

An abstract graphic on the left side of the slide, consisting of a complex network of black dots connected by thin black lines, forming a web-like structure that resembles a molecular or neural network. The background is white.

# **FaME Ireland Symposium: Connecting and Sustaining Exercise Programmes for Older People**

Welcome

Ruth McCullagh, UCC



# Welcome

- Aim is to connect exercise programmes for older people
  - Improve signposting, access and progression to exercise
  - Improve physical activity, function, social engagement
- 
- Signposting
  - Clear criteria
  - Clear expectations

# Representation from...

- FaME service users
- Exercise professionals working independently, privately, or employed through agency
- Physiotherapists
- Service managers
- Policy makers
- Researchers
- State Claims Agency
- National Hip Fracture Liaison Services
- Education

## Morning Agenda

10.00 **Welcome**

10.05 **FaME in the UK** *Dawn Skelton*

10.35 **FaME Ireland** *Ruth McCullagh*

10.50 **Falls Care and FaME experience** *Danny & Mary Sheahan*

11.05 **Changes to HSE and Population-based Healthcare** *Emer Ahern [online]*

11.20 **Physical Activity Pathway** *Sarah O'Brien*

11.35 **COFFEE**

11.50 **Training opportunities SETU** *Michael Harrison*

12.05 **Physical Activity programmes for older people**

ExWell, Better Balance, Better Bones, Staying Fit for Future (*Liz O'Sullivan*),  
Fit for Life (*Jessie Morris*), Sports Partnership (*Dave Phelan*),  
Siel Bleu (*Thomas McCabe*), Age & Opportunity (*Mary Harkin*)

13.05 -14.00 **LUNCH**

## Afternoon Agenda

14.00 **Facilitated Panel Discussion**

What can we address to improve access and connections between exercise programmes?

(Where do exercise classes "sit/fit"? How best to link with other services?)

How can we develop, sustain, and retain a skilled workforce?

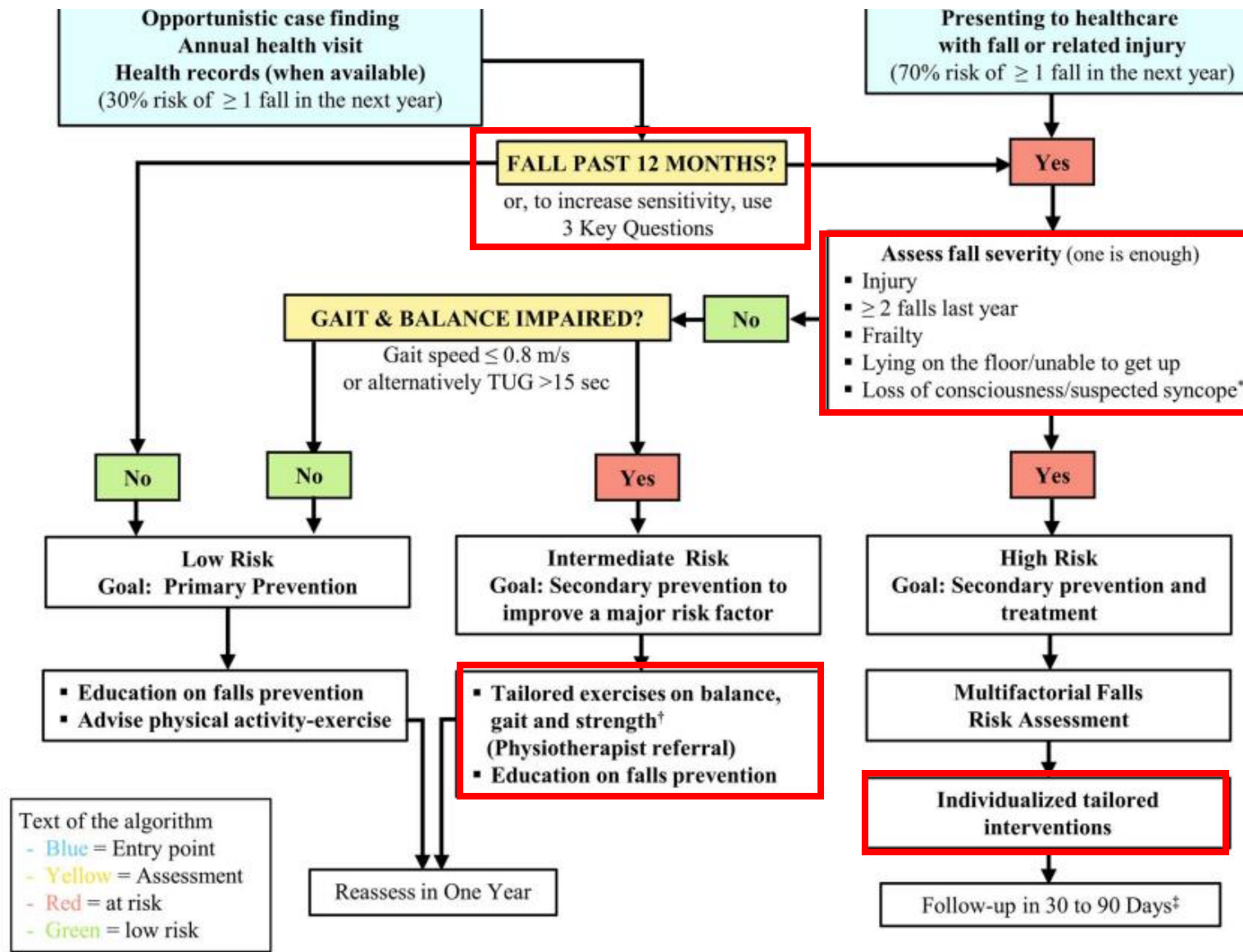
14.45 **COFFEE**

15.45 **Key priorities/ Key Actions** *Ruth McCullagh/Dawn Skelton*

16.15 **CONCLUSION AND CLOSE FOR THE DAY**

# Contents

- Guidelines on Falls Prevention and Management
- Urgency of Falls Management for HSE
- Unmet Need
- Affinity study findings
- Qualitative study findings
- Reported Impact of FaME classes
- Who should join FaME?
- How can we create a FaME service?



## **GUIDELINE** World guidelines for falls prevention and management for older adults: a global initiative

*Montero-Adasso et al, 2022*

<https://doi.org/10.1093/ageing/afac205>

**3 key questions:**

Have you fallen in the last year?

Do you feel unsteady when standing/walking?

Are you worried about falling?

# Urgency of Falls Management

- An unexplained falls is associated with
- **x3** risk of further unexplained falls in next 4 years
- **x2.6** risk of falls-related injury
- **x2** risk of fracture
- **x3.5** risk of hip fracture
- In those who experienced a hip fracture:
- Nearly **60%** reported a **fall** and/or **unsteadiness in 2 years prior** to hip fracture
- Nearly **30%** had a **injurious fall** requiring medical attention in the 2 years prior
- **20%** attended physiotherapy

# Unmet Need

- No **dedicated** Falls Strategy / Falls Program in Ireland
- **Fragmented** Care
  - 50% of referrals to Falls Assessment outside catchment
- Defined **poorly**
  - Who sees patients with falls?
    - Younger patients?
    - Dedicated falls clinics?
    - Falls Units?
  - **Referral pathways**





# Affinity (HSE Falls & Bone Health Project) 2018-23

- **Lack** of awareness that **falls are preventable**
- **Lack** of community-based opportunities for **strength and balance** exercise/training
- **Missed** opportunities to prevent falls
- Geographical **variation** in availability, quality and content of services
- Demographic trend demands **coordinated, collaborative** action
- Funded PSI training for **>100 exercise** professionals and physiotherapists
- FLEXI – sustaining PA is hard after FaME. Need to consider FaME as a bridge to community-based PA programmes



# Qualitative Data reflects Affinity

- *‘I had a lot of **falls** this year’.*
- *‘I’ve stopped walking outdoors because I’ve had a **lot of falls**.*
- *‘I fell in the garden, and I **lost my confidence**’.*
- *“I like the smaller group, its more manageable. “I have tried other classes [in bigger halls], where I felt lost,” or “the pressure was too much”.*
- *“I feel safer, more confident [in the FaME classes]”*
- *‘I don’t know of any other activity programmes around’*
- *‘we were thinking about that, and we can’t think of anything’*
- *“And if there was a small charge, I wouldn’t be complaining of it”*

# The impact of FaME

- 'the week before we were doing the floor exercise...and that night I **fell out of bed**...It was **great knowing** how to get up. It builds **confidence** in you.'
- 'the side step is so crucial for falling. It has **saved** me several times.'
- '...now I can go out with the **confidence** because you know, I instantly now react'.
- 'the class itself has **transformed** me and I'm only halfway through.'
- 'I had a **lot of falls** last year and I don't seem to have as much anymore'

# Create a service to reduce falls and harm from falls

- Opportunity to incorporate falls prevention into existing programmes
- Link programmes together better
- Improve access, signposting
- Maintain standard of care and effectiveness
- Can we provide the right type of exercise programme to each individual with their individual barrier to physical activity and social engagement?
- Can we sustain the programmes?

# Opportunity to provide falls prevention programmes

- What FaME is
- <https://youtu.be/jfeTlxYNFFg>