

Physiotherapy works ✓

A&E

Physiotherapists in accident & emergency use expert knowledge and skills to improve patient care and flow; preventing unnecessary admissions, restoring function and enabling independent living.

The frontline

Physiotherapists work either as frontline emergency physiotherapy practitioners (EPPs) or as part of the multi-disciplinary therapy team in A&E and medical admission units (MAUs). They can reduce delays and inefficiencies, prevent unnecessary admissions and enable timely discharge of patients to home or community settings.

EPPs see patients with, mainly, musculoskeletal (MSK) problems independently of medical staff. They undertake activities including expert assessment, requesting and interpreting investigations, managing wounds, soft tissue injuries and fractures, providing advice and treatment, freeing doctors to manage more complex conditions and improving patient flow.^(1,2) Physiotherapists managing MSK injuries have equivalent clinical outcomes and lower direct costs than doctors or emergency nurse practitioners.⁽³⁻⁵⁾

Attendance at A&E is increasing faster than population growth, and this rate is ▶▶

Size of the problem !

- In 2012-13, **18.3million** people attended A&E units; **43%** were under 30 years old, **24%** were aged 60 or over, **21%** were admitted to hospital and almost **21%** attended for joint, muscle, tendon, ligament and soft tissue injuries.⁽⁶⁾
- The cost per attendance was **£115**, giving a total cost of over **£2,111million** of which about **£440million** relates to MSK injuries.⁽¹²⁾



highest in people over 65.⁽⁶⁾ The clinical risks associated with hospitalisation of older people are clearly documented including loss of function, delirium, and hospital acquired infections.⁽⁷⁾ In A&E / MAUs

physiotherapists assess and manage people, including those who have fallen, to avoid unnecessary admission and enable timely discharge to a safe environment with appropriate therapy or social support to prevent re-admission.⁽²⁾

For older patients, discharge planning is often a key performance indicator and a large part of the therapist role. It requires close liaison with other team members and rapid decision making to assess if patients can manage at their pre-admission destination, with or without increased health or social care support, or if they require placement for either rehabilitation or interim social care. Arranging community services could include home physiotherapy, increasing an existing care package, falls prevention services and intermediate care, either in the patient's home or a residential rehabilitation setting, or providing equipment.⁽²⁾

Historically, A&E therapists were occupational therapists (OT) because of their key role in discharge planning.⁽⁸⁾⁽⁹⁾ Care and treatment have evolved in the light of changes in demands and expectations of healthcare; currently Physiotherapy and OT roles overlap with teams working closely together, providing interdisciplinary assessments which streamline patient care. For example, many A&E physiotherapists will assess a patient's ability to manage personal care tasks and provide basic equipment to enable patients to return home and avoid admission.

In 2011, the NHS London care commissioning standards,⁽¹⁰⁾ stated that a multi-disciplinary assessment should be made within 12 hours of a patient presenting to A&E, highlighting the crucial role of therapists in preventing unnecessary

admissions. Following publication of these standards many hospitals reviewed their A&E therapy services and developed services further, to include extended hours and weekends. Evidence shows therapy-led services prevent admissions, reduce length of stay and are cost saving.⁽¹¹⁾

Conclusion

Physiotherapists in A&E undertake an extensive and advanced role, providing expert assessment, diagnosis and management to a wide range of patients to deliver cost and clinically effective patient centred care. They provide an additional knowledge and skill set to traditional A&E professions to meet the growing demands of emergency healthcare.

Case study

Salford Royal NHS Foundation Trust treats 88,500 Accident and Emergency patients per year.

An advanced physiotherapy practitioner post was established in 2010 for people attending A&E with musculoskeletal injuries to provide holistic assessment and treatment for all aspects of their condition. The role includes ordering and interpreting investigations such as X-rays and blood tests and onward referral for further physiotherapy if required.

Evaluation has shown increased service efficiency and care quality. Patients are provided with immediate access to expert physiotherapy advice and treatment, and waiting times have been lowered. A reduced requirement for more expensive medical staff has resulted in cost savings of £32 per patient - a 60% reduction. Patient flow through A&E has been improved and staff have reported better knowledge sharing between members of the multi-disciplinary team.⁽¹⁾

Further information

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