

# Impact of having a long lie after a fall

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<b>Registration date</b> 10/02/2025	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 05/03/2025	<b>Condition category</b> Not Specified	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

When someone falls and can't get up from the floor for over an hour this is called a long lie. In the over-65 age group, 1 in 3 people will fall at least once a year and around 20% of these falls will result in a long lie. A long lie may lead to other problems, such as dehydration, pressure injuries and emotional distress. More demand for ambulances means that people who fall may wait longer for help and that more people may experience a long lie. Current advice to not give fluids or move people who have fallen is mainly focused on people who may have a hip fracture and need surgery. It also assumes an ambulance will arrive quickly. Most people who fall do not have a fractured hip and this advice may be harmful.

### Who can participate?

This study focuses on WP 4 and 5 involving staff in care or nursing homes, ambulance staff and staff in hospitals who care for patients who have had a fall and can't get up from the floor.

### What does the study involve?

WP4. This package will understand how health and social care organisations currently manage patients after a fall to reduce the harm from a long lie using a telephone survey of ambulance services and a survey of residential or care home staff.

WP5. This package will speak to people who advise patients (ambulance clinicians, hospital staff, social and residential home staff) when they are awaiting help to understand what advice they currently give people when they have fallen, and what they feel could be improved.

### What are the possible benefits and risks of participating?

Whilst we do not feel that the study poses any significant ethical concerns, there are several areas that we need to pay attention to in relation to data, staff and patient confidentiality and patient autonomy. The main ethical issues are informed consent for interviews with staff and patients, consent to access patient records and confidentiality of data.

### Where is the study run from?

Yorkshire Ambulance Service NHS Trust, Mid Yorkshire Teaching Hospitals Trust and the University of Sheffield

### When is the study starting and how long is it expected to run for?

April 2024 to June 2026.

Who is funding the study?  
The National Institute for Health and Care Research (NIHR)

Who is the main contact?  
Dr Fiona Sampson, [f.c.sampson@sheffield.ac.uk](mailto:f.c.sampson@sheffield.ac.uk)

**Study website**  
<https://www.sheffield.ac.uk/cure/current-trials/long-lies-study>

## Contact information

**Type(s)**  
Scientific, Principal Investigator

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Scientific

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## Additional identifiers

### EudraCT/CTIS number

Nil known

### IRAS number

336914

### ClinicalTrials.gov number

Nil known

### Secondary identifying numbers

CPMS 59596, NIHR158676

## Study information

### Scientific Title

Mixed methods study to understand the scale, impact and care trajectory for patients who have a long lie after a fall

### Acronym

Long lies

### Study objectives

This study aims to understand what happens when people have a long lie after a fall and how people can be helped while waiting for an ambulance.

This is a mixed methods study incorporating 7 linked work packages over 27 months (April 2024-June 2026). NHS Ethics, HRA, CAG, and CUREd+ approvals will take place in months 0-6. As part of the approvals process, preliminary drafts of surveys (WP4) and interview materials (WP5, WP6) will be developed in collaboration with PPI and stakeholders during these months. These will be updated following outcomes and feedback from the telephone survey with residential care/ nursing homes in WP4. The overall design is an observational mixed methods study, following a parallel design, with data from six interrelated work packages being integrated before the development of guidance with key stakeholders (WP7) (O’Cathain 2010). The research addresses a recognised research gap and is problem-driven rather than theory-driven, arising from a long-standing service-led need for information about the management of patients with long-lie that has been exacerbated by contextual factors such as increasing ambulance service pressures and resulting ambulance delays.

## **Ethics approval required**

Ethics approval required

## **Ethics approval(s)**

Approved 16/08/2024, Sheffield Centre for Health and Related Research (ScHARR) Research Ethics Committee (University of Sheffield, Regent Court, 30 Regent Street, Sheffield, S1 4DA, United Kingdom; +44 114 222 1443; l.v.unwin@sheffield.ac.uk), ref: 061049

## **Study design**

Observational mixed methods study

## **Primary study design**

Observational

## **Secondary study design**

Parallel design

## **Study setting(s)**

Care home, Home, Hospital, Internet/virtual, Medical and other records, Paramedicine, Telephone

## **Study type(s)**

Treatment

## **Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

## **Health condition(s) or problem(s) studied**

Specialty: Trauma and Emergency Care, Primary sub-specialty: Pre-hospital; Health Category: Disputed Aetiology and Other

## **Interventions**

The team is conducting a mixed methods study comprising seven interrelated work packages (WP1-WP7). A brief overview of the entire project is provided below. Ethics approval from the University of Sheffield (UOS) has been obtained for WP4 and WP5, but Health Research Authority (HRA) approval is also required. Additionally, a subsequent HRA and NHS ethics application will be submitted for WP3 and WP6.

WP1: This work package aims to understand the characteristics and care trajectory of ambulance service patients who have been unable to get up after a fall. Using the CUREd+ dataset, which includes routine emergency care data from the Yorkshire & Humber region, the team will explore the demographic and clinical characteristics of patients experiencing a long lie and analyse trends in the frequency and duration of long lies. The dataset will also be used to understand the care trajectory of these patients.

WP2: This work package focuses on understanding the resource use of ambulance service patients after their fall. The CUREd+ dataset and NHS routine costs will be utilised to model the healthcare resource use of patients unable to get up following a fall and to understand the economic impact of long lies.

WP3: This work package aims to understand the mechanisms for the impact of long lies by reviewing patient notes. A detailed review of all patient records for three months following a fall will be conducted for a subset of 200 patients conveyed to hospitals within the Yorkshire and Humber region. The data will be used to explore how a long lie impacts the patient care trajectory and key health outcomes. Fifty patients will be identified at each of four hospitals with an Emergency Department within the region. Expressions of interest will be invited from all eligible hospitals. Research nurses will seek consent from patients within two weeks of their initial hospital attendance and request permission to access their notes from the initial ambulance contact up until 90 days after their fall. Translators will be available for patients who require them to ensure inclusivity. CAG approval will be included in the future NHS ethics and HRA application for patients who lack capacity, are seriously ill, or die during the care episode.

WP4: This work package aims to identify how health and social care organisations mitigate long lies. Existing interventions used in health and social care settings will be identified, and strategies used by key stakeholders to manage patients at risk of a long lie will be understood. This will be done through three sub-packages:

WP4a: A structured survey of all UK NHS 999 Emergency Operations Centre ambulance service clinical leads to understand current interventions, local guidance, and initiatives for managing long lies.

WP4b: A structured survey of residential and nursing home managers in the Yorkshire area to understand initiatives used within care facilities to manage patients while awaiting ambulance services.

WP4c: An online survey of care-sheltered housing and social care providers, disseminated via social media and Local Authority Link networks (LARKs), to provide a descriptive analysis of interventions from ambulance services and care providers.

WP5: This work package aims to understand how key stakeholders mitigate and manage long lies. Semi-structured telephone or online interviews will be conducted with 22-26 key stakeholders across three ambulance service areas. The National Ambulance Research Group (NARSG) will be engaged to identify sites expressing interest in participating.

WP6: This work package explores the impact of long lies on patients and carers. Interviews will be conducted with a diverse group of 18-24 patients who have experienced a long lie after a fall and their carers to understand the impact on issues important to patients. Recruitment will be done through various approaches, including patients from WP3, existing networks and registries, and patient groups. Recruitment materials have been developed with the PPI group, and efforts will be made to include traditionally minoritised groups. Translation services will be provided as needed, and participants will be offered £25 Love2Shop vouchers as a thank-you for participating. HRA approvals and NHS ethics for this work package will be recruited later.

WP7: This work package focuses on making recommendations for service policy to reduce risk to patients. Findings from multiple workstreams will be integrated. The team will collaborate with diverse key stakeholders across the identified care trajectory to co-produce guidance for hospitals, ambulance services, and patients/carers. Additionally, recommendations for service policy will be developed to reduce risk to patients and avoid unnecessary healthcare resource use.

## **Intervention Type**

Other

## **Phase**

Not Specified

### **Primary outcome measure**

The identification and evaluation of effective interventions and strategies used by healthcare and social care providers to manage and mitigate the impact of long lies for patients measured using data collected from surveys, interviews, and data analysis from multiple work packages (WP4a, WP4b, WP4c, and WP5), throughout the study, with final evaluation upon completion of all work packages

### **Secondary outcome measures**

There are no secondary outcome measures.

### **Overall study start date**

01/04/2024

### **Completion date**

30/06/2026

## **Eligibility**

### **Key inclusion criteria**

WP4 - UK NHS 999 Emergency Operations Centre ambulance service clinical leads (n=13)

WP4b) residential and nursing home managers in the Yorkshire area (using the 18+ Wakefield Research Hub networked research-active residential homes)

WP4c) UK-wide care and residential home managers

WP5 n = 22-26. Key stakeholders across 3 ambulance service areas - a variety of roles in the ambulance service including frontline clinicians and 999 call handlers. Hospitals within the participating ambulance will identify staff that are involved throughout the process of care such as ED, frailty and acute medicine departments (dependent upon the findings from WP1). Residential and care home staff in the participating ambulance service areas.

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

Both

### **Target number of participants**

Planned Sample Size: 473; UK Sample Size: 473

### **Key exclusion criteria**

Not meeting the participant inclusion criteria

**Date of first enrolment**

01/01/2025

**Date of final enrolment**

31/12/2025

## **Locations**

**Countries of recruitment**

England

Northern Ireland

Scotland

United Kingdom

Wales

**Study participating centre**

**North East Ambulance Service NHS Ft**

Bernicia House

Goldcrest Way

Newcastle upon Tyne

United Kingdom

NE15 8NY

**Study participating centre**

**Yorkshire Ambulance Service NHS Trust**

Springhill

2 Brindley Way

Wakefield 41 Industrial Estate

Wakefield

United Kingdom

WF2 0XQ

**Study participating centre**

**North West Ambulance Service NHSTrust**

Ladybridge Hall

399 Chorley New Road

Bolton

United Kingdom

BL1 5DD

**Study participating centre**

**West Midlands Ambulance Service University NHS Foundation Trust**

Millennium Point  
Waterfront Business Park  
Dudley Road  
Brierley Hill  
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DY5 1LX

**Study participating centre**

**East Midlands Ambulance Service Trust Hq**

1 Horizon PLACE  
Mellors Way  
Nottingham Business Park  
Nottingham  
United Kingdom  
NG8 6PY

**Study participating centre**

**South Western Ambulance Service NHS Foundation Trust**

Abbey Court  
Eagle Way  
Sowton Industrial Estate  
Exeter  
United Kingdom  
EX2 7HY

**Study participating centre**

**South Central Ambulance Service NHS Foundation Trust**

7-8 Talisman Business Centre  
Talisman Road  
Bicester  
United Kingdom  
OX26 6HR

**Study participating centre**

**South East Coast Ambulance Service NHS Foundation Trust**

Trust Headquarters  
Nexus House  
4 Gatwick Road



Crawley  
United Kingdom  
RH10 9BG

**Study participating centre**  
**London Ambulance Service NHS Trust**  
220 Waterloo Road  
London  
United Kingdom  
SE1 8SD

**Study participating centre**  
**East of England Ambulance Service NHS Trust**  
Unit 3  
Whiting Way  
Melbourn  
Royston  
United Kingdom  
SG8 6NA

**Study participating centre**  
**Welsh Ambulance Services NHS Trust**  
Unit 7  
Ffordd Richard Davies  
St Asaph Business Park  
St. Asaph  
United Kingdom  
LL17 0LJ

**Study participating centre**  
**Scottish Ambulance Service**  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
United Kingdom  
EH12 9EB

**Study participating centre**  
**Ni Ambulance Service Health and Social Care Trust**  
Knockbracken Healthcare Park  
Saintfield Road

Belfast  
United Kingdom  
BT8 8SG

**Study participating centre**  
**Leeds Community Healthcare NHS Trust**  
3 White Rose Office Park  
Millshaw Park Lane  
Leeds  
United Kingdom  
LS11 0DL

**Study participating centre**  
**Mid Yorkshire Teaching NHS Trust**  
Pinderfields Hospital  
Aberford Road  
Wakefield  
United Kingdom  
WF1 4DG

## **Sponsor information**

**Organisation**  
Yorkshire Ambulance Service NHS Trust

**Sponsor details**  
Springhill, 2 Brindley Way, 41 Industrial Estate  
Wakefield  
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Yas.research@nhs.net

**Sponsor type**  
Hospital/treatment centre

**Website**  
<https://www.yas.nhs.uk/>

**ROR**  
<https://ror.org/01sawky49>

# Funder(s)

## Funder type

Government

## Funder Name

National Institute for Health and Care Research

## Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Publication and dissemination plan

Dissemination will include active methods (e.g. workshop), infographic dissemination and written peer-reviewed publications. The project advisory group will advise on dissemination strategies. The PPI group will connect with the research team to ensure that engagement and dissemination strongly represent the voices and interests of patients at risk of falling/long lie and their carers. Progress and findings will be advertised on the project website (hosted at UoS) and shared by project-specific social media accounts. We will write up findings for WP1-3, WP4, WP5 and WP6 as Open Access threaded publications as well as a mixed methods paper of overall findings, incorporating WP7 recommendations. High impact academic journals we will target include Age & Ageing, BMC Geriatrics, BMJ Open and Annals of Emergency Medicine. We have set up a study website and will disseminate via social media accounts to update on study progress and dissemination activities. Findings will be presented at UK & international conferences (e.g. EMS2025, 999EMSResearch Forum, HSRUK). We will work with key professional organisations (including National Ambulance Service Medical Directors (NASMeD) and other AACE sub-groups, Royal College Emergency Medicine, British Geriatric Society, College of Paramedics, NHS Pathways/AMPDS, National Care Forum) to disseminate summaries of the research findings, particularly recommendations and action plans generated from workshops in WP7 in order to maximise impact on policy. We will work with our PPI group to guide wider dissemination of lay research summaries, and will co-produce a publication with PPI about PPI findings, as well as deliver a PPI co-produced 2-3 minute long narrated animation and PPI co-produced easy-read infographic.

## Intention to publish date

30/06/2026

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are/will be available upon request from the contact details listed in the publicly available data access and management plan: Data Management and Access Plan (<https://netscc-webapps.soton.ac.uk/damps/damps-document.phtml?id=NIHR158676>). The Data Management and Access Plan outlines which data are not available upon request due to the ethical restrictions and approvals in place to protect the special category health data included in WP1, 2 and 3.

**IPD sharing plan summary**

Stored in publicly available repository

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol file</a>	version 1.2	02/04/2024	28/11/2024	No	No