**SBAR**

*West Lothian Paediatric Community Respiratory Physiotherapy - Lothian Equity*

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| **Date** 9.5.23 |
| * **Situation** – There is a degree of inequity of Paediatric Community Respiratory services provided between Edinburgh/East/Mid vs West Lothian. Edinburgh/East/Mid have access to a Paediatric Community Respiratory Team (PCRT) Monday – Friday with specialists in Respiratory Physiotherapy and independent non-medical prescribers. West Lothian Paediatric Physiotherapy Team provide inpatient (SJH) and community physiotherapy (including at Sunndach) to patients with respiratory conditions and this is also Monday to Friday ( aiming to respond same day within 30mins) depending upon clinical need. However, West Lothian has no dedicated specialist post in Respiratory Physiotherapy or non medical prescribers, although one senior member of West Lothian staff is currently on the Clinical Assessment and Decision Making course and the team are exploring accessing the medical prescribing course with an emphasis on respiratory. There are plans for West Lothian Physiotherapists to attend PCRT training in June to develop their competences required to support the current West Lothian respiratory caseload of approximately 40 patients. It is anticipated that patient numbers will continue to increase and whilst the PCRT Service Lead has recommended a Lothian-wide service is provided costing an addition £90K, the West Lothian Paediatric Team Lead has indicated it would be possible to provide similar care with an additional 0.6wte Band 6 Specialist post.
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| * **Background** - A child mortality review in 2022 identified a gap in West Lothian Paediatric Respiratory Physiotherapy care. Respiratory illness remains a significant cause of morbidity and mortality in children and young people, resulting in recurrent chest infections, ED attendances, frequent hospital admissions and poor quality of life. There are ever increasing numbers of children and young people with complex respiratory issues, due to improving survival rate of neonates and those acutely unwell and improving technology and feasibility of long term home ventilation. Lothian PCRT provides specialised paediatric respiratory assessment, management and interventions using a model of pro-active regular reviews as well as “rapid response” (within 24 hours Monday – Friday) when children are unwell. They provide specialist advice on modifying respiratory care plans, starting antibiotics if required, and taking bacterial/viral samples to allow effective treatment if required. The West Lothian Paediatric Physiotherapy Team are unable to meet these standards of care due to the critical mass of their workforce and are currently unable to mirror this clinical pathway due to lack of respiratory specialist skills. As a result the West Lothian patients with complex respiratory issues have limited preventative review provided by non-specialist physiotherapists. The disparity in service for West Lothian patients is becoming more amplified as patients relocate to West Lothian. The Edinburgh PCRT service have indicated cost -saving results: 17 patients audited, showing a 60% decrease in accident and emergency (A&E) attendances demonstrated over 3 years, a 62.5% decrease in admissions from A&E over 3 years, Length of stay reduced by 174 bed days over 3 years and Net saving of £114,318 over 3 years. Parent and carer satisfaction and comments collated showed the value and support these families have for the service. These positive outcomes are replicated across similar services nationally (APCP, 2017). In 2021 CYP admitted to SJH with respiratory concerns had their care reviewed and over 80% of the patients were considered to have met the criteria of a Physiotherapy Community Respiratory service, and therefore may have been able to prevent admission, expedite discharge, or prevent presenting complaint entirely through pro-active regular review to ensure appropriate prophylactic care.
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| * **Assessment**
1. There is disparity of Paediatric Physiotherapy provided in NHS Lothian for children and young people with complex respiratory conditions living in the community.
2. West Lothian patients have limited access to preventative care and the Physiotherapy Team despite every effort are unable to provide a consistent quality of care.
3. West Lothian does not have a specialist respiratory physiotherapy service nor a non medical prescriber to support a respiratory pathway aimed at prevention and rapid response.
4. The provision of a Lothian-wide PCRT based in Edinburgh is considered as an expensive option.
5. West Lothian Paediatric Physiotherapy Team could with a reduced financial allocation support a similar service and provide equity of care.
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| **Recommendations**1. Identify 0.6wte Band 6 of fixed term funding for 12months.
2. Appoint a fixed term Respiratory Specialist Physiotherapist post in West Lothian to manage this patient group.
3. Review the West Lothian Paediatric Team’s provision to Community Respiratory and aim to redesign with a single pathway for West Lothian patients consistent with that of PCRT under the clinical governance of the Head of Paediatric Physiotherapy at RHCYP.  In the first instance the high risk children should have a prophylatic respiratory plan with rapid response in place. The Team Lead should explore how best to process throat swabs/sputum samples through for testing and how to access timely advice from Paediatric Medical staff. On completion of the non medical prescribing course, the Team should aim to utilise these skills.
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Reference

APCP Respiratory Committee 2017. Commissioning tool for Community Paediatric Respiratory Physiotherapy Posts. APCP.

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