

Support and Assessment for Fall Emergency Referrals (SAFER) 2: a cluster randomised trial and systematic review of clinical effectiveness and cost-effectiveness of new protocols for emergency ambulance paramedics to assess older people following a fall with referral to community-based care when appropriate

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Plain English summary

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The Support and Assessment for Fall Emergency Referrals (SAFER) 2 study aimed to assess the costs and benefits of new protocols for paramedics to assess older people following a fall, with an option to leave them at home with a referral to a community falls service. In three UK ambulance services, we compared what happened to patients attended by paramedics with the new protocols (intervention group) with what happened to patients attended by paramedics delivering usual care (control group). We interviewed a small sample of patients, paramedics and other staff about their experiences of the new model of care.

A total of 4655 patients were included in the trial. There were no differences in the number of further emergency health-care contacts or deaths between groups, but patients in the intervention group were less likely to make further emergency service calls. Although only 8% of patients were referred directly to falls services by paramedics, overall this meant that fewer patients were left at home without further care. The intervention was as safe as usual practice, and we did not find any differences in how long paramedics spent on each job or in patients' health and quality of life. Patients were generally happy with the care they received and paramedics found that the protocol increased their confidence.

The SAFER 2 study findings indicate that ambulance services may introduce this new pathway safely and at low cost, and expect reductions in further emergency service calls. However, we did not find any evidence of improved quality of life for patients or reductions in overall NHS emergency workload.

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