

# Impact Story Template and Guidance

## Impact Story Template

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### Title of the Impact Story

<b>Title of Impact Story</b> <i>[A short title using plain active language that summarises the impact (not the research findings)]</i>
Reducing falls among older people
Does this Impact Story provide updated information for a previously submitted Added Value Example (AVE)?
Yes
If this is an update to a previously submitted AVE, please provide the title and year of submission of the AVE for which this is an update.
Implementing an exercise programme to reduce falls in older people (2023)

### Impact Summary (maximum 150 words)

Briefly summarise, in plain English, what the problem was, how your Centre has worked with other NIHR infrastructure and/or parts of the health and care system to address it and what has changed as a result of your research evidence. Please include who benefits and how (using the types of impact outlined in the guidance), including benefits for the health and care system. Please include any 'if' statements as relevant e.g if shown to be feasible; if implemented regionally; if adopted nationally.
<p>Falls in older people are common and can result in disability, reduced quality of life and death. The risk of falling can be reduced by improving a person's strength and balance.</p> <p>The Falls Management Exercise (FaME) programme is a group-based, six-month exercise programme aimed at reducing falls among older people. It also improves confidence and reduces fear associated with falling.</p> <p>Despite the evidence, FaME is not widely available in the UK, so we have been working together with different organisations and people who have fallen to try and improve this.</p>

The work we have done has increased the number of staff trained to provide FaME to older people. This has meant that more classes are available and those who take part are reporting benefits such as fewer falls but also helping them return to doing the things that are important to them.

## Impact Details

Please describe:

- What the problem is (e.g. overall prevalence of condition, capacity/skills gap, area for operational improvement, cost to society and/or NHS and social care);
- How your Centre has worked collaboratively with other NIHR infrastructure and/or parts of the health and care system;
- What the impact of the research has been (using the types of impact described in the guidance above);
- Who has benefitted and how; and
- How NIHR's Infrastructure funding has contributed to the impact, particularly in terms of system influence as outlined in the guidance above. What would have happened if this funding didn't exist?

This section can include impact (including evidence) that the team is aware of but has not been directly involved with.

**500 words**

**Problem:** Over 220,000 UK emergency hospital admissions each year are due to falls in older people resulting in disability and reduced quality of life. Fractures due to falls are estimated to cost health and social care over £4.4 billion annually. However, falls are not inevitable. By improving an individual's strength and balance, alongside skills to help getting up from a fall, the likelihood of a fall occurring or having damaging consequences, such as a long lie on the floor, can be minimised.

**Collaboration:** The Falls Management Exercise (FaME) programme is an effective group-based, face-to-face, six-month exercise programme specifically shown to reduce falls and improve confidence amongst older people. The societal return on investment (ROI) of the programme over a 2-year time horizon was estimated to be £2.28 per £1.00 invested, suggesting that FaME is highly cost-effective<sup>1</sup>. A FaME Commissioning Toolkit<sup>2</sup> is also being updated.

FaME is recommended by the World Health Organisation<sup>3</sup> and in a recently published review and policy briefing<sup>4</sup> but is still not available everywhere across England. The FLEXI (FaLLs EXercise Implementation) study commenced in October 2021 to understand how best to promote the spread and adoption of FaME. FLEXI is a collaboration between ARCs East Midlands, Greater Manchester and South West Peninsula working with local health and care partners and the South West Health Innovation Network to implement and evaluate FaME.

### **Impact:**

FaME is now commissioned by Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB). Over 3,200 people living in LLR ICB have taken part in FaME programmes to date. That's approximately 230 programmes at a cost of £760,000 and a societal ROI of £1,730,520.

Since FLEXI started in 2021, the number of commissioned programmes in Devon has increased from 13 to 41. At any one time there will be 10-14 people taking part in FaME. We now have a Devon Community of Practice chaired by Active Devon, a non-profit

organisation aiming to reduce inequalities and make movement a positive part of people's lives.

In Plymouth, a 6-month evaluation of 40 people completing the FaME programme reported an 88% reduction of falls with no participants needing to attend hospital due to a fall compared with the year before they started the programme. Participants reported reduced anxiety/depression and pain with improved strength and balance, confidence, and physical activity levels. Participants have said the programme has really changed their lives: *"It has completely changed my life. I feel I am much stronger in upper and lower body. I have no use for my walking stick."* and *"After having 2 nasty falls my confidence has returned and I feel more like me again."*

**Benefits:** FaME has benefitted the health and wellbeing of older people. Through this research we have also increased research capacity of those working in ageing research in community settings, a setting often underserved in research.<sup>5</sup>

**Funding:** The FLEXI programme was funded by the National Priority Programme for Ageing, Dementia and Frailty. The funding enabled training, support and mentoring from the South West Health Innovation Network.

Please link to the sources of evidence of the impact described in this Story (e.g policy documents, reports, datasets, news articles, videos, reports, testimonials, websites, awards)

1 [Falls prevention: cost-effective commissioning - GOV.UK](#)

2 <https://arc-em.nihr.ac.uk/arc-store-resources/falls-management-exercise-fame-implementation-toolkit>

3 [WHO Step Safely report 2021-eng.pdf](#)

4 [Strengthening Community-Based Falls Prevention in England](#)

5 [https://drive.google.com/file/d/1894uezNiBlva63Y6biacRFnH\\_IEs7n8s/view?usp=sharing](https://drive.google.com/file/d/1894uezNiBlva63Y6biacRFnH_IEs7n8s/view?usp=sharing)

## Next steps and Lessons Learnt

Please outline the next steps in your journey to achieving impact, particularly where the impact is still in the early stages. Are there any barriers you anticipate to the next steps you have outlined above and how can NIHR support?

**300 words**

We are currently working to understand what works to reach underserved populations in relation to FaME, focussing on men and those from ethnic minority communities.

In the South West, we are continuing to work with HISW and Devon ICS to continue to support spread and evaluation and sustainability of the programme within the priority area of Long-Term Conditions and falls. In the East Midlands, we are also working with HINEM.

Nationally, we are drafting a Value Proposition document, updating the Implementation Toolkit and Return on Investment currently evaluating.

Any lessons learnt along the way that might benefit someone else on a similar journey?

**300 words**

Falls prevention sits within a complex ecosystem involving health, local authorities, third sector organisations, not for profits organisations and private providers, each with their own priorities and ways of working.

As researchers, we try and control things we have developed and invested many years of work in and doing things in certain ways. However, the real world doesn't function in that way and the way forward can be about letting go and trusting others.

## Health category/ field of research

Please indicate 'YES' to **all** that apply.

HRCS Health Category	Please indicate 'YES' where applicable	NIHR Priority Areas	Please indicate 'YES' where applicable	NIHR Goal Outcomes	Please indicate 'YES' where applicable
Blood		Elective Care		NHS there when people need it	
Cancer and Neoplasms		Primary Care		Fewer lives lost to biggest killers	
Cardiovascular		Urgent Care		Fairer Britain, where everyone lives well for longer	
Congenital Disorders		Cancer access			
Ear		Social care			
Eye		Mental Health			
Infection		Stroke and heart disease			
Inflammatory and Immune System		Cancer survival			
Injuries and Accidents	Yes	Suicide			
Mental Health		Smoking			
Metabolic and Endocrine		Alcohol			
Musculoskeletal		Air pollution			
Neurological		Obesity			
Oral and Gastrointestinal		Physical activity	Yes		

Renal and Urogenital					
Reproductive Health and Childbirth					
Respiratory					
Skin					
Stroke					
Generic Health Relevance	Yes				
Disputed Aetiology and Other					

# Impact Story Guidance

## 1. Purpose and uses of Impact Stories

Impact Stories give NIHR sight of the value that the research it funds brings to the health and wealth of the nation, including improving patient outcomes, reducing health inequalities, serving the health needs of under-served communities and building national capacity and capability to conduct high quality health and social care research. They help NIHR to (1) demonstrate this value to our stakeholders, for example, government ministers and departments, the health and care system and patients and the public; (2) evaluate and evidence the impact of the research we fund; and (3) inform decision-making about our funding processes and priorities.

## 2. What does NIHR mean by 'impact'?

For NIHR, research impact is about **making a meaningful difference to people's lives through the research we fund and support, making a difference to wider society and effecting meaningful change i.e an effect or benefit**. We recognise that the journey to achieving this looks different for research infrastructure and even different types of infrastructure. We have, therefore, developed guidance on the types of impact we would like to hear about from the infrastructure we fund, as outlined below. We are also keen to hear about the impact that the research we have funded has had that NIHR funded teams are aware of but have not been directly involved with. We want to be able to evidence our impact as described below.

## 3. Impact types:

Please consider the following impact types and types of evidence when providing your example. Evidence can be quantitative e.g number of patients affected, amount of money saved, number of people trained or qualitative e.g patient testimonials, quotes from service users or public contributors, statements from policymakers.

Types of impact	Types of evidence
Improved patient/service user outcomes	<ul style="list-style-type: none"><li>Improved outcomes in health or social care (also includes prevention of poor outcomes)</li><li>Decreased time to diagnose or treat</li><li>Improved health literacy and public awareness</li></ul>
Changes in service delivery	<ul style="list-style-type: none"><li>Improved patient safety</li><li>Commissioning or decommissioning of a service</li><li>Improved patient care pathways</li><li>Improved management of a disease or condition</li><li>Improved access to services or quality of care</li></ul>
Policy influence	<ul style="list-style-type: none"><li>Influencing policy or clinical guidelines and subsequent implementation or de-implementation</li></ul>
Capacity, skills or workforce development	<ul style="list-style-type: none"><li>Training or skills development that fills a gap</li><li>Capacity development in under-represented professions or groups</li><li>Increased capacity and capability to respond to needs of commercial companies and/or the health and care system</li></ul>

Systems influence	<ul style="list-style-type: none"> <li>• Relationship building and improved collaborations and ways of working between different parts of the health and care system, including with ICB/S</li> <li>• Improved adoption or uptake and subsequent implementation, including through HINs</li> <li>• De-implementation or de-commissioning of services</li> <li>• Improved operational efficiencies</li> <li>• Improved embedding of EDI and PPIE</li> </ul>
Developing and delivering operational excellence (particularly relevant for Networks)	<ul style="list-style-type: none"> <li>• Developing operational excellence</li> <li>• Developing novel or innovative methodology</li> <li>• Improving cost-effectiveness</li> <li>• Implementation, adoption or spread of good practice regionally or nationally</li> </ul>
Economic impact	<ul style="list-style-type: none"> <li>• Cost savings to the NHS, public health and social care</li> <li>• Increased revenues</li> <li>• Jobs created</li> </ul>

