FaME Implementation Toolkit Launch Event

Trent Vineyard

13th June 2019

Join the conversation

If you hear something you like, or want to challenge, or simply want to share an observation, join the Twitter conversation using **@CLAHRC_EM** and **#FaMEtoolkit** in your tweet.

#FaMEtoolkit
@CLAHRC_EM

Connecting to venue WiFi

Select: TV_Guest (no password needed)

Dr Elizabeth Orton

The FaME Implementation Toolkit

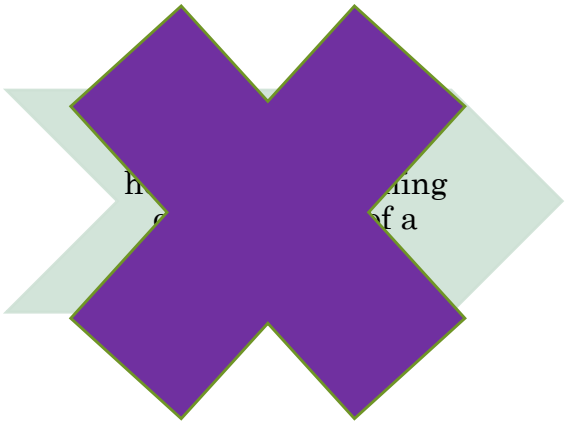
Why do we need a toolkit?

PHE consensus statement on Falls and Fragility Fractures

NICE guidance on falls prevention

ProAct65+ trial (FaME Vs Otago)

CMO PA guidelines including strength and balance

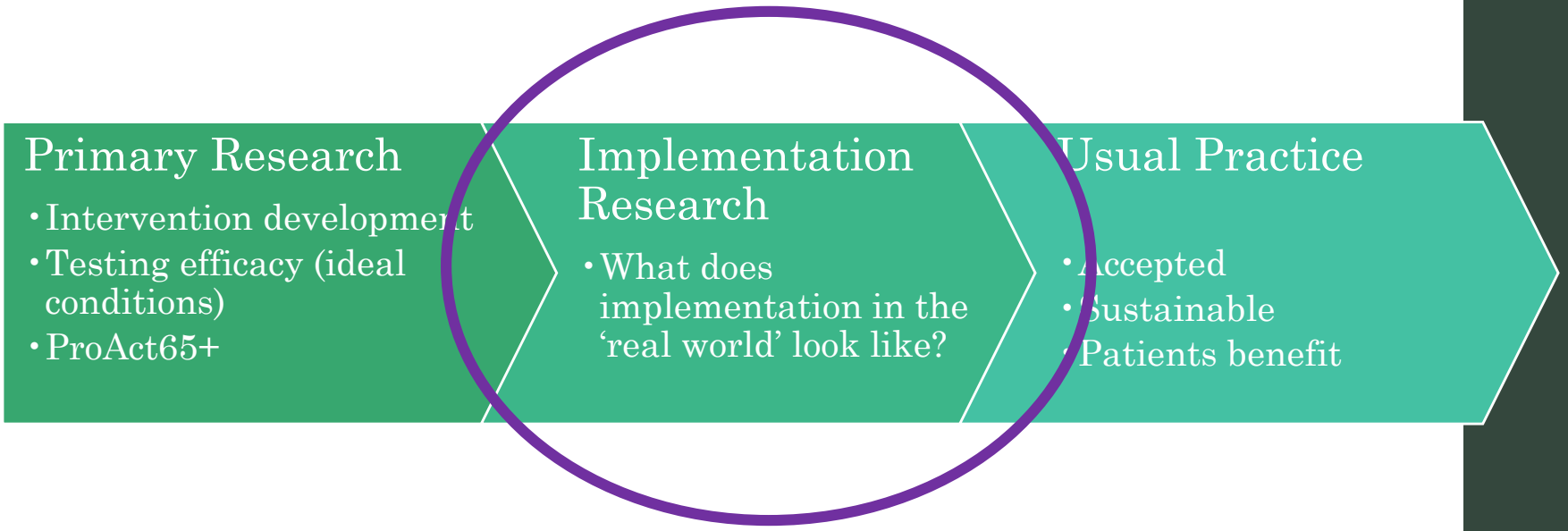


Gap in PSI availability in Leicestershire, Rutland and Derby City

Phisical study

Physical activity
Implementation
Study
In
Community-dwelling
Adults

PhISICAL is an implementation study



The PhISICAL Study:

- Is NOT re-doing the clinical trial
- Had NO control group
- Had NO researcher control over delivery

Assumptions

- It is effective ‘in the real world’
- Fidelity is maintained
- Feasible to deliver

3 main research questions

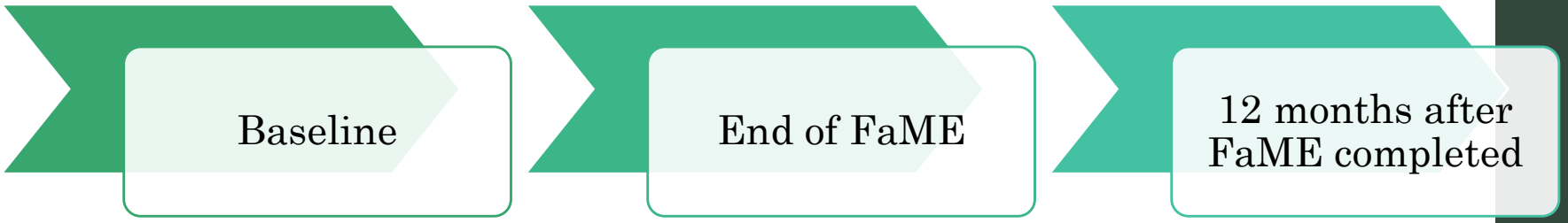
- Does FaME still work ‘in the real world’?
- Is FaME fidelity maintained ‘in the real world’?
- What makes ‘real world’ implementation successful?

Implementation Toolkit

Methods

Does FaME still work 'in the real world?

1) Routinely-collected data on functional and psychological gains
   - Timed up and Go, Turn 180, Functional reach
   - PhoneFitt, FES-I, Confbal
   - Falls in the last 3 months
   - Health questionnaire



2) Interviews with participants

Is fidelity preserved in the real world setting?

Framework element	Data sources

Adherence
• Content
• Coverage
• Frequency
• Duration
	• Register data
	• Interviews
	  • PSIs
	  • Participants
	  • Commissioners

Moderators
• Intervention complexity
• Facilitation strategies
• Quality
• Participant responsiveness
	• Interviews
	  • PSIs
	  • Participants
	  • Commissioners
	• Observations of
	  • Community of Practice events
	  • Classes

What makes 'real world' implementation successful?

The case (wanting it to happen)

- Evidence of effectiveness
- Population need
- Policy context

Implementation (making it happen)

- Funding – business case
- Service specification
- Procurement
- Delivery
- Outcome measurement

Business as usual (ensuring it continues)

- Benefits capture
- The clinical case
- The financial case

Data sources

- Interviews with PSIs, commissioners and participants

Study results – Does it still work?

- Improved function
- Reduced falls (small numbers)
- Increased physical activity (completers only)

Is Fidelity maintained?

Fidelity: 72%-78% criteria met	Reasons for not adhering: • concern of overloading people with home exercises, deterring future attendance • lack of confidence to deliver aspects e.g. Tai Chi and floorwork
Quality: 80%-84% criteria met	Reasons for lower scores: • Not asking about falls in the previous week • Not explaining the purpose of exercises • Not clarifying the exercises • Not reinforcing the exercises • Not correcting poor positions 43% of people progressed the recommended 3+ resistance band levels Communities of practice consisting of instructors and their managers offered opportunities for quality improvement (QI)

What makes implementation successful?

- **Barriers and Facilitators**

- Complexity
  - Daunting
  - Needs project managing
  - Achievable

- Enablers need to align
  - A robust case for need
  - Infrastructure suitable
  - Pool of instructors

- Relationships
  - Instructor – trusted, supportive but challenging
  - Peers – need social opportunities

- Drop out rates
  - Can be high, reflecting frailty of participants
  - Best outcomes were seen in those who attended more than 75% of the 24 week programme
  - Encourage people to attend where possible, especially if they have missed a week or two, to ensure they get their minimum 'dose' of exercise

3 main research questions

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Implementation Toolkit

01 Building the case for investment

02 Planning for FaME Implementation

03 FaME delivery

04 Monitoring and Evaluation

Toolkit

Section 1 - Building the case

- Evidence summary
  - Briefing for commissioners
  - Briefing for elected members
- Costing tools
- Business case
- Case studies
- Links to videos and key websites

Section 2 – Planning

- Falls pathway
- Implementation Gantt chart
- Service specification
- Example delivery models
- Study findings (Do's and Don'ts)
- Logic model
- Links to videos and key websites

Section 3 – FaME Delivery

- Promotional materials
- Clinical letters
- Briefings for participants and referrers
- Getting the most out of home exercises
- Sample register
- Communities of practice

Section 4 - Monitoring and evaluation

- Quality Assurance checklist
- Data collection guide

FaME

Falls Management Exercise

"It's good for the soul" "The instructor is very good…makes it fun"

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

A rejuvenating exercise programme helping to develop strength and balance. If you...

- Are 65 or more
- Have concerns about balance and mobility
- Feel unsteady on your feet

Then this course could be for you.

All sessions starting week beginning Xth XXX 20XX from Xpm - Xpm

Name Address line 1
Address line 1
Post code

Booking is essential and charges apply.

For more info and to book add Contact details

Thank you

- CLAHRC – funding
- Research team
  - Dr Elizabeth Orton (PI)
  - Professor Denise Kendrick
  - Professor John Gladman
  - Professor Pip Logan
  - Professor Stephen Timmons
  - Professor Derek Ward
  - Clare Timblin
  - Natasher Lafond
  - Hannah Carpenter
- Steering group
  - PPI members
  - Professor Dawn Skelton
  - Professor Tahir Masud
  - Dr Simon Conroy
- Collaborators
  - Study sites
  - Leicestershire County Council
  - Derby City Council and Derby County Community Trust
  - Leicester-shire and Rutland Sport

Sara Davies, David Johnson, Marion Moloney

The FaME participant perspective

Programme learnings

- Pre-Course Assessment
- 24 weeks of Progressive Exercises
- Social chat
- Home exercises

Benefits

- More physically and socially active/independent
- Know how to get up from the floor
- Fewer GP visits and ambulance calls
- Saves NHS money

Professor Denise Kendrick

Summary and next steps

- What we have heard today
  - About the toolkit
  - About future research ideas

- The toolkit is available at the CLAHRC Store

http://www.clahrc-em.nihr.ac.uk/clahrc-store

  - Download it, follow the links to documents, Use it!

- Impact matters
  - Evaluation of impact in due course

- Tell us what you think
  - e-mail comments or suggestions for improvement to:

phisicaltoolkit@nottingham.ac.uk

Thank you

- For attending
- Speakers today
- Study team and collaborators

Reflection

- Please complete the evaluation form
- Tell us what you will do as a result of what you have heard today
- Let us know if you want to stay involved!