

Use of multiple platforms to deliver remote consultations in an Integrated MSK Service

Quick intro to yourself and any contact details you're happy to share ...

My name is Christopher Tack, I am a clinical specialist physiotherapist at Guy's and St Thomas' NHS Foundation Trust managing the occupational health and private outpatient services. I am also one of the inaugural Topol Digital Health Fellows at Health Education England/ National Institute for Health Research.

What physio services do you provide? (e.g. specialty, conditions, location, patient demographics)

My area of the Integrated Musculoskeletal Service at Guy's and St Thomas' focuses on outpatient physiotherapy service to the Trust staff group (approximately 20,000 people), and external contracts with other institutions. Additionally, we provide a private physiotherapy service for those patients who can and are willing to self-fund or whom have private insurance, with all moneys going back into the NHS service.

What tools are you using to deliver your physio services digitally?

Previously our occupational health service offered alternative methods of follow up contact, ranging from Skype Video, Skype instant message, telephone and email.

The NHS service was investigating a platform for exercise prescription and remote monitoring (like Physitrack), with the project led by one of our team leaders, Jack Grodon, who is one of the NHS Digital Pioneer Fellows.

Now, with the NHS-wide push to scale up video consultation, the entirety of the Integrated Musculoskeletal Service (NHS and OH) are trained to use Attend Anywhere, and offer video consultations remotely in light of COVID-19.

How have these services replaced face to face contact?

Our OH service offers alternative digital follow ups to enhance accessibility and reduce inconvenience of travel.

In the current situation with COVID-19, the primary contact for patients referred into the Integrated Musculoskeletal NHS service is via telephone in substitution of face to face. This initial consultation is used to identify the clinical need of the patient and assist a triage into either a) the need for immediate escalation, b) further assessment via video consult, or c) advice and exercise shared via email or post.

Attend Anywhere has been rapidly adopted across the Trust to facilitate non face to face appointments.

What is the clinician's experience of using the digital tools?

I am a digital native outside of work, and use Zoom, Slack, WhatsApp and Microsoft Teams in daily life to communicate with friends and colleagues. As such, the transition to remote communication platforms between staff and externally to patients as been simple. However, within our service the levels of digital literacy have been varied and some people need more support than others to adopt

in practice. However, with basic instruction we have found that no staff member has been unable to use the tools.

Do you have any patient feedback on digital physio service offer?

The patients who have used our digital platforms previously (with Physitrack) and now with Attend Anywhere have said that the experience is “much more personal than with a telephone call”. They report feeling at ease by being able to communicate with their physio from the comfort of their own homes. Also, when problems have been encountered, whilst initially challenging, patients have advised that overcoming them was “worth the hassle”.

Any top tips to others exploring using digital tools in physio services

It is important not to use fancy platforms when a telephone call will suffice. However, the transition of care virtually into people’s homes or work places can provide some real benefits. Improving access to patients who cannot attend face to face is essential, and it is our team’s contention that this assists with the self-efficacy of individuals as they become more responsible for their own care. Use digital communication tools wisely in a patient by patient basis and be flexible with the choices you have available. Each individual will have preferences that we can explore to facilitate optimal care.

With the rapid scaling up of digital tools in response to COVID-19 I am optimistic that these new ways of working can be the basis of how we continue to work in the future. Every physiotherapy service will require a “rebuild” after the gargantuan efforts of COVID-19, and diversity in both internal communication tools (e.g. Slack, MS teams) and patient-facing platforms (video conferencing/ remote monitoring) should be built within care pathways for those who may benefit.