FaME Implementation Toolkit Launch Event

Trent Vineyard
13th June 2019
Join the conversation
If you hear something you like, or want to challenge, or simply want to share an observation, join the Twitter conversation using @CLAHRC_EM and #FaMEtoolkit in your tweet.

#FaMEtoolkit
@CLAHRC_EM

Connecting to venue WiFi
Select: TV_Guest (no password needed)
Dr Elizabeth Orton

The FaME Implementation Toolkit
Why do we need a toolkit?

PHE consensus statement on Falls and Fragility Fractures

NICE guidance on falls prevention

ProAct65+ trial (FaME Vs Otago)

CMO PA guidelines including strength and balance

Gap in PSI availability in Leicestershire, Rutland and Derby City
Physical study

Physical activity Implementation Study In Community-dwelling Adults
PhISICAL is an implementation study

Primary Research
- Intervention development
- Testing efficacy (ideal conditions)
- ProAct65+

Implementation Research
- What does implementation in the ‘real world’ look like?

Usual Practice
- Accepted
- Sustainable
- Patients benefit

The PhISICAL Study:
- Is NOT re-doing the clinical trial
- Had NO control group
- Had NO researcher control over delivery
Assumptions

- It is effective ‘in the real world’
- Fidelity is maintained
- Feasible to deliver
3 main research questions

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

Implementation Toolkit
Methods
Does FaME still work ‘in the real world?’

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

2) Interviews with participants
Is fidelity preserved in the real world setting?

<table>
<thead>
<tr>
<th>Framework element</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence</td>
<td>• Register data</td>
</tr>
<tr>
<td></td>
<td>• Interviews</td>
</tr>
<tr>
<td></td>
<td>• PSIs</td>
</tr>
<tr>
<td></td>
<td>• Participants</td>
</tr>
<tr>
<td></td>
<td>• Commissioners</td>
</tr>
<tr>
<td></td>
<td>• Register data</td>
</tr>
<tr>
<td></td>
<td>• Interviews</td>
</tr>
<tr>
<td></td>
<td>• PSIs</td>
</tr>
<tr>
<td></td>
<td>• Participants</td>
</tr>
<tr>
<td></td>
<td>• Commissioners</td>
</tr>
<tr>
<td></td>
<td>• Intervention complexity</td>
</tr>
<tr>
<td></td>
<td>• Facilitation strategies</td>
</tr>
<tr>
<td></td>
<td>• Quality</td>
</tr>
<tr>
<td></td>
<td>• Participant responsiveness</td>
</tr>
<tr>
<td>Moderators</td>
<td>• Observations of</td>
</tr>
<tr>
<td></td>
<td>• Community of Practice events</td>
</tr>
<tr>
<td></td>
<td>• Classes</td>
</tr>
<tr>
<td></td>
<td>• PSI</td>
</tr>
<tr>
<td></td>
<td>• Participants</td>
</tr>
<tr>
<td></td>
<td>• Commissioners</td>
</tr>
</tbody>
</table>
What makes ‘real world’ implementation successful?

The case (wanting it to happen)
- Evidence of effectiveness
- Population need
- Policy context

Implementation (making it happen)
- Funding – business case
- Service specification
- Procurement
- Delivery
- Outcome measurement

Business as usual (ensuring it continues)
- Benefits capture
- The clinical case
- The financial case

Data sources
- Interviews with PSIs, commissioners and participants
Study results – Does it still work?

- Improved function
- Reduced falls (small numbers)
- Increased physical activity (completers only)
# Is Fidelity maintained?

<table>
<thead>
<tr>
<th>Fidelity: 72%-78% criteria met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for not adhering:</td>
</tr>
<tr>
<td>• concern of overloading people with home exercises, deterring future attendance</td>
</tr>
<tr>
<td>• lack of confidence to deliver aspects e.g. Tai Chi and floorwork</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality: 80%-84% criteria met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for lower scores:</td>
</tr>
<tr>
<td>• Not asking about falls in the previous week</td>
</tr>
<tr>
<td>• Not explaining the purpose of exercises</td>
</tr>
<tr>
<td>• Not clarifying the exercises</td>
</tr>
<tr>
<td>• Not reinforcing the exercises</td>
</tr>
<tr>
<td>• Not correcting poor positions</td>
</tr>
</tbody>
</table>

43% of people progressed the recommended 3+ resistance band levels

Communities of practice consisting of instructors and their managers offered opportunities for quality improvement (QI)
What makes implementation successful?

- **Barriers and Facilitators**

- Complexity
  - Daunting
  - Needs project managing
  - Achievable

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

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

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

- Does FaME still work ‘in the real world’?
- Is FaME fidelity maintained ‘in the real world’?
- What makes ‘real world’ implementation successful?
01 Building the case for investment
02 Planning for FaME Implementation
03 FaME delivery
04 Monitoring and Evaluation
<table>
<thead>
<tr>
<th>Toolkit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1 - Building the case</strong></td>
</tr>
<tr>
<td>Evidence summary</td>
</tr>
<tr>
<td>• Briefing for commissioners</td>
</tr>
<tr>
<td>• Briefing for elected members</td>
</tr>
<tr>
<td>Costing tools</td>
</tr>
<tr>
<td>Business case</td>
</tr>
<tr>
<td>Case studies</td>
</tr>
<tr>
<td>Links to videos and key websites</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2 – Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls pathway</td>
</tr>
<tr>
<td>Implementation Gantt chart</td>
</tr>
<tr>
<td>Service specification</td>
</tr>
<tr>
<td>Example delivery models</td>
</tr>
<tr>
<td>Study findings (Do’s and Don’ts)</td>
</tr>
<tr>
<td>Logic model</td>
</tr>
<tr>
<td>Links to videos and key websites</td>
</tr>
</tbody>
</table>
## Section 3 – FaME Delivery

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

## Section 4 - Monitoring and evaluation

- Quality Assurance checklist
- Data collection guide
Thank you

• CLAHRC – funding

• Research team
  • Dr Elizabeth Orton (PI)
  • Professor Denise Kendrick
  • Professor John Gladman
  • Professor Pip Logan
  • Professor Stephen Timmons
  • Professor Derek Ward
  • Clare Timblin
  • Natasher Lafond
  • Hannah Carpenter

• Steering group
  • PPI members
  • Professor Dawn Skelton
  • Professor Tahir Masud
  • Dr Simon Conroy

• Collaborators
  • Study sites
  • Leicestershire County Council
  • Derby City Council and Derby County Community Trust
  • Leicester-shire and Rutland Sport
Sara Davies, David Johnson, Marion Moloney

The FaME participant perspective
Pre-Course Assessment

24 weeks of Progressive Exercises

Social chat

Home exercises

Benefits

More physically and socially active/independent

Know how to get up from the floor

Fewer GP visits and ambulance calls

Saves NHS money
Professor Denise Kendrick
Summary and next steps
• What we have heard today
  • About the toolkit
  • About future research ideas

• The toolkit is available at the CLAHRC Store
  http://www.clahrc-em.nihr.ac.uk/clahrc-store
    • Download it, follow the links to documents, Use it!

• Impact matters
  • Evaluation of impact in due course

• Tell us what you think
  • e-mail comments or suggestions for improvement to:
    phisicaltoolkit@nottingham.ac.uk
Thank you

• For attending
• Speakers today
• Study team and collaborators
Reflection

• Please complete the evaluation form

• Tell us what you will do as a result of what you have heard today

• Let us know if you want to stay involved!