The Challenge:
Falls in elderly people are an important issue internationally. It is estimated that around 30% of people living at home aged 65 years or older fall every year. In the UK falls account for 3% (£980 million) of total NHS expenditure, and the prevention of falls in older people has been highlighted as a priority.

Falls are associated with high death rates, sickness and immobility. Recovery from fall injury is often delayed in older people, which increases the risk of subsequent falls.

Population growth and ageing, is placing increasing pressures on health workers and NHS Emergency Departments (EDs) with negative consequences for both patients and providers.

The Research:
The SAFER 2 trial aimed to assess the costs and benefits of new procedures for paramedics to assess elderly patients with an option to refer those without immediate care needs to community based falls services.

In three UK ambulance services, researchers linked data and compared what happened to patients attended by paramedics with the new procedures (intervention group) with what happened to patients attended by paramedics delivering usual care (control group).

The researchers interviewed a small sample of patients, paramedics and other staff about their experiences of the new model of care.

The Results:
In 4655 patients included in the trial, there were no differences overall in further emergency healthcare contacts or deaths between groups. But patients in the intervention group were less likely to make further 999 calls.

Only 8% of patients attended by paramedics with the new protocols were referred to falls services, but fewer patients were left at home without further care. The proportion of patients transported to hospital by ambulance was unaffected.

The intervention was as safe as usual practice and the researchers did not find any differences in how long paramedics spent on each job or patients’ health and quality of life.

Patients were generally happy with the care they received and paramedics found the procedure increased their confidence.

The Impact:
SAFER 2 findings indicate that ambulance services may introduce this new procedure safely and at low cost, and expect modest reductions in further 999 calls. However, the study did not find any evidence of improved quality of life for patients or reductions in overall NHS emergency workload.


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