

Diana Turner - Professional Lead for the Occupational Therapy

Esther Vanderhoek - Clinical Specialist Physiotherapist

Transcript

Introductions

Esther Vanderhoek

My name is Esther Vanderhoek. I'm a clinical specialist physiotherapist for Aneurin Bevan University Health Board.

Diana Turner

I'm Diana Turner and I'm the professional lead for the occupational therapy team for complex care in Aneurin Bevan University Health Board.

Acknowledging the challenges

The role of the complex care therapy hub is to meet the highly specialist therapy needs of the individuals within the Health Board area, that are eligible for continuing health care funding, under the national framework for continuing health care in Wales. Historically, specialist therapy needs within the complex care division had been met, largely on an individual basis in people's own homes. This presented lots and lots of challenges - for the Health Board, for the therapists and for the individuals. It led to lots of inequities. There were difficulties sometimes in delivering the required therapy due to the environment. Perhaps [a patient's home] was too small for the equipment; or there was lots of travel time for therapists; and further challenges arose around the commissioning of the required support. Therapy activities could be delegated, perhaps to carers or support workers on the basis of their competencies, training and assurances that they were safe to deliver that support. But governance arrangements were challenging and sustainability of concern, when considering costs of equipment, staffing, and the amount of time that therapists were taking to travel between sites, sometimes to deliver a very short intervention.

Developing the concept

We engaged a lot with the individuals we work with. They very much felt that they'd had long spells in hospital, and it was really important to them when they returned home, that their environment was their home, and not an extension of the hospital or a therapy environment. They were really keen to have the opportunity to consider the option of coming out of their homes to receive their therapy, rather than everything being brought to them at home; where they would wake up, see big pieces of equipment, and wait. Patient feedback was used to develop the model. This gave rise to an opportunity to bring together specialist equipment that we had in the Health Board and to develop a specialist area where assessment could take place, leading to patient centred therapy planning for ongoing intervention. Governance would be improved, and qualified therapists could have oversight by which to address commissioning and any other concerns.

Esther Vanderhoek

The therapy hub opened prior to a [dedicated] physiotherapy post within the complex care division. There were healthcare support workers and physiotherapy support workers delivering physiotherapy activities. This was monitored remotely from within core services of Aneurin Bevan and gave rise to complications for us in terms of training, delegation, sustainability, and just overall governance. I was seconded into a post to look at what a physiotherapy service should look like within the division; a full-time post, put into place in July of 2022.

People benefits

The service users, really enjoy getting out of their homes and coming here. It isn't for everyone, but for those who come, they spend an awful lot of time here - we do try and make it a social activity as well as a therapy activity. A lot of people who come in have quite similar activities on a regular basis, so we do our very best to make that as enjoyable as possible. Because of the COVID pandemic, we haven't been able to socialise people in the way that we would have liked, but still, to meet others from outside the home has been a real bonus for some. In fact, we've got people begging us to come here. It's just a case of space, time and resources now.



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I think the overarching model was to really address the holistic needs of the individual, so absolutely driven by their specialist therapy needs; and often, that requires lots of large equipment. But there was also recognition that for a lot of these individuals, it's really difficult for them to get out to socialise and to engage with different activities. And for some individuals, even the motivation to do that, regardless of any environmental barriers, is difficult. We've had some fantastic outcomes and feedback from individuals and from their carers who have really valued the opportunity to come together to see and use the therapy environment. We've also had lots of feedback from parents and other carers. For example, parents that have been the primary carers who are now able to come [to the therapy hub] and leave their loved one here for a period of therapy, perhaps go off and have some time for their own wellbeing, to do a bit of shopping, have a cup of tea. It gives them almost a bit of respite. I think it's been very well received too by therapy colleagues - the opportunity to access an effective therapy space which we don't have anywhere else in our Health Board, with this wealth of equipment. They can come with individuals for specialist assessment, or to take the opportunity to try out techniques and different items of equipment to optimise their interventions. So yeah, really positive feedback. We've also been really proud to share the model with colleagues in the Health Board - with our executive team and our therapy leads, and we've presented a poster at the Occupational Therapy Show which was really well received by colleagues across the wider occupational therapy services too. So, very positive feedback. I think it is important to draw on Esther's comment though, that this model is not for everybody, and it was never designed to be that. We are committed to delivering person centred care and where [the therapy hub] isn't the right place for somebody to come, be that because of geographical challenges and long travelling distances - some individuals we work with cannot tolerate travel or aren't able to sit up for any length of time - in which case, we would take the therapy to them and make sure that they still have that same treatment opportunity.

Esther Vanderhoek

I think it's important to recognise that this is a quite a specialist area that is separate to core services, especially for physiotherapy. As far as I am aware, the complex care division is unique to Aneurin Bevan, there isn't one in any other Health Board in Wales, and I don't know that there is a physiotherapy service, or an OT service, that is dedicated to complex care. This is a new and innovative thing for us as well. It means that core services can get on with what they need to be providing and we can look at providing that specialist care for those patients with such complex needs that perhaps wouldn't have got what they needed before the hub existed.

Diana Turner

I think it's been a huge journey for us as therapists in complex care, and as a division, to develop the hub. There's been lots and lots of learning on an ongoing basis. One of the big areas of evaluation was the absolute need, and importance, that physiotherapy was embedded within the division, but also, in the development of the hub, to be enabled to deliver on that full service model. We're delighted that that's been supported, and that Esther is in post; she brings fantastic experience to the team in that respect. There's really been such a huge breadth of benefits for everybody. We've spoken a little bit about the benefits for the individuals, where the model has enabled us to deliver much more equitable services, particularly for those that previously couldn't access anything because their environment didn't allow them to have the equipment in their home. Those individuals can now come out, they can access that therapy and the equipment in a suitable environment. It's offered lots of benefits to carers, parents and spouses too. I also think there's been lots of benefits to staff, as there's a clear model and much clearer evidence-based practice around how therapies contribute both to the prevention agenda of our individuals and their future care needs. I think there's much more recognition of that now. There's been lots of learning around what the needs are of the individuals we serve. They are an ever-changing population and that's something that will always need to be accommodated within the division as a whole. We're definitely seeing an increase in individuals with very complex needs that are coming back to live in the community after their hospital stay, illness or injury, with less individuals going into a placement or a nursing home environment, and instead returning to their own homes. Our client group is changing, and we recognise that the model will need to change to accommodate that. I think challenges are in the geography of the Health Board,



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which is really wide. We cover a large area, we're a small team. So whilst that creates challenges for us as therapists, it also sometimes creates challenges with the individuals travelling to the hub. Perhaps long-distance costly transport, or sometimes purely availability of suitable transport that's perhaps wheelchair accessible. I think it fair to say, this is one of our biggest challenges. We have ideas of how to address this and it is something that we're committed to doing, but it obviously takes some time. It is in our set of next steps. We often use the Therapy Outcome Measures or TOMs to measure individual's progression towards patient centred goals, profession specific outcome measures, and then to support further evaluation. We've done some interviews with individuals that attend and their families, and gained feedback from them, so that we have a really rounded understanding of people's perceptions and how our model needs to develop next.

Organisational benefits

Esther Vanderhoek

I think probably the therapy hub has enabled us to become, or for me to join and develop, the multidisciplinary team. I previously worked for Core Services and that was a huge challenge in being able to get physiotherapy treatment, intervention embedded in somebody's life because we weren't part of that team. But now we are, and because we have this hub and we have the centre to bring people to, we can do a lot more multi-disciplinary working and I think there's a greater understanding between ourselves as therapists with the nursing staff, and the psychologists, the wider management teams within the complex care division, and within physiotherapy as well. There's much greater understanding of what we can individually do, what we can offer and what we'd like to achieve for individuals, but also as a service as well.

Diana Turner

I think in addition to those benefits, we do need to address the benefits in relation to governance, sustainability, and commissioning. Although we don't have a formal outcome measure around these, it is clear that there have been significant benefits and improvements in those areas through the model. Also, whilst it's not a focus of, or purely a reason for, development of the model, we must also touch upon costs and the cost savings which have been realised. This continues to be under evaluation but there is definitely evidence of cost savings, both, in relation to reduced purchase of equipment - where that equipment is now a shared resource for a number of individuals and would have previously been purchased on an individual basis to sit in somebody's home environment; and also cost savings in relation to staff - number of staff, petrol costs, travel time. We're seeing more clinical therapy hours in a patient facing situation with reduced travel time for staff. That is, of course, balanced against costs of patient transport and time that the individuals and patients are spending travelling themselves. So much is yet to be balanced, and there is still an ongoing evaluation as the model emerges.

Conclusions

Esther Vanderhoek

For our patient groups, their therapy needs won't go away, which is quite different to patients in core services who might have had their knee replaced, for example, and they have a period of physiotherapy post-op. The therapy needs which don't go away, evolve and change. We want to make sure that we are offering rehabilitation where we can, but we're also managing their current situation and preventing further problems. They've got huge, complex needs as they are, why do they need other health care conditions on top, that are then more difficult to manage, not only for physiotherapy or occupational therapy, but for nursing and the medical teams as well. The therapy hub makes perfect sense; and helps with cost savings as well.

