

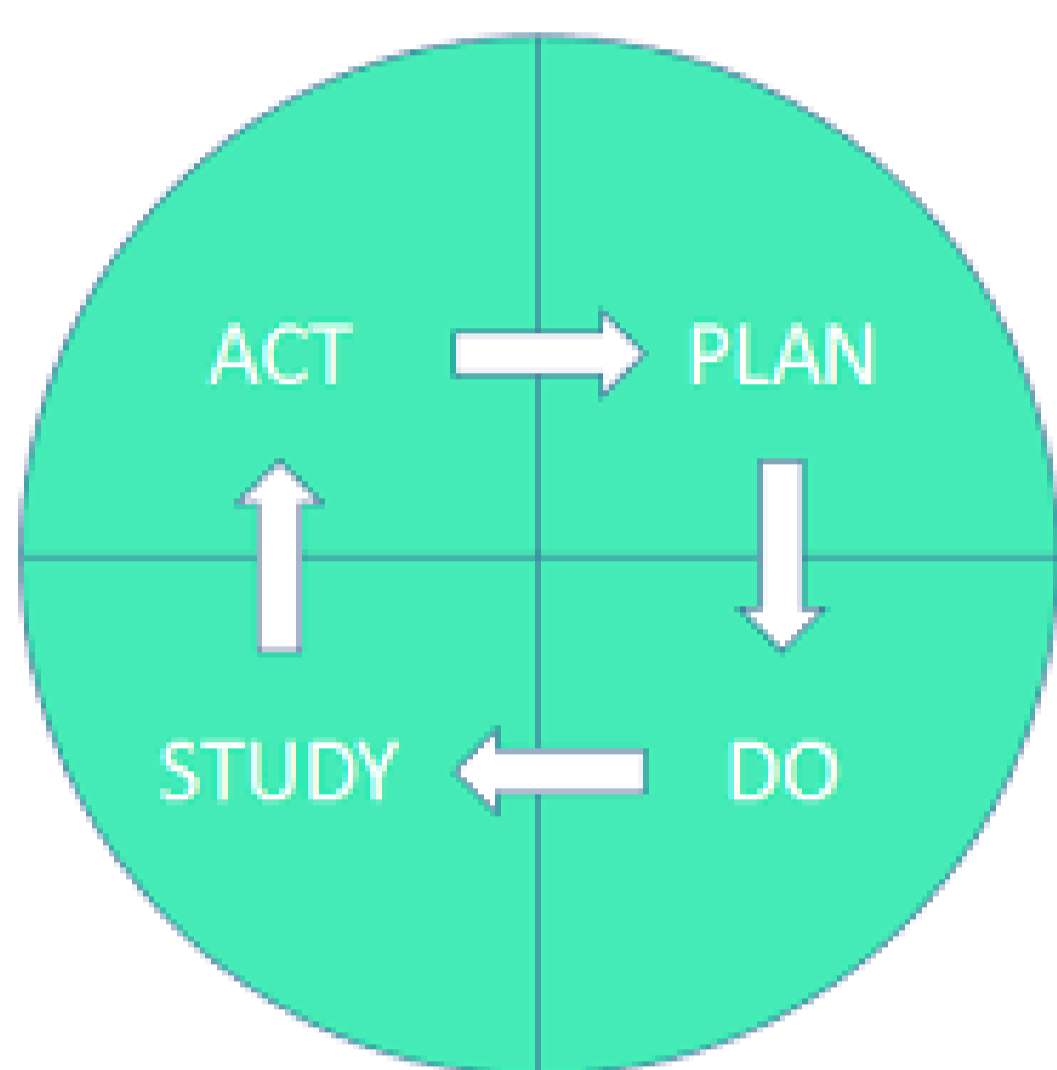
# A Project Evaluating Integration of a Physiotherapy Assistant Practitioner into Consultant Led Falls Clinic and the Effect on Referrals

## Background

72% of Community Rehabilitation Team (CRT) referrals are generated outside of our NHS Trust. External referrers have no access to our electronic records, and the complexity of local therapy services mean that duplicate and repeat referrals are common. This 'Plan, Do, Study, Act' (PDSA) project aimed to evaluate a new way of working to manage both issues. The project was undertaken in a neighbouring trust Consultant Led Falls Clinic (CLFC), identified as high referrer to our service.



## Method



1. Prospectively providing an email summary of CRT intervention to the CLFC.
2. Provision of a CRT physiotherapy band 4 assistant practitioner (physiotherapy associate) to attend the weekly CLFC to:
  - a. Facilitate reciprocal learning opportunities.
  - b. Offer basic walking aid assessments, sign posting, falls prevention advice and encouragement to increase activity, along with supporting written information from Age UK or the CSP.
  - c. Complete an anonymous outcome record, including clinical frailty score, short falls efficacy scale, number of sit to Stands in 30 seconds.
  - d. Support the identification of an exit pathway from the clinic

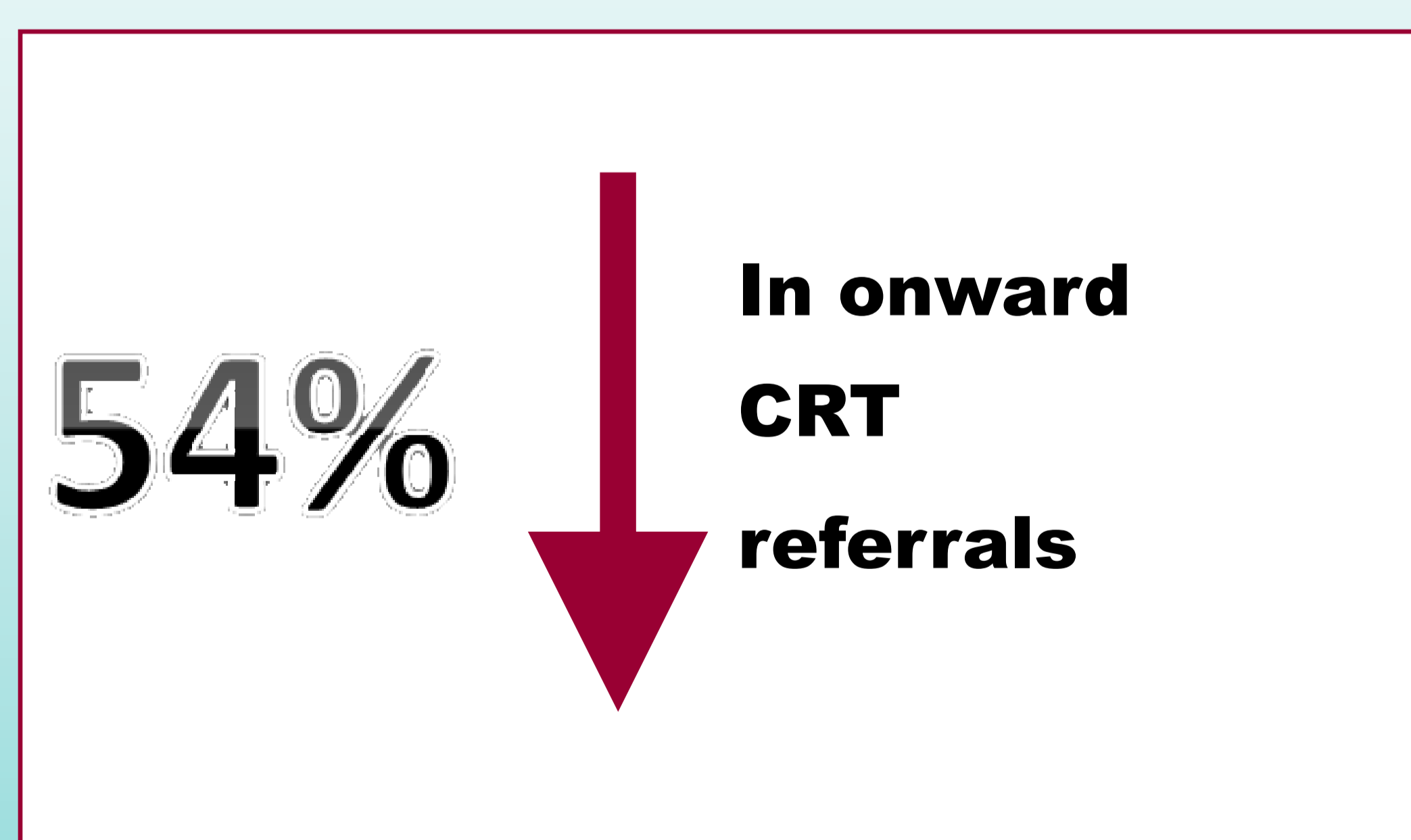
Supported by CRT guidance, patients could choose one or more of the following:

- i. One off intervention and no further follow up.
- ii. CRT referral for a home assessment.
- iii. A follow up phone call or visit by a therapy assistant.
- iv. Addition to the agenda of the weekly, primary care hub, frailty meeting for case management.
- v. Onward referral to the postural stability group, third sector services, social prescriber or community coordinator (of statutory services).
- vi. Option for later self-referral for individuals previously seen by the CRT, should they express an interest in rehabilitation at a later date.



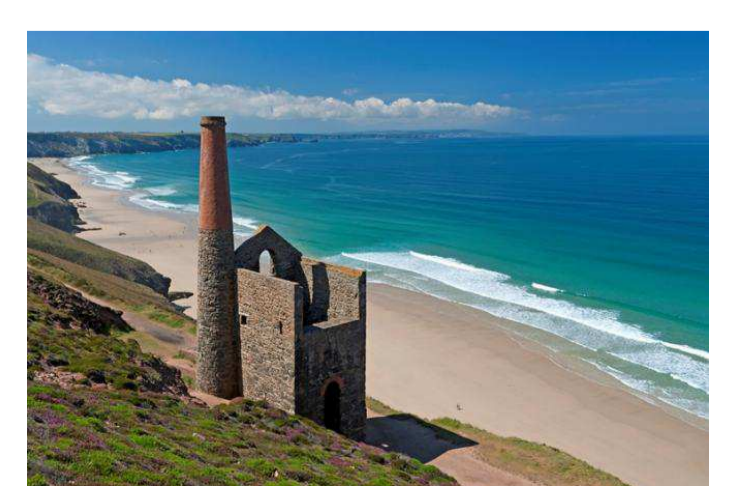
## Measurements

Exit pathway information was collected along with the number of onward referrals and compared to previous referral audit.



## Conclusion

Initial findings support integration of physiotherapy assistant practitioner into the CLFC as a way of managing finite resources and providing timely intervention for patients. Unfortunately the CLFC ceased operating shortly after this work. However these results suggest that further integration with high referral generators may benefit both the patient and operational efficiency of the CRT.



**Acknowledgements:** Hilary Gunn Associate Professor in Physiotherapy, University of Plymouth for editing the abstract.

**Author:** Vicky Farrell Advanced Practice Physiotherapist - Community. E-mail: vicky.farrell@nhs.net  @vicky7farrell