Falls Prevention in General Practice

Please complete and return this survey by 26th July 2016. If you would prefer to take this survey online, please visit: https://brunel.onlinesurveys.ac.uk/falls-prevention

By completing and returning this survey, you are indicating your consent to participate in this research.

Section 1: General practitioner and practice characteristics

1. **How many GPs work in your practice (full-time or part-time) including yourself?**

   Please give a whole number _____

2. **If a practice nurse is employed in your practice, how does the practice nurse assist older patients with their health needs?**

   _____

   _____

3. **What CCG does your practice belong to?** _____

4. **Do you consider your practice to be more** ○ <u>urban</u> or ○ <u>rural</u>

5. **How long have you been practicing as a general practitioner in the UK?**

   ❑ 0-5 years   ❑ 6-10 years   ❑ 11-15 years   ❑ 16-20 years   ❑ 20+ years

6. **Are you currently a** ○ <u>GP Partner</u>, ○ <u>Salaried GP</u>, ○ <u>Other</u>, please specify: _____

7. **Please estimate your total caseload. Please write a whole number.** _____

8. **Please estimate the percentage of patients over the age of 65 (excluding nursing home residents) in your total caseload.**

   Please write a whole number. _____%

9. **Please estimate how many patients over the age of 65 (excluding nursing home residents) you would usually see every week in your practice.**

Please give a whole number. _____

10. **Please estimate the number of older patients aged over 65 (excluding nursing home residents) that you usually see every week with an increased risk of falls.**

Please give a whole number. _____

Section 2: Falls prevention practice with older people (65+) and community living

11. **Do you routinely ask older patients aged 65+ (excluding nursing home residents) if they have had a fall, when they present for a consultation?**

❍ Yes   ❍ No

If you selected Yes, do you routinely ask about the circumstances of their falls? (Examples: Where did you fall? What were you doing when you fell?)

❍ Yes   ❍ No   **What do you ask routinely**?: _____

12. **Do you routinely ask older patients aged 65+ (excluding nursing home residents) if they are fearful of having a fall, when they present for a consultation?**

❍ Yes   ❍ No   ❍ Other, please specify: _____

13. **Do you have any literature in your waiting room/surgery that mentions falls?**

❍ Yes   ❍ No

14. **How familiar are you with the NICE guidelines regarding older people, falls, and risk assessment as well as the recommendations for screening for falls?** *NICE Publications include NICE (2015) Falls in Older People (QS86).*

❑ Familiar with them and implement them in practice
❑ Familiar with them but don't utilise them
❑ Unfamiliar with them

15. **How often do you think GPs should screen older patients for falls? Please mark all appropriate**:

❑ Once a year
❑ When a patient volunteers a self-report of a fall or expresses a fear of falling
❑ When carrying out related consultations or follow-ups e.g. osteoporosis, depression/anxiety
❑ During a general health check
❑ Every consultation
❑ Other, please specify: _____

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16. Which fall risk-factors do you think are the MOST IMPORTANT for GPs to address in their routine practice to identify older patients aged 65+ (excluding nursing home residents) who are at risk of falls? Please mark all appropriate:

❑ Multiple medications

❑ Psychoactive Medications

❑ Past Falls history

❑ Gait/balance impairment

❑ Use of mobility aid

❑ Postural hypotension

❑ Home environmental hazards

❑ Alcohol/drug use history

❑ Visual acuity

❑ Hearing loss

❑ Peripheral neuropathy

❑ Muscular strength deficits

❑ Dizziness

❑ Depression/anxiety

❑ Sedentary lifestyle/low exercise levels

❑ Foot/footwear problems

❑ Urinary incontinence

❑ Vitamin D deficiency

❑ Syncope

❑ Inadequate nutrition

❑ Frequent slips and trips

❑ Arthritis

❑ Parkinson's Disease

❑ Sleep impairments

❑ Diabetes

❑ Osteoporosis

❑ Other, please specify:

_____

17. What are the KEY barriers, which prevent you from providing falls risk screening as part of routine practice? Please select all appropriate answers:

❑ Patients have more immediate demands when they attend a consultation

❑ Priorities and trade-offs with competing comorbidities

❑ Time restraints in clinical practice

❑ Lack of educational resources on falls prevention to give patients

❑ Lack of GP training in falls prevention screening, assessment, and management

❑ Patient reluctance to discuss

❑ Patient denial of being at risk

❑ Issue too complex for one surgery visit

❑ Seeing the same patient infrequently

❑ No incentives to do this

❑ No practice nurse to delegate screening tasks to

❑ Not on QOF

❑ Other, please specify: _____

18. If you identify a patient with falls risk, what would be your FIRST step? Select one answer:

❍ More in-depth medical assessment appointment with yourself

❍ Referral to a Geriatrician or other specialist

❍ Referral to an NHS falls clinic

❍ Referral to community pharmacy

❍ Direct referral to an Allied Health Professional (Physiotherapist, Occupational Therapist, etc)

❍ Rapid Assessment Clinic

❍ Other, please specify: _____

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Section 3: GP Management and interventions for community-dwelling older people

19. **Which assessments would you as the GP PRIMARILY conduct to evaluate falls risk? Which assessments would you PRIMARILY delegate to a District/Practice Nurse, appropriate Allied Health Professional (AHP), or other Medical Specialist?** Please mark as many boxes as apply:

	Carried out in last year	By GP	By Practice or District Nurse	By AHP	By Medical Specialist
Medical history review					
Identify falls risk factor: multiple medications					
Identify falls risk factor: antipsychotic medication					
Identify falls risk factor: antihypertensive medication					
Identify falls risk factor: sedatives					
Falls history screening					
Identify fear of falls					
Gait/balance impairment assessment					
Mobility assessment					
Assessment: Timed Up and Go test (TUG)					
Assessment: Sit-to-Stand Test (STS)					
Assessment: Alternate Step Test (AST)					
Syncope — Postural hypotension assessment					
Dizziness Assessment					
Vision assessment – visual acuity/contrast sensitivity/visual fields					
Sensory/Perceptive deficits assessment					
Muscle strength assessment					
Continence assessment					
Depression/anxiety assessment					
Review alcohol/drug use history					
Sedentary lifestyle assessment					
Foot/footwear problems assessment					
Home hazard and modification assessment					
Activities of daily living					
Other					

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20. If you refer to local Allied Health Professionals (AHPs) or other health care providers (NHS or private) for falls prevention assessments or interventions, how do you identify them?

❑ Own electronic database or own records   ❑ Patient recommendation

❑ Internet search   ❑ Service Directory Telephone listings

❑ Recommendation of a colleague   ❑ Other

If you selected Other, please specify: _____

21. Which Allied Health Professionals (AHPs) do you think are necessary to provide evidence-based falls prevention interventions (please select all that apply)?

❑ Physiotherapist   ❑ Pharmacist

❑ Occupational Therapist   ❑ Social worker

❑ Optometrist/Orthoptist   ❑ Dietician

❑ Podiatrist   ❑ Psychologist

❑ Exercise Physiologist   ❑ Other, please specify:

❑ Registered Nurse
_____

| **Section 4: Community falls programmes and Allied Health Professionals (AHPs)** |

22. Please estimate the number of referrals you make to any AHPs in a year related to Falls Risk Interventions for patients aged 65+ living in the community. Falls risk intervention referral examples: community health services, falls clinic, strength-balance classes, specific individual AHPs, etc.

Please write zero if none: _____

23. Which AHPs do you most frequently make referrals to for Falls Prevention interventions among older patients living at home? Please mark all appropriate answers:

❑ Physiotherapist   ❑ Pharmacist

❑ Occupational Therapist   ❑ Social worker

❑ Optometrist/Orthoptist   ❑ Dietician

❑ Podiatrist   ❑ Psychologist

❑ Exercise Physiologist   ❑ Other, please specify:

❑ Registered Nurse
_____

24. Please specify any other community-based falls prevention services you refer to:

_____

_____

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25. What are the most important barriers that prevent you from referring to Falls Prevention interventions more often? Select all appropriate responses:

❑ Lack of local NHS AHPs to refer to

❑ Time restraints – insufficient consultation time

❑ Difficult to integrate referral into current practice and infrastructure

❑ Don't believe referral itself is effective so don't refer frequently

❑ Don't know who to refer to for falls prevention intervention in local area

❑ Lack of coordinated response with other health professionals

❑ Lack of local private allied health professionals to refer to

❑ Lack of current falls service to refer to

❑ Patients would be unwilling to participate in falls prevention

❑ Other, please specify: _____

_____

26. Do you have any further comments about Falls Prevention in General Practice? Examples: falls prevention services that you feel are underdeveloped (in-home physiotherapy or home safety assessments, etc) or way to make the referral processes easier, etc.

_____

_____

Thank you very much for completing our survey

PRIZE DRAW & SURVEY COMPLETION LETTER

As a thank you, we have a prize draw for 20 winners to receive a £50 Amazon gift voucher each via email. If you would like to be entered into our prize draw, please go to: https://brunel.onlinesurveys.ac.uk/falls-prevention2 after entering the draw, you will be taken to a page where you can also download or print a Survey Completion Letter.

If you do not want to enter the prize draw, but would like a Survey Completion Letter, please go to the above web address and follow the prompts.

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