

The Role of the Advanced Clinical Practitioner in Falls and Frailty

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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



- **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



- 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

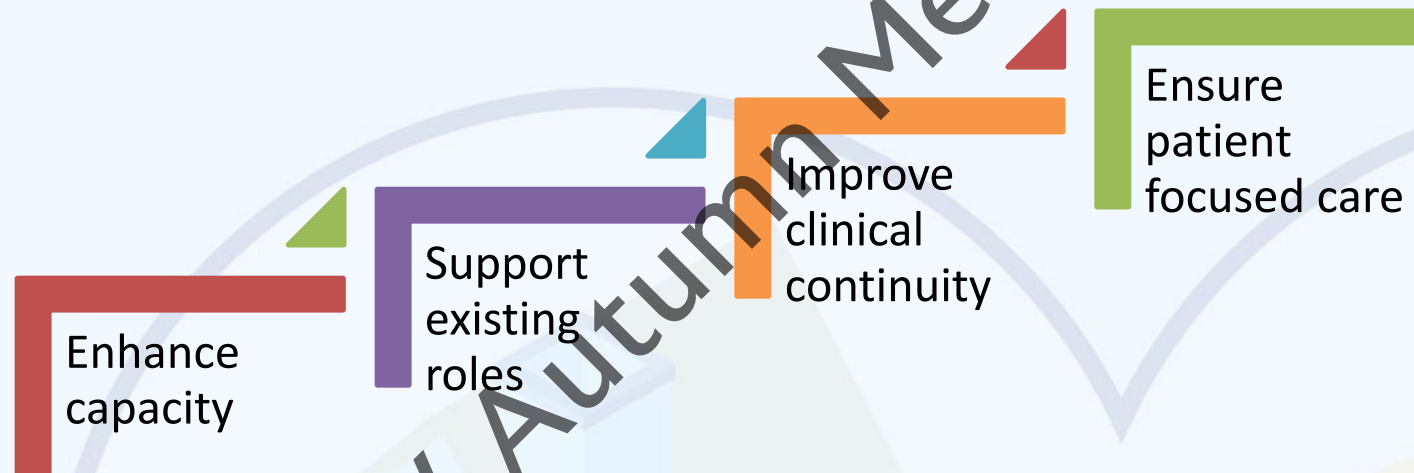
Advanced Clinical Practitioners

“ 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)

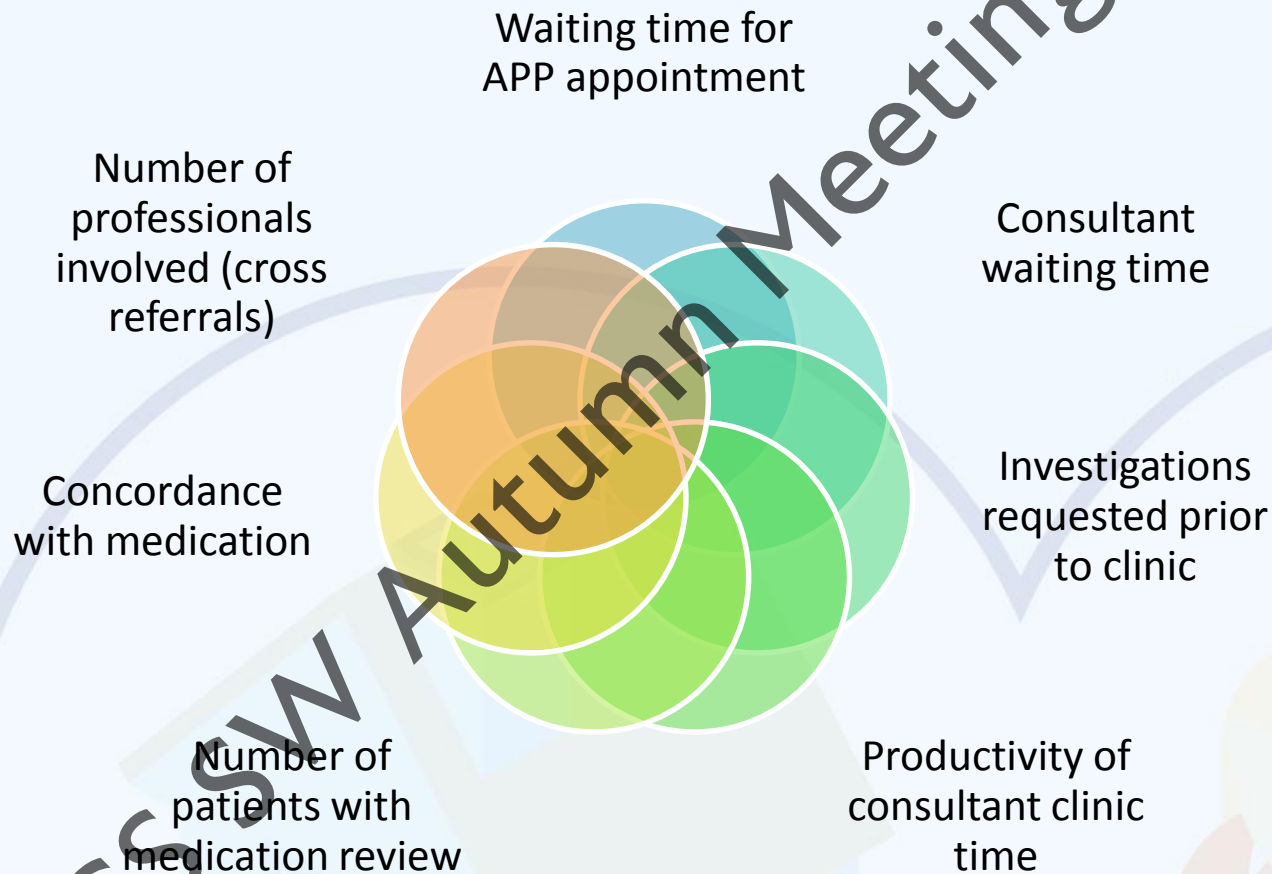
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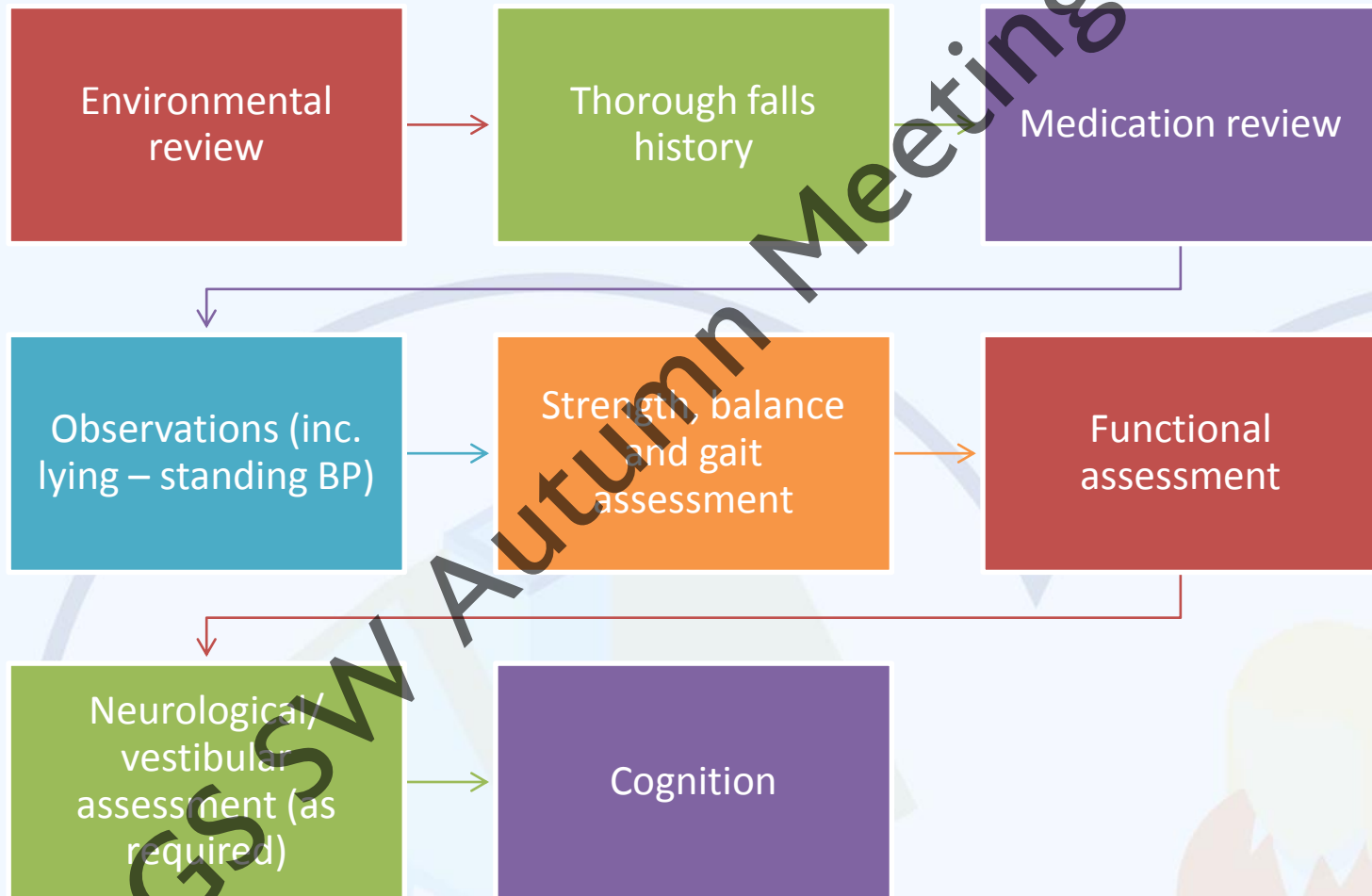
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ACP Test of Change

Tiverton Test of Change 2016



APP Assessment



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**

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.

Osteoporosis

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



Osteoporosis

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

Postural Hypotension

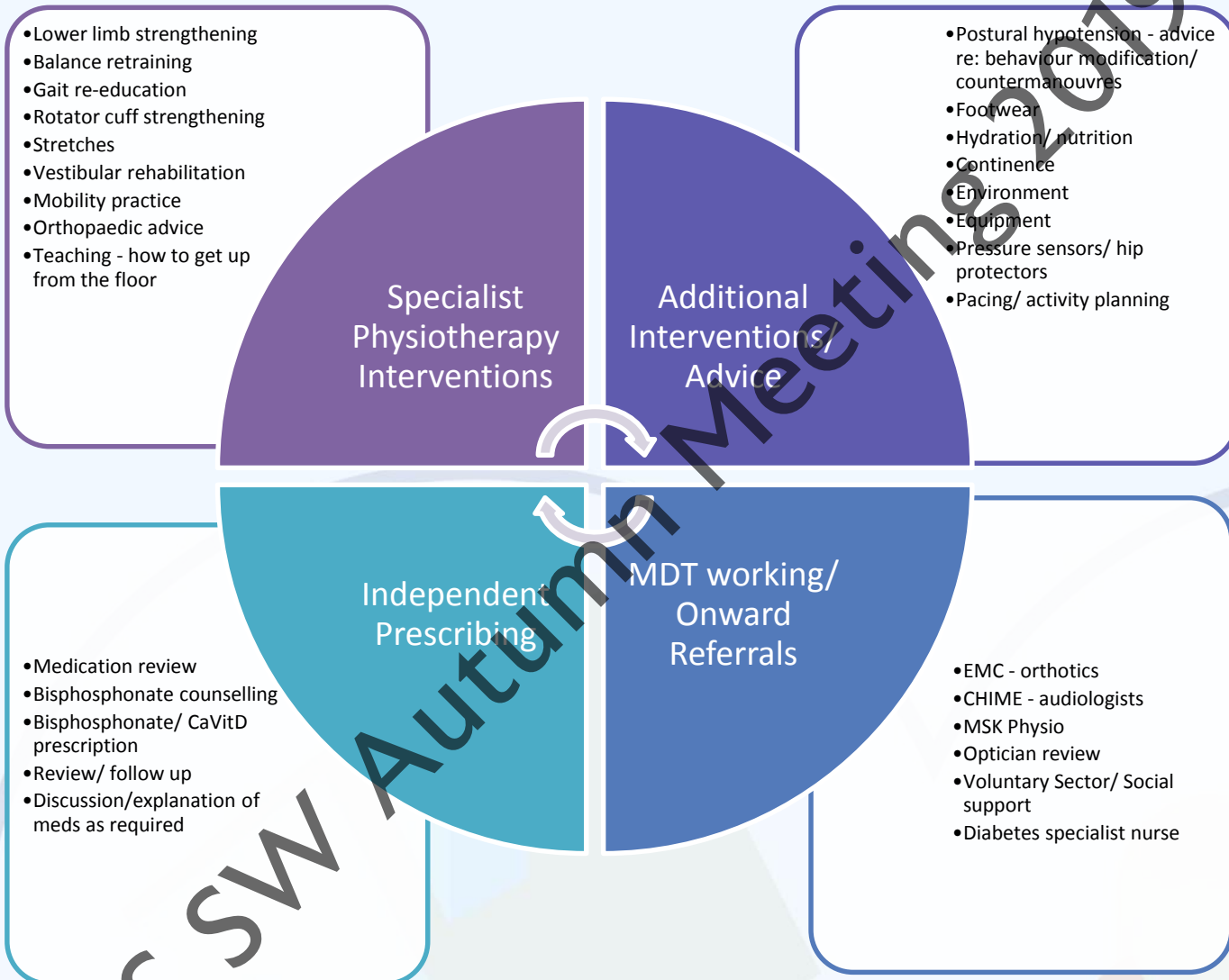
- Lying/ Standing BPs assessed with 44 patients. Postural hypotension* identified for 12 patients (27%)

*defined as >20 systolic/ >10 diastolic drop



Falls Analysis

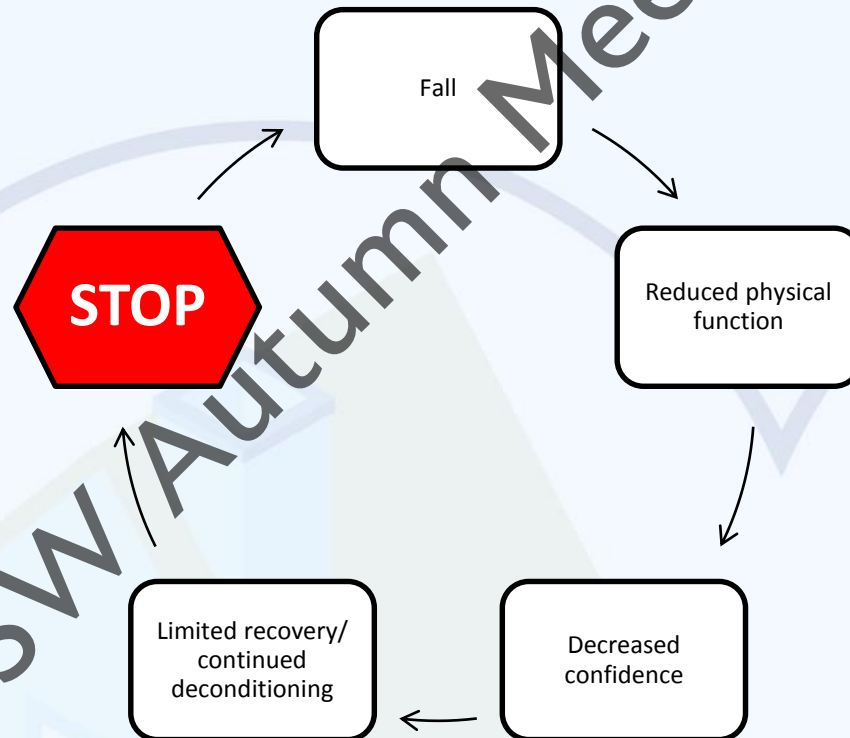
Cause of Falls	No of Patients
Dizziness	1
Peripheral Neuropathy	1
Physiological factors (Inc. strength, balance, pain)	9
Collapse	1
Multifactorial: -	
Multiple causes/ combination	16
1y physiological factors	10
1y diabetic complications	1
1y vestibular	1



Case Studies

Identifying Frailty

‘I have never been the same since’



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



Osteoporosis

- 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

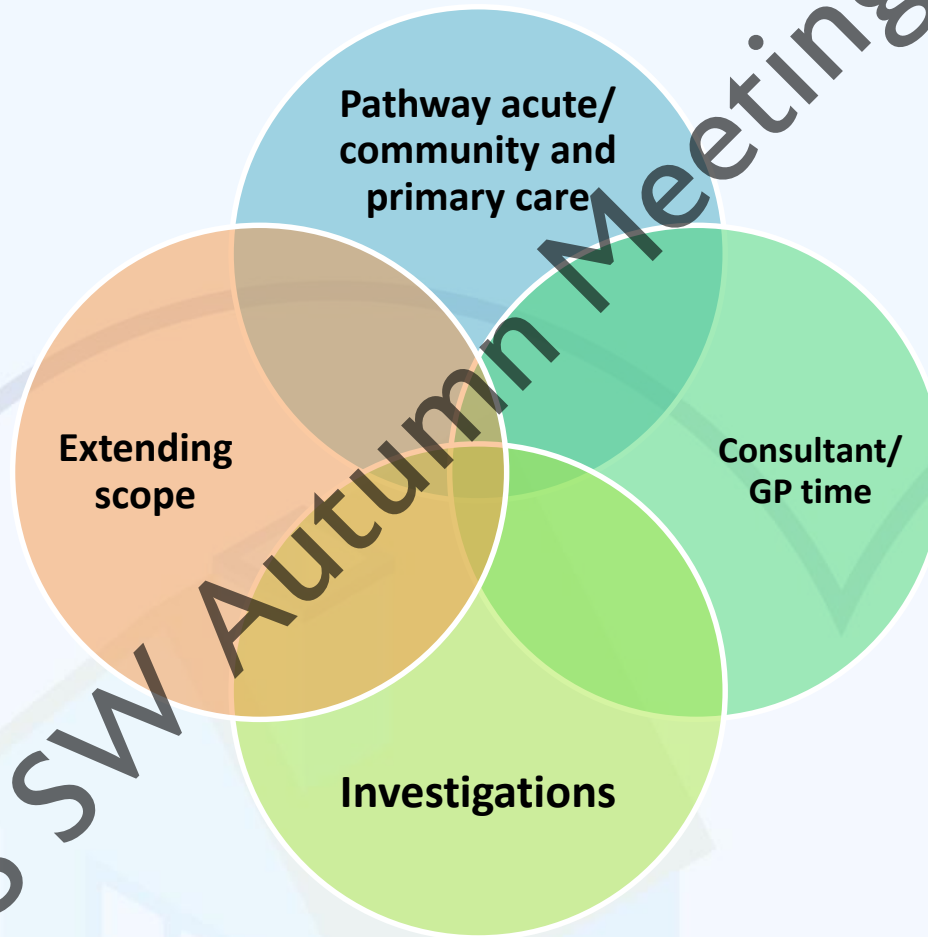


Social Situation

- 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



Where are we now?



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)

THANK YOU

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