Reviewer's report

Title: A national survey of services for the prevention and management of falls in the UK

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Reviewer: David Oliver

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Accidental falls affect at least 30% of persons over 65 and 80% of those over 80 at least once a year. Rates are higher still in frailer people with multiple morbidities. Such falls are one of the commonest reasons for hospital attendance or admission, for ambulance call out and are responsible for most fractures (In turn a major source of morbidity and resource utilisation. In addition to fractures falls may lead to anxiety, depression, loss of function, carer stress and are a frequent factor precipitating admission to long term care settings. Falls are often a good marker/indicator of underlying and often reversible medical illness and so should ideally prompt review and reversal of underlying causes. The growing weight of evidence for falls interventions has been summarised in a number of recent systematic reviews. As the authors explain, this evidence has been distilled in the England and Wales in the NICE (National Institute for Clinical Excellence) guidelines which set out the need for detailed interdisciplinary assessment "by professionals with appropriate skills and training normally in the setting of a specialist falls clinic" The 2001 National Service Framework for Older People set out a goal for each locality to provide integrated services for falls and fractures and did stimulate a great deal of activity in localities around establishing such services. But did these central guidelines and directives lead to services which provided evidence based effective interventions and to a large number of patients who could potentially benefit, or have the services created not implemented evidence based practice or interventions which could make a meaningful population impact or are many of them merely "box ticking" and token services which dont adhere to best practice or see many patients? Also, where and by whom are such services provided, what assessments do they perform, what referral mechanisms and criteria exist and do assessments lead to a full range meaningful and effective interventions or merely to recommendations which may not be implemented? The authors set out to explore these issues in a national survey of falls services conducted 6 years after the NSF standard was published and 2 years after the NICE guidelines. As such, they provide a timely, topical (especially as falls have been highlighted once again as a key government priority in the document "a new ambition for old age") and study of the transition from evidence based guidelines and policy directives to service implementation at locality level - more so when neither of these guidelines were accompanied by any investment or binding performance incentives from central government.
The authors set out the research questions very clearly and use an appropriate and comprehensive list of references. The title and abstract accurately reflect the content. The methods employed are appropriate to answer the research objective stated. The methods for survey, identification of sites, data capture and classification, data analysis (including the development of categories with face validity and of a factorial scheme focussed on location, professional input, type of advice etc) are all appropriate and clearly set out in a way which would allow replication by other researchers and the data on non responders are clearly set out. The tables and figures are easily accessible and appropriate to the data presented. The discussion is reasonable and sets out in logical order the key findings, the limitations of the methodology and potential implications for practice. I could find no typographical or grammatical inaccuracies or errors.

However, I do have some suggestions for revisions

a) This is an international journal and it is wrong to assume that readers will be familiar with terms such as "primary care trust" "Geratology" etc etc, nor with the role of NICE and the purpose and force of its guidelines, nor with the NSF for older people. This needs more explanation. The piece will be of interest to UK readers but there are wider lessons for international readers which will be lost without better explanation of such terms and a sentence or three about the key policy documents.

b) I believe the article would greatly benefit from a paragraph right at the start about accidental falls, how common they are, what causes them what the consequences for individuals and health systems are and the fact that there is increasing evidence for intervention strategies as summarised e.g. in Cochrane, Kannus et al, AGS/BGS guidelines etc. This context is important as many readers will not have specialist knowledge of falls or their importance, nor of the fact that there is increasing evidence for intervention. This will in turn help readers to understand why the NSF and NICE pushed this agenda forward. In many countries there is little culture of specialist falls services or of geriatric medicine in general and a quick few sentences setting out this background will help non specialist and international readers

c) Right in the middle of the paragraph on statistical methods has landed incongruously a sentence or three about funding, conflicts of interest and ethical approval which appears to be in the wrong place. This surely should be under a separate heading

d) In the discussion, whilst there is excellent exposition around the range of assessments and interventions being provided and the fact that many are by no means fully evidence based or NICE compliant, a feature which the results bring out is how few patients most falls clinics see. Even those seeing 1000 plus referrals a year (a small minority and often in major teaching hospitals with large research-driven falls assessment clinics), this is a very small percentage of patients whom according to NICE would require assessment. In average population of 250,000 served by an average district hospital there would be
several thousand patients with two or more falls, falls injuries, fractures etc, so that most of them are receiving no specialist falls input at all. In turn this would be unlikely to meet the NSF objective of "each locality will have an integrated service for falls and bone health which will reduce falls and fractures" nor the NICE guidance for which patients should be assessed. As there is no guidance or target to incentivise primary care staff to perform falls assessment, it is likely that on a public health level, even the most active and most evidence based and best staffed falls clinics will fail to impact on falls and fractures within a population even if those few attenders to receive a gold standard service. This has been borne out in the royal college of physicians national survey of falls and bone health suggesting that only 1.7 new fallers per 100,000 of the population per week receive falls assessments. The RCP study also showed very poor integration of falls with bone health or of primary with secondary care. It might be good for the authors to bring this out in the discussion and to suggest ways in which most rather than a small minority of patients could receive falls assessments and interventions.

This last point (d) is a discretionary revision, but I do think that the other 3 (which dont require many additional words) are essential if the paper is to make sense either to readers with no knowledge of the UK health system or no specialist knowledge of the scale and importance of the falls problem. With point c) it is merely a question of creating a separate heading for the ethical/funding issues and moving the paragraph

I certainly think this paper would be of great interest, is methodologically sound and would be widely cited. It would also stir up considerable interest within the "falls community" and within specialists in the care of older people. Most of all it is a fascinating insight into the mismatch between well intentioned central policy directives (based on effectiveness evidence) and implementation at local level and between the creation of services which appear superficially to meet the milestones and what patients actually receive

I definitely feel it merits publication and I would be delighted to write an accompanying editorial.

b) The readers

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests