

The contribution of physiotherapy

The Review identifies 8 key areas of NHS services that should be targeted:

- Maternity and newborn care
- Staying healthy
- Children's health
- Planned care
- Acute care
- Mental health
- Long term conditions
- End of life care

The following paragraphs highlight the role of physiotherapy in these key areas with case studies that broadly illustrate the contribution. It is not expected that you should comment on all of these areas of services, however, when commenting you should try to use local examples.

If there are other examples of innovative approaches that fall outside the 8 key areas but have improved cost effectiveness or the quality of services, it is worth drawing attention to these also.

maternity and newborn care

Within every physiotherapy interaction there is an element of patient education, prevention of injury or exercise prescription to maintain and improve functional outcome. Within maternity services post-natal incontinence is a common condition that can deny women their independence. Physiotherapy is significantly effective for 70-80 percent of women (and men) with incontinence. The alternatives to physiotherapy for the condition are either costly surgery or the long term use of incontinence pads.

Case study - The Somerset Nuffield Hospital, Taunton and the North Devon District NHS Hospital, Barnstaple.

This service is provided by a specialist to men and women with urinary and faecal incontinence, women with prolapse, women with sexual dysfunction and men with erectile dysfunction. Within North Devon alone there are 10,000 adults with urinary incontinence and 1,500 with faecal incontinence. The service takes a conservative treatment approach as a first line treatment before considering surgery and reduces the number of patients who require secondary care medical or surgical consultant appointments. The service also contributes to achieving the 18-week wait target by shortening the patient pathway for many patients by addressing their needs within the physiotherapy episode of care

staying healthy

Central to many public health initiatives is activity and exercise. Regular exercise has been shown to cut heart disease by one-third, strokes and Type II diabetes by one quarter and hip fractures in older people by half. Physiotherapy services are developing and running services to meet these growing needs. Physiotherapy is also integral to cardiac rehabilitation, using exercise training, education and counselling, to cut cardiac mortality by 27 percent. However, a British Heart Foundation survey found that only a tiny fraction of the 66,000 people newly diagnosed with heart failure each year will receive rehabilitation and practically none of the 345,000 new cases of

angina. Similarly the people with acute coronary syndrome, ie. people with acute symptoms but not yet resulting in a heart attack are mostly excluded despite the huge potential to prevent them going on to have a heart attack.

The average cost of a cardiac rehabilitation programme is £550; compare this with the cost for a single day in a cardiac care unit of £1,400. The reduction in health service utilisation as a result of cardiac rehabilitation is approximately £100 per patient per year. Furthermore there are savings from the earlier cessation of other care and support services and the benefit of an earlier return to work.

Case study (1) - Home-based cardiac rehabilitation service, Guy's and St Thomas' NHS Foundation Trust

The service was prompted by the failure of approximately one third of patients to attend the hospital based cardiac rehabilitation service. Evidence has shown that a home-based service can be as effective as an institution based one. By using a physiotherapist to provide the service, exercises could be modified to take account of any existing other problems the patient might have, such as osteoarthritis or peripheral vascular disease, as well as the constraints of a home setting.

Case study (2) - Lambeth and Southwark PCT pulmonary rehabilitation

Physiotherapists play a key role in pulmonary rehabilitation which can significantly improve the quality of life of people with chronic obstructive pulmonary disease (COPD). This scheme has capacity to see around 430 patients per annum, but there are approximately 5,000 people in the area with COPD and potentially up to another 5,000 who remain undiagnosed.

Case study (3) - Armagh and Dungannon, Northern Ireland diabetes control programme

This is a small scale physiotherapy run exercise programme helping people with diabetes keep their condition under control and reducing the risk of cardiac and respiratory problems. There are currently over 2 million people with diabetes in the UK and there are up to another 750,000 people with diabetes who have the condition and don't know it. Under this scheme, people newly diagnosed with Type II diabetes are referred for a six week structured exercise programme, tailored to meet their individual needs - for example for people with existing disabilities. Last year 52 of the 63 patients showed a significant improvement in their walking and more than half showed improved health, with reductions in anxiety and depression.

children's health

Tackling ill health and life style issues in children can achieve much by way of preventing health problems throughout the rest of their lives. The 'whole person' approach of physiotherapy is ideally suited to addressing the often complex and non-medical causes of ill health in children but also to instilling a responsible 'engaged' approach to health matters – vital if the NHS is to make the transition from a 'sickness' service to a 'well-being' service.

Case study (1) – Children's University Hospital, Temple Street, Dublin – Streetwise Healthy Lifestyles Programme

Childhood obesity in Ireland has now become a major problem. Recent surveys indicate that one in five Irish children is overweight and one in twenty is obese. The age at which children are obese is falling and it has been documented that childhood obesity increases the risk of adult obesity. Many factors are thought to have led to this increase such as reduced exercise, changing food habits and changing lifestyle habits. Short-term consequences of obesity include asthma, type 2 Diabetes, joint pain, high blood pressure, early signs of cardiovascular disease, low self-esteem, and depression. Long-term consequences include a greater likelihood of being an obese adult, a greater risk of cancer and cardiovascular disease. In response to the ever-increasing problem of childhood obesity the Children's University hospital has developed a physiotherapy led multidisciplinary programme for overweight and obese children.

The programme aims to maintain the children's weight as they grow and to promote a healthier lifestyle for the families involved. A healthy lifestyle is aided by improving diet, increasing physical activity, decreasing sedentary activity and addressing any psychological or emotional issues experienced by the children involved. Secondary aims are to improve functional exercise capacity, reduce weight circumference and improve the children's blood profile (levels of fat, glucose and insulin in the blood). The eight week programme incorporates education sessions for both parents and children covering the areas of physical activity, dietary management, goal setting, self-monitoring, and healthy eating.

Case study (2) - Airedale Back Care for Children (ABC) Programme

Provided by Bradford Health Authority the service is for school children aged from 6 – 12 years, their families and school staff. Three Chartered Physiotherapists work as required to staff the service in two ways:

- Delivering the 'ABC' Programme to Bradford's secondary schools. Working in partnership with teachers in the class- room, leading back care workshops to class sized groups.
- Planning for and leading courses throughout the UK to train multi-disciplinary/ multi-agency colleagues on how to teach back care to children.

Dynamic, fun, interactive workshops introduce 5 'core elements fundamental to the 'ABC' approach; anatomy and physiology; ergonomics; good practice; exercise; and philosophy. Back care lessons for Years 2, 5 and 7 have been designed by the physiotherapists to enhance the Personal and Social Health Education (PSHE) syllabus in Primary and Secondary schools.

The lessons are supported by educational resources, including a computer animated video. Schools are encouraged to complete follow-up work. The children are asked to take on a 'health ambassador' role and cascade back care information back home.

In addition to visiting schools, the team hold training days for health and education personnel to learn the 'what, why and how' of the 'ABC' Programme.

planned care

The 18 week wait initiative is one of the key drivers to service reform in the NHS in England. Physiotherapy could be making a major contribution to not only assisting trusts 'hit the target' but also substantially reduce the wait – and consequent pain and discomfort - for those patients not fortunate enough to fall within the administrative boundaries of the target. Through diagnosis, treatment and assisting the patient to manage the condition, physiotherapy is an oft overlooked resource within a predominantly medical model.

With over two million referrals a year to secondary care - 14 % of the total - and inpatient waiting times longer than any other specialty, orthopaedic surgery represents a major challenge to delivering 18 weeks. Orthopaedics has also been identified in the White Paper 'Our health, our care, our say' as a key area for providing more care closer to home. Physiotherapists will be central to tackling musculoskeletal problems, which account for around 30% of all orthopaedic referrals.

Case study (1) - Birmingham North and East PCT physiotherapy triage team

The team is having a big impact on orthopaedic treatment waiting times by cutting the number of patients referred for elective surgery by 70 per cent. Set up two years ago, the 10-strong team of skilled physiotherapists sees all patients that local GPs believe are suitable for elective orthopaedic treatment. All are seen within three weeks and most are now managed in the community through a combination of physiotherapy, joint injections and education and support. Many of these patients will eventually require surgery of some kind, but because of this intervention they will only be referred to secondary care at the point of real need, when they are fit and ready for surgery. The triage team is now working with other professions to provide a single point of entry for everyone in the area with musculoskeletal and rheumatological problems. It is also trying to tackle other potential bottlenecks in the patient pathway such as the wait for MRI scans (down from six weeks to a maximum of two) and for orthotic and surgical appliances.

Case study (2) - Forth Valley back pain management scheme

This scheme has reduced the numbers of patients going on to the orthopaedic surgery waiting list by 85 percent. Two physiotherapists, available only two evening per week, found that only 2 percent of those patients on the consultant orthopaedic consultant waiting list required surgery. The remainder would have waited for around ten months before being referred by the consultant, mostly to physiotherapy. A similar scheme in Glasgow reduced the consultant waiting time from forty to six weeks.

Case study (3) – Musculoskeletal physiotherapy-Sandwell PCT

Patients had to wait up to 5 months for out patient musculoskeletal physiotherapy. Patients with acute musculoskeletal problems had little opportunity to receive appropriate advice or treatment when it could be most beneficial. A direct access telephone call service was implemented and a clinical physiotherapy triage system was set up so that all patients who telephoned for an appointment were given one within 2 weeks. The waiting lists are actively audited to maintain the current status of no wait. There is in built flexibility to allow more appointments to be made available if demand changes. The 'no waiting list' status has been sustained since September 2002, improving from 2 weeks to 48 hours with all patients accessing musculoskeletal physiotherapy able to use this service.

acute care

One of the most significant contributions physiotherapy can make to improving acute care is to ensure that patients can gain prompt access to the service appropriate to where they are on the trajectory of care. Physiotherapy is provided across a wide and disparate range of settings enabling greater degree of personalisation and access than many other clinical services.

Case study – Patient self referral in primary care – 26 general practices in Scotland

This innovative service allowed patients to refer themselves for physiotherapy without first consulting their GP. The project, run over 2003-05 found that self referrers were better attendees, became better quicker and were absent from work in lower numbers and for fewer days. The average cost for a self-referred episode of care was 25 percent less than those referred by a GP.

Similar pilot projects are currently underway in England.

mental health

Physiotherapists have long had a role within acute mental health teams using their skills to complement the medical management. With more than 1 in 6 adults in England diagnosed with mental health problems at any one time, accounting for approximately 40 percent of all disability, it is hardly surprising that the knowledge and skills of physiotherapists are now being applied in other settings with a variety of population and patient groups with mental health problems.

Case study – West London Mental Health NHS Trust

The physiotherapy team apply a range of physiotherapy skills such as hydrotherapy and psychological skills for example cognitive behavioural therapy for a wide age range of people with enduring mental illness. The team serve a number of west London Boroughs and the Broadmoor High Secure Unit. The team operates in a range of settings such as secure and acute, as well as working in assertive outreach teams and in community mental health teams. This approach has minimised the amount of unnecessary contact between the patient and the mental health services with the right healthcare professional seeing the patient at the right time.

long term conditions

Around 17 million people in the UK suffer from a long-term condition who require early diagnosis and assessment, high quality information support and individualised care plans. Much of this can be provided by physiotherapists and other AHPs. One such long term condition is stroke.

Stroke is the single largest cause of disability in England, with some 300,000 people living with moderate to severe disability. Physiotherapy can contribute to health promotion particularly in the areas of exercise prescription, activity management and smoking cessation, impacting across all age groups. By working within and across health, social care and leisure sectors, physiotherapy can make a substantial contribution to the health and well being of all population groups.

10,000 people under 55 suffer a stroke every year, 1000 of who are under 30 years of age. These younger age groups have specific and complex needs with respect to discharge into the community e.g. with support for return to work, employers providing reasonable adjustment in the working environment. Longer term survivors with stroke are likely to encounter problems with weakness, spasticity, contracture, incontinence, pain, sensory loss and reduced function; there are estimates that 40-60% of stroke survivors will have problems with spasticity, providing further evidence for specialist physiotherapy services to be available at all stages of the patient pathway to maximise and maintain potential for independent functional recovery. The National Clinical Guidelines for Stroke (2004) recommend further targeted rehabilitation for any patient with reduced activity at six months after discharge, stroke survivors should be able to access further episodes of physiotherapy as and when required.

Case study – Comment of a stroke survivor in response to ‘A New Ambition for Stroke. A consultation on national strategy’

“Without physiotherapy, instead of walking and driving my car I would still be in a wheelchair. Thanks to my physios I have been able to become a school governor of a primary school where I do voluntary work half a day a week. I am a street leader and report any environmental problems to the council. I am a resident member of the [XX] Partnership Board which tries to improve the area. I am a member of the Stroke Peer Support Group and go to visit people who are recovering from a stroke. All of these things are voluntary but give me a lot of satisfaction. I can only do these things because I had physiotherapy.”

end of life care

Management of pain and other distressing symptoms is a key part of end of life care and physiotherapy, as with other patient groups, has a key role to play. For example coping with breathlessness, especially when acute may be one of the most difficult symptoms health professionals face when caring for patients at the end of life. Physical and emotional distress are inextricably interwoven. Whilst medication may alleviate such symptoms, side effects such as respiratory depression, constipation or excessive drowsiness may add to difficulties. Breathing control techniques taught by physiotherapists are an effective alternative in managing breathlessness and may enable the patient to pace their own breathing and regain some control and retain the ability to perform everyday basic activities of living for as long as possible.

Case study - St Christopher's Hospice, London – non-pharmacological management of breathlessness

Research indicates that maintaining a sense of control while living with a long-term condition and facing the end of life is important, particularly during the very late stages. In such situations individuals usually respond positively to simple well-taught self-help measures such as breathing control and relaxation. Breathing control and relaxation techniques are core skills of the physiotherapist and often form part of the management strategies employed in helping individuals with chronic obstructive pulmonary disease (COPD), asthma and other respiratory diseases to maintain independence in self caring for as long as possible. The physiotherapy department at St Christopher's has identified a far greater significance for patients using breathing control techniques in the management of anxiety and panic attacks. Research suggests that breathing control coupled with behavioural management strategies is very successful in reducing the perception of breathlessness and enhancing perceptions of control, enabling greater sense of wellbeing in the later stages of illness.