FaME
Falls Management Exercise

Together for Devon
Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Service name	FaME - Falls Management Exercise Programme (North DEvon)
Service specification number	Leave Blank
Population and geography to be served	

1.1 Introduction

Falls and related injuries are a common and serious problem for older people. In the UK, 30% of people older than 65 and 50% of people older than 80 fall at least once a year; those who fall once are two to three times more likely to fall again within the year. Falls are the most frequent type of accident in people over 65. For those over 75, falls are also the most common cause of death from injury. [1–3]

Falls have a large impact on quality of life as well as physical health. A fall can damage confidence, reduce independence and increase social isolation. An older person who has fallen has a 50% probability of significantly impaired mobility, in addition to a 10% probability of dying within a year.[4]

The impact of falls on healthcare costs is significant: in the UK, falls are estimated to cost the NHS more than £2.3 billion per year.[2]

1.2 Local Context

In 2021, the percentage of residents aged 65 and over living within the Northern Devon Care Partnership area was 26.9%, reflecting an aging demographic. This significant proportion of older adults underscores the importance of tailored healthcare services and support systems to meet the needs of an aging population in the Northern Devon Care Partnership area. In 2023, North Devon District Hospital recorded approximately 90 admissions related to falls among individuals aged 65 and over between March and November.

According to the FaME implementation toolkit (included at the end of this specification), “each year, a third of adults over 65 and half of adults over 80 will have a fall. Adults who fall once are more likely to have another fall. However, the chances of this happening can be reduced by making improvements in an individual’s strength and balance.”

The Falls Management Exercise (FaME) programme will provide an opportunity for older people at risk of falling to increase their strength and balance and thus reduce their falls risk. The programme is based on best practice from the UK, current evidence base and operates to National Standards.

The delivery of FaME will ensure a continuum of exercise and physical activity provision to fill the current gap between the hospital-based rehabilitation setting, where work is done on an individual or very small group basis led by a therapist, and the much more active

"senior" exercise classes of larger groups that can be found in the community. Research suggests that older people will be more likely to undertake an exercise intervention if the information provided discusses the wider benefits of exercise to their quality of life and maintenance of independence and autonomy than just to prevent falls.

1.3 National Guidelines

NICE Clinical Guideline NG249 (Falls: assessment and prevention of falls in older people and people 50 and over at higher risk) notes the preventable nature of some falls, and the physical and psychological benefits of modifying falls risk. NG249 specifically recommends falls prevention strategies that are individually tailored to individual needs and focus on functional components related to the person's risk of falls, such as balance, coordination, strength and power.[1] In addition, NHS Right Care[5], Public Health England[6] and the Chief Medical Officer guidelines for physical activity[7] all recommend that people at risk of falling have access to strength and balance exercise programmes as part of the local falls pathway.

1.4 Service Overview

Action to help prevent falls is key to reducing the falls-related morbidity, mortality and healthcare costs outlined above. Falls are a complicated and multifactorial issue, and an approach that takes this into account is necessary for effective falls prevention. Of the many factors which contribute to falls, the most prevalent and modifiable factor is the age-related deterioration of strength and balance.

There is good evidence that certain falls prevention exercises which target strength and balance are effective in reducing falls. The FaME (Falls Management Exercise) programme is based on such exercises, and has been shown to reduce the incidence of falls in participants in both clinical trials and implementation studies.[3,8,9]

This service specification relates to the provision of a community-based exercise programme, which is to be structured and delivered in such a way as to follow the FaME model and to have high fidelity with the key components for FaME effectiveness. The service is to be commissioned by NHS Devon.

Service aims and desired outcomes

4.1 Target population and eligibility criteria

The target population for this service is residents within the South LCP area who are 65 years of age and over and have been deemed to be at heightened risk of falling. People younger than 65 years of age can be considered if they are at higher risk.

Inclusion criteria

The service provider must ensure that this service complements the current provision already available.

For a person to be referred into the service, they must meet 1 or more of the below criteria:

- At risk of falls or have a fear of falling.

- Able to follow instructions.
- Able to walk independently indoors and outdoors (with or without a walking aid and without help from another person).
- Able to get up from a dining room type chair (it is ok to find this difficult).
- Able to monitor their own level of effort/challenge and respond appropriately.
- Prepared to attend weekly for 24 weeks and complete prescribed home exercises between sessions. (we accept there may be the occasional holiday, illness and medical appointments).
- Have no health contra-indications to exercise

Exclusion Criteria

- More than 2 falls in the last 6 months, or an unexplained fall*, unless referred/assessed as safe to participate following a multifactorial falls assessment.
- Awaiting a physiotherapy assessment for falls or frailty management.
- Awaiting GP appointment or other health professional follow up of an uncontrolled condition
- Recent injurious fall without medical assessment.
- Contraindications to exercise.
  *e.g. loss of consciousness, extreme dizziness, you don't remember the fall. These all indicate the need for a clinical assessment.

• **Ongoing medical investigations** that preclude starting exercise immediately e.g., cardiac investigations
• **Uncontrolled** Angina
• Resting Systolic BP> 180 mmHg or resting Diastolic BP > 100 mmHg
• Tachycardia >100 bpm
• Significant dizziness due to postural hypotension or significant drop in blood pressure during exercise
• Acute systemic illness (e.g. acute cancer-related problems, pneumonia)
• Visual or vestibular disturbance affecting safe mobility
• **Unstable** or acute heart failure
• **Unable** to maintain seated upright posture due to neurological deficits
• **Impaired cognition** where simple movement instructions cannot be followed
• People who place themselves or others at risk

4.2 Referral pathways

The programme will receive referrals from health and social care professionals, the public (self-referral) and the third sector. Healthcare professionals are expected to predominantly be GPs, although referrals from other sources are anticipated, such as secondary care and falls assessment clinics. Responsibility for receiving, handling and recording referrals rests with the service. The service will ensure that participants are medically appropriate based on exclusion criteria and liaison with primary care will take place if needed.

4.3 Inappropriate referrals

The programme is not appropriate for anyone failing to meet the above criteria, and a place should not be offered for any such referrals.

4.4 Advertising and publicity

The provider will ensure there is an online presence so that potential participants can view the venues and times where the courses are held and that there is an accessible way to self-refer online or through the telephone. The provider will also ensure that they liaise with websites such as Steady on your Feet and My Health to promote the local FaME programme.

Service description and location(s)

5.1 Service description

The FaME programme will be delivered in three locations across the Northern Devon LCP area, with classes held in Central Barnstaple, Ilfracombe and Westward Ho! The number of people on the programme should allow for a 25% attrition rate as it is expected that there will be a drop off rate throughout the programme. Therefore, based on the budget and capacity of service, we expect the FaME programme to support a throughput of at least 100 people per year, with at least 75 completing 75% of the programme, based on the 25% attrition rate. This is based on there being 3 classes per week, each with capacity for up to 14 attendees (depending on whether there is a support worker or volunteer present, and on venue capacity) on a 24-week programme. It is noted that there may be a higher attrition rate if people are living with higher levels of frailty. Full completion is attendance at least 75% of classes.

Total assumed service costs are listed below:

Staffing	Cost
Assessment and Instruction	14550
Co-ordination and reporting	12000
Non-Pay	**Cost**
Venue Hire	4500
Resources and equipment	2000
Volunteer expenses	1500
Grand total	**34550**

Total cost of delivering the programme is £ 34550 per annum.

Key course components (based on FaME programme)

The service will deliver a structured community exercise programme by trained postural stability instructors to appropriately referred participants. The main requirements are as follows:

1. Incorporate the core techniques and exercises outlined in FaME:

    a. Basic fitness components with older people adaptations eg bone loading
    b. Progressive resistance training
    c. Multiple task practice

d. Functional floor work
e. Flexibility and posture
f. Balance and gait

2. Follow the structure outlined in FaME:

    a. Total programme duration of 24 weeks across three phases:
        i. "Skilling up" phase approximate weeks 1-6
        ii. "Training gain" phase approximate weeks 7-18
        iii. "Maintaining the gains" phase approximate weeks 19-24
    b. Weekly one hour group classes.
    c. Encourage at least 2x/week or ideally 4x/week, 20–40-minute home exercise sessions (unsupervised) and show evidence that this is discussed and recorded for participants.
    d. Build in opportunities for socialisation and peer support within groups.

3. Ensure the programme is individually tailored, progressive, educational and enjoyable for participants.

4. Deliver the programme in groups of up to 14 participants (dependent on venue capacity, and on availability of a volunteer in the class)

5. Deliver the programme across the Northern Devon

6. Deliver the programme to at least 75 people per year

7. Ensure postural stability instructors have first aid training and appropriate insurance.

8. Undertake comprehensive session risk assessments (venue and individuals) prior to any session commencing.

9. Explore adequate maintenance and/or onward referral programmes available to ensure continuation of strength and balance exercise. This should be introduced no later than week 20.

5.2 Staff

All staff delivering exercise classes will be of a relevant exercise professional or NHS background and hold Postural Stability Instructor (PSI) qualifications. If additional staff or volunteers are used to support the sessions these people should be suitably trained in their role. This is the responsibility of the provider to ensure.

5.3 Locations

The programme is expected to be delivered from easily accessible, user-friendly community venues with reference to an understanding of where people are living who are higher risk of falls such as sheltered housing areas and areas of deprivation. It is expected that venues with good transport links will be used so that participants are encouraged to travel independently.

Quality Management and Standards

Process measures reported by month every quarter (as per FaME toolkit):

1. Mean age (and standard deviation) of participants
2. Gender (% male, female, non-binary, prefer not to say) of participants
3. % of people being referred from an area of deprivation (IMD)
4. Number of people enrolled (by route of referral (%)), to include:
    a. Number of people referred
    b. Number (and %) of people enrolled
5. Number (and %) of people who complete 12 weeks (it will be useful as a comparison against existing programme)
6. Number (%) of people completing the programme (defined as attending 75% or more classes in a 24 week programme) broken down demographically
7. Number (%) of people continuing with strength and balance-based exercise when exiting the FaME programme

Outcome measures

8. Record of upward chaining:

- Unable,
- Stage 1 – STS-walk turn lunge to grab chair-stand up,
- Stage 2 – lunge to grab chair-lower back knee to floor-stand back up,
- Stage 3 – both knees to floor-stand back up,
- Stage 4 – all fours (box)-stand back up,
- Stage 5 – side sit-stand back up,
- Stage 6 – side lie-stand back up,
- Stage 7 – floor exercises - get up from floor

9. Change in 12-month falls rate (self-reported) from the beginning to end of the programme (Expected maximum of 18% reduction). This data can be collected at 3 points in time:
    - Self-reported falls for the 12 months prior to starting the course, from the day of starting the course (baseline)
    - Self-reported falls in the last 6 months, at the end of the 6-month programme
    - Self-reported falls in the 6 months after the programme has ended (where funding is available)

10. Self-reported physical activity: sedentary behaviour, light physical activity, moderate physical activity and those achieving 2 sessions of strength and 2 sessions of balance activity per week (Baseline, end and after 6 months). To be collected at the start of the programme, and 6 months after completing.

11. EQ5D5L to measure changes in quality of life of participants from the beginning to end of the programme – downloadable at www.euroqol.org (to be collected at the beginning and end of the programme)

12. Change in Timed Up and Go (TUG) test, 30 second Sit-to-stand and FES-I (Falls Efficacy Scale-International) from beginning to end of the programme.

a. Management and Quality Standards

It is the responsibility of the Provider to ensure the programme is fully compliant with local and national standards for exercise referral programmes, is meeting agreed targets and objectives for annual improvement in outcomes and is fully complying with agreed monitoring and evaluation protocols.

The Provider should demonstrate that they have a commitment to providing quality services and ensuring quality assurance and improvement and customer satisfaction. In order to do this, the Provider should use quality assurance tools to review and improve the standards of service delivery, taking into account the needs and preferences of service users. Such a process should include the following:

13. Seeking the views of participants using service evaluation questionnaires, to include quotes from participants.

14. Being proactive in reducing DNA ("Did Not Attend") rates.

15. Checking that the programme is being delivered efficiently, effectively, sensitively and consistently, and ensuring that appropriate changes are made promptly using the Later Life Training quality assurance documentation.

16. Ensuring regular monitoring and evaluation of complaints and concerns.

17. Participating in service evaluations and research.

6.2 Accessibility and acceptability

The Provider will ensure that the service is developed and delivered in a way that enhances accessibility for all clients. This will include:

18. Taking into account the cultural needs of clients.

19. Providing translation and interpretation services if required.

20. Developing resources suitable for clients with low literacy or where English is not their first language.

Contract, Payment and Monitoring

7.1 Length of Contract

The contract shall commence on 1 July 2025 and end on 30 June 2026 with the option for the Commissioners to extend the contract period subject to review and the availability of external grant funding.

7.2 Contract Monitoring

Providers will be expected to attend regular coordinators and Instructor meetings, in order to support the monitoring and development of the programme.

References

1. National Institute for Health and Care Excellence (2025) Falls: assessment and prevention in older people and in people 50 and over at higher risk. NICE Guideline NG249, 29 April. Available at: https://www.nice.org.uk/guidance/ng249/chapter/Recommendations#identifying-people-at-risk-of-falls-for-further-assessment (Accessed: 21 May 2025).

2. Age UK. Stop Falling : Start Saving Lives and Money. 2013:1-23. http://www.ageuk.org.uk/documents/en-gb/campaigns/stop_falling_report_web.pdf?dtrk=true.

3. Todd C, Skelton D. What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls ? World Health. 2004;(March):28. http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:What+are+the+main+risk+factors+for+falls+amongst+older+people+and+what+are+the+most+effective+interventions+to+prevent+these+falls+?#0.

4. Age UK. Falls Prevention Exercise – following the evidence. 2013:23.

5. NHS Right Care falls and fragility fractures pathway. https://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway/

6. Public Health England Falls and fractures: consensus statement and resources pack. https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement

7. Chief Medical Officer for England physical activity guidelines for older adults (65+ years). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf5. Leicestershire Joint Strategic Needs Assessment (draft). 2015.

8. Iliffe S, Kendrick D, Morris R, et al. Multicentre cluster randomised trial comparing a community group exercise programme and home-based exercise with usual care for people aged 65 years and over in primary care. Health Technology Assessessment 2014;18(49):vii-xxvii, 1-105

9. Skelton D, Dinan S, Campbell M, et al. Tailored group exercise (Falls Management Exercise - FaME) reduces falls in community-dwelling older frequent fallers (an RCT). Age and ageing 2005;34(6):636-9.

FaME implementation toolkit:

FaME_Implementation_Toolkit.pdf