

An integrated community team works with the London Ambulance Service: Perspectives on the emerging role of physiotherapists in pre-hospital care



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1. Introduction

- The UK National Health Service's initiative to move more care to the community to provide quality and cost-effective intervention has been a key focus of its strategy for the last ten years¹.
- This has seen the establishment of the integrated community multidisciplinary team (MDT) and the development of emerging roles for allied health professionals². Physiotherapists are now playing active roles as members and leaders of MDTs in emergency, pre-hospital and urgent care settings³.

2. Purpose

- A new care pathway was established in June 2014 between the London Ambulance Service (LAS) and the Integrated Community Response Service (ICRS) in North West London.
- It was set up with the philosophy that an integrated care team with **enhanced clinical skills** should be able to successfully manage appropriate (non-life threatening) LAS cases in the community.
- Enhanced clinical skills may include: non-medical prescribing and advanced imaging training.

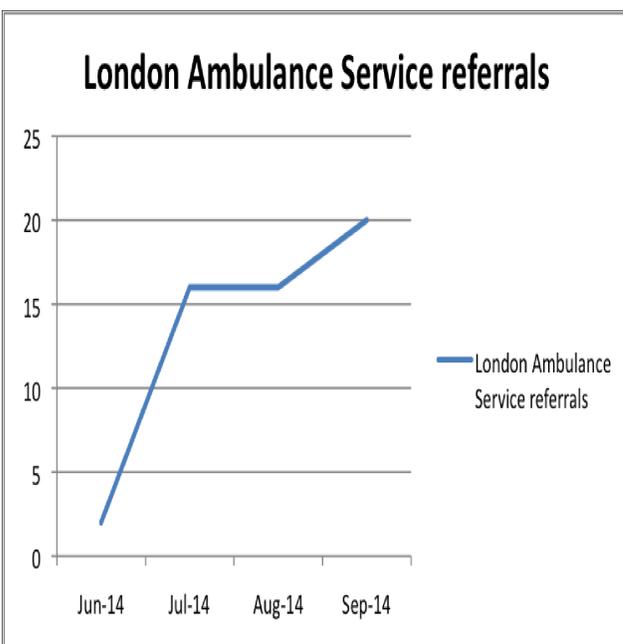
3. Methods

- Clinical members of the ICRS spent observation days with the LAS and discussions between members took place before 'going live'.
- Referrals are received via telephone 7 days a week between 7am and 7pm. Once the referral is accepted, the ICRS responds within a 2-hour window and provides clinical intervention and management for approximately 7 days.

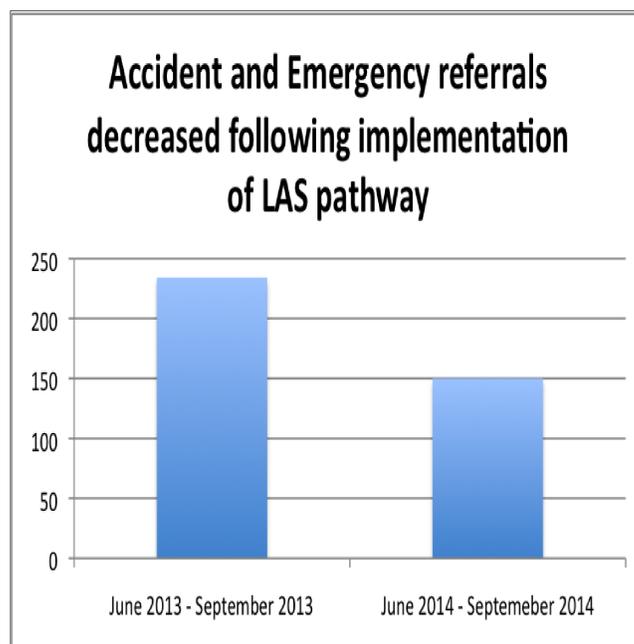
4. Results: key points

- **Considering case examples the physiotherapist demonstrated autonomy in assessment, intervention and case management (e.g. advanced assessment, analgesia prescribed and rehabilitation followed).**
- **Each LAS referral received and then managed by the ICRS revealed that only patients with acute serious illness were admitted to hospital.**

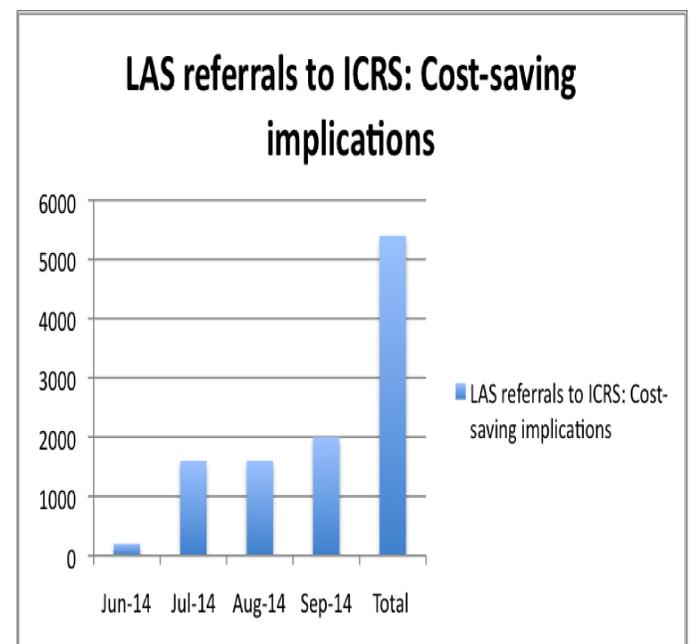
5. Results



Referrals received from the LAS between June and September 2014.



Accident and emergency referrals to ICRS reduced by 64 % between June-September 2014 following the implementation of the LAS pathway.



Every Accident and Emergency visit costs minimum of £100 (+/-). This graph highlights the cost-saving since implementing the new pathway.

6. Conclusions and recommendations

- An LAS case can be referred to an integrated community team and managed accordingly. The LAS and the ICRS have successfully demonstrated that they can collaboratively work together in managing acute patients.
- There is an emerging role for physiotherapists in emergency and pre-hospital care and in response to an appropriate LAS referral. Further research is required to determine the direct impact of the physiotherapist.

7. References, acknowledgements, contact details

1. Department of Health. (2000) *The NHS Plan: A plan for investment, a plan for reform*. NHS: London.
2. Kerston, P. et al., (2007) Physiotherapy extended scope of practice – who is doing what and why? *Physiotherapy* 93(4): 255- 242.
3. Leffman, S. A., and Sheppard, L. A. (2014). Perceptions of emergency department staff of the role of physiotherapists in the system: a qualitative investigation. *Physiotherapy* 100(1), 86-91.

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