Community Advanced Physiotherapy Practitioner (CAPP) - A new role in Primary Care


Background:
It is well documented the challenges that Primary Care faces both nationally and more locally within NHS Lothian.

Challenges are primarily around GP capacity due to difficulties in recruitment and retention and an increased demand due to the changing population – persisting health inequality, ageing population, heightened complexity.

How to tackle these challenges is not about more doctors, it’s about embracing new models of care. Models of care that deliver – right professional, right place and right time.

These challenges demand creative responses. The collaboration between Boroughloch Medical Practice, Edinburgh and NHS Lothian Physio @ Home is such a response.

Aims:
• Enhance Case Management Model
• To reduce unnecessary or inappropriate health service use
• Increase Anticipatory Care Planning
• Demonstrate impact on enhanced patient outcomes
• Demonstrate Cost Effectiveness of CAPP role.

What’s being done?
• 1.2 WTE CAPPs employed by NHS Lothian, embedded in Boroughloch Medical Practice
• 2 main cohorts of patients – Care Home Residents and Community based patients with complex needs
• Holistic, biopsychosocial, anticipatory, rehabilitative approach to assessment and case management
• Autonomous practitioners who utilise high level critical thinking, advanced decision making and leadership skills to adopt a case management model.

Outcome/Results:

Key Achievements:
• True collaborative approach to primary care provision
• 1 unnecessary primary care attendances
• 1 unnecessary GP Tasks
• 97% care home residents with a quality ACP
• Improvement from 8% to 60% ACPs meeting 4/5 or 5/5 on ACP quality audit
• CAPPs managing approx 66% of acute activity in Care Home
• Improved Case Management Approach to care
• Positive Feedback – Patients, Family, GPs, Out of Hours, other Health Care Professionals.

Patient attendance to Practice Post CAPP involvement


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Patient quotes:
“...the system and support me to cope with my health and it’s effect on my life.”

“Personally, I am not having to be around my Dad as much as I was and I’m less worried about how he is coping. He’s actually now more independent rather than just wanting to be independent.”

“I have my own family, I run a business; it was a struggle. The surgery and the team have played a big part in that – I’m just getting back to all of my previous responsibilities.”

“The APP has helped me by being pro-active and coordinating between all the different departments.

“She’s (CAPP) put a lot of work & effort into his healing: improved communication; aware of what’s available; pointing us in the right direction. Now he’s so well - it’s fantastic!”

“It was just a godsend! If all surgeries had posts available like this, it would be really helpful. It’s fitting in the gaps that the computers don’t cover [in terms of communication, coordination, navigation of the system and support]”

Conclusion:
Demonstrates what we already know about a case management model - that a highly skilled, rehabilitative, person centred approach will help patients avoid unnecessary contact with the health services.

In an era of Realistic Medicine, which puts the person at the centre of decision making and encourages a personalised approach, the role of the CAPP is one significant way that Physiotherapy can be part of what our patients and health services needs.

Recommendations:
• Development of a framework for Community Advance Physiotherapy Practice Roles – in order to provide scalability.
• Continue to push appropriate boundaries within role
• Further investigate cost benefit analysis of such roles.

References:

Outcome/Results:

Number of CH residents with ACP

Comparison of 2014 ACP Audit PRE v POST CAPP with 4/5 Audit Criteria Met

Pre CAPP Post CAPP