Engagement of general practitioners in falls prevention assessment and referral to allied health practitioners

Key findings
- A total of 152 surveys were returned by GPs within the timeframe, giving a response rate of 2%. Responses came from 33% of CCGs across England.
- It was identified that GPs saw 10 older people (approx.) at increased risk of falls in their surgery per week.
- 57% of GPs (n=85) were familiar with the NICE (2013) guidelines, 31.3% (n=46) said that they routinely asked about falls in a 12 month period, 26.9% (n=40) said they implemented the guidelines and 20% (n=30) identified lack of GP training in falls prevention being a barrier in practice.
- Most GPs (89-90%, n =135) said that they would screen for falls during an existing consultation or health check, but that prioritising more immediate demands of the patient within the consultation, or lack of time, were barriers to falls screening.
- Although GPs recognised the evidence-based practice of AHPs such as OT, PT and podiatry, the majority of GPs or practice nurses would carry out a more in-depth falls assessment themselves.
- Referrals to AHPs were mostly common for ADL assessment (52%, n=78) home hazard assessment (61.3%, n=92), mobility assessment (52.7%, n=79) or for foot/footwear assessment (54.7%, n=82). These assessments were, however, also carried out “in-house”, by GPs or practice nurses in 40-65% of instances.
- GPs identified a lack of local AHPs and falls services to refer to, as well as challenges with the referral process.

Project aims to:
- Explore how English GPs address falls prevention in their routine practice with community living older people.
- Identify GP perceptions of falls risk factors and falls prevention interventions
- Investigate how GPs identify and/or screen older people at risk of falls
- Examine GP referral practices to allied health practitioners
- Document any barriers or facilitators for GPs in implementing evidence about falls prevention in practice
- Explore the implications of results for primary health care service provision for older people at risk of falls.

Background
High rates of falls and fall injuries for community living older people, combined with the ageing population, make falls prevention a key activity for general practitioners (GPs) and occupational therapists (OTs) to promote well-being of older people.

The evidence for multidisciplinary and multifaceted community based intervention is strong (Gillespie et al 2015), but uptake of falls prevention is variable (30-70%) (Yardley et al 2006a, 2006b). A primary health care approach may be a successful falls prevention strategy requiring effective engagement from GPs in liaison with AHPs (particularly OTs and physiotherapists) in the community. Currently, the level of falls prevention engagement by GPs is unknown. GPs are major gatekeepers in primary care and GP endorsement is said to increase uptake of services by individuals (Damery et al 2012). Therefore GPs are crucial for identifying older people at risk of falls, and referring for intervention, including OT.
Methodology
This project used a cross-sectional survey method to gather information from GPs practicing in England. As the GP system operates differently in Scotland, Wales and Northern Ireland, these GPs were not included in the study. The survey was developed based on literature related to GP practice in falls prevention, current falls prevention clinical guidelines, completed Australian studies, and the results of pilot on-line survey, in conjunction with feedback from a group of GPs and a focus group of older people. Survey topics included the perceptions, knowledge and routine practice of GPs in relation to identifying, screening and assessing falls risks in their people, their falls management and referral practices, and barriers and facilitators to them effectively preventing falls in their older people. Ethical approval was granted by the College of Health and Life Sciences Research ethics committee at Brunel University London. All 211 CCGS in England were approached to support the survey. 4 CCGs opted out of the project. Paper surveys were posted via Practice Managers to 4000 randomly selected GPs in the remaining CCGs. All CCGs were given a link to an online version of the survey to distribute to GPs and 10 CCGS specifically stated that they would send the link to their GPs. Thus another 3200 GPs were potentially invited to complete the survey. An incentive of a prize draw to enhance response rate was made, where 20 participants could win a £50.00 token. Returned data was analysed using SPSS and thematic analysis.

Recommendations and Conclusion
Many GPs in this study did not follow NICE (2013) guidance for falls prevention and intervention, potentially because of the time constraints with consultations with their older people. GPs seemed to prefer to rely on what they knew and could control within their available resources. Therefore, it could be considered that older peoples’ access to expertise, appropriate resources and equipment via AHPs was lost in these circumstances. Potentially including falls risk assessment as part of the Quality Outcomes Framework might increase the number of assessments of falls risk by GPs, but would not necessarily encourage the use of evidence-based pathways and decision-making. As GPs seem to rely on their own or colleagues’ resources, more personal communication by local AHPs would enhance the relationship between falls services and GPs. Providing more localised and ongoing connection with GPs by OTs, other AHPs and falls services may enhance GPs understanding of falls prevention, as well as timely and appropriate referrals to falls services.

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References

