

# The Role of the Advanced Clinical Practitioner in Falls and Frailty

Sophie Markevics

Advanced Clinical Practitioner – Falls Prevention

Professional Physiotherapy Lead – Community

BGS South West Meeting 2019

## The role of the ACP in Falls and Frailty

- Background
  - Local and National Context
- ACP Test of Change
- Patient examples
- Future opportunities

#### **History**

CHARTERED SOCIETY OF PHYSIOTHERAPY

- Timeline
- 1900 The Society acquired the legal and public status of a professional organisation.
- 1996 BMA advises medical tasks may be devolved to other registered practitioners
- 2001 Physiotherapy gained protection of title under the
- Health Professions Order
- 2003 First consultant physiotherapy post
- 2005 Supplementary prescribing introduced
- 2013 Independent prescribing introduced

#### Physiotherapy,

- CHARTERED SOCIETY OF PHYSIOTHERAPY
- Optimise function and mobility
- Reverse the impact of illness and disability
- Bio-psycho-social, evidence-based approach
- Targeted and tailored care in line with individuals' needs and goals



#### **Advanced Clinical Practitioners**

"New solutions are required to deliver healthcare to meet the changing needs of the population.

This will need new ways of working, new roles and new behaviours."

Multi-professional Framework for Advanced Clinical Practice in England (2017)





#### Advanced Clinical Practitioners





# ACP Test of Change

# Tiverton Test of Change 2016 Waiting time for APP appointment Number of professionals

professionals involved (cross referrals)

Concordance with medication

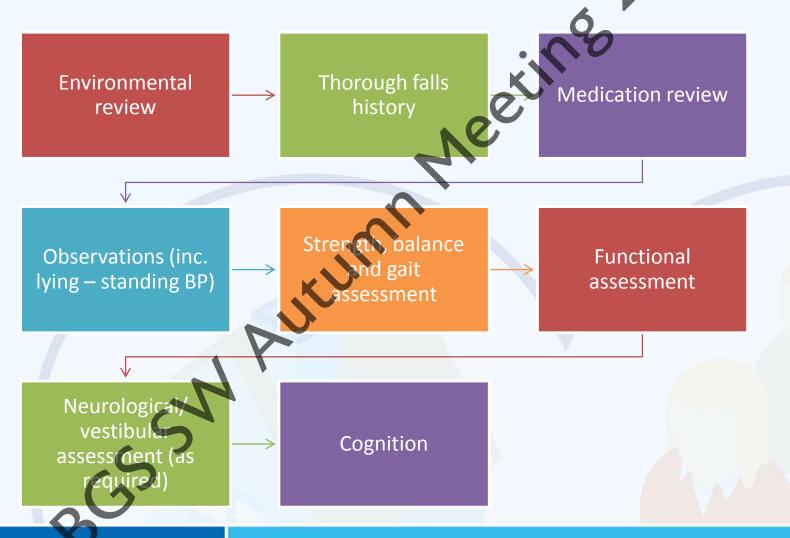
> Number of patients with dication review

Consultant waiting time

**Investigations** requested prior to clinic

Productivity of consultant clinic time

#### APP Assessment o



#### Test of Change - Review

- 15 weeks of clinical time Summer 2016 (2 days per week)
- 48 patients
- Average number of new patients seen per week: 3.2
- Average waiting time for APP appointment:
   2.8 weeks

- HEATTHY DIDNE OSTEOPOROSIS
- 9/46 (~20%) had established diagnosed of osteoporosis.
- 8/9 were on treatment and 1 was awaiting renal function tests
  - 4/8 (50%) patients were not taking their medication as prescribed
  - 2/8 were taking it as prescribed but dissatisfied with regime.

- Of the 37 with no diagnosis 11 patients had prescriptions Ca/ VitD
- 2/37 for bisphosphonates
  - Neither were taking their medication as prescribed.



- Requested DEXA scan for 15 patients (following NOGG guidance/ review of risk factors)
- ~ 50% subsequently diagnosed with
   Osteoporosis + commenced treatment

#### Postural Hypotension

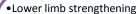
Lying/ Standing BPs assessed with 44 patients. Postural hypotension\* identified for 12 patients (27%)

\*defined as >20 systolic/ >10 diastolic drop



## Falls Analysis

Cause of Falls No of Patie	ents
Dizziness	1
Peripheral Neuropathy	1
Physiological factors (Inc. strength, balance, pain)	9
Collapse	1
Multifactorial: -	
Multiple causes/ combination	16
1y physiological factors	10
1y diabetic complications	1
1y vestibular	1



- Balance retraining
- Gait re-education
- Rotator cuff strengthening
- Stretches
- Vestibular rehabilitation
- Mobility practice
- Orthopaedic advice
- •Teaching how to get up from the floor

Specialist Physiotherapy Interventions  Postural hypotension - advice re: behaviour modification/ countermanouvres

- Footwear
- Hydration/ nutrition
- Continence
- Environment
- Equipment
- Pressure sensors/ hip protectors
- Pacing/ activity planning

Independent Prescribing

- Medication review
- Bisphosphonate counselling
- Bisphosphonate/ CaVitD prescription
- •Review/ follow up
- Discussion/explanation of meds as required

MDT working/ Onward Referrals

Additional

Interventions/

Advice

- EMC orthotics
- CHIME audiologists
- •MSK Physio
- Optician review
- Voluntary Sector/ Social support
- Diabetes specialist nurse

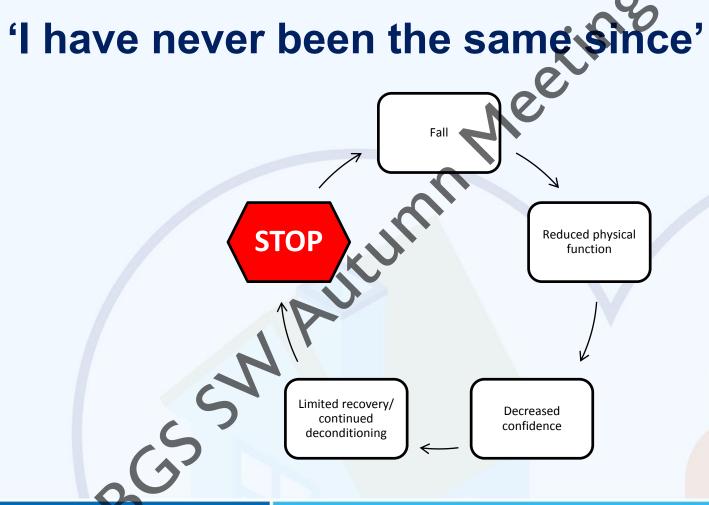


Case Studies

Autumn

GSSW Autu

#### Identifying Frailty 6



#### Joining up the pathway...

- Mr A– 87 year old man
- 3 fractures over previous 18 months
  - L) wrist fracture presented to ED
  - R) wrist fracture seen in UCC + fracture clinic
  - R) fractured ankle GP referred to falls clinic



- APP requested DEXA and Osteoporosis diagnosed; GP prescribed
- Follow up with APP in community; patient had not started treatment as concerns re: contraindications as well as regime.
- Treatment reviews completed at 1 and 3 months post initiation; enhanced concordance and patient satisfaction

Place Based

- Mr J 91 year old man
- Referred via GP to Consultant Falls Clinic.
- Lives in a RH
- Unwitnessed falls 6 falls in 6 months
- Assessment:
- Postural hypotension
- Poor static/ dynamic balance
- Interventions:
- Pressure sensors
- Footwear
- Flooring
- M+H advice
- Outcome:
- 2 months later no further falls reported
- No need for consultant clinic



#### Social Situation,

- Mrs B 83 year old lady with moderate cognitive impairment
- Lives alone with POC
- Referred by RDE therapists following # NOF
- Assessment:
- Carer visit schedule vs bisphosphonate regime
- Intervention:
- Liaised with consultant re: infusion options



### Discussion Points from TOC

Pathway acute/community and primary care

Extending scope

Consultant/
GP time

**Investigations** 

#### Where are we now

Referral to Falls
Clinic

Seen by APP (within 3/52)

45% do not require consultant follow up

55% seen in clinic with APP report +/- prior investigations

## The Future for APPs in Falls and Frailty

- Further development of the role across
   Devon
- Expand scope of the role
  - Focus on prevention
  - Co-ordination of CGAs
  - Enhance links with acute, SWASFT, fracture liaison pathway, patch geriatricians (Inc. links with virtual clinics)

