

## Review of Falls Prevention Services

*A year-long study of the NHS Falls Clinic and Local Authority  
Strength & Balance Classes*

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## **Acknowledgements**

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Finally, Healthwatch Ealing would like to thank the 668 participants who were kind enough to take the time to share their experiences with us.

## Executive Summary

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Your Voice in Health and Social Care and Healthwatch Ealing are pleased to publish this report: *Review of Falls Prevention Services: A year-long study of the NHS Falls Clinic and Local Authority Strength & Balance classes.*

The report details the findings of user feedback on the NHS Falls Clinic and its various components, Strength and Balance classes, as well as a variety of other related services in order to evaluate the benefits and impact on user confidence and health and wellbeing, and thereby offer some indication towards impact upon falls prevented.

From March 2018 – March 2019 we spoke with 668 individuals, carrying out telephone surveys in order to hear from people. Of these 75% had attended Strength & Balance classes only, 12% attended the NHS Falls Clinic only and the remaining 13% attended both.

Overall, service users gave highly positive feedback on both the NHS Falls Clinic Services and the Strength and Balance Classes. The positive impacts of education and gentle exercise were clearly demonstrated by the results.

Looking in more depth we found that those who attended both services reported the greatest improvements in fear of falling, confidence and strength and balance, highlighting the benefits of both services in conjunction with each other. When taken in isolation, whilst individuals participating in the separate

programmes reported very similarly around reduced levels of fear and increased levels of confidence, interestingly, this did not extend to self-reported improvements to strength and balance – for this physical impact, those from the NHS Falls Clinic only reported only 55% improvements compared to 72% from the Strength & Balance classes.

We know that in global terms, 24% of Strength & Balance participants have fallen prior to participating in the programme. Our study found that 18% of participants we spoke to had fallen subsequent to participation. For those from the NHS Falls Clinic group, this rose to 28%, likely indicative of the higher risk levels of individuals to begin with. With the recognised incidence of falls at 30% for over 65s<sup>1</sup>, the impact of both these services appears favourable.

In addition, the study also found that participation resulted in a great deal of added social value. Participants repeatedly highlighted the social aspects of the services, recounting friendships forged, improvements in mental health and reducing social isolation. For Physical health a large majority of participants continue to do the exercises at home, reaping greater benefits longer term and further impacting positively upon individual's likelihood of falling.

For the Strength & Balance classes there were some barriers reported around location, language and physical and mental health issues which prevented people from participating in what would have otherwise been a beneficial programme to them. The study was unable to look further into these issues, however,

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<sup>1</sup> <https://www.nice.org.uk/guidance/cg161/chapter/introduction>

during the course of our review we did receive feedback from community groups who felt their members could greatly benefit from classes if they were accessible to them. Given the benefits highlighted by the study, going forward, it may be useful to consider how a greater number of people across the borough could participate and how Strength & Balance classes could improve, specifically around support for service users with Dementia and disabilities, and providing classes for varying levels and abilities.

The above information, results and findings are outlined in more detail in the main body and conclusion section of the report.



## 1.0 Study Background

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As people age, the chances of suffering a fall increase. This can affect confidence, balance and make even short trips to the shops or to visit friends a challenge. The impact of a fall on health, wellbeing and quality of life is considerable.

A third of people over 65, and half of people over 80, fall at least once a year.<sup>2</sup> According to the King's Fund, falls are the most common cause of death from injury in the over 65s and cost the NHS over £2bn a year and over 4 million bed days.<sup>3</sup> Nearly 9 million, or one in six people in the population of England were 65 or over at the time of the last census, and the figure is forecast to rise by another 2 million by 2021, increasing the burden of falls.<sup>4</sup>

In 2016-17 1,078 Ealing residents aged 55+ were admitted to hospital due to a fall, and there was a total of 1,078 falls among this group. 70% of this group were aged 70+ and 77% of falls were attributed to a secondary diagnosis eg. Illness, medication or condition. 60% of this group were female and 40% were male. Falls in Ealing are estimated to cost £3.2m per year.<sup>5</sup>

Ealing's Falls Prevention Service is available to help those who are at risk of falling and those who may have already experienced a fall. The service includes two programmes:

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<sup>2</sup> <https://www.nice.org.uk/guidance/CG161/chapter/Introduction>

<sup>3</sup> [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf)

NHS Falls Clinic and the Strength & Balance programme, as well as other related services. See below for the services information.

<sup>4</sup>

[https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf)

<sup>5</sup> LBE Scrutiny Panel, Falls Prevention Programme in Ealing

## **Services Information:**

### **Strength & Balance Programme**

- 10-week exercise programme, which aims to increase strength and balance and increase stamina, reducing falls
- It focuses on primary and secondary falls prevention, meaning that not all service users necessarily have a history of falls (approximately 24% of service users have a history of falls).
- Service users can access the class via self-referral, or GP referral (with a discounted price)
- There are two levels for different abilities
- The 10-week trial was previously free, and costs £25 as of July 2018. Classes cost £2-5 post trial.
- The service is commissioned by the Public Health Department of the Local Authorities
- March 2018-2019 the Strength & Balance programme had 1,754 referrals and 1,512 people commenced the programme.

### **NHS Falls Clinic**

- Secondary falls prevention service based in Ealing Day Treatment Service, which offers advice and support for individuals who have lost their independence or confidence after a fall.
- The programme offers:
- An eight week falls education and exercise group, which provides advice on what to do if you fall, staying steady, footwear, healthy living and walking aids among other things.

- One to one therapy
- One to one home visit by an occupational therapist and/or a physiotherapist
- A review from a medical consultant
- Service users **will not necessarily attend all service components**
- The service is commissioned by the Ealing CCG, and service users can access the service free of charge through GP referral.
- The service receives an average of 166 referrals per month

### **Additional Related Services**

- Ealing Careline – Provides a personal alarm service to alert a friend or the ambulance service if a person has fallen
- Handyperson Scheme – Arranges minor jobs in the home for older, disabled or otherwise vulnerable people
- Neighbourly Care Befriending Service – Befriending scheme
- Equipment and Adaptations – Occupational therapists who assess the need for special equipment and adaptations in service user's homes



## **2.0 Aims and Objectives**

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The aim of this research project was to obtain user feedback on the NHS Falls Service and Strength & Balance programme, and a variety of other related services in order to evaluate the benefits on user confidence and measure the impact in terms of falls prevented.

The objectives of this study were to:

- 1) Obtain general service user feedback on the services
- 2) Measure impact of attendance/uptake on confidence or participants/service users
- 3) Measure the impact in terms of falls prevented

### 3.0 Methodology

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The overall methodological approach was to conduct telephone surveys with Ealing residents who had attended at least one of the Falls Prevention Programmes.

Healthwatch Ealing designed a questionnaire in order to obtain general feedback on falls prevention services and a variety of other related services, in order to evaluate the benefits in terms of user confidence and falls prevented. A draft survey was presented and discussed at the Falls Task Force Meeting and changes were made accordingly before finalising the questionnaire.

Contacts were sourced through partners at the NHS Falls Service and Strength & Balance Programme. In both cases, consent forms were collected by instructors/health professionals upon discharge and shared with Healthwatch Ealing, so that we could contact consenting participants and conduct a short telephone survey. A total of **1,471** consent forms were shared with Healthwatch Ealing.

Telephone interviews were conducted with contacts in order to obtain general user feedback and evaluate the benefits on user confidence and assess impact in terms of falls prevented. In cases where service users were hard of hearing or had limited English abilities, surveys were posted so that they could be completed with support from friends/family and returned. Volunteers with additional languages also conducted some interviews with service users who spoke another language.

The project commenced in January 2018 and data collection took place over a 12-month period, between March 2018 and March 2019. The outcome totals from the study are as follows:

- **581** people completed surveys over the phone
- **87** people completed hard copy surveys
- **209** people were called three/four times with no success in getting through
- **27** people spoke another language and could not complete the questionnaire
- **142** people had surveys posted to them
- **512** people refused to partake in the study

A total of **668 surveys were completed**. This includes surveys which were completed over the telephone, and those that were completed and returned in the post.

The study achieved a 45% response rate overall, and the postage response rate was 61%.

## 4.0 Results

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A total of 668 people completed the survey over a 17-month period. Of these, 75% attended the Strength & Balance classes only, 12% attended the NHS Falls Clinic only and 13% attended both services.

For the purpose of this report, we have split the data into four groups: All data, NHS Falls Clinic only, Strength & Balance only and those that completed both services

There were 17 questions excluding the monitoring information questions.

### **Report Layout:**

The report is laid out taking each survey question in turn and includes both qualitative and quantitative analysis of the survey responses for each question. The key findings are included beneath each chart and example comments and themes, in relation to those comments, are included where appropriate.

The sample size varies throughout the report depending on the number of responses to each question. Note that there is a particularly high level of variation in the sample size for questions **3a-3e**, as these questions ask for feedback on each component of the NHS Falls clinic, and not all participants would have attended **all components**.

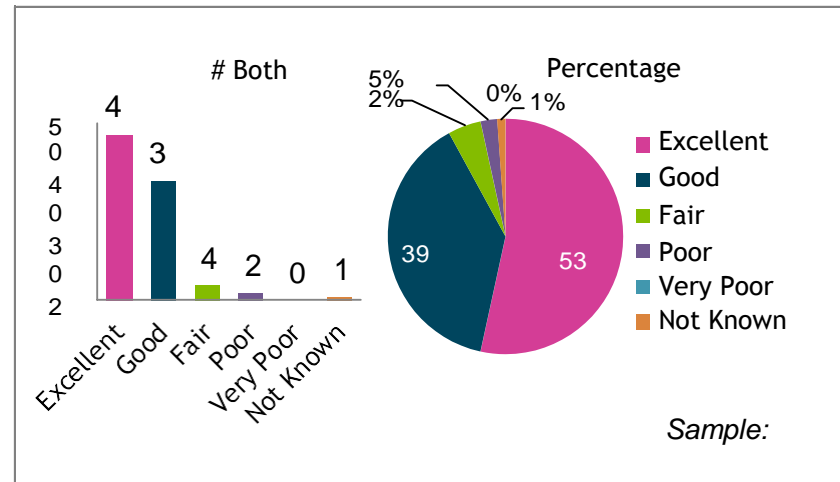
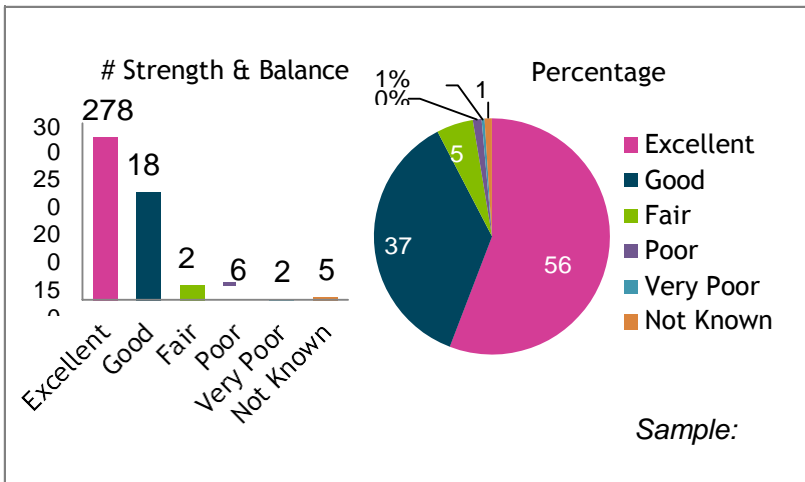
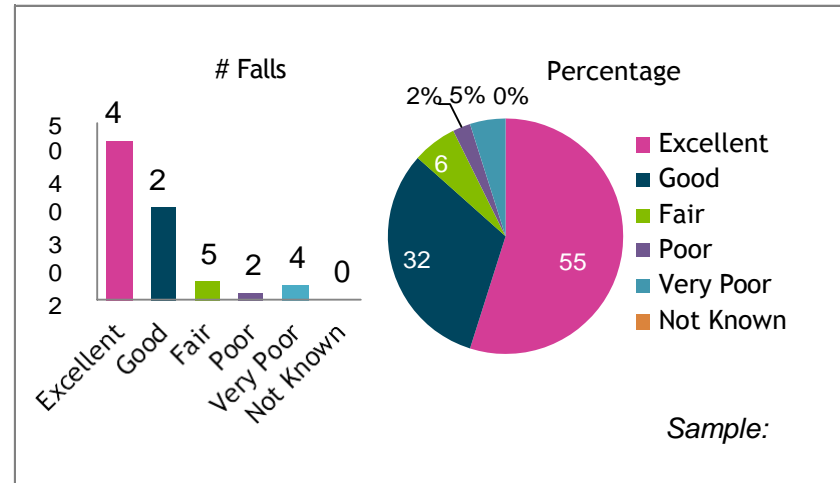
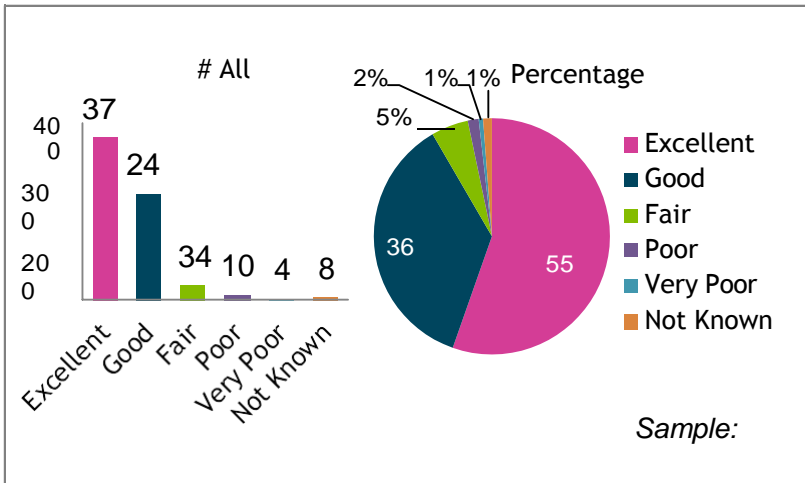
The overall conclusion can be found towards the end of the report, complete with recommendations for improvements and areas of good practice/elements worthy of praise.

## 4.1 General User Feedback

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Service users were asked for general feedback on their overall experience of the service(s). See below for the responses and example comments.

**Q2. How do you rate your overall experience of this service?**



Service users were asked to rate the overall experience of the service from 'excellent' to 'very poor'.

## **Q2. Key findings:**

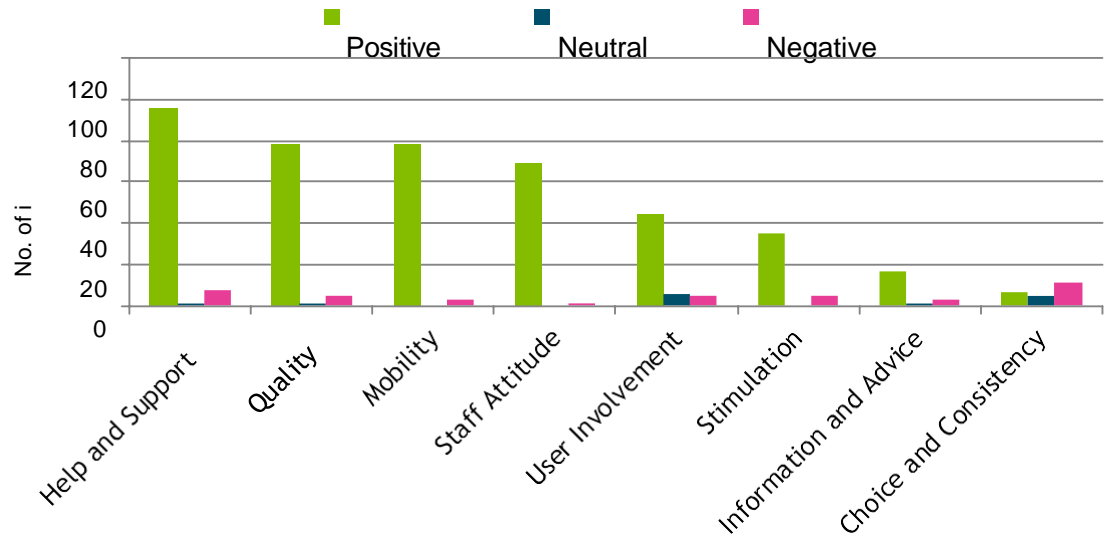
Feedback was very positive across all four groups. On average, 91% of service users gave positive feedback ('excellent' and 'good').

The Strength & Balance only group gave the most positive feedback of all, with 55% rating the service as 'excellent' and 37% 'good'. This was followed by the group who attended both services, where 54% found the experience 'excellent' and 39% rated it as 'good'.

The Falls only group received the most negative feedback at 5%. For the remaining groups, negative feedback made up just 2% of responses.

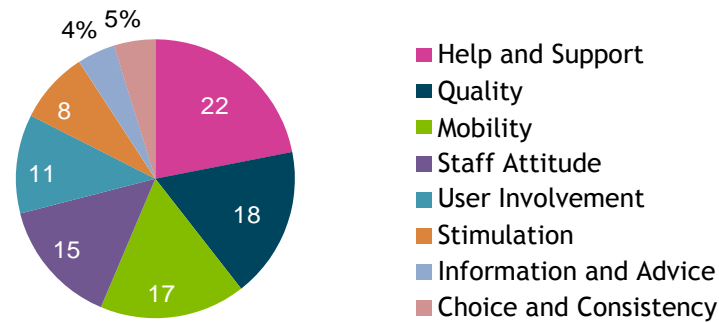
The themes and trends of the results are explored on the next page.

**Q2. How do you rate your overall experience of this service? Analysis of free text comments**



A total of 458 people left comments for question 2.

All comments were analysed and themes and sentiments were applied.



## **Q2. Key Findings from Top 5 Themes identified:**

### **1) Help and Support**

96 service users found the service to be helpful and supportive, in terms of the knowledge gained and improvements in their physical health and confidence. Service users highlighted that staff “look after you” and encourage you to go at your own pace. Fewer than 10 cited a lack of help and support. These comments reported difficulties keeping up with the exercises due to poor physical health or disability and a lack of one to one support. See below for example comments.

*“Excellent. They don't push you too hard and tell you to do as much as you feel comfortable with. For our age group, it's very good to be able to go and exercise and not feel like you're on show, as you would in the gym. They're so good, I can't tell you enough.”*

*“Peter was very patient, and the classes helped people, especially those with disabilities.”*

*“I found the exercises helped me and made pains and aches disappear. It was a good group and exercises were not too strenuous. The teachers were very encouraging.”*

*“My confidence is much better, and it helped me a lot. It was fantastic. At the end of it I was doing things I didn't think was possible.”*

*“Was good overall, but husband has hearing problems, so it was hard for him to follow the instructions and rules. He was constantly rushed so he was always left behind.”*

*“He needed more 1-2-1 help and the sessions lasted only 20 minutes.”*

### **2) Quality**

78 people said that they found the service to be of good quality, with accounts of ‘excellent’ provision, with well trained staff and engaging material. Six service users left negative comments regarding the delivery of the service and staff training. See below for example comments.

*“Well planned, offer a variety of exercises for the whole body, and all in a 45-minute class. They are also done at a good pace.”*

*“Too many people, Lecturer reading from a book. They could learn everything themselves if they read the book, lasted far too long”*

*“Helps with strength and balance and keeps me active. I feel more in control. Tutors are very good and keep their eyes on us. Interesting changing exercises.”*

*“Very well organised. Exercises were appropriate for students. Friendly and expert teaching.”*

### **3) Condition improvement (mobility)**

There were 81 accounts of improved condition as a result of attending the service. This includes physical improvements in terms of mobility, strength/balance and reduced aches or pains, as well as improvements in confidence and general mental wellbeing. Three people reported equal or worsened condition. See below for example comments.

*“Going to classes has meant I can now go on public transport.”*

*“Fantastic! it's very helpful. I had a major operation and lost confidence in my balance and coordination, but now it's much better.”*

*“We do various exercises. It has made some impression on my balance. In the class I've noticed myself that I can achieve better results. And I can see other people improving too. For example, standing on one leg without any support. I can do that for longer and longer. The exercises are good. You feel better for it.”*

*“It has been helpful for my arthritis.”*

*“You gain confidence, feel better physically and mentally. You stay active”*

#### **4) Staff attitudes**

69 people highlighted staff attitudes as an area of good practice, with service users describing staff members as encouraging, friendly and attentive. See below for example comments.

*“All staff were very supportive and reassuring, which was important as many of us were nervous. There were lots of elderly people and they were encouraged to sit out exercises that were too difficult.”*

*“Very good classes, loved teacher - energetic, encouraging, creates nice atmosphere. She tells you to "listen to your body””*

*“He was happy with the classes and staff were very nice, they assisted him out of his cab and had a cup of tea and a chat at the end of the class.”*

*“The young lady and man are very good, but I'd like another 6 weeks”*

#### **5) User involvement**

44 people highlighted good user involvement, with staff taking the time to understand individual's needs and offering a “tailored” approach in some cases. Service users also stated that they were made to feel comfortable and encouraged to “listen to their body” and go at their own pace. There were four negative comments which cited a lack tailoring and support for people with dementia and hearing difficulties. See below for example comments.

*“They were really really good, we did exercises and everyone was involved. I thoroughly enjoyed it and I thought the staff were marvelous.”*

*“I'm normally nervous going places, but they make u feel v confident and they don't push you too hard - you go according to your own pace.”*

*“It was tailored to my needs. It's a very friendly class. We feel stronger after it.”*

*“Although not physically disabled, mentally had issues in recovering, wasn't made to feel different.”*

*“I love it. I like exercise. You can put as much into it as you want to. You work within your limits.”*



*“he classes were good, but not suited to my husband as he has dementia. He can do the chair based ones, but cannot do half the exercises.”*

#### **Additional theme findings:**

- **Stimulation:** 35 people found the service to be stimulating, with service users highlighting the use of music and varying exercises. A large proportion emphasized the social aspect, with lunches and coffee breaks after the classes and new friendships forged in some cases. There were five negative comments regarding a lack of variation.
- **Information & Advice:** 17 service users received “invaluable” information and advice for avoiding falls and improving physical health, which was clearly explained. There were three negative comments, with one person highlighting a lack of advertisement.
- **Choice & Consistency:** This theme received the highest number of negative comments (11), with service users reporting that they were not well suited to the class. Others disliked the lack of consistency in instructors.

#### **4.2 User Feedback Divided by Service Component**

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Questions 3a – 3e asked for the service user’s feedback on their experience of each individual component of the NHS Falls Clinic, including the Falls Education and Exercise group, and home visits from physiotherapists.

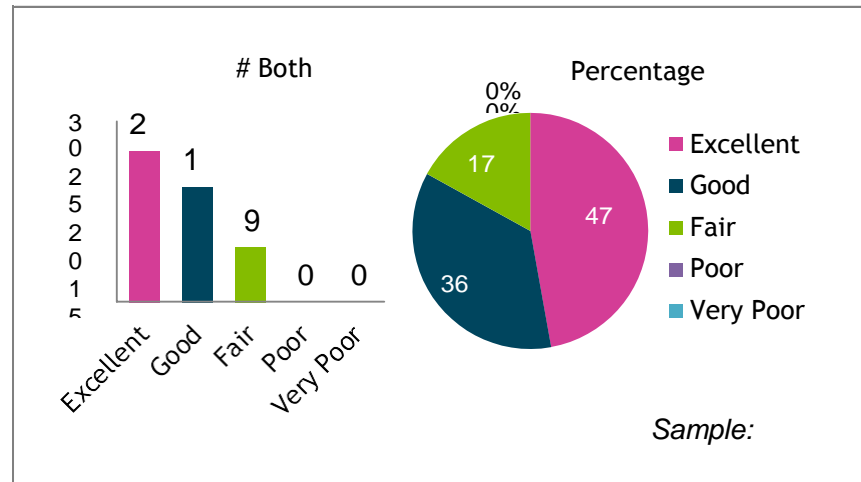
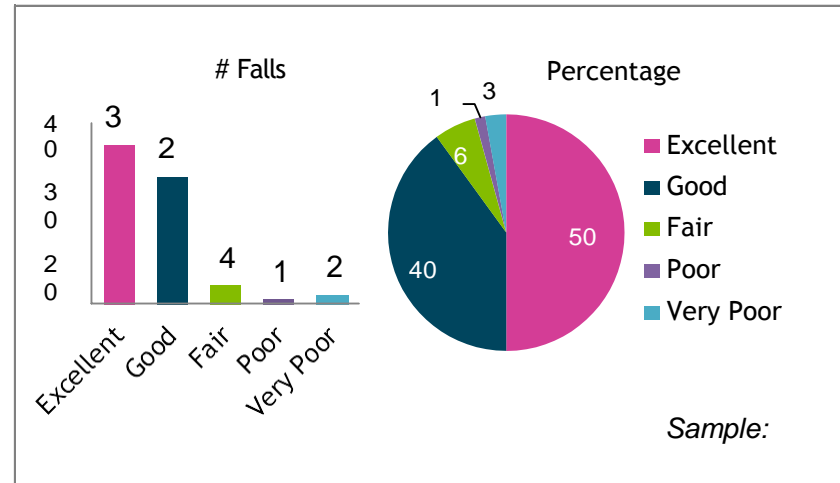
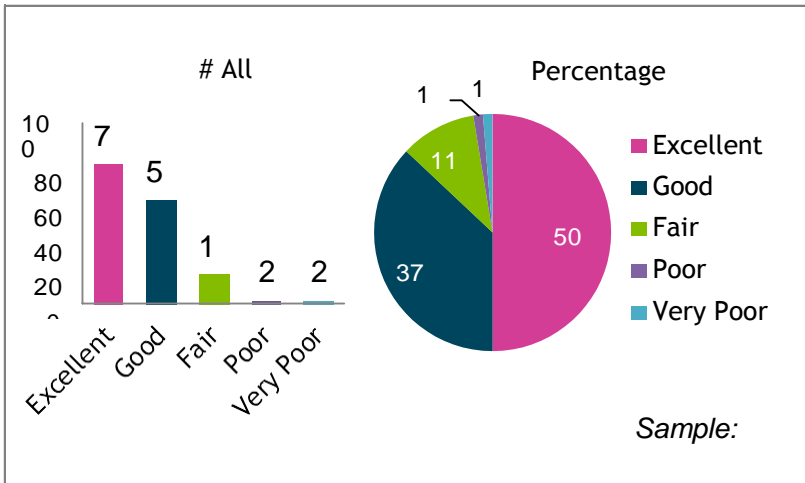
For this reason, we have excluded the responses of those who attended the Strength & Balance classes only from the analysis.

Similarly, question 3f asked for feedback of the Strength & Balance class only, and so feedback from the NHS Falls Clinic only group has been removed.

Therefore, questions 3a-3f only have three graphs per question.

N.B the All data graphs have been included for each question.

**Q3a. How would you rate your experience of Falls Education and Exercise Group?**



### Q3a. Key findings:

This service had the second highest number of responses, after the Strength & Balance classes (see section 3f below).

Feedback was largely positive. On average, 91% gave positive feedback, with positive responses ranging from 83-90% across the groups. The Falls only group received the most positive feedback (90%) and 'excellent' was the most common response across all groups.

Negative ratings ranged from 0-4%, with the Falls only group reporting the highest proportion of negative feedback. There was no negative feedback from the Both services group, and the lowest rating was 'fair' (17% of responses).

There were 27 comments left for this question. Positive comments highlighted supportive staff, helpful information and advice, and improvements in condition, in terms of mobility and confidence. Comments of negative sentiment raised issues around the classes being for mixed abilities, with some stating that it does not meet individual needs. One person stated that their condition has worsened as a result of attempting exercises above their ability. See below for some example comments, categorised according to rating.

#### Excellent

- "Staff very polite and attentive. Helped me understand the exercise."
- "The leaders of the group were very professional and inspiring."
- "It was fun as well – everyone was lovely."
- "Wonderful, she found it very motivational. She enjoyed that it was guided and the use of music. "
- "It brought out my confidence."
- "Very helpful, good advice – advised her to change her shoes."

#### Good

- "Enjoyed the exercises – helped with my bad legs."
- "Interested, but difficult because has other issues."
- "Good service, people were very nice."

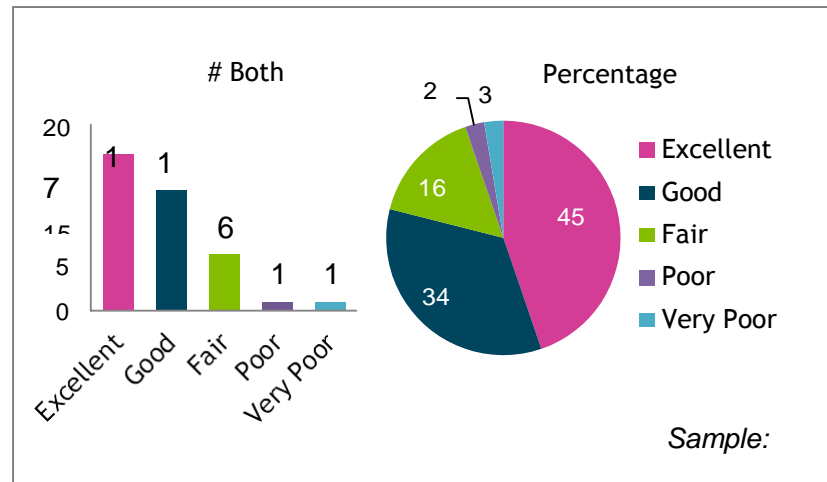
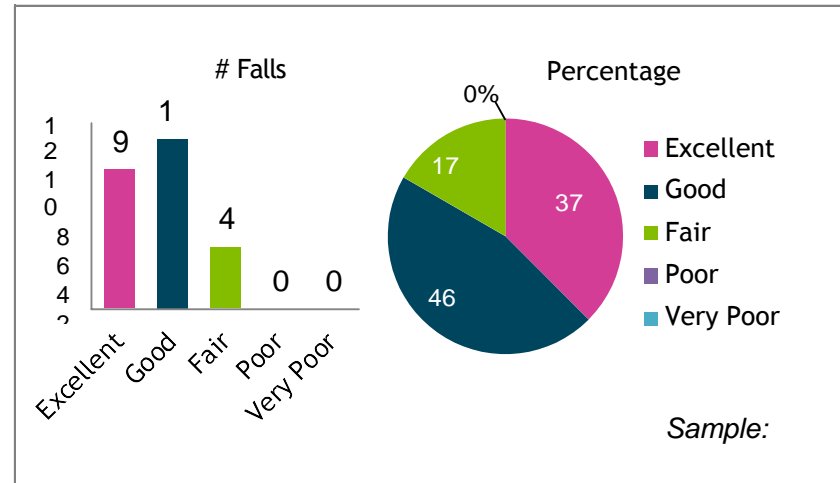
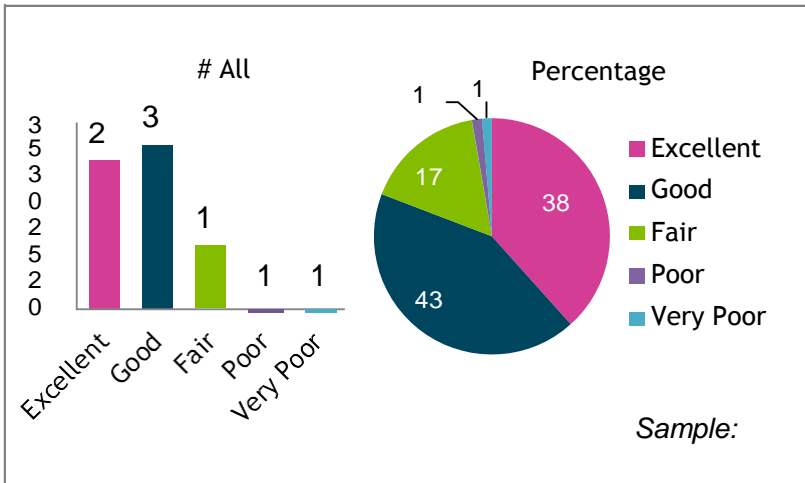
#### Fair

- "Feels that it's hard to meet the needs of everyone due to different groups Strengths and needs."
- "It was difficult to adjust to the new system when they changed everything. They didn't have enough equipment anymore."
- "Weights are too difficult for him. He has a long-term illness."

#### Poor/Very poor

- "Too much for me."
- "Made condition with my knee worse because of the ankle weights."
- "He found them very confusing to do his exercise and therefore could not do it. I do not know why they sent him."

**Q3b. How would you rate your experience of One to One Therapy?**



### **Q3b. Key findings:**

On average, 81% (range 79-83%) of participants gave positive feedback, making One-to-one Therapy the service component with the least positive feedback compared to the other service components (see Q 3a-3f).

The majority of ratings were 'good', except for the group that attended both services, where 'excellent' was the most common response. The Falls only group received the highest proportion of positive feedback at 83%.

Negative feedback ranged from 0-5%, with the group that attended both services receiving the highest proportion of negative ratings and the Falls only group receiving none. 16-17% of service users cited their experience of the service as being 'fair'.

22 comments were left for this question. Comments of positive sentiment highlighted themes of good user involvement, helpful information and advice and attentive staff. Negative comments reported poor quality and difficulties accessing the service. See below for example comments, categorised according to rating.

#### **Excellent/Good**

- "Gave her confidence and the girls that were doing it were very understanding."
- "Listened and helped me out very well."
- "Very attentive, I can't fault it at all."
- "Very informative."
- "The physiotherapy was helpful because of the information provided."
- "The time was taken to ensure I understood everything."

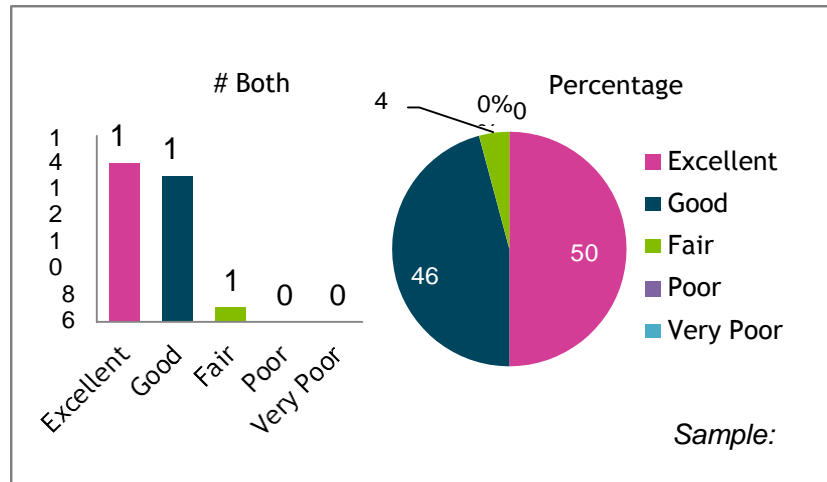
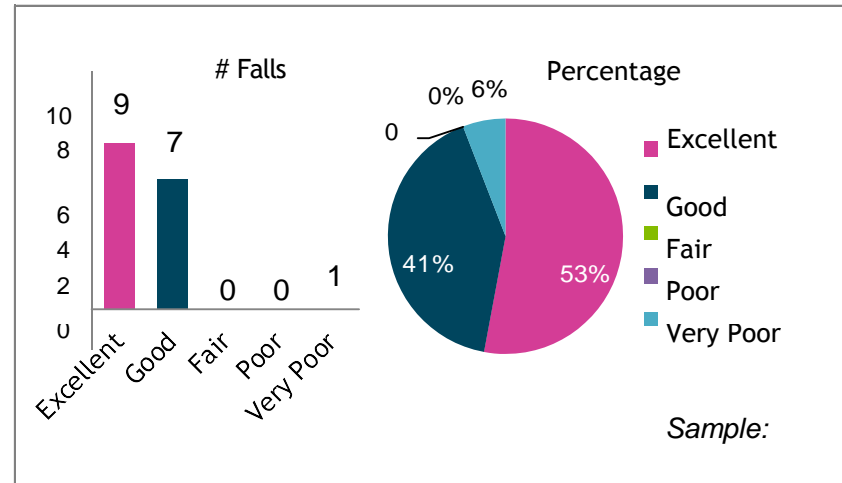
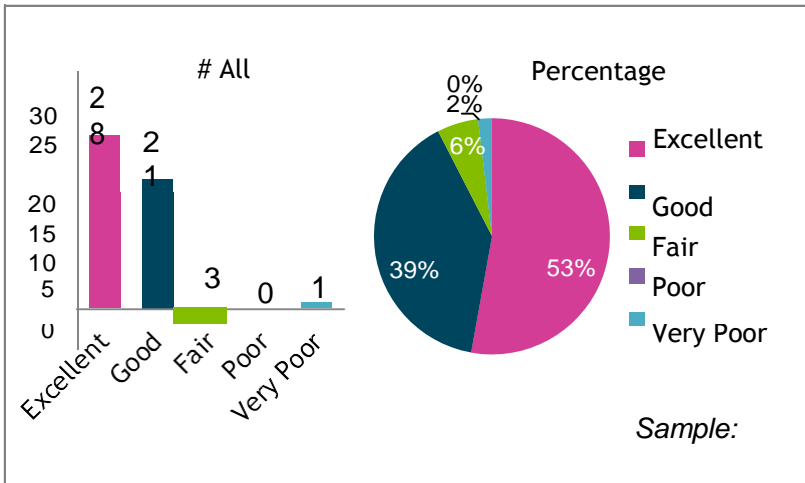
#### **Fair**

- "I found it difficult at home."
- "Too short a time."
- "Gave me lots of exercises, and it showed that I had an issue with my balance."

#### **Poor/Very poor**

- "I had physiotherapy which I didn't think was very good."
- "They came to see me in the hospital but said they had too many people to see and so weren't helpful."

**Q3c. How would you rate your experience of One to One Home Visit Occupational Therapy?**



### Q3c. Key findings:

Although small in terms of the number of patients who had used this aspect of the service, the home visit from an Occupational Therapist received the most positive feedback of all service components, with positive ratings ranging from 92-96% across all three groups and an average of 92%. The Both services group performed best and the most common response for all groups was 'excellent'.

There were 21 comments left for this question. Positive comments highlighted helpful information and support, friendly staff and improvements in condition. One service user complained of a long waiting list and another highlighted poor staff attitudes. See below for example comments, which are categorised according to rating.

#### Excellent

- “They spent a long time with me and explained everything to me.”
- “Again, very polite and helpful.”
- “Exercises greatly improved and helped.”
- “Visited me at home prior to my joining the exercise group. He checked and gave useful information and advice in regard to safety in the home.
- “Went through some of the exercises for me to do at home which helped to start. On the road to restoring my balance. He also arranged for me to loan a rollator from med quip which has made me safer.”
- “Everything went as planned no delays or changes.”

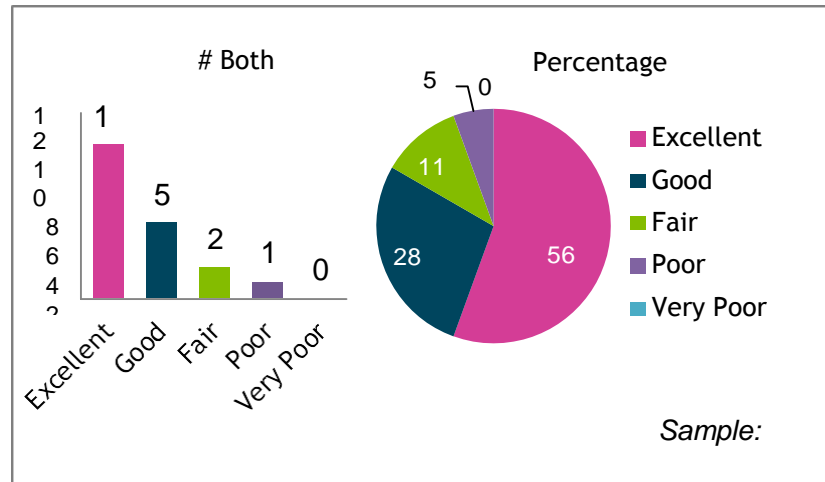
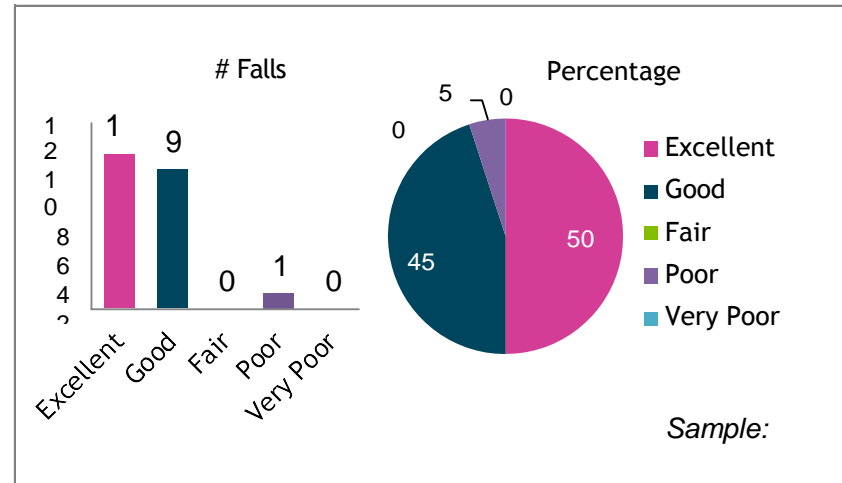
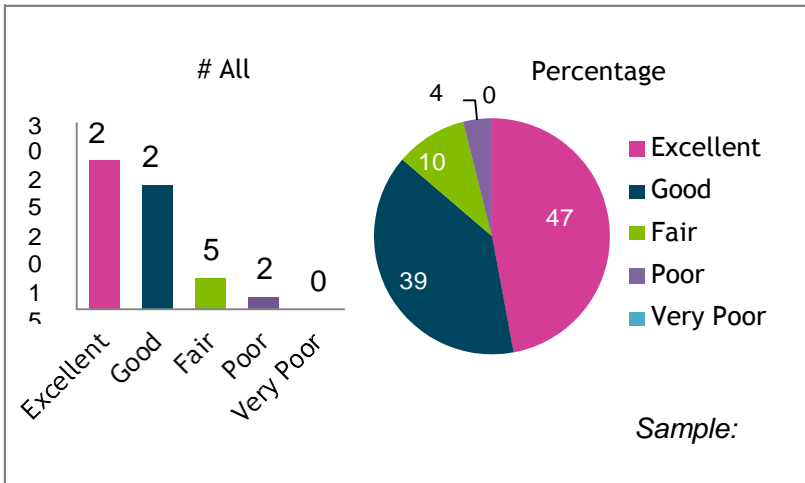
#### Good

- “Feels there needs to be more people available to work with elderly people so that wait isn't it too long.”
- “I found the service impressive.”
- “Last year I could not walk without physiotherapy, now I am walking without a stick.”
- “Installed equipment and lowered bathroom seat.”

#### Very poor

- “They did not make an effort for him.”

**Q3d. How would you rate your experience of One to One Home Visit Physiotherapy?**





### Q3d. Key findings:

On average 86% of participants gave positive feedback which ranged from 84-95%, making this the service component with the highest variation in positive results within the groups. The NHS Falls Clinic group received the highest proportion of positive results (95%) and 'excellent' was the most common response across all groups.

This service component also received the highest proportion of negative feedback, which ranged from 4-5%. The Falls and Both services groups reported the highest proportion of negative feedback at 5% each.

There was a similar proportion of neutral feedback in the 'Both' and 'All' groups and there were no neutral responses given by the 'Falls only' group.

18 comments were left. Comments of positive sentiment highlighted good help and support, and condition improvement. There was only one negative comment from a service user with Alzheimer's, who found the service to be unhelpful/unsupportive and experienced a long waiting time. See below for example comments, categorised according to rating.

### Excellent:

- "Happy doing exercises. Helped recover from pain."
- "Gave very informative information."
- "Still doing exercises that were prescribed. Physiotherapist was very helpful."
- "I improved after using the trolley with the physiotherapist who came every day."

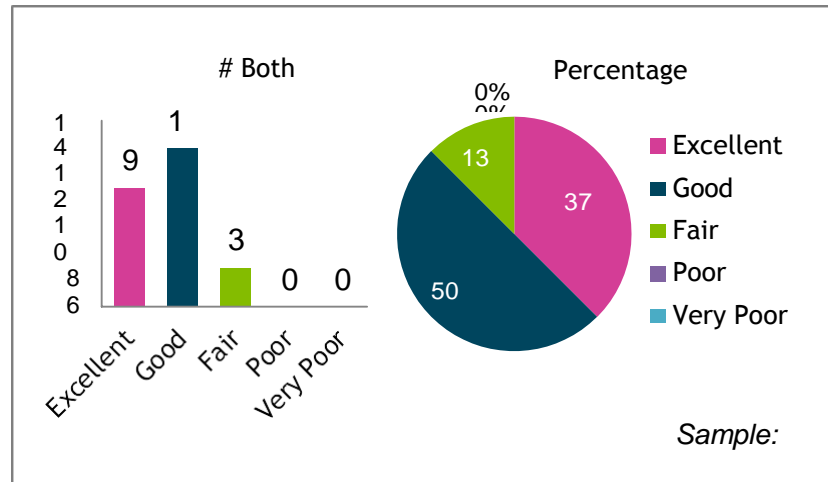
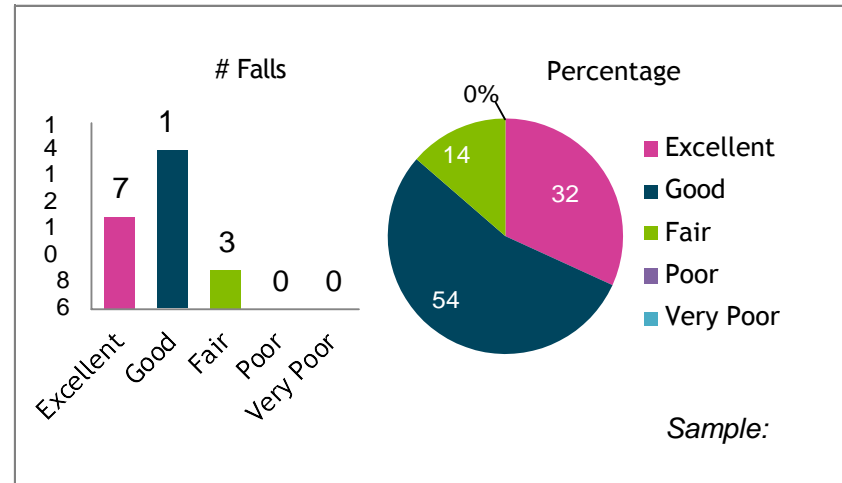
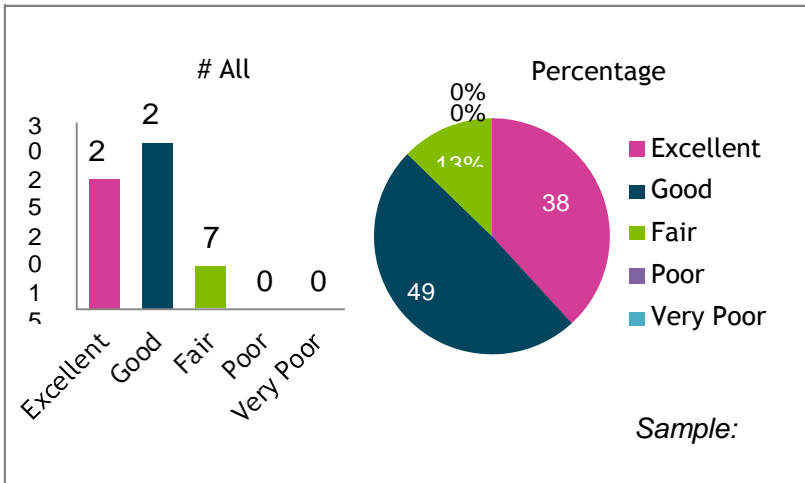
### Good

- "Gave me some exercises to do at home. I have found that I no longer feel pain."
- "He was quite good and left exercises to continue. On two occasions, the service user would not cooperate as he has dementia."
- "They were very good."

### Poor

- "Because he was waiting so long, we found a private physiotherapist. When he saw the nhs one all they did was print out exercises and barely go through them which isn't suitable for someone with Alzheimer's. If he lived on his own, he wouldn't have been able to continue them."

**Q3e. How would you rate your experience of Medical Consultant Review?**



### Q3e. Key findings:

Feedback was generally positive with an average of 87%. This service also demonstrated the lowest variation, with positive results ranging from 86-87%. The Falls only group received the highest proportion of positive results (87%) and 'good' was the most common response across all three groups.

Interestingly, the Medical Consultant Review was also the only service component to receive no negative ratings. Neutral responses ranged from 13-14% across the three groups.

12 comments were left for this question. Comments for 'excellent' ratings highlighted good user involvement and a high quality, thorough service. Those who rated their experience as 'good' raised issues around organisation and waiting times. See below for example comments, categorised according to rating.

### Excellent

- "He was excellent and went into detail."
- "He was great. He picked up on my Father's medication. It slowed his heart rate and it was no longer required. He also referred him to a cardiac specialist at Ealing hospital."
- "It was very thorough"
- "They were very attentive and listened."

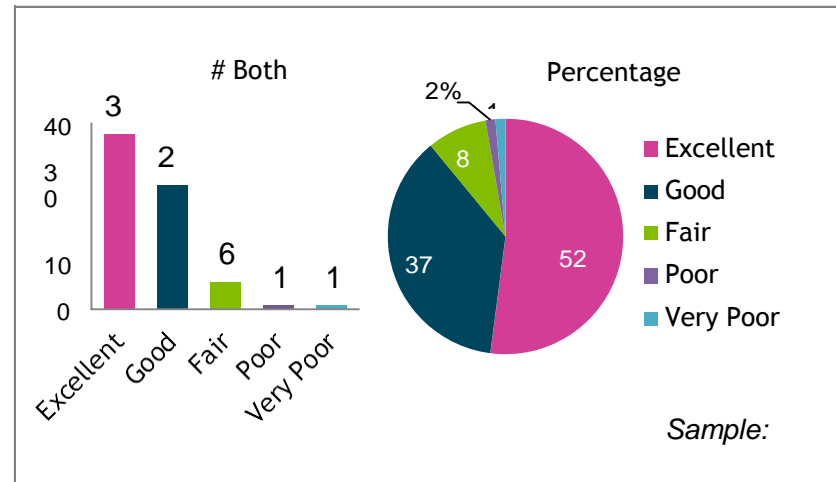
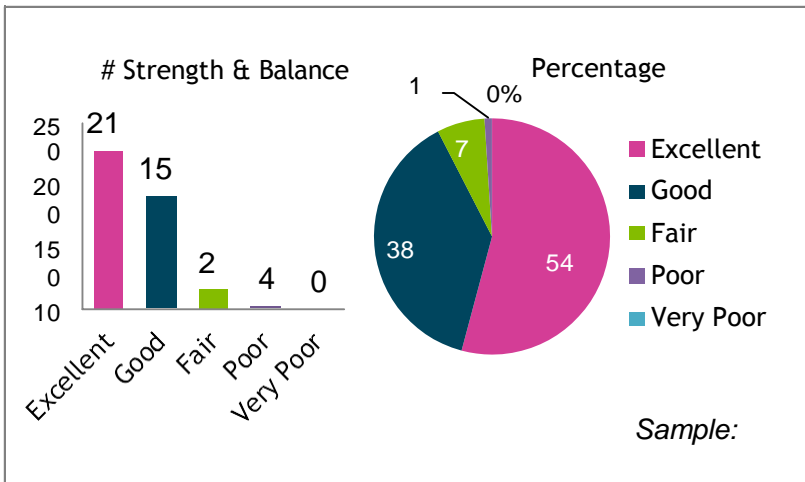
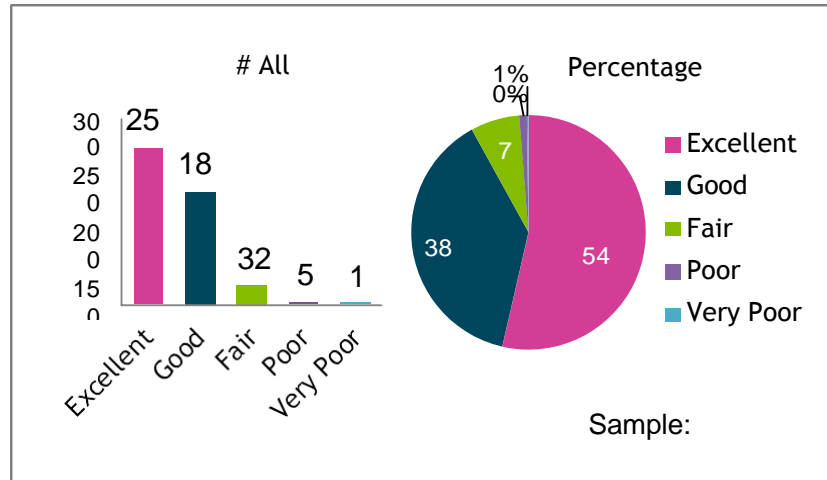
### Good

- "Issue that level was one and that it took so long after the falls appointment"
- "I call them, but they always postpone me"

### Fair

- "I'm very happy."

**Q3f. How would you rate your experience of Stay Active Free Strength and Balance Classes?**



### Q3f. Key findings:

The Strength & Balance service received the highest number of responses and the second highest proportion of positive results, (after the one-to-one home visit from an OT) with an average of 92% positive feedback. 'Excellent' was the most common response across all three groups.

The service received the second lowest number of negative responses, following the Medical Consultant Review (3e). Negative feedback ranged from 1-3%, with the Both group performing worst. Less than 10% of users rated the service as 'fair'.

59 comments were left for this question. Positive comments highlighted staff attitudes, help and support, improved condition (mobility and outlook) and stimulation as areas of good practice, with many service users stating that they enjoyed the social aspect of the classes. Most negative comments raised issues around the variation in individual's abilities and needs, as well as the length of the free period. See below for example comments, categorised according to rating.

#### Excellent

- "Good to exercise with others. Taking responsibility for one's health."
- "The free initial 10 weeks was an encouragement to stay with the class."
- "Helps with confidence and pain relief."

- "Friendly, welcoming, appropriate for all levels present. A very valuable class. Efficient use of time."
- "Excellent physically and socially."
- "Finding other people with the same problem made me practice at home as well."
- "Having more strength and balance, I am less likely to fall."

#### Good

- "After funding ceased from council - no free classes. 2.50GBP for classes."
- "I am more conscious now - how I walk and how fast."
- "The number of sessions is not enough."
- "I found the classes very helpful. I did them to best of my physical ability, would sit some exercises out."
- "Pretty useful even though they didn't last very long."
- "Good classes but would like more classes."

#### Fair

- "I did enjoy what they were doing, and I could keep up."
- "Said the classes didn't suit her, but appreciated that they were good for those less mobile."
- "Can see that they are useful for others, but felt he was not suited at all."
- "Was not what she needed at the time, but would go again."

#### Poor

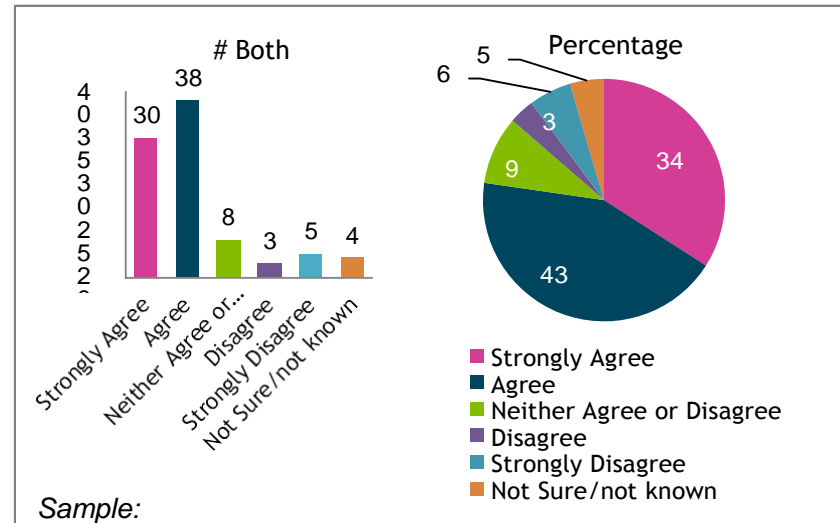
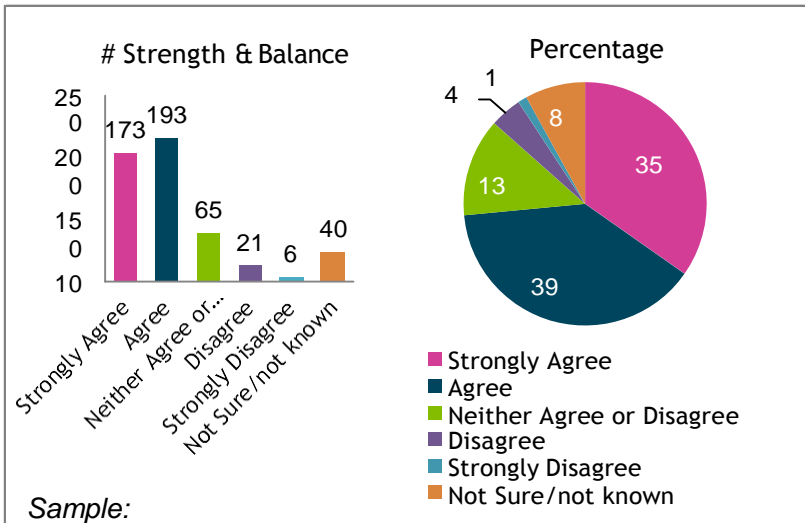
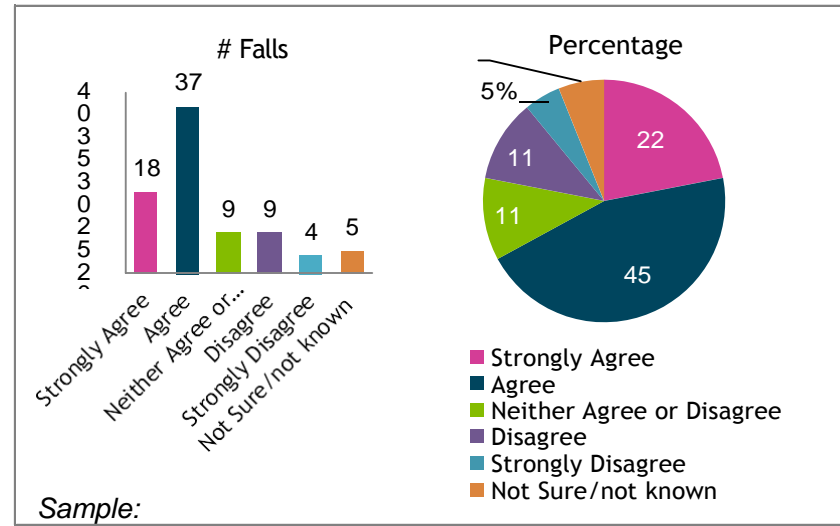
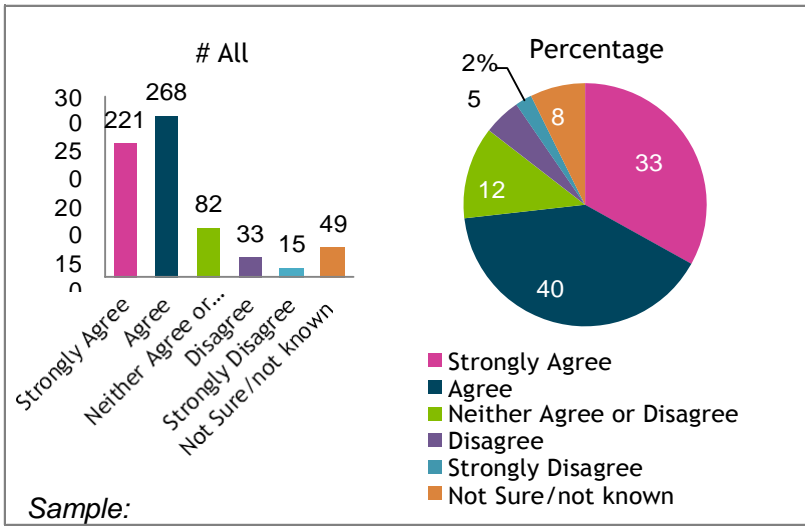
- "I don't think it had any impact on my balance, I stopped attending."
- "They were too difficult."

### **4.3 Evaluation of User Confidence, Strength/Balance and Falls Prevented**

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Questions 4-9 aimed to evaluate the impact of the services, in terms of improvements to confidence, strength & balance, fear of falling and falls prevented. Service users were also asked for feedback on what they learnt or gained from the programme generally.

**Q4. Have your confidence levels improved since you received this support/attended the programme?**



#### Q4. Key findings:

The proportion of positive responses ('agree' and 'strongly agree') ranged from 67-77% across the groups, with the Both group reporting the greatest improvement in confidence. 'Agree' was the most common response across all groups and the Strength & Balance group reported the highest number of 'strongly agree' responses.

The number of neutral responses ranged from 9-13%, with the Strength & Balance only group receiving the highest proportion. Negative feedback ('disagree' and 'strongly disagree') ranged from 5-17%, with the NHS Falls Clinic only group reporting the least improvement in confidence.

There were 285 comments left for this question. Increased confidence was largely attributed to improvements in mobility, feeling supported, gaining knowledge of what to do in the event of a fall and group motivation. Where service users reported no change in confidence, the most common reasons were that they had fallen recently, were confident to begin with, or have experienced a decline in their general health e.g. due to dementia. See below for example comments, categorized according to rating.

#### Strongly agree

- "It does, I only wish the classes had been longer than 45 minutes."
- "They helped reinforce what I was already feeling and complemented the other class I was doing."
- "Yes, both physically and mentally."

- "It helped me wonderfully, did exercises at classes and practice every day. The teachers took care of us and everyone was kind. It's rare that you find something like this, I don't see how anyone could fault them. The classes helped everyone, especially me."
- "Absolutely. Before, I could barely move, now I am more mobile and cautious."
- "When you come out you feel pleased."
- "I regained all my confidence, I became physically well."
- "I can now walk around when there are crowds of people with no fear of falling or being knocked down."
- "I had a back operation and was worried about climbing up stairs. Now I have gained confidence and can climb the stairs one step at a time. I can also walk further."
- "You met a lot of people. You talk and you learn so much. It gets you out of the house."

#### Agree

- "People took an interest in her so it gave her confidence."
- "My confidence has improved and so has everyone in the group's."
- "Has improved - able to use the stairs alone now, without the fear of falling."
- "Mentally more outgoing and also physically."
- "Over the 2 years my general health has worsened and I expect without these classes I wouldn't have been able to maintain my fitness."
- "I think it depends on the person's health, but being in a group motivates you."
- "Mostly balance improved. Suffer with vertigo so learning what to do/what not to do. If I did fall over, I've learned



what to do and not to panic. It's reassuring because I live alone.”

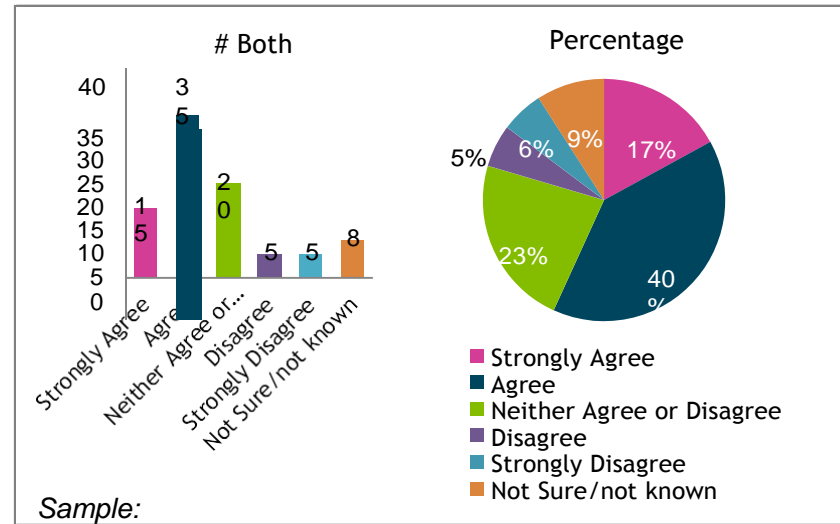
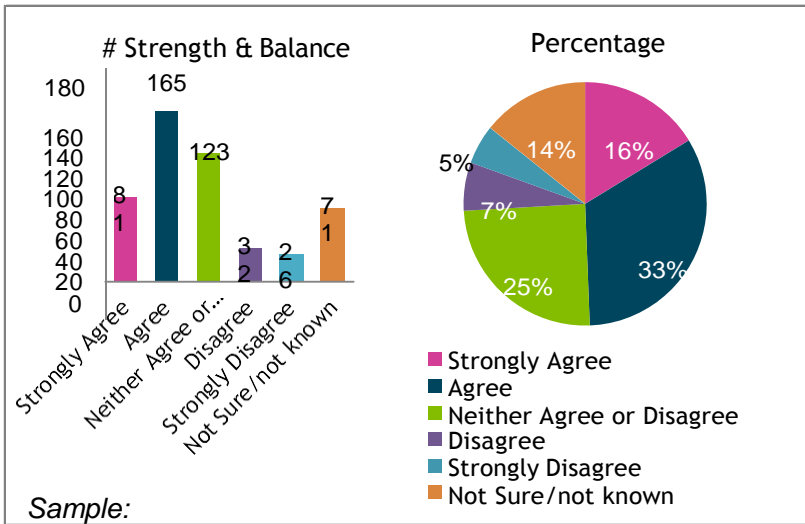
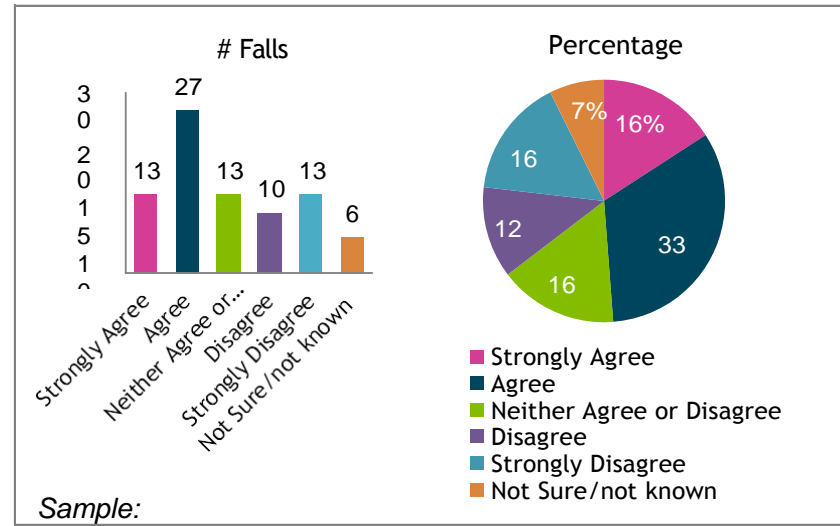
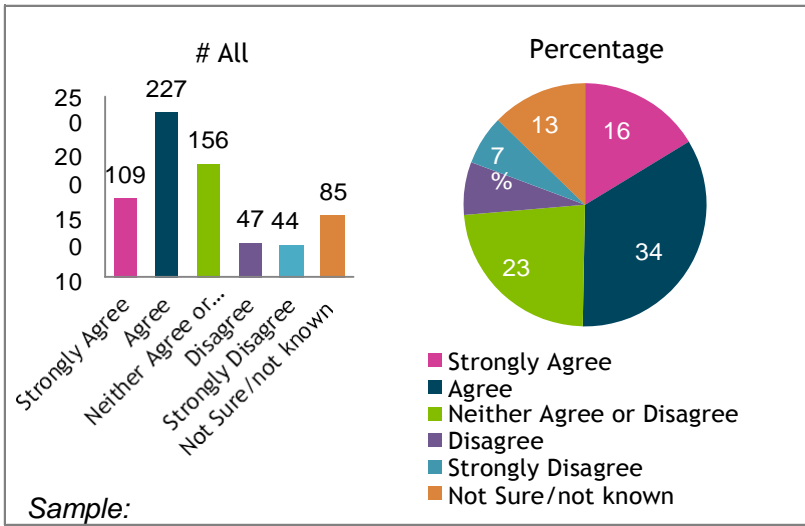
### **Disagree/Strongly disagree**

- “My confidence was good before.”
- “It hasn't and I wish I knew why.”
- “Wouldn't say it improved, but mostly due to progressing dementia condition. Not much the classes could've done.”
- “I am still terrified after being in the hospital for 4 months after a fall and being told I may never walk again.”
- “Not much because I am still not able to go in the street on my own and because of the pain I am not able to do long walks.”
- “Still wary of falling and has fallen.”

### **Not sure/Neither agree or disagree**

- “Only went once, so can't give full feedback.”
- “No big impact on confidence as I've always been active, but enjoy the classes.”
- “It helped initially.”
- “Never lacked confidence, still weary.”
- “Only went to two classes and did feel it would make a difference because she hasn't fallen and is not that old.”
- “I don't know. Other people seemed to enjoy them.”

**Q5. Are you less fearful of falling since you received this support/attended the programme?**



## Q5. Key findings:

The number of service users who were less fearful of falling ('agree' and 'strongly agree') ranged from 49-57% across the groups, with the Both group reporting the greatest improvement. 'Agree' was the most common response across all four groups.

Interestingly, the positive results were the same for the NHS Falls Clinic only and Strength & Balance only groups, with 33% 'strongly agree' and 16% 'agree' responses for both groups.

The number of negative responses in the Falls group was considerably high at 28% compared to the other groups, where negative feedback ranged from 11-14%. There was a high number of neutral responses, which ranged from 16-25%, with the Strength and Balance only group reporting the highest figure.

251 comments were left. Reduced fear of falling was attributed to an increase in awareness, confidence, strength/balance and also due to bath rails being fitted in some cases. Service users who did not experience reduced fear cited a lack of increased strength/balance and improved mobility, many also reported having a recent fall. A large number of comments highlighted the uneven pavements in Ealing as a source of fear. The majority of people who responded neutrally were not fearful to begin with, as they had not fallen. See below for example comments, categorized according to rating.

### Strongly agree

- “Hand movement and control has improved greatly.”
- “My strength and balance is better. I am less likely to fall.”
- “Definitely, I am using a stick at home and using a walker outside.”
- “Yes, I am much more aware.”
- “More aware of the risks and how to avoid falling, and what to do in the event of a fall.”

### Agree

- “More aware of moments when I could be falling and able to stop myself.”
- “I had no confidence before, now I can walk on my own and meet my friends in the park.”
- “We are learning to balance so I don't feel like I will fall.”
- “I can stop myself falling now.”
- “Still scared, but more clued up.”

### Neither agree nor disagree/ Not sure

- “I am strong and energetic; I am going out and shopping.”
- “Not scared of falling. Doing exercises to prevent myself from getting to the stage where I'm scared of falling.”
- “Has not fallen ever.”
- “Does not apply to me - only going there to improve my strength.”

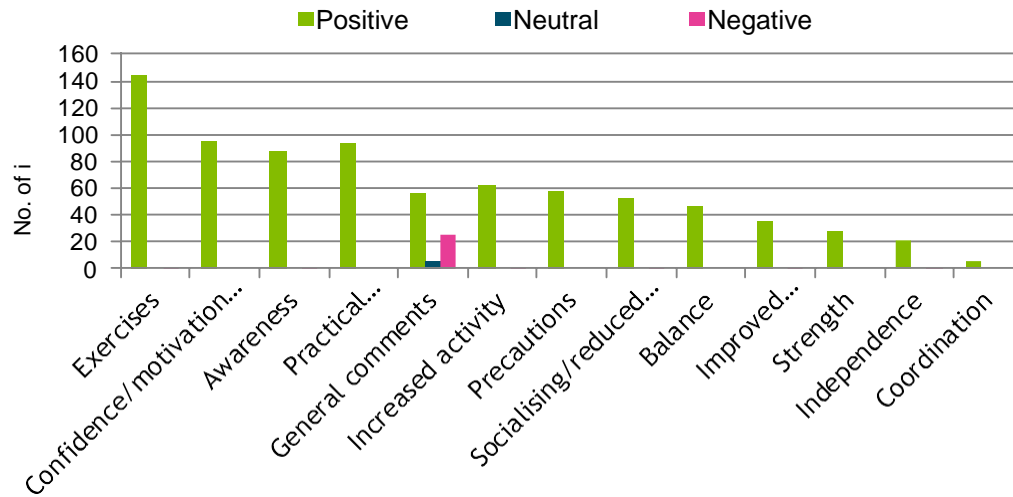
### Disagree:

- “Still fearful of falling. Use two sticks and struggle to walk. Class hasn't helped.”
- “I still cannot get up off the floor. I am still frightened of falling. I now know what to do about preventing falling, I am aware of pavements and roads.”

**Strongly disagree**

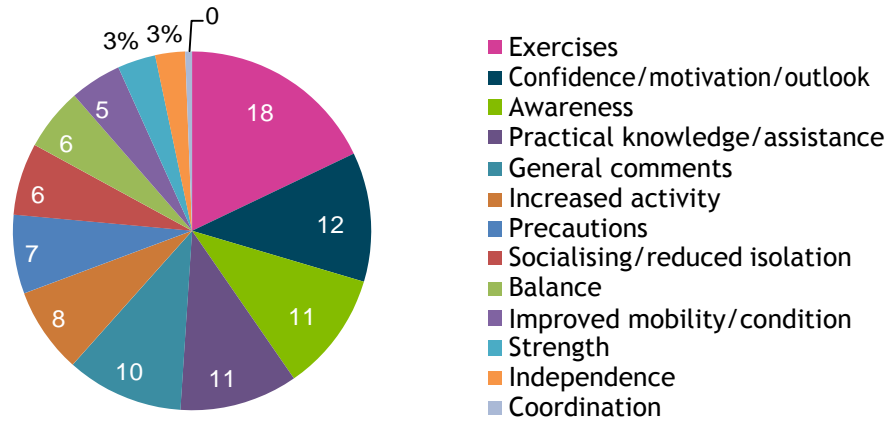
- “Feels like you could fall at any moment.”
- “Only been going to the classes for 6 weeks. Does not feel going to a class once a week is going to improve the fear of falling. She feels the fear is now installed into her and it would take some time to get rid of.”

**Q6. What do you feel you have learnt from these programmes? Analysis of free text comments**



*A total of 544 people left comments for question 6.*

*All comments were analysed and themes and sentiments were applied.*



The above themes have been grouped into four themes for greater analysis. These themes are: Social & Confidence, Physical Improvement, Knowledge & Preventative Strategies and General Comments and they are listed below in order of the highest number of comments to lowest.

## **Q6. Key findings:**

### **1) Knowledge & Preventative Strategies (Exercises, Awareness, Practical knowledge/assistance and Precautions)**

144 people learnt exercises, which they were able to continue at home. Several highlighted that the exercises could be tailored to their ability. Two negative comments were left - one found the exercises too basic, whilst the other stated that they were too “hard to grasp”.

94 service users said that they gained practical knowledge e.g. how to walk correctly, advice on footwear, posture and what to do if you fall. Fewer people learned about mindfulness and received advice on their diets. There were also accounts of support received from OTs and physiotherapists.

Around 87 people said that the service increased their awareness of the importance of staying fit in old age, the benefits of small exercises, and of what their physical limitations are and where their weaknesses lie.

58 people acquired knowledge of precautions to take in order to avoid falls, which included the importance of slowing down

and scanning your surroundings for uneven pavements etc. See below for example comments.

#### **Exercises**

- “Balancing and other exercises which contribute to my good health.”
- “Learnt exercises that can be adapted to own level.”
- “It was rewarding because the exercises are new to me which help me in the morning when I get up and for my circulation. I also pass the knowledge on.”
- “Learnt exercises - they were useful and interesting. Still think about them when I’m getting up from a chair.”
- “Not much, feel the exercises were a bit basic.”

#### **Awareness**

- “Taught her lots about where her weaknesses lie, and what her physical issues are.”
- “Learned about how aging affects strength and balance.”
- “To do things that feel small can be beneficial in the long run and that you can improve through this.”
- “Main thing mentioned was learning to listen to your body and only do as much as you feel comfortable with.”

#### **Practical knowledge/assistance**

- “I have learnt to improve my posture and concentrate on certain actions which helped my balance.”
- “Gave me bench for bathtub. Exercises from book. Has put lamp in toilet so she can use the bathroom at night safely.”
- “Advised to get rid of her mats at home because they were a hazard, changed her shoes, learnt to be more careful.”

- “Wonderful guest speaker came in to speak about feet - useful for me as I have diabetes - they brought in shoes, information sheets and commented on each person’s feet. She was very good.”
- “Learnt how to sit on a chair, how to be confident and how to get up. Also learnt how to be mindful.”
- “Got health related information to control my sugar levels and blood pressure.”
- “Short talk on what footwear to use and what food to eat.”

### Precautions

- “I’ve learnt how to avoid tripping and what shoes to wear. I also learnt that I have to take my time - it’s hard to slow down.”
- “As you get into it, you realize how much you need them. You also learn how to scan your environment.”
- “I have not fallen since therapy - taught us how to think in a way that avoids falling.”
- “I’m now aware of a 10% possibility of falling so I have to watch where I step.”
- “To watch forth and take it easy, to accept it and try to do my best not fall.”

## 2) Physical Improvement (Activity, Balance, Strength, Coordination, Improved mobility/condition)

Around 62 people stated that they had become more active as a result of the service, with examples of introducing daily exercises and walks to their routines and a general increase in fitness. There was one negative comment, where a service user stated they enjoy “a more active class”.

46 service users stated that their balance had improved as a result of partaking in the programme, with several people highlighting the importance of correcting their posture.

36 people reported improvements in their mobility and general condition, with many service users stating that they are able to walk further and others reporting improvements in physical issues eg. Frozen shoulder. One service user highlighted the cost of the classes after the free trial as an issue, stating that she couldn’t afford to continue. There were two negative comments from service users who felt that their physical issues had not improved.

28 service users reported an improvement in their strength and around 5 people reported an improvement in their coordination. See below for example comments.

### Activity

- “Doing home exercises and short walks in park for 10 minutes.”
- “I learnt that it’s better to be active than lazing around. I learnt to be active and it has helped a lot.”
- “To keep moving and they also do exercises for the mind.”

- “Useful, help to make yourself exercise a little more than you want to, help to keep walking, they reminded of a better way of walking.”
- “It was great to get active.”
- “If you try, you can do a lot more exercises than was thought possible.”

### **Balance**

- “I can stand on one leg and maintain my balance.”
- “I have learnt to improve my posture and concentrate on certain actions which helped my balance.”
- “How to balance properly.”
- “The way I stand is very important. If I stand straight my balance is much better, I am much more confident about my balances, the teacher is very good.”

### **Strength**

- “You can get stronger and you don't have to remain the same. They can help.”
- “I like the company, and I have gotten stronger and can keep up with the classes.”
- “It does not matter how old you are you can build up your muscles strength. I also built up inner core, legs and arms, whilst my stamina is much better.”
- “Helps your body to work a little better and improve strength in arms and legs. I have had 2 knee replacements so I find it very helpful.”
- “They improve your health and strength.”

### **Coordination:**

- “My coordination and stretching has improved.”
- “To be coordinated in what you are doing.”
- “Helped my coordination.”

### **Improved mobility/condition**

- “Learnt very good exercises, helped loosen up frozen shoulder.”
- “It was very helpful for people like me, and I wish I could continue, but I couldn't afford the charge. I feel they should charge half the price.”
- “Now able to walk with the help of a stick.”
- “More confidence, now my balance has improved, I am feeling better I can walk for 1/2 hour in the morning. I can also use the machines in the park.”
- “More confidence, now my balance has improved, I am feeling better I can walk for 1/2 hour in the morning. I can also use the machines in the park.”
- “Learnt very good exercises, helped loosen up frozen shoulder.”
- “No improvement on neck and the back still having continuous pain.”



### 3) Social & Confidence (Confidence/motivation/outlook, socializing/reduced isolation, independence)

Around 95 people experienced improvements in their confidence, motivation or general outlook. Gains in confidence were attributed to improved condition and learning how to avoid falls, and several service users stated that their positive outlook was owed to meeting other people of similar conditions.

52 people spoke positively of the social aspect, highlighting the sense of “comradery” and group motivation, with friendships formed in some cases. Several people said that the programme helped to combat isolation and improved mental wellbeing, with one service user describing the service as a “cure for loneliness”.

21 said that they gained a sense of independence, through learning self-care, walking independently and being able to practice exercises at home. One service user said that she has learnt to be more assertive in hospital environments. One service user stated that they were unable to complete the exercises independently. See below for example comments.

#### Confidence/motivation/outlook

- “It has given me a new lease of life.”
- “Peace of mind, she realized she was not alone in dealing with this chronic condition.”
- “Learnt to be positive and put more effort into my exercise. Empowering.”
- “Learnt to ‘have a go’.”

- “Taught me not to rush too much, I have problems with anxiety so they build my confidence. Nice to meet other people.”
- “You get more confidence. Your fear less. Some people were not able to walk before going.”
- “If you don’t use it you lose it. When I retired, I stopped being active for a year and lost my ability to do many exercises and movements. It’s motivating.”
- “You have to be confident in yourself and know you are still able to be active.”
- “Confidence – now I don’t feel desperately hopeless.”

#### Independence

- “I feel better in myself and know what I can do.”
- “How to support myself better.”
- “To be more independent.”
- “I learnt self-discipline, I also learnt how to take additional care to prevent myself from falling and to prepare myself for jobs that require strength and balance.”
- “I feel like I am now able to stand on one leg. I am more assertive and not always using support and I have improved during the classes.”
- “Learnt exercises, but cannot manage to do them on my own.”

#### Socializing/reduced isolation

- “It’s a social event. It’s strengthened my core and balance. It’s a cure for loneliness as well.”
- “Meet people to socialize - mentally gives stability.”
- “It’s a nice social group and I managed to meet new people. I found it very good and I really enjoy going.”
- “Makes me happy & I make friends.”

- “Feel more confident, stronger and have made some friends.”
- “It’s important for people over 60 and builds confidence and strengthens the body. Also it’s a social environment and I have met lots of people.”
- “It’s very helpful socially and psychologically.”
- “Classes taught me that exercise can be really enjoyable, when you are doing it with a big group in a nice environment.”

#### 4) General Comments

56 people left positive general comments, the majority of which described the course as enjoyable or engaging and praised the instructors.

There were 25 negative comments made regarding the length of the free period and price thereafter, the lack of tailoring and of the advice/information, with one person describing it as “common sense”. Several people highlighted a lack of tailored care and awareness for people with disabilities. See below for example comments.

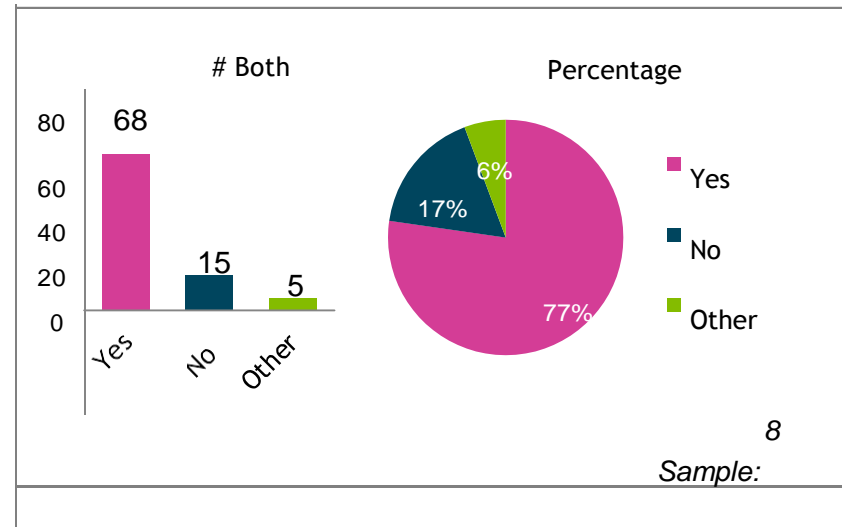
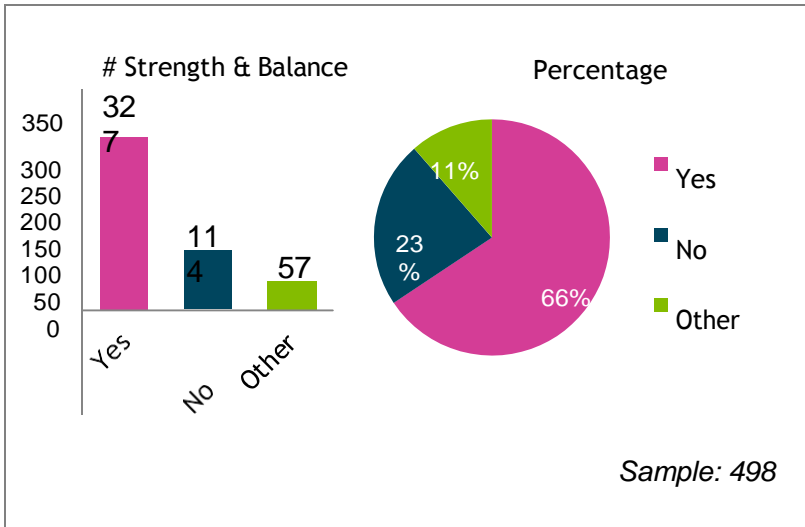
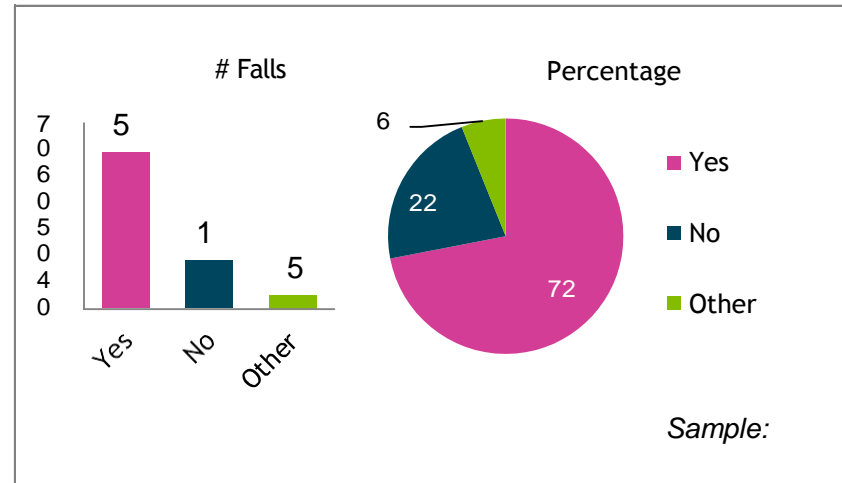
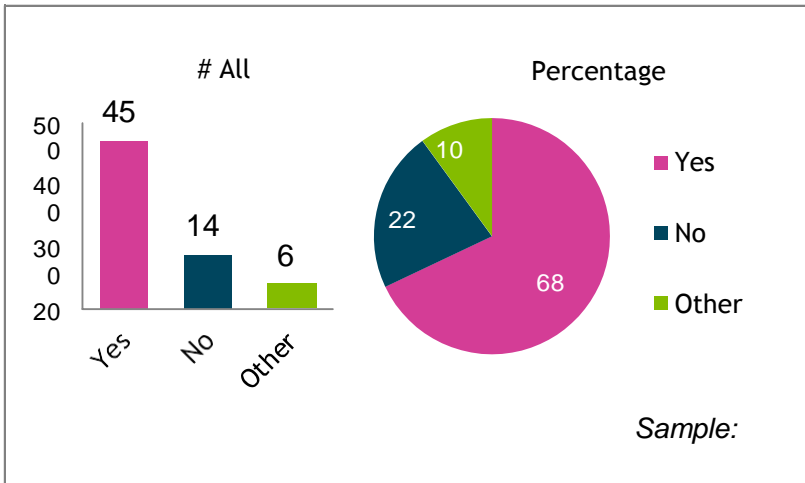
##### Positive

- “Thoroughly enjoyed it and helped see progress.”
- “It was interesting and engaging.”
- “I learnt basic things, they weren't too hard and good for our needs. It gave me what I needed and they were easy and done at a gentle pace.”
- “Peter (the instructor) is aware of everyone’s individual needs.”

##### Negative

- “Not really learnt, it was just okay.”
- “Learnt some exercises, but the time was too short.”
- “I don't think I've learnt much I didn't already know. I'm 89 and very fit, but need exercises to keep me in shape.”
- “The people with bad disabilities were not given enough attention.”
- “It was v helpful for people like me, and I wish I could continue, but I couldn't afford the charge. I feel they should charge half the price.”

**Q7. Have you continued with any of the exercises since taking part in the programme?**



## Q7. Key findings:

The number of service users who had continued the exercises outside of the programme varied from 66-77%, with the lowest number reported in the Strength & Balance only group. The Both group received the most positive results, with 77% of participants having continued the exercises.

The number of individuals who did not continue the exercises ranged from 17-23%, with the Strength & Balance group reporting the lowest adherence. The proportion of 'other' responses (N/A, not sure, unanswered) ranged from 6-11% across the groups.

There were 335 comments left for this question. Comment analysis provided a sense of variation in the regularity of exercises, with 25 practicing daily and others doing them weekly, or on occasion. 27 stated that they have continued attending the classes and there were several accounts where people have progressed to different forms of exercise, such as gardening and other exercise classes.

Common reasons for not continuing the exercises, include physical issues eg. 'bad knee', fear of falling and time constraints. Several people said they had not continued as they have taken up different activities. One service user with dementia stated that they were unable to continue, as they could not remember the exercises. See below for example comments, categorised according to the response.

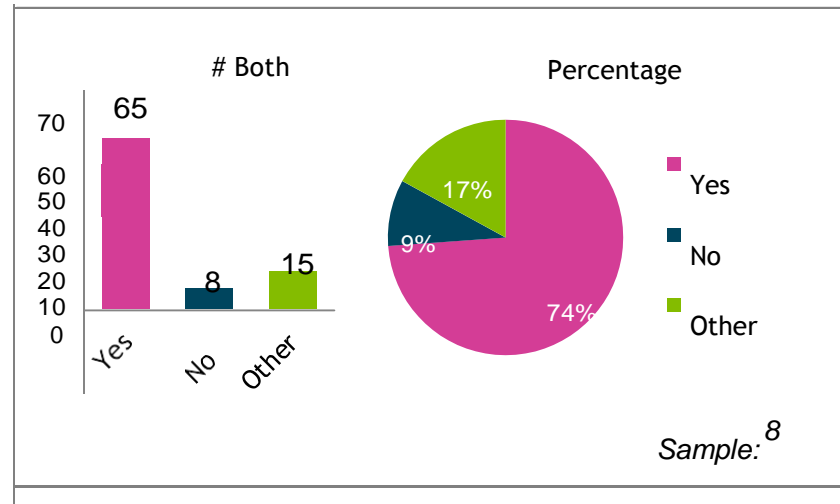
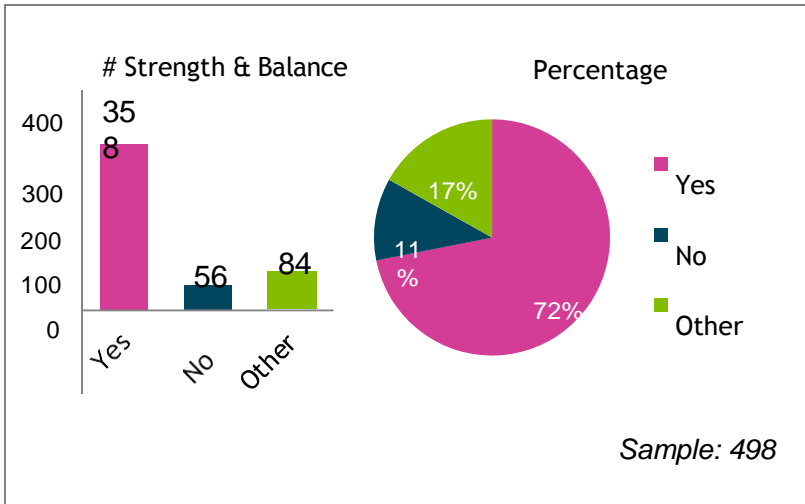
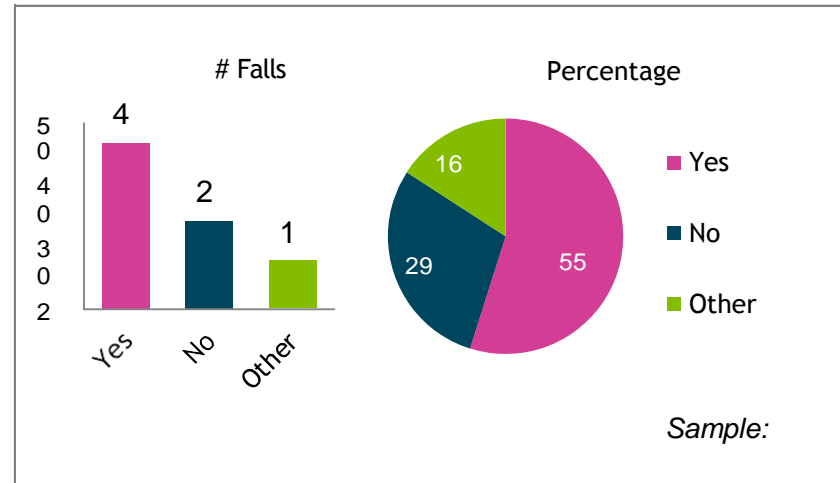
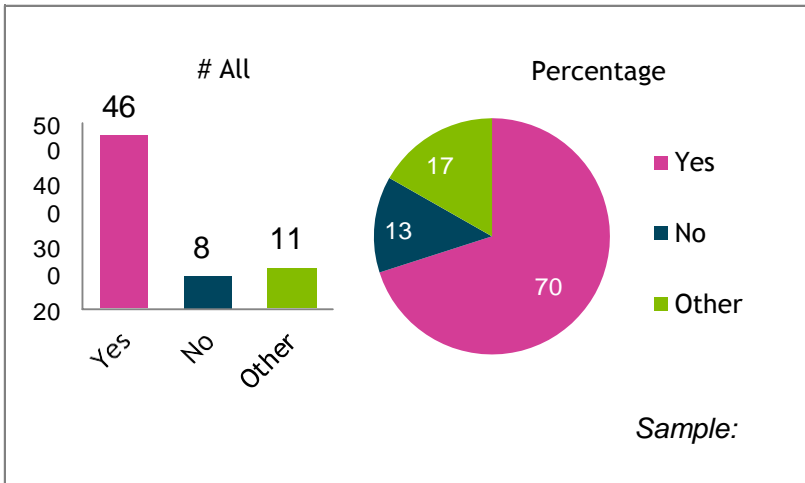
### Yes

- "Yes, I do them lots, especially when I feel unwell. They make me feel better."
- "Sometimes, not all the exercise. Worried doing them unattended she may fall or hurt herself as she lives by herself."
- "But it's not as good as doing it with a group."
- "I've done keep-fit for the last 10-12 years and attend the 50+ class in Northolt. I also run around after my Grandchildren."
- "Yes, and I have gone on to do more advanced classes."
- "Not regularly, I had a stroke after the classes and so struggled with them since then." "Still attending, playing for classes post 10-week free course."
- "My friends and I made a little club and do the exercises every morning."
- "If someone helps me with it."
- "I added them to my daily routine. I do a lot of exercising at home."

### No

- "Forgetting and fear of falls again."
- "Doesn't remember the exercises due to dementia."
- "I try, but I can't fit it in. I do a lot of walking."
- "Carried on for a while."
- "But I swim and go to other exercise classes."
- "Cannot perform them alone."
- "It's hard with my back."
- "Housework and gardening are my exercises."

**Q8. Do you feel your strength and balance has improved since taking part in the programme?**



## Q8. Key findings:

The proportion of service user's whose strength and balance had increased ranged from 55-74% across the four groups. Those who attended both services reported the most improvement at 74%, followed by the Strength & Balance group with 72%.

The Falls only group performed the worst, with just 55% reporting an improvement in their strength and balance. This group also received the highest proportion of negative feedback ('no') at 29%.

There were 245 comments left. Many service users who reported an improvement in strength and balance also highlighted an increase in confidence and mobility, with accounts of individuals being able to complete tasks which was not previously possible e.g. Dressing themselves in the morning. Some people reported greater improvements in strength than balance, and vice versa.

The most common reasons for experiencing no improvement included a general decline in health/ condition e.g. vertigo, not completing the programme, or that the classes were not regular enough. See below for example comments, categorized according to the response.

### Yes

- "For me to be able to get up this morning on my own it's definitely helped."
- "More aware of falling by keeping my balance."

- "My legs have become stronger. Some of the stretching exercises and neck exercises are helpful for avoiding falling in future."
- "I can go for walks, which I would not have attempted before."
- "Apart from being an enjoyable time, I find my balance is better and the exercises strengthen my muscles."
- "I used to have to hold on to something to clothe myself but not anymore."
- "I have built up my stamina and have become more pliable. For instance, I can reach out for things that have fallen under the sofa. Before this exercise I would never have imagined doing such a thing."
- "Yes, definitely. A big yes. I couldn't do anything for myself before. I can walk outside now. "
- "Strength definitely, less balance."

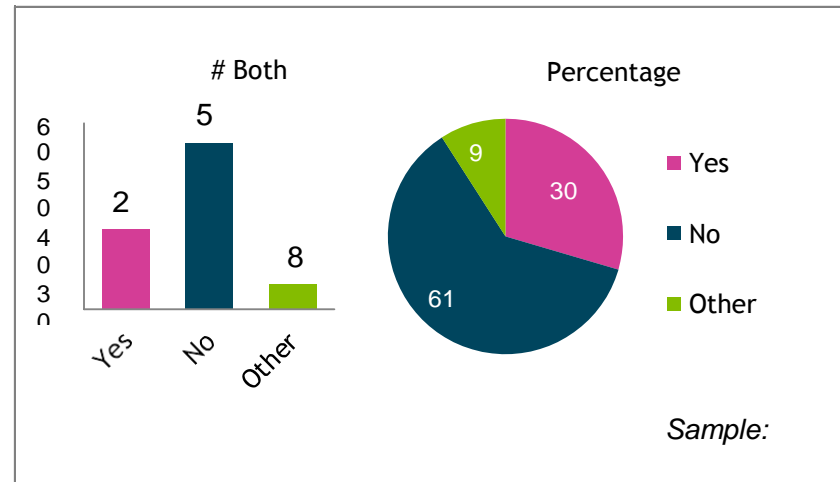
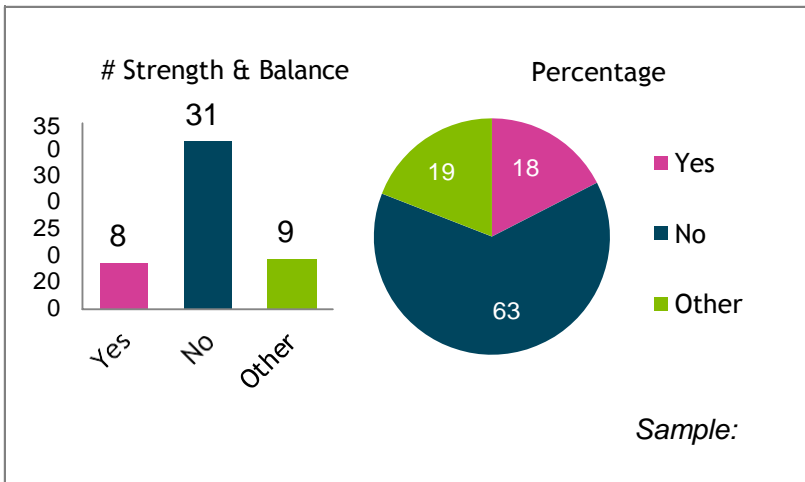
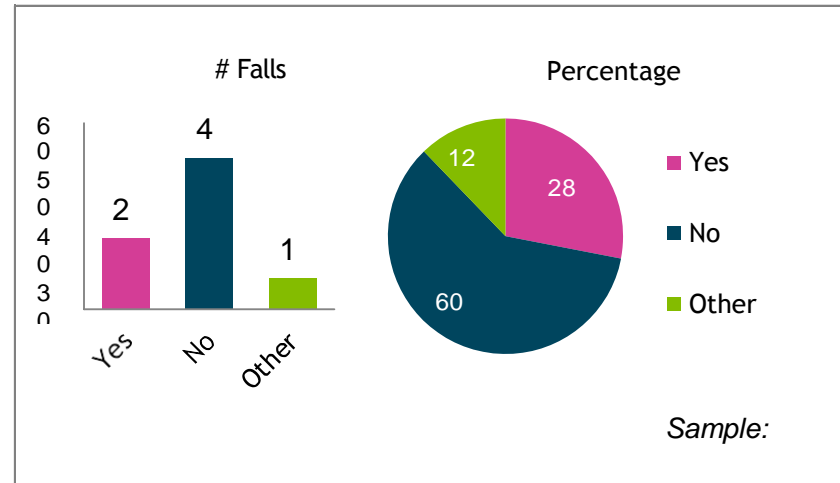
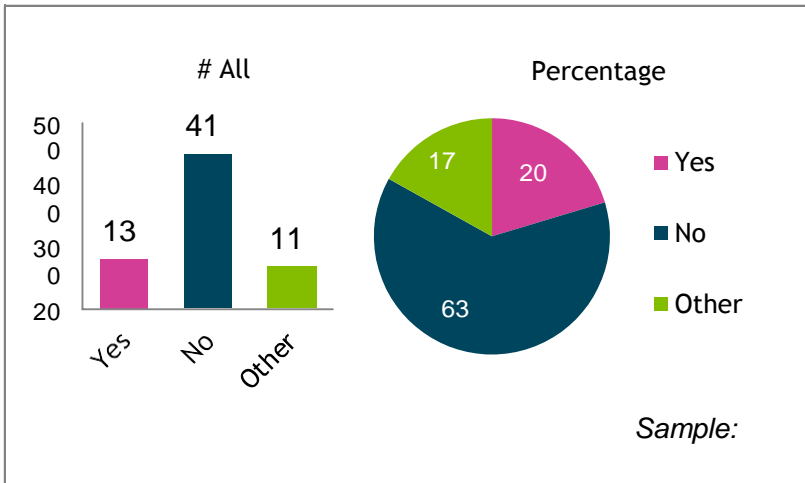
### No

- "Needed more exercises."
- "He was better before now he is worst off."
- "Just more cautious."
- "It helped me with coordination."
- "I do not think it improved my strength and balance, but it has taught me how to cope with the falls."
- "Couldn't keep up the exercises due to arthritis and vertigo."
- "Because I fell yesterday."
- "Not really, may have if classes were more regular."

### **Other**

- "I always had good balance."
- "I have ups and downs, I take everything a little bit at a time."
- "Not sure. He has started having episodes - dementia and mobility has deteriorated."
- "Did not attend many classes."

**Q9. Have you fallen since you completed the programme?**





## Q9. Key findings:

The responses were similar across all four groups, with positive ('no') results ranging from 60-63% and negative ('yes') responses varying from 18-30%. The Strength & Balance only group reported the best results overall, with 63% reporting that they had not fallen since the programme, and only 18% stating that they had.

Interestingly, the group who attended both services reported the worst outcome, with 30% of participants stating that they had fallen and only 61% stating that they had not. The questionnaire design did not discriminate between those who had previously fallen and those who had not, so it is likely that the both group participants would have been higher risk to begin with (see the limitations section for further discussion). By the nature of having attended the NHS Falls Clinic and the Strength & Balance (ie being referred to both), they would have been a 'higher risk' group to begin with.

147 comments were left for this question. There was high variation in the occurrence and severity of falls reported, with around 21 people stating that they had to go to hospital. Reasons for falling included difficulties sitting/standing, getting out of the bath, issues with shoes and generally being "over ambitious". Around 10 people cited uneven/damaged pavements as the reason for their fall. This is a problem area which was repeatedly raised by service users throughout the survey.

Where service users had not fallen, this was usually attributed to an increase in awareness/caution and confidence, or not

having been at risk of falling to begin with. See below for example comments, categorized by the response.

### Yes

- "One minor fall. I didn't have to go to the hospital. I just badly bruised my leg."
- "I misjudged the distance to my chair, and I fell. I didn't have to go to hospital as it was a minor fall."
- "I lost consciousness and lost balance. I awoke to find myself in hospital. After discharge I have lost all confidence, especially when I am out and about."
- "One fall. Tripped on a paving slab. Got cuts and bruises only."
- "It was during the evening. There were lots of leaves over cracked pavement."
- "A year ago I slipped on fruit and bruised and hurt my head I was taken by ambulance to the hospital and stayed there for 2 days."
- "A few times, I am over-ambitious, I try things I cannot do."
- "I have fallen three times, haven't had to go to hospital though."
- "Nearly fell as I was getting off a bus, as I didn't have enough stretch in my knees to make it to the curb. I told the Strength & Balance teacher about this and she has given me exercises specifically for this."

### No

- "Only had a couple of minor falls prior to the classes - now more aware of when I'm about to fall and I haven't."
- "Learned importance of not shuffling due to fear of falling. Learnt to take care where you put your balance and walking heel to toe."

- “I have almost fallen on several occasions, but managed to regain my confidence.”
- “Not since doing this. I’ve learnt to take all the precautions and do the exercises.”
- “My previous falls were because of the pavement.”
- “Learned importance of not shuffling due to fear of falling. Learnt to take care where you put your balance and walking heel to toe.”

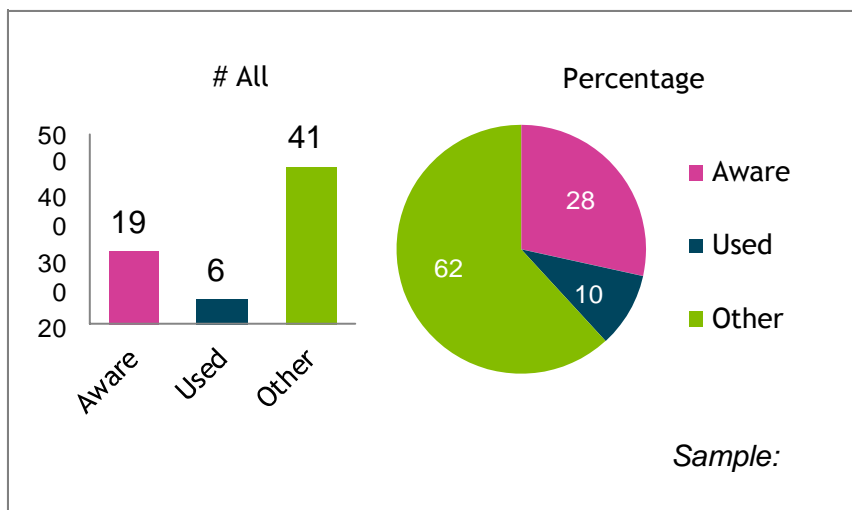
#### **4.4 Awareness and usage of additional related services**

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One of the objectives of this study was to gain an insight into awareness and usage of additional related services, such as the Neighborly Care Befriending service.

For each of the additional related services, participants were asked whether they had heard of it, used it or neither. There is one graph for each service, showing the results for all three groups. For each graph, there is are key findings and example comments.

## 10. Which of these additional services have you heard of/have used? *Ealing Careline Alarm System*



### Key findings

On average, 28% of service users interviewed were aware of the Ealing Careline Alarm System and only 10% had used the service. There was a very high proportion of 'other' responses at 62%. 'Other' includes N/A, Not sure, Not answered and neither aware nor used.

The Falls and Both groups reported the most awareness, with 29% of people stating that they had heard of the service in both groups.

The Falls group participants were the group with the most usage, with 12% having used the service.

56 comments were left. The majority of people left positive general comments, or stated that they did not require the system. There were a couple of service users who complained that the alarm sometimes goes off accidentally and one service user had a negative experience because her father "wasn't asked the right questions". See below for example comments.

### Positive

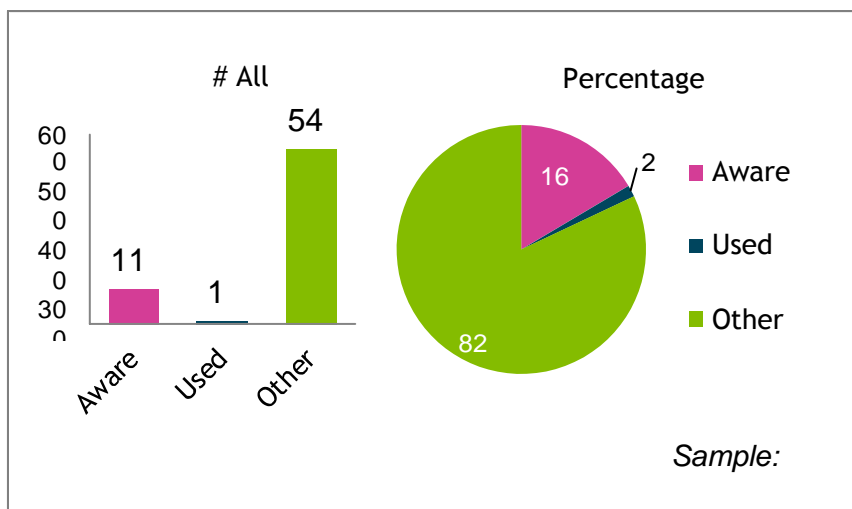
- "Provided extra security."
- "Have it on my wrist. Use it and know it can alert someone if you need to."
- "It's good to have as I'm living alone."
- "I am aware of it and I think its an excellent idea."

### Negative

- "My father used it and pressed it but when asked if he is ok he will reply yes so they didn't do anything. They

- phoned the school I worked at, at 3am and a neighbor at 8am who found him on the bed and left because he said he was fine, even though he had severe diarrhea and vomiting. It didn't work because he wasn't asked the right questions."
- "It's alright but it goes off sometimes by accident and if I'm in the garden or upstairs I don't know if its gong off. I've asked them to call me first."

## 11. Which of these additional services have you heard of/have used? *Neighbourly Care Befriending Service*



### Key findings

The results found very low awareness and usage of the neighborly Care Befriending Service. On average, just 2% of participants interviewed reported having used the service, and only 16% were aware. ‘Other’ was the most common response, making up 82% of responses on average.

Those who attended the Strength & Balance group only reported the highest awareness and usage, at 18% and 2% respectively. The Falls only and Both group reported both reported 1% usage, and the Falls only group had the lowest awareness with just 10% of participants having heard of the service.

There were 31 comments left for this question. The majority of people left general positive comments, or stated that they did not require the service as they have supportive neighbors or family members. A couple of people stated that they would like more information to be made available. There were a few negative comments from people who found the service to be unsupportive or unstimulating. See below for example comments.

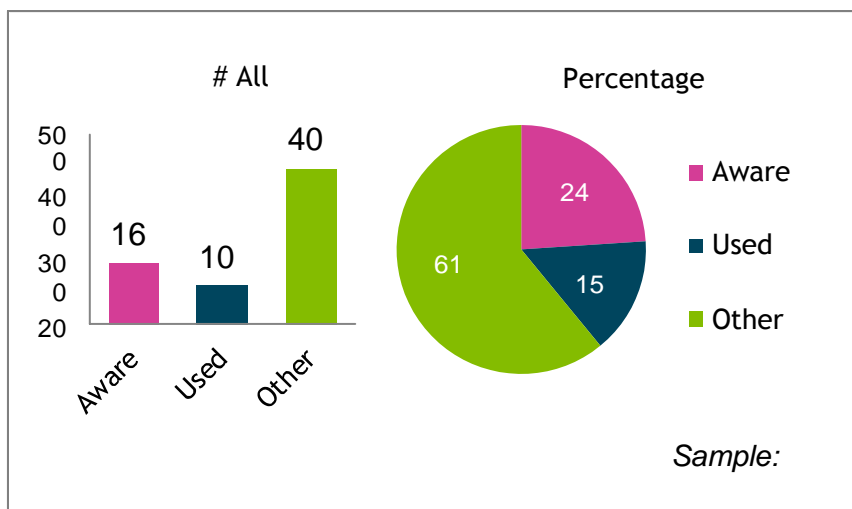
### Positive/neutral

- “I am less isolated and have a new network of friends to socialize and talk with.”
- “I really enjoyed it.”
- “Really beneficial helps socialize, especially for vulnerable people.”
- “I know about the service but I do not need to call.”

### Negative

- “Need to give more information.”
- “Not very supportive.”

## 12. Which of these additional services have you heard of/have used? *Equipment & Adaptions*



### Key findings

On average, 15% of participants who completed the survey had used the Equipment & Adaptions service and 24% were aware of the service. 61% of service users across the groups responded with 'other'.

The highest usage was reported by the Falls group, wherein 28% of participants reported that they had used the service and those who attended both services had the most awareness, with 32% stating that they had heard of the Equipment and Adaptions service.

The Strength & Balance only group reported the lowest usage and awareness at 12% and 22% respectively.

There 112 comments were left for this question. The majority of comments were positive, with people citing the service as being of high quality and helpful in terms of the adaptions and advice given. Others stated that they did not require the service. There were 7 negative comments, which highlighted difficulties in accessing the service and long waiting times. Two service users raised issues regarding high out-of-pocket costs. See below for example comments.

### Positive

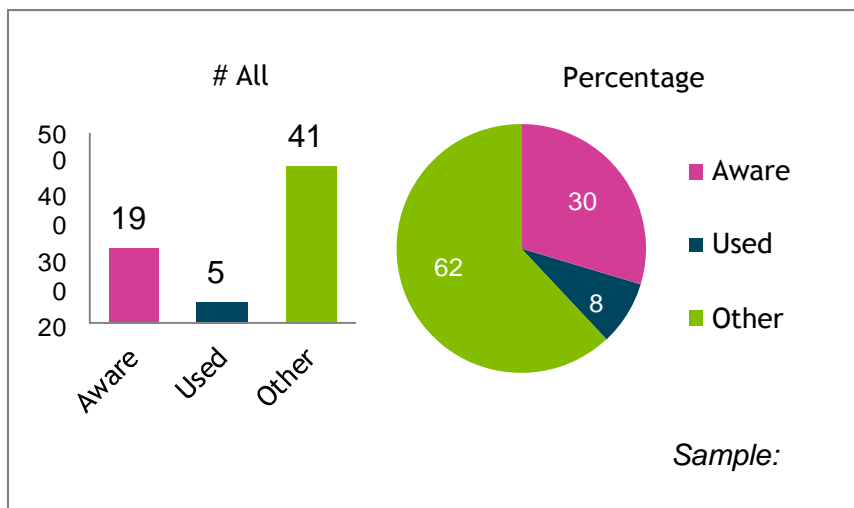
- “Yes it has definitely made an impact and made my environment safer. I have zimmer frames, lavatory seats, a sofar raiser.”
- “Very good. I have a walker and a power wheelchair. I want to get a new walker because the current one is too wide for the bus.”
- “After a mini-stroke 2 years ago, they fitted extra banister rails which allowed me to walk up stairs. It's a good service. “

- “I received chairs, raised toilet seat, grab rails - all have helped me become more mobile in my own home.”
- “Used for my husband, they were very good.”
- “Absolutely fantastic. Changed my life. Helped me so much.”
- “Feel safer.”

## Negative

- “Very difficult to access, I got conflicting advice. However, I no longer use the aids.”
- “I had a frame with three wheels from NHS but I bought one privately that was better.”
- “I have been requesting a walk-in shower, but I have only been given promises and excuses.”
- “They were meant to send someone to fix the steps about a month ago.”
- “Stair lift but its broken and they want over £500 to fix it which I can’t afford. I have a walk in shower with a seat which is good. I also have a trolley which is very useful.”
- “I wanted to get adaptation to have a shower instead of a bath they wouldn’t swap it and wanted to do the whole bathroom for £3800 towards the grant. I didn’t have the money and I found a private person to do it for £1700. They wanted more money to do extra work. They wanted to make a wet room and I feel frightened to use them because the floor slopes.”
- “I have requested a chair lift. They have installed a bracket and some railings. Tried phoning them the other day and haven’t been able to get through. It was good when they came before.”

### 13. Which of these additional services have you heard of/have used? *Handyperson Scheme*



#### Key findings

The results found a high level of awareness, but a low usage of the service. On average, 8% of participants had used the service and 30% were aware. 62% responded 'other' on average.

The group who attended both services reported the highest usage (15%) and awareness (34%). Those who attended the Strength & Balance classes only reported the lowest usage at 7%.

72 comments were left for this question. The majority of comments were of positive sentiment, with service users highlighting good help and support and praising staff attitudes. There were around 7 negative comments, which raised issues

around long waiting times and issues accessing the service. Others felt that the service had been unhelpful.

Comment analysis also reflected a lack of awareness/available information, with people stating that they would not know how to contact them and others being unaware that they were eligible or that the service was still running. Many participants requested information. See below for example comments.

#### Positive

- "Very good experience. They were very helpful and very kind."
- "Very helpful and always pleased with their work."
- "I had a rail attached to his bed, it made maneuvering around the bedroom much easier."
- "They've been marvelous. I don't know how I would have put down my carpets without it."

- "It was very good. He was meant to hang up curtains but my son had already done it so he also helped with things he hadn't been originally asked to do. He fixed my door that kept getting stuck on my carpet."
- "He put batteries in my smoke alarm. It was a good service."
- "Extremely useful."

## Negative

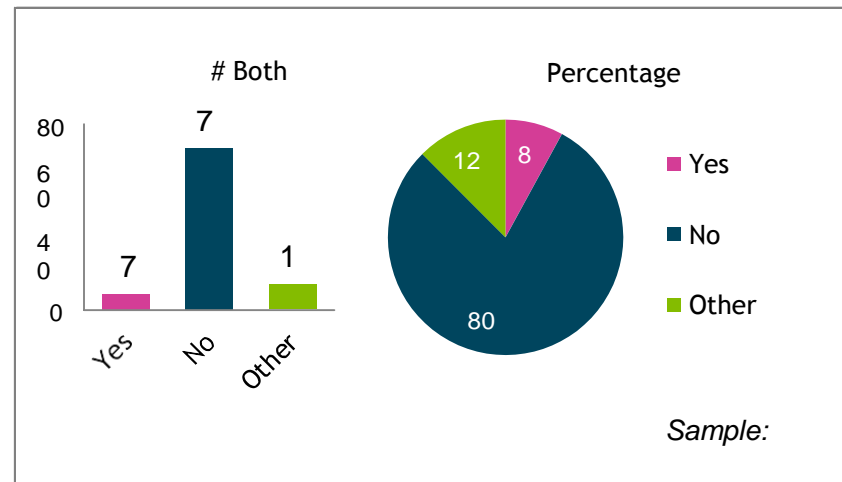
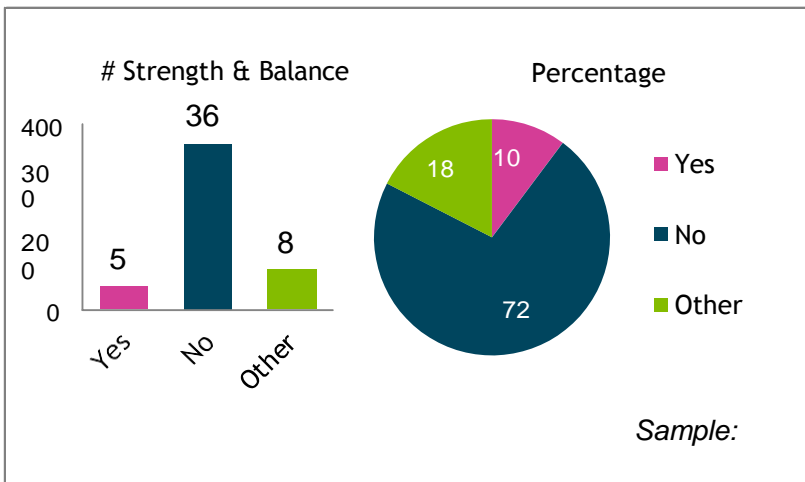
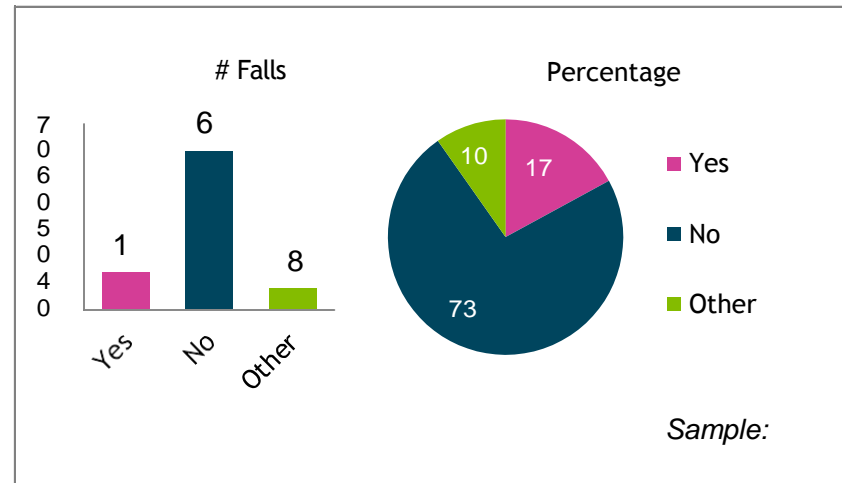
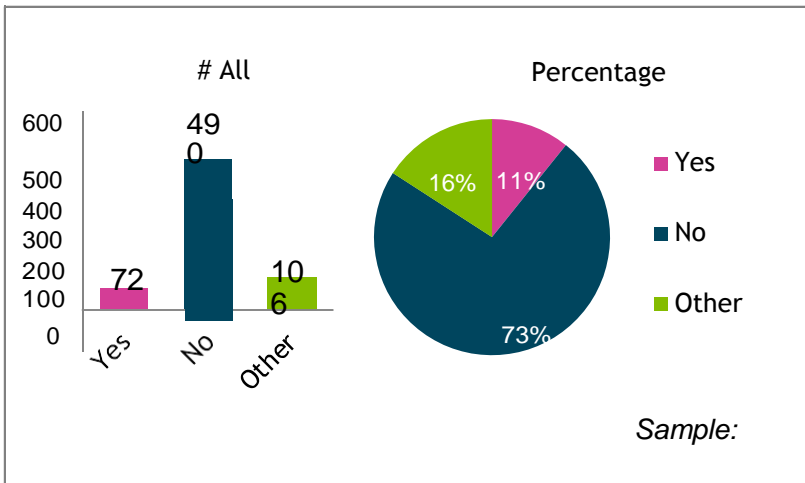
- “I tried to use them but they couldn’t do what I needed.”
- “You have to wait a long time before they come.”
- “Tried to use them but had to wait a long time to speak with them.”
- “Wouldn’t know how to contact them.”
- “Didn’t know he could use it, thinking it was means tested.”
- “When you call them they can’t do a lot of things. They could not remove my smoke alarm. They would not repair my fence.”
- “The scheme has not contacted me back.”

## 4.5 Barriers and Evaluation of the Most Impactful Service

In questions 15 and 16, service users were asked for feedback on whether they had faced any barriers when accessing the services, and they were also asked which service was most beneficial to their health and wellbeing.



**Q14. Thinking of the different falls services that you have accessed or tried to access, did you experience any barriers (language/location etc)?**



#### Q14. Key findings:

On average, 73% of service users reported experiencing no barriers when accessing the service and 11% did report difficulties. The proportion of positive feedback ('no') ranged from 72-80% across the groups, with those who attended both services reporting the most positive results. The amount of negative feedback ('yes') varied from 8-17%, with the Falls only service users experiencing the most difficulties.

193 comments were left. The majority of respondents reported no difficulties, with comments simply stating the mode of transportation which they took to the service. 32 people stated that they drove to the service and 28 service users informed us that they had walked.

Around 21 service users experienced difficulties in terms of location e.g. poor public transport links or too far away, 7 people experienced language difficulties with several accounts of family members having to translate. 7 people reported physical/health barriers e.g. due to arthritis. 4 people reported issues with scheduling and one person experienced difficulties with hearing.

Many service users stated that whilst they did not currently face a barrier, they would, if their family member was unable to drive them. Whilst 13 service users highlighted the transport provided to them as an area of good practice, there was one case where a service user was not offered transport. See

below for example comments, categorized according to the response.

#### Yes

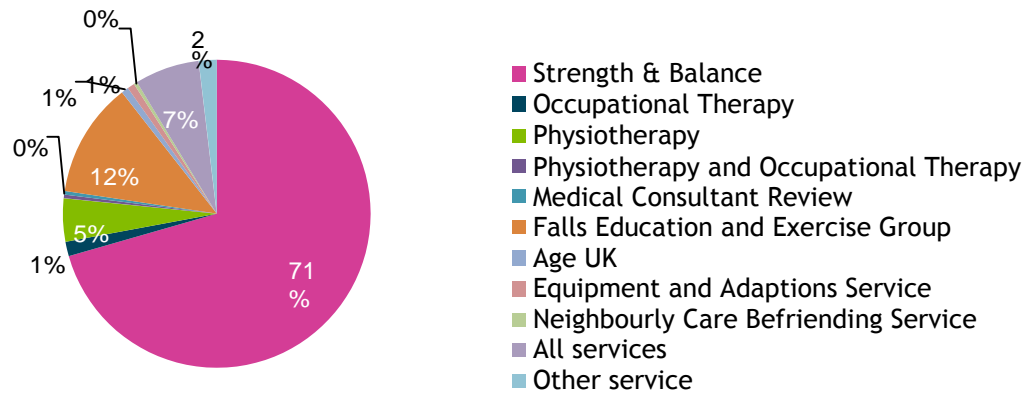
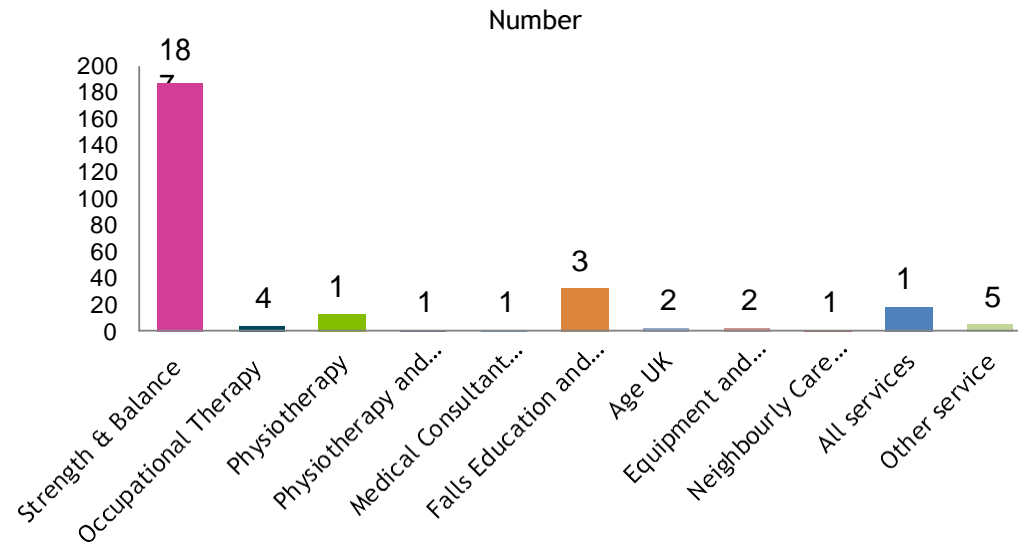
- "The timing of the classes."
- "It used to take me half an hour to get to the classes because I am very slow at walking. I would have to take a break sitting at a bus stop half way through."
- "I am hard of hearing, so sometimes I do not hear."
- "They were difficult for me to get to by bus and tube." "Couldn't move had to use a taxi."
- "I would like to be provided transport to go to the classes, I cannot do it on my own."
- "Too far away, I wish the classes were organized in Ealing also."
- "Location; the class was too far to get to. Took her an hour to walk to the center, which lead to her lacking energy for the classes. Made it difficult to take part."

#### No

- "No problems because I drive but once I don't drive, I won't be able to go."
- "I could walk there with a walking stick."
- "They booked transport for me."
- "The ones in Southall were not easy to get to so they had an ambulance pick me up."
- "My husband takes me since there is no direct bus and getting a taxi regularly is not sustainable. The class closer to me was full."

- “Even if there was a language barrier, I enjoy my classes so I would go.”
- “She's Polish and doesn't speak great English, but was able to communicate well with the teacher and other students.”
- “No, but there were some Indian gentlemen who struggled in the education classes. The teacher was very apologetic, but I think they should look into getting a translator.”
- “No I've been to different locations depending on my schedule.”

**Q15. Thinking of the different falls services that you have used and we have talked about today, which service has had the most impact on you or been the most beneficial to your health and wellbeing?**



### **Q15. Key findings:**

There were 265 applicable comments left in total. The majority (71%) cited Strength & Balance classes as the most impactful service, followed by 12% who stated that the Falls Education & Exercise Group had been most beneficial to their health and wellbeing. N.B the Falls only group makes up just 25% of all participants.

7% of service users said that all components were equally beneficial, with one person describing it as 'a multidisciplinary programme'. The one-to-one home visits from the Physiotherapist was the fourth most common response at 5%.

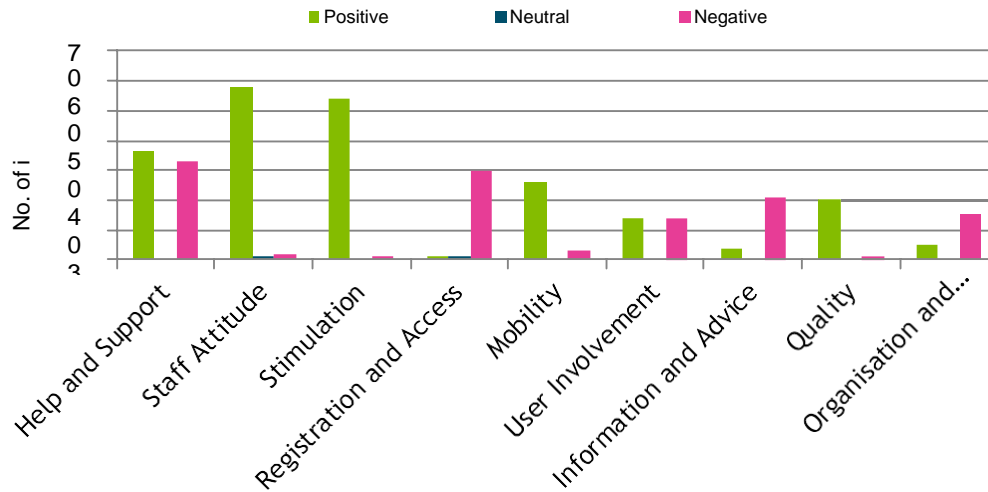
'Other services' included church exercise classes, transport services and the enablement unit at Ealing Hospital.

Two people left negative comments, stating that none of the services they accessed had been beneficial to their health and wellbeing.

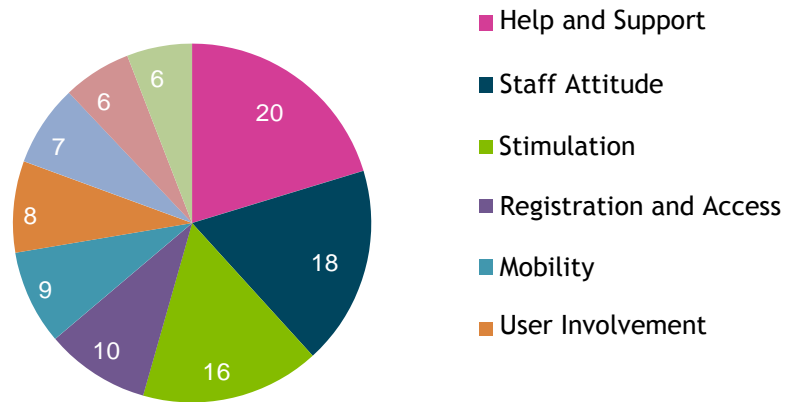
### **4.6 Further comments or suggestions for improvements**

Service users were asked an open-ended question on whether they had any further comments or suggestions. See below for the thematic analysis and example comments.

Q16. Have you got any further comments about any of these services or suggestions for improvements?



A total of 271 people left comments for question 17.  
All comments were analysed and themes and sentiments were applied.



## **Q16. Key Findings from Top 5 Themes:**

### **1) Help and support**

Whilst 36 people found the service to be helpful and supportive, there were also 33 negative comments. The majority raised issues around the length of the free Strength & Balance period, with service users stating that the classes should be more regular, with a longer free trial. Several people suggested the need for a follow up class, as many found that their strength and balance declined to its original level since finishing the free period, presumably due to a lack of motivation to continue exercises at home. See below for example comments.

*“The classes are helpful and useful physically and mentally.”*

*“They’ve improved the service since last time. They’re doing a great job and it’s really helpful - they’re a great asset to many lives. I’d recommend them to anyone I meet.”*

*“The class was discontinued because of funding, I pay for other classes at the same track but there is no support for people with bad balance whereas the other classes had exercises that were not standing.”*

*“Too expensive after 10-week free period and there were not enough people attending. Classes also became shorter because the therapist had to move onto another class shortly after the strength and balance.”*

*“The problem is I’d have liked a follow up to strength and balance. I would love some other classes.”*

*“Happy with classes themselves but is adamant that they should be more regular. Says he forgets everything he learnt last time by the time the next class comes around.”*

### **2) Staff attitudes**

58 service users praised the staff attitudes, with many describing them as friendly and encouraging, attributing this to the open atmosphere of the classes. Two service users were unhappy with staff attitudes, finding them to be “rude” and “unprofessional”. See below for example comments.

*“The trainer before was very helpful and nice. It gives you confidence and they take their time with you.”*

*“The instructor is really good and always encourage us but not to push too much and they are caring.”*

*“The teachers were nice and supportive, they put us all at ease. Later the classes went up to £3 which I think is very affordable. There was also a social aspect. The more people that can go, the better. Monday morning not always convenient. Overall, I thought it was a positive experience.”*

*“No negative comments. Peter was very good; he was open and friendly which made people feel comfortable.”*

*“The quality of the classes depends on how good the instructor is. At first the instructor was very strict which I didn’t like.”*

### 3) Stimulation

Around 54 people found the service to be stimulating, both in terms of the activities themselves and the social aspect, with friendships forged in many cases. Service users emphasised the positive impact of socialising on mental health and wellbeing, particularly among those at risk of isolation. See below for example comments.

*“The people that go there are really great. We go for lunches and it’s really social.”*

*“You make friends there and get to socialise. I like it and the instructors are great. I fear that it might close. It improves your muscles and wakes up your body.”*

*“It gets you out of the house, which is important for elderly people.”*

*“Psychologically it is useful to socialise.”*

### 4) Registration and Access

30 people highlighted registration and access as a problem area. Most accounts expressed concern over the price of the lessons after the trial period, stating that they could no longer afford to attend the Strength & Balance classes. Several service users also experienced difficulties in reaching the service, and there were some instances where the programme had to be terminated early due to a change in funding. See below for example comments.

*“I liked that there were people there of all ages and I received reminders about the class which was very helpful. I appreciated that the service was free and available to those in Ealing. I think the classes are invaluable especially for those that live alone.”*

*“The cost of the classes have put me off £4 is too much for me. I would be happy to pay if it was under £2 as the classes were great. I am worried about my balance getting worse if I don’t go anymore. In the long run it would save the NHS money. I find that the classes are better for my balance than my medication. It would be useful to have more leaflets about the services that are available.”*

*“Only exercise I got and I reluctantly couldn’t afford to continue.”*

*“The class has been cancelled because there were too little people so they said they couldn’t afford it. I still want to go but we were not offered any alternatives. I have not missed a single class except maybe one in 2 years.”*

*“I am very unhappy that the NHS has begun charging for this service. People who are on benefits or a low income will no longer go, leading to a decrease in physical health, and an increase in admissions to NHS primary and secondary care organisations.”*

*“Stopped attending - price had went up. 3.30 to 4, then 5 pounds, which I cannot afford to spend.”*



## 5) Condition improvement (mobility)

26 people reported an improvement in their condition, both physically and mentally. Mental health benefits were commonly attributed to meeting new people and the increase in confidence and outlook due to improved mobility. There were three negative comments stating that the exercises worsened their pain. See below for example comments.

*“It was difficult but by the time we finished everyone had improved a lot and it was worthwhile.”*

*“They were very good and I would recommend them. I met good friends there and they have improved my condition.”*

*“Heart rate arrhythmia has gone from high risk to mild or negligible according to cardiologist.”*

*“It has really helped my confidence in being able to get around.”*

*“It was good but my joint by my hip is worn out. They put weight on your leg and then at night time it was painful.”*

*“The classes are helpful and useful physically and mentally.”*

*“No negatives, it has been really brilliant for me, as I have Osteoperosis and couldn't really leave bed in the past. The social aspect is also great for mental health, fun to meet new people.”*

## Additional theme findings:

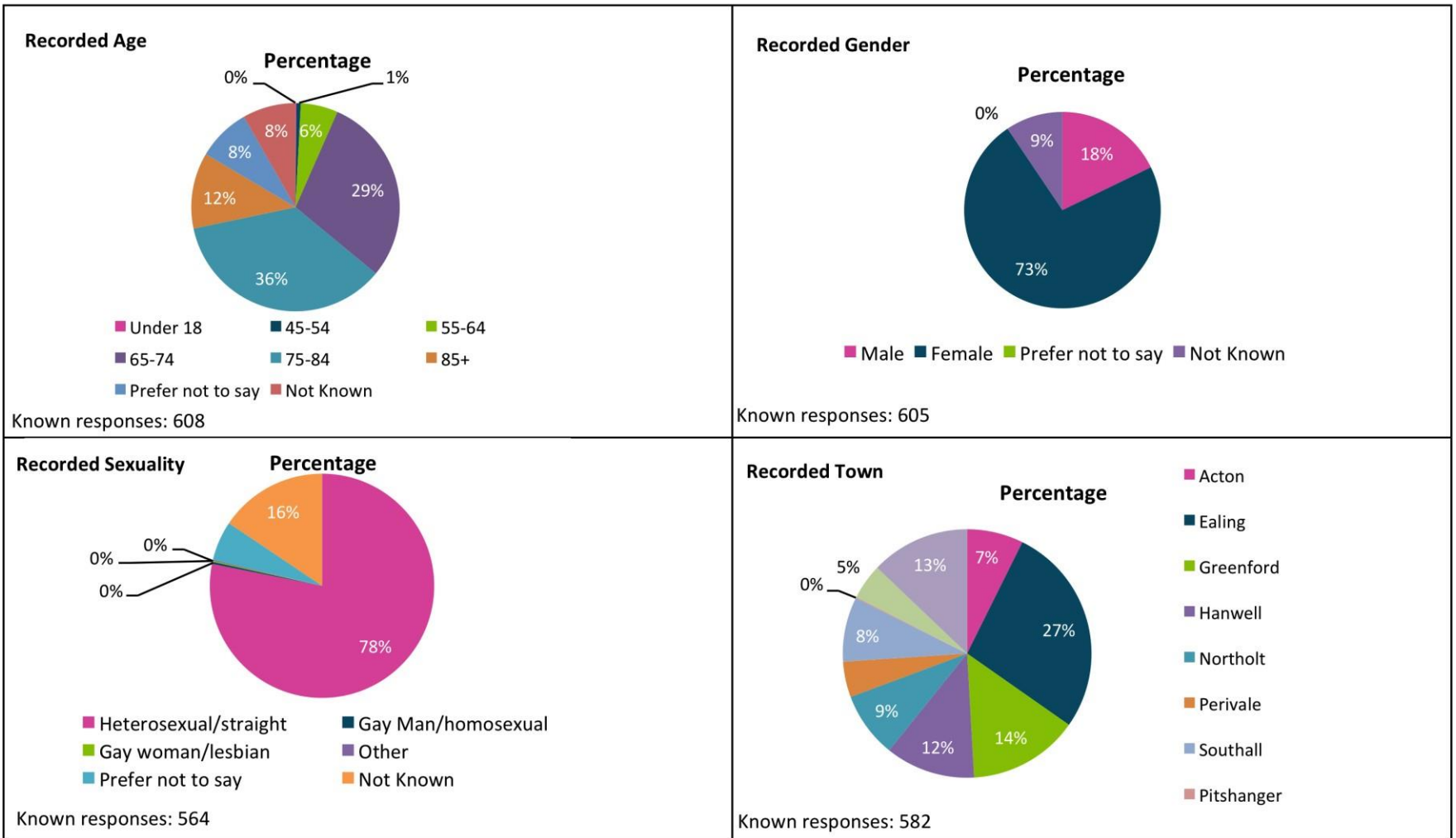
- **User Involvement:** there were 14 comments citing poor user involvement as a problem area, with service users finding a lack of focus on individual needs. Some people highlighted the lack of support for people with severe disabilities and dementia, with one person suggesting the need for a dementia-specific class.
- **Information & Advice:** there were 21 negative comments for information & advice. The majority said they found the advertisement to be inadequate, particularly in the case of the Strength & Balance classes.
- **Organisation & Management:** 15 people left negative comments citing a lack of accessible information, in terms of accessing the classes and contacting instructors.

## 4.7 Demographic results

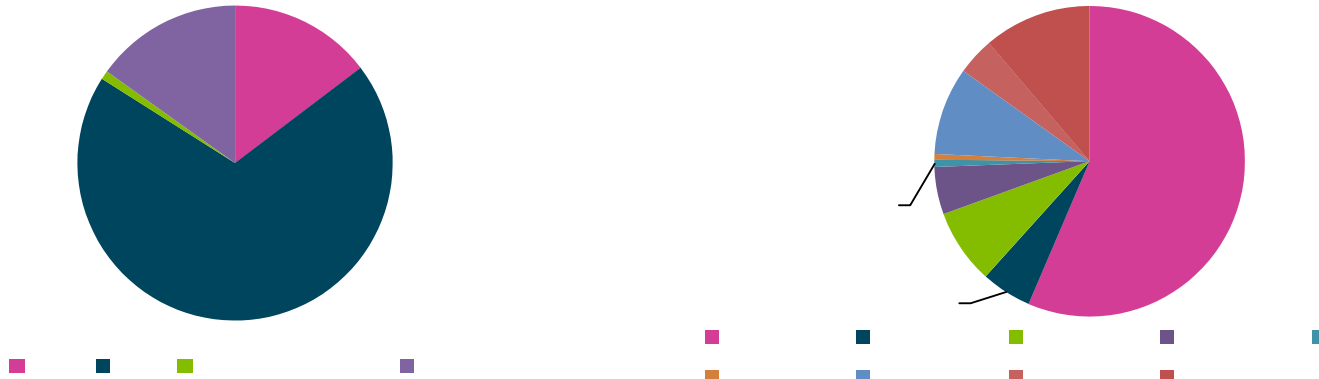
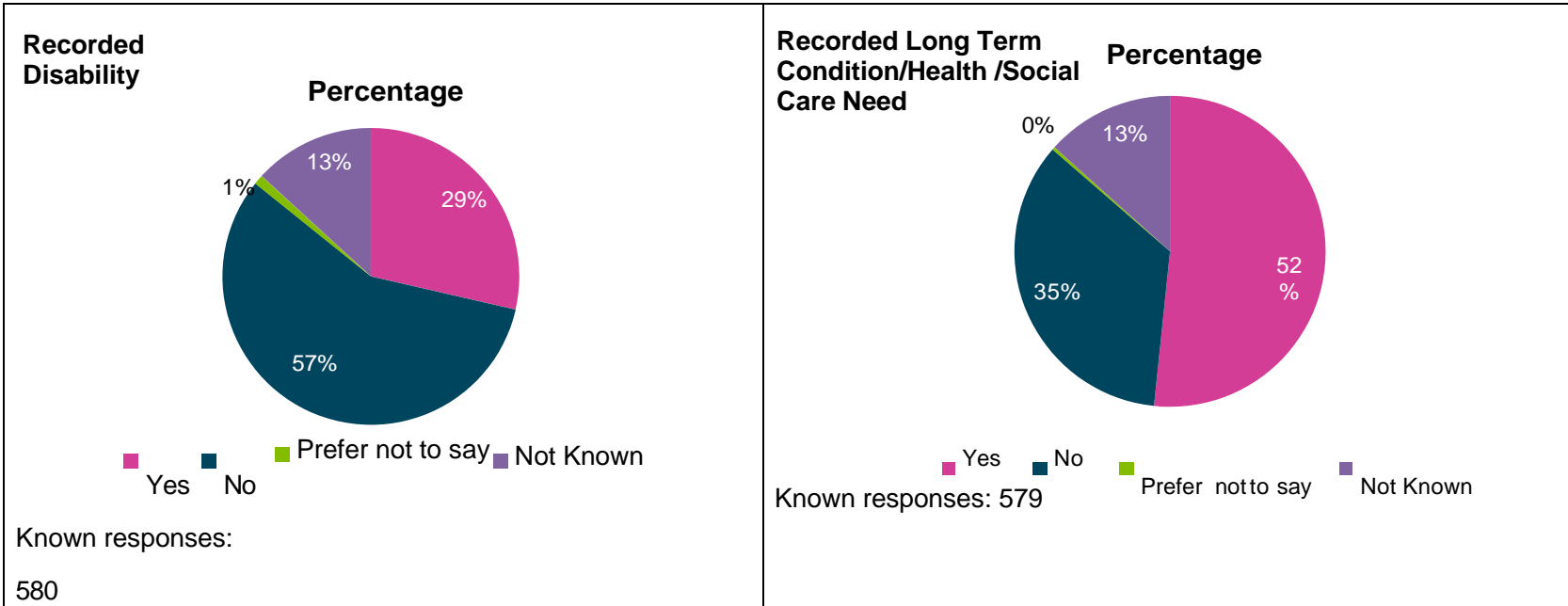
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See below for the demographic break down of the study's cohort.

Demographics - Recorded Age, Gender, Sexuality and Ethnicity



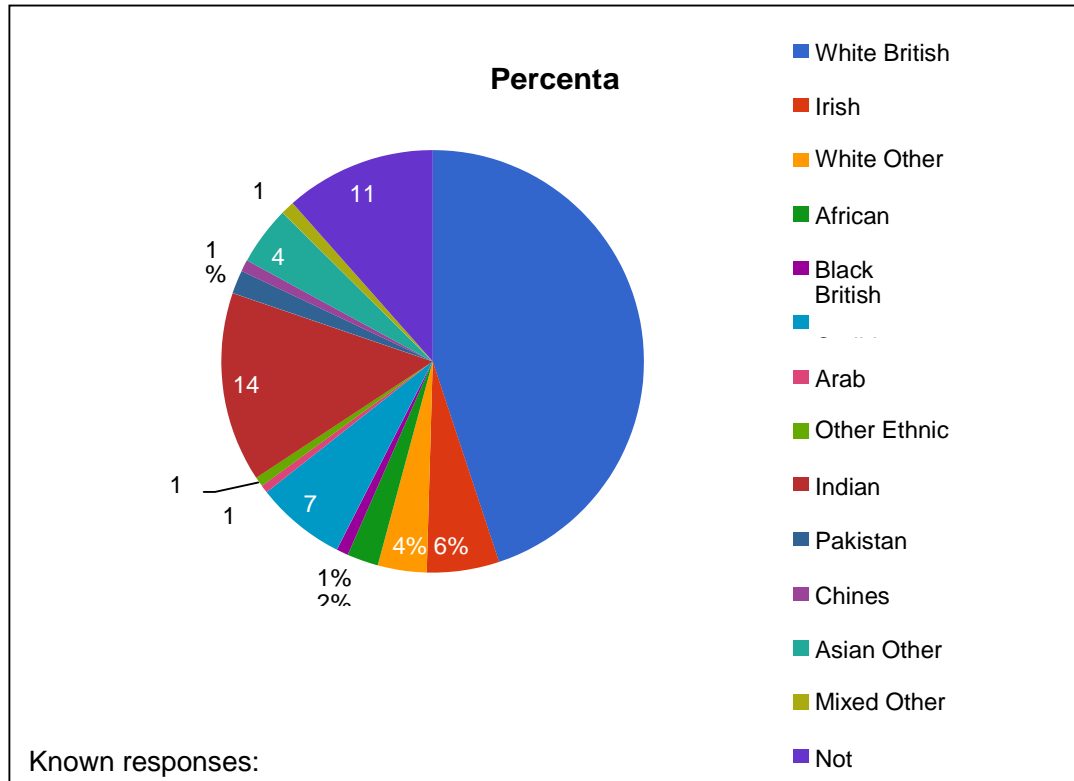
Demographics - Recorded Disability, Long Term Condition/Health/Social Care Need, Carer and Religion



Recorded Carer	Percentage
Yes	1%
No	
Prefer not to say	
Not Known	
Known responses:	579

Recorded Religion	Percentage
Christian	4%
Jewish	1%
Muslim	1%
No religion	5%
Hindu	
Other	
Sikh	
Buddhist	
Not Known	
Known responses:	593

## Demographics - Recorded Ethnicity



## 5.0 Conclusion

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### Highlights

- Service users spoke highly of both services, with 91% positive feedback across the whole cohort. The one-to-one home visit from an OT (NHS Falls Clinic component) received the most positive feedback overall, followed closely by the Strength & Balance programme.
- The services with the least positive feedback were One-to-One Therapy, followed by the Home Visit from a Physiotherapist (NHS Falls Clinic components).
- The group who attended both services (NHS Falls Clinic and Strength & Balance classes) reported the greatest improvements in fear of falling, confidence and strength & balance.
- The majority (nearly 80%) of the cohort stated that the Strength & Balance classes had been most beneficial to their health and wellbeing, followed by the Falls Education & Exercise Group, clearly demonstrating the positive impacts of education and gentle exercise.
- Just 11% of participants faced barriers in accessing the service, the most common barrier was location, followed by language and physical/health issues.
- The report found low usage and awareness of additional related services, suggesting the need for more advertisement.

### Impact Evaluation

One of the study's objectives was to measure the impact of attendance on the confidence of service users. Our interviews found that on average, 73% of the entire cohort experienced a self reported increase in confidence, with those who attended both services reporting the greatest improvements (77% positive feedback).

We also found that on average, 50% of the cohort experienced a reduction in their self-reported fear of falling. The group which attended both services reported the greatest improvements (57%).

In terms of physical impact, we found that on average, 70% of the cohort experienced an increase in their self-reported strength and balance. The group that attended both services reported the greatest improvement in their strength & balance (74%), presumably because they were exposed to two different exercise programmes. The Falls only group performed considerably worse, with just 55% reporting improvements in their strength & balance, presumably because they were a 'higher risk' group, having already fallen and potentially in poorer physical health to begin in.

Another objective of this study was to measure the impact of participation in terms of falls prevented. Whilst this study is not able to draw any firm conclusions the above feedback would suggest the services have had a positive impact. We found that on average, 20% of the cohort had suffered a fall since participation in the programme and 63% had not. Service users that attended both services reported the highest

incidence of falls post-programme (30%) and the group who attended the Strength & Balance classes only reported the lowest incidence (18%). This would be reflective of initial physical health and 'risk' to begin with, as indicated above.

We know from data supplied by the Strength & Balance classes provider that 24% of Strength & Balance users have had a history of falls prior to attending the sessions. From the cohort we surveyed we know that 18% of those went on to have a fall since participation in the programme. Nationally, it is recognised that 30% of people aged 65 years or older will have a fall at least once a year.<sup>6</sup>

In respect of the NHS Falls Clinic, 100% of people attending will have had a fall prior to participation. Of these 28% went on to have a fall since participation. If we take the national figures once again, 30% will have a fall at least once a year. If we consider that the cohort group is at higher risk to begin with, it is a positive indicator that the percentage of falls has reduced.

Whilst these figures are not conclusive, they indicate a positive impact of the services reviewed and thus substantial savings to be made for both NHS and Social Services. A more detailed analysis of cost saving benefit could provide further detail here, however, it is likely that the services, particularly the preventative Strength & Balance classes are a very cost effective way to reduce falls, not to mention the added social benefits discussed below.

## **Social Aspect**

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<sup>6</sup> <https://www.nice.org.uk/guidance/cg161/chapter/Introduction>

Throughout the questionnaire, whilst there were no specific questions asking for feedback, service users repeatedly highlighted the social aspect of the services, particularly the Strength & Balance programme

There were 38 specific comments highlighting the social aspect - "getting out of the house", attending lunches and coffee breaks after class, as well as meeting people in similar conditions to themselves.

Service users gave 25 accounts of friendships forged, and there were 7 comments attributing the social aspect to improvements in their mental health and outlook. Furthermore, there were 3 comments specifically highlighting the programme as a tool for combatting social isolation, with one service user describing the Strength & Balance class as a "cure for loneliness".

## 6.0 Areas of Good Practice

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Our study highlighted various areas of good practice across both services.

- 1) Service users gave highly positive feedback on both the Strength & Balance classes and the NHS Falls Clinic, with an average of 93% positive feedback across the cohort.
- 2) The Home Visit from an Occupational Therapist received the highest proportion of positive feedback of all of the service components, with an average of 92%. Service users gained helpful information and support, improvements in their condition and also highlighted staff attitudes as areas of good practice.
- 3) During the interviews, service users repeatedly highlighted the social aspect of the services, particularly in the case of the Strength & Balance programme. Attending the programmes gave participants an opportunity to get out of the house and meet other people in a similar condition to themselves, and forge new friendships in some cases. In addition to increasing confidence and group motivation, some also experienced improvements in their mental health and reduced isolation, with one person describing the Strength & Balance programme as a “cure for loneliness”.
- 4) Attending the services led to improvements in service users condition and mobility. In many cases, this had life changing consequences, with participants reporting that they are now able to take public transport, climb stairs and dress themselves in the morning, as a result.
- 5) Service users praised the staff attitudes in both services, particularly the Strength & Balance instructors. Staff were described as supportive, kind and attentive, creating an inviting environment where service users felt comfortable.
- 6) Many service users experienced improvements in existing physical issues and reductions in pains and aches as a result of attending the services.
- 7) On average 68% of service users have continued the exercises since completing the programmes, demonstrating high adherence. In addition, there were many instances where service users had taken up different forms of exercise, such as gardening and zumba classes, after attending the programme.
- 8) In addition to improving their physical health, service users were able to gain practical information on topics such as avoiding falls, recovering from falls and living a healthy lifestyle, especially in the case of the Falls Education and Exercise group.
- 9) Many service users stated that the programmes enabled them to regain confidence in their physical abilities, as well as improving their general outlook.



- 10) On average, 57% of people experienced a reduction in their fear of falling and 77% reported an increase in their confidence. These improvements would likely have a significant impact on their quality of life and mental wellbeing.
- 11) Service users gained huge amounts from attending the services, including knowledge and preventative strategies, physical improvements, socialising and improved confidence.
- 12) Our study found that attending the falls services had a significant impact on service users' strength & balance, with 70% of the cohort reporting improvements in their strength and balance.
- 13) We found that 73% of service users faced no barriers in accessing the services, and there were instances where the services organised free transport for their clients.
- 14) The strength & balance class was the most beneficial service to service users health and wellbeing, with one service user stating that the classes were more effective than their medication. This demonstrates the benefits of regular exercise and education in tackling falls as a public health issue.
- 15) Over half (63%) of service users reported not having fallen since completing the programme, suggesting that the services have a considerable impact on falls prevention.

## 7.0 Recommendations

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See the following pages for recommendations for areas of improvement, split by organisation/service.

- Strength and Balance – recommendations 1-9
- NHS Falls Clinic – recommendations 10-15
- Other – recommendations 16-17

## **Strength & Balance Programme:**

1. Healthwatch Ealing received a number of complaints from service users about a lack of help and support for individuals with Dementia, in terms of instructor's awareness of the disease and the suitability of the exercises and resources, with several service users unable to "keep up". A couple of people also suggested the need for a Dementia-specific Strength & Balance class.

### ***Recommendation:***

**1.1. Provide all staff with basic Dementia training**

**1.2. Ensure that resources provided are Dementia friendly**

**1.3. Consider introducing dementia-specific classes.**

2. Whilst the feedback for the Strength & Balance classes was generally very positive, many service users complained about the classes not being tailored to different abilities. There were several instances where service user's physical condition worsened as result and others complained of a lack of stimulation as exercises were too easy.

### ***Recommendation:***

**2.1. Introduce classes for different abilities, to ensure that service users individual needs and abilities are catered to.**

3. During the interviews, service users repeatedly complained about a lack of awareness and support for people with severe disabilities, with some cases where service users were unable to complete the programme as they found the exercises to be painful or too difficult.

### **Recommendation:**

**3.1. Provide staff with training to ensure that they can support service users with severe disabilities and take disabilities into account when placing service users in classes.**

4. Service users also complained of a lack of advertisement for the Strength & Balance classes, with many people reporting that they had heard of the service through word of mouth.

### **Recommendation:**

**4.1. Increase the advertisement of the service.**

5. Language was one of the most common barriers reported, and the number of people who experienced a language barrier is likely much higher. Despite this, there were no accounts of professional translators being used in either services and in some cases, family members had to attend the programmes to translate.

### **Recommendation:**

**5.1. Review how classes can accommodate people who speak other languages**

**5.2. Consider the need for professional translators and educational resources in other languages.**

6. Many service users suggested that the programmes should introduce a follow up a few months after completion, to re-motivate service users and re-cap any practical knowledge gained.

**Recommendation:**

**6.1. Introduce regular follow up sessions available for those who have completed the core course.**

7. Throughout the questionnaire, service users repeatedly complained about the length of the free trial and cost thereafter, with many people stating that they were unable to afford the price of the Strength & Balance classes post-trial.

**Recommendation:**

**7.1. Review the length of the free trial period and review the cost of classes thereafter. Consider subsidising the cost for service users on a lower income.**

8. The results of the study clearly demonstrate the advantages of attending both services, with those who attended both reporting the greatest improvements in strength & balance, confidence and fear of falling.

**Recommendation:**

**8.1. Recommendation: actively encourage service users at high risk of falling to attend both services through two-way referral.**

9. The study highlighted various areas of good practice across the different services.

**Recommendation:**

**9.1. Share the report and areas of good practice with staff members.**

## **NHS Falls Programme**

10. Many service users experienced long waiting times for accessing the NHS Falls Clinic, particularly the One-to-One Therapy, Home visit from the Physiotherapist and Medical Consultant review.

### **Recommendation:**

**10.1. Address the long waiting times and consider interim arrangements**

11. Language was one of the most common barriers reported, and the number of people who experienced a language barrier is likely much higher. Despite this, there were no accounts of professional translators being used in either services and in some cases, family members had to attend the programme and translate.

### **Recommendation:**

**11.1. Consider the need for a professional translator and introduce educational resources in other languages.**

12. The One-to-One Therapy and home visits from a Physiotherapist were the two services which received the least positive feedback.

### **Recommendation:**

**12.1. Review the feedback from the report and address the problem areas in order to improve the services.**

13. Many service users suggested that the programmes should introduce a follow up a few months after completion, to re-motivate service users and re-cap any practical knowledge gained.

### **Recommendation**

**13.1. Introduce a follow up sessions after programme completion.**

14. The results of the study clearly demonstrate the advantages of attending both services, with those who attended both reporting the greatest improvements in strength & balance, confidence and fear of falling.

### **Recommendation:**

**14.1. Actively encourage service users at high risk of falling to attend both services and ensure referral tracking is in place.**

15. The study highlighted various areas of good practice across the different services.

### **Recommendation:**

**15.1. Share the report and areas of good practice with staff members.**

**Other: Local Authority and Additional Related Services**

16. Throughout the questionnaire, service users repeatedly raised the uneven/cracked pavements in Ealing as an issue, with service users attributing their falls and fear of falling/lack of confidence to the unsafe pavements.

**Recommendation:**

**16.1. Council to review the uneven/cracked pavements policy in the Borough of Ealing**

17. Our results found a lack of awareness and usage of additional related services.

**Recommendation:**

**17.1. Increase the advertisement of all services.**

## **8.0 Limitations & Considerations**

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### **Time Scale**

Participants were originally going to be contacted approximately 6 months after completion of the programme(s). In practice, this was not possible and there was considerable variation in the length of time between completing the programme and doing the interview, with the length ranging from weeks to months and over a year in some cases. This was in part due to being unable to make contact with the participant at the specific intended time, despite numerous attempts.

Furthermore, the discharge date was not provided in some cases and many service users could not accurately recall the date that they completed the programme, meaning we were unable to account for this variation and this may have impacted our results.

### **History of falls and physical health prior to participation**

The only criterion was that participants had to have completed at least one programme. Beyond that, we had no control or knowledge of additional factors eg. Falls history, general fitness, mental health.

Also, because the services are primary (preventative) and secondary, service users had not necessarily fallen in the past. Many service users were relatively young and healthy having been referred due to a minor operation. The high variation in the physical health and history of the cohort is not accounted for in this report and should be kept in mind when interpreting the results – the degree of impact on strength & balance,

confidence, fear of falling and incidence of falls post completion, would all be heavily influenced by the participants history of falls and initial physical condition. Within the different groups, it is assumed that participants referred to both services would have the highest risk of falling and the worst physical condition, compared to those that were referred to the Strength & Balance classes only.

We found that the 'both' group reported the greatest improvements in fear of falling, confidence and strength & balance. They also reported the highest incidence of falls since completing the programme.

### **Other Languages**

Whilst some of our volunteers were able to conduct several interviews in other languages, and around 15 were completed despite English not being the service user's mother tongue, there were 27 people who we were unable to interview due to language barriers.

### **Anomalous Responses**

Throughout the survey, we received a high proportion of 'Other' responses, which includes 'Not Applicable', 'Not Sure' and unanswered.

Possible reasons for high anomalous responses, include the respondent being unable to recall the experience, the respondent getting tired towards the end of the questionnaire and not wishing to answer and also a lack of communication between the interviewer and respondent.

**Ealing Healthwatch Falls Review (From March 2018 – March 2019)**  
**NHS Falls Programme- Actions**

**\*Please note that this review was completed prior to the start of the Ealing Community Partnership. The ECP is not in the position to comment on how the previous provider delivered services.**

<b>Action:</b>	<b>Response:</b>
10.1 Address the long waiting times and consider interim arrangements	Due to the changes in service delivery in response to the Covid-19 pandemic the Falls Service has moved to a “digital first” model where patients are screened and triaged where ever possible by telephone or video conferencing. This has reduced waiting times and increased access.
11.1 Consider the need for a professional translator and introduce educational resources in other languages	Despite the Falls Service being a small team, it is a diverse team where staff speak some of the common languages that are spoken in Ealing. As a provider where equality and diversity are at the core of all service delivery, staff have access to Silent Sounds to facilitate assessment and treatment. Interpreters are available for telephone/video consultation in addition to any face to face appointments. Falls are currently reviewing service information with a view to providing these in the multiple languages.
12.1 Review the feedback from the report and address the problem areas in order to improve the services	Please note that this review was completed prior to the start of the Ealing Community Partnership. The ECP is not in the position to comment on how the previous provider delivered services.
13.1 Introduce a follow-up session after programme completion	The Falls Team have introduced a follow-up contact when assessed as required.
14.1 Actively encourage service users at high risk of falling to attend both services and ensure referral tracking is in place	<p>Due to the changes in service delivery in response to the Covid-19 pandemic the Falls Service has moved to a “digital first” model to reduce footfall into patients homes to minimise contact with other patients in group settings.</p> <p>Home visits have continued throughout the pandemic with “high risk” patients. Group work is deemed high risk due to vulnerable patients having to be transported to venues and groups being a high-risk activity.</p>



15.1 Share the report and areas of good practice with staff member

The report has been shared to services leads to feed back to the teams. Please note that many of the recommendations were made prior to the ECP starting and the Covid-19 pandemic. The way services are delivering both locally and nationally have transformed in response to the pandemic to a “digital first” model.

This is outlined as a priority in The NHS Long Term Plan, also known as the NHS 10-Year Plan is a document published by NHS England on 7 January 2019, which sets out its priorities for healthcare over the next 10 years.



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