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Mixed-methods evaluation of the Falls Management Exercise (FaME) Programme Implementation Toolkit

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ABSTRACT

Background

The Falls Management Exercise (FaME) programme has been shown to be effective in reducing falls in older adults. This study explores how a falls prevention toolkit (FaME toolkit) can be improved to increase adoption and fidelity of FaME.

Study design

Sequential mixed-methods design comprising a survey followed by semi-structured interviews.

Methods

Toolkit downloaders providing contact details for feedback were surveyed by email. Survey respondents and professional contacts of the research team who had used the toolkit but not undertaken the survey were invited to interviews. The survey was analysed using descriptive statistics. The Consolidated Framework for Implementation Research (CFIR) version 2.0 was used as an analysis framework for interviews.

Results

The survey response rate was 5%. Thirteen interviews were conducted. The toolkit was perceived as a trusted resource which aligned well with interviewees' organisational goals and policies. It was easy to read and understand and toolkit resources were viewed positively. It was seen as useful especially in early stages of commissioning or setting up FaME programmes. There was some evidence the toolkit helped with commissioning, getting funding, or spreading FaME programmes, but lack of funding was a common restriction that the toolkit did not help overcome. Many interviewees felt the toolkit met their needs in delivering FaME, improving quality of FaME delivery and monitoring or evaluating FaME. A range of toolkit improvements were identified.

Conclusions

The toolkit helped with delivering FaME, improving quality of FaME delivery and monitoring or evaluating FaME, and to a lesser extent with commissioning. A range of toolkit improvements were identified. The survey low response rate limits generalisability of the survey findings. Future iterations of the toolkit will require further evaluation. This evaluation should be planned alongside toolkit revision to ensure maximal use of evidence-based strategies to enhance response rates.

Keywords

Falls prevention, exercise programmes, toolkit, implementation, commissioning.

Acronyms

FaME Falls Management Exercise Programme

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INTRODUCTION

Falls in older adults are common and can lead to injury, pain, loss of confidence and independence.(1) Falls are estimated to cost the National Health Service over £2.3 billion per year.(2) Systematic reviews show falls can be prevented by improving an individual's strength, balance and confidence.(3-5) The Falls Management Exercise (FaME) programme is one such group-based, six-month intervention for people aged over 65 at high risk of falling.(6) Despite evidence that FaME reduces falls, improves confidence and reduces fear-of-falling,(6-8) it is not routinely available across the UK and is not always delivered with fidelity, potentially limiting its effectiveness.(9)

FaME is not alone in being an underutilised evidence-based practice (EBP). Research suggests approximately half of EBPs reach widespread clinical usage.(10) To facilitate adoption of FaME, we developed an implementation toolkit, based on learning from a previous study of FaME's set-up, delivery and quality.(9, 11) Aimed at commissioners (funders) and providers of FaME, the toolkit contains information required to set up and run a FaME programme, from the initial business case to promoting FaME to prospective class participants. It was launched in 2019 and is available from https://arc-em.nihr.ac.uk/news-events/events/launch-fame-implementation-toolkit

Toolkits are resource collections designed to facilitate spread across settings and organisations and facilitate uptake and implementation of interventions.(12) There is some review-level evidence showing toolkits can change clinical processes or improve clinical outcomes, (12-14) hence they are a promising approach for getting evidence into practice. (14) Whilst many toolkits have been developed, fewer have been evaluated.

The aim of this study was to explore how the FaME toolkit can be improved to increase adoption and fidelity of FaME. The objectives were to describe the characteristics of those downloading the toolkit, toolkit use, its impact on commissioning and delivery of FaME and suggested improvements.

METHOD

Sequential mixed-methods design using a quantitative survey followed by semi-structured interviews.

Survey

Those who downloaded the toolkit from 04/06/2019-28/09/2023, provided an email address for providing feedback, were aged ≥18 and worked in the UK when they downloaded the toolkit were eligible. An email survey collected information on demographics, occupation, employing organisation, use, format and impact of the toolkit and toolkit improvements (Appendix 1). Respondents provided informed consent to take part and were asked to express interest in an interview to explore their views of the toolkit. Falls prevention academics and clinicians reviewed the survey for face and content validity. Two email reminders were sent at 2-weekly intervals to non-responders.

Semi-structured interviews

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Survey respondents expressing interest and professional contacts of the research team who had used the toolkit but not undertaken the survey were invited to an interview via email. The interview schedule included questions on demographics, how and why the toolkit was used, usefulness and impact of the toolkit and suggested improvements (Appendix 2). The interview schedule was piloted with a falls-prevention academic with extensive knowledge of commissioning and provision of FaME. No changes were made following piloting.

Phone or online interviews were conducted by one researcher (SS) between November-December 2023 and lasted 25-52 minutes. Verbal informed consent was obtained prior to interview. Interviews were audio-recorded, anonymised and transcribed verbatim by SS or a university-approved automated transcription service. Interviews continued until no new constructs or themes were identified.

Data analysis

Frequencies and percentages of survey responses were calculated using Stata version 17. Responses to open questions on toolkit improvements were grouped into themes and analysed with corresponding interview data. Interviews were analysed using framework analysis (15, 16) using the Consolidated Framework for Implementation Research (CFIR) version 2.0.(17) The analysis used combined inductive (generating themes from the data) and deductive approaches (mapping themes to the CFIR framework where possible). Themes unmappable to CFIR were described separately.

The first transcript was independently coded by two researchers (SS, DK). Three researchers (SS, DK, RV) met to discuss and agree coding for subsequent transcripts which were coded by SS. After coding, relevant quotes were entered into a matrix (charted) and summarised into domains, constructs and sub-constructs and other themes unmappable to CFIR. Data interpretation occurred through research team discussions of emerging findings. Responses to questions on toolkit improvements were coded and grouped into themes but not mapped to CFIR as they did not fit well within that framework.

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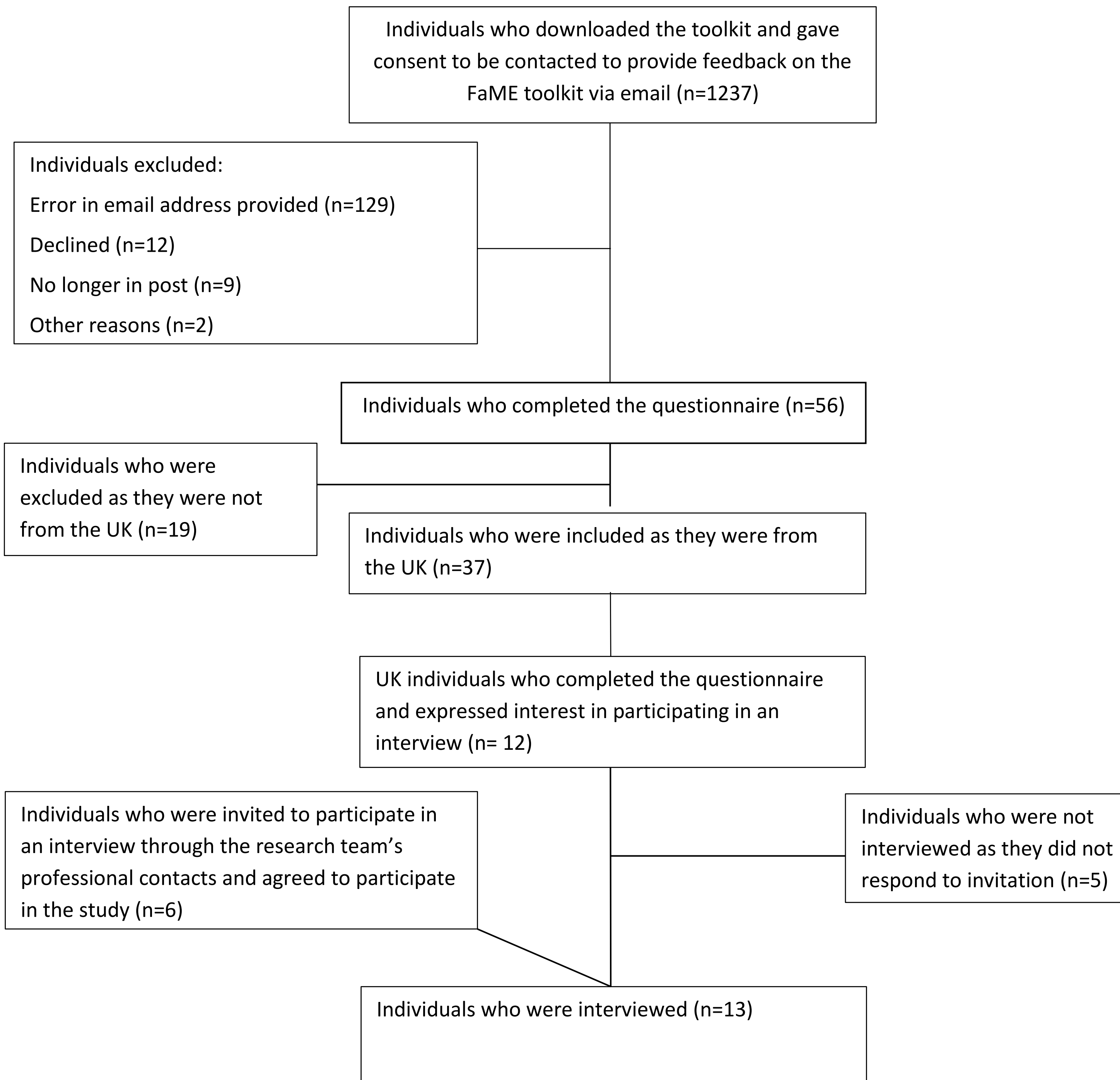
RESULTS

The flow of participants through the study is shown in Figure 1.

Figure 1: The flow of participants through the study



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Survey

The survey response rate was 56/1108 (5.1% of deliverable email addresses). Nineteen (34%) respondents worked outside the UK and were excluded from further analysis. Respondents were predominantly female (83.3%), white (86.1%) and aged 30-59 years (72.9%). They represented a wide range of organisations and job titles (table 1).

Table 1: Demographic and professional characteristics of UK questionnaire respondents (n=37)

[ ] missing values

Characteristics	Frequency (%)
Gender [1]	
Male	6 (16.7)
Female	30 (83.3)
Age range, years	
18-29	3 (8.1)
30-44	14 (37.8)
45-59	13 (35.1)
60-74	7 (18.9)
Ethnic Group [1]	
African/Caribbean/Black/Black British	2 (5.6)
Asian or Asian British	2 (5.6)
Mixed/Multiple Ethnic Groups	1 (2.8)
White	31 (86.1)
Organisation worked for	
Academia	3 (8.1)
Active Partnership	1 (2.7)
Care Home	1 (2.7)
Charity	4 (10.8)
Community Interest Company	2 (5.4)
Health and Social Care Trust	1 (2.7)
Local Authority	8 (21.6)
NHS Trust	8 (21.6)
Private Companies	5 (13.5)
Reablement Team	1 (2.7)
Social Enterprise	2 (5.4)
Private Physiotherapist	1 (2.7)
Job title [1]	
Active ageing officer	1 (2.8)
Assistant Practitioner	1 (2.8)
Coach	1 (2.8)
Director	2 (5.6)
Director/Trainer	1 (2.8)
Director and specialist instructor	1 (2.8)
Exercise Physiologist	1 (2.8)

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Falls Integrated Pathway Coordinator	1 (2.8)
GP	1 (2.8)
Health Improvement Specialist	2 (5.6)
Manager	4 (11.1)
Instructor	1 (2.8)
Occupational Therapist	1 (2.8)
Patient Experience and Community Involvement Coordinator	1 (2.8)
Physical Activity Lead	1 (2.8)
Physiotherapist	6 (16.7)
Project Coordinator	1 (2.8)
Postural Stability Instructor	1 (2.8)
Researcher	1 (2.8)
Senior Clinical Exercise Specialist	1 (2.8)
Senior Health Protection Nurse	1 (2.8)
Senior Lecturer	2 (5.6)
Sports Development Officer	1 (2.8)
Student Nurse	1 (2.8)
Volunteer	1 (2.8)
Country of work when downloaded or used toolkit	
England	33 (89.2)
Northern Ireland	1 (2.7)
Scotland	1 (2.7)
Wales	2 (5.4)

Responses regarding usefulness of toolkit sections and resources are shown in table 2. All sections and most resources were reported as being extremely or very useful by most respondents. The toolkit was viewed as being easily accessible and met the needs of most respondents (table 3).

Table 2. Usefulness of each section of the toolkit and the resources

Toolkit sections and resources	Extremely or very useful (%)	Somewhat useful (%)	Not very or not at all useful (%)	Not used (%)
Section 1 – Building the case for investment in FaME (used by 20 respondents)				
Usefulness of section 1 [1]	13 (68.4)	6 (31.6)	0 (0)	N/A
Usefulness of the evidence summaries for elected members [1]	9 (47.4)	7 (36.8)	0 (0)	3 (15.8)
Usefulness of the return-on-investment tool [1]	13 (68.4)	2 (10.5)	1 (5.3)	3 (15.8)
Usefulness of the business case [1]	14 (73.7)	2 (10.5)	0 (0)	3 (15.8)
Usefulness of the real-life case studies from FaME class participants	15 (75.0)	2 (10.0)	1 (5.0)	2 (10.0)

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Usefulness of the video for commissioners [1]	10 (56.2)	4 (21.1)	1 (5.3)	4 (21.1)
Section 2 - Planning for FaME Implementation (used by 14 respondents)				
Usefulness of section 2 [1]	11 (84.6)	2 (15.4)	0 (0)	N/A
Usefulness of Gantt Chart	7 (50.0)	4 (28.6)	0 (0)	3 (21.4)
Usefulness of Service Specification	9 (64.3)	4 (28.6)	0 (0)	1 (7.1)
Usefulness of example delivery models	10 (71.4)	3 (21.4)	0 (0)	1 (7.1)
Usefulness of Logic Model	7 (50.0)	3 (21.4)	1 (7.1)	3 (21.4)
Usefulness of PhISICAL study findings-tips for programme delivery	13 (92.9)	1 (7.1)	0 (0)	0 (0)
Section 3 – FaME delivery (used by 17 respondents)				
Usefulness of section 3 [1]	12 (75.0)	4 (25.0)	0 (0)	N/A
Usefulness of sample promotional materials	9 (52.9)	5 (29.4)	2 (11.8)	1 (5.9)
Usefulness of template clinical letters	11 (64.7)	3 (17.6)	0 (0)	3 (17.6)
Usefulness of briefings for referrers	12 (70.6)	3 (17.6)	0 (0)	2 (11.8)
Usefulness of briefings for participants	14 (82.4)	3 (17.6)	0 (0)	0 (0)
Usefulness of home exercise diaries [1]	12 (75.0)	2 (12.5)	2 (12.5)	0 (0)
Usefulness of video for participants	8 (47.1)	3 (17.6)	1 (5.9)	5 (29.4)
Usefulness of video for referrers [2]	7 (46.7)	4 (26.7)	0 (0)	4 (26.7)
Usefulness of sample class register	7 (41.2)	7 (41.2)	1 (5.9)	2 (11.8)
Section 4 – Monitoring and evaluation (used by 18 respondents)				
Usefulness of section 4	13 (72.2)	4 (22.2)	1 (5.6)	N/A
Usefulness of quality assurance guidance-quality assurance checklist	15 (83.3)	2 (11.1)	0 (0)	1 (5.6)
Usefulness of falls questionnaire	13 (72.2)	3 (16.7)	0 (0)	2 (11.1)
Usefulness of suggested monitoring tools and schedule	13 (72.2)	5 (27.8)	0 (0)	0 (0)

[missing values]

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Table 3. Accessibility of the toolkit and extent to which it met respondents' needs (n=37)

Questions	**Strongly agree or agree (%)**	**Neither agree nor disagree useful (%)**	**Disagree or strongly disagree (%)**
It was easy to download and/or use the toolkit and documents	32 (86.5)	4 (10.8)	1 (2.7)
It was easy to view and/or use the toolkit PDFs [1]	31 (86.1)	4 (11.1)	1 (2.8)
It was easy to watch and/or share the toolkit videos	25 (67.6)	10 (27.0)	2 (5.4)
The toolkit was easy to understand	33 (89.2)	7 (18.9)	2 (5.4)
The toolkit resources were organised in a logical format	21 (56.8)	16(43.2)	0 (0)
The toolkit met the respondent's needs	28 (85.7)	7 (18.9)	2 (5.4)

Eighteen respondents (49%) were not involved in commissioning FaME. Of the remaining 19, nine (47%) used the toolkit to help commission/get investment in FaME, eight of whom used it for new FaME programmes with commissioning/funding being achieved in seven cases. Three used the toolkit to recommission/get further investment for existing FaME programmes all of which were successful. Six of the nine (67%) respondents reported the toolkit to be helpful for commissioning/getting investment (scored 4 or 5 out of a maximum 5).

Fifteen respondents (41%) were not involved in delivery of FaME programmes. Of the remaining 22 respondents, 12 (55%) used the toolkit to help with programme delivery, eight of whom used it for delivery of a new programme, with seven reporting the programme had been delivered successfully. Seven used the toolkit for delivery of an existing programme, with all reporting the programme had been delivered successfully. Eleven of the 12 (92%) respondents reported the toolkit was helpful for FaME delivery (scored 4 or 5 out of a maximum 5).

Fifteen respondents (41%) were not involved in monitoring or evaluating FaME programmes. Of the remaining 22 respondents, 11 (50%) used the toolkit to monitor or evaluate the FaME programme, nine of whom used it for a new programme and 2 for an existing programme. Ten of the eleven (91%) reported it to be helpful for monitoring or evaluating FaME (scored 4 or 5 out of a maximum 5). Nine (26%) respondents reported using the toolkit for research, 19 (54%) used it for information and seven (20%) used it in other ways.

Semi-structured interviews

Thirteen interviews were conducted. Twelve interviewees had used the toolkit and one read it thinking it was a clinical toolkit so didn't use it, but did provide suggestions for improvements. Interviewees represented a range of organisations, job titles and roles in commissioning or delivery of FaME (table 4). CFIR domains and constructs and additional themes identified are presented below.

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Table 4. Characteristics of interview participants (n=13)

Characteristics	Frequency (%)
Job title	
Commissioner	1 (7.7)
Senior Public Health Practitioner	1 (7.7)
Manager:	
Public Health Programme Manager	1 (7.7)
Health & wellbeing manager	1 (7.7)
Wellness service manager	1 (7.7)
Health improvement manager	1 (7.7)
Development manager	1 (7.7)
Specialist exercise Instructor	1 (7.7)
Postural stability instructor	1 (7.7)
Senior clinical exercise specialist	1 (7.7)
Specialist physiotherapist	1 (7.7)
Healthcare support worker	1 (7.7)
Lecturer	1 (7.7)
Organisation worked for	
NHS	3 (23.1)
Local Authority	4 (30.8)
Charity	2 (15.4)
Social enterprise/Community Interest Company	3 (23.1)
University	1 (7.7)
Role in commissioning or delivering FaME	
Commissioner	2 (15.4)
Contracts FaME programmes	1 (7.7)
Manages/coordinates FaME programme delivery	5 (38.5)
Delivers FaME	3(23.1)
None*	2 (15.4)

* 1 academic who teaches physiotherapy students and uses the FaME toolkit as an exemplar for how a programme should be run and 1 physiotherapist who downloaded the toolkit believing it to be a clinical toolkit.

<u>Domain: Innovation</u> (FaME toolkit)

<u>Construct 1: Source</u>

Many interviewees viewed the toolkit as a trusted resource, mentioning endorsement by NICE, affiliation of the toolkit with an educational institution or knowledge of the toolkit creators positively impacting on its use:

"That [endorsement by NICE] was fundamental… as commissioners would be looking for NICE guidance or a recommendation or a tag… so yeah, it ticked that box." (Interviewee 3, Commissioner).

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"Local universities being involved, and kind of our neighbouring counties being involved in early implementation perhaps provided more endorsement than (the) authority of NICE." (Interviewee 11, Manager).

Construct 2: Innovation adaptability

Many interviewees found the toolkit useful in the early stages of commissioning or setting up a FaME programme, with several feeling it was less useful for those more experienced in commissioning or delivering FaME:

"I think it's really good if you're not an experienced person, or you're going to a new area, or you've got a new team or you've got staff that have just been promoted or are newly qualified. I think it's brilliant. It really does galvanise you and help you to understand the steps you need to take to set up something like that." (Interviewee 5, PSI).

"It met expectations initially, it's just at some point when…perhaps more our area specific questions and problems…were highlighted, it just didn't provide all the answers. So, we kind of had to look elsewhere." (Interviewee 11, Manager).

There was also an understanding that parts of the toolkit could be adapted to local circumstances, but also that it didn't cater for all settings:

"I think you couldn't make a toolkit that's specific for every town…so I think it's just making sure that the people using it understand that they just adapt it to their target audience." (Interviewee 5, PSI)

"What's in it is like… a model of city delivery, whereas I've got instructors that are having to travel an hour to deliver in rural places…and there's no costing in that." (Interviewee 12, Manager).

Construct 3: Design

Many participants commented that the toolkit was easy to understand and read:

"It's an easy read, it takes you through all the processes and it gives you a formula… and that's… where it's great. So, with the commissioners and things…it made my job so much easier." (Interviewee 10, Clinical Exercise Specialist).

"It's very readable, it's got some like case studies, pictures and the online version has got some easy to access links. I think it's...spot on really." (Interviewee 4, PSI).

Themes not mapped to CFIR:

Innovation impact

Many interviewees expressed positive views of the impact of the toolkit:

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"If you want to follow the toolkit, I would imagine in pretty much all circumstances you would probably improve your provision." (Interviewee 4, PSI).

"I think it's that constant reminder of….the gold standard of what a FaME programme should look like." (Interviewee 7, Manager).

Domain: Outer Setting (External to local FaME programmes)

Construct 1: Partnerships and Connections

Some participants found the toolkit supported collaborative working to spread the implementation of FaME:

"It was really really useful, and I think it's really helped lead conversations with other areas as well." (Interviewee 7, Manager).

"When we're looking at spreading um FaME across [county name], that was the key uh piece of material that was shared." (Interviewee 3, Commissioner).

Construct 2: Local conditions

The toolkit had little impact on commissioning or obtaining funding for FaME for two interviewees because of local commissioners' requirements:

"I knew about the briefing for commissioners, but our commissioners weren't interested in reading that…even though everything is all in this package. And literally they want you to write it all out and give them the information and they kind of wanted it as local as possible as well." (Interviewee 9, Physiotherapist).

"When you've got kind of (an) existing model that you're trying to shoehorn that into, like for example the way service specifications are kind of expected to be written ...in your own area... It's kind of trying to adapt something what was quite well structured into a different type of structure...it can be a little bit tricky" (Interviewee 11, Manager).

Construct 3: Financing

Some participants felt the toolkit helped getting FaME commissioned or funded:

"From using the business case and the return-on-investment tools…we have now got recurrent funding. So, I think the toolkit played a huge part in that" (Interviewee 7, Manager).

"If we're looking at how did we manage to influence and secure funding for those places that didn't have FaME already commissioned. I guess the section 1 around that building the case, that helped us with our business case planning" (Interviewee 3, Commissioner)

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Several interviewees described how FaME programmes cannot be commissioned as described in the toolkit due to real-life funding constraints:

"We recognise that FaME, to get the maximum benefit and to get the best return on your investment is 24 weeks. However, due to funding envelopes and financial pressures…some areas will only commission 12 weeks." (Interviewee 3, Commissioner).

"All the exercise referral teams across [county name] there's only one [town name] that have the funding to deliver it exactly how it should be delivered…I don't know how they managed to get that money…Places like [town names] are literally held together like a shoestring…so there's not a cat in hell's chance they could deliver anywhere close to that." (Interviewee 5, Manager and PSI).

Domain: Inner Setting (Internal to local FaME programmes)

Construct 1: Mission Alignment

Many interviewees felt the toolkit aligned well with their organisation's goals and policies:

"It fits with everything our falls service is doing." (Interviewee 10, Clinical exercise specialist).

"Everything about the organisation is about helping people to live well. So yeah, [the FaME toolkit] fits well." (Interviewee 9, physiotherapist).

Construct 2: Available Resources

Funding:

A common theme was that lack of funding restricted how FaME programmes were commissioned or delivered:

"Funding tends to be something that stops you from doing everything how you want. Sometimes…like for example, we have to run two cohorts within a year so we couldn't quite do the 24 weeks, it was a 20-week course." (Interviewee 4, PSI).

"We have no money to be able to fully operationalise it as it's completely intended, so you know...there's… limitations in how we can use it." (Interviewee 6, Assistant Practitioner).

Some interviewees suggested that other funding models were also required:

"It's a great package but it only works if it's commissioned. And I think for me, one of the most important things is alongside it, setting up noncommissioned PSI classes that are truly self-sustaining." (Interviewee 10, Clinical Exercise Specialist).

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Domain: Implementation Process

Construct 1: Assessing Needs

Innovation Deliverers (FaME programme deliverers):

Many interviewees felt the toolkit supported them in delivering FaME:

"I think we would have felt like we were… just stumbling around in the dark… if we didn't have the toolkit. You know it really has helped us feel in control of things." (Interviewee 6, Assistant Practitioner).

"The FaME delivery section, that bit just really helped us with everything that I sort of said at the start around the fidelity focus, the home exercise booklets, the pre-exercise questionnaire with those really practical elements that we can support instructors with." (Interviewee 13, Public Health Practitioner).

Construct 2: Reflecting and Evaluating

Implementation:

Some interviewees found the toolkit helped them to enable FaME class attendees reflect on and monitor their own progress:

"We also developed the home exercise booklet…we used the Later Life training booklet, but then took some of the ideas from the FaME Implementation Guide around recording progress within that as well so people could see how they were developing ." (Interviewee 13, Public Health Practitioner).

Innovation:

Many interviewees found toolkit resources useful for monitoring and evaluating FaME programmes:

"The monitoring and evaluation we've used quite a lot… we obviously want to monitor and audit our… service, make sure that we're seeing what works actually does work." (Interviewee 8, Physiotherapist).

"We definitely use some of the bits from the monitoring and evaluation to help inform some of our own evaluation methods…so that was really, really helpful." (Interviewee 13, Public Health Practitioner).

Improvements to the toolkit

Participants suggested a range of improvements (Table 5), most frequently updating the toolkit, more varied case studies, and more information on home exercises, self-monitoring of progress and the wider benefits of FaME.

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Table 5. The most common suggestions for toolkit improvements from survey respondents and interviewees

Suggested Improvements to the FaME Toolkit:	**Exemplar Quotes**
Updating the toolkit (n=4 interviewees)	*"We've recently used the return-on-investment tool, and it's significantly outdated."* (Interviewee 3, Commissioner). *"I guess the thing that felt dated was the costings."* (Interviewee 12, Manager).
Improving accessibility (n=2 interviewees and 1 survey respondent)	*"I think if it was on a website, like there was a web page to go to and it was split up into resources…I think it would be so much more user friendly."* (Interviewee 9, Physiotherapist). *"I would have much preferred all the sections on a website with all the resources available to click on under sections, rather than having to constantly scroll through a document."* (Survey respondent)
Increased diversity of images (n=2 interviewees)	*"Maybe it doesn't really represent like the BAME community"* (Interviewee 4, PSI) *"With the visuals, I would like to see more challenging, more stood up people, more challenging their balance as well."* (Interviewee 1, Academic).
More resources on home exercise (n=3 interviewees)	*"Better resources for maybe for home exercise. Yeah, like that would be really useful."* (Interviewee 4, PSI). *"It just doesn't even touch the surface about how you support people with home exercise."* (Interviewee 9, Physiotherapist).
Increased emphasis on wider benefits of FaME (n=3 interviewees)	*"But then what came back from the commissioners were they really wanted information around how it was going to prevent hospital admissions. That's like the massive thing at the moment. And I think that that was perhaps a little more challenging because obviously there isn't the direct evidence to support that.'* (Interviewee 9, Physiotherapist). *"…So like your reductions in the hospital admissions and this sort of thing. Yeah, so perhaps maybe a little bit more emphasis on those wider benefits would be useful."* (Interviewee 11, Manager).
Information on supporting instructors (n=2 interviewees)	*"There's not enough in it about instructor support…there should be a local community of practice."* (Interviewee 10, Clinical exercise specialist). *"One of the things I think that I've probably had feedback over the past couple of years in particular is around supporting your instructors at a local level."* (Interviewee 7, Manager).
Information on digital delivery of FaME (n=2 interviewees)	*"Maybe that's something that could be incorporated if it was a newer version, just some of the online guidance as well. Because teaching when you're not in the same room as somebody is going to have, its very different challenges."* (Interviewee 13, Public Health practitioner).

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Increased emphasis on FaME class attendee education (n=2 interviewees)	*"Ensuring that people understand why that particular exercise is relevant for them…and I think something something in the pack [toolkit] about what a successful conversation is to establish that would be really useful."* (Interviewee 10, Clinical Exercise Specialist).
More information on self-monitoring of personal progress by FaME class attendees (n=3 interviewees)	*"Little templates on how they can monitor themselves…letting them track the progress would be quite good."* (Interviewee 4, PSI). *"We're looking at trying to build in self-monitoring stations as part of our groups…and I know it doesn't really touch on that in here."* (Interviewee 9, Physiotherapist).
Information on using the "social" time to also provide information and advice (n=2 interviewees)	*"I think that social can be such a bonus to the class if it's a structured session. I'm not talking about boring and I'm not…you know it doesn't have to be formal but if the instructors…they're actually talking about exercise and physical activity and you know all those things about what have you noticed since you've been coming to the classes, etcetera, that section could be magic."* (Interviewee 10, Clinical Exercise Specialist)
Including case studies from the perspectives of different stakeholders (n=3 interviewees) and case studies showing how areas have adapted FaME to meet local needs (n=3 interviewees)	*"Whereas for me the next phase of the toolkit is to see who's implemented it, what's worked well, what hasn't, and I also think from different um perspectives. So perhaps a case study around from a commissioner's perspective."* (Interviewee 7, Manager). *"Even just having local patient case studies…they're really really powerful."* (Interviewee 9, Physiotherapist). *"[name] location have just done a really successful group…there was two members of staff, they taught over six weeks and their like good outcomes and thinking of innovative ways that you can deliver you know falls prevention work on a shoestring."* (Interviewee 5, PSI). *"…and also like from different delivery models as well, because when we started looking into commissioning it was not clear like what are our options [were]?"* (Interviewee 11, Manager).
Increased emphasis on promoting behaviour change and long term exercise (n=2 interviewees)	"*The conversations, the behaviour change, all of the things that happen within these classes…the sort of reflective practice and like there isn't anything around that on there."* (Interviewee 9, Physiotherapist).
Improved resources to support commissioning (n=2 survey respondents)	*"In my area the commissioners wouldn't read the evidence summaries, they wanted everything in the business proposal. It would have been really useful to have specific statements that could have been cut and pasted as required into proposals, alongside the business case*." (survey respondent) *"Clear ROI* [return-on-investment] *illustrating it drops if they don't deliver the evidence-based number of weeks."* (survey respondent)
Improved resources for FaME deliverers (n=2 survey respondents)	*"Something I need to adapt is the briefing for participants. We send out an invite letter once people are referred however it makes sense to provide health care professionals with a resource they can discuss with clients."* (survey respondent)

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	"Flow charts of where participants are best going to (FaME vs Otago), more visually appealing posters and register needs to have band progression etc on it. Could do with a template for data to support evaluation" (survey respondent)
Improved resources for monitoring and evaluation (n=2 survey respondents)	*"We have moved away from resistance band progressions because it doesn't show if the individual has really progressed with each band e.g., made the most of holds, levers etc. We have instead started using hand grip strength as a measure of strength change. I wonder whether change of physical activity levels would be value in showing the wider benefits of FaME?* (survey respondent) *"Would drop-out/opt out rate be valuable?"* (survey respondent) *"Ideally a couple of template excel spreadsheets for different data - including band progression, different tools (FaME baseline assessments that all PSIs should use plus other indicative outcomes used locally (such as Berg/Tinetti etc)"* (survey respondent)

Where an interviewee discussed the same improvement in their interview as well as in their questionnaire response, their suggestions have only been included in the interview table to avoid double counting.

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DISCUSSION

Main findings

The toolkit was perceived as a trusted resource which aligned well with interviewees' organisational goals and policies. It was easy to read and understand and toolkit resources were viewed positively. It was seen as useful especially in the early stages of commissioning or setting up a FaME programme. There was some evidence the toolkit helped with commissioning, getting funding, or spreading FaME programmes, but lack of funding was a common restriction that the toolkit did not help overcome. Many interviewees felt the toolkit met their needs in terms of delivering FaME, improving quality of FaME delivery, monitoring or evaluating FaME. Several improvements to the toolkit were proposed, most commonly an update.

Comparisons with existing literature

A 2014 scoping review of 83 toolkits in health and healthcare found 31 had been evaluated. Consistent with our findings, most toolkits were found to be satisfactory, useful, or resulted in intentions to change practice.(13) Similar to our findings, a 2019 systematic review of 72 studies of toolkits intended to spread healthcare quality improvements found high satisfaction with toolkits, but varied usefulness of individual toolkit components. (12)

The reviews found toolkit contents varied greatly and some were poorly described. Toolkit contents were similar to FaME contents (e.g. research summaries, briefing notes, tip sheets, costing tools, performance data collection templates), but some also included clinical resources, training resources or measurement instruments e.g. pedometers or body mass index calculators. (12-14) Similar to the FaME toolkit, many toolkits had more than one intended audience(13). Unlike the FaME toolkit, very few toolkits were aimed at informing policy and decision-making (13) and many did not cite high quality evidence from randomised controlled trials (13) or systematic reviews. (14) Improvements needed to toolkits were not reported in the reviews.

Reviews also highlight the value of developing strategies for sustainability of evidence-based interventions to achieve health benefits. (18, 19) With wider commissioning of FaME programmes, sustainability becomes increasingly important, but this was mentioned by only a small number of interviewees. Future iterations of the toolkit should address sustainability issues.

Strengths and limitations

This is the first study to evaluate the FaME toolkit. Qualitative interviews allowed toolkit users views to be explored in depth. Participants represented the range of organisations and professional groups at which the toolkit was aimed. A researcher without vested interests in the toolkit conducted interviews. Independent coding of the first interview followed by repeated discussions of coding and interpretation of data between the four study authors ensured consistency across interviews. No new constructs or themes emerged from the last two interviews, suggesting data saturation.

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Our survey response rate was low. Low response rates to online surveys are a major issue (20-22) and are declining over time.(22) We used evidence-based strategies for increasing survey response rates,(20-23) including inviting those providing email addresses for feedback, so the survey should have been salient for participants, specifying the completion time was <10 minutes and use of 2 reminders. We were unable to use SMS pre-notification or personalisation of invites as we only had email addresses and financial incentives were not possible because the study was unfunded. Because of long commissioning cycles, we used a wide time window for inviting toolkit downloaders, but some may have no longer held roles relevant to the toolkit. In view of our response rate, our survey findings may not be generalisable to all toolkit downloaders.

The commissioning landscape in England underwent major reform following the 2022 Health and Care Act, with Integrated Care Boards, health and social care providers, and local authorities forming statutory partnerships to deliver health and social care to their local populations.(24) The impact of these changes on the commissioning of FaME, and hence on the usefulness of the toolkit, are unknown.

Recommendations for research and practice

The toolkit will be revised to incorporate the improvements identified in this study. The revised toolkit will need further evaluation due to recent changes in commissioning and as different models for sustaining FaME programmes emerge. Future evaluations should consider tailoring to specific populations (e.g. commissioners or FaME deliverers) to enhance salience for participants, reducing the time window for the evaluation whilst balancing this against the length of commissioning cycles and maximising use of evidence-based strategies to enhance response rates.

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AUTHOR CONTRIBUTIONS

DK and EO had the original idea for the study. DK, EO and RV designed the study. SS collected study data. SS analysed the data under supervision of DK, EO and RV. K and RV. All authors contributed to data interpretation. DK drafted the paper and all authors critically reviewed the paper and approved the paper for publication.

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ETHICAL CONSIDERATIONS

Ethical approval was provided by the Faculty of Medicine and Health Sciences Research Ethics Committee at the University of Nottingham. Reference number: FMS 370-0923

CONSENT TO PARTICIPATE

Survey respondents were asked to read the participant information sheet and were required to provide informed consent to take part by ticking a box on the survey prior to completing any survey questions. Interview participants were sent a participant information sheet prior to the interview and were required to provide verbal informed consent prior to the interview taking place.

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Appendix 1

Survey questions

The FaME toolkit aims to increase adoption of the Falls Management Exercise programme (FaME). The toolkit contains all the information needed to set up and run a FaME programme, from making the initial business case to promoting it to participants. You have previously downloaded the toolkit and we now want to explore whether you used the FaME toolkit, how useful it was and how it can be improved.

We are inviting you to complete a short questionnaire because you are 18 years or older, downloaded the toolkit and provided us with your email address so we could contact you for feedback on the toolkit. The questionnaire should take less than 10 minutes to complete. Your participation is entirely voluntary. You can stop or withdraw at any time. Your data will be treated with strict confidence and anonymity and securely stored.

For detailed study participant information, please click here.

To participate, please read and agree with the statement below and the questions will appear on the next page.

Q1: I understand the full participant information sheet (please see link above), confirm I am 18 years or older and consent to participate in the questionnaire.

Options:

- *Yes (Go to Q2.)*
- *No (Go to End Screen/Thank You)*

Q2. *In which country were you working when you downloaded and/or used the FaME Implementation Toolkit*

Options:

- *England (Go to Q3a.)*
- *Scotland (Go to Q3b.)*
- *Wales (Go to Q3c.)*
- *Northern Ireland (Go to Q3d.)*
- *Other (Go to Q33)*

About your role

Q3. What type of organisation do you work for?

Options:

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Q3a. England	**Q3b.** Scotland	**Q3c.** Wales	**Q3d.** Northern Ireland
Local Authority	Local Authority (council)	Local Authority (council)	Local Government (council)
Primary Care Network	Primary Care Provider	Primary Care Cluster	GP Federation
NHS Trust	NHS Board	Health Board	Health and Social Care Trust
Integrated Care Board	Health and Social Care Partnership	Regional Partnership Board	Area Integrated Partnership Board
Leisure Services	Leisure Services	Leisure Services	Leisure Services
Private Provider of FaME	Private Provider of FaME	Private Provider of FaME	Private Provider of FaME
Charity	Charity	Charity	Charity
Other (please specify)	Other (please specify)	Other (please specify)	Other (please specify)

Q4. What is your occupation (job title)?
Single-line free text question

Q5. How would you describe your role?
I am a -
Options:

- *Commissioner*
- *Public Health Practitioner*
- *Elected council member*
- *Manager/co-ordinator of FaME or other strength and balance programme*
- *Provider of FaME or other strength and balance programme*
- *Postural stability instructor*
- *Researcher*
- *Other (Please specify)*

How you used the Toolkit sections

Q6. Have you used Section 1 of the toolkit – Building the case for investment in FaME?
Options:

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- *Yes (Go to Q7)*
- *No (Go to Q10)*

Q7. How useful did you find Section 1 of the toolkit - Building the case for investment in FaME?

Options:

- *Extremely useful*
- *Very useful*
- *Somewhat useful*
- *Not very useful*
- *Not at all useful*

Q8. How useful did you find the following resources in Section 1 of the toolkit?

a) Evidence summaries for commissioners

b) Evidence summaries for elected members

c) Return on Investment Tool

d) Business case

e) Real-life case studies from FaME class participants

f) Video for commissioners

Options:

- *Extremely useful*
- *Very useful*
- *Somewhat useful*
- *Not very useful*
- *Not at all useful*
- *I did not use this resource*
- *This resource was not relevant in the country I was working in*

Q9. How do you think Section 1 of the toolkit could be improved?

For example:

Additional resources that would be helpful.

Is there anything that could be left out?

Multi-line free text question

Q10. Have you used Section 2 of the toolkit – Planning for FaME implementation?

Options:

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- *Yes (Go to Q11)*
- *No (Go to Q14)*

Q11. How useful did you find Section 2 of the toolkit - Planning for FaME implementation?

Options:

- *Extremely useful*
- *Very useful*
- *Somewhat useful*
- *Not very useful*
- *Not at all useful*

Q12. How useful did you find the following resources in Section 2 of the toolkit?

a) Gantt chart

b) Service specification

c) Example delivery models

d) Logic model

e) PhISICAL study findings - tips for programme delivery

Options:9

- *Extremely useful*
- *Very useful*
- *Somewhat useful*
- *Not very useful*
- *Not at all useful*
- *I did not use this resource*
- *This resource was not relevant in the country I was working in*

Q13. How do you think Section 2 of the toolkit could be improved?

For example:

Additional resources that would be helpful.

Is there anything that could be left out?

Multi-line free text question

Q14. Have you used Section 3 of the toolkit – FaME Delivery?

Options:

- *Yes (Go to Q15)*
- *No (Go to Q18)*

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Q15. How useful did you find Section 3 of the toolkit - FaME Delivery?

Options:

- *Extremely useful*
- *Very useful*
- *Somewhat useful*
- *Not very useful*
- *Not at all useful*

Q16. How useful did you find the following resources in Section 3 of the toolkit?

a) Sample promotional materials

b) Template clinical letters

c) Briefings for referrers

d) Briefings for participants

e) Home exercise diaries

f) Video for participants

g) Video for referrers

h) Sample class register

Options:

- *Extremely useful*
- *Very useful*
- *Somewhat useful*
- *Not very useful*
- *Not at all useful*
- *I did not use this resource*
- *This resource was not relevant in the country I was working in*

Q17. How do you think Section 3 of the toolkit could be improved?

For example:

Additional resources that would be helpful.

Is there anything that could be left out?

Multi-line free text question

Q18. Have you used Section 4 of the toolkit – Monitoring & evaluation?

Options:

- *Yes (Go to Q19)*

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- *No (Go to Q22)*

Q19. How useful did you find Section 4 of the toolkit – Monitoring & evaluation?
Options:

- *Extremely useful*
- *Very useful*
- *Somewhat useful*
- *Not very useful*
- *Not at all useful*

Q20. How useful did you find the following resources in Section 4 of the toolkit?
a) Quality assurance guidance - quality assurance checklist
b) Falls questionnaire
c) Suggested monitoring tools and schedule
Options:

- *Extremely useful*
- *Very useful*
- *Somewhat useful*
- *Not very useful*
- *Not at all useful*
- *I did not use this resource*
- *This resource was not relevant in the country I was working in*

Q21. How do you think Section 4 of the toolkit could be improved?
For example:
Additional resources that would be helpful.
Is there anything that could be left out?
Multi-line free text question

Thinking about the toolkit overall

Q22. Please indicate how much you agree or disagree with the following statements?
a) It was easy to download and/or use the toolkit documents
b) It was easy to view and/or use the toolkit PDFs
c) It was easy to watch and/or share the toolkit videos
Options:

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- *Strongly agree*
- *Agree*
- *Neither agree nor disagree*
- *Disagree*
- *Strongly disagree*

Q23. Please indicate how much you agree or disagree with the following statements?

a) The toolkit was easy to understand

b) The toolkit met my needs

c) The toolkit resources were organised in a logical format

Options:

- *Strongly agree*
- *Agree*
- *Neither agree nor disagree*
- *Disagree*
- *Strongly disagree*

Q24. Did you use the toolkit to help in commissioning or getting investment for the FaME programme?

Options:

- *Yes*
- *If yes, was this to (tick all that apply, then go to Q24a)*
  - *Commission or get investment for a new FaME programme*
    - *If yes, was the FaME programme commissioned/invested in?*
  - *Re-commission or get further investment for an existing FaME programme*
    - *If yes, was the FaME programme re-commissioned/invested in?*
- *No (Go to Q25)*
- *Don't know (Go to Q25)*
- *I was not involved in trying to get FaME Commissioned (Go to Q25)*

Q24a. On a scale of 1 to 5, where 1 means 'Not very helpful' and 5 'Very helpful'. How helpful was the toolkit in commissioning or getting investment for the FaME programme?

Options:

- *1 – Not very helpful*
- *2*

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- *3*
- *4*
- *5- Very helpful*

Q25. Did you use the FaME toolkit to help in delivery of the FaME programme?
Options:

- *Yes*
- *If yes, was this for: (tick all that apply then go to Q25a)*
  - *Delivery of a new FaME programme*
    - *If yes, was the FAME programme successfully delivered?*
  - *Delivery of an existing FaME programme*
    - *If yes, was the FaME programme successfully delivered?*
- *No (Go to Q26)*
- *Don't know (Go to Q26)*
- *I was not involved in delivery of the FaME programme (Go to Q26)*

Q25a. On a scale of 1 to 5, where 1 means 'Not very helpful' and 5 'Very helpful'. How helpful was the toolkit in delivery of the FaME programme?
Options:

- *1 – Not very helpful*
- *2*
- *3*
- *4*
- *5- Very helpful*

Q26. Did you use the FaME toolkit to help in monitoring participant outcomes or evaluating the programme?
Options:

- *Yes*
- *If yes, was this for: (tick all that apply then go to Q26a)*
  - *Monitoring or evaluating a new FaME programme*
  - *Monitoring or evaluating an existing FaME programme*
- *No (Go to Q27)*
- *Don't know (Go to Q27)*
- *I was not involved in monitoring or evaluating the FaME programme (Go to Q27)*

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Q26a. On a scale of 1 to 5, where 1 means 'Not very helpful' and 5 'Very helpful'. How helpful was the toolkit in monitoring participant outcomes and evaluating the programme?

Options:

- *1 – Not very helpful*
- *2*
- *3*
- *4*
- *5- Very helpful*

Q27. Did you use the FaME toolkit in any other way? (tick all that apply)

Options:

- *For research*
- *For information*
- *Other, please specify*

Q28. Is there anything else you would like to tell us about the FaME toolkit?

Multi-line free text question

About you -

Q29. What is your age?

Options:

- *18-29*
- *30-44*
- *45-59*
- *60-74*
- *75 and over*
- *Prefer not to say*

Q30. *Which of the following options most closely aligns with your gender*

Options:

- *Male*
- *Female*
- *Intersex*
- *Non-binary*

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- *Prefer to use my own term*
- *If you prefer to use your own term for gender, please describe below [Add item]*
- *Prefer not to say*

Q31. *What is your ethnic group? Please tick all that apply:*

- *White*
  - *English/Welsh/Scottish/Northern Irish/British*
  - *Irish*
  - *Gypsy or Irish Traveller*
  - *European*
  - *Any other white background (please describe below)*
- *Mixed/Multiple Ethnic Groups*
  - *White and Black Caribbean*
  - *White and Black African*
  - *White and Asian*
  - *Any other mixed / multiple ethnic background (please describe below)*
- *Asian or Asian British*
  - *Indian*
  - *Pakistani*
  - *Bangladeshi*
  - *Chinese*
  - *Any other Asian background (please describe below)*
- *African/Caribbean/Black/Black British*
  - *Caribbean*
  - *African*
  - *Any other African/Caribbean/Black background (please describe below)*
- *Other Ethnic Group*
  - *Arab*
  - *Any other Ethnic group (please describe below)*
- *Prefer not to say*

Participation in further research

Q32. If you would be willing to taking part in a telephone or internet call to explore in more detail how you used the toolkit and how it can be improved, please provide your contact details below.

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Contact details:

- *Name*
- *Email*
- *Mobile phone number*
- *Landline phone number*

Single-line free text questions

Q33. If you work outside the UK but would be willing to give us feedback on the toolkit, please give us your contact details:

- *Name*
- *Email*

Appendix 2.

Interview Topic Guide

Please can we start with a few questions about yourself? This will help us put your interview responses in context and help us describe the people who took part in the interviews.

a. How would you describe your professional group?

b. What is your occupation (job title)?

c. What is your role in commissioning or delivering FaME?

d. What type of organisation do you work for (not the name of the organisation)? e.g. Local Authority, Primary Care Network, NHS Trust, Integrated Care Board, Leisure Services, Postural Stability Instructor in a service, Private Provider of FaME, Charity etc)

Can we now move on to talking about the FaME toolkit?

e. Can you describe how you used the toolkit in your work?

Prompts:

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Which sections did you use? (Building the case for investment in FaME; Planning for FaME, FaME delivery; Monitoring and evaluation)

How did you use each of the sections?

Who else was involved in using the toolkit in your organisation?

Did you use it with anyone outside of your organisation? If so, what type of organisation were they from and how did you use it with them?

f. Why did you use the FaME toolkit?

Prompts:

In what ways did you think it would help you?

What were you hoping it would achieve?

Did it meet your expectations? If not, why not?

g. How useful did you find the toolkit?

Prompts:

Which sections were most useful and why? (Building the case for investment in FaME; Planning for FaME; FaME delivery; Monitoring and evaluation)

Which sections were less useful and why? (Building the case for investment in FaME; Planning for FaME; FaME delivery; Monitoring and evaluation)

How relevant was it to your role?

How well did the toolkit fit with your organisation's policies?

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How well did the toolkit fit with your organisation's goals and priorities?

h. How would you describe the impact of using the toolkit?

Prompts:

What was the impact on commissioning of FaME?

What was the impact on delivery of FaME?

What was the impact on the sustainability of FaME?

What was the impact on the quality of the FaME programme that was delivered?

To what extent was the FaME programme delivered as described in the toolkit? (minimum of 24 weeks long, 1 hour per week structured exercise led by a trained instructor, plus an additional hour per week of prescribed exercises to carry out at home)

If the FaME programme was adapted, how was it adapted?
Prompts:

Online delivery,

Shortened programme

No floor work

i. We will use the findings from this study to improve the toolkit, so how do you think the toolkit could be improved?

Prompts:

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Presentation – visual and language

Inclusiveness/representativeness/diversity

Addressing inequalities

Additional resources that would be helpful

Embedding the return on investment tool into the toolkit (currently this is on the Public Health England website)

More detailed information for running FaME sessions e.g. criteria for participant eligibility, participant: instructor ratios, use of volunteers in sessions

Is there anything that could be left out?

Which parts of the toolkit should be able to be localised for different services/settings?

May be helpful to consider specific sections: Building the case for investment in FaME; Planning for FaME, FaME delivery; Monitoring and evaluation

j. What changes might be needed with the toolkit to ensure fit with new commissioning arrangements (Integrated Care Systems/Boards)?

k. How did you find out about the FaME toolkit? How else could we disseminate the revised toolkit to professionals?

l. The toolkit was endorsed by National Institute for Health and Care Excellence (NICE) on their website. What impact do you think the NICE endorsement had on your use of the toolkit?

m. Is there anything else you'd like to tell us about the toolkit?

Did you share the toolkit with any of your colleagues? If so, are you happy to share their contact email so we can invite them to an interview?

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