Greater Manchester Falls Prevention Awareness Week:

Online Bitesize Lunchtime Learning session

Thursday 21st September

12:05-12:20pm
The Falls Exercise Implementation (FLEXI) Study–Emerging Insight from Greater Manchester
(Dr Jodi Ventre, The University of Manchester)

12:20-12:35pm
The Northwest Ambulance Service
(Sara Harris, The Northwest Ambulance Service)

12:35-12:50pm
Fall's Prevention Project: City Wide
(Megan Brown, Manchester City Council)

GREATER MANCHESTER
DOING HEALTH DIFFERENTLY

#FallsPreventionAwarenessWeek

#ThinkFalls

NIHR | Applied Research Collaboration Greater Manchester

The FaLls EXercise Implementation (FLEXI) Study

Emerging Insights from Greater Manchester

HEALTHY AGEING RESEARCH GROUP

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Dr Jodi Ventre is funded by the NIHR - Applied Research Collaborations (ARC) National Priorities Programme Healthy Ageing, Dementia & Frailty (NIHR201887). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR, the Department of Health and Social Care, or its partner organisations.

What is the Falls Management Exercise (FaME) programme?

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- Evidence-based
- 24 weeks exercise programme
- Delivered by Postural Stability Instructors (PSI)
- Face-to-face, group based, in the community
- Challenges balance and improves strength
- Proven to reduce risk of falls
- Includes:
  - Home exercise programme
  - Floor work
  - Tai Chi

Aims of the Study

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- To understand how to best increase the availability of FaME in three geographical areas across the UK (Greater Manchester, East Midlands and Devon)
- To assess the role that the toolkit plays in increasing the availability of FaME
- To explore the participants experiences of attending FaME classes
- To study the delivery of FaME across the three geographical areas and examine quality and fidelity to the evidence-base

FLEXI Sites

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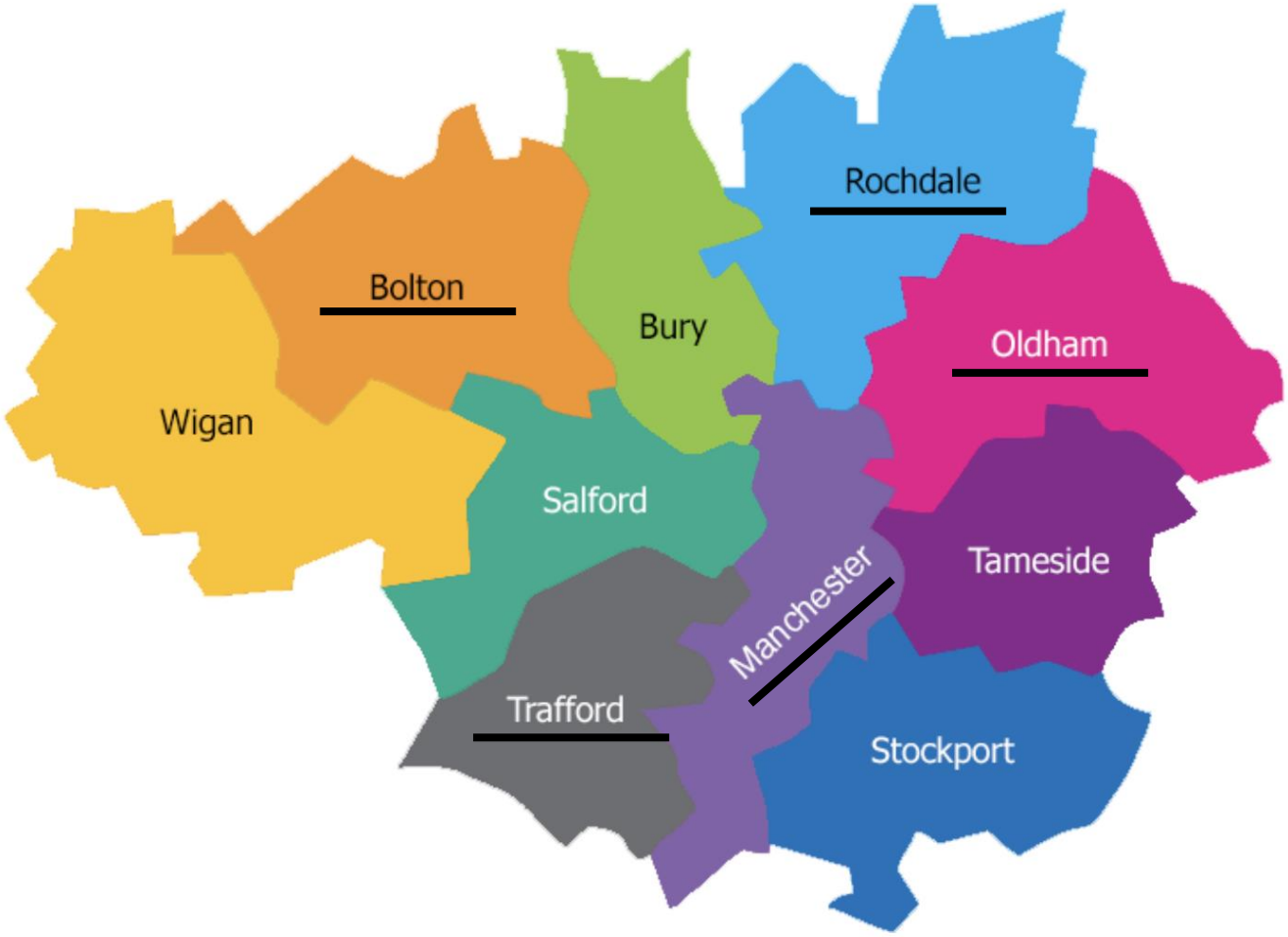

What did we do in GM?

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- Conducted 45 interviews with stakeholders, providers of FaME and class attendees
- Collected minimum data sets from 4 GM sites
- Conducted quality and fidelity class observations on 10 separate GM class locations
- Collected health economics data from 4 GM sites to determine ROI
- Conducted 2 x toolkit workshops with GM representatives from a variety of backgrounds

Adoption and Spread of FaME

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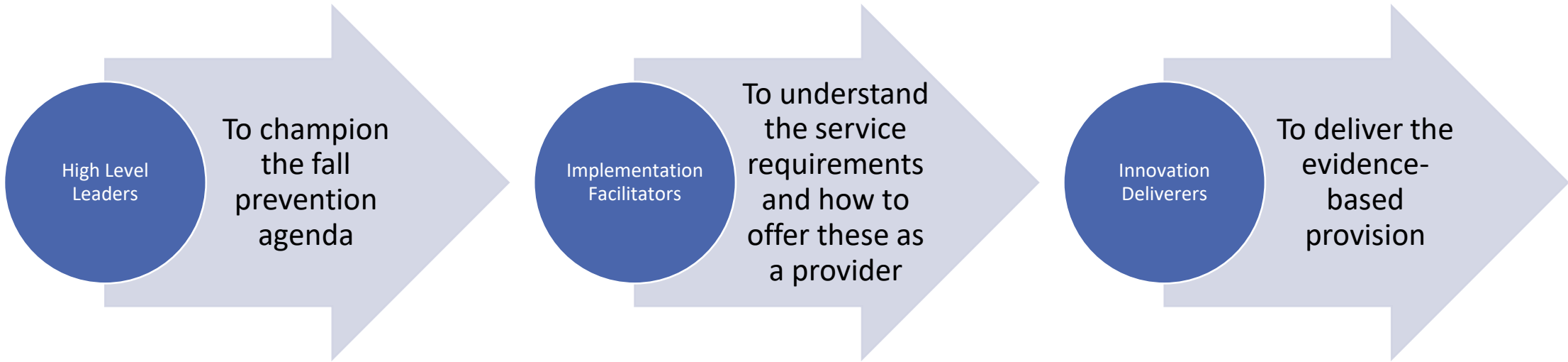

Implementation Toolkit

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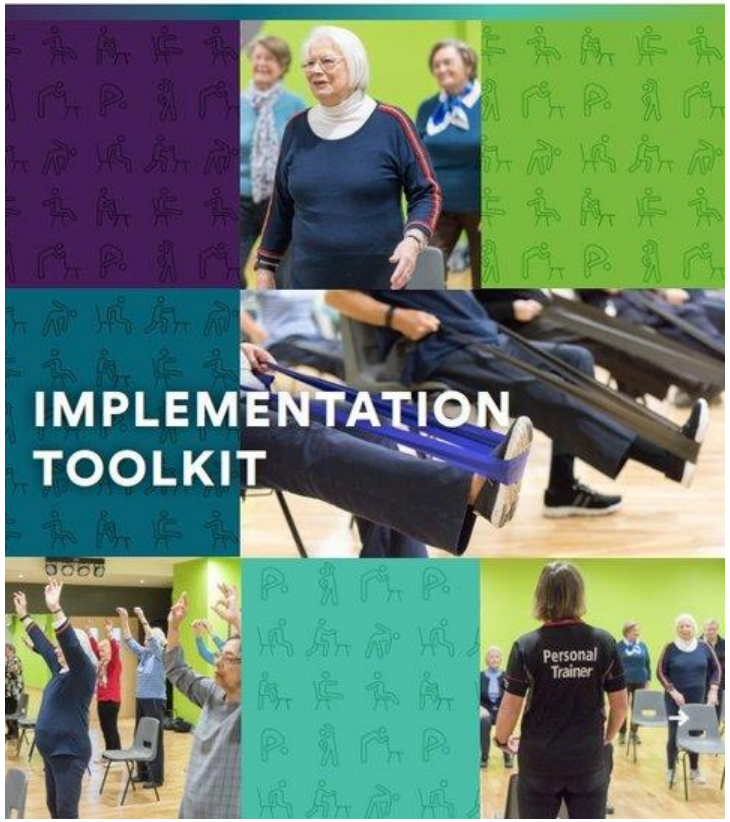
- A total of 15 participants attended the workshops representing a range of health, social care, active wellbeing, local authorities (7 represented) and the combined authority within the Greater Manchester city region

Workshop participants were asked to review the toolkit in advance of the workshop, and whilst doing so to consider the following questions:

- What do you think of the of the toolkit overall? e.g., Is it accessible, easy to use, useful for you and your colleagues?
- What works well/what do you like?
- What works less well/what would you improve?

FaME
Falls Management Exercise



Implementation Toolkit Findings

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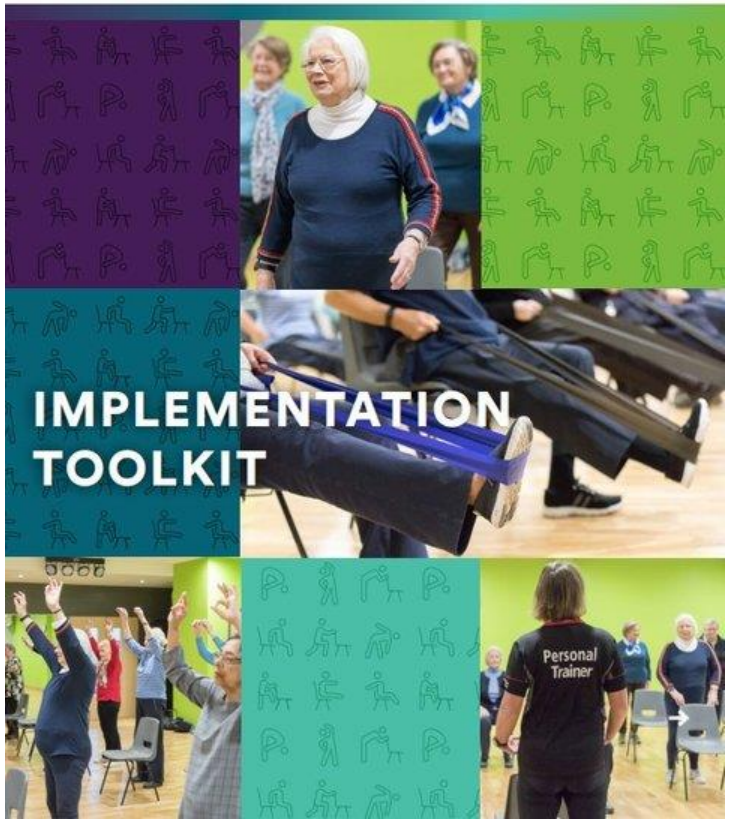
What works well?

- Background evidence of what works (evidence-base), alongside return on investment tool for commissioning audiences
- Division into relevant sections helps to address different audiences (stakeholders, commissioners, services providers and users) was useful and acknowledged the importance of falls being everybody's business
- Described as an ‘educational tool’ that provided insight, resources, and case studies from across a range of perspectives

What works less well/what would you improve?

- The requirement for a GM specific toolkit to accurately map services and acknowledge local differences to implementation
- Imagery throughout requires improvement to increase diversity
- Examples of how FaME provision can sit in the wider fall prevention pathway

FaME
Falls Management Exercise



Class Attendee Experiences

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Maximise experience and increase adherence:

- Providing social opportunities to increase social interaction
- Requirement for single sex classes to increase adherence of male participants
- Provide progression feedback derived from assessments
- Maintain continuity of classes and instructors when progressing individuals onto maintenance classes
- Use support staff to ensure the delivery of floor work to maximise variety in the delivery of class exercises

"I mean that it's nice to be social as well because the lady, [name] lives on her own, my friend [name] lives on her own and there is a lady called [name] and then there is me."

"It would be quite good if you did have an assessment at the end, you know so that people knew how… you know, or I felt and knew how I was doing."

Quality and Fidelity of Delivery

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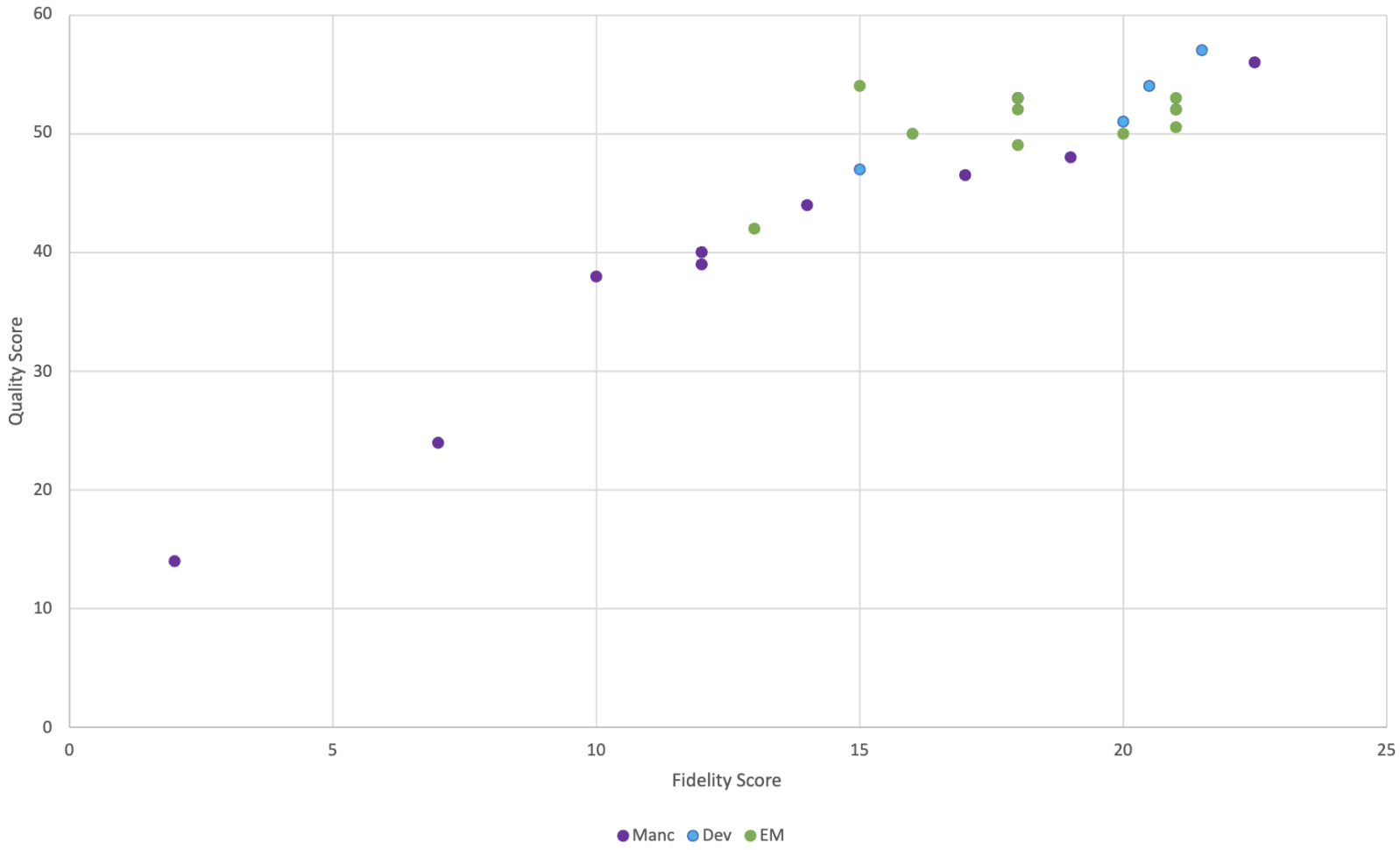

Quality and Fidelity of Delivery

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Areas of Success:

- Appropriate screening of falls and associated injuries, new or known medical conditions and acted appropriately
- Rapport with class attendees (helped to increase adherence and group cohesion)
- Appropriately followed-up returners after a period of absence from the group
- Selected the appropriate speed of exercise delivery to meet the needs of the class

Areas for Improvement:

- Keep records of attendance and progression in each session
- Reinforced teaching points at regular intervals alongside giving visual instructions
- Explained the purpose of the exercise in order to reinforce importance
- Changed teaching position to improve observation and communication

Key Take Home Points

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- Buy in is needed from high-level leaders/commissioners in order to increase the implementation of evidence-based fall prevention programmes
- The updated toolkit must meet the needs of individuals from commissioning to service-users to support the implementation
- Class attendees/service users require classes to meet needs in order to improve adherence and maximise experience
- Assessment of FaME class attendees are vital to ensure that the right people are in the right class at the right time (improving the fidelity and quality of delivery)
- Further work on the follow-on provision/maintenance is required to prevent individuals re-entering programmes after secondary periods of deconditioning

The FLEXI Team

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Professor Carol Coupland
Professor Pip Logan
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Dr Aseel Mahmoud

Later Life Training
Bex Townley

PPIE Members
Mary Murphy
Margaret Beetham

Falls improvement plan

Falls prevention week

Sara Harris and Clare Bradley

Background – why falls

- Falls leading cause of emergency calls in over 65s
- Most reattended cohort
- Falls and fall-related injuries
  - Have negative effects on functional independence and quality of life
  - Associated with increased morbidity, mortality and health related costs
- Help deliver the right care, at the right time, in the right place; every time

Falls in Older Adults Guidelines

JRCALC Guideline

Falls in Older Adults

QUICK LOOK

KEY POINTS

Falls in Older Adults

- The term 'mechanical fall' is not an appropriate term to use when describing a fall.
- Initial assessment should exclude the possibility of syncope.
- A thorough and careful physical examination is required along with a high index of suspicion, to exclude common but easily missed injuries.
- Some older people who fall may prefer to be managed in the community or at home, and where po supported, particularly where family/carers can also provide support.
- All older people who have fallen resulting in an ambulance call/attendance, but are then managed referral pathways as per local guidelines.
- Ambulance clinicians have a role to play in talking with people who are at risk of falling, or who hav further falls.

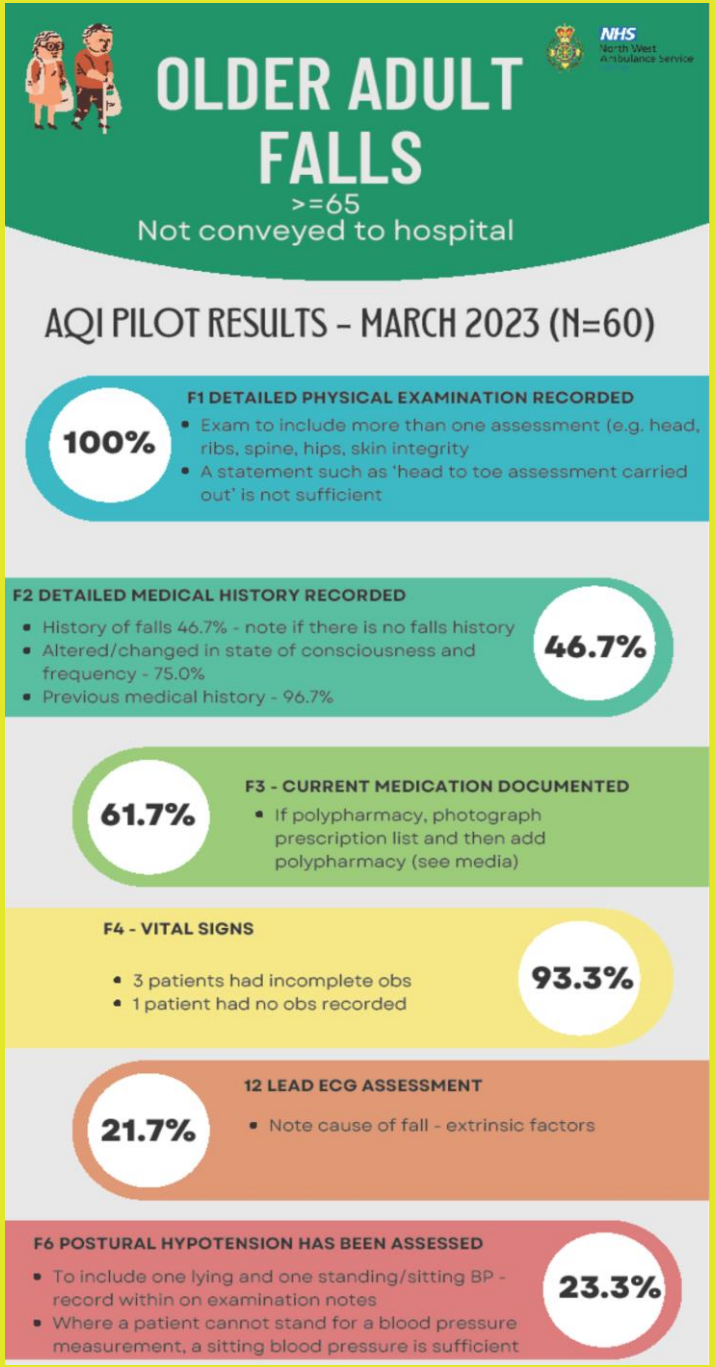
REFERENCE

Ambulance Quality Indicators (AQIs)

- Cardiac Arrest
- ST Elevation Myocardial Infarction (STEMI)
- Stroke
- Older adult falls, discharged at scene – replaces sepsis

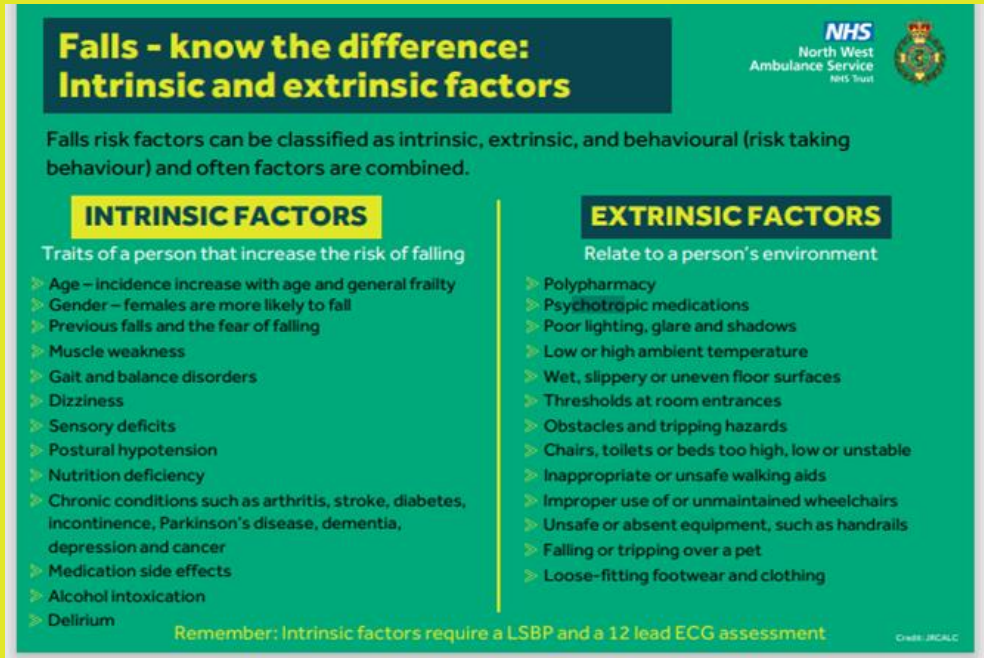
Current AQI care bundle

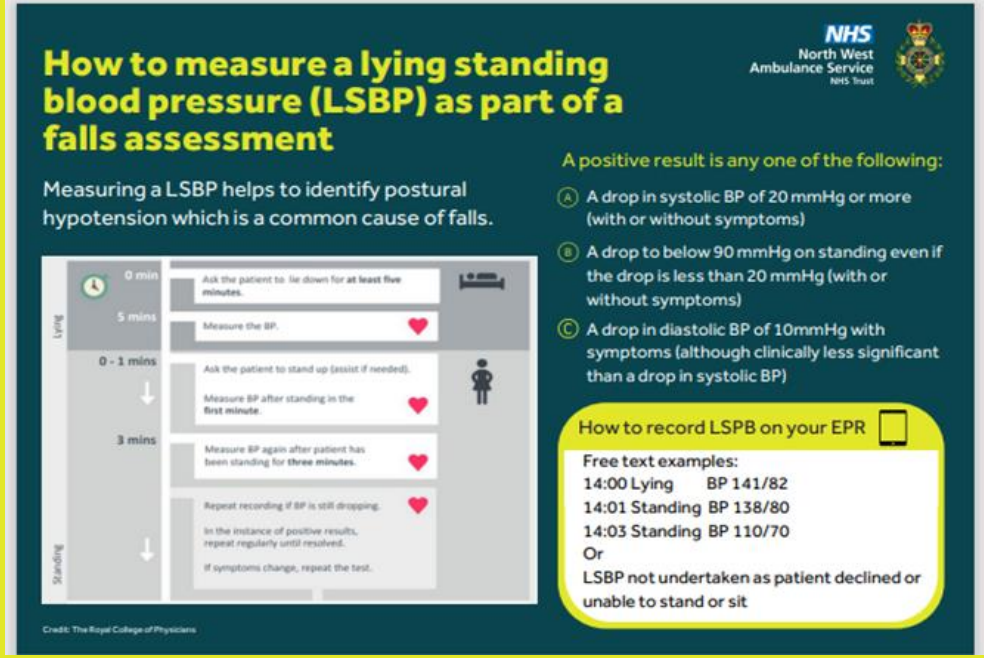
1. Detailed physical examination documented
2. Detailed medical history recorded
3. Current medication documented
4. Observations recorded
5. 12 lead ECG assessment documented
6. Postural Hypotension assessed



Improvement plan and next steps

- Aim - improve awareness of falls assessment
- Falls prevention week/campaign/road show/local champions
- Focus on intrinsic/extrinsic & postural hypotension
- Pocket card, Rapid Recap, OOHCPD article
- Measurement through audit
- Falls within winter plan





Rapid recap

Rapid Recap

2 MIN

Frailty

What ???

The UK population is ageing, especially in the oldest age groups.

By 2045, the number of people aged >85 will nearly double.

By 2045, those living with multiple health conditions (**multi-morbidity**) will increase. It is suggested that the number of those with **four or more diseases** will double, and **1 in 3** will be living with mental illness e.g. dementia or depression.

Related to the ageing process, though not an inevitable part, frailty is a distinctive health state where multiple **body systems gradually lose their in-built reserves**.

Living with frailty increases the risk of adverse outcomes on physical and mental well-being. Frailty can occur after what appears to be **a minor event which challenges a person's health**, including medical, social, or emotional stressors.

The **Rockwood Clinical Frailty Scale (CFS)** is a model of frailty that assumes an accumulation of deficits occurs when we age.

So what

Identify frailty to improve patient outcomes and avoid unnecessary harm. **We should assess all patients >65 years for frailty using the CFS.**

There are ⑤ recognised frailty syndromes. When attending to an older adult, the following should raise suspicion that the individual has frailty

❶ **Falls:** 'legs gave way', or 'found on the floor'.

❷ **Immobility:** any recent change in mobility, 'gone off legs', or 'stuck on the toilet'.

❸ **Delirium:** an acute change in attention, awareness, and cognition, often unrecognised in routine clinical care. **Consider using the 4AT tool.**

❹ **Incontinence:** new or worsening incontinence from the bladder or bowel.

❺ **Medication side effects:** multiple-medicines use is increasing, and medications are often not taken as intended. Side effects or adverse reactions may be causing or contributing to the presenting condition.

ParaPass

jrcalc PLUS

For questions, topic suggestions, or to contribute towards future issues, please email Rapid.Recap@nwas.nhs.uk

Issue #6 contributors: Sara Harris (Community Specialist Paramedic)

Rapid Recap

We're now on ParaPass

2 MIN

NHS North West Ambulance Service

Falls

Issue #7 – September 2023

What ???

Falls and falls-related injuries can occur at any age. Falls are not an inevitable part of aging, though **a combination of risk factors increases the likelihood of falls in older adults**. Associated with increased morbidity, mortality, and health related costs, falls negatively affect functional independence and quality of life.

Falls are often a symptom of an underlying pathology. Either **acute** (e.g. infection or exacerbation of a pre-existing condition) or a **gradual deterioration** (e.g. frailty, medication side effects, balance & mobility issues).

Causes of falls are multifactorial and often an interaction of multiple risk factors. Risk factors can be classified into three categories: ● **Intrinsic** factors (person-related) ● **Extrinsic** factors (environment) ● **Behavioural** (risk-taking activity).

>The term 'mechanical fall' is no longer advised<

Individuals may develop a fear of falling post fall or trip, impacting their psychological well-being.

So what

Orthostatic hypotension (OH) is a significant **intrinsic** risk factor for falls and syncope, increasing the risk of trauma induced fractures, head injury and hospitalisation.

Definition of OH: a sustained reduction in systolic blood pressure (BP) of ≥20 mmHg, or ≥10 mmHg drop in diastolic BP, or a decrease in systolic BP <90 mmHg within three minutes of standing.

OH is often associated with **pre-syncopal** symptoms and **weakness** when standing. This may lead to **syncope** if not managed appropriately. OH recognition in older adults may be complicated due to an **asymptomatic presentation** (very common).

"**I must have tripped**" - was OH a causative factor?

OH is caused by multiple factors which often overlap: ● **Autonomic dysfunction** (Parkinson's disease or diabetes can disrupt the baroreceptor reflex). ● **Volume depletion** due to dehydration. ● **Adverse medication effects** from drugs such as anti-hypertensives, antipsychotics, and antidepressants.

Now what

Think: Is the fall intrinsic, extrinsic, or behavioural; or a combination? First exclude Red Flags (JRCALC).

Assess: ● Analyse a 12 lead ECG for all potential intrinsic causes of falls. ● Measure a lying and standing blood pressure (LSBP) to identify OH:

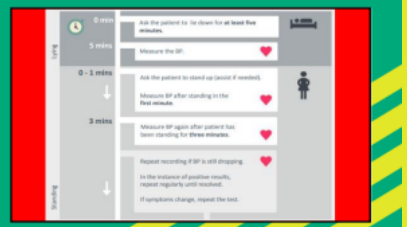
1. The patient lies down for 5 mins > measure BP
2. Ask the patient to stand for 1 min > measure BP
3. While still standing for 3 mins > measure BP

If Red Flags (JRCALC) are excluded, then consider a referral to community services or GP for further investigations or a medication review.

See JRCALC and PARAPASS for more.

ParaPass

jrcalc PLUS

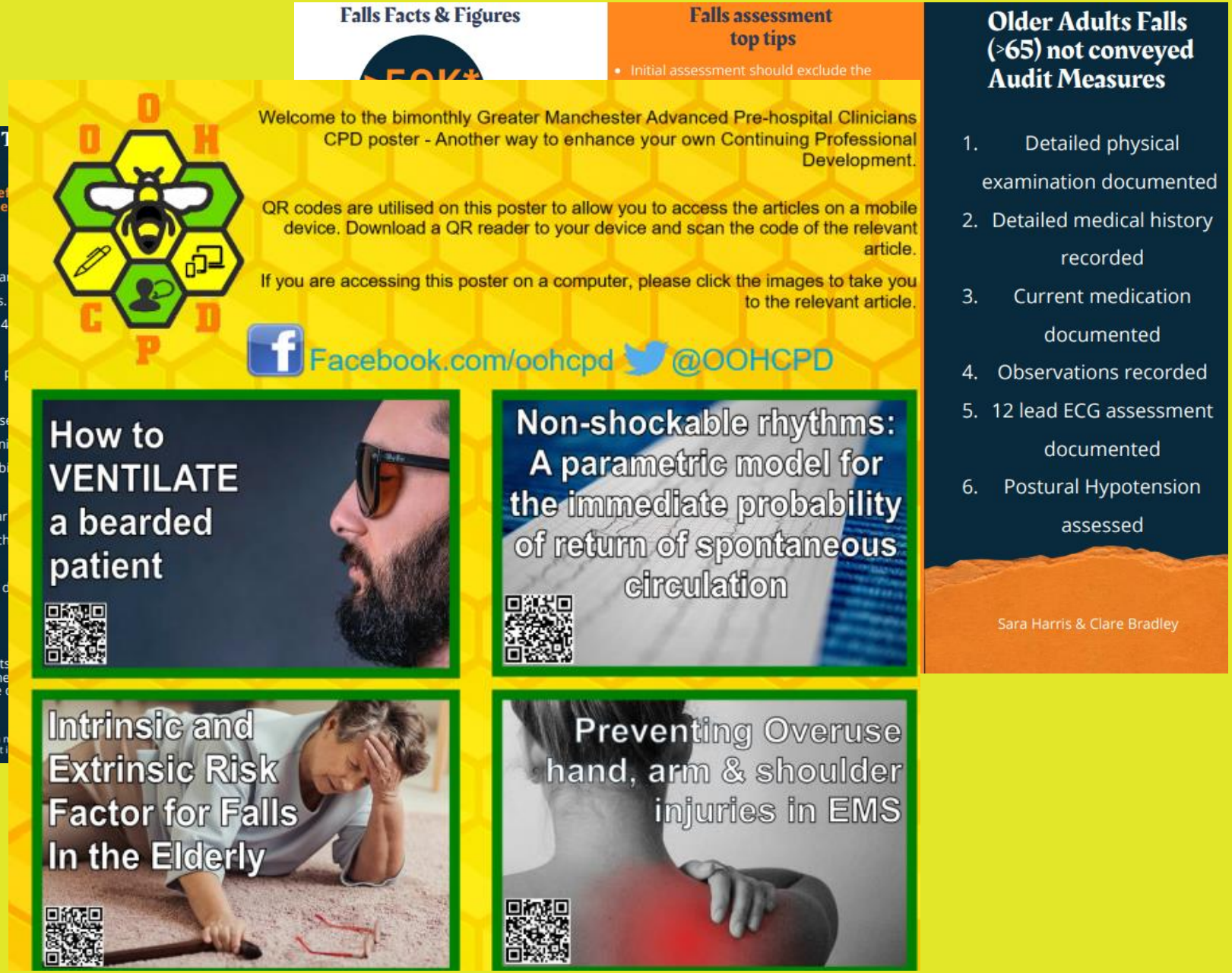


For questions, topic suggestions, or to contribute towards future issues, email Rapid.Recap@nwas.nhs.uk | Issue #7 contributors: Sara Harris & Steve Thoburn (Community Specialist Paramedic)

Education


NHS
North West
Ambulance Service
NHS Trust
Falls
Awareness
Everyone has
a role to play
in helping to
prevent a fall.

Abbreviated Mental T
(AMTS)
When completing a falls re
support centre you will be
AMTS.
1. What is your age?
2. What is the time to the nea
3. Give patient an address.
repeat at end of test (e.g., 4
4. What is the year?
5. 'What is the name of this
is your house number?'
6. Can the patient recognis
(Carer, family member, clini
7. What is your date of b
month sufficient)
8. In what year did World War
9. Name the present monarch
minister/president.
10. Count backwards from 20
AMTS interpretation
A score of 6 or less suggests
dementia, although furthe
necessary to confirm the
References:
Hodkinson, HM (1972). "Evaluation of a
assessment of mental impairment


Falls Facts & Figures
Falls assessment
top tips
Initial assessment should exclude the
Older Adults Falls
(>65) not conveyed
Audit Measures
1. Detailed physical examination documented
2. Detailed medical history recorded
3. Current medication documented
4. Observations recorded
5. 12 lead ECG assessment documented
6. Postural Hypotension assessed
Sara Harris & Clare Bradley
O O H C P D
Welcome to the bimonthly Greater Manchester Advanced Pre-hospital Clinicians CPD poster - Another way to enhance your own Continuing Professional Development.
QR codes are utilised on this poster to allow you to access the articles on a mobile device. Download a QR reader to your device and scan the code of the relevant article.
If you are accessing this poster on a computer, please click the images to take you to the relevant article.
Facebook.com/oohcpd @OOHCPD
How to VENTILATE a bearded patient
Non-shockable rhythms: A parametric model for the immediate probability of return of spontaneous circulation
Intrinsic and Extrinsic Risk Factor for Falls In the Elderly
Preventing Overuse hand, arm & shoulder injuries in EMS

Comments or questions?

‘It takes a child one year to acquire independent movement

and ten years to acquire independent mobility.

An old person can lose both in a day’

Professor Bernard Isaacs

(1924–1995)

Driver documents

- NHSE - Going further for winter: Community based falls response (October 22)
- World guidelines for falls prevention & management for older adults: a global initiative (September 22)
- AACE - Falls Response Governance Framework for NHS Ambulance Trusts (Sept 2020)
- OHID - Falls: applying All Our Health (Updated Feb 2022)
- Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Guidelines Falls in Older Adults
- National Institute for Health and Clinical Excellence (NICE) CG161 Falls in Older People (2013)
- National Institute for Health and Clinical Excellence (NICE) QS86 Falls in Older People (2017)

Falls Prevention Project – City Wide

Age Friendly
GMMH Buzz Health and Wellbeing / MCC Neighbourhood Community Development Team 2022-23

Jade Shorrock

Final Project Report

Context

Falls-related accidents cost the NHS over 2.3 billion a year

Falls higher in Manchester than rest of England due to health inequalities

Increased falls during/ after the pandemic as a result of deconditioning

Priority area for GM Aging Hub

Greater Manchester Falls Prevention: Delivering Integration and Reconditioning (2022)

Co-production and engagement

- Chorlton Good Neighbours
- Sound Heart coffee morning, Newton Heath
- Hulme and Moss Side Age Friendly meeting

    - ‘Don’t Mention the F Word’
    - Importance of Education – spoken and printed info were identified due to digital inequalities
    - Opportunity to talk to someone and be signposted correctly
    - Some exercise as part of session

Evidence Base

- Occupational therapy in the prevention and management of falls (RCOT, 2020)
- Falls In Older People: Assessing risk and prevention (NICE, 2013)
- Greater Manchester Falls Prevention: Delivering Integration and Reconditioning (2022)
- Population-based interventions for preventing falls and fall-related injuries in older people (Cochrane Review 2023)
- World guidelines for falls prevention and management for older adults: a global initiative | Age and Ageing | Oxford Academic (oup.com)
- FINAL-The Greater Manchester Falls Collaborative Workshop-Slide deck.pdf

Developing content of workshop

- Reviewing current literature
- OT Perspective
- Walking stick MOT
- Signposting
- Key messages
- Chair based exercise + onward signposting
- Follow – up

Population based approach / primary prevention

Identifying risk:

- **Low risk – education and exercise for general health / falls prevention**

  (educational talk / discussion, inspiring physical activity and highlighting local opportunities and community assets)

- **Medium risk – Strength and balance training**

  (Signposting to PARS service or other local opportunities)

- **High risk – multi factorial risk assessment and individualized interventions**

  (Signposting or referring to Falls Teams)

Gathering info from local services

- Manchester equipment and adaptations service
- Care & Repair
- Care Navigators
- PARS
- MCR Active
- Morriso Health
- Sensory Team / Henshaws
- North Manchester Community Rehab and Falls Service;
- Central and South Manchester Falls Service;
- Local VCSE services

Falls prevention services in Manchester

South Falls Team (MLCO)
(People aged 60+ at risk of falls, motivated to improve, OT / PT & Nurses)
0161 946 8227

Central Falls Team (MLCO)
(People at risk of falls, motivated to improve mobility, strength and balance OT / PT & Nurses)
0161 209 9963

North Falls Team (MLCO)
(Provide falls and general rehab service, any age, OT / PT & Nurses)
0161 470 6860

Care & Repair
(Charity supported by MCC / NHS)
(Manchester & Trafford, help with small or major repairs)
0161 872 5500
mail@careandrepair-manchester.org.uk

Sensory Team (MCC)
(Support for people who are deaf, hard of hearing, visually impaired or combined sensory loss, including equipment and assistive tech, assessments and rehab, mobility and daily skills training, welfare right support, advocacy etc)
0161 234 5001

Manchester Equipment & Adaptations Service (MCC)
OT led service (no physio) – assessments for aids and adaptations (minor – eg bath boards, grab rails, stair rails, commodes; major – eg ceiling hoists, wet rooms, stair lifts), including telecare (pendant alarms, door sensors etc)
0161 234 5001

Social Services (MCC)
(Safeguarding issues, social care needs etc).
Contact centre – **0161 234 5001**

Wheelchair services
(Manchester Disablement Services Centre)
0161 611 3800

MCC Neighbourhood Community Development Team
(Providing falls prevention health promotion, education & signposting)
Jade.shorrock@manchester.gov.uk

Care Navigators (MLCO)
(Connecting people to the right services and community resources in their area)
0300 303 9650
mft.spa-uhsm@nhs.net

PARS (Physical Activity Referral Service)
Mcr Active
For further info: 0161 974 7839
physicalactivityteam@mcractive.com
Needs GP or other health professional referral

Key messages and topics for discussion

- Multifactorial nature of falls
- Post pandemic deconditioning
- Benefits of physical activity
- Nutrition and hydration
- Adapting the home - trip hazards and aids and adaptations
- Sensory factors - hearing and vision
- Blood pressure and medication management
- Managing anxiety and fear of falls
- Impact of mood and motivation
- Footwear and footcare
- Continence
- Common causes of falls and how to avoid it
- Sleep and cognition

Printed resources

- Staying Steady (Age UK),
- Your Mind Matters (Age UK)
- Healthy Living (Age UK),
- Living Well with Long Term Conditions (Independent Age)
- Managing Anxiety (Independent Age)
- Dealing with Depression (Independent Age)
- Falls Prevention checklist for home environment (Independent Age)
- 6 Exercises for Strength and Balance (Chartered Society of Physiotherapists)
- Falls Prevention checklist for symptoms (Chartered Society of Physiotherapists)
- Care & Repair leaflet
- How's your hearing (RNID)
- Looking after your feet if you have Diabetes (Diabetes UK)
- PARS service leaflet / DVD
- KOKU

Chair Based Exercise

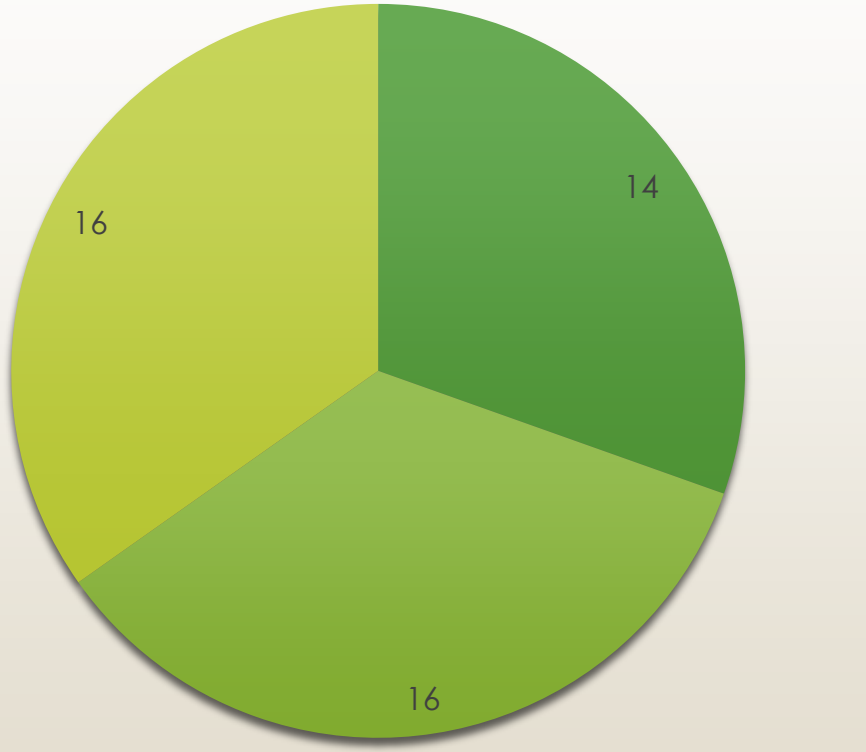
- Developed ‘chair-based exercise taster session’ with the view to then signpost participants to local regular class
- Gained level 2 Qualification thanks to funding from Buzz Health and Wellbeing to enrich the workshops
- Risk assessments and pre-exercise questionnaire developed in partnership with MCR Active and Morriso-Health
- GDPR – process approved by MCC Neighbourhoods GDPR lead

Outcomes and Impact

Data analysed from January – July 2023 showed:

- 38 workshops were delivered
- 11 of which were delivered in partnership with the falls teams
- 30 included an educational talk
- 15 included a chair-based exercise taster session
- 478 people were reached
- 74 walking stick MOTs ferrules were changed
- 43 people were referred or signposted to the falls teams
- 84 people were referred or signposted to other services eg GP, PARS, Sensory Team, MEAP etc
- 164 people were given one-to-one lifestyle advice

City-Wide Project



Partnership working with Falls Teams

- Since January 2023 the falls teams have attended 12 falls preventions workshops offering the following additional services:

  - An additional professional perspective such as a Nurse of Physiotherapist
  - Blood pressure checks
  - Referrals there and then, providing reassurance to residents about the nature of the service etc

Manchester Local Care Organisation

Focus on Housing Schemes

- Jigsaw Housing Trust
- Guinness Housing
- Southway Housing
- One Manchester
- Brunswick Extra Care Village

- The focus on housing trusts meant fewer total contacts, however these people can be seen as harder to reach due to difficulties engaging in other community assets so may have been more valuable

Partnership working with MCR Active

- Partnership working with Physical Activity Officers to improve the provision of physical activity opportunities for people across Manchester
- Follow ups from Guinness Housing workshops – MCR Active are in the process of setting up 3 regular physical activity sessions – potentially reaching up to 60 residents currently with little or no opportunities for physical activity
- Follow up from Together Dementia workshops – working towards setting up regular physical activity session at the Dementia café's – reaching a large number of people
- Connected to many other older adults community groups / housing trusts as a result of falls prevention workshops, for future partnership working to continue

MCR active

Feedback and Impact

- Feedback was gathered at various workshops
- This ensured quality and relevance for target audience
- Helped gain info on potential impact of project
- Participants were given a post card and asked to write one thing they have learnt or something they will do as a result of the session
- 49 participants feedback collected
- Reflection

People who said they enjoyed the session	8
People who said the session was useful or interesting	19
People who said they'd learnt something specific	13
People who mentioned they plan to increase physical activity	7
People who said they planned to take some other action (such as changing footwear or doing more wellbeing activities, taking more care on stairs, drink more water	5
People who mentioned knowing about services was helpful	6
Other – eg how to get up from a fall	3

Guinness Housing project impact

20 evaluation forms were completed (42.6% of attendees)

100% of respondents said the talk met their reasons for coming which included: accessing advice, information, to learn or find out what's going on
80% said they would take some action; including doing more exercise, stopping smoking, keeping their flat safe from falls, or trying an exercise group
55% said they found the educational talk most useful
20% said they found the chair based exercise the most useful
10% said they found the social aspects of the session most useful
45% said they found the information was their main take –away
40% said doing the chair based exercise was their main take away
85% would recommend the session to friend and family
25% said they would like this type of session more often

Case Study - ‘Jim’ (Synonym).

Jim has a recent diagnosis of diabetes and heart failure. He lost his father to these conditions. Since his diagnosis Jim has become increasingly low in mood and feels there is not much point in trying to improve his condition, as he feels he is ‘going the same way as his Dad’.

He has also noticed his balance being poor, feeling weak and low in energy and is worried about his cognition. He manages to get to the shops but does nothing for enjoyment as he feels his health is too bad. He is worried about falling. He spoke about drinking alcohol when alone as he had no other enjoyment.

Before the falls workshop it was suggested to him that the Falls Team might be able to help. He said he didn’t feel there was any point, as he didn’t think anything could help him.

Jim took part in the educational workshop and the chair-based exercise session, following a pre-exercise questionnaire to ensure he was safe to participate.

Afterwards Jim reported feeling more positive about how he could improve his quality of life and agreed to a referral to the Falls Team. Staff from the Falls Team made the referral there and then and explained they would come and visit him at home for an initial assessment.

Jim was also given advice about his low mood and how to address this.

Jim appeared to have quite a different mindset at the start and the end of the Falls Prevention workshop, and seemed much more open to receiving support from local services. He appeared to have shifted from a mindset of no hope, to having some hope and taking some positive action by agreeing to the Falls Team referral.

Evaluation - Positives

- Partnership working with Falls Teams, MCR Active
- Workshops became more engaging throughout the year as my confidence as a facilitator grew
- Identified and signposted people to existing community assets that can support resilience and independence
- OT skills used but clear role boundaries established early on in the project
- Lots of positive feedback collected from workshops participants
- Chair based exercise taster session added a fun and mood lifting element to the session

Evaluation – what could have been done differently?

- Improved feedback questionnaires for more detailed data analysis
- More social media promotion of the project
- Community development approach – focus on developing community assets that support
  - older adults to maintain resilience and independence;
  - provide opportunities for physical activity and
  - reduce barriers to physical activity and social support opportunities – such as transport

What else? Feedback from the Age Friendly Team…

- Work where MCR Active are providing follow up can be seen as community development
- Equality and diversity info – could have been included in data collection
- More info on which specific neighbourhoods were reached and levels of engagement
- Achieved some really good outcomes!

Thank you for attending the session ☺

The recording and slides from today will be available soon.

For any questions and feedback, please do email me on:
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