



NHS Service Delivery and Organisation R&D Programme

PROGRAMME OF RESEARCH ON EVALUATING MODELS OF HEALTH SERVICE DELIVERY

SCOPING EXERCISE ON FALLERS' CLINICS

The SDO Programme wishes to commission a scoping exercise of fallers' clinics for the assessment and prevention of falls. This exercise is preparatory to consideration of the clinical and cost effectiveness of fallers' clinics being considered by the National Institute for Health and Clinical Excellence (NICE), and its eventual provision of guidance to the NHS in England and Wales on this topic.¹

Introduction

Every year some 35 per cent of adults aged over 65 living in the community (about 2.7 million in England & Wales), and 45 per cent of adults aged over 80 (about 0.9 million), have a syncopal event (faint) or fall. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK. Other consequences of an individual falling include the development of psychological problems (such as fear of falling and loss of confidence in being able to move about safely), impairment in carrying out daily activities, reduced mobility, increased dependency, infection, hip fractures and other falls related injuries.

A fall can be defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.²

A range of risk factors are associated with falls including falls history, gait deficit, balance deficit, mobility impairment, fear, visual impairment, postural hypotension, cognitive impairment and urinary incontinence. Environmental factors (such as poor lighting or loose carpets) may also contribute to an increased risk of falling.

In 1999, there were 647,721 accident & emergency attendances and 204,424 admissions to hospital for fall related injuries in the UK population aged 60 years or over. The associated cost of these falls to the NHS and Personal Social Services (PSS) has been estimated at £908.9 million and 63 per cent of these costs were incurred from falls in those aged 75 years and over.³ One response to the problem has been the establishment of specific fallers' clinics.

Background:

NICE, in conjunction with the National Collaborating Centre for Nursing and Supportive Care, has recently published a guideline for the NHS in England and Wales on the assessment and prevention of falls in older people.⁴ This provides guidance on the establishment of falls prevention services, but allows for local discretion as to how these are developed.

One approach to developing falls prevention services has been fallers' clinics. The 'fallers' clinic' was referred to the NICE Technology Appraisal Programme in the ninth wave (October 2003). The Department of Health and Welsh Assembly Government remit to the Institute was: 'to appraise the clinical and cost effectiveness of fallers' clinics for the assessment and prevention of falls.'

The Appraisals team prepared a draft scope, which went out to consultation. In addition to the comments of consultees on the scope, secondary research was carried out by the Appraisal team's information scientists and analysts. They identified a lack of sufficient evidence to evaluate the effectiveness of fallers' clinics, in addition to the lack of a widely accepted definition of a 'fallers' clinic'.

NICE concluded that it was not appropriate to proceed with this appraisal at the present time, since an appraisal of a technology that cannot yet be clearly defined might produce misleading conclusions. The appropriateness of such an appraisal at this time was therefore questionable, while at the same time the need to encourage urgent research in the field emerged as a major priority.

Following discussion with the SDO Programme, NICE concluded that, given the variability in practice across the UK, research was required to identify different models of existing faller's clinics and to identify existing data sources that may provide information for a future assessment of the clinical and cost effectiveness of this intervention.

As part of their appraisal of fallers' clinics, NICE will conduct an evaluation of the cost-effectiveness of fallers' clinics, possibly using a decision analytic framework. The types of data required for this analysis may include information on the organisational framework of fallers' clinics, the possible pathways of care for people using the services, the types of technologies employed by the services, the effectiveness of the faller's clinic and the resources required to implement and maintain a service. It is anticipated that the research team will identify existing data sources to enable such an evaluation and highlight areas where data necessary for such an evaluation are currently lacking.

Current call for proposals

The SDO Programme, on behalf of NICE, is now inviting proposals for a project that will provide the background for, and inform the design of, a subsequent evaluation of fallers' clinics. Specifically, this project will

- Identify and describe the different models of delivery for fallers' clinics, indicating both the ways in which these have been defined in the literature, and what they involve in practice. Identification of the key / common criteria by which fallers' clinics can be characterised is also required.
- Assess the feasibility of estimating the cost-effectiveness of fallers' clinic based on existing data.

Details of the question areas to be explored in each part are as follows.

a) Identification of different models of service delivery

Existing fallers' clinics could present as a range of models of service delivery. One element of this call is to characterise and describe the different models according to a range of criteria. Questions to be addressed here include:

- What is the geographical location of the fallers' clinic (rural, urban, other)?
- What is the primary organisational location of the fallers' clinic (primary care, secondary care, social care)?
- Which health care providers are involved in the organisation and delivery of the fallers' clinic?
- Do the fallers' clinics have links with other sectors (eg. Social Services), including the private sector?
- Are the fallers clinics nurse- or doctor-led?
- What is the size of the fallers clinic? For example, in terms of the number of patients referred/treated or staff involved.
- What are the objectives of the fallers' clinic (prevention, diagnosis and/or treatment)?
- Are falls risk assessments conducted by clinic? What methods of assessment are employed and who are they conducted by?
- Which treatments are employed by the fallers' clinic (e.g. strength and balance training, home hazard assessment or medication review)?
- Which patient groups currently use the fallers' clinic (e.g. the elderly or people with specific medical conditions)?
- What is the most common model of fallers clinic used in England and Wales?

b) Feasibility assessment

- What data do the organisers of the fallers' clinic routinely collect?
- What data are available from the existing literature?
- What information is not collected that would be useful / essential for an assessment of the cost-effectiveness of fallers' clinic? As the analysis of cost effectiveness is likely to be based on a decision-analytic framework, the researchers may wish to consider potential structures of economic models in order to identify the data required for an analysis of the cost effectiveness of fallers' clinics.

Methods

Applicants should clearly outline their proposed methods for each component of the evaluation.

- The evaluation of fallers' clinics as different models of service delivery will involve empirically based multi-site evaluations. Researchers should indicate how they propose to carry out this evaluation, including their study design and the methods to be used.
- The evaluation will also involve a review of the existing literature. Researchers should indicate their proposed methods for conducting this review.

Applicants should demonstrate that they have assembled a team of researchers whose knowledge and skills are appropriate for the task.

Outputs

- The principal output of the call will be a detailed report describing each of the relevant elements of the evaluation in turn.

In addition the report should

- Contain a short and coherent executive summary;
- Critically describe the methods used;
- Provide rigorous and detailed conclusions about each element of the evaluation;
- Contain a commentary which clearly indicates the implications of the evaluation for the introduction of fallers clinics;
- Identify any critical factors in the successful implementation of fallers clinics, and make recommendations for their general implementation; and
- Clearly identify whether an economic evaluation of fallers' clinics is feasible at the current time, areas for further research and how these might be addressed.

The research team should produce a report which will be appropriate for use by both the SDO Programme and NICE when deciding on the approaches to take when commissioning further substantive research in this area. Successful applicants may be required to present their completed work to the SDO Programme Board.

In addition, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build in an active programme for disseminating their research findings in policy, practice and research contexts.

Two key principles of the SDO Programme's work are involving a wide range of stakeholders at all stages of its work, and focussing efforts on communicating the findings of research. Applicants should clearly indicate how they will address these principles in their proposals.

For more information about the SDO Programme and its current programme of research applicants should visit www.sdo.lshtm.ac.uk

Applicants should familiarise themselves with relevant research already commissioned by other NHS R&D programmes (such as the Policy Research Programme and the Health Technology Assessment Programme) to ensure that they can demonstrate that their proposals do not duplicate other research.

Applicants should demonstrate that they have assembled a team of researchers whose knowledge and skills are appropriate.

Applicants should refer to the general criteria for prioritising research topics, developed and agreed by the SDO Programme board, available on the SDO website (www.sdo.lshtm.ac.uk).

¹ The Department of Health remit to the Institute is “to appraise the clinical and cost effectiveness of fallers' clinics for the assessment and prevention of falls.”

² Tinetti ME, Baker DI, Dutcher J, Vincent JE, Rozett RT.(1997) Reducing the risk of falls among older adults in the community. Berkeley, CA: Peaceable Kingdom Press.

³ Scuffman, P. Chaplin, S. (2002) The incidence and costs of accidental falls in the UK. Final report. York Health Economics Consortium, University of York.

⁴ The assessment and prevention of falls in older people', NICE, Available at <http://www.nice.org.uk/page.aspx?o=233391>

Application process and schedule

The research call is for one scoping exercise.

Applicants must submit proposals using the **Scoping Exercise Application Form**, which is available as a Word 97 file or Rich Text format from:

- the SDO website: <http://www.sdo.LSHTM.ac.uk/calls.htm>, or
- by Email from: Donna.Cox@LSHTM.ac.uk

It is important that you do not use any previously obtained version of an SDO Programme application form as the application form has changed.

To ensure the efficient and equitable answering of additional queries, all questions about this research call should be sent by e-mail only to Donna.Cox@LSHTM.ac.uk with the words '**FC125 query**' in the subject/header.

Questions received by 6 October 2005 will have generic answers posted on the SDO website (www.sdo.LSHTM.ac.uk) by 13 October 2005.

No other correspondence about this research call can be entered into.

Applicants are asked to submit proposals by **Thursday 10 November 2005 at 1.00pm to:**

Donna Cox
Commissioning Manager
NCCSDO
London School of Hygiene and Tropical Medicine
99 Gower Street
London
WC1E 6AZ

AN ORIGINAL PLUS TWENTY-FIVE HARD COPIES of the completed **Scoping Exercise Application Form** should be submitted together with a copy on disk or CD. Please note we will not accept electronic submissions or hand written proposals. **No late applications will be considered.**

Guidance notes for the completion of the **Scoping Exercise Application Form** can be found at the front of the application form.

Funding of a maximum of **£80,000.00** is available for funding **one** project in this topic area. **Applicants should note that value for money is an important consideration in respect of this research.** Proposed costs of the project should not exceed the limits stated above. NHS R&D Programmes are currently funding Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund

100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum where appropriate.

Following submission of full proposals successful applicants will be notified no later than **February 2006**. The project should take no longer than 6 months to complete and start no later than **May 2006**. Please note that these dates are approximate and may be subject to change.

The SDO Programme will look favourably on proposals that include an element of research capacity building.

In addition, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build in an active program for disseminating their research findings in policy, practice and research contexts.

Please clearly label the outside of the envelope in which you submit your proposal with the following: **‘Tender Documents – FC125’**. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO website under the ‘Call for Proposals’ page.

Before funding, successful teams will be required to provide proof of research ethics committee approval for their project, if this is required (information regarding this can be found on the SDO website under the ‘Funding opportunities & commissioning processes’ page).

We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

Applicants should visit the SDO website: <http://www.sdo.lshtm.ac.uk> to familiarise themselves with the work of the SDO Programme in general and with previous scoping exercises in other topic areas.

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.