

TABLE 7 Details collected on post-randomisation falls, for 11 of the 39 reported falls (*continued*)

Details of fall	Intervention (<i>n</i> = 5)	Usual care (<i>n</i> = 6)	Overall (<i>n</i> = 11)
<i>Visit accident and emergency because of fall, n (%)</i>			
No	5 (100.0)	6 (100.0)	11 (100.0)
<i>Stay in hospital overnight because of the fall, n (%)</i>			
No	5 (100.0)	6 (100.0)	11 (100.0)
<i>Stay in hospital for the day only, because of the fall, n (%)</i>			
No	5 (100.0)	6 (100.0)	11 (100.0)
Note There were no recorded serious or non-serious adverse events.			

Recruitment Study Within A Trial

The first mail-out batch from each FRS was not included in the SWAT as this allowed the FRS to familiarise themselves with the mail-out process with no additional complexities. A total of 4500 recruitment packs were randomised into the SWAT (3000 from Humberside and 1500 from Kent) to either receive an invitation letter informed by Self-Determination Theory with their trial invitation pack (*n* = 2252) or the 'standard' invitation letter used within the YTU to recruit participants via the post (*n* = 2248). The primary outcome for the SWAT was the proportion of participants who went on to be randomised into the FIREFLI trial (*n* = 37, 1.6% in the intervention letter arm, *n* = 25, 1.1% in the standard letter arm; OR 1.49, 95% CI 0.89 to 2.48; *p* = 0.13).

Secondary outcomes were:

- proportion of participants who returned a screening form (*n* = 71, 3.2% in the intervention letter arm, *n* = 67, 3.0% in the standard letter arm; OR 1.06, 95% CI 0.75 to 1.49; *p* = 0.74)
- proportion of participants who were eligible (*n* = 61, 2.7% in the intervention letter arm, *n* = 50, 2.2% in the standard letter arm; OR 1.22, 95% CI 0.84 to 1.79; *p* = 0.30)
- proportion of participants who remain in the trial at 3 months post randomisation, defined as returning at least the first 3 months' worth of falls calendars from the date of randomisation (*n* = 29, 1.3% in the intervention letter arm, *n* = 19, 0.9% in the standard letter arm; OR 1.53, 95% CI 0.86 to 2.74; *p* = 0.15).

Results favoured the intervention letter arm of the SWAT for all outcomes, though differences were not statistically significant. However, as is usual with an embedded trial within a trial, no formal power calculation was undertaken for the SWAT, as the sample size was constrained by the number of participants available to mail-out to.

Qualitative findings

Seventeen service providers (6 firefighters, 11 advocates) and 11 service leaders were interviewed. Advocates are also known by various other names such as prevention advisors or safe and well officers. They are a non-operational role within the FRS focusing on fire prevention and community work. Service leaders included members of the FRS (*n* = 7) and primary care services (*n* = 4). Service providers had an average of 13 years of experience within the FRS (range 3 months to 25 years). Four themes were identified from the qualitative interview data relating to the experiences and acceptability of the HFSV from across the stakeholder perspectives: (1) culture change within the FRS; (2) relationships with other services; (3) reaching and supporting vulnerable people; and (4) efficacy and impact of the HFSV service. These findings are being submitted for publication to the *Journal of Public Health* in December 2023. Once accepted, it will be a linked publication.

In addition, 15 trial participants were interviewed (10 women and 5 men, mean age 82 years, range 74–92 years). Findings from the descriptive thematic analysis are presented below.