

The International Association for Physical Therapists working with Older People



Newsletter 3

December 2002

This newsletter is to update everyone on the background and the progress being made to establish an international association. It is currently sent to every WCPT member organization with a request to pass it on to the elderly care specialist interest group. It is also sent direct to specialist interest groups as they become known. The idea for an association began in 1993 at an international course in Malta; was discussed at WCPT Washington in 1995 and at WCPT Yokohama in 1999 where a shadow committee and steering group were formed. The Steering committee subsequently met in Birmingham, UK, in October 2000 to arrange the foundation meeting which was held in Birmingham 2002 and the first general meeting will be held at WCPT Barcelona in June 2003.

Message from the steering group chairman.

Physical Therapists working with Older People met in Solihull, England in October 2002 to formally establish this international organization to be known as IPTOP (International Association of Physical Therapists working with Older People). Six countries sent representatives to the first meeting and two countries also sent observers.

The meeting was opened by Brenda Myers, Secretary General of the World Confederation of Physical Therapists who described the work of WCPT and discussed the role of Special Interest Groups within that organisation. Delegates then presented short papers on the services provided in their country for older people, which will be published in our newsletters. During the lunch break delegates visited the elderly care facilities at Solihull general hospital and during the evening delegates dined and viewed Birmingham from a canal boat hosted by PT Christine Potter and sponsored by The Chartered Society of Physiotherapy, UK.



The business meeting provided the opportunity for a framework for the Association to be established. The draft constitution was formally accepted and a formal proposal was made to establish a world association and to apply to WCPT for official recognition. The steering committee will continue until June 2003 when the first general meeting will elect the first officers of the association. Members should now have received nomination papers and these were to be returned before 31st December 2002.

I have every confidence that the Association will go from strength to strength with communication, education, research and peer support being major objectives. This is essential as older people today are the vanguard of an extraordinary revolution in longevity that is radically changing the structure and expectations of global society. There are plenty of challenges for IPTOP and an enthusiastic committee will be required to harness international expertise so the challenges of the future can be met.

Olwen Finlay, Steering Group Chair.

The National Service Framework for Older People

Helen Chase



Background

As part of the UK government's drive to improve quality and reduce variation in the publicly funded National Health Service (NHS) (Department of Health, 1998), a series of National Service Frameworks (NSFs) have begun to set the standards for local service delivery in the NHS in England and Wales. Parallel arrangements are being developed for Scotland and Northern Ireland.

Each NSF includes

- A definition of the scope of the Framework
- The evidence base underpinning intervention including assessment of need; current performance; evidence of clinical and cost effectiveness; and identification of significant gaps and pressures in the service.
- National standards and timescales for delivery
- An assessment of key interventions and associated costs
- Commissioned work to support implementation, including the NHS Research and Development programme; critical appraisal of good practice; benchmarks; and outcome indicators.
- Supporting programmes including workforce planning; education and training; personal and organisational development; and development of information management and technology.
- A performance management framework for commissioners to monitor progress.

Following publication, local committees will be formed to oversee implementation through local clinical governance frameworks, interagency working and inclusive participation. Local monitoring will be through the performance management framework, with ultimate monitoring through the government's Commission for Health Improvement.

The NSF For Older People

This NSF specifically addresses those conditions which are particularly significant for older people and which have not been covered in other NSFs: stroke, falls and mental health (Department of Health, 2001)

Key features

The NSF accepts that older people may receive services from a range of agencies within a range of environments. The NSF applies to services provided by health, social services and the independent sector, delivered at home, in residential care, nursing home, hospital or intermediate care facility.

The NSF in detail

Four main themes constitute the NSF, supported by eight standards:

Theme 1: Respecting the individual

Standard 1: Rooting out age discrimination

NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies to restrict access to available services.

Standard 2: Person centered care

NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

Theme 2: Intermediate care

Standard 3: Intermediate care

Older people will have access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admissions and effective rehabilitation services to enable early discharge from hospital and prevent premature or unnecessary admission to long-term residential care

Theme 3: Providing evidence based specialist care

Standard 4: General Hospital services

Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.

Standard 5: Stroke

The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.

Standard 6: Falls

The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and rehabilitation, and with their carers, receive advice on prevention through a specialist falls service.

Standard 7: Mental health and older people

Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.

Theme 4: Promoting an active, health life

Standard 8: The promotion of health and active life in old age.

The health and well being of older people is promoted through a coordinated programme of action led by the NHS with support from councils.

Helen Chase is senior physiotherapist, Solihull Hospital, Birmingham, B91 2JL, UK and member of the West Midlands NSF for older people implementation group.

This update is based on a presentation by Helen Chase at the foundation meeting.

References

Department of Health (1998) A First Class Service: Quality in the new NHS. London:

Department of Health (2001) The National Service Framework for Older People. (London: The Stationery Office)
<http://www.doh.gov.uk/nsf/olderpeople.htm>

Main Feature

The Northern Ireland Audit of the Guideline for the Collaborative Rehabilitative Management of Elderly People who fall. (*This supports NSF Standard 6*).



Jill McClintock

Background

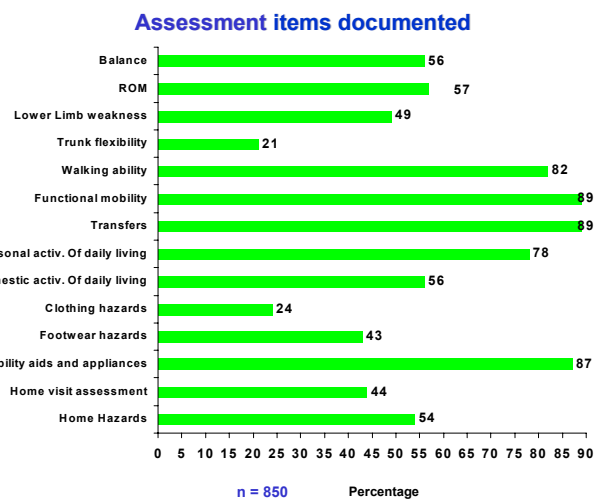
This standard offers an opportunity to test the advantages of single assessment systems. The project sought funding and support to carry out a large-scale regional audit of current practice in Northern Ireland. This required raising awareness of the guideline (AGILE/ACPC/OCTEP, 1998); gaining commitment from staff and employers; setting up a project steering group of occupational and physiotherapists; planning, implementing and analysing the audit (Chartered Society of Physiotherapy / College of Occupational Therapists, 2000); and working on its action plan.

The audit tool contained a number of questions regarding assessment, diagnosis and treatment of falls of individual patients. The guideline was sent to chief executives of the 17 NHS trusts in Northern Ireland and also to the heads of services for physiotherapy & occupational therapy within those trusts informing them of the forthcoming audit of this guideline. In the four area boards, all day workshops were set up to train 132 physiotherapists & occupational therapists that would be actually doing the audit using the audit tool. Of the 850 datasheets returned, 42% had been completed by occupational therapy, 43% by physiotherapy and 15% jointly. Constraints to note are:

- Only the physiotherapy and occupational therapy case notes were used for this audit; as other professions eg nursing had not agreed to access to their records.
- The case notes used in the audit were taken from a range of localities, both acute and community.
- As there are some combined (acute & community) trusts in Northern Ireland an episode of care on some occasions stopped at discharge from acute to community, in other situations followed the patient to community setting.

AUDIT CONCLUSIONS

- Only 68% of patients were seen by a doctor in relation to their fall. This most likely reflects the fact that the medical staff are not systematically documenting those patients whose primary diagnosis is not a fall but it is part of their reason to be assessed.
- Only 51% of patients were involved in the treatment plan.
- Use of Standardised Tests. There were a higher number of non standardised tests / non validated measures being used than of validated measures.
- Of the validated measures the most commonly used in occupational therapy was Barthel and for physiotherapists, the Elderly Mobility Scale.
- There were positive results in relation to documenting reason for falls and previous falls but less consistency in documenting fear of future falls.
- Strategies to cope after a fall were well covered by both professions. Interventions included how to get up from the floor, how to keep warm and how to summon help.
- There was consistent inclusion of the items that should be assessed by physiotherapists & occupational therapists, with two exceptions ---the assessment of trunk flexibility and clothing hazards.



Action plan

To address these findings, it was agreed that a documented pathway of care for people who have fallen needs to be developed to include all the disciplines involved. This should have clear standards, a risk assessment tool with referral pathways when risk is identified and an assessment proforma to include agreed standardised tests and outcome measures, and protocols to address patient consent, and patient and carers confidence in relation to future falls.

Progress on the Action plan to date

The project steering group which I chair has equal representation from both physiotherapy & occupational therapy, and reflects the four board areas in Northern Ireland. It is working very hard to finalise the Risk Assessment Tool. It is in draft 3 stage and about to go out to 3rd pilot in the new year. The assessment proforma, which responds to the need for patient involvement, documented consent and acknowledging patients and carers confidence will also be piloted in the new year.

My hope would be that when agreement on these two documents is reached, I will set up half day workshops around Northern Ireland to invite Clinicians for training. It is planned to re-audit one year after implementation of the New Documentation.

There is a real need for a Falls Strategy in Northern Ireland and I am working with colleagues at Department of Health to implement this. The work in which I have been involved would be used as the therapeutic input within the Strategy.

Conclusions

The project has been personally challenging and raised awareness of the important area of older people who fall. The project will change practice for both physiotherapists and occupational therapists in Northern Ireland and has proved a very valuable opportunity for good collaborative working for both professions.

This feature is based on a presentation at the IPTOP Foundation Meeting in Birmingham October 2002. Jill McClintock is Superintendent physiotherapist at Musgrave Park Hospital, Belfast, BT9 7JB, Northern Ireland and National Chair of AGILE the CSP specific interest group for physiotherapists working with older people. She was the national lead for this project.

References

- AGILE/ACPC/OCTEP (1998)** 'Guideline for the collaborative rehabilitative management of elderly people who have fallen' Chartered Society of Physiotherapy, London
- Chartered Society of Physiotherapy / College of Occupational Therapists (2000)** The National Collaborative Audit for the Rehabilitative Management of Elderly People who have Fallen – Final Report London

