

Engagement of general practitioners in falls prevention assessment and referral to occupational therapists

- Insights from a NHS England-wide survey of General Practitioners

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- People living longer
- Average life expectancy (ALE) = 81
- Healthy life expectancy (HALE) = 71
- Public Health Approach to bring HALE equal to ALE
 - (WHO 2012)
- 30% of 60+yr old and 50%+ of 80 yr old people fall each year
 - (PHE 2017)
- Incidence and consequences of falls (disability and morbidity) increase with age
 - (Logan 2010)

As a result of falling:

- 25% seek medical help
- 6% have a serious injury
- Falls – 10% of all calls to the ambulance service
- 500 people per day admitted to hospital, 33 per day never go home.
- 35% have a decline in everyday activity and 15% in social participation
- Psychological impact – loss of autonomy, self-efficacy, fear of falling
- Cost to the UK public health system - £2.3bn each year

(Logan et al 2010, Lord et al 2007, NICE 2014, Stel et al 2004, Viera et al 2016)



Why are falls rates increasing when we have evidence of effective falls prevention interventions?

(Gillespie et al 2015)

Why are GPs key gatekeepers for falls prevention?

Engagement of general practitioners in falls prevention, assessment & referral to AHPs

Study aims:

- To identify the current engagement of GPs in falls prevention practice
- To identify opportunities for OTs to extend their reach in falls prevention in primary care.

Cross-sectional Survey Method informed by:

- Previous research in US, Australia and a pilot study in the UK
- **Advisory groups** – older people and GPs in England (interviews and focus groups - face to face, telephone and online).

Content informed by

- the research literature
- Advisory group recommendation and feedback.

Recommendations by GP advisors to **enhance recruitment and response rate**

- > Mailed Paper survey with stamped return envelope
- > Letter via practice manager
- > Endorsement by local Clinical Commissioning Group (CCG)
- > Evidence based invitation letter
- > Use of Incentives

Ethical approval granted by Brunel University London and University of Sydney

Data collection

- Support from all 211 CCGs requested by email
 - 4 CCGs opted out
 - 10 CCGs offered to circulate online version to their own GPs – by Ebulletin or email.
- Paper surveys posted to 4000 GPs selected using proportionate sampling and a research randomiser
- Online survey (using Bristol Online survey software) link sent to another 3200 GPs via CCGs
- The survey was divided into four sections:
 1. Demographic information about GP practice
 2. GP falls prevention practice for community living older people
 3. GP falls management and interventions
 4. Use of community falls programme and allied health professionals

Data Analysis

- Paper survey data manually entered into Excel & exported to SPSS
- Online survey data exported into SPSS
- Descriptive and regression analysis
- Thematic analysis of open questions

Response

- **152** complete responses (85 paper, 67 online)
- 10 returned uncompleted
- **2% response rate**
- Endorsement by 1 CCG via *Ebulletin* ↑ response rate (23.6% of total)

Key findings - demographics



Key findings – Addressing falls prevention in routine practice

- 57% (n=85) familiar with NICE (2015) guidance
- 26.9% implemented these in practice
- 31.3% (n=46) routinely asked about falls in last year
- 80.7% (n=46) asked the circumstances of fall
- 14.1% (n=21) routinely asked about fear of falling
- 10.1% (n=15) asked if associated risk factors, relevant to consultation, suspicion of fall.

When falls screening should occur:

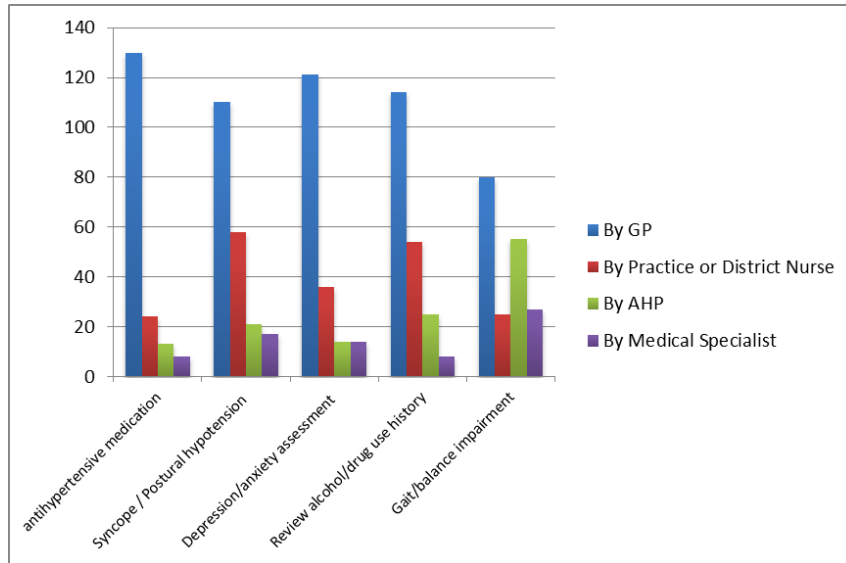
Annually (24.8%, n=37)
every consultation (14.8%, n=22)
At general health check (47.6%, n=71)
Self-report fall / fear of falling (55%, n=82)
With other health related consultation (54.4%, n=81)

Most important falls risk factor to address:

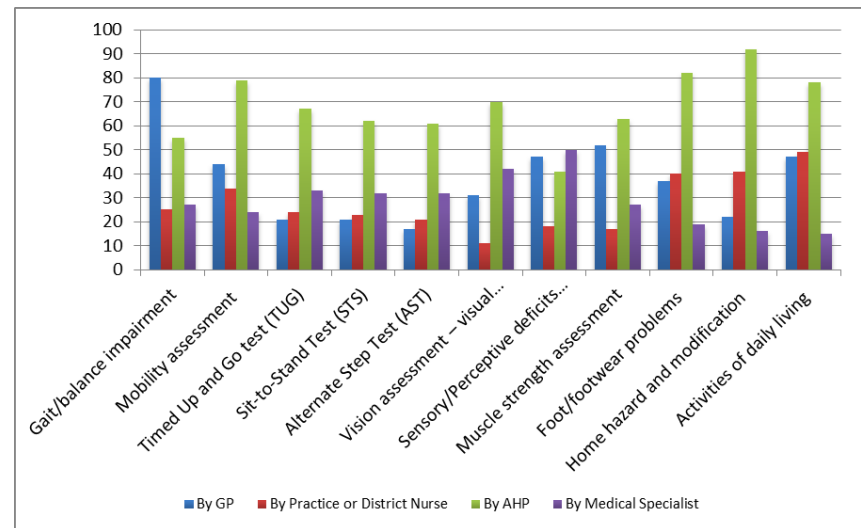
Multiple medications (97%, n=149)
Gait & balance impairments (91.9%, n=140)
Postural hypotension (88.6%, n=135)
Past falls history (85.3%, n=128)

Key findings – GP identification and screening of falls risk

Assessments most likely to be carried out by GPs



Assessments least likely to be carried out by GPs



Key findings – referral practices to AHPs

Most necessary AHPs –
PT (92.7%, n=139)
OT (92%, n=138)
Podiatry (64%, n=96)

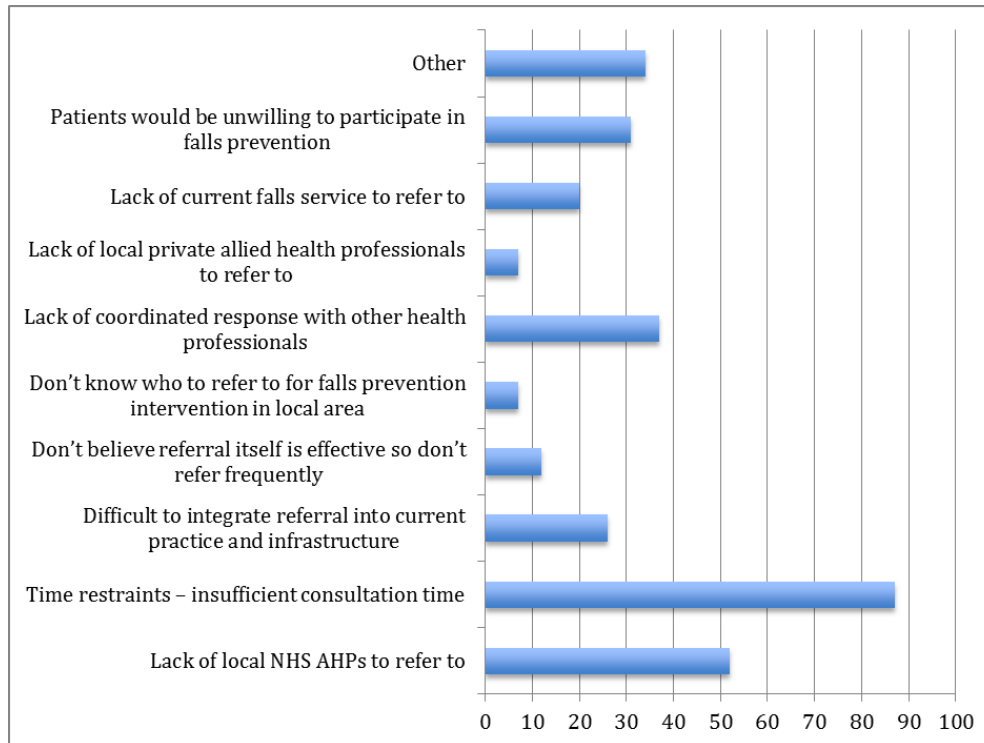
Number of referrals made to
AHPs = 0-600.
Median of 10 pa

Most frequent referrals –
PT - 78.7%(n=118)
OT 75.3%(n=113)
Podiatry - 17.3%(n=26)
Community Falls service
43% (n=63)

GPs rely on own records,
own knowledge of local
services/contacts, or
recommendation by
colleagues, and not local
service directories or
websites

Key findings – Barriers and facilitators to implementing falls prevention

Barriers



Facilitators

- There are no barriers
- Integrated local falls services
- Specialist practitioners

Implications of results

- Disappointing low response rate (2%)
- Although generalisability poor, results concur with previous pilot study in NHS England by Mackenzie and McIntyre and survey of Australian GPs by Kielich et al (2016).
- Dissonance with GP familiarity with NICE (2013) guidance and implementation.
- Recognition of OT as provider of EBP
- Many assessments carried out “in-house” – so access to OT expertise lost.
- GPs found referral processes, lack of local AHPs and falls services challenging

Recommendations and Insights

From results

- Possible inclusion of falls risk assessment into QOF
- More localised and ongoing connections between OTs and GPs?

Methodology

- Are paper surveys any better at enhancing response than online surveys?
- Would it be better to do more local research? With CCG involvement and active support?

Being involved in a research project

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