CHARTERED SOCIETY OF PHYSIOTHERAPY

CSP West Midlands Regional Network

Creating a Case for Change

#WMCSP

CHARTERED SOCIETY OF PHYSIOTHERAPY

‘The leadership of change’

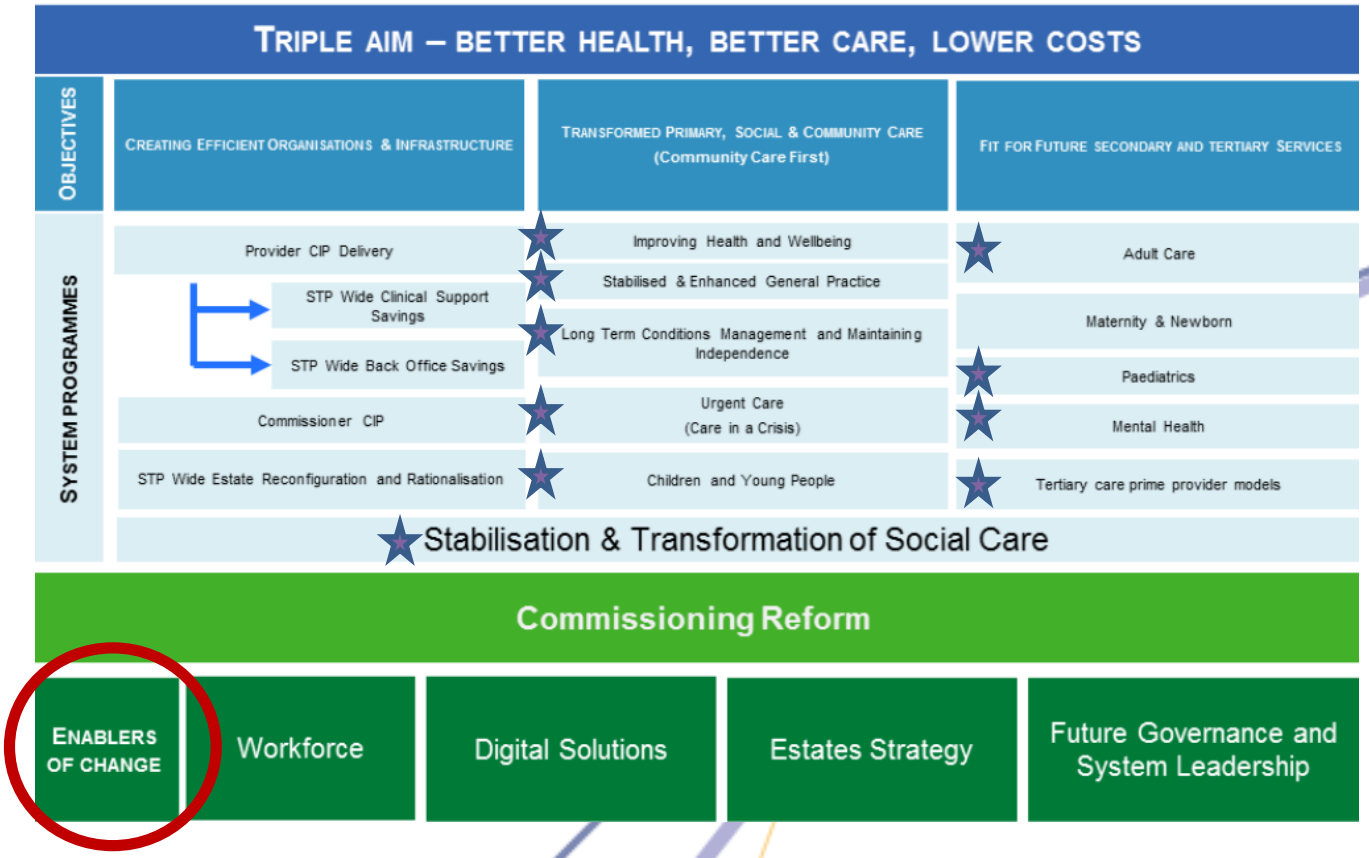
Karen Middleton

Chief Executive

The Chartered Society of Physiotherapy

Twitter: **@KMiddletonCSP**

Birmingham & Solihull STP – 5 year plan



‘My greatest fear is that this profession will sleep walk into obscurity – that is, that you and I allow our profession to wither and die.’

(Physiotherapy UK, 2014)

"Knowing yourself is the beginning of all wisdom."

~Aristotle

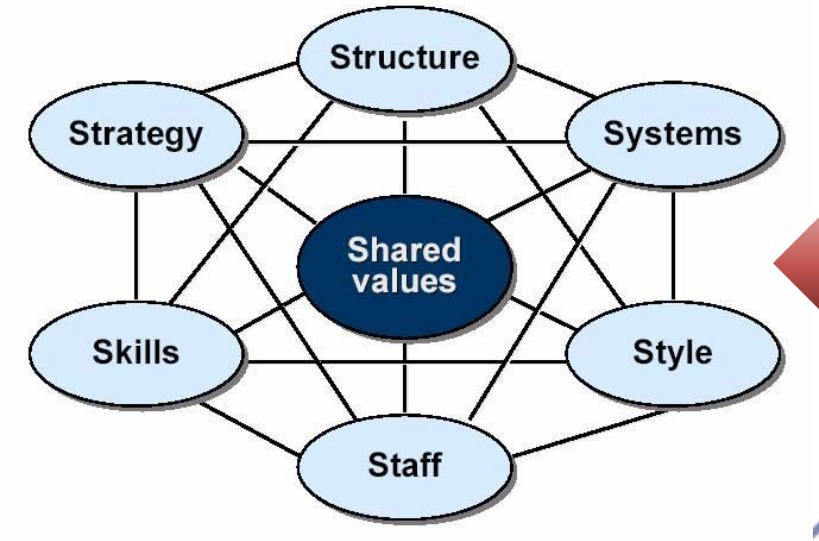
The Top 10 Leadership Competencies, Grouped Into Five Themes

When 195 global leaders were asked to rate 74 qualities, these rose to the top.

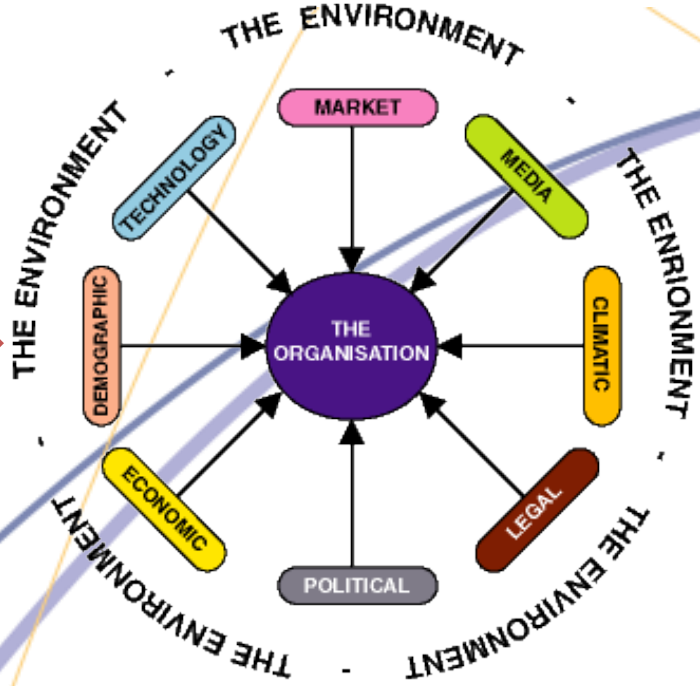
https://hbr.org/2016/03/the-most-important-leadership-competencies-according-to-leaders-around-the-world

The role of the leader

Internal focus



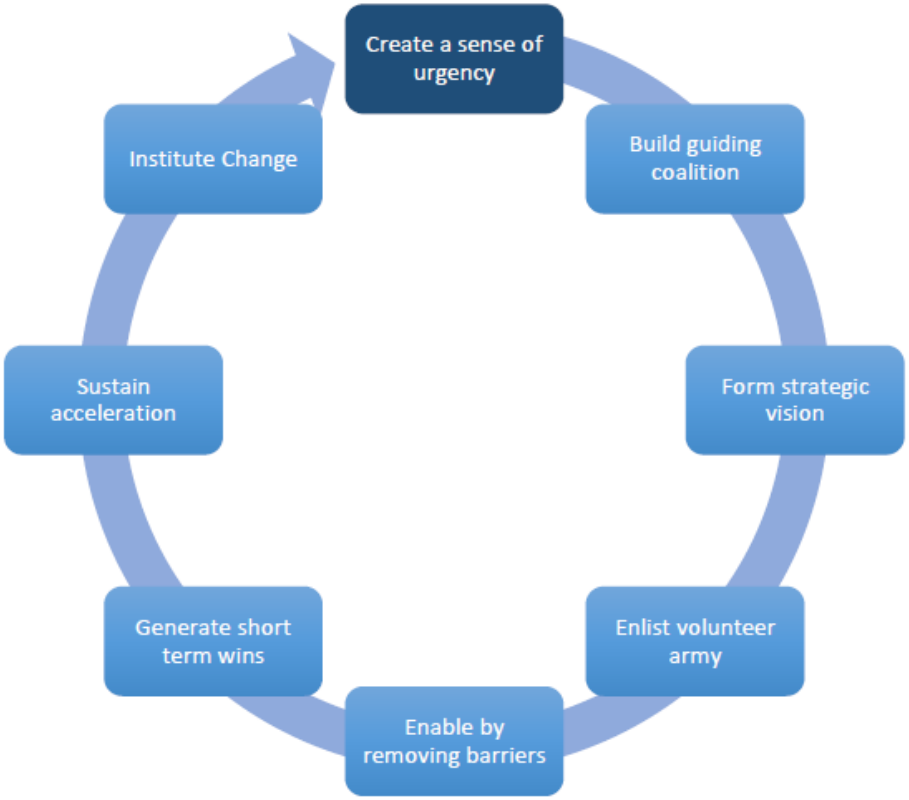
External focus



9 priority STP regions

1. Frimley Health
2. Greater Manchester
3. South Yorkshire & Bassetlaw
4. Northumberland
5. Nottinghamshire, with an early focus on Greater Nottingham and the southern part of the STP
6. Blackpool & Fylde Coast, with the potential to spread to other parts of the Lancashire and South Cumbria STP at a later stage.
7. Dorset
8. Luton, with Milton Keynes and Bedfordshire
9. West Berkshire

Process for leading change (Kotter, 2014)



An example of leading change

- Seeing the context going forward
- Using data
- Not dissing history
- Being clear about drivers
- System and process for making change
- Communication, communication, communication
- Telling the story and listening to the stories of others
- Doing the right thing (even if it's not the popular thing).

Becoming an agent for change

This is a story about four people named ***Everybody***, ***Somebody***, ***Anybody*** and ***Nobody***.

Change was needed and ***Everybody*** was sure that ***Somebody*** would do it.

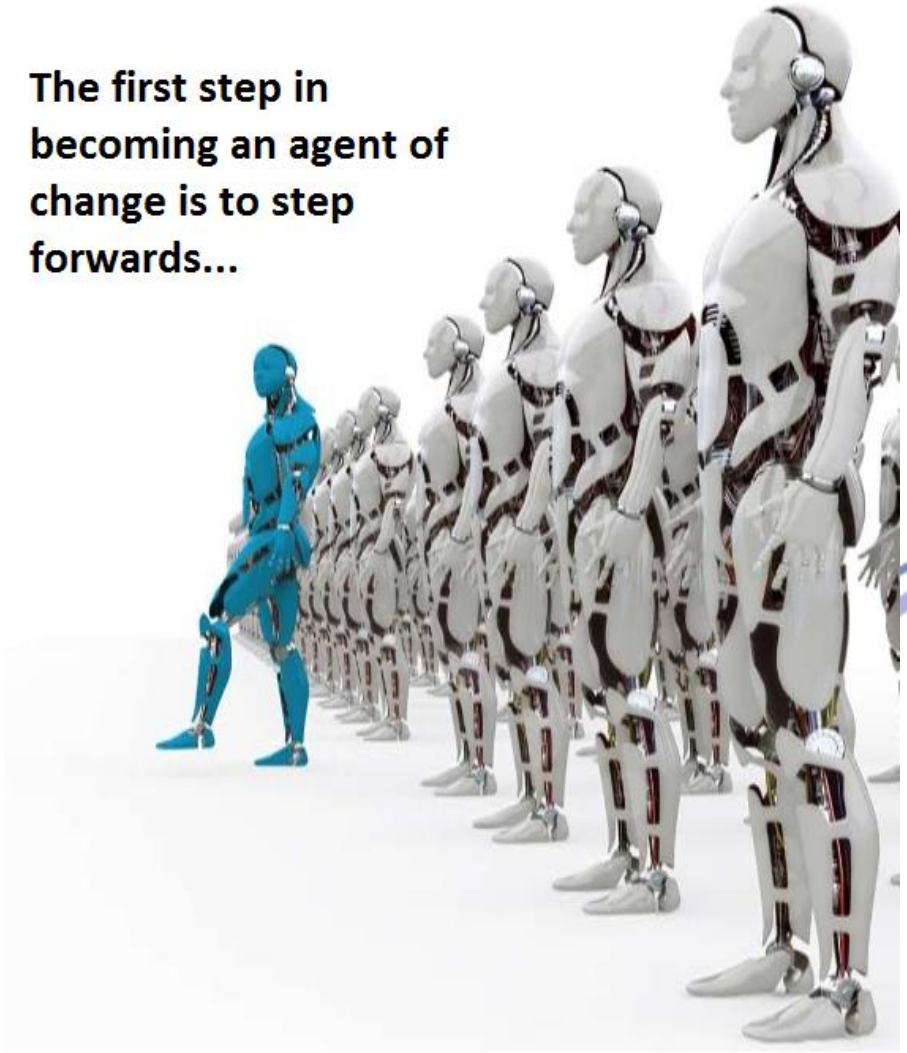
Anybody could have started it, but ***Nobody*** did it.

Somebody got angry about that, because it was ***Everybody's*** responsibility.

Everybody thought ***Anybody*** could do it, but ***Nobody*** realised that ***Somebody*** wouldn't do it.

It ended up that ***Everybody*** blamed ***Somebody*** when ***Nobody*** did what ***Anybody*** could have.

The first step in becoming an agent of change is to step forwards...



Our **mission** for the CSP

To transform the health and wellbeing of individuals and communities by empowering our members and exerting our influence

Our **vision** for physiotherapy

To transform lives, maximise independence and empower populations

★★★★

WEST MIDLANDS NEEDS

YOU!

#CHANGEAGENT

CHARTERED SOCIETY OF PHYSIOTHERAPY

1. Evidence matters
2. LEAD: Leadership Exploration, Advocacy & Development
3. Our Digital Movement
4. Your service, your improvement

CHARTERED SOCIETY OF PHYSIOTHERAPY

Charitable Trust – Its Role In Supporting The Profession

Sue England

Treasurer

The Chartered Society of Physiotherapy

The CSP Charitable Trust
Registered Charity No. 279882

Chartered Society of Physiotherapy Charitable Trust

The CSP Charitable Trust
Registered Charity No. 279882

The Charitable Trust is an independent charitable organisation which supports the advancement of physiotherapy education and research through predominantly annual awards made to members.

Website: http://www.csp.org.uk/about-csp/what-we-do/charitable-trust

Chartered Society of Physiotherapy Charitable Trust

The CSP Charitable Trust
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Registered Charity No. 279882

Board of Trustees

11 Trustees
Which oversee the work of two grant awarding panels and makes strategic funding decisions to directly fund activities

Scientific Panel

15 members

Education Panel

9 members

Website: http://www.csp.org.uk/about-csp/what-we-do/charitable-trust

Chartered Society of Physiotherapy Charitable Trust

The CSP Charitable Trust
Registered Charity No. 279882

Scientific Panel

Physiotherapy Scheme A up to £150K
Novice researchers Scheme B up to £50K
Novice paediatric award £50K

Robert Williams Award £10K

Website: http://www.csp.org.uk/about-csp/what-we-do/charitable-trust

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Education Panel

Academically accredited courses
£300 - for a 20 credit course
£600 - for a 40 credit course
£800 - for a 120 credit course
£1200 for a 180 credit course (MSc)
£1500 for a PhD

Chartered Society of Physiotherapy Charitable Trust

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Education Panel

Conference and presentation awards
Up to £1000 per awardee

Education and development placements awards
Members travelling overseas up to £3,500 per awardee

International education and development projects
Up to £3500 per awardee

Elective clinical placement
Up to £750 per awardee

Website: http://www.csp.org.uk/about-csp/what-we-do/charitable-trust

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Other awards / scheme

Directly funded project awards

Open access awards

Matched funding awards

Website: http://www.csp.org.uk/about-csp/what-we-do/charitable-trust

Chartered Society of Physiotherapy Charitable Trust

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Registered Charity No. 279882

How Is The Trust Funded?

2% of each full-practising member's subscription goes to fund the Charity's activities, so £6.00 from each full member's fees help to underpin both the research and education underpinning the profession.

Legacies and donations.

Website: http://www.csp.org.uk/about-csp/what-we-do/charitable-trust

Chartered Society of Physiotherapy Charitable Trust

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In the last year the Trust has awarded:

The Trust awarded £80,677 to educational awardees sub - divided into the following categories:
55 Academically Accredited Courses Awards
10 Conference & Presentation Awards
12 Education and Development Placement Awards

The Trust awarded the following for research grants:

- £175,540.00 to Physiotherapy Research Foundation awards (divided between 4 awards)
- 2 matched funded bids with Action Medical Research (£221,198.50 contribution)
- 3 matched funded bids with Arthritis research UK (£250,000.00)

Chartered Society of Physiotherapy Charitable Trust

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Other projects funded in 2016

e-Learning strategy project - the e-Learning Project aims to enhance the range of learning and development opportunities available to CSP members through improving member access learning and development opportunities.

Safe and effective staffing levels in UK physiotherapy project - The purpose of the project is to develop a tool that provides a repeatable, critical thinking approach to explore the safety and effectiveness of services and staffing at a local level.

Chartered Society of Physiotherapy Charitable Trust

The CSP Charitable Trust
Registered Charity No. 279882

Other projects funded in 2016

Physiotherapy Works programme – comprising of:

- Workforce Data Model www.csp.org.uk/workforcedata
- Falls Prevention Economic Model http://www.csp.org.uk/costoffalls
- Physiotherapy Cost Calculator www.csp.org.uk/costcalculator
- Chronic Obstructive Pulmonary Disorder Project
- Hip Fracture Rehabilitation Project
- CSP Resources Project
- Case Studies Project
- Mentoring Scheme
- Business Skills Simulation
- Leadership Development Programme

Chartered Society of Physiotherapy Charitable Trust

The CSP Charitable Trust
Registered Charity No. 279882

Other projects funded in 2016

James Lind Alliance Physiotherapy Priority Setting Partnership - aims to integrate high quality person centred research into physiotherapy practice by identifying and prioritise the top 10 uncertainties or ‘unanswered questions’ about healthcare in specific areas

Implementation of research findings: a case study with Yorkshire and Humber Collaboration for Leadership in Applied Health Research and Care -The project is piloting implementation of a clinical guidelines resource called INSPIRE

Chartered Society of Physiotherapy Charitable Trust

The CSP Charitable Trust
Registered Charity No. 279882

Dissemination / outputs – A Key Criteria For Funding

In the last three years – the following outputs have been reported by awardees

15 conference proceedings

19 journal articles

1 Book report

Chartered Society of Physiotherapy Charitable Trust

The CSP Charitable Trust
Registered Charity No. 279882

PROJECTS COMPLETED IN 2015

Research Project Title	Research Location
Exercise and self-management for people with chronic knee, hip or lower back pain. A study of clinical and cost-effectiveness.	University of the West of England
An exploration of physiotherapists and patients views about using activity pacing with people with musculoskeletal chronic pain.	Oxford University Hospitals NHS Trust
An exploration of strategies to enhance physical activity in people with Rheumatoid Arthritis (RA).	University of the West of England
Exploring re-conceptualisation of pain neurophysiology education for back pain: a qualitative study.	South Tees Hospitals NHS Foundation Trust
Self-management: what are the perceived needs of those with MS.	York St John University
Psychologically informed Physiotherapy (PIP) for Chronic Pain: patient experiences of treatment and therapeutic processes.	Bath Centre for Pain Services
Self-referral to physiotherapy for musculoskeletal problems in primary care: stepping up the evidence.	Keele University

Chartered Society of Physiotherapy Charitable Trust

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PROJECTS COMPLETED IN 2016

Research Project Title	Research Location
"Walk30X5": the development and feasibility evaluation of a generic walking programme for people with mild to moderate musculoskeletal conditions.	Oxford University Hospitals NHS Trust
A study to investigate the factors acquisition of work related spinal disorders.	Cardiff University
Clinical and cost effectiveness of increasing standing time in non-ambulant children with Cerebral Palsy: A pilot study.	Plymouth University
A qualitative patient perception study of physiotherapy practice and needs following multiple rib fractures in a Major Trauma centre.	Newcastle upon Tyne NHS Foundation Trust
Identifying key messages for physiotherapists treating female urinary incontinence: a Cochrane Overview of the evidence.	Glasgow Caledonian University
What is the optimal exercise package in physiotherapy management for early hip Osteoarthritis? An exploratory study to develop an intervention.	Oxford University Hospitals NHS Trust
The development of somatosensory discrimination tests in the lower limb following stroke.	Northern Devon Healthcare NHS Trust

Chartered Society of Physiotherapy Charitable Trust

The CSP Charitable Trust
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PROJECTS IN PROGRESS 2017

Research Project Title	Research Location
An evaluation of the feasibility, acceptability and efficacy of resistance training in adolescents with cerebral palsy (joint funded by CSPCT and AMR)	Brunel University
What are the effects of early versus delayed additional physiotherapy on arm function after stroke compared with usual care?	Glasgow Caledonian University
Increasing physical activity of people in residential homes.	St Georges University of London and Kingston University

CHARTERED SOCIETY OF PHYSIOTHERAPY

Technology to drive change

Naomi McVey

North West Allied Health Professions (AHP) Workforce Lead

NHS
Health Education England

Creating the case for adopting new technologies in health and healthcare


NHS
Health Education England
train
amazon
NETFLIX
Spotify
Sainsbury's

Health Education England

How confident do you feel using technology in your personal life?

At work?

Health Education England

Why focus on technology?

'The approach to accessing innovation in the NHS has become increasingly challenging; creating frustration for innovators who see the NHS as an interesting environment for demonstrating the value of their products, for patients who often have to wait long periods of time before life-saving therapies are available, and for clinicians who are frustrated by the multiple barriers to both approval and adoption'

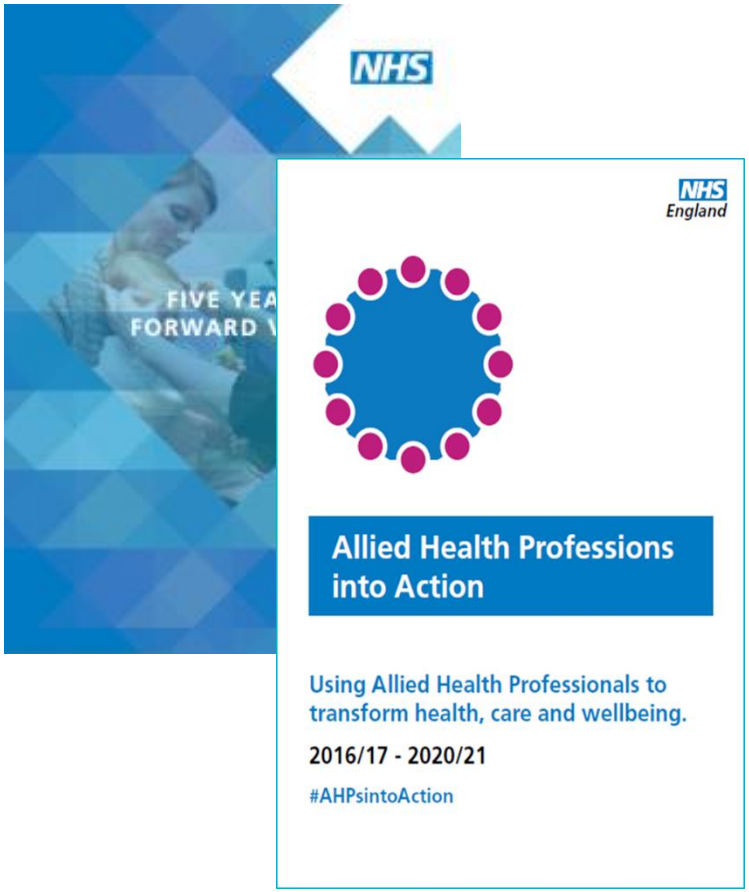
Accelerated Access Review

Our values haven't changed but our world has, So the NHS needs to adapt to take advantages of the opportunities that science and technology offer patients, carers and those who serve them'

Five Year Forward View

Health Education England

National focus



Improving uptake of technology is a priority for NHS England, NICE, Sustainability and Transformation Plans, Academic Health Science Networks, industry, providers & AHPs into Action

NHS
Health Education England

NHS
Health Education England

Technology in health and care

- General health & wellbeing
- Technology enhanced care
- Drugs, diagnostics and devices
- Genomics
- Patient records & informatics
- Technology enhanced learning
- Social media networks

Genomics england

Health Education England

Driving change

Why?	Example
Improved health	C25K app; Nalmefene
Improved diagnosis	PlGF-based testing suspected pre-eclampsia; HeartFlow FFRCT
Less invasive testing or treatment	Virtual Touch Quantification
Improved patient outcomes	GreenLight XPS
Cost effectiveness	Inditherm
Better patient experience	Point-of-care coagulometers
Improved QOL	Urolift

https://www.nice.org.uk/about/what-we-do/into-practice/adoption-team

1 Compelling case for change	2 **improved care pathway**	3 Evidence of clinical effectiveness
10 Strong leadership	Making the case	*4 Predicted costs & resource impact*
9 Share learning and success		5 Product options available
8 *Measure improvement and impact*	***7 Impact and learning from other sites***	Genuine patient and staff input 6

IN GOD WE TRUST;
ALL OTHERS MUST
BRING DATA.
-W. EDWARDS DEMING

Sharing the good stuff

Health Education England

- CSP
- Conference abstracts
- Social media
- Local and national networks
- Academic Health Science Networks
- NICE local practice collection
- Fab NHS Stuff
- Local and national awards

‘Look upwards and outwards. Always be willing to share, always be willing to steal.'

Kirstie Baxter, Head of Workforce Transformation (North West), Health Education England

Take home messages…

Health Education England

- Improvement - not tech for tech's sake
- Clinical and cost effectiveness and wider resource impact
- Responsible for measuring and sharing improvement and impact

CHARTERED SOCIETY OF PHYSIOTHERAPY

Break

#WMCSP

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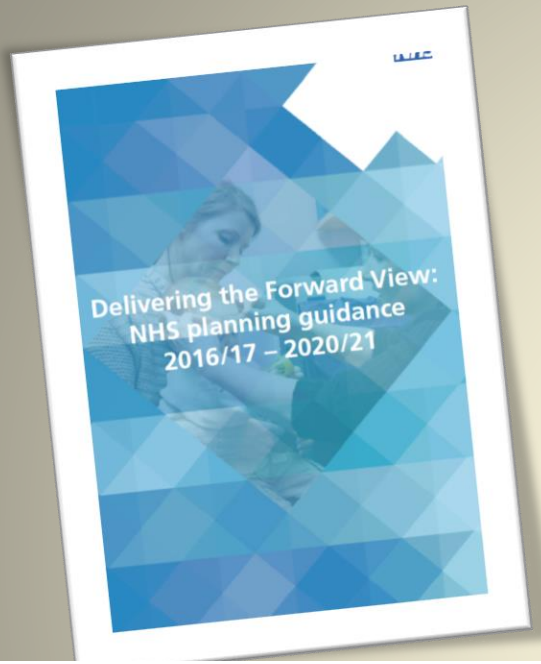
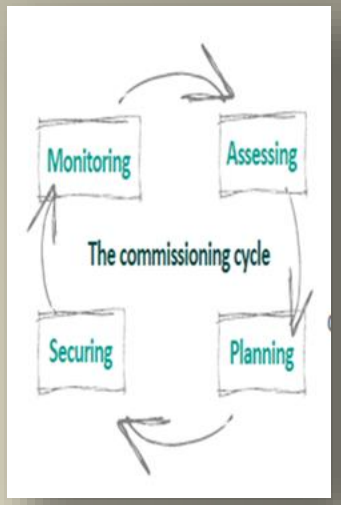
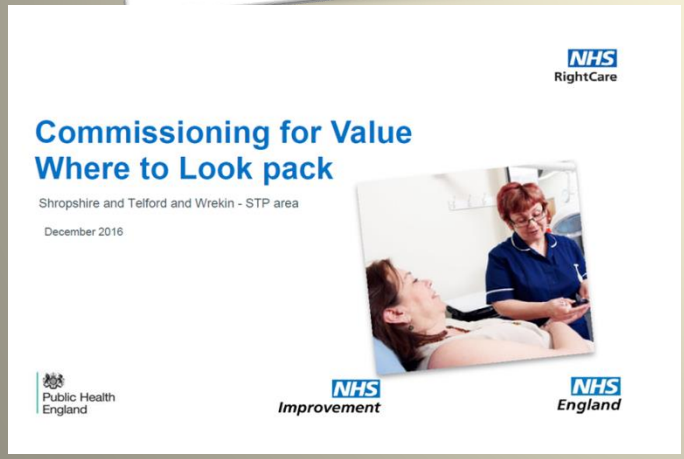
Creating a Case for Change: The Journey of Change

Nina White
Head of Transformation
Shropshire Clinical Commissioning Group

Context





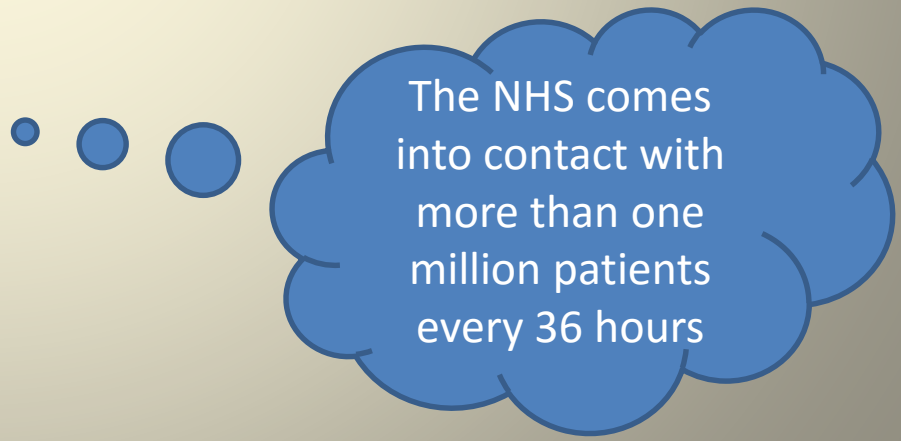


https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

https://www.kingsfund.org.uk/topics/sustainability-transformation-plans

The NHS Constitution for England

- You(patients) have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.



Why change?

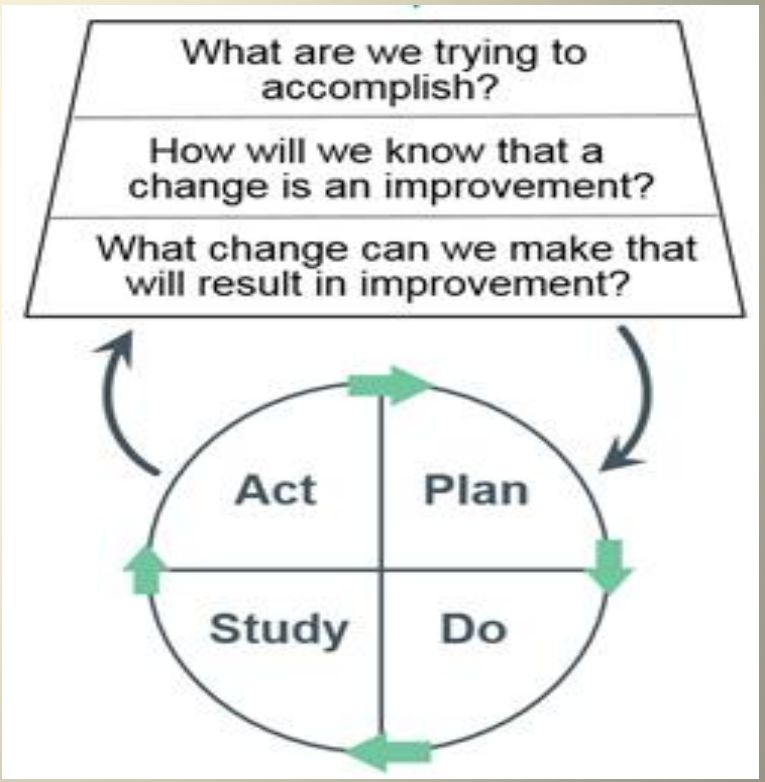
Change Theories

- Engineering
- Systems and processes
- Human relationships
- Adoption of change
- Transition
- Social interactions
- Organisational development
- Complexity

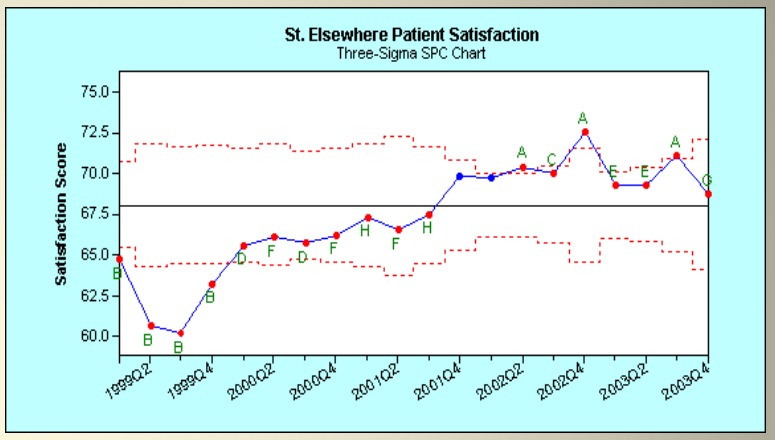
Change Models

Acknowledgment NHS England accessed 19/05/2017
https://www.england.nhs.uk/ourwork/qual-clin-lead/sustainableimprovement/change-model

The Improvement Guide: a practical approach to enhancing organizational performance. Gerald Langley et. al



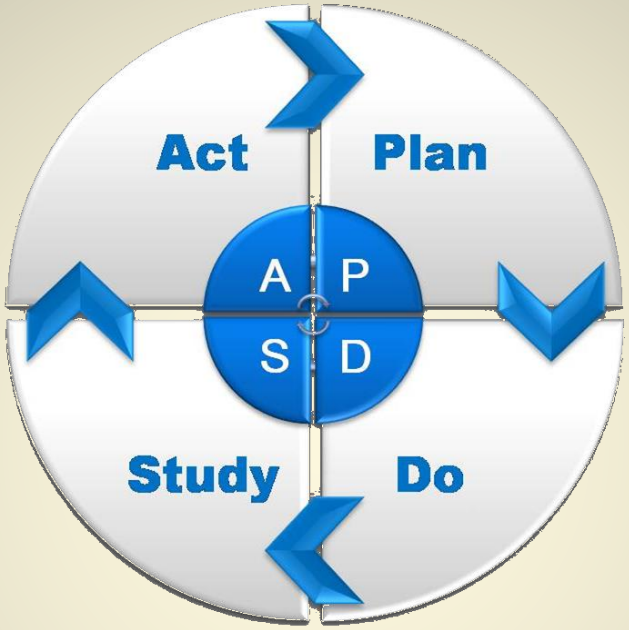
Approaches & Skills



‘All improvements involve a change but not all changes are improvements’. Goldratt

How will we know if the change leads to an improvement?

Measurement throughout the project cycle



Project identification

Getting a baseline

Did project make a difference?

Will project sustain?

Evaluating worth of the project

Measurement

1. Decide aim
2. Choose the measures (improvement, research, judgement)
3. Define Measure
4. Collect the data
5. Analyse and present
6. Review the measures
7. Repeat steps 4 to 6

How to influence for change in the NHS

- Understand the process for change in your organisation
- Be clear about what you are proposing and why
- Use evidence to demonstrate the case for change
- Engage with stakeholders
- Understand the risks
- Monitor and evaluate progress

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@NinaWythe

Resources

- http://www.ihi.org/Pages/default.aspx
- https://www.leadershipacademy.nhs.uk/
- https://www.england.nhs.uk/integrated-care-pioneers/resources/tools/
- http://webarchive.nationalarchives.gov.uk/20121116082105/https://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/statistical_process_control.html

CHARTERED SOCIETY OF PHYSIOTHERAPY

So you have an idea?

Teresa Jones

Head of Research

The Robert Jones and Agnes Hunt Orthopaedic Hospital Foundation Trust

So you have an idea?

What do you need to move your idea into practice?

Evidence

How do you move the idea from "Idea" to Routine Practice?

- Discuss the idea with your colleagues
  - Is it feasible?
  - Does it make sense?
- Literature Search
  - Has it been tried before?
- Acceptability to pt. group

Is my idea Research?

- Audit / Service Evaluation / Research?
- Visit the Health Research Authority (HRA) at - http://www.hra.nhs.uk/resources/before-you-apply/
- Contact your Research Dept. – what support do they offer?
- Establish a “Expert Patient” Group (PPI)

Is the idea RESEARCH?

- What is the definition of **research**?
  - New knowledge, generate hypotheses, test hypotheses
  - Quantitative or Qualitative
  - Clear defined questions, aims, objectives
  - Additional to routine pathway
  - May involve randomisation
  - Normally requires Ethical review
  - Complete the decision tool at - http://www.hra-decisiontools.org.uk/research/

Research **Yes** – what next?

- **Protocol**
  - http://www.hra.nhs.uk/research-community/before-you-apply/protocol/
  - What is the question?
  - What data do you need to prove your hypothesis?
  - What type of participants (eligibility)?
  - How do you collect this data?
  - When do you collect the data?
  - Who is involved?
  - How many participants do you need?
  - How are you going to analyse the data?

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Research Office

NHS

Research Yes – what next?

- Protocol ✓
- **Approval**
  - Does it need **ethical** review and approval?
    - NHS staff / pts / previously collected data?
  - It **will** need Health Research Authority (HRA) approval
    - All NHS research on NHS property will need HRA approval.

Research Yes – Approval?

- Ethics and HRA approval:
  - Complete your "one stop" application via the Integrated Research Application System (IRAS) at www.myresearchproject.org.uk

- What's the process at your Trust? Do you need Trust confirmation?
  - Visit your Research dept.

The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust
Research Office

NHS

Research Yes – what next?

- Protocol ✓
- Approval ✓
- **Funding**
  - What is research cost? What is support cost? What is treatment cost? See: https://www.gov.uk/government/news/attributing-the-costs-of-health-social-care-research-development-acord
  - Expenses for participants?
  - Where from?
    - Charity
    - Trust funds
    - NIHR
    - Commercial

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Research Office

Research Yes – what next?

- Protocol ✓
- Approval ✓
- Funding ✓
- **Supporting documents**- **Required for approval process**
  - Patient Information sheet
  - Consent Form
  - (Good Clinical Practice) GCP training
  - Up to date CV

The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust
Research Office

NHS

Research Yes – what next?

- Protocol ✓
- Approval ✓
- Funding ✓
- Supporting documents ✓
- Green light ✓
  - All above are in place
  - Trust is happy

The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust
Research Office

NHS

Research Yes – final straight?

- Protocol ✓
- Approval ✓
- Funding ✓
- Set-up & go ✓
- Collected your data ✓
- Analysis ✓
- **Publication**
  - Where? Biggest impact?

The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust
Research Office

NHS

Research Yes – what next?

- Protocol ✓
- Approval ✓
- Funding ✓
- Set-up & go ✓
- Collected your data ✓
- Analysis ✓
- Publish ✓

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Orthopaedic Hospital NHS Foundation Trust
Research Office

NHS

So you have an idea?

Any Questions?

Teresa Jones, Research Manager, RJAH

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The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust
Research Office

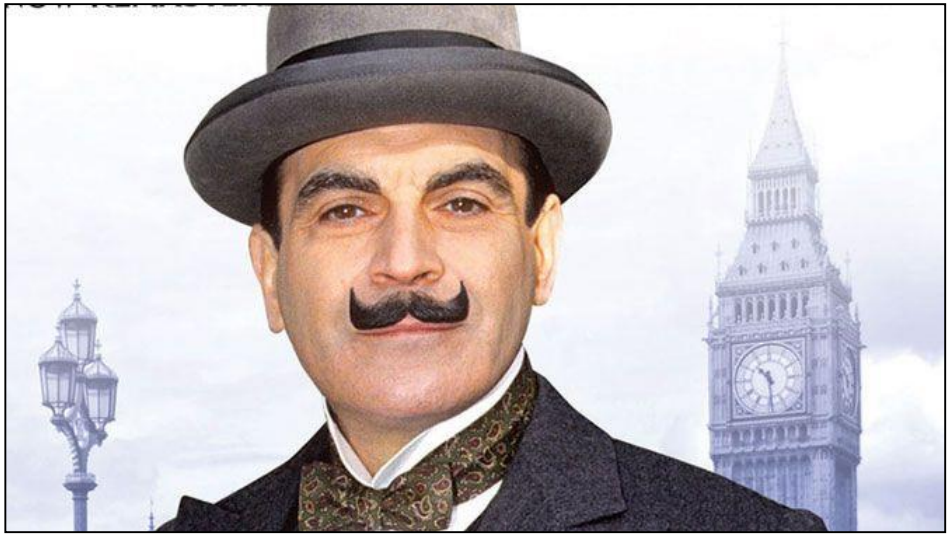
NHS

CHARTERED SOCIETY OF PHYSIOTHERAPY

Creating a Case for Change – Failure – Tenacity – Passion – Success

Andrea Bailey PhD MCSP

Clinical Specialist Physiotherapist – Sports Injury




Happy Mother's Day

Jobbing Physio	Academic Researcher
Patient Problem	Research Question
Training/ Experience/ Referral/ Ax	Literature Review/ Justification
Working Diagnosis	Hypothesis
Assessment	Baseline Outcome Measures
Treatment	Intervention
Re-assessment	Post-intervention Outcome Measures
Evaluation	Data Analysis
Reflective Practice	Discussion
Progression of Treatment	Conclusion
CHANGE	

Proposal. Ethics. Study. Write-Up. Viva. Dissemination.

One Job!
ISAKOS - Shangai 2017

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS
NHS Foundation Trust

Non-Concurrent Rehabilitation Improves Subjective & Objective Outcomes following ACL Reconstruction

Delivering Outstanding Patient Care

Introduction

- Traditionally ACL rehab is offered in a concurrent format.
- “Interference Effect” has been proposed within non-injured and athletic populations.
- No previous research has considered this issue systematically in clinical populations.

(Gravelle et al. 2000, Docherty and Sporer 2000, Wilson et al. 2012)

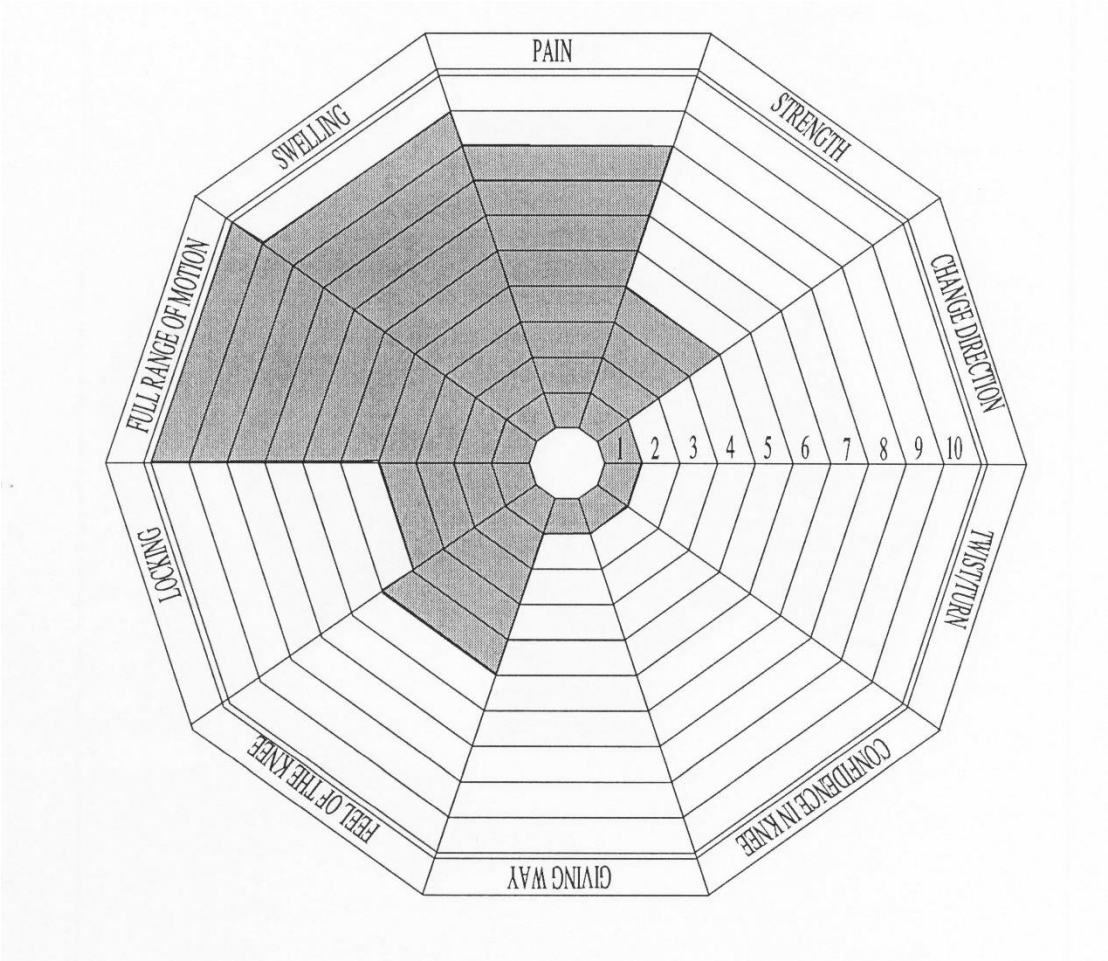
Objective

- Assess the effects of reconstruction surgery and **24-weeks** of non-concurrent strength and endurance rehab [**NCON**].

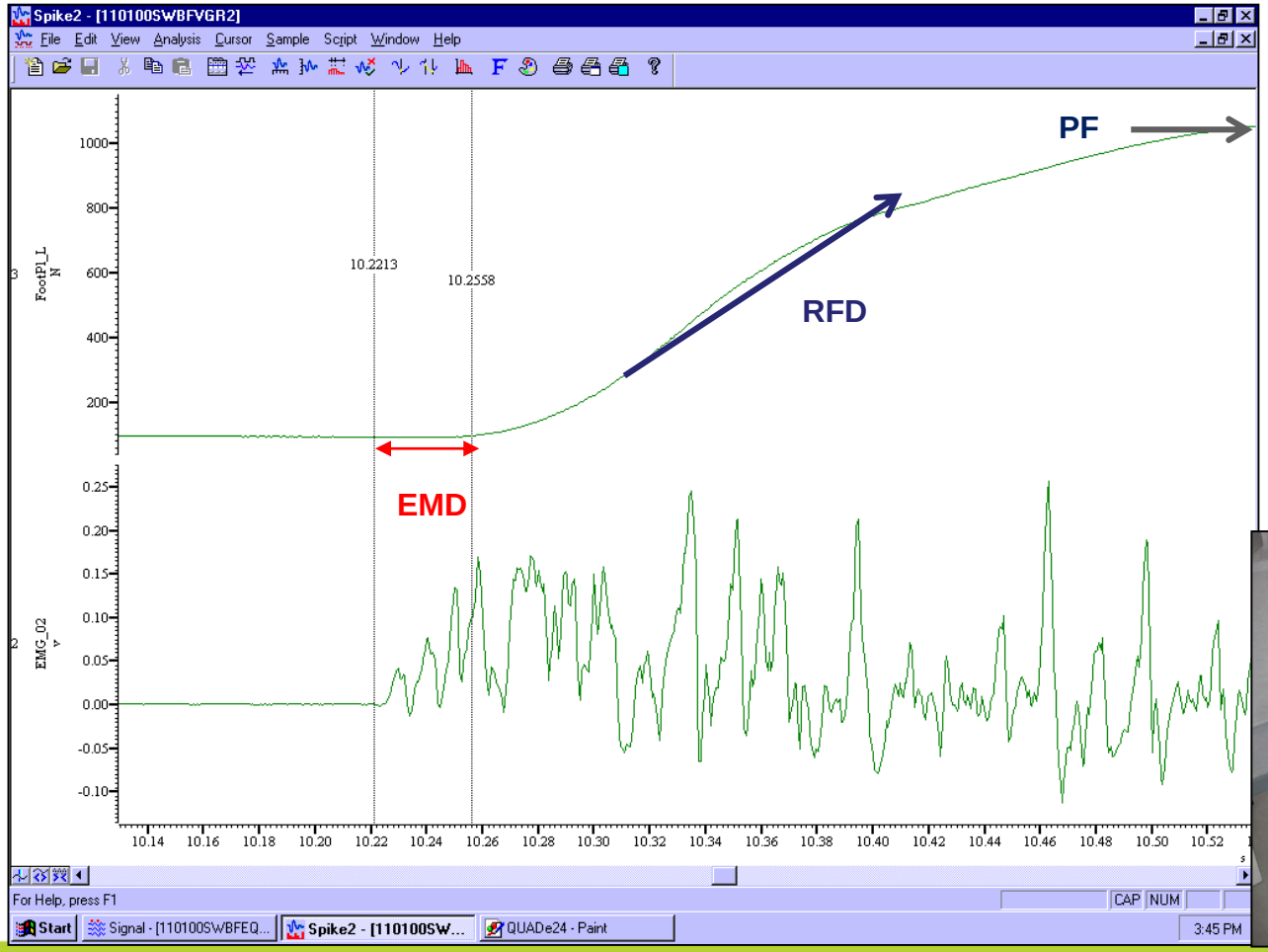
- **48 week follow-up.**

Subjective Outcomes	Objective Outcomes
KOOS (Roos et al., 1998)	Peak Force (Minshull et al., 2009)
	Rate of Force Development (Minshull et al., 2009)
IKDC (Irrgang et al., 2012)	Electromechanical Delay (Minshull et al. 2009)
	Sensorimotor – Force Matching (Gokeler et al., 2014)
Performance Profile (Doyle & Parfitt, 1997)	Hop for Distance (Clark, 2001)
	AP joint laxity (Duthon et al., 2006, Gleeson et al., 1996)

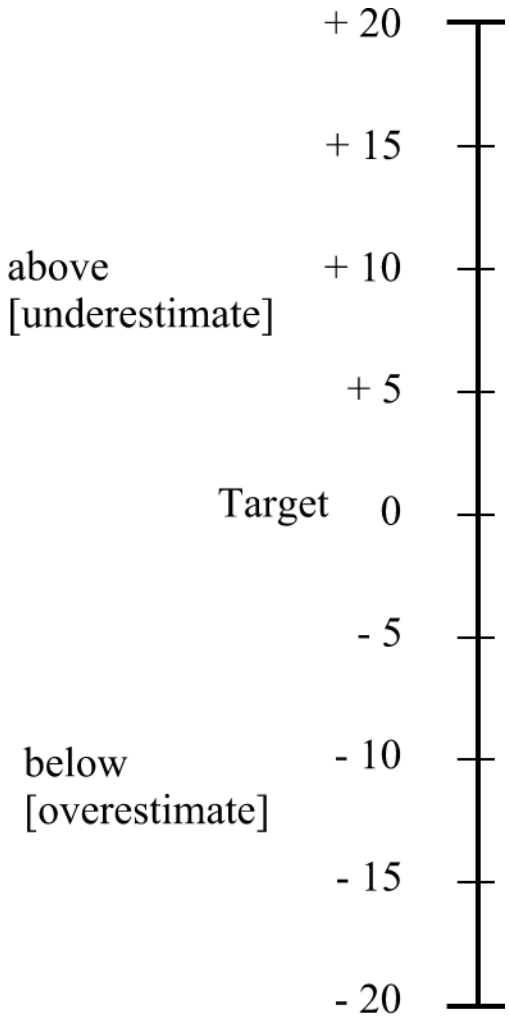
Performance Profile – an example.



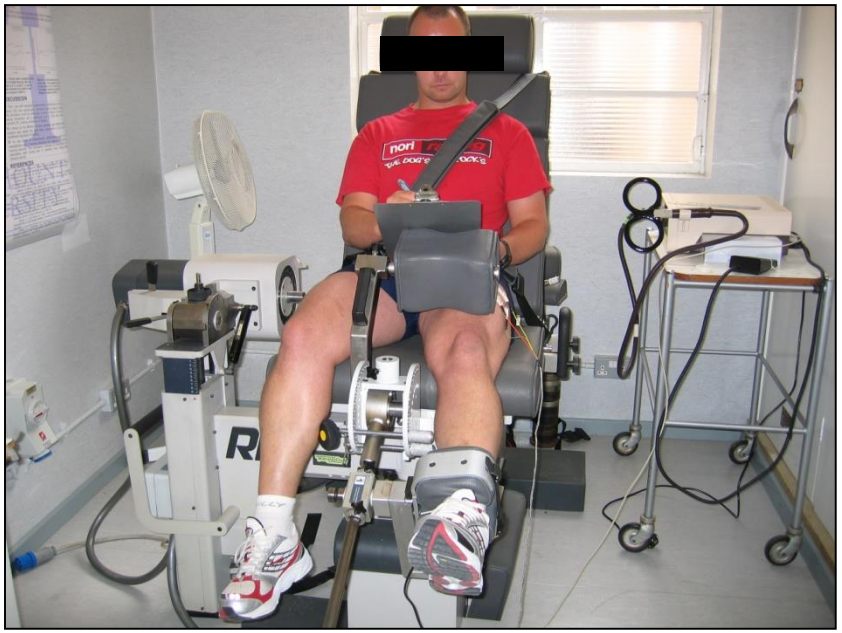
Assessment of Neuromuscular Performance



SMP – Force Error



Matching and rating of a blinded (50% PF) target was recorded.



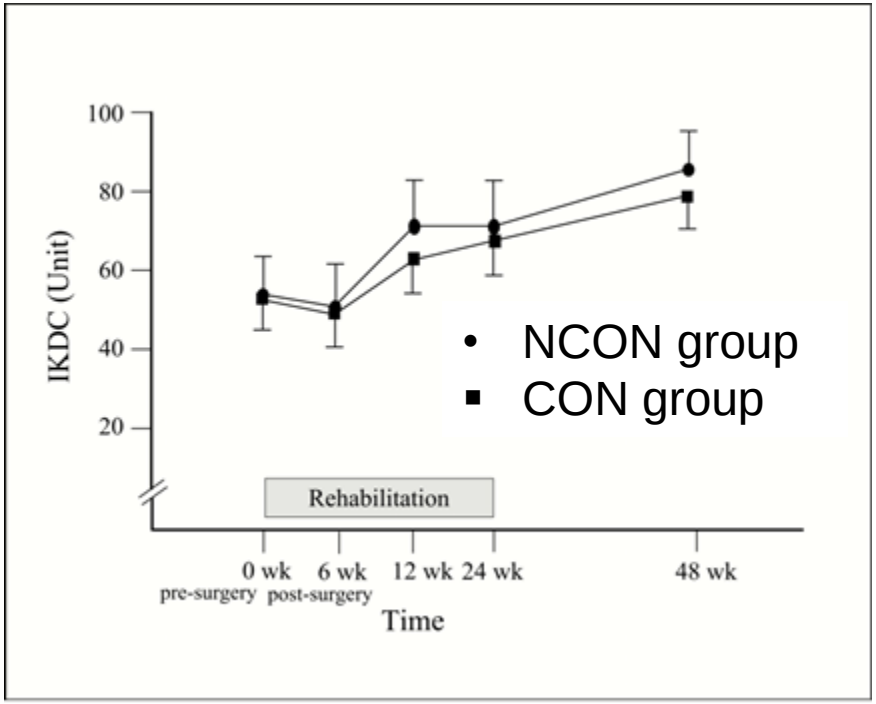
Pre-surgery, 6, 12, 24 and 48 weeks post ACL reconstruction

Study Group	Male (n)	Female (n)	Age (years)	Height (m)	Body Mass (kg)	Time from injury to surgery (months)	Lost to FU
CON	29	2	37.7 ± 8.8	1.77 ± 0.07	81.4 ± 12.3	9.4 ± 6.9	9
NCON	27	6	36.6 ± 9.0	1.76 ± 0.09	82.4 ± 11.1	8.3 ± 6.7	7
Limited Testing CON	13	5	34.2 ± 8.1	1.79 ± 0.09	81.1 ± 17.3	9.1± 7.2	3

Results IKDC

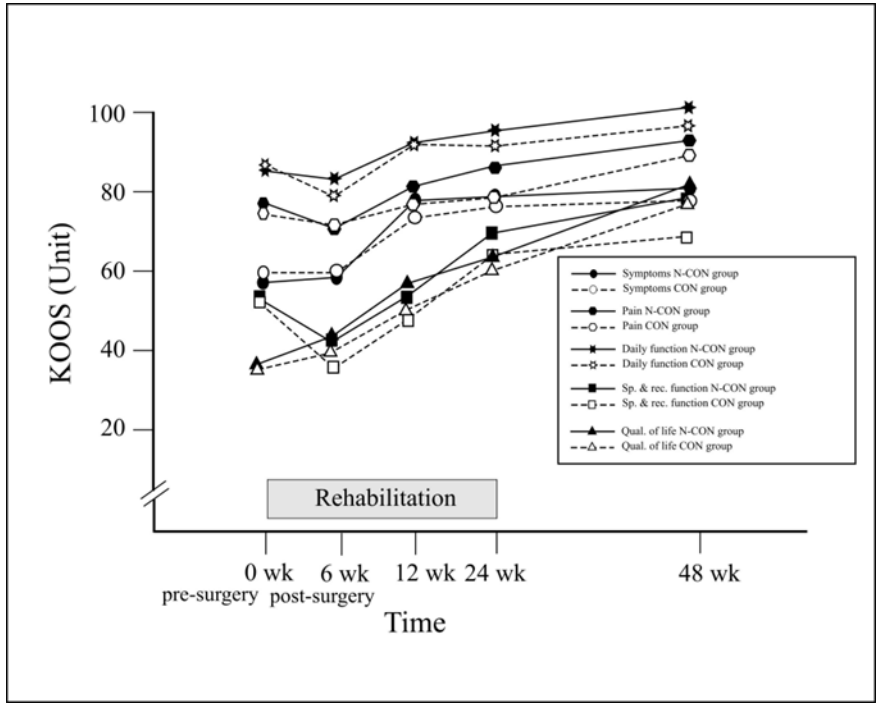
Largest significant interaction and difference between NCON and CON was at 12 weeks.

Group mean peak relative difference NCON versus CON at 12 weeks post-surgery = 10.8%



Results KOOS

NCON showed superior throughout the investigative period ($F_{(2.2, 134.7)GG}$ >5.5; p<0.001). *A priori* analysis suggested most interaction occurred at the 12 week post-operative assessment occasion ($F_{(1,60)GG}$ >21.7; p<0.001).

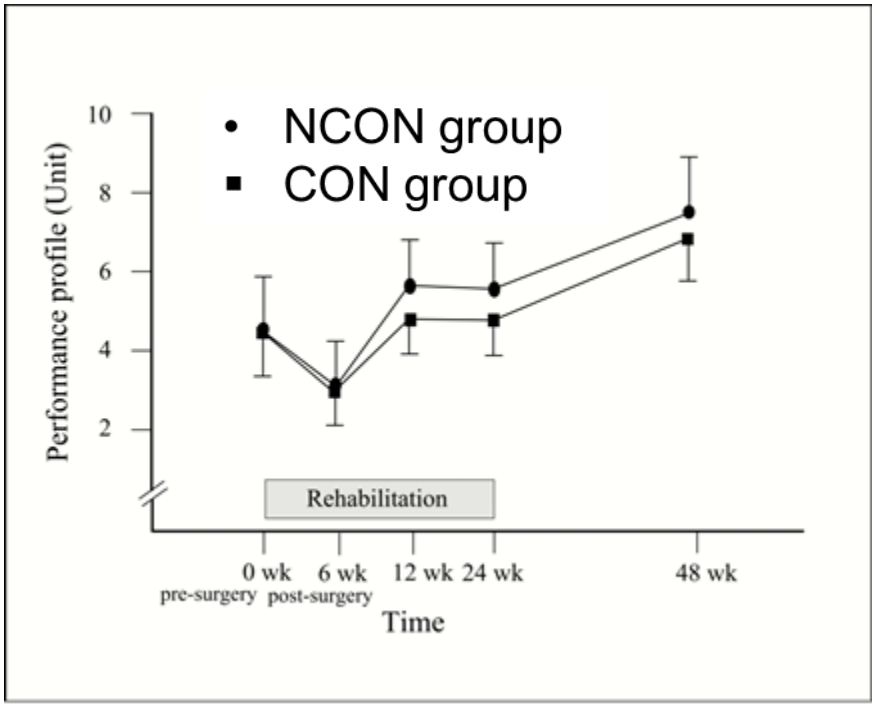


All 5 domains maintained a similar order of ranking over 48 weeks.

Results Performance Profile

NCON group reported superior results ($F_{(1.9, 121.4)GG} = 14.6$; $p<0.001$) over the 48 weeks assessment period.

Group mean peak relative difference NCON versus CON at 24 weeks post-surgery = 12.7%.



Results Summary

Objective Outcome	NCON advantage (Group mean peak relative difference)	Significant Interaction Phase
Hop	**12.2%** [$F_{(1,62)}$ = 13.1; p<0.005]	**12 weeks**
ATFD	**14.2%** [$F_{(1,62)}$ = 7.1; p<0.005]	No phase (48 weeks)
PF - Extensors	**7.7% and 10%** [$F_{(1,62)}$ = 5.8; p<0.05 and $F_{(1,62)}$ = 9.3 ;p<0.005]	**6 weeks and 24 weeks**
PF - Flexors	**10.5% and 14%** [$F_{(1,62)}$ = 6.1; p<0.05 and $F_{(1,62)}$ = 13.1 ;p<0.001]	**6 weeks and 12 weeks**
RFD - Extensors	**11.4%** [$F_{(1,62)}$ = 15.7; p<0.005]	**24 weeks**
RFD - Flexors	**20.5%** [$F_{(1,62)}$ = 28.4; p<0.005]	**24 weeks**
EMD - Extensors	**10.1%** [$F_{(1,62)}$ = 77.3; p<0.005]	No phase (48 weeks)
EMD - Flexors	**11.9%** [$F_{(1,62)}$ = 11.5; p<0.005]	No phase (48 weeks)
SMP - Extensors	**5.6%** [$F_{(1,62)}$ = 7.3; p<0.01]	No phase (48 weeks)
SMP - Flexors	**4.7%** [$F_{(1,62)}$ = 7.1; p<0.01]	No phase (48 weeks)
No significant differences between CON and Limited Testing CON groups		

Clinical Implication

- Both CON and NCON rehabilitation are efficacious.
- **NCON** provides up to **20.5% advantage** compared to CON rehab.
- NCON rehab can be applied immediately in a clinical setting, **without extra cost**.

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Thank you.

NCON rehabilitation following surgical ACL reconstruction will **improve** subjective outcomes by up to **12%** and objective outcomes by up to **20.5%**

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Lunch

#WMCSP

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Creating a Case for Change

Alison Aries

NIHR Research Fellow

- Qualified from Wolverhampton School of Physiotherapy in 1986
- Worked in Redditch, Dudley and Wolverhampton
- Worked in senior positions in Surgical and ITU /elderly care and within the Community Intermediate Care Team
- Developed specialist neurological skills

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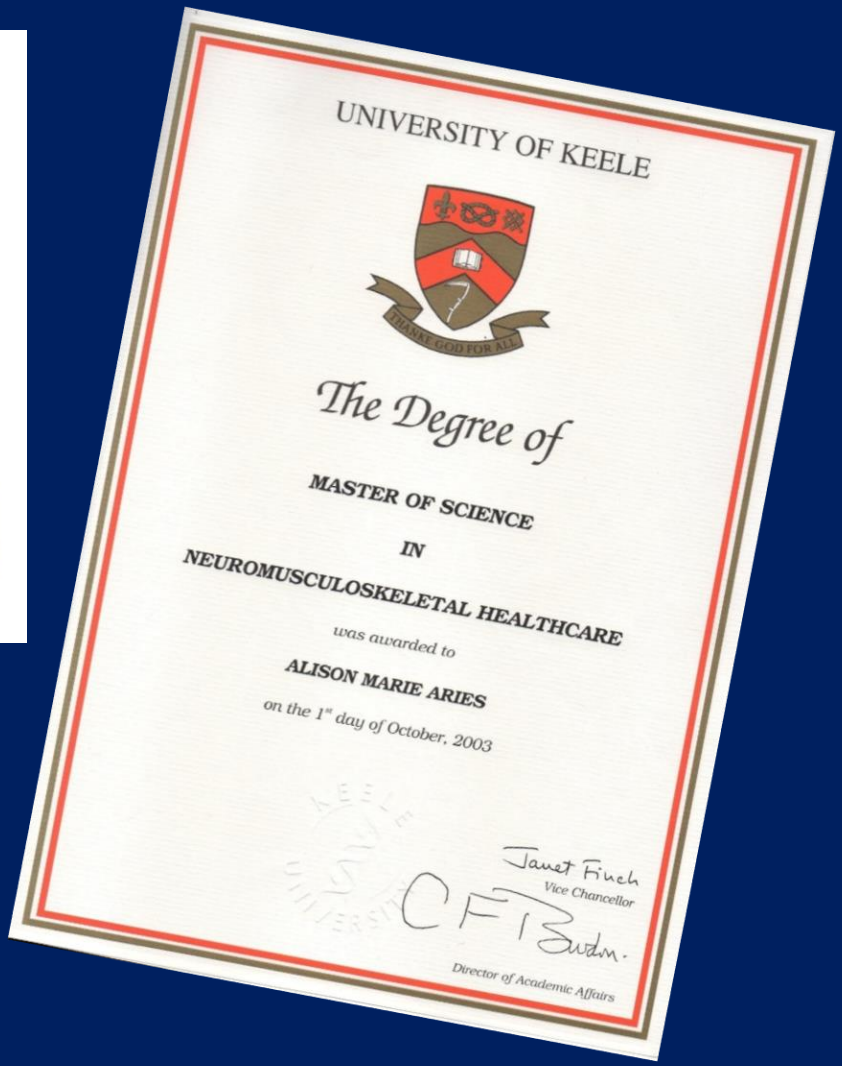

- Learned critical appraisal skills
- Dissertation:

Exploration of Critical Appraisal Skills in Physiotherapy Staff and their Perception of how this Influences the Implementation of Evidenced-Based Practice

- Presented at CSP Congress 2005

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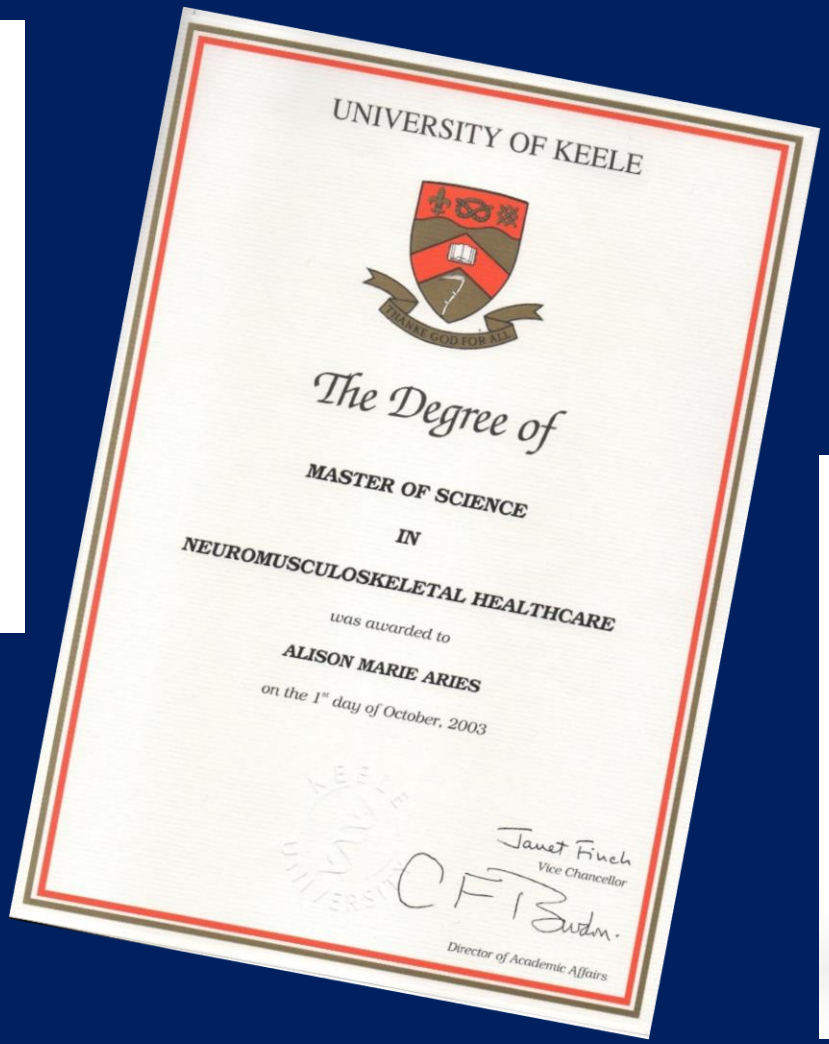

UNIVERSITY OF KEELE

THANKS GOD FOR ALL

The Degree of

MASTER OF SCIENCE

IN

NEUROMUSCULOSKELETAL HEALTHCARE

was awarded to

ALISON MARIE ARIES

on the 1st day of October, 2003

Janet Finch
Vice Chancellor

Director of Academic Affairs

Keele University

Keele University

Keele University

Keele University

RDS
CRN
CTU
SOPs
TOPs
GCP
SAEs
TMGs
PPI/PPIE etc. etc.

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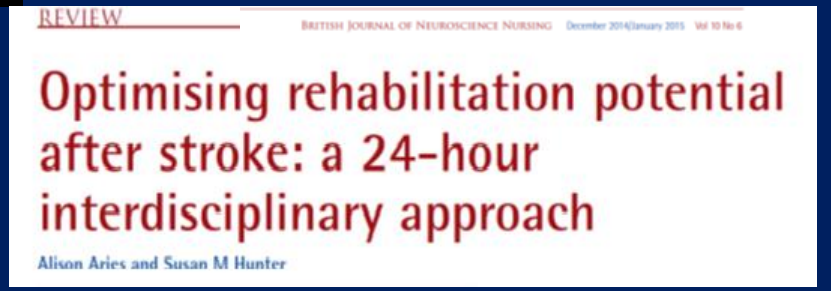
- Research idea

- Publications



- Development work with clinicians
- Development work with PPIE advisors
- Research experience
- Knowledge base

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- Doctoral fellowship
- ICA HEE / NIHR Integrated Clinical Academic Programme for non-medical healthcare professions
- 3 years full time
- Based on current salary
- Current research commitments and research experience, publications, PPIE, plain English summary, Scientific abstract of research, Literature review, plans for dissemination, proposal with costings, career intentions and collaborations, plan of support and supervision, proposed training, and development, programme and plan for ongoing clinical experience

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How did I achieve the NIHR Clinical Academic Fellowship?

Early PPIE work

Focus groups with clinicians

Lots of reading!

Stroke research module at keele

Publications

Lots of networking and support from many different people – especially my supervisor Dr Sue Hunter

Research post – worked as a blinded assessor on the FAST INdiCATE trial

RDS grant achieved – workshop with clinicians and PPIE advisors

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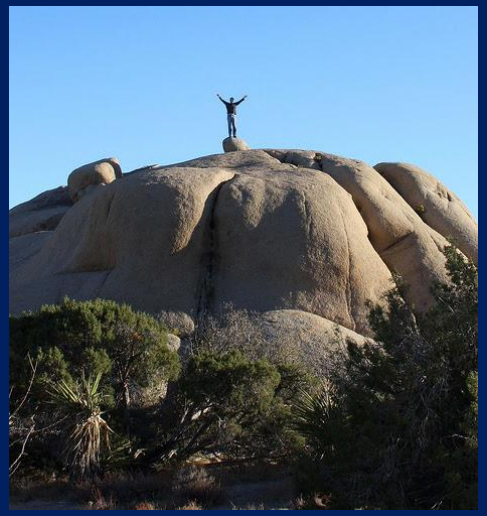
After nearly two years I applied

- Lengthy application process
- Shortlisted and interviewed



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Opportunities provided by an NIHR fellowship

- Funding
- Mentoring, supervision, guidance, networking
- Developing clinical skills by working with experts
- Developing and leading a clinical trial and trial team with CTU support
- Collaboration opportunities and conferences
- Sensorimotor control in neurological practice Movement Science Based Approach to Stroke Rehabilitation
- NIHR courses, webinars etc.
- Kings Fund Emerging Leaders course
  Advanced Bobath Course
  Randomised clinical trials courses

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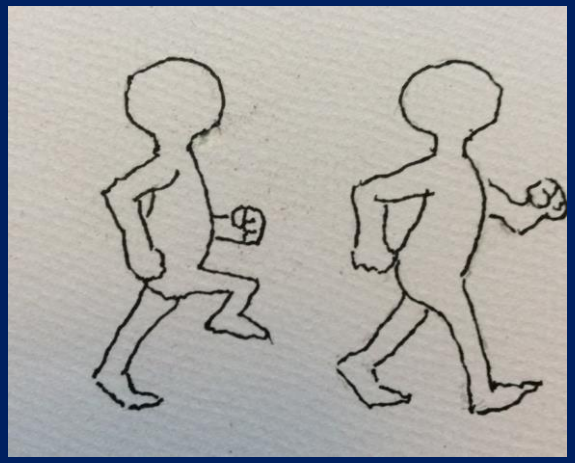
Stage 1 -Consensus study with clinicians

Objective: To develop treatment protocols for:

Mobilization and Tactile Stimulation (MTS)
(Hunter et al 2006)

Textured Insoles (TIs)
(Christovao et al 2013)



Task Specific Gait Training (TSGT)
(Foley et al 2013, Veerbeek et al 2014)

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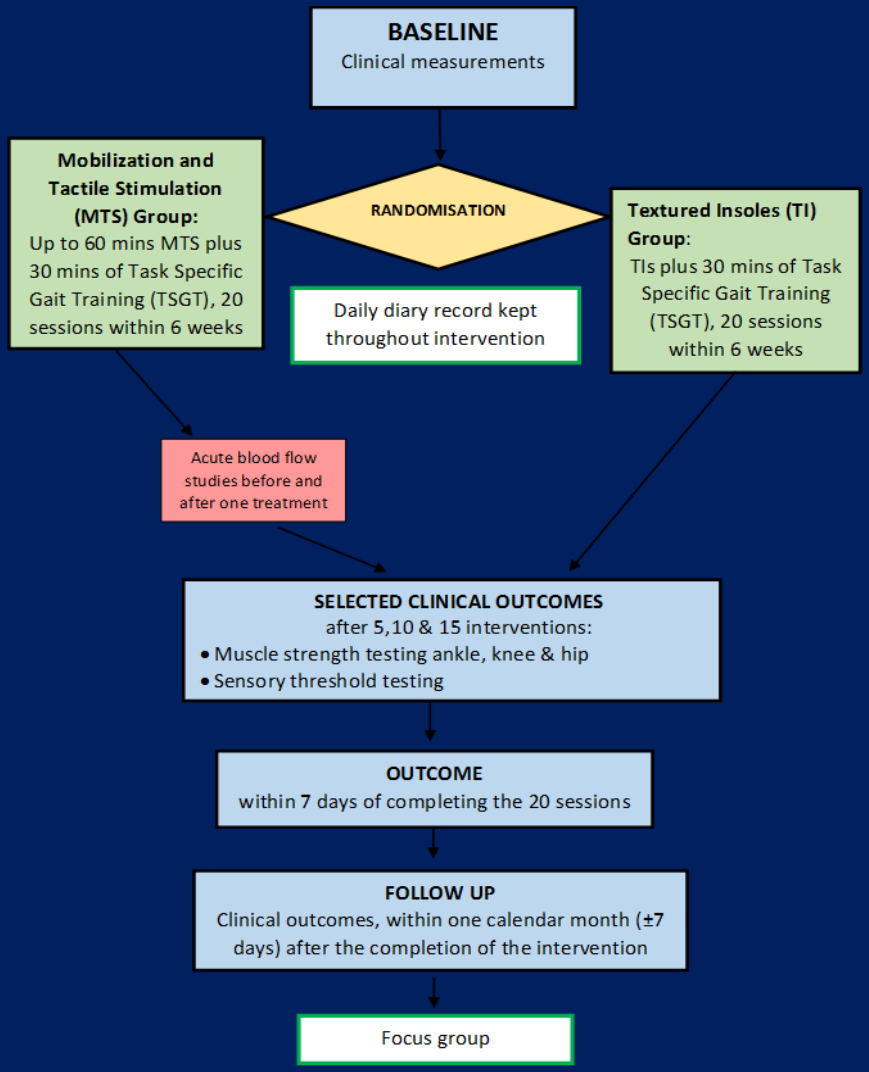
Stage 2: Feasibility Study (MoTaStim-Foot)



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Stage 2: Feasibility Study (MoTaStim-Foot)

Progress to date:

- 33 of the 34 participants now recruited
- Protocol has been submitted to Pilot and Feasibility studies for publication

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What does the future hold?

- March 2018
- NIHR Clinical Trials Fellowship application
- Larger clinical trial: RCT of MTS+TSGT vs TI+TSGT stroke with subgroup analysis
- Influencing clinical practice and clinical guidelines to improve outcomes for stroke survivors

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The case for change?

- Opportunities, time, resources, and support for clinicians to engage in research
- Clinicians driving research based on clinical questions
- Greater collaboration and partnership between academics and clinicians
- Clinical academic career pathways

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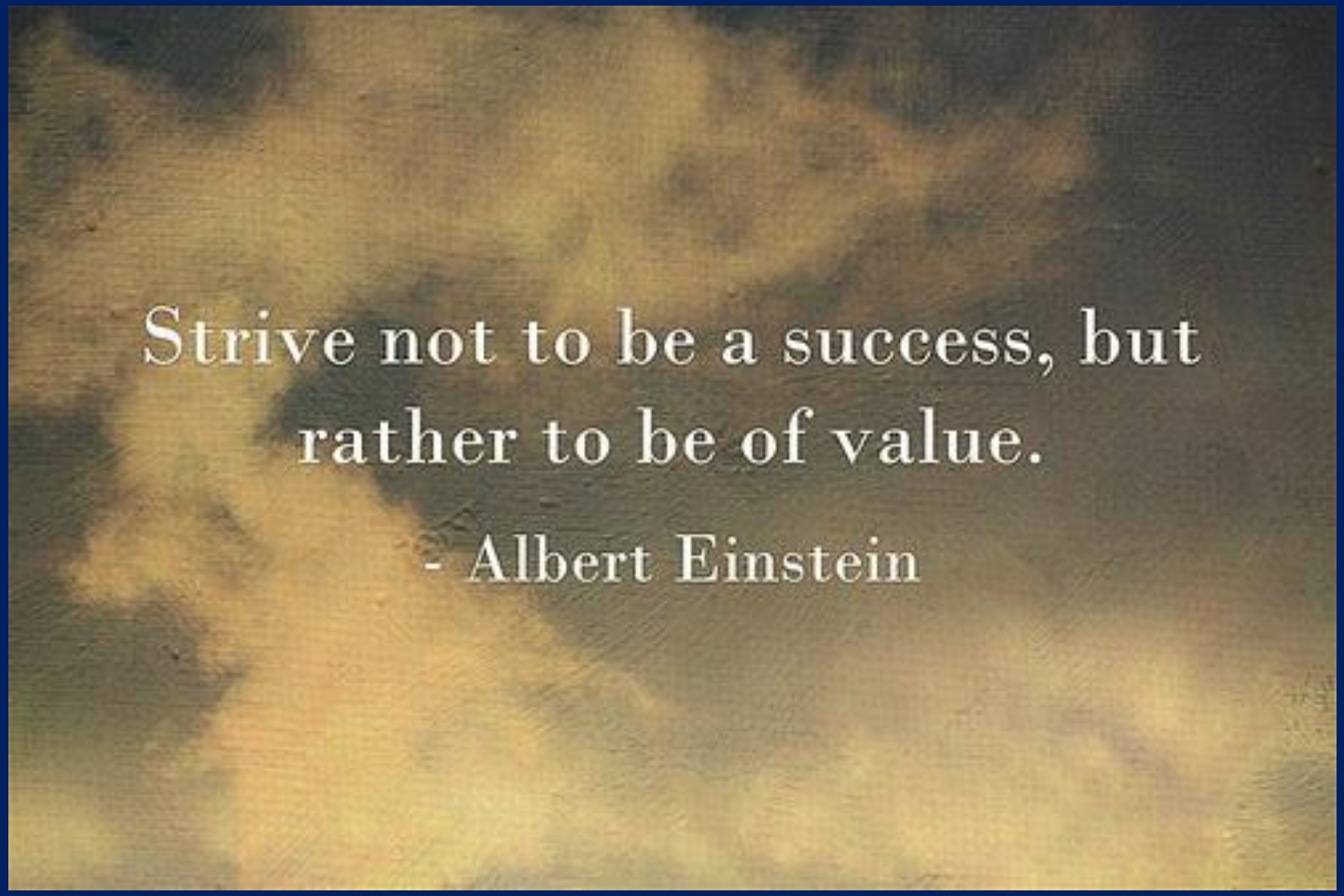

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Acknowledgements

My supervisory team

The clinicians taking part in the study

The participants who have taken part in MoTaStim-Foot

The research therapists and assessors

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Norwich Clinical Trials Unit

The NIHR for funding the work as part of an NIHR Clinical Academic Fellowship.

Images:

Uniform image: https://www.flickr.com/x/t/0091009/photos/govim/9039275749/

Lecturing: https://www.flickr.com/x/t/0099009/photos/53801255@N07/8736820287/

Ivory Tower image https://flic.kr/p/8c6XtS

Treadmill image https://www.flickr.com/x/t/0099009/photos/29638108@N06/5618665304/

Breast cancer ribbon image: https://www.flickr.com/x/t/0091009/photos/yongjiet/1673359716/

Long road image: https://www.flickr.com/x/t/0098009/photos/philwirks/5575978625/

Character question mark image :https://www.flickr.com/x/t/0090009/photos/paulbrigham/8431849810/

Light bulb image: https://flic.kr/p/92g6TM

Success image: https://www.flickr.com/x/t/0092009/photos/tinyfroglet/4269679309/

Climb mountain image: https://www.flickr.com/x/t/0092009/photos/mr-pi/32567158813/

Leap of faith image: https://www.flickr.com/x/t/0096009/photos/ornellas/4998737249/

Albert Einstein quote: https://www.flickr.com/x/t/0097009/photos/bullgator0892/11370959876/

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CAPHR

Dr Sue Hunter

Research Facilitator Physiotherapist


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Professions Research

CAHPR – what is it?

cahpr
Council for
Allied Health
Professions Research

- Council for AHP Research
- http://cahpr.csp.org.uk/
- Opportunities for learning, sharing, networking, collaborations and access to advice and support
- Comprises a strategy committee, a professoriate and a UK-wide **regional hub network**

Supported by 12 AHP organisations

- British and Irish **Orthoptic** Society
- College of **Paramedics**
- Chartered Society of **Physiotherapy**
- Royal College of **Speech & Language Therapists**
- Society and College of **Radiographers**
- The College of **Podiatry**
- Royal College of **Occupational Therapists**
- The British **Dietetic** Association
- The British Association of **Prosthetists and Orthotists**
- British Association of **Art Therapists**
- The British Association for **Music Therapy**
- The British Association of **Dramatherapists**

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Mission

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Professions Research

"to **develop AHP research, strengthen ev**
of the professions' **value and impact** for **enhancing** service user and community care, and **enable** the professions to **speak with one voice on research issues**, thereby raising their **profile** and increasing their **influence.**"

CAHPR Activities

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- Workshops
- Signposting
- Mentoring
- Small awards scheme
- Journal clubs
- Evidence based practice groups / CAT groups
- Public Health Awards
- Top Ten Tips
- Information circulation

Top Ten Tips

- http://cahpr.csp.org.uk/documents/cahprs-top-tips-leaflet

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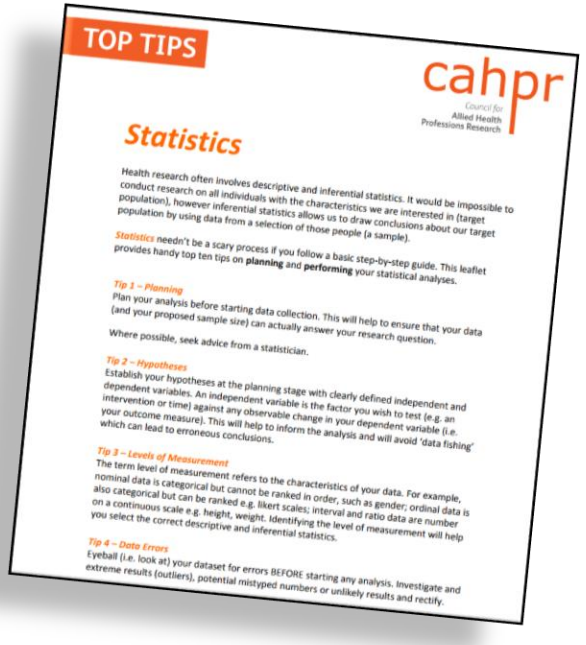

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Council for Allied Health Professions Research

Keele

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Dr Sue Hunter
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CAHPR Keele Hub Facilitators:
Dr Claire Stapleton
Kay Stevenson
Robert Bradshaw-Kilditch
Dr Martin Thomas
Yvonne Rimmer

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Journey of Change: Evidence Based Practice

Yvonne Rimmer, Tina Hadley-Barrows, Katrina Humphreys, Lucy Huckfield
NIHR Research Facilitators

Kay Stevenson
Consultant Physiotherapist and Senior Knowledge Mobilisation Fellow

Evidence based practice

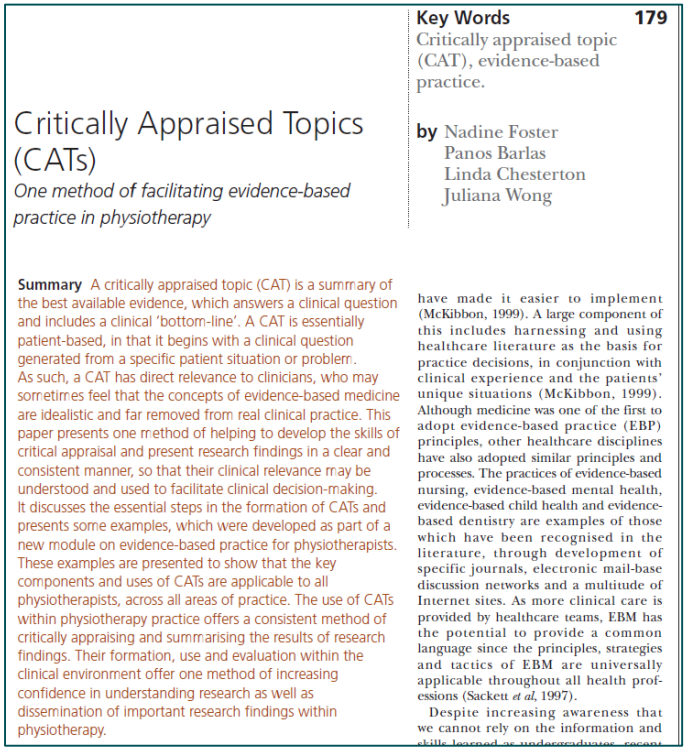
Background

Expert Practice

Leadership & education

Redesign

Research



Key Words 179
Critically appraised topic (CAT), evidence-based practice.

Critically Appraised Topics (CATs)

One method of facilitating evidence-based practice in physiotherapy

by Nadine Foster
Panos Barlas
Linda Chesterton
Juliana Wong

Summary A critically appraised topic (CAT) is a summary of the best available evidence, which answers a clinical question and includes a clinical 'bottom-line'. A CAT is essentially patient-based, in that it begins with a clinical question generated from a specific patient situation or problem. As such, a CAT has direct relevance to clinicians, who may sometimes feel that the concepts of evidence-based medicine are idealistic and far removed from real clinical practice. This paper presents one method of helping to develop the skills of critical appraisal and present research findings in a clear and consistent manner, so that their clinical relevance may be understood and used to facilitate clinical decision-making. It discusses the essential steps in the formation of CATs and presents some examples, which were developed as part of a new module on evidence-based practice for physiotherapists. These examples are presented to show that the key components and uses of CATs are applicable to all physiotherapists, across all areas of practice. The use of CATs within physiotherapy practice offers a consistent method of critically appraising and summarising the results of research findings. Their formation, use and evaluation within the clinical environment offer one method of increasing confidence in understanding research as well as dissemination of important research findings within physiotherapy.

have made it easier to implement (McKibbon, 1999). A large component of this includes harnessing and using healthcare literature as the basis for practice decisions, in conjunction with clinical experience and the patients' unique situations (McKibbon, 1999). Although medicine was one of the first to adopt evidence-based practice (EBP) principles, other healthcare disciplines have also adopted similar principles and processes. The practices of evidence-based nursing, evidence-based mental health, evidence-based child health and evidence-based dentistry are examples of those which have been recognised in the literature, through development of specific journals, electronic mail-base discussion networks and a multitude of Internet sites. As more clinical care is provided by healthcare teams, EBM has the potential to provide a common language since the principles, strategies and tactics of EBM are universally applicable throughout all health professions (Sackett *et al*, 1997).

Despite increasing awareness that we cannot rely on the information and

http://www.physiotherapyjournal.com/article/S0031-9406(05)60604-9/pdf

Arthritis Research UK | primary care centre

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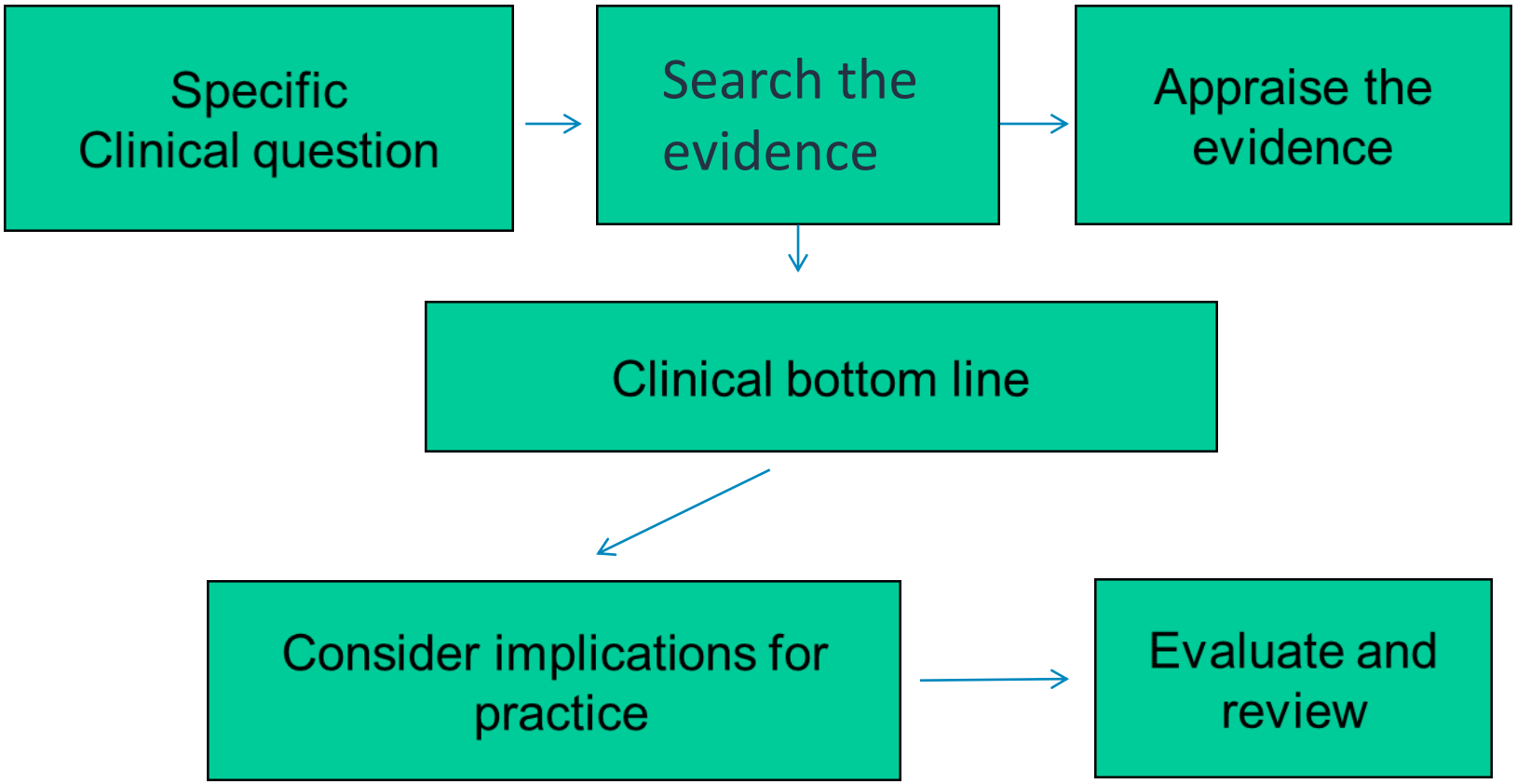
The Keele 'Evidence Based Practice Groups'

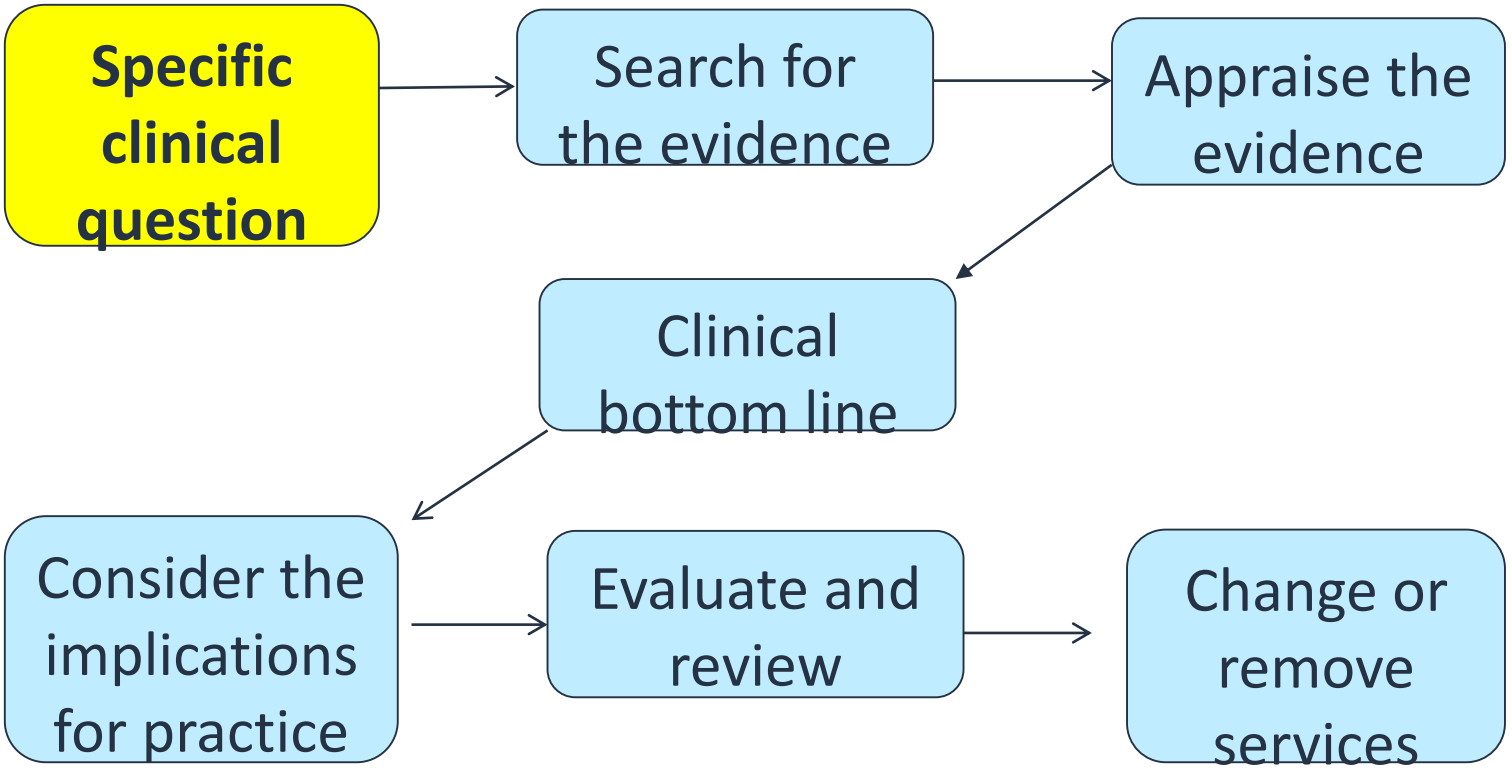
It's the Keele difference.

Musculoskeletal Research Facilitation Group - *The CAT group*

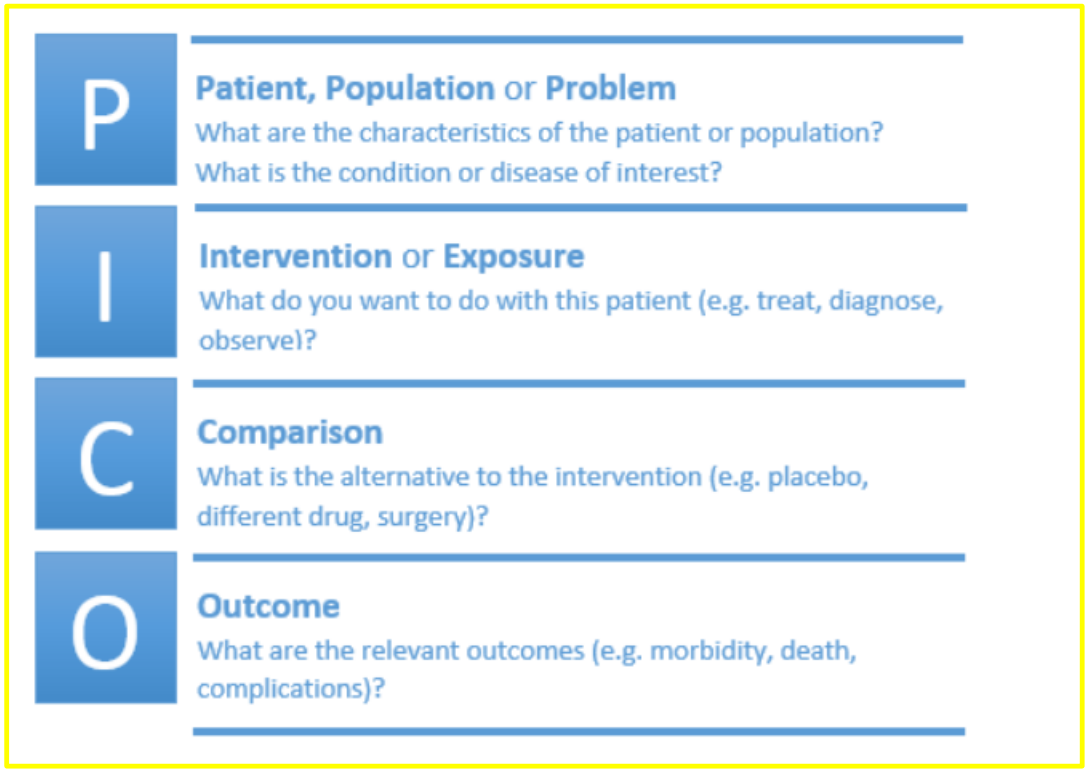
Critically Appraised Topic (CAT)

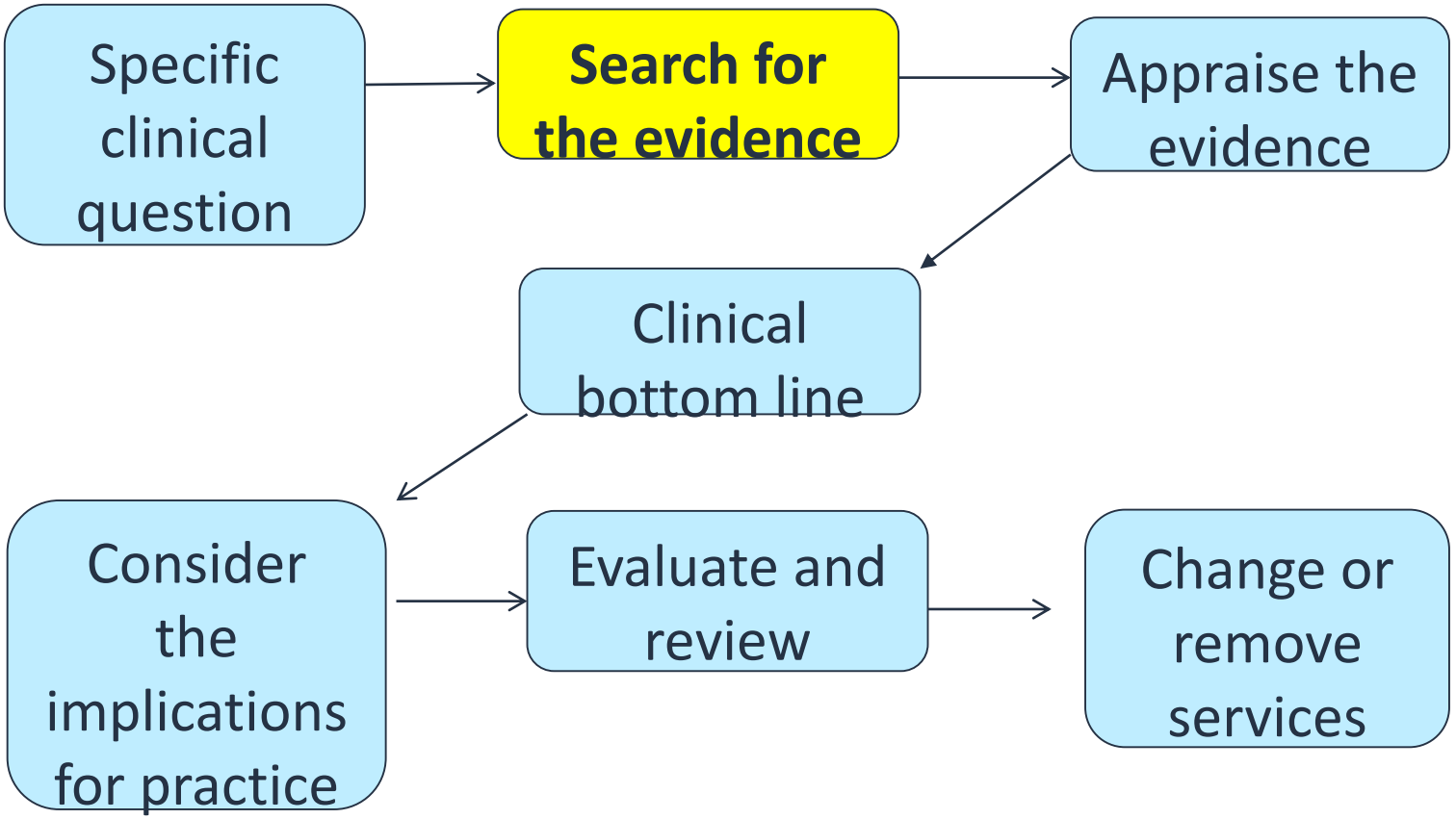
- A CAT is developed from a clinical question which is structured and answerable
- It provides a summary of the best available evidence
- Answers the clinical question and provides a '*clinical bottom line*' '

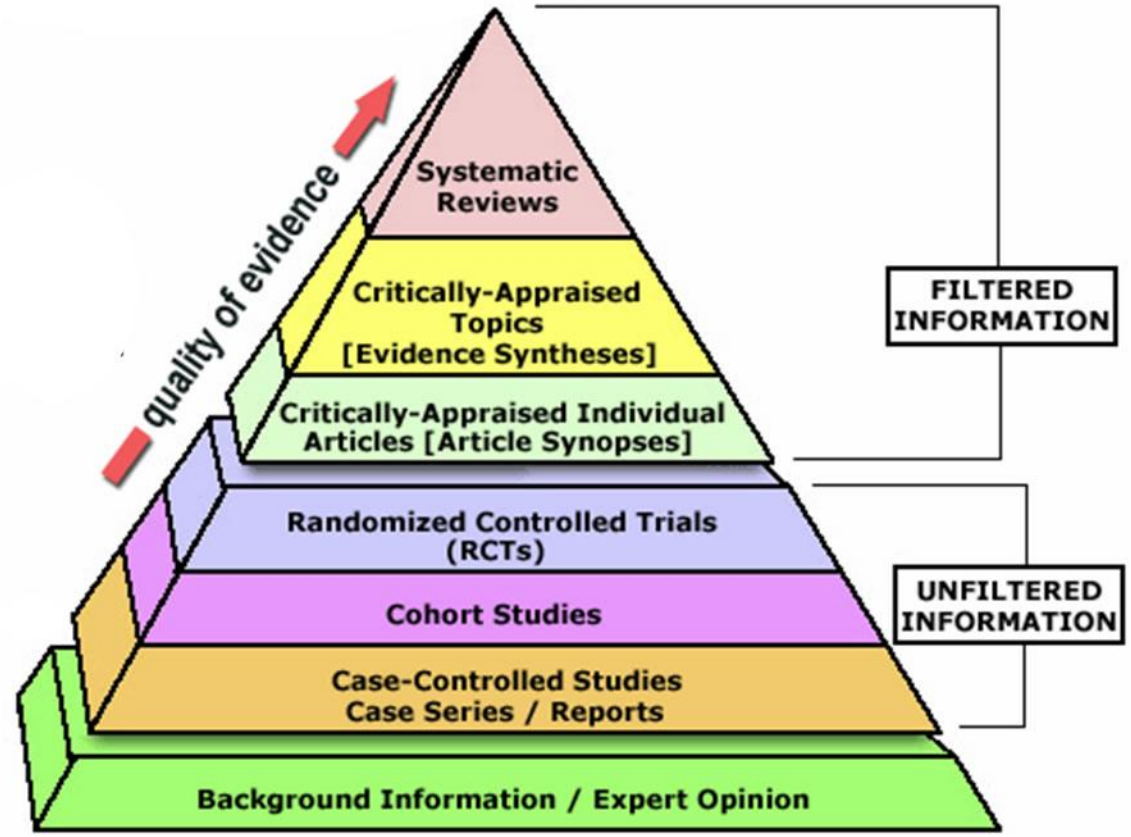

Specific Clinical question
Search the evidence
Appraise the evidence
Clinical bottom line
Consider implications for practice
Evaluate and review

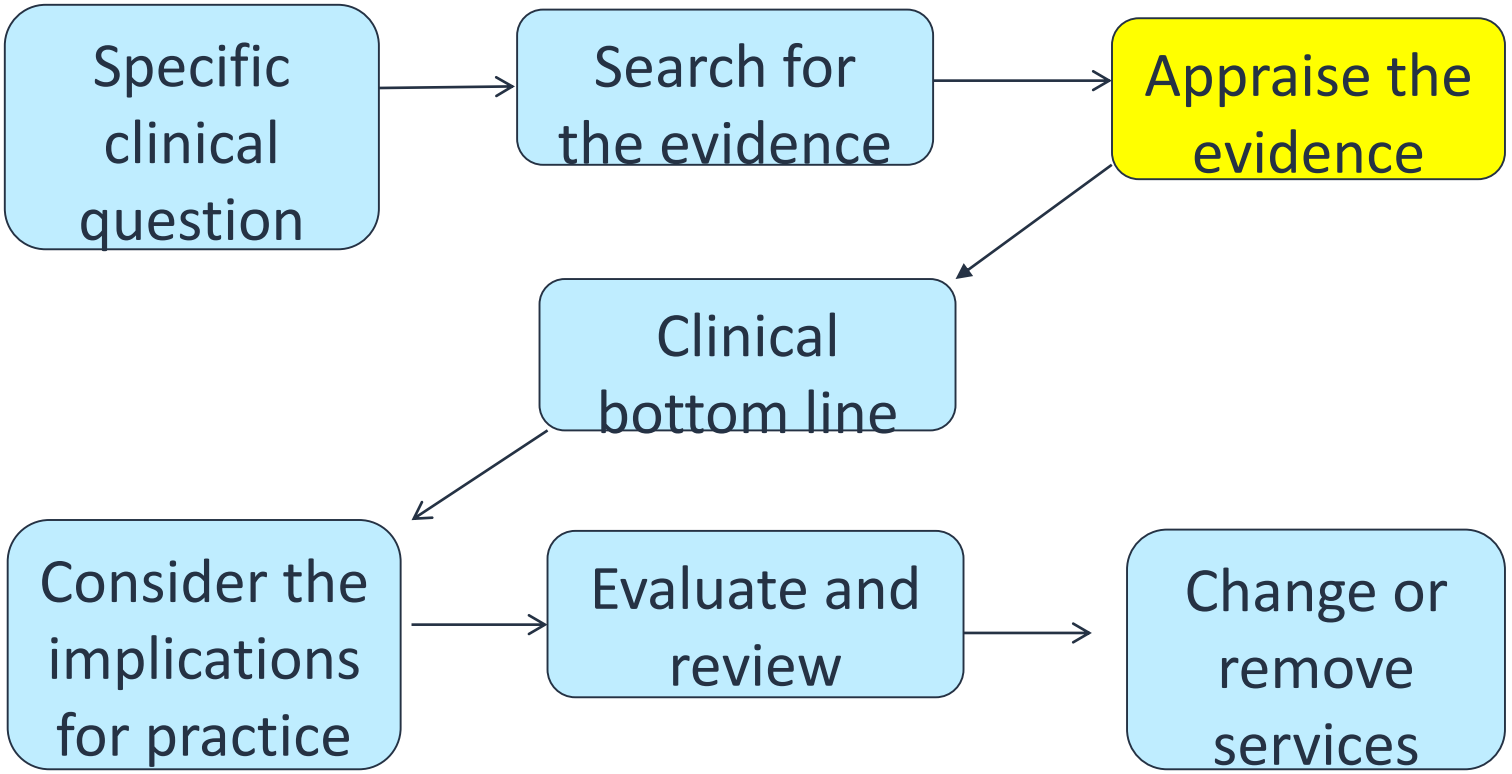

Specific clinical question
Search for the evidence
Appraise the evidence
Clinical bottom line
Consider the implications for practice
Evaluate and review
Change or remove services

PICO principle




Specific clinical question
Search for the evidence
Appraise the evidence
Clinical bottom line
Consider the implications for practice
Evaluate and review
Change or remove services


quality of evidence
Systematic Reviews
Critically-Appraised Topics [Evidence Syntheses]
Critically-Appraised Individual Articles [Article Synopses]
Randomized Controlled Trials (RCTs)
Cohort Studies
Case-Controlled Studies
Case Series / Reports
Background Information / Expert Opinion
FILTERED INFORMATION
UNFILTERED INFORMATION


Specific clinical question
Search for the evidence
Appraise the evidence
Clinical bottom line
Consider the implications for practice
Evaluate and review
Change or remove services

CASP CHECKLISTS

This set of eight critical appraisal tools are designed to be used when reading research, these include tools for Systematic Reviews, Randomised Controlled Trials, Cohort Studies, Case Control Studies, Economic Evaluations, Diagnostic Studies, Qualitative studies and Clinical Prediction Rule.

These are free to download and can be used by anyone under the Creative Commons License.

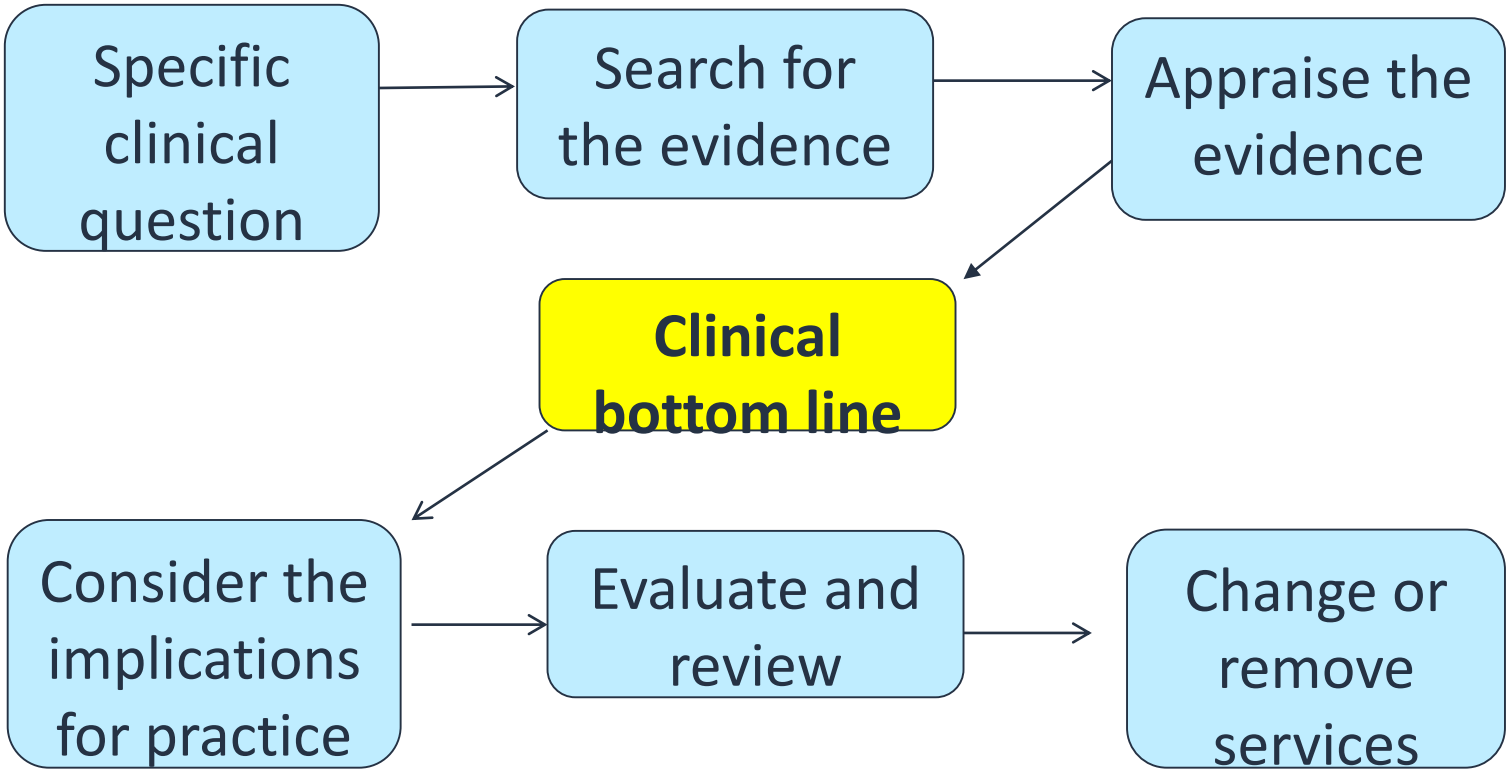
CASP Checklists (click to download)

CASP Systematic Review Checklist	CASP Qualitative Checklist
CASP Randomised Controlled Trial Checklist	CASP Case Control Checklist
CASP Diagnostic Checklist	CASP Cohort Study Checklist
CASP Economic Evaluation Checklist	CASP Clinical Prediction Rule Checklist

http://www.casp-uk.net/casp-tools-checklists

Appraise the evidence
(Systematic review)

1. Clearly focused question?
2. Did the look for the right sort of papers?
3. Were all the important papers included?
4. Was the quality of the papers assessed?
5. If the results were combined was it reasonable to do so?
6. What are the overall results?
7. How precise are the results?
8. Will the results help locally?


Specific clinical question
Search for the evidence
Appraise the evidence
Clinical bottom line
Consider the implications for practice
Evaluate and review
Change or remove services

Clinical Bottom Line

CBL is a summary of the best evidence, written for the population who will read it and put it to use

Specific Question:

In adults with chronic shoulder pain is a nerve ablation procedure (for the suprascapular nerve) as effective in reducing pain, in the long term compared with usual care?

Clinical bottom line

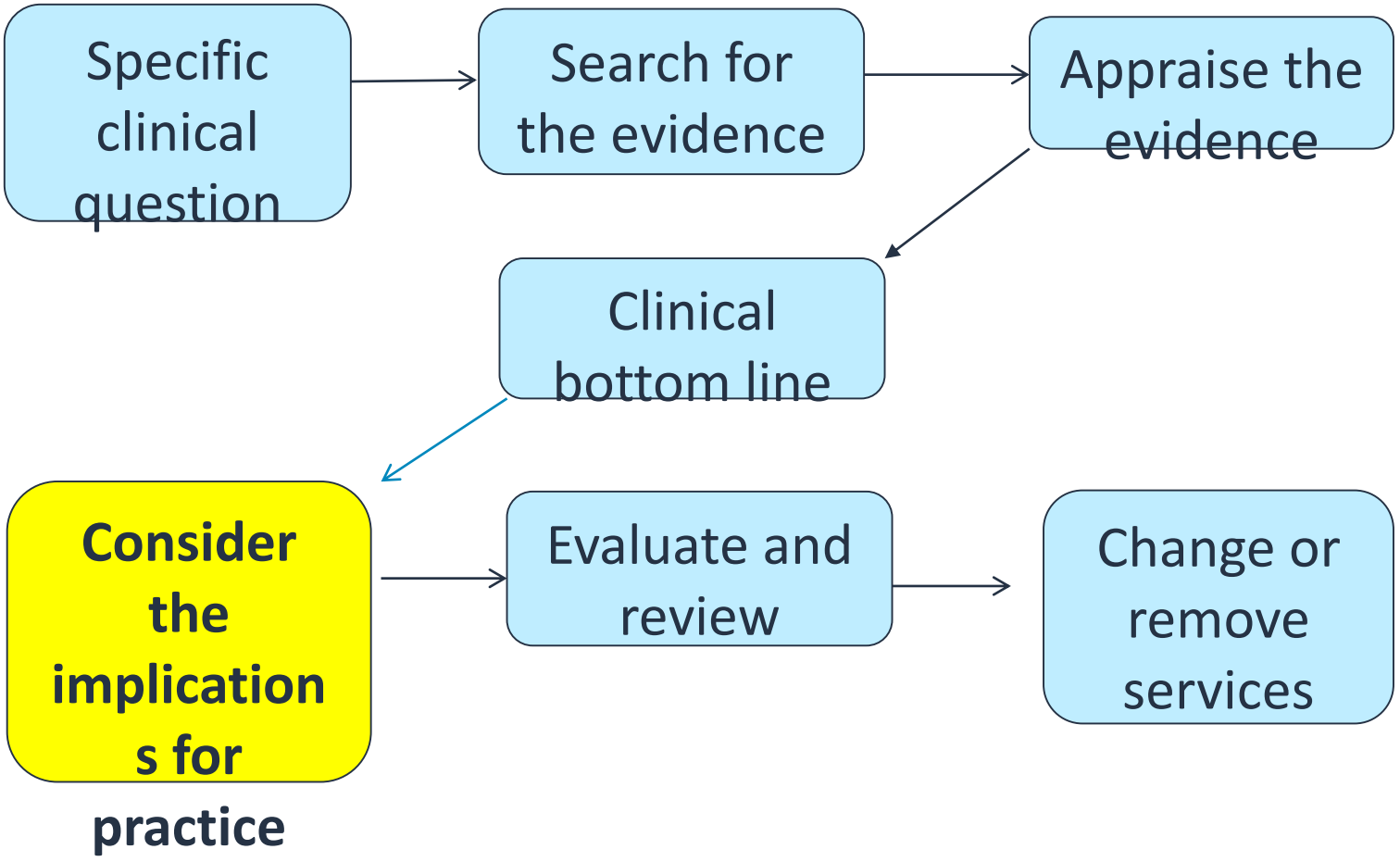
There is limited evidence to answer this question, so results should be viewed with caution. One small, well conducted RCT indicates that radiofrequency suprascapular nerve ablation is less effective than cortico-steroid injection into the shoulder complex (ACJ, GHJ and SAB) for pain and function. Injection techniques were fluoroscopy guided and undertaken in a theatre setting.

Why is this important?

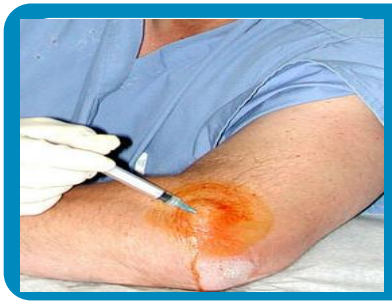
We have previously identified that temporary suprascapular nerve (SSN) blocks are effective in reducing pain in the short term (EBP@keele) for patients with a diagnosis of osteoarthritis or frozen shoulder. Consequently this procedure is offered as part of our Musculoskeletal Interface Service pathway.

Until recently, our service had access to a clinician who undertook an ablation procedure to the suprascapular nerve for longer term pain relief. This was offered as part of a stepped care approach. This has recently ceased as the clinician in question changed roles.

Nerve ablation procedures (pulse Radiofrequency denervation for the SSN) are offered currently in the secondary care, but only by one clinician. It is not offered through our radiology department. Clinical leaders of secondary care pain and rehabilitation services


Specific clinical question
Search for the evidence
Appraise the evidence
Clinical bottom line
Consider the implications for practice
Evaluate and review
Change or remove services

Consider implications for practice

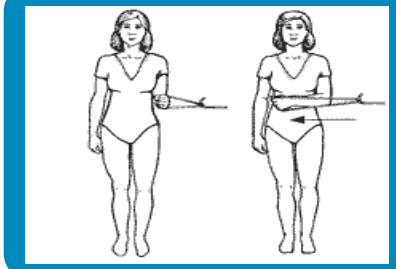


Good quality evidence

- Stop a particular treatment or approach

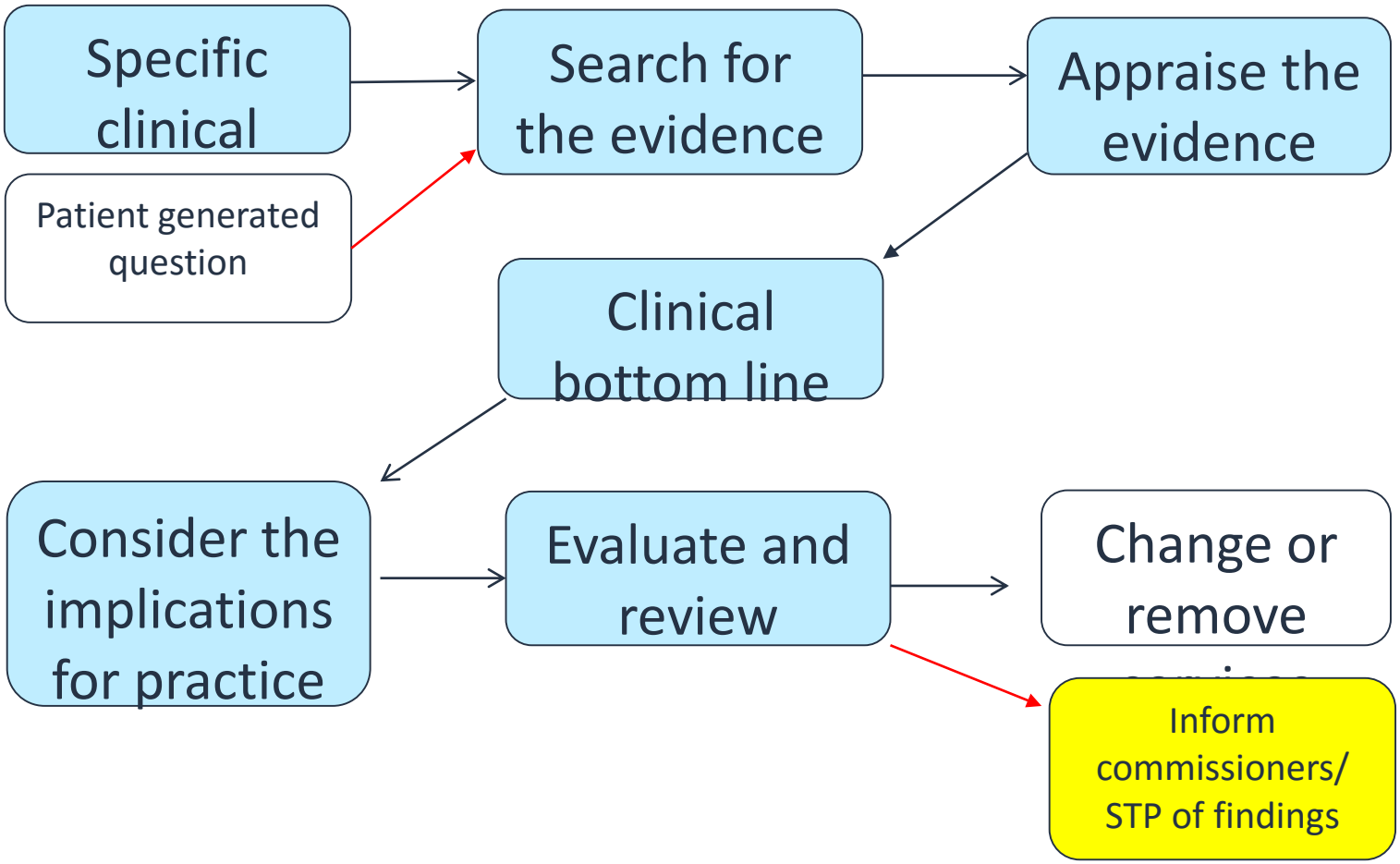
Good quality evidence

- Support existing practice
- Commission more of a particular approach



No good quality evidence found

- Supports researchers in answering clinically focussed questions
- Reassures practitioners that existing practice is reasonable
- Utilise local audit


Specific clinical
Search for the evidence
Appraise the evidence
Patient generated question
Clinical bottom line
Consider the implications for practice
Evaluate and review
Change or remove
Inform commissioners/ STP of findings

52. In adults with de Quervain tenosynovitis, are exercises more effective in reducing pain and improving function than usual care?

53. In an adult population post wrist fracture, is an exercise rehabilitation programme more effective than self-management or no intervention in reducing pain and restoring function?

54. In adults with trigger thumb/finger does splinting improve outcomes for pain and function compared to usual care?

55. In adults with chronic DeQuervains tenosynovitis does exercise reduce pain and improve function more than usual care?

56. In patients with non-operatively (conservatively) managed to tendo-achilles (TA) ruptures, is accelerated rehabilitation superior to routine rehabilitation for reducing pain and return to function time, without increasing adverse events of tendon lengthening and re-rupture rates?

57. In adults with chronic coccydynia, is the intervention of corticosteroid injection with or without internal coccyx manipulation more effective in reducing coccyx pain than usual care?

58. Are image-guided injections more clinically effective than palpation-guided injections for acromioclavicular joint (ACJ) pain?

59. In adults and children with musculoskeletal pain and inflammatory arthritis, does hydrotherapy, compared with usual care/dry land physiotherapy, reduce pain and function, improve well-being and return to work/school and is it cost effective?

60. In the adult population, does the spurlings sign/test have good sensitivity and specificity in detecting Cervical radiculopathy?

61. In Patients over the age of 40 with plantarfasciopathy, is wearing a night splint nightly for 3 months effective in reducing pain when compared to exercise therapy?

62. In adults with adhesive capsulitis (frozen shoulder) does the use of distention injections improve pain, function and range of movement when compared to lower volume, steroid injections?

63. In adults with chronic shoulder pain is a nerve ablation procedure (for the suprascapular nerve) as effective in reducing pain, in the long term compared with usual care?

64. Does the addition of a knee brace, restriciting range of movement, provide improved outcomes compared to rehabilitation alone in meniscal repairs?

- 44 evidence based recommendations:

✓ 29 reassured clinicians that no changes to current practice was needed

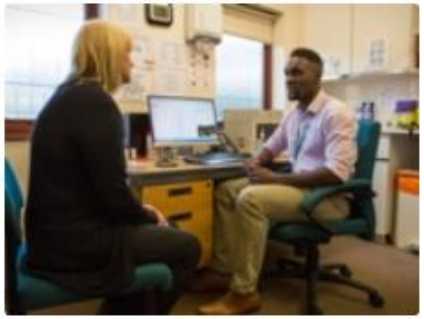
✓ 12 resulted in recommendations for change in practice

✓ 3 resulted in future research recommendations which resulted in trials (hand osteoarthritis, shoulder pain, and telephone triage)

Evidence Based practice (EBP) groups

We have three Evidence Based Practice (EBP) groups: General Practice EBM group; Practice Nursing EBP group (supported by the North Staffordshire and Stoke CCG and nominated for General Practice Team of the Year Award 2016); and Musculoskeletal Care (winner of a BSR Best Practice Award 2016).

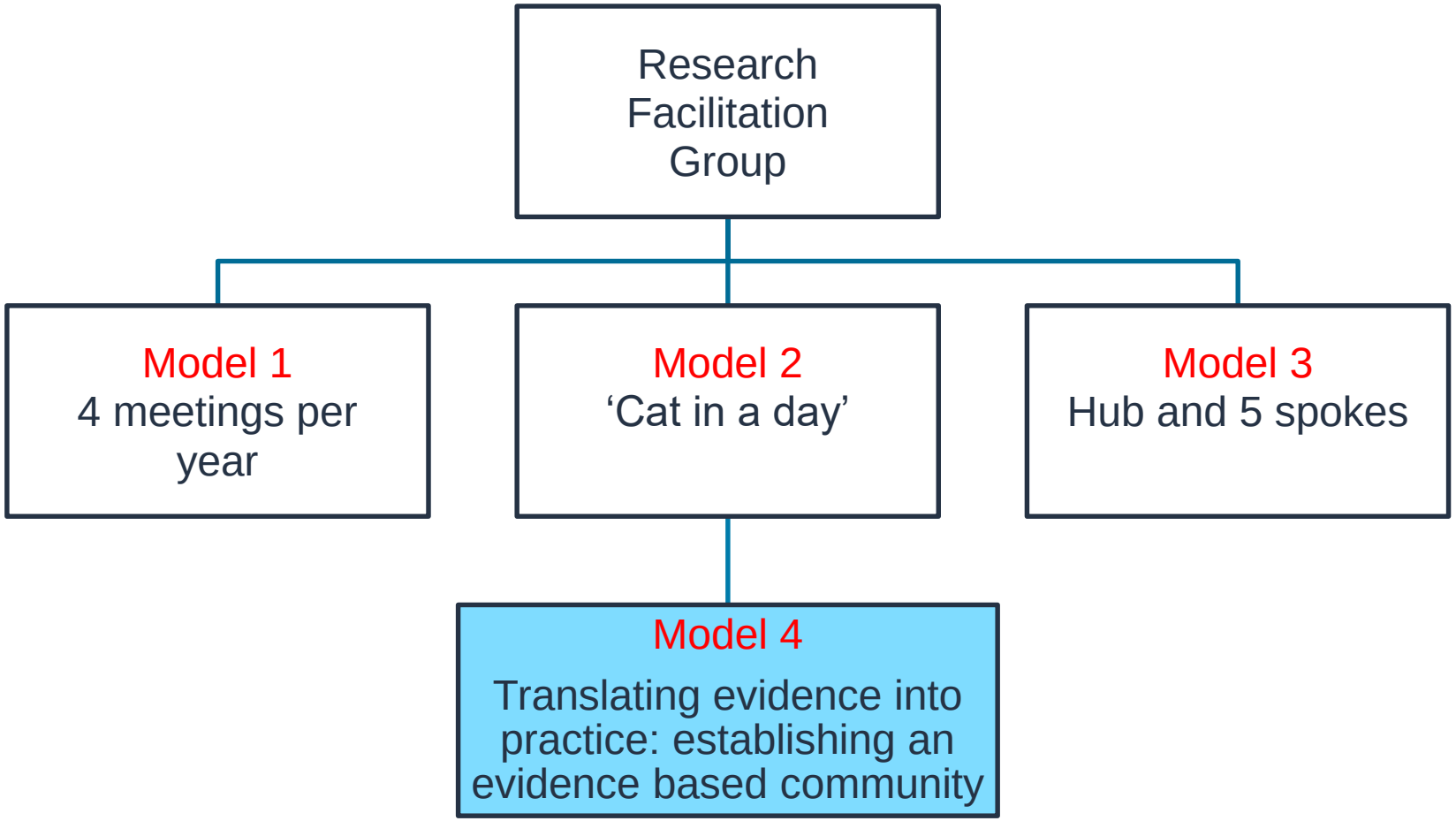
Allied Health Professionals Group



General Practitioner Group

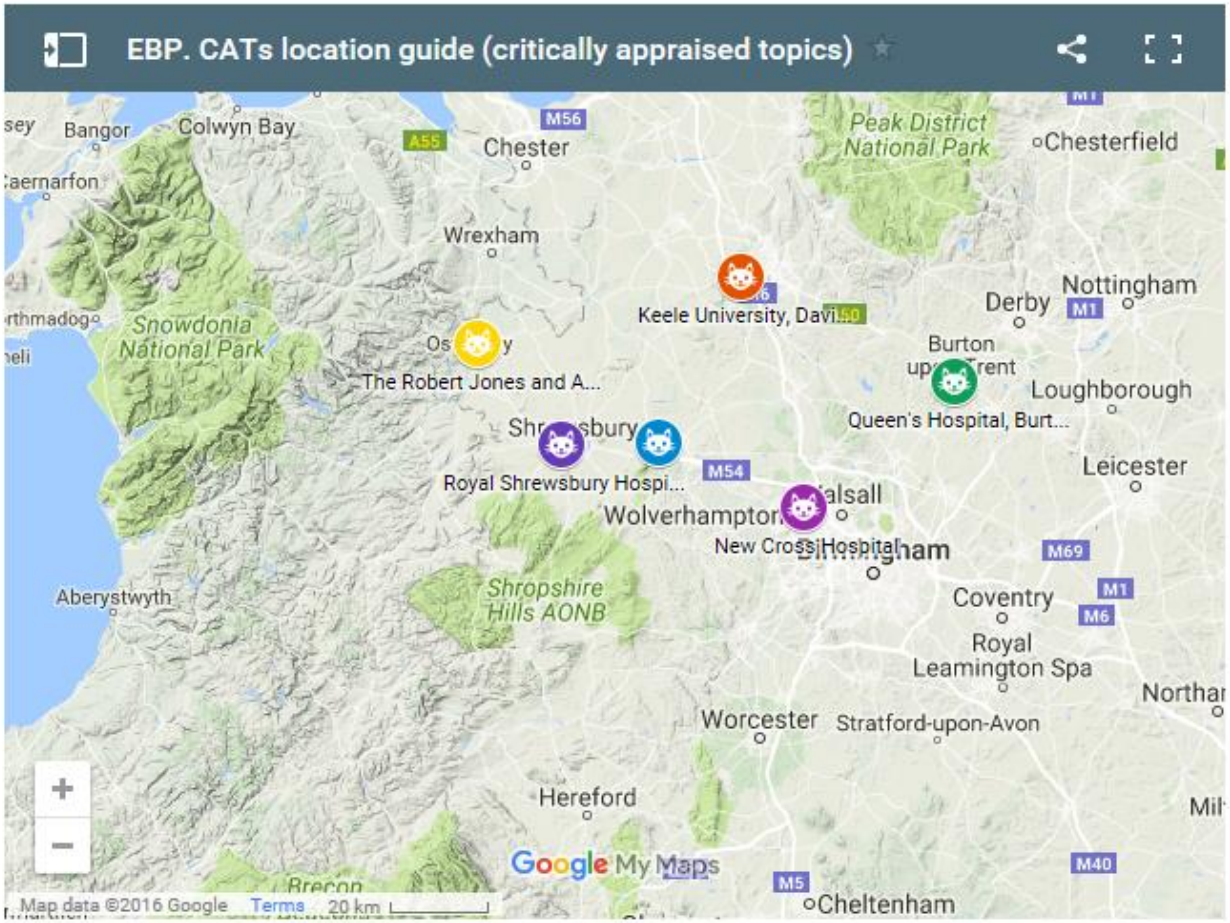
General Practice Nurse Group

Our models


Research Facilitation Group
Model 1
4 meetings per year
Model 2
'Cat in a day'
Model 3
Hub and 5 spokes
Model 4
Translating evidence into practice: establishing an evidence based community

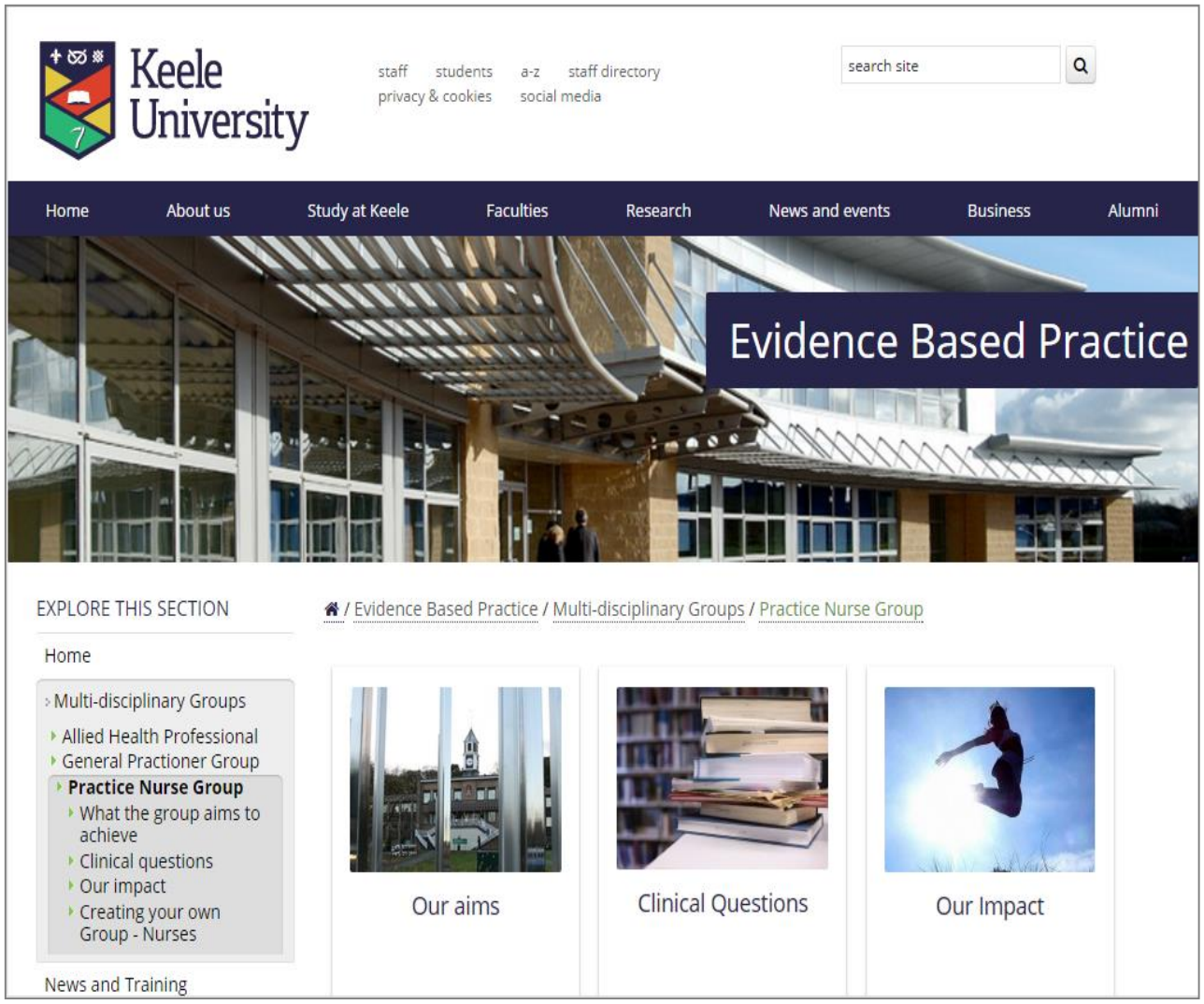
Hub and Spoke Groups

Current CATs meeting locations



Hub and Spok

Current CATs meeting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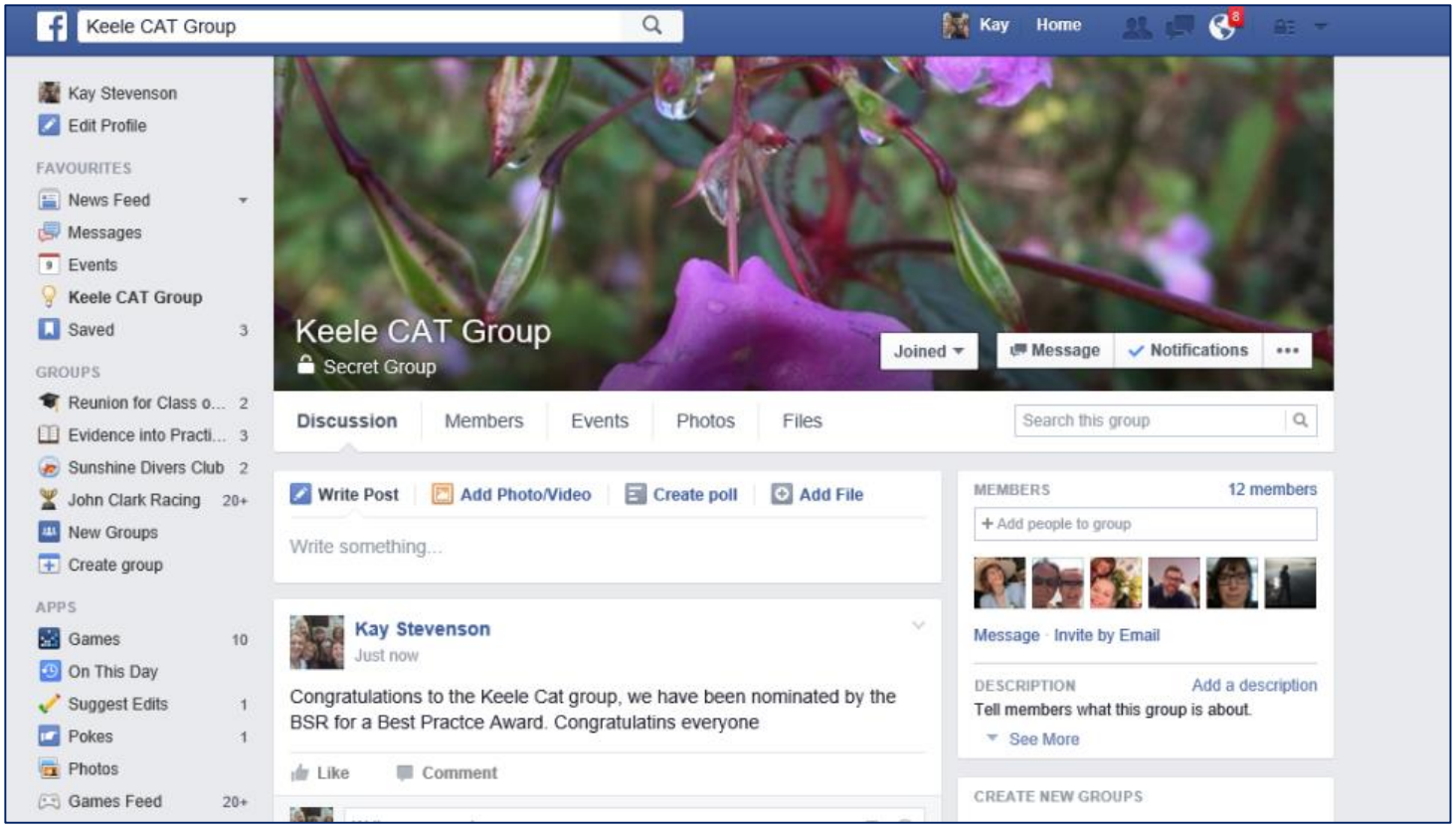
General Practioner Group
Practice Nurse Group
What the group aims to achieve
Clinical questions
Our impact
Creating your own Group - Nurses
News and Training
Our aims
Clinical Questions
Our Impact

ebp@keele



#keelecatgroup

1. CAT group work:

- Identify clinically important questions you would like to ask
- Rank them in priority
- With the top priority question – develop a PICO
- Feedback

2. CAT group work

- Using the finished CAT question provided –what are your next steps to influence change in practice ?

-think about: stakeholders ;means to influence these stakeholders; considerations and challenges that may need to be considered etc.

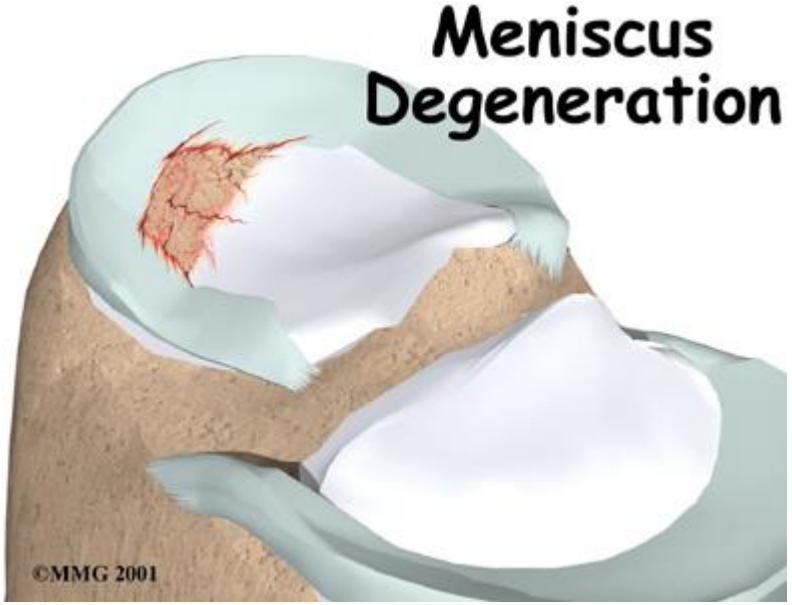
Clinical bottom line

There is good quality evidence to suggest there is little benefit of arthroscopic surgery for degenerative meniscal tears over a physiotherapy programme for older adults.

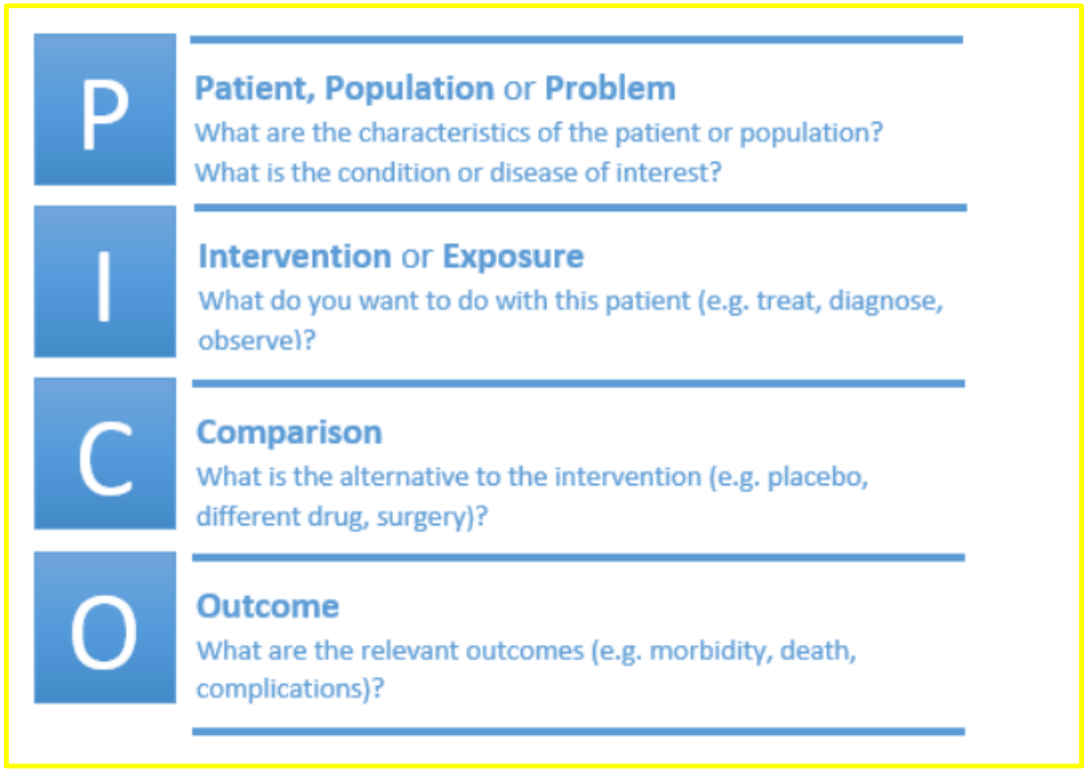
Good quality evidence suggests there is no difference in the pain, functional outcome or satisfaction between those having surgery compared with a physiotherapy programme including strengthening exercises.

Degenerative meniscal tears

- Increased use of MRI scans
- High referral to orthopaedics



PICO principle



Patients with degenerative meniscal tears

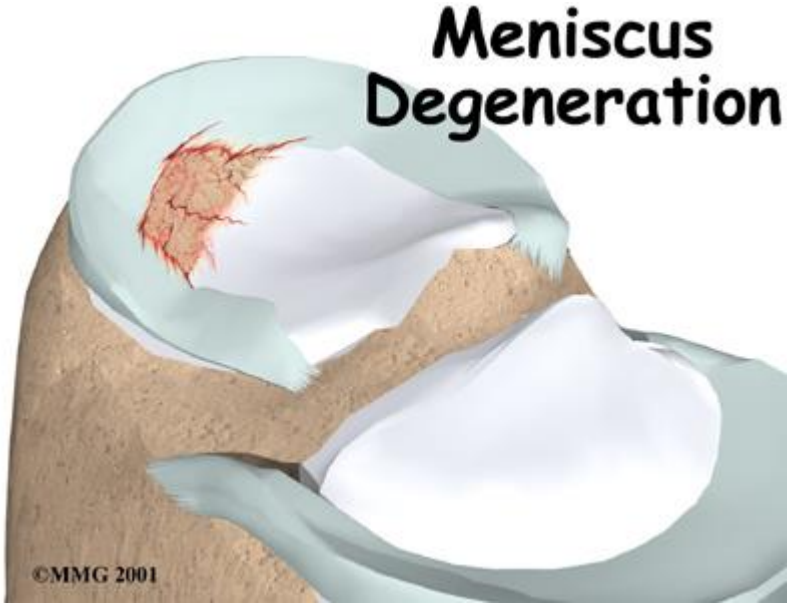
Physiotherapy

Surgery

Pain, function and cost

Degenerative meniscal tears

- *'In adults with degenerate meniscal tears of the knee is physiotherapy as clinically and cost effective as surgery?'*



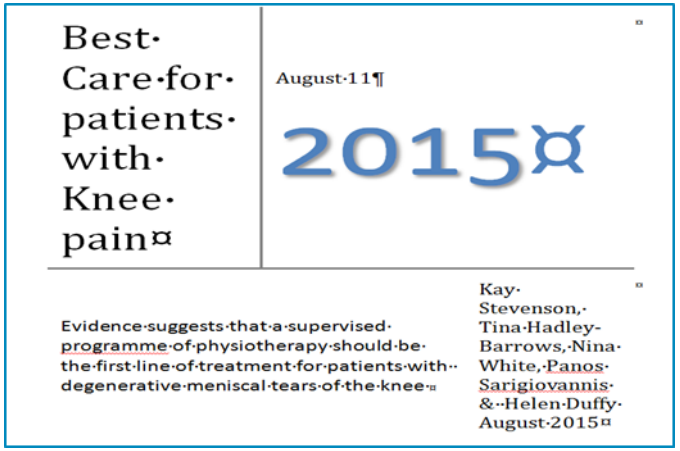
Clinical bottom line

There is good quality evidence to suggest there is little benefit of arthroscopic surgery for degenerative meniscal tears over a physiotherapy programme for older adults.

Good quality evidence suggests there is no difference in the pain, functional outcome or satisfaction between those having surgery compared with a physiotherapy programme including strengthening exercises.

Impact for services

- Care for patients
- This process gave us data on harmful effect of surgery
- Need to ensure we commission enough good quality physio services locally
- The group wrote a paper with our results to Clinical Commissioning group (CCG)



Impact

- We are updating this CAT
- Results will be embedded in pathways of care
- Commissioners now asking for our work


What are your thoughts on what you have just heard?

"What's the evidence…?"
CAT groups find Clinical bottom lines

Q

In adults with degenerative meniscal tears in the knee, is physiotherapy as clinical and cost effective as surgery?

A

Good quality evidence suggests there is no difference in the pain, functional outcome or satisfaction between those patients having surgery compared with a physiotherapy programme including strengthening exercises.

i

Commissioning paper. Osteoarthritis Pathway development

Q

Is hand therapy more effective than usual care in maintaining function and improving coping in adults with hand arthritis?

A

Clinical Bottom Line We were unable to determine whether hand therapy is more effective than usual care in maintaining function
and improving coping in adults with hand arthritis. This lack of evidence led to the development of a multicenter RCT:

i

The SMOotH Study - Self Management in Osteoarthritis of the Hand: a randomised controlled trial in the community

Q

In adults with shoulder subacromial pain/subacromial impingement syndrome, is shoulder decompression surgery more clinically and cost effective than physiotherapy in reducing pain and improving function?

A

There is consistency within the evidence that shoulder decompression surgery is not more clinically effective than physiotherapy in reducing pain and function. The strength of the evidence is limited.

i

Because of lower costs and lower risk of possible complications, conservative treatment may be preferred to surgery. Patients
Should be offered a stepped care approach, ensuring they receive high quality physiotherapy prior to referral on for an orthopaedic surgical opinion. Commissioning paper planned

Q

In an adult population is a corticosteroid injection a safe and effective treatment for tennis elbow compared to usual care?

A

- A steroid injection will reduce pain in the short term, but its effect is similar to NSAIDs. This effect does not last into the medium or long term
- There is evidence to suggest that receiving an injection after 6 weeks of symptom duration may result in poorer clinical outcome and greater reoccurrence at 12 months
- Repeated corticosteroid injections may be associated with poorer long term outcome, and a greater need for surgery when compared to one injection
- The most common complications are post injection pain 10.7% and skin atrophy or depigmentation (4%). No serious adverse incidents reported.

i

Clinicians should consider the benefits and risks of
offering one or more corticosteroid injection for those presenting with symptoms over 6 weeks.

Q

In adults with plantar fasciitis , does the use of a barefoot science foot Orthoses compared with other foot orthoses improve pain and adherence?

A

There was no good quality evidence to answer this question.

i

This lack of evidence has led to TREADON a Feasibility and Pilot
trial currently underway to inform a future Randomised Control
Trial of advice, exercise and foot orthoses as interventions for
adults with plantar help pain (PHP)

Q

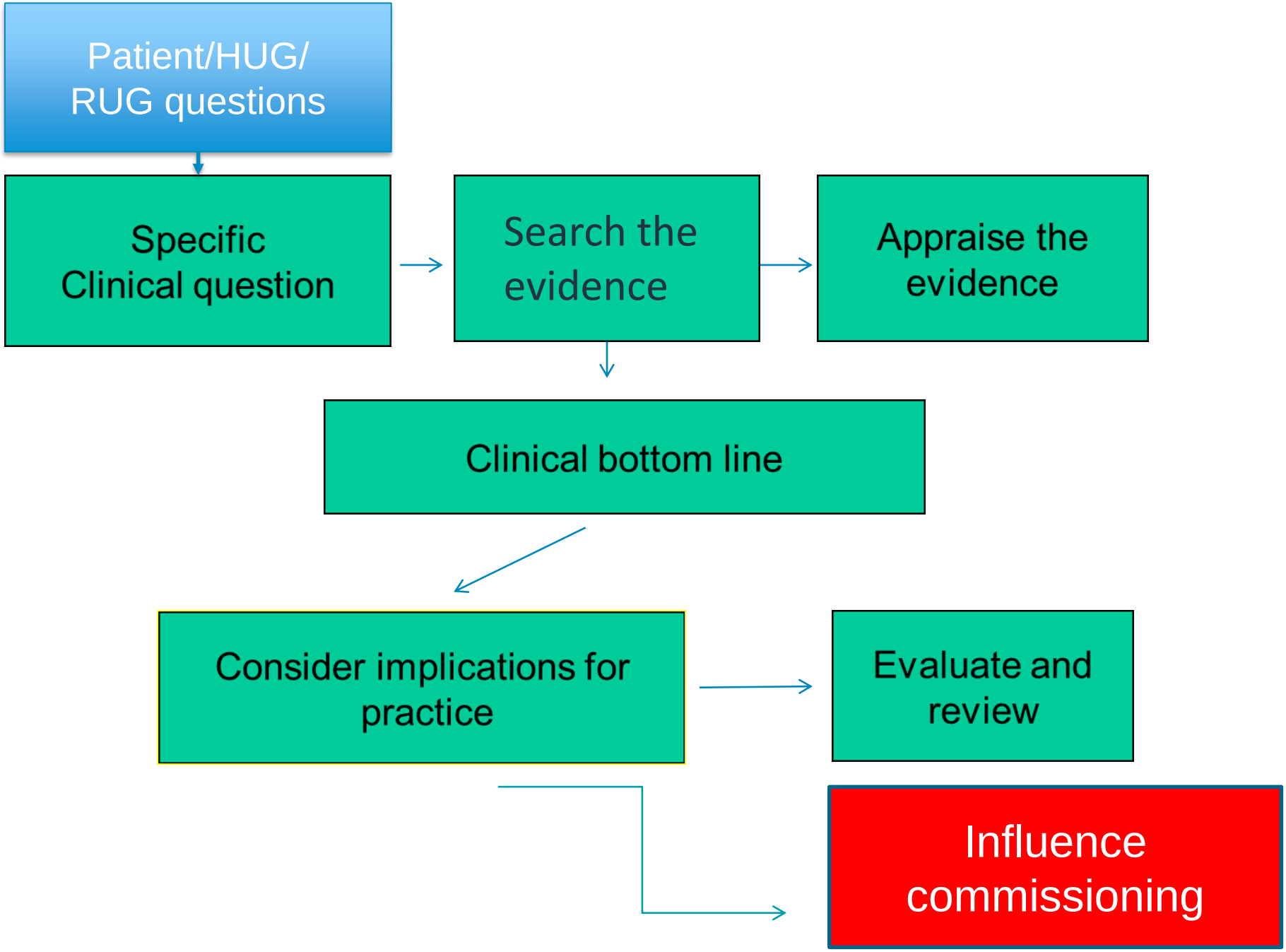
In adults and children with musculoskeletal pain is Hydrotherapy/Aquatic Therapy as clinically & cost effective as land based Physiotherapy in terms of pain & function.

A

In adults and children with Osteoarthritis and Rheumatoid arthritis, there is good quality evidence to suggest it is as clinically effective as land based Physiotherapy in the short term. It should be considered as a frontline management option to help manage symptoms particularly for patients who have mobility problems and find land based exercise difficult. There is no evidence available on the long term effects or on the cost effectiveness of this modality.

i

Future research should identify the patient groups that would benefit the most from therapeutic aquatic exercise, the effects of aquatic exercise and cost effectiveness.


Patient/HUG/
RUG questions
Specific
Clinical question
Search the
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Appraise the
evidence
Clinical bottom line
Consider implications for
practice
Evaluate and
review
Influence
commissioning

Arthritis Research UK

Providing answers today and tomorrow

Thank you for your time

kay.stevenson@ssotp.nhs.uk

PRIMARY CARE RESEARCH CONSORTIUM

Keele University

Improving health through partnership

NHS

CHARTERED
SOCIETY
OF
PHYSIOTHERAPY

Feedback

CHARTERED SOCIETY OF PHYSIOTHERAPY

Closing summary – what next?

Phillip Hulse

Vice-Chair

The Chartered Society of Physiotherapy

#WMCSP