From Health to Leisure

THE EVOLUTION OF PHYSICAL ACTIVITY

Cara Blair (East Lothian Council)
Relevance/Purpose

Drivers of change

- Demand vs. capacity – *patient led*
- Waiting times – *target driven*
- Staffing skill mix – *right person, right skill set*
- Service development – *redesign*
**Approach**

- Skill mix to facilitate creation of 2 unique roles
- Consultation, followed by service wide implementation of 2 symbiotic services

**PACE**

- Allows patients to take control of their own progress towards self maintenance

**ACE**

- Supports move from clinical care to self management
- Acts as link between local authority, health and leisure
Evaluation & Outcome

- Enhanced patient centred care and rehabilitation
- Decreased physiotherapy waiting times
- Developed and enhanced partnership working between health & leisure in East Lothian
- Increased participation in and maintenance of physical activity in the community
Conclusions, Impact & Implications

- Excellent example of financial adversity driving transformational change in service delivery
- Established partnership working between health, local authority and leisure
- Strong relationships developed with multiple service providers
- Relies heavily on successful partnership working
- Transferable model
Acknowledgements

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The Calderdale Framework

Sara Conroy
Practice Development Physiotherapist
Background....

You don’t have to do everything! Even Batman had Robin.
Calderdale project objectives …

• Standardise delegation practices of PT and OT staff

• Evidence support worker competency

• Establish governance arrangement to assure quality and support new ways of working

• Review skill mix

• Inform / influence the need/ role of a new band 4 post in orthopaedics
The Calderdale Framework

1. Awareness Raising
2. Service Analysis
3. Task Analysis
4. Competency Identification
5. Supporting Systems
6. Training
7. Sustaining

7 Stages to Successful Implementation

NHS Greater Glasgow and Clyde
Where we are....

• Rolled out in orthopaedics across GGC and in process of doing same in DME
• Really positive experience, logical, methodical tool
• Clinicians have ownership
• Addressing governance issues
• Developing new ways of working and new roles; 2 level 4 AP post in orthopaedics
• Reviewed banding of level 2 staff
THANK YOU
Development of a 6 day Physiotherapy Service at a Primary Stroke Centre

Joanne Howard
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Aims

- To review existing service provision for people with a stroke admitted to a primary stroke centre.
- To develop current weekend-working within the wider physiotherapy team.
Methods

• A staff consultation process took place

• It was agreed that all staff at Band 6 and above who were working within stroke or neurology would be part of the 6 day rota

• It was decided that working on a Sunday rather than a Saturday would have maximum impact.
Results

• During 2014, 95% of appropriate patients referred to physiotherapy were seen within 72 hours of admission to hospital at a weekend
• Of the patients seen, 50% were seen within 24 hours
• There has been a reduction in the median time between admission to hospital and physiotherapy assessment contributing to achieving a level B for SSNAP Domain 8.
Conclusions

• 6 day service has helped to improve the achievement of SSNAP targets

• Demonstrates that a specific weekend service can be implemented to meet the changing needs of the service.
Outcomes

• Raised the profile of physiotherapy staff

• Demonstrated the impact physiotherapy can have on improving standards within stroke care (SSNAP level from D→B)

• Helped to ensure that the development of a 7 day service has been adequately resourced.
The Development Of A Competency Document To Facilitate The Integration Of Students Into A New System Of 7 Day Working

Physiotherapy UK 2015
Saturday 17th October
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Background

• Traditional Mon – Fri Service
• Respiratory cover at weekends and night
• 2012 DoH Mandate
• Hospital Services 7 days a week
• At SGH pilot trials evolved into 7 day working for therapy services
• Implications on a number of professional activities
Pre-registration Learning

- Huge demand on clinical placements
- Clinical Education during practice placement essential
- Apparent students needed to be involved in new model of working
- ‘How do we continue to provide same opportunities and support over 7 days’
What did we do

• Risks and benefits
• Focus group
• Risk Assessment
  – Less senior support at weekends
  – Reduced time with educator due to shift patterns
  – Anxieties
• Guidelines produced
• Competency documents
• Models of practice education
Outcome

• Students working as part of a 7 day model
• Clinical placement feedback questionnaires
• Competency documents provide a governance framework
• Allows integration to a 7 day system
• Increasing demands on acute medicine
• **Workforce planning can increase clinical productivity**
Lessons Learnt

• Involve the whole team
• Propose questions
  – Discuss solutions
  – Always have options
  – Shift responsibility
• Technicians are invaluable
• We don’t have to ‘teach’
• Re-evaluate
The Development Of A Competency Document To Facilitate The Integration Of Students Into A New System Of 7 Day Working

Questions?

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