss it with others (family, friends) if you wish before making a decision. If anything is not clear, or if you would like more information, we would be happy to discuss this with you. Please contact a member of the project team on 020 7935 1174 ext 347.

Purpose of the project
The purpose of the project is to find out whether patients who have attended falls prevention services after a fall or loss of balance have received helpful information about falls, safety, bone health and available treatments. We are very interested in hearing about your experiences and to get your feedback.

1. Why have you been chosen?
Your views and recent first-hand experience of falls prevention services are important to us and will help to develop services and information for patients. To get a balanced feedback, we need to obtain the comments and opinions of a cross section of people who have been to falls prevention services.

2. Do you have to take part?
Absolutely not! Your involvement is entirely voluntary and you may withdraw at any time. We would like to assure you that the standard of care you receive will not be affected at any time if you participate or choose to withdraw.

3. What will happen if you agree to take part?
If you do decide to take part in the project you need to keep this information sheet, then complete the questionnaire. Once completed the questionnaire needs to be posted to us in the pre-paid envelope.
Each questionnaire has a site code which enables us to know which service sent or gave out the questionnaires so that we can feedback information to them to help them improve their services. You will not be identified when this happens because the questionnaire only contains information about gender and age group.

4. What will happen to the results of the project?
We plan to summarise the results for each service which took part in the project which will contribute to improved service provision. We plan to produce a report on the overall findings. At no time would the services be able to identify you from the summary. We will also present the results at future meetings and conferences attended by doctors, nurses, physiotherapists, occupational therapists, patient liaison staff and others involved in falls services because your views will be important to them.
5. Who has approved the project?
The project has been approved by the Healthcare Quality Improvement Partnership (HQIP) which is a government funded body who is role is to ensure the quality of services provided by the NHS.

6. What’s next?
If you would like to take part, all you have to do is complete the questionnaire and return it in the pre-paid addressed envelope to us at the Royal College of Physicians.

7. Contact for further information
The project lead within your hospital will give you his/her name and their contact number when he/she sends you the invitation letter about the questionnaire. If you want any further information about this project please contact Janet Husk, the project manager on 020 7935 1174 extension 347 or email janet.husk@rcplondon.ac.uk.

Thank-you for taking the time to read and consider this information
Appendix 6

Older people's experiences of falls and bone health services

Staff Information Sheet

Project background
This project aims to explore information, involvement and the key concerns of patient users of falls and bone health services. This work builds upon the programme of falls and bone health in older people audits currently underway at the Clinical Effectiveness and Evaluation Unit (CEEU) of the Royal College of Physicians (RCP), London. The first phase of the national audit undertaken in 2005 focused on the organisation of the services, based on the NSFOP standards and NICE Guidelines on Falls and on Osteoporosis and was repeated in 2008. The second phase, the national clinical audit in 2007, captured the details of service provision at the individual patient level. The 2007 data included information on specific patient related activities, but did not capture patient’s views of these services. Ascertaining the views of service users requires a patient centred enquiry into the process of information provision and to treatment planning.

Methodology
A project steering group has been established, comprising individuals from expert providers and four patient/public representatives, linking to the National Falls and Bone Health Steering Group.

In order to obtain patients’ views of their experiences of falls services, questionnaires will be sent or given out to people that have recently attended a falls service or are currently attending an intervention such as an exercise group within England and Wales. Data from these questionnaires will be analysed by the CEEU and the service users comments supplied to individual sites. A generic report will be available for providers and the wider falls and bone health community in December 2009.

The project team has been in contact with your Chief Executive/ <title> <Name> who has agreed to participate. We have also contacted <Name> within your Clinical Governance / Audit Department to ensure that the project follows appropriate information governance requirements and that copies of the patient invite letter, patient information, questionnaire and staff information sheets have been provided.

The National Information Governance Board (NIGB) has been contacted and the process of individual Trusts identifying their patients, sending or giving out questionnaires with the project information is acceptable. Patients consent to take part by completing and returning the questionnaire. Due to ethical constraints, the Royal College of Physicians can not recruit patients directly as this has to be performed by a member of NHS staff involved in patient care or organisation of care. However, once patients have been identified and have been given or sent the questionnaire the analysis and reporting will be undertaken by RCP project staff.

Potential participants must be approached by an individual (identified locally) involved in the day to day provision of the Falls and Fracture Service (eg. specialist nurse for falls, osteoporosis or fracture liaison or a consultant within the falls service or a therapist). Questionnaires will be sent or given out to people that have recently attended a falls prevention service or are currently attending an intervention such as an exercise group within England and Wales. Patients that have been discharged more than 12 weeks should not be sent questionnaires because they might not be able to recall the details of their attendance.

Date: 10th February 2010
The questionnaire is 6 pages long. The first page is for information only, the majority of answers are over 4 pages and are tick boxes but we do ask for comments. The last page is mainly for comments and a bit of information about the participant.

What happens next?
Once you or your trust has signed up
- A member of the RCP project staff will email you the template invite letter
- A member of the RCP project staff will send you in the post 40 questionnaires with your site code in the footer, 40 patient information sheets and 40 reply envelopes
- You will identify the 40 patients (either current or previous recent users of falls services)
- We (the RCP project staff) will update you on the progress
- You will need to identify who will send or hand out the invite letters along with the questionnaire, patient information sheet and the reply envelope
- You will need to print the invite letters on your headed paper to send or give to patients along with the questionnaire, patient information sheet and the reply envelope
- If you are requested by RCP project staff to identify more patients please do not photocopy the questionnaires because we would like to log how many are sent out to get an accurate picture of response rates

The participants
Questionnaires will be sent or given out by an appropriate person identified locally to people that have recently attended a falls service or are currently attending an intervention such as an exercise group within England and Wales.
Participants need to be able to complete the questionnaire. It can be completed by a carer or a family member but it should be the patient’s views that are expressed in the replies. There is space at the end of the questionnaire for carer/relative comments.
The potential participants will be invited by letter from the local service provider (you) and given an information sheet and the questionnaires providing more detail about the project and a pre paid return envelope.
Any questions regarding the project should be answered by the member of staff in charge of recruitment or a member of the project team (contact details provided on the information sheet).

Safety and Confidentiality
Data collected will be anonymised and participants can withdraw their participation at any stage of the project with no consequence to them or their care.

Reports and Outputs
The questionnaire material will be reported to participating Trusts and nationally. Chief executives and Clinical Audit/Governance Managers will receive a summary. This patient questionnaire will be available for use locally or nationally to assess services incorporating the patients’ perspective on falls services and potential pilot sites for the use of the patient experience audit tool will be solicited at a later date.
Results will be disseminated through meetings/presentations, the CEEU website, publications and the networks available to the steering group.

Any further questions: Project Manager: Janet Husk, Tel: 020 7935 1174 ext 347
Email: Janet.Husk@rcplondon.ac.uk
Appendix 7

The patient experience questionnaire used in the pilot

A questionnaire to ask about your experience of using your local Falls Prevention Service

Falls Prevention Services aim to reduce a person’s risk of falling. Services differ across the country but they include a check up (assessment) if you have had a fall or a problem with your balance. Everyone’s experience of a Falls Prevention Service is different because of different health needs. Here a few examples of what the service you used might have been like:

1. Referral to the Falls Prevention Service can happen if you fell and called an ambulance, went to the accident and emergency department, went to a minor injury unit or to your GP. You would have received a letter or a phone call.

2. Community based healthcare professionals such as district nurses, occupational therapists or physiotherapists might have seen you in your home. They would have asked questions about your fall or loss of balance, your health, how you get about and perhaps about safety or hazards in your home. This is sometimes called a risk assessment. They might have invited you to start doing some home exercises.

3. A Falls Clinic is usually held in a GP practice, hospital or community centre. You might have attended the clinic because of your health, the number or type of falls you had or because you need further investigations. A check up is usually performed, often alongside further tests such as blood tests, x-rays or a scan.

An example of a patient’s experience: “My GP then referred me to the Falls Clinic where I was seen by Dr C. He asked me about my health, past and present and about the falls. I explained that in most cases I have been fortunate enough to be able to stop myself from falling and that when I had fallen I had not hurt myself. He gave me a thorough examination and then asked me to walk down a corridor while he watched me”.

4. An Exercise programme might take place in a community or local hospital and lasts for several weeks or months. You might be seen in your home by a healthcare professional and be given your own exercise programme to do there.

Completing the questionnaire

This 6 page questionnaire does not take long to complete. For most of the questions you just need to tick the box that you agree with the most. The last page is for information about you and for any additional comments you may have. Take your time to read the questions and reply to each question by ticking a box in the column on the left, or by writing your comments. There are no right or wrong answers.

Please do not worry if you cannot remember, just tick the box which says “don’t know” next to that question. This is important so that we know that you have not missed the question accidentally.

If the questionnaire is difficult to read, it is OK for someone else to read it and to write your answers in for you but it is your views that are important.

Your participation is voluntary and your answers will be treated in confidence. The staff providing your local Falls Prevention Service won’t see your individual answers.

Date: 10th February 2010
An example of a patient's experience “I was returning home through a local area when, for no reason I can give, I began to spin on the spot. I was able to count four full turns. Then I fell on my back….” “I went to my GP who questioned me and, hearing that I had gone into a spin, told me that my balance system was not functioning normally and referred me to the Falls Clinic for the physiotherapy I am now receiving.”

This first section contains questions about referral to the Falls Prevention Services

1. Who referred you to the Falls Prevention Service? (Tick one box)
   - [ ] Your General Practitioner (GP)
   - [ ] Physiotherapist (Physio)
   - [ ] Nurse
   - [ ] Occupational therapist (OT)
   - [ ] Social Worker or Warden
   - [ ] Ambulance Service
   - [ ] Hospital Doctor
   - [ ] Self
   - [ ] Other, if other, who was it? ..........................................................
   - [ ] Don't know

2. Do you understand why you were referred?
   - [ ] Yes
   - [ ] No

3a. Do you feel that the Falls Prevention Service saw you soon enough to be able to help your recovery? 
(Seen by the Falls Prevention Service could be any of the options described on page 1)
   - [ ] Yes
   - [ ] No
   - [ ] Don't know

3b. If you answered no, can you explain why it was not soon enough for you?
This section is about the check up (assessment) and follow up

4. Did you feel that you received a thorough health check up when you attended the Falls Prevention Service?  
   (Attended the Falls Prevention Service could be any of the options described on page 1)  
   □ Yes → go to question 5  
   □ No → go to question 6  
   □ Don’t know → go to question 6

5. If you answered yes to question 4, can you tell us how much you agree with the following sentence?  
The staff explained the outcome of the check up that I had and I understood what they told me.  
   □ I fully agree  
   □ I partially agree  
   □ I don’t really agree  
   □ I definitely do not agree

6. Did you feel you were involved in deciding what actions should be taken after you were seen by the Falls Prevention Service?  
   (Seen by the Falls Prevention Service could be any of the options described on page 1. Actions could be offered an exercise programme or a review of your medicines )  
   □ Yes  
   □ No  
   □ Don’t know

7. Did you feel satisfied that good communication took place?  
   □ Yes, fully satisfied → go to question 8  
   □ Partially satisfied → go to question 7a  
   □ Not very satisfied → go to question 7a  
   □ No, not at all satisfied → go to question 7a

7a. If you were not satisfied can you tell us why?
8. Have you been invited to start an exercise programme either in a class or at home as part of your recent involvement with the Falls Prevention Service? (Examples of exercise options are on page 1, point 2 or 4)
   - Yes
   - No
   - Don’t know

8a. Have you participated in an exercise programme?
   - Yes → go to question 8c
   - No → go to question 8b
   - Don’t know → go to question 9

8b. If you answered no to question 8a, please can you tell us why?

8c. If you answered yes to question 8a, can you tell us a bit about the exercises you are doing at home?

9. Was the information about your attendance at the Falls Prevention Service provided to your GP?
   - Yes, I know the information was provided to my GP
   - No, I know the information was not provided to my GP
   - I don’t know if the information was provided to my GP

10. How easy did you find travelling to appointments with your local Falls Prevention Service? (The Falls Prevention Service could be any of the options described on page 1)
    - Easy
    - Fairly easy
    - Not very easy

An example of a patient’s experience: “At home it is usually associated with stress and follows a distinct pattern. It begins with dizziness then I sweat….There is no such pattern for the two falls I have had in the street. One happened recently on my way back from the races after a day out…. It was cold and dark as I walked back from the bus station. I was passing through this district and I felt myself collapsing. I made it to the wall of a shop where I sat for a while...”
This section is about your experience of loss of balance or falls

11. Were you asked about your experiences of losing your balance or falling?
   - Yes → go to question 12
   - No → go to question 12
   - Don’t know → go to question 12
   - Did not fall or lose balance → go to question 13

12. Were the possible causes of your loss of balance or fall (s) explained to you by someone?
   - Yes
   - No
   - Don’t know

This section is about your overall experience of the Falls Prevention Service

13. Can you tell us about your overall experience of using your local Falls Prevention Service by ticking one statement that sums up your views?
   - Useful for me → go to question 14
   - Quite useful for me but could be better → go to question 13a
   - Not useful for me → go to question 13a

13a. If you answered not useful or could be better to question 13, please can you explain why?

14. What changes if any have you made to reduce your risk of falling again or losing your balance?

15. How confident that do you feel that if you fell in the future you could get up from the floor yourself or if unable, know how to summon help?
   - Very confident
   - Fairly confident
   - Not very confident
   - Not confident at all

15a. If you do not feel confident can you tell us why?
This section is about you

Are you?
☐ Female
☐ Male

What is your age?
☐ 54 years or less
☐ 55 to 64 years
☐ 65 to 74 years
☐ 75 to 84 years
☐ 85 to 94 years
☐ 95 years or greater

Comments section
Do you have any other comments that could help improve the Falls Prevention Service?

Does your helper, carer or a relative have any comments that could help improve the Falls Prevention Service?

If you have more comments please continue on a separate sheet and return it with your questionnaire.

Please return the completed questionnaire by 14th September 2009 in the self addressed envelope provided

Thank-you for completing the questionnaire
Appendix 8

Participating organisations

Abertawe Bro Morgannwg University NHS Trust (2 sites)
Aintree Hospitals NHS Foundation Trust
Ashford and St Peter's Hospitals NHS Trust
Barnet and Chase Farm Hospitals NHS Trust (Chase Farm Hospital)
Barnsley Hospital NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Buckinghamshire Hospitals NHS Trust
Cambridgeshire Community Services
Cardiff and Vale NHS Trust
County Durham and Darlington Community Health Services (3 sites)
Dartford and Gravesham NHS Trust
Derby Hospitals NHS Foundation Trust
Derbyshire County PCT
Doncaster Primary Care Trust
East and North Hertfordshire NHS Trust
East Kent Hospitals University NHS Foundation Trust
Epsom and St Helier Hospitals NHS Trust
Gwent Healthcare NHS Trust (2 sites)
Harrogate and District Foundation Trust
Hereford Hospitals NHS Trust
Hull and East Yorkshire Hospitals NHS Trust
Hywel Dda NHS Trust (2 sites)
Kettering General Hospital NHS Foundation Trust
Kings College Hospital NHS Foundation Trust
Lancashire Teaching Hospitals NHS Trust
Luton and Dunstable NHS Trust
Mayday Healthcare NHS Trust
Middlesbrough, Redcar & Cleveland Community Services
NHS Barking and Dagenham
NHS Barnsley, Care Services Direct
NHS Leeds
NHS Tower Hamlets Community Health Services
NHS Wirral
North Bristol NHS Trust
North Cumbria Acute Hospitals NHS Trust
North East Lincolnshire Care Trust Plus
North East Wales NHS Trust/ Wrexham County Borough Council
North Middlesex University Hospital NHS Trust
North Tees and Hartlepool NHS Foundation Trust
Northern Devon Healthcare Trust
Nottingham University Hospitals NHS Trust
Plymouth Hospitals NHS Trust and Plymouth PCT
Poole Hospital NHS Foundation Trust
Rotherham Community Health Services/ Rotherham Foundation Trust
The Royal Free Hampstead NHS Trust
Scarborough and North East Yorkshire Healthcare NHS Trust
Shropshire County Primary Care Trust
South London Healthcare Trust
Southern Health and Social Care Trust (South Tyrone, Mullinure and Lurgan Hospitals)
Southwark Provider Services NHS Southwark
St Helens and Knowsley NHS Trust
States of Jersey Health and Social Services
Stockport NHS Foundation Trust
Surrey Community Health
Tameside Hospital NHS Foundation Trust
Taunton and Somerset NHS Foundation Trust
Telford and Wrekin Council and Primary Care Trust, and The Shrewsbury and Telford Hospital NHS Trust
The Dudley Group of Hospitals NHS Foundation Trust
The Mid Yorkshire Hospitals NHS Trust
The North West London Hospitals NHS Trust (2 sites)
The Pennine Acute Hospitals NHS Trust (Royal Oldham Hospital)
The Queen Elizabeth Hospital King's Lynn NHS Trust
Torbay Care Trust
Trafford Healthcare NHS Trust
United Lincolnshire Hospitals NHS Trust (Lincoln County Hospital)
University Hospitals Bristol NHS Foundation Trust
University Hospitals of Leicester NHS Trust
University Hospitals of Morecambe Bay NHS Trust (2 sites)
Warrington and Halton Hospitals NHS Foundation Trust
West Hertfordshire Hospitals NHS Trust
West Suffolk Hospital NHS Trust
Whittington Hospital NHS Trust
Winchester and Eastleigh NHS Healthcare Trust
Wirral University Teaching Hospital NHS Trust
Wolverhampton City Primary Care Trust
Worcestershire Acute Hospitals NHS Trust (Worcester Royal Hospital)