Return to standing after a fall

Overview

Opportunity status:	Open
Type:	Programme
Opening date:	31 July 2025 at 1:00 pm
Closing date:	26 November 2025 at 1:00 pm
Reference ID:	2025/367

Ready to apply?

Apply for this funding opportunity through our online application form

Apply now

 $(https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp\%3Fappid\%3D105112\%26nextlevel\%3D1\%26opportunityid\%3D10166730)$

Our <u>Health Technology Assessment (HTA) Programme (https://www.nihr.ac.uk/research-funding/funding-programmes/health-technology-assessment)</u> is looking to fund research into returning patients to standing after a fall.

This is a 2-stage, commissioned funding opportunity. To apply for the first stage you should submit an outline application. If invited to the second stage, you will then need to complete a full application.

Eligibility

See our HTA Programme page for details about the overall programme remit and eligibility criteria.

Key dates

31 July 2025

Outline application opening date

26 November 2025

Outline application closing date

Late January 2026

Outline application shortlisting decision

Late January 2026

Full application opening date

19 March 2026

Full application closing date

Early April 2026

Full application funding decision

Studies within a trial or review

This funding opportunity is eligible for a SWAT/SWAR (study within a trial or study within a review), which can help significantly improve methodology of future research as well as the host study. Find out about the benefits of SWATs/SWARs and how to include one in your application (https://www.nihr.ac.uk/methodological-sub-studies-studies-within-trial-or-project-swat-and-studies-within-review-swar).

Apply now

 $(https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp\%3Fappid\%3D1~05112\%26nextlevel\%3D1\%26opportunityid\%3D10166730)$

Research specification

Introduction

Our Health Technology Assessment (HTA) Programme invites applications in response to specific research questions and priorities. These have been identified, developed and prioritised for their importance to stakeholders including:

- Department of Health and Social Care
- NHS
- patients and public
- local government

Research question

What is the clinical and cost effectiveness of an intervention that focuses on training people to return to standing after a fall, compared with usual care, in those at risk of a long-lie?

Patient/target group: Older adults living in their own homes, who have recently had a fall and were unable to rise from the floor (return to standing) without the assistance of another person. The ambulance service may have attended (and the individual may or may not have been conveyed to hospital), or assistance may have been provided by a community responder. Applicants to define and justify specific inclusion criteria.

Intervention: A training/rehabilitation programme focused on increasing an individual's ability to stand up from the floor independently and safely following a fall. The programme would be delivered by a suitably trained individual and might utilise a 'backward chaining' method. Applicants should specify and justify the intervention parameters, including the programme timeframe (for example number, length, and frequency of sessions), and if delivery varies according to ability and

achievement.

Control: Usual care. Applicants to define usual care when there is variation in practice.

Important outcomes: Ability to return to standing

Other outcomes:

- resource use and cost-effectiveness
- repeat ambulance call-outs (or provision of other assistance) to a fall with inability to rise
- morbidity and mortality secondary to a long-lie
- occurrence of falls
- conveyance to the Emergency Department; admission to hospital
- quality of life; psychological consequences including fear of falling and empowerment

Existing Core Outcomes should be included amongst the list of outcomes unless a good rationale is provided to do otherwise. Applicants are encouraged to report recruitment and findings disaggregated by sex (and other demographic factors where relevant).

Study design

A randomised controlled trial with an internal pilot phase to test key trial processes such as recruitment and adherence. Clear stop/go criteria should be provided to inform progression from pilot to full trial. Applicants should consider the extent to which ambulance services are involved in referral to (or potential initial delivery of) the intervention. Applicants should consider and describe how the study would take into account the delivery of any concomitant care concerned with falls assessment or prevention. Applicants should also consider how the intervention would work in conjunction with existing service provision, such as falls clinics and reablement services. Consideration should be given to incorporating a process evaluation and qualitative work into the study, for example to gather information about intervention acceptability to service users and professionals, and to inform potential implementation. Minimum duration of follow-up: 12 months.

Setting: Community

Rationale

Falls are a frequent occurrence in the older adult population, with falling being the leading cause of both hospital admissions and injury-related deaths in those aged over 65 years. Falls in older people can have serious consequences for the individual, in addition to significant financial impact on the NHS, costing more than £2.3bn per year.

There has been a significant amount of research undertaken in the field of falls prevention, for example into risk assessments, home adaptation interventions, medication review, personal alarm devices, and individualised and tailored functional balance and strength training. However, falls still occur, and when they do, many older adults are unable to rise from the floor, even when uninjured. Among community-dwelling adults living independently, one consequence can be a 'long-lie', when a person remains lying on the floor for longer than one hour. Long-lies can lead to worsening of existing health issues, and result in physical and psychological harms, including rhabdomyolysis (muscle breakdown), hypothermia, dehydration, pressure ulcers, cognitive impairment, and fear of falling. Inpatient admissions and the need for residential care may result.

Ambulances that are called out to 'lift-assists', when the person is assisted to their feet but does not require any further medical input or conveyance to hospital, may account for over half of ambulance call-outs to older adults following a fall.

Our NIHR HTA Programme is interested in funding a study to evaluate the clinical and costeffectiveness of an intervention focused on (re)training older adults to return to standing following a fall. Such an intervention has the potential to improve physical and psychological outcomes for older adults who have a fall, in a way that is cost-effective and that alleviates pressure on the ambulance and wider healthcare services.

Funding opportunity scope

This is a funding opportunity where our intention is to fund a single study.

Outputs

Pathways to Impact – we are focused on the impact of the research we fund. Applicants are asked to consider the timing and nature of deliverables in your proposals; and encouraged to maximise the impact of your research by explaining how you will mobilise knowledge and ensure that it is useful and relevant to stakeholders such as:

- policy makers
- public health officers
- special interest groups
- charities
- community audiences
- other stakeholders

Duration and costs

You are advised that we are custodians of public funds and value for money is a key criteria that peer reviewers and funding committee members will assess applications against.

Inclusive research

You must fully consider inclusion throughout the whole research lifecycle and provide information on any associated costs.

For full details, please read <u>Inclusive research funding application guidance</u> (/about-us/who-we-are/research-inclusion/funding-application-guidance).

Supporting information

A background document is available that provides further information to support your application. It is intended to summarise what prompted the funding opportunity and the existing evidence base, including relevant work from the HTA and the wider NIHR research portfolio. It was researched and written based on information obtained from a search of relevant sources and databases, and in consultation with a number of experts in the field. If you would like a copy, please email https://document.nihr.ac.uk (mailto:htaresearchers@nihr.ac.uk).

Application guidance

Please read the following guidance to help you complete your application:

- domestic outline application guidance (https://www.nihr.ac.uk/research-funding/applicationsupport/guidance/domestic-programmes-outline-application-guidance): this lists the fields that appear in the awards management system and explains what information you need to include for each one
- HTA Programme application guidance: see the information below for specific requirements our
 HTA Programme looks for in applications
- HTA Programme page (https://www.nihr.ac.uk/research-funding/funding-programmes/healthtechnology-assessment): details about the programme remit
- <u>funding assessment criteria</u> (https://www.nihr.ac.uk/research-funding/application-support/domesticfunding-programmes-assessment-criteria)

- research inclusion guidance (https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/funding-application-guidance): it is important that you fully consider inclusion throughout the whole research life cycle
- finance guidance for applicants (https://www.nihr.ac.uk/research-funding/applicationsupport/guidance/finance-guidance-for-applicants)

Research plan

Write a maximum of 5 A4 pages for your research plan. This should include the background, rationale and all figures. When reviewing applications, we will not consider any additional information over this 5 page limit.

Background and rationale

Refer to the domestic outline application guidance for details on what to include.

Aims and objectives

Refer to the domestic outline application guidance for details on what to include.

Methodology/plan

For your methodology/plan, please refer to the domestic outline application guidance and also include the detail below.

Project design and methods

The research question

Please provide a concise statement of your proposed research including how it fits our HTA Programme remit.

You should include a clear explanation of the main, single, research question phrased in PICO terms where applicable to your study type:

- Population: NHS or social care patient group.
- Intervention: A technology that is or could be used now in the NHS or social care you may
 wish to refer to the <u>Template for Intervention Description and Replication (TIDieR) guidance</u>
 (http://www.tidierguide.org/).
- Comparator: Usually the next best treatment, but could be placebo.
- Outcome: Patient or service user centred, leading to effectiveness and cost-effectiveness.

For some funding opportunities, much of this information will be detailed in the research specification. In this case, you should only provide any relevant additional information not already captured in the research specification. If you wish to propose a study that does not meet one or more of the requirements set out in the research specification, please use this section to explain the reasons for your approach.

Summarise your project plan plus any additional points required to support statements made in previous sections of your application. Include any key references required to justify them, for example, the use of particular outcome measures or methods of analysis.

Why is this research important in terms of improving the health or wellbeing of the public or to patients and health care services?

It is essential that you clearly identify the health and care need your research meets or contributes to. Further to the guidance in the 'Background and rationale' section of the research plan, please justify the clinical importance of your proposed study to patients and the public, and outline the anticipated value or contribution the study will provide to clinical practice now and in future. You must justify that this unmet need is a high priority to the NHS, social care or those who use these services. Your justification should be proportionate to the level of funding you are asking for. In some cases, substantive justification will be needed to prove your research is in an area of major importance. This includes detailing what support there is for this work from relevant clinical and patient communities. In addition, please consider how your proposed intervention could be implemented across the wider NHS or social care settings.

Design

Dependent on the nature of the research you are undertaking, give a brief statement on the study design you will use, including:

- for primary research, state the health or care service setting(s) in which the study will occur for example, general practice, hospital outpatients, ambulance service users, social care
- for secondary research or modelling, please explain the criteria applied to assess the quality
 and relevance of studies identified by the search strategy explain how these will be decided if
 these are not yet known

We welcome innovative methods that offer substantial benefits. If you plan to use a complex methodology, for example, Bayesian and model-based designs, you should justify this over a more standard approach. Benefits could include showing that the statistical properties are superior, or that the resources required are lower. You should also demonstrate that you have appropriate expertise within the research team to implement the approach.

What is the evidence that the intervention is ready for HTA evaluation?

For some commissioned funding opportunities, we will have already reviewed existing evidence to inform the research specification. In this case please ensure you meet the requirements in the research specification.

For researcher-led applications and commissioned funding opportunities with a broader scope, we require evidence that <u>the intervention is ready for HTA evaluation</u> (https://www.nihr.ac.uk/intervention-ready-hta-researcher-led-evaluation).

You should present and reference relevant high-quality evidence synthesis such as systematic reviews, modelling studies and meta-analyses. Where no such published evidence synthesis exists, you are expected to undertake an appropriate review of the currently available evidence. You should do this using a predetermined and described methodology that systematically identifies, critically appraises and then synthesises the available evidence, and then present a summary of these findings in your proposal.

You should propose valid and reliable methods for identifying and selecting relevant material, assessing its quality and synthesising the results. See the NHS Centre for Reviews and Dissemination guidance (https://www.york.ac.uk/crd/guidance/) for information regarding choosing appropriate methods.

If you are undertaking systematic reviews, please note our NIHR commitment to register these in the PROSPERO (https://www.crd.york.ac.uk/prospero/) database. PROSPERO is the first online facility to register systematic reviews for research about health and social care from all around the world. Access is completely free and open to the public. PROSPERO registration is a condition of NIHR funding for eligible systematic reviews.

If your proposed study builds on previous work then the results of the previous study must be available to the funding committee before an application will be considered. Please reference the published results. If not yet published, the committee may ask to see the results, along with evidence of acceptance for publication, to demonstrate that peer review has taken place.

Target population, inclusion and exclusion criteria

Clearly define the population from which the study sample receives the health technology concerned, or the control intervention where appropriate. For example, women over 60, people with a learning disability, people with advanced cancer. Please provide an explanation of the inclusion and exclusion criteria.

Health technologies being assessed

Give a clear definition of the health technology to be assessed. The purpose of HTA is to assess the value of a health technology compared to best alternatives or where none exists, against no intervention. Where there are established alternative technologies, these should also be defined.

Where the technology is subject to rapid change, you should include details of how this will be dealt with.

Measuring costs and outcomes

Not all HTA studies require full economic evaluations. When considering including a cost-effectiveness analysis, you should carefully describe what this will add to the study. Where an economic component is proposed, you should aim to use the simplest approach, or fully justify where more complex methodologies are needed. You should justify the choice of outcome measures where a legitimate choice exists between alternatives. If your study includes a health economic component, state from what perspective costs and benefits will be considered, and (briefly) how these will be collected. Where established core outcomes exist, you should include these in the list of outcomes unless there is good reason to do otherwise. Please see the COMET) Initiative website (https://www.comet-initiative.org/) to identify whether Core Outcomes have been established.

Longer-term follow-up

You should consider obtaining consent from participants to allow you to follow-up with them in the future. This would be through efficient means (such as routine data) as part of a separately funded study. You should therefore consider building in provision for a mechanism to facilitate longer-term follow-up beyond the life of the main study, including obtaining consent for this from participants at study entry.

Sample size

State the required sample size, giving details of the estimated effect size, power and precision employed in the calculation. You must provide this information so the funding committee can replicate the calculation and understand the assumptions made.

Difference between current and planned care pathways

Please define the current standard care pathway and how this differs from the trial arms.

Diagnostics and imaging

You should justify where you consider improvements in diagnostic accuracy to be relevant. Where there is poor evidence to link diagnostic improvements to patient benefits, part of the primary research may be to assess the effects of such changes on patient management and outcomes. You should also assess changes in other resources, particularly other subsequent therapies, used as a result of changes in diagnostic methods.

Dissemination

Our key concern is to ensure that projects funded by the HTA Programme are designed from the outset to produce useful, timely and relevant research findings which impact practice.

Studies within a trial or review

We encourage you to embed methodological sub-studies, up to a maximum funding of £30,000, into your research. In particular, research relating to multiple-long-term-conditions-studies-within-project-swap) is an NIHR strategic priority. See our methodological sub-studies page (methodological sub-studies-studies-within-trial-or-project-swat-and-studies-within-review-swar) for more information. You will need to summarise the planned embedded study but are not required to give a detailed description at this stage.

Mechanistic research

We will support the collection of samples and data, where the HTA study provides an opportunity for valuable, hypothesis-testing research into the 'mechanism of action' of the intervention. The cost of sample collection and storage must be made clear in your application and must be modest in scale. Unless otherwise specified, any mechanistic work must be funded separately. Where there are plans to apply for and undertake an associated mechanistic study, for example via an application to the MRC-NIHR Efficacy and Mechanism Evaluation (EME) Programme, please make this clear. Any mechanistic work must not have a detrimental effect on the main study.

Timeline and milestones

Project timetables including recruitment rate

Indicate the anticipated duration of the study. Pay particular attention to the expected recruitment rate and justify your estimate. Outline the main stages of your proposed project including regulatory steps, team recruitment, patient recruitment, and the expected duration of each.

Study management

Expertise in your team

The team should be multidisciplinary and include relevant expertise in the clinical area concerned. They should have expertise in performing evidence synthesis and (where appropriate) other areas. For example, experience in operational research, being a patient and public involvement lead, being a public voice with lived experience, a health economist or statistician. Applicants are expected to be UK-based.

Clinical Trials Unit involvement

We advise that studies involving a clinical trial have engaged with an accredited Clinical Trials Unit (CTU) listed on the <u>UKCRC CTU Network (https://ukcrc-ctu.org.uk/)</u>. Note that you must provide a letter of CTU support with all full applications involving a clinical trial. If you are designing or undertaking clinical trials, we encourage you to consult the <u>Clinical Trials Toolkit (https://www.ct-toolkit.ac.uk/)</u>.

Ethics and regulatory approvals

See the <u>HRA website</u> (https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/) for guidance on the application process for ethical and other approvals. This process may vary depending where you are based in the UK. The <u>HRA approval page</u> (https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/) provides more information.

If you are using patient information from an existing database, please ensure you have consent or that appropriate exemptions are in place. Approval to use confidential patient information without consent must be requested from the HRA who make decisions with advice from the <u>Confidentiality Advisory Group (CAG) (https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-ineed/confidentiality-advisory-group/)</u>.

To take advantage of the growing utility of routine data, we encourage you to consider asking participants to consent to long-term follow-up. That is, beyond the outcomes of the HTA study where appropriate.

See the <u>UK policy framework for health and social care research (https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/)</u> for a summary of the responsibilities of key research stakeholders.

Medicines and Healthcare products Regulatory Agency (MHRA) considerations

The MHRA (https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency) can provide guidance on the regulations that apply to your study including any licensing considerations.

Uploads

Please add the following to the 'Uploads' section of your application.

Flow diagram (mandatory)

Upload a 1 single side of A4 flow diagram as part of your application. This should illustrate the study design and the flow of participants, if appropriate. If your research consists of more than 1 work package, consider a diagram that conveys the sequence and timing of research packages as well as how the work packages are linked. You should also describe complex interventions and controls as accurately and fully as possible within the diagram. If proposing an RCT, we advise you refer to the CONSORT statement (https://www.equator-network.org/reporting-guidelines/consort/) and website for guidance. Alternatively, you may find the EQUATOR Network (https://www.equator-network.org/) website useful.

Logic model (optional)

Upload a 1 page side of A4.

References (mandatory)

Upload 1 single-side A4 page .pdf document of references.

Flexible upload (optional)

Contact the secretariat if you would like to add a flexible upload.

Application process

Find out how to apply for this funding opportunity and what you need to do to get your application ready.

How to apply

When you are ready to apply, you will need to <u>log in to our application system to apply</u> (https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 <a href="https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 <a href="https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/appid%3D10511 https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/appid%3D10511 https://app.dest=/Apps/appid%app_dest=/Appg

The closing date is 26 November 2025 at 1pm. Applications received after 1pm on the closing date will not be considered.

Please read all guidance detailed in the 'application guidance' section of this funding opportunity.

Download application form template

You can download a Word document template of the application form below. Please use this template as a guide only, to help you prepare your application. For example, to see how many characters are accepted in each section and to see how information in the form is laid out. Please do not try to use this as an application form; it cannot be submitted as an application. You must submit your application online via our awards management system.

(/media/24286/download/)

domestic-outline-application-form-template.docx

DOCX

Last updated: 27 November 2024

Download document (27.86 KB)

Research inclusion and reasonable adjustments

At NIHR we are committed to <u>creating a diverse and inclusive culture</u> (/about-us/who-we-are/research-inclusion). We encourage applications from people from all backgrounds and communities bringing diverse skills and experiences. If you need any reasonable adjustments throughout the application process, please contact the programme team via the information in the Contact Details tab.

Research Support Service

Got a research idea and not sure how to turn it into a funding application? The NIHR Research Support Service (RSS) supports researchers in England to apply for funding, and to develop and deliver clinical and applied health, social care and public health research post award. Find out how the RSS can help you (/node/48001).

Contact details

- for help with your application contact <a href="https://h
- for more information about the funding programme, visit the HTA page (/research-funding/funding-programmes/health-technology-assessment)
- for help developing your application, if in England, contact the <u>Research Support Service</u>
 (https://www.nihr.ac.uk/explore-nihr/support/research-support-service/)