A service evaluation of paediatric physiotherapy networks in the UK

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Aim: To review paediatric physiotherapy (PT) specialist networks and local PT provision within the UK.

Methods: A peer reviewed questionnaire was emailed it to all paediatric CF centres via the ACPCF (n = 25).

Results: 15/25 centres replied. There were large variations in the structure of PT networks and local PT provision. The most common model of shared care was the hub and spoke model (H&S) (n = 8/15). The questionnaire gathered data for the number of patients attending each centre (n = 337–43), the number of whole time equivalent PT staff (WTE) (n = 0.5–3.8), the number of hospitals that they shared care with (n = 20–2), and the percentage of local hospitals with PT input (n = 40–100%). When comparing the number of patients to the number of WTE PT staff many centres had heavy case loads (n = 253–52). Where local PT’s were present most were able to see patients attending clinic, admitted for intravenous antibiotics and at times carry out home visits. All centres were able to provide care in clinic (n = 15), for inpatients (n = 15), for annual reviews (n = 14), home/school visits (n = 11). Support to local teams was given by telephone (n = 93%), email (n = 100%), joint clinics (n = 80%), network meetings (n = 86%), shadowing at specialist centre (n = 20%), local (n = 53%), regional/national study days (n = 86%).

Conclusions: Many specialist centres like us reported variations in local PT care. The hub and spoke method of sharing care promoted better links, communication, uptake of training, and local care and should be considered when setting up future shared care arrangements. For centres with previously agreed local care, visiting local clinics would promote engagement and improve local patient care.