National Evaluation of Remote Physiotherapy Services

Summary of the main findings

February 2022

Contents

Background

From the end of March 2020 all non-essential in-person physiotherapy stopped and rapidly moved to remote service delivery. The CSP commissioned a research team at the University of Manchester to evaluate the impact of remote physiotherapy service delivery for a wide range of patients and settings. Understanding and comparing the benefits and challenges of in-person and remote physiotherapy is vital so that looking to the future, physiotherapy services are configured in a way that is equitable and effective for patients and makes the best use of resources.

The evaluation had three main stages, a scoping review, a national survey (26th August – 16th September 2020) and 12 service case studies based on interviews and document analysis (December 2020 – April 2021).

This document summarises the main findings from the evaluation and CSP recommendations for future physiotherapy service delivery based on the findings. Further details can be found in the full report ***here***.

Key messages

1   Hybrid physiotherapy service models are a personalised and flexible blend of remote and in-person delivery

2   Hybrid delivery models help ensure that physiotherapy is safe, equitable, effective and responsive to individual needs and preferences

3   Consideration of multiple interacting factors such as communication needs, resources and digital literacy determines the right type of service delivery at the right time for each individual.

CSP Recommendations

1   People are offered a personalised, equitable and flexible hybrid blend of in-person and remote physiotherapy, based on individual needs and preferences, purpose of the consultation and available resources.

2   People are given the choice, where appropriate, to receive physiotherapy in person, remotely or a combination of both.

3   Shared decision making determines how physiotherapy is delivered, taking into account a person's needs, communication needs and available resources.

4   The proportion of physiotherapy delivered in person and/or remotely is personalised and determined by local factors, including the patient population and available resources.

5   Physiotherapy services continue to develop methodologies and measures to evaluate the safety, equity and effectiveness of their hybrid service delivery models.

Delivery of equitable and flexible personalised hybrid physiotherapy services

Factors to consider

Factors emerging from the three stages of the evaluation fell under FIVE MAIN THEMES:

- **The person**
- **Purpose of consultation**
- **Remote approaches available**
- **The physiotherapy workforce**
- **The organisation**

TWO ADDITIONAL THEMES identified will impact on future physiotherapy service delivery:

- **The physiotherapy profession**
- **Wider issues**

Person-centred physiotherapy is the most important theme. However, type of service delivery is also dependent on the purpose of each consultation and the remote approaches available. It also needs to take into account relevant factors about the workforce and the organisation providing physiotherapy.

PERSONALISED EQUITABLE PHYSIOTHERAPY SERVICES – Factors to consider for flexible hybrid delivery models

WIDER ISSUES

THE PHYSIOTHERAPY PROFESSION

THE ORGANISATION

PURPOSE OF CONSULTATION

PHYSIOTHERAPY SERVICE DELIVERY

PERSONALISED AND EQUITABLE

THE PERSON

FLEXIBLE HYBRID MODELS

REMOTE APPROACHES AVAILABLE

THE PHYSIOTHERAPY WORKFORCE
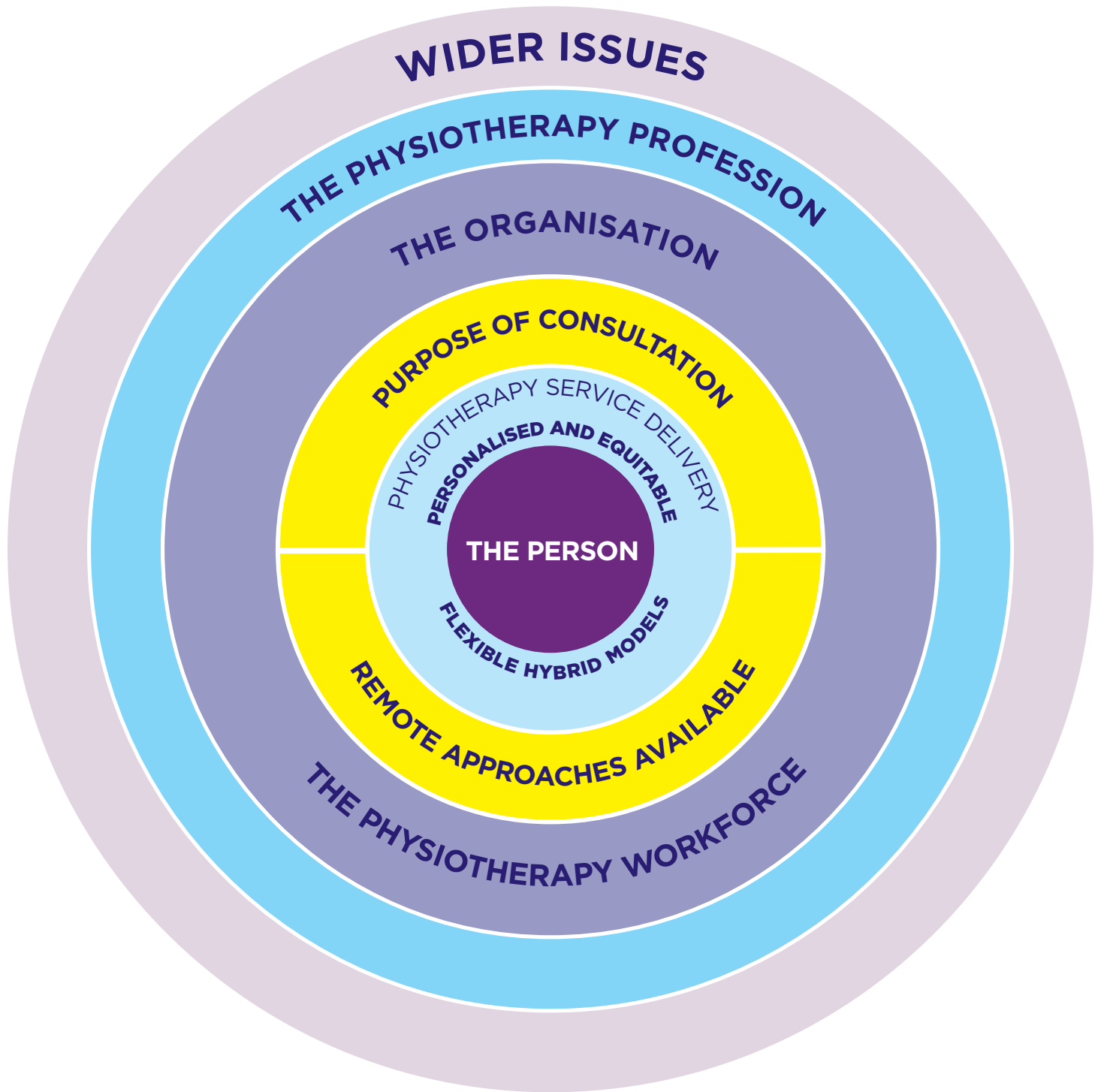
Main themes in more detail

The main themes are complex, some with numerous subthemes. Many of the subthemes are interrelated and fall within more than one of the main themes. Below each theme is broken down into its subthemes with a summary of the findings from the scoping review, survey and case studies where relevant.

Further detail can be found in the **main report**

MAIN THEMES
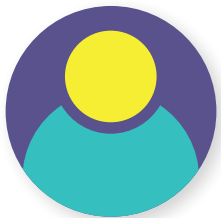
The person

There are seven main themes

Preference - Experience/satisfaction - Clinical presentation - Communication - Safety/perception of risk - Convenience and cost - Technology

Preference

- Patient preference is influenced by a range of factors including perception of accuracy and effectiveness of the consultation; convenience, cost, and availability for work/other responsibilities; accessibility, previous experience, performance and familiarity of technology

- Preference varies according to the remote approaches available and the purpose of the consultation

- Patient preference is significantly influenced by external factors such as a pandemic and perceptions of risk.

Experience/satisfaction

- Patient experience/satisfaction is influenced by patient preference

- Key factors influencing patient experience are the quality of the technology, convenience in terms of travel and time away from work or other commitments and cost.

Clinical presentation

Physical and mental health needs

- The individual physical and mental health needs of some people may present challenges for remote delivery especially where physical assessment is required

- Some individuals benefit from remote physiotherapy due to the physical and mental health needs they experience, for example, when discussing sensitive issues or when symptoms are aggravated by travel and different environments.

Communication

Learning needs - Cognitive ability - Vision - Hearing - Language

- There is a perception from some respondents that remote delivery may not be suitable for some individuals with cognition, language, learning or sensory needs

- The potential of technology to enhance communication has not been evaluated.

Safety/Perception of risk

- There is limited evidence for the safety of remote consultation or evaluation by services.

Physical safety

- A key issue for patients at risk of falling especially if they are alone at home
- The exact location/address of the patient may not be known in case of emergency.

Environment

- The home environment may have safety hazards
- The home environment may present issues for privacy/confidentiality.

Clinical safety

- Accuracy of assessment and diagnosis may be compromised by not being able to undertake hands-on examination and/or reduced visual detail.

Technology

Confidentiality

- Issues in relation to information governance, in particular confidentiality and data protection.

Performance

- Low quality technology may compromise patient safety issues.

Infection control

- An important benefit of remote delivery during the pandemic related to infection control and shielding for both patients and staff.

Convenience and cost

Cost

- No travel or parking costs with remote sessions.

Time

- Remote sessions can be delivered without travel time or car parking challenges which will all save the patient time.

Work/other responsibilities

- Less time and travel means that patients will feel less impact on their family lives.
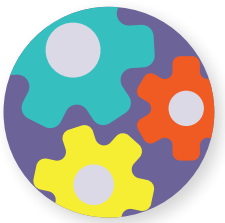
Technology

Access - Digital literacy - Training - Support - Functionality - Usability - Familiarity - Software compatibility

- Digital inclusion is a key factor for deciding how physiotherapy is delivered

- This includes consideration of access to technology, performance of technology, digital literacy, training and support

- Some services collect data on uptake and attendance rates for remote physiotherapy but there was no data in relation to digital exclusion or other factors influencing uptake rates

- Technology used should be fit for purpose, easy to use, safe, and compatible with other appropriate software and hardware.
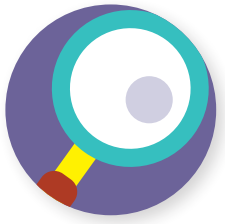
Purpose of consultation

- The method of delivery should be flexible and personalised taking into account the purpose of the intervention/consultation

- For many people, this may mean a mixture of in-person and remote approaches at different stages of their physiotherapy

- Some types of intervention/consultation may be less feasible when delivered remotely, for example, if hands-on examination is needed and also dependent on the remote approaches available

- The efficiency and effectiveness of different types of intervention/consultation may vary according to whether delivered remotely or in person and the remote approaches available.

Remote approaches available

- This includes a range of approaches, for example, video, telephone and interactive platforms

- This is dependent on available technology for the person, physiotherapy workforce and organisation.

The physiotherapy workforce

There are three main themes

Individual factors - Safety/perception of risk - Technology

Individual factors

Individual factors has seven subthemes

Preference - Experience/satisfaction - Professional identity - Personal safety/perception of risk - Knowledge and skills - Response to change - Leadership

Preference

- For some respondents, in-person physiotherapy is non-negotiable

- Other participants, whilst preferring in-person, acknowledged the importance of providing person-centred physiotherapy and are willing to work combining in-person and remote delivery.

Experience/satisfaction

- For most participants the start of the pandemic was a difficult and stressful time with a high degree of uncertainty and rapid change

- During the pandemic experiences varied, for some it was challenging not being able to use their 'hands-on' expertise and skills whilst others felt they had developed and utilised different skills

- In terms of work location, some participants working from their home felt isolated and missed the interactive and social parts of working with others

- Positive and negative experiences related to access to and performance of technology, effective leadership and organisational support.

Professional identity

- For some respondents, therapeutic touch and 'hands-on' skills are a fundamental part of their personal identity as a physiotherapist and essential for accurate assessment and effective treatment

- Some physiotherapists felt that remote delivery challenged the identity of physiotherapy as a profession and would impact on training for the next generation of the physiotherapy workforce.

Personal safety/perception of risk
Infection control

- An important benefit of remote delivery during the pandemic related to infection control and shielding for both patients and staff

- In relation to the working environment, the need for policy around sharing equipment, for example, computers and headphones, was raised.

Knowledge and skills

- This includes both clinical and technical skills

Response to change

- Many found the rapid change to remote delivery disruptive and challenging

- However, some saw it as an opportunity to develop new skills and 'think outside the box'.

Leadership

- The effectiveness of transferring to remote services was felt to be dependent on proactive leadership including skilled management of change and team dynamics, flexibility and knowledge and confidence with technology.

Safety/Perception of risk
Physical safety - Environment - Clinical safety - Infection control - Technology (Confidentiality and Performance)

For information on this theme see **The person** section above

Technology
Access - Digital literacy - Training - Support - Functionality - Usability - Familiarity - Software compatibility

For information on this theme see **The person** section above

The organisation

There are six main themes

Evaluation - Resources - Training and support - Workload - Culture - Organisation issues

Evaluation
Outcome measurement

- **53% of the 1620 respondents** to the survey evaluated patient outcomes.

Digital inclusion

- **19% of the 1620 survey respondents** collected data on those who were unable or unwilling to use a remote service

- Four out of twelve case study services collected data on uptake of remote services which ranged from 14 – 53%. Some services also collected attendance rates. No services collected data on why remote services had not been taken up

Patient experience/satisfaction

- **Half of the services** in the survey and case studies evaluated patient experience/satisfaction

- A variety of measures are used by services and reported in the literature. Very high levels of satisfaction and positive experiences are reported

- No services compared satisfaction or experience of remote with in-person services.

Staff experience/satisfaction

- **20% of the 1620 respondents** to the survey reported evaluating staff experience or satisfaction

- A quarter of the case studies evaluated staff experience or satisfaction.

- They used questionnaires, workshops and reflections on learning and how things could be improved. Feedback was mixed.

Time

- **21.3% of the 1620 respondents** to the survey evaluated time taken to deliver remote consultations

- Many services reported extra time being needed to provide remote services but this was mainly in relation to setting up a new service. This involved researching and making decisions about the type(s) of technology to use, planning and problem solving, development of policies, resources and support materials, adapting assessment and evaluation processes and time for training in using the technology and new clinical skills

- Additional time was needed to assess or triage individual patients to decide whether remote delivery would be feasible and/or appropriate for them

- Remote consultations reduced time for services where staff would normally have to travel, in particular for community services.

Cost

- **12.5% of the 1620 respondents** to the survey evaluated cost

- None of the case studies evaluated the cost of delivering remote physiotherapy

- Measurement of the cost of physiotherapy service delivery is complex and varies in relation to many different factors and the type of service. Setup costs need to be taken into account as well as ongoing cost

- Costing for private physiotherapy services can be unpredictable due to uncertainty regarding health insurance payment for remote services

- There is no good quality evidence or data comparing the cost of remote and in-person physiotherapy despite the perception by some that remote delivery reduces costs.

Patient and public involvement

- **Just over a quarter of the 1620 services** who responded to the survey reported that they involved users in developing the service

- **Only 10% of services** involved users in developing evaluation measures.

Resources
Environment/workspace - Equipment - Technology
(Availability, Functionality and Software compatibility)

Training and support
Knowledge and skills (Clinical and Technical)

Workload
Amount - Pattern - Intensity

Culture
Leadership at organisation and at service level

Organisation issues
Governance - Policy - Regulation - Guidance/standard operating procedures - Costs - Insurance - Legal

The physiotherapy profession

There are three main themes

Professional identity - Research - Education

Wider issues

There are five main themes

Governance – Policy – Regulation – Professional Guidance – Technology

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The Chartered Society of Physiotherapy
is the professional, educational and trade union body for the United Kingdom's 60,000 chartered physiotherapists, physiotherapy students and support workers.