

Review of Falls Prevention services

Final Report

March 2024



1. Project Background

1.1 Introduction

Your Voice in Health and Social Care (YVHSC)/Healthwatch Hounslow (HWH) have been commissioned by the Public Health department of London Borough of Hounslow to coordinate and facilitate focus group discussions with local residents to understand their perspectives and experiences of falls prevention services in the borough.

The project will consist of 6-8 focus group sessions with different communities across Hounslow, each consisting of at least 10-15 participants, involving those who are 65 year and older.

The initial plan is to use our existing connections to reach out to different communities and people of different needs with a focus on diversity and representativeness. This includes promoting the project via various channels- websites, social medias, and distribution of promotional materials.

1.2 Project Staffing

- **1 x PT Project Officer:** Samreen Nawshin, (SN)- Senior Project Officer
- **Healthwatch Hounslow Manager:** Aastha Binjrajka- Operations and Research Manager.

1.3 Project Intentions Include

- To obtain an understanding of awareness levels of the Falls service within 65+ age group and any barriers to self-referral.
- To understand the barriers that prevent current self-referral.
- To understand the factors that could motivate and influence residents to self-refer to the service.
- To use this evidence and insight to feed into an updated business case for the Falls service.

1.4 Intended Project Outcomes Include

- Provide a report with verbatim, as much as possible for each focus group discussion that demonstrates people's views, perceptions and lived experiences.
- To provide a final report, encompassing the local residents feedback and opinions, cumulatively.

2. Project Progress

2.1 Focus Group

We have conducted a total of 6 focus group sessions with local residents across the borough. We achieved this by engaging with existing community groups -each partner plays a pivotal role in the lives of residents, catering to their different health needs and providing them a platform to gather relevant information about health and social care services.

The demographics of all focus group participants are outlined in the below table:

Demography	Detail
Dates of focus group	24 th January 2024 25 th January 2024 31 st January 2024 1 st February 2024 7 th February 2024 13 th February 2024 15 th February 2024 22 nd February 2024
Community groups / partners	<ul style="list-style-type: none"> • Trinjan Women's Society, • VIP (Visually impaired people) lunch club by MIB (Middlesex Association for the Blind), • Care Home residents, Bristol Court, Hounslow, • Coffee morning for elderly at Arts centre, at Hounslow Treaty Centre organized by the health & well-being network. • Age UK, • Feltham Community Hub, • Anne Shine Charite, • Stay active 4 life.
Total number of attendees	96
Gender	Male (19), Female (77)
Age	<65 (12), 65-79 (72), 80+ (12)
Ethnicity	Asian/Asian British (61), White (29), Black/Black British (5), Prefer not to say (1)
Religion	Muslim (4), Christian (10), Hindu (12), Sikh (24), Catholic (6), Buddhist (1), Prefer not to say (39)
Disability	Yes (19), No (35), Prefer not to say (42)

Each focus groups was conducted in a different manner, based on the audience and the setting. However, most sessions were carried out in small groups, as table discussions, or one to one conversations with individuals. For each focus group we produced a report outlining the discussions that were had and the responses from participants. One report combined three of engagements sessions in one, due to a small number of participants in each.

2.2 Engagement methodology and topics covered.

Our representatives carried out table discussions with the attendees in small numbers and had prolonged conversations about falls prevention. Questions were asked across several different categories:

- Awareness of the Falls Prevention services.
- Review of the Promotional Materials-leaflet/Frequency of Promotional materials/Sources/Accessibility.
- Self-Referral-Barriers, Motivators.
- Experience-Lived Experience, Any Concerns, Perception.
- Support/Collaboration/Suggestions- What has worked well/what could be improved/role of health professionals.

Awareness of the services

- Have you heard about the fall's prevention services? (examples, HRCH or from the LBH)
- What sources/channels do you rely on for health-related information?
- What comes in mind when you think about fall prevention services?

Review of Promotional materials

- How often do you come across promotional materials related to falls prevention?
- What information or details would you like to see in promotional materials to better understand the Falls service?
- How would you prefer to find information about preventing falls in Hounslow?

Perceptions/Experiences?

- How do you perceive the importance of bone health management as you age?
- What benefits/outcome would you expect from such a service?
- Can you share any personal experiences or stories related to falls or concerns about falling?
- Did you have a fall? When?

Barriers to self-referral and in general

- Do you know about the self-referral route?
- Would you use this service if you think you are at the risk of falling? If not, what factors might discourage you?
- What would encourage you to consider accessing the falls prevention program?
- Do you feel comfortable discussing your fall-related concerns?
- Have you or someone you know ever utilized any falls prevention services? If yes, what was the experience like?
- How can the Falls service better reach and inform residents who may not be aware of its existence?

Technology and accessibility

- How comfortable are you with using technology for health-related purposes, such as accessing online information or using digital platforms for self-referral?
- What improvements could be made to ensure that information about the Falls service is accessible to everyone, including those less familiar with technology?

Support and collaboration

- Have you had a falls risk assessment done with a GP/other health professional?
- Are you prescribed medication to protect your bones?
- What role do you think healthcare professionals should play in promoting falls prevention services?
- Are there specific community organizations or groups that you think should collaborate with the Falls service to enhance its impact?
- How likely are you to discuss health-related topics with friends, family, or neighbours?

All the participants had a fair chance to talk to us and portray their perspectives and/or stories. After each focus group, an incentive of a £25 voucher was awarded to one prize drawer winner. All participants were entered into the prize drawer.

2.3 Key Findings from the Forums

Taking into account each of the 8 sessions held, we have identified 10 Key Findings and observations:

Key Findings	Recommendations
<p>1. There is generally very low awareness of falls prevention services. Approximately 10% of respondents indicated any knowledge or familiarity with the services. Notably, those that were able to state awareness mentioned that they had only recently</p>	<p>Peer-to-Peer Awareness Campaigns-Initiate a peer-to-peer awareness campaign where individuals who have recently benefited from falls prevention services share their experiences with friends, family, and neighbours. This informal approach leverages</p>

<p>become acquainted with the service, primarily through word of mouth from friends or family, or by attending community hub events.</p>	<p>the power of personal connections and word of mouth to spread awareness effectively.</p> <p>Mobile Outreach Units- Establish mobile outreach units that visit various neighbourhoods in Hounslow to provide information and resources on falls prevention services. These units can set up in community hubs, parks, or shopping centres, making it convenient for residents to access information about available services without having to travel far.</p>
<p>2. In our focus group discussions, people were unaware of the service, and therefore unaware of the self-referral option available to them. Upon further exploration of their perspectives on self-referral, the majority of participants expressed reluctance to refer themselves or utilize the service without a clear understanding of its goals and delivery approach, citing the barriers outlined in key finding 4.</p>	<p>Implement an informative and accessible online platform and leaflet detailing the goals, delivery approach, and communication options for prospective patients of the fall's prevention service. This resource should be user-friendly and readily available through the council website, community centre portals, and social media platforms to ensure easy access for residents seeking information about the service and the self-referral process.</p>
<p>3. In our focus group discussions, it was observed that individuals utilize various sources and channels to gather information regarding health and social care. Primary sources included GP practices, community hub events, and word of mouth. Additionally, participants mentioned alternative information sources such as pop-up shops, the Hounslow Treaty Centre, specific community groups like the Health & Wellbeing Network, AgeUK, and carrying out their own research.</p> <p>However, for individuals who typically rely on others for assistance, accessing information isn't straightforward. They often depend on services like Careline and their caregivers. Only a few participants indicated having no specific source for obtaining information.</p>	<p>Consider implementing a 1-year trial/pilot/temporary centralized information hub or hotline specifically dedicated to providing comprehensive information about falls prevention services, in Hounslow. This hub could be easily accessible via phone, email, or online chat, catering to individuals who rely on caregivers or have no specific source for information.</p> <p>Additionally, promotional materials about this hub should be distributed through existing channels like Careline, community centres, and GP practices to ensure widespread awareness and accessibility.</p>
<p>4. During our focus group discussions, it became evident that the most prevalent barriers to accessing the service were a lack of awareness</p>	<p>General awareness campaign with focus on targeting those who perceive themselves as not being at risk of falls. These sessions should focus on raising awareness about the importance of falls prevention regardless of</p>

<p>about its existence, and confusion regarding its aims, objectives, and delivery methods. This information gap led to numerous questions about the service.</p> <p>In addition, another common barrier among residents was their perception of their own capacity to prevent falls, with some individuals considering themselves still strong or not old enough to be at risk, while others relied on their faith in handling such situations.</p> <p>Many participants stated that they would only consider accessing the service or referring themselves after experiencing a fall, with their decision contingent upon their physical condition at the time. This reluctance to seek pre-emptive support stemmed from various factors-</p> <ul style="list-style-type: none"> • including a presumption of long waiting times, • concerns about calls not reaching the appropriate person, • bureaucratic processes such as lengthy form-filling, • frustration at having to independently gather information, • traveling long distances, • a lack of referral to such services following falls resulting in hospital visits. 	<p>age or perceived strength, clarifying the aims and objectives of the service, and addressing misconceptions about the referral process and bureaucratic barriers. Additionally, provide clear guidance on how to access the service without encountering long waiting times or administrative burdens, including streamlining the referral process and ensuring prompt responses to inquiries or requests for assistance. This proactive approach aims to empower residents with the necessary knowledge and confidence to take proactive steps towards falls prevention, ultimately reducing the incidence of falls and promoting overall well-being in the community.</p>
<p>5. In our focus group discussions, it was apparent that the vast majority of respondents, accounting for 90% of those engaged, had no recollection of receiving or encountering promotional materials related to falls prevention services. Merely a negligible number, approximately three individuals, reported seeing leaflets, and this occurred only recently.</p> <p>Notably, visually impaired individuals we spoke with expressed never encountering any promotional materials tailored to their needs, despite the healthcare industry's efforts to be inclusive. Contrary to industry practices,</p>	<p>The topic of promotion received the most recommendations from the residents who participated in the focused groups.</p> <p>Participants provided several suggestions and preferences, including the preference for easy-to-read paper leaflets, the need for materials in multiple languages to reach diverse communities, the importance of catchy advertisements in prominent locations like libraries, community spaces, billboards, and television, and the necessity for clear details such as opening hours and contact information of service providers. Additionally, participants expressed a desire for the services</p>

<p>respondents expressed a discrepancy in their experiences.</p> <p>Among the limited number who had encountered promotional materials, they mentioned seeing leaflets predominantly. However, participants emphasized the importance of employing various advertisement methods to enhance awareness.</p>	<p>to engage with them directly through different community group settings.</p>
<p>6. Participants who were aware of the service suggested that GP practices could play a vital role in promoting awareness and understanding of the eligibility criteria and access methods. The majority expressed difficulties in obtaining GP appointments, making it challenging to assess their risk of falling and receive appropriate advice.</p>	<p>Incorporate falls prevention sessions within GP practices and display advertisements at primary care settings. Alongside potentially establishing information or signposting stall, these activities could help effectively integrate falls prevention services into routine primary care.</p>
<p>7. Our findings indicate that there is a split among participants regarding the use of technology for health-related purposes, with half feeling comfortable using it and the other half either expressing a preference against it or facing difficulties in using it. Many women, in particular, mentioned relying on assistance from their children for technological tasks. Although a few individuals expressed discomfort, they reported managing, nonetheless.</p> <p>While a significant number of participants are comfortable with technology, the overall preference among respondents leans towards in-person visits by service personnel, either within their community groups or at open events. These individuals expressed a strong desire for face-to-face communication with providers.</p> <p>Alternatively, a considerable proportion of participants expressed a preference for obtaining information through in-person contact or over the phone.</p>	<p>Establish regular outreach events or community sessions where falls prevention service personnel can interact directly with residents, providing information, assessments, and interventions in-person. Additionally, ensure that there are dedicated phone lines or hotlines available for individuals who prefer to obtain information or assistance over the phone. By catering to different preferences for communication and interaction, this approach can effectively address the needs of diverse community members and promote greater engagement with falls prevention services in Hounslow.</p>

<p>8. The majority of respondents expressed an expectations for the service to offer advice and guidance on falls prevention, strategies for minimizing falls, and steps to take after experiencing a fall, along with exercises and activities aimed at improving balance. They also anticipated access to leisure centres and to be directed towards resources for those with mobility issues.</p> <p>The participants highlighted concerns about hazardous pavements and overflow of dustbins, expecting the service to address these safety issues.</p> <p>Additionally, they emphasized the importance of prioritizing clients' confidence and morale, alongside the service's more practical interventions.</p>	<p>Encourage residents to participate in identifying and reporting unsafe areas, while also providing resources and support for community-led clean-up efforts. Additionally, organize educational workshops or campaigns to raise awareness about fall hazards in public spaces and empower residents to advocate for safer environments. By involving the community in addressing safety concerns, the falls prevention service can foster a sense of ownership and collective responsibility while effectively improving the overall safety of the community.</p>
<p>9. Our focus group discussions highlighted a clear demand for clarity in service provision. Participants emphasized the importance of a straightforward understanding of services offered, which includes what is and isn't covered, clear points of contact, and specifying the physical location of services.</p>	<p>Develop a user-friendly and comprehensive informational pamphlet or online resource that outlines falls prevention services offered in Hounslow. This resource should clearly specify the services provided, including what is and isn't covered, along with detailed points of contact and the physical locations where services are available. Ensure that the information is easy to understand.</p>
<p>10. The majority of individuals we engaged with reported not taking any supplements for bone health, nor had they received any advice or prescriptions from their GP in this regard.</p> <p>While some participants emphasized the significance of bone health as they age, particularly women, most relied on self-education and took supplements independently. However, a small minority, fewer than five individuals in total, had received prescriptions from their GP or received advice from a nurse regarding bone health.</p>	<p>Implement educational campaigns in collaboration with local healthcare providers, focusing on the importance of bone health and the role of supplements and prescriptions in preventing falls and fractures. These campaigns could include informational sessions at community centres, leaflets distributed through GP practices, and targeted outreach to vulnerable populations. By increasing awareness and providing guidance on effective strategies for maintaining bone health, such as supplements and prescriptions, when necessary, this initiative aims to empower residents in Hounslow to take proactive steps towards preventing falls and promoting overall well-being.</p>

Additional comments/verbatim

Prompt- What comes in mind when you heard falls prevention service?

“Uneven pavements.”

“Exercise, physiotherapy, activities.”

“Tips on how to stay fit.”

“Advice and guidance on how to prevent fall.”

“Access to leisure centre.”

“Equipment? Mobility aids?”

“Absolutely nothing”

Prompt- Are you aware about falls prevention services? Self-referral?

“Never heard of them.”

“Got to know about the service from Hounslow House.”

“I learned about falls prevention services in December when a friend attended a community hub event in Hounslow, where a lady was promoting this initiative.”

“I don’t think I’ll have a fall, so I’d rather be offered amenities like a walking stroller. And I think the providers can visit us and explain in detail what they do, then I would consider.”

“Yes, I have heard about it in sheltered housing. They came to us before covid.”

“Well, I know about these things because I work in the health sector. However, I have recently learnt about this service.”

Prompt- Would you refer yourself if at risk? Do you feel comfortable discussing your falls related concerns?

“No, I don’t feel comfortable. I have so many people coming at my door from different services. I’m sure they mean well but I have a lot going on in my life...”

“The service is good when you need it, so I will possibly access it when I feel the need of it. At the moment I don’t feel the need. However, I have weak legs for which it would be better to be recommended a carer and physiotherapist if possible. I am supported by my husband & son and currently exercise to train endurance as a falls prevention measure and believe in “mind over matter” in preventing falls & pain.”

“Without knowledge of these services, it’s impossible to consider self-referral as an option.”

“Yes, I will refer myself if anything happens.”

"Yes, if I have a disability."

"Yes, but when I called, they ask too many questions which is very frustrating which is why I'm avoiding self-referral. Therefore, I'm seeking a GP referral instead because I know I need this service."

Prompt- Do you think GPs/other health professionals could help you inform you about the service?

"Why do you think you get to see your GP?" - (laughing away with sarcasm)

"GP doesn't want to discuss anything else. One problem in each visit."

"They can advertise in their practice."

"Yes, maybe they can do something for awareness and let people know in their practices."

"It's crucial that GPs inform patients about available services like this so that we can explore ways to access them." "GPS should take a more active role in making suggestions to such services, but my current GP is too dismissive of my worries."

Prompt- How can the service better reach you?

"They could also reach out to the residents locally, via sending letters, posters and more information. A lot of people might not understand the written information, so catering to different languages would make reaching out to people better."

"Well, I guess, advertise more. They need to reach out to more people and ensure that people know about them."

"I rely on physical versions of leaflets due to my weak eyesight, and I'm not very adept with mobile devices." "I guess via people like me who would act as a linkage between my parents and the service providers."

"Come and visit us in person and explain everything in detail."

Questions they asked.

"What's the single point of contact? What is the clinical referral route?"

"Why isn't there any fixed place for these in Heston, like Hounslow and Feltham? Why do they expect us to go?"

"What machines do they use?"

"Do they charge anything?"

"How many falls cases was there in Hounslow? Why? Because this borough has the worst living conditions. Nothing is going to change. You're wasting your time!"

Personal experience/story

"I have fallen couple of times and now I'm here to improve my balance."

"I can't help but wish that my husband had been referred to this service earlier as he died in November 2023, and he has had multiple and very bad falls. Perhaps if he had known, he would still be with me today, and we could have been discussing this together. However, dwelling on what could have been serves no purpose now. At this point, with tear-filled eyes, I can't continue discussing this further. This is the reality of the situation."

"If I fall again, I'll call them because I think I'm not going to fall. I'm positive and very organized and think that's the way to go."

"I've had a fall as I was hurrying on a rollator and hit a stone as there was something in the driveway. Then I was taken to the hospital where I had a risk assessment of my fall."

"My mum fell when she was getting off the bus because the driver didn't pull over closer to the pavement. These days they don't even wait for you to sit down. They just drive away."

"My dad thinks he's still strong and is actually waiting for his first fall."

"My mum had a few falls, and we took her to the hospital, but they never suggested any such a service."

"I fell twice and was admitted in a hospital. It was very frightening and had to call 999. They came and took me to a hospital."

Other comments:

"Provision of alarm pendants as a prevention measure."

"Arrange for neighbourhood watch."

"Council must know which residents are at high-risk Road safety and hygiene needs to be assessed- uneven pavements, overflown dustbins, beggars at signals - could all lead to potential hazards and lead to a fall."

"I believe, prevention is better than cure. There's no barrier from my end, I will access the service."

"I still don't understand what their aim is and what they do."

"They have the directory of 65+ years old people, can't they let us know about this service by sending us a leaflet or a council person can come in and do some workshop for us".

"How can you prevent a fall? It's unpredictable!"