

Governing Body (public) meeting

DATE: 27 November 2014

Title	Hydrotherapy Review
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Note: The outcome of the review and the confirmation of support from health Scrutiny.</p>
Executive summary	<p>In its recommendations 'The Future of QMH' (January 2013), the Trust Special Administrator stated that the hydrotherapy service at QMH should be reviewed to ensure clinical and financial sustainability. The hydrotherapy service is not currently fit for purpose and has had to be closed pending a decision by Oxleas NHS FT of whether to invest the c.£100K necessary to make it safe for patients. It is in this context that a review has taken place to determine whether a hydrotherapy facility should be re-provided at QMH once 'A block', where it is currently housed, is demolished as part of the site master plan for the redevelopment of QMH.</p> <p>The QMH Programme Board has recommended that the hydrotherapy facility at QMH should not be re-opened. This is due to there already being a range of high quality hydrotherapy facilities in the locality providing a choice of locations and times for patients as well as ample capacity.</p> <p>The impact on Bexley patients is considered minimal given that a small number of patients will have to travel further. This dis-benefit is offset by the increased choice of locations and times, providing more convenience for the majority patients.</p> <p>Staff, patient and public engagement has already taken place canvassing views about what is important and how the service can be improved and this has been considered when generating and evaluating options.</p> <p>The Health sub group of the Peoples Overview and Scrutiny Committee has reviewed the proposal and confirmed their support and that no further consultation is required.</p>

Clinical Commissioning Group

Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders		✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London		✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation		✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience		✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	That rebuilding would be unaffordable and that existing services are not FFP.	
	Equality and diversity	That a range of services is now available in more locations with more accessibility.	
	Patient impact	More opportunity to access services throughout the Borough.	
	Financial	Proposal is more cost effective than current services.	
	Legal issues		
	NHS constitution		
Consultation (public, member or other)	Completed through review		
Audit (considered/approved by other committees/groups)	Health Scrutiny sub group		
Communications plan	Per review		
Author	Simon Cook		
	Clinical lead Dr Howard Stoate	Executive sponsor Sarah Blow Chief Officer	
Date	14 November 2014		

Review of hydrotherapy service at Queen Mary's Hospital (QMH)

1. Executive summary

In its recommendations 'The Future of QMH' (January 2013), the Trust Special Administrator stated that the hydrotherapy service at QMH should be reviewed to ensure clinical and financial sustainability. The hydrotherapy service is not currently fit for purpose and has had to be closed pending a decision by Oxleas NHS FT of whether to invest the c.£100K necessary to make it safe for patients. It is in this context that a review has taken place to determine whether a hydrotherapy facility should be re-provided at QMH once 'A block', where it is currently housed, is demolished as part of the site master plan for the redevelopment of QMH.

The QMH Programme Board has recommended that the hydrotherapy facility at QMH should not be re-opened. This is due to there already being a range of high quality hydrotherapy facilities in the locality providing a choice of locations and times for patients as well as ample capacity.

The impact on Bexley patients is considered minimal given that a small number of patients will have to travel further. This dis-benefit is offset by the increased choice of locations and times, providing more convenience for the majority patients.

Staff, patient and public engagement has already taken place canvassing views about what is important and how the service can be improved and this has been considered when generating and evaluating options.

The proposed service change is not considered to be significant and therefore, given the engagement that has taken place, it is not considered necessary that a formal consultation is required.

The Health sub group of the Peoples Overview and Scrutiny Committee is requested to confirm that following consideration of the significance and accounting for the engagement already taken place that formal consultation is not required.

2. Scope and purpose of review

The QMH Programme Board 9 January 2014 agreed the following for the review of hydrotherapy at QMH (paper at Appendix A):

a. Scope

The review is limited to considering the future requirements of hydrotherapy provision at QMH for NHS patients.

b. Purpose of review

The purpose of the review is to establish what (if any) future provision of hydrotherapy is required at QMH to ensure that Bexley patients have sufficient access to hydrotherapy following a physiotherapy referral for NHS treatment.

c. Key considerations

The key considerations to be taken into account will include, but not be limited to:

- i. patient access to hydrotherapy across the borough for Bexley residents
- ii. clinical benefits to patients
- iii. alternative therapies available to meet patient need
- iv. value for money both in terms of revenue and capital funding
- v. impact on the viability of the QMH site

3. Background

- a. The Trust Special Administrator report to the Secretary of State (Appendix B) in January 2013 did not commit to hydrotherapy but stated that commissioners would need to appraise the service to confirm clinical and financial sustainability.
- b. The vision for QMH is to provide high quality care in the community on a sustainable basis. Central to this is the need to transform the hospital so that it is financially viable. Part of the plan agreed within the local health economy to achieve this is to demolish 'A' block and concentrate services into the remainder of the hospital site. The hydrotherapy pool at QMH is currently located within 'A' block and thus the question arises of whether or not to re-provide a new hydrotherapy pool elsewhere at QMH as part of the site re-development. Besides the need to relocate the hydrotherapy pool, the current facility is no longer fit for purpose. It is an out of date

design and requires significant investment to enable its continued use.

- c. The c. £30m of capital investment planned for the re-development of QMH does not include provision for a new hydrotherapy pool. Given the limited availability of capital and the need to ensure the financial sustainability of QMH, any future options for the hydrotherapy pool will be subject to a 'value for money assessment'. Every pound that is invested in QMH needs to be spent wisely to achieve the best possible outcomes for patients.

4. Approach to the review

- a. Stakeholder engagement

Sarah Blow, Chief Officer of Bexley CCG, wrote to: James Brokenshire MP, the Leader of Bexley Council, the Chair of the Overview and Scrutiny Committee (OSC) and the Chair of Bexley Healthwatch on 3rd July to advise that a review was taking place and the reasons why it was necessary. James Brokenshire MP, the Leader and the Chair of the OSC were also given individual face to face briefings.

The Chair of the OSC and its members were invited to a tour of QMH, including the hydrotherapy pool. 7 members of the committee attended on 15th September 2014 and spend time understanding the issues and the scale of change underway at the hospital.

- b. Patient and voluntary sector engagement

Current and previous patients were invited to give their views via surveys and 2 focus groups to inform option development and the recommendations. Additionally, on-line surveys (Appendix C) were posted on BCCG and Oxleas websites for the public to complete and have their say, resulting in 40 responses. The notes of the focus groups and survey results are at Appendices E and G.

- c. Clinical engagement

Practising clinical staff associated with hydrotherapy both at QMH and other local sites were invited to contribute to the review. Staff have been engaged through briefings and 2 focus groups to solicit their views and ensure that the options and recommendations are clinically informed. The notes from the focus groups are at Appendix F and G.

5. Benefits of hydrotherapy

a. What is hydrotherapy?

Hydrotherapy is a specialist form of physiotherapy that utilises the properties of water for assistance, support and resistance in order to alleviate pain, improve mobility and increase strength. It is usually used in conjunction with other types of physiotherapy treatment such as manual therapy and land based exercises.

Hydrotherapy is clinically appropriate for fewer than 5% of patients. It is used for those patients whom have suffered multiple trauma, are post operative or present with a neurological condition. Hydrotherapy treatment should typically commence within 2 weeks of trauma or an operation to optimise clinical outcomes.

b. NHS provision

In Bexley hydrotherapy provision by the NHS is available for those patients for whom it is assessed that there will be a clinical benefit. This assessment is made following a review by a qualified NHS physiotherapist.

c. Clinical case

i. When is hydrotherapy used?

A detailed assessment of whether hydrotherapy can be beneficial is made on an individual basis by the treating therapist. Examples of conditions which can be treated include:

- Trauma: multiple fractures as a result of road traffic accidents, falls and spinal injuries
- Post operative recovery: total knee and hip replacements
- Neurological: head injuries, multiple sclerosis and cerebral palsy

ii. What is the evidence for its effectiveness?

There is a limited amount of good quality evidence for the clinical effectiveness of hydrotherapy. For Paediatrics and neuro-rehabilitation there is some evidence to suggest that there are clinical benefits of hydrotherapy and for patients

who are unable to stand independently this can be more beneficial than land based therapies.

The evidence suggests that for patients presenting with total hip and knee replacements and multiple fractures there is clinical benefit. However, this benefit is no more than land based interventions such as exercise groups in the gym, manual therapy and acupuncture.

Consequently, hydrotherapy is not universally provided throughout the NHS for these client groups and indeed some neighbouring boroughs to Bexley do not provide hydrotherapy for adults at all.

d. Patient benefits

i. What do patients like about it?

Some patients experience an increased range of movement and improved independence. In addition, patients enjoy the warm environment and the social aspect which brings a mutual support from other patients. These factors result in patients often wanting to continue with hydrotherapy beyond the point where there is a clinical benefit and NHS intervention.

e. Productivity benefits

Hydrotherapy tends to be delivered in a group setting. This enables one therapist to provide intervention to a number of clients simultaneously, therefore increasing productivity for the treating therapist.

However, the costs of the hydrotherapy facility itself are typically higher than 'land based' physiotherapy facilities.

6. Patient pathway and activity

a. Overview

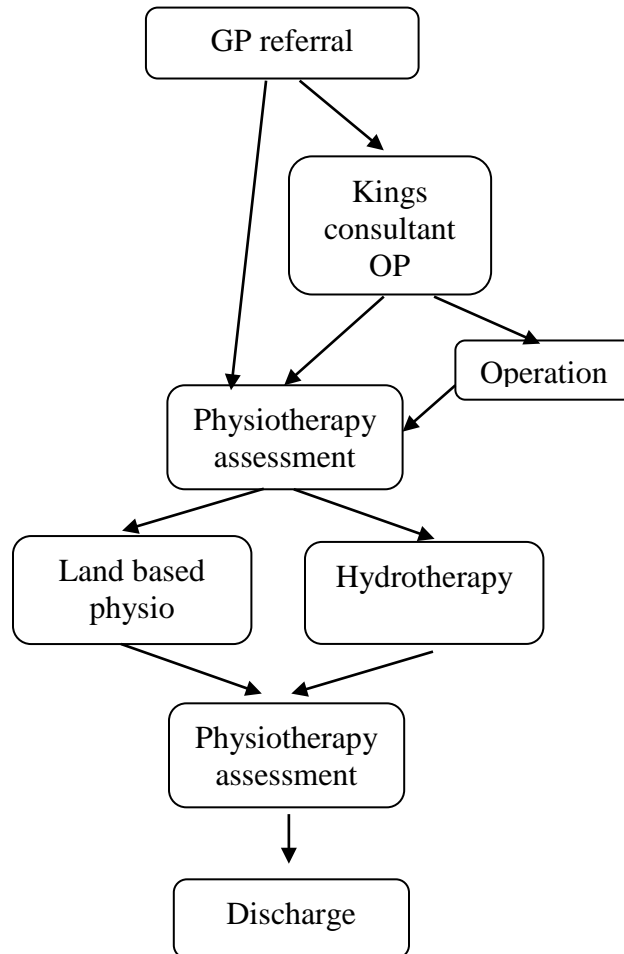
When ownership of the QMH site was transferred to Oxleas NHS FT in October 2013, the pool was used by the Bexley adult MSK service and the Bexley paediatric physiotherapy service.

b. Musculo-skeletal (MSK) patients

i. Description of patient cohort.

MSK patients include those who are recovering post surgery and / or trauma; those with chronic pain; and neurological patients. The goals are typically to decrease pain, increase the range of movement and improve functional ability.

ii. Patient pathway



There is an internal referral process for hydrotherapy. A patient will be assessed by a therapist and if a need for hydrotherapy is clinically indicated, the patient will then be referred into this part of the service. There are no direct referrals from external sources into hydrotherapy.

Hydrotherapy sessions are organised according to clinical presentation e.g. lower limb, shoulder. Generally, patients participate in a 4-6 week block of hydrotherapy dependent upon need. Following this, they would be either discharged or referred back to the assessing clinician.

iii. Activity at QMH pool 1 October 2013 – 15 March 2014

During the 24 week period, the QMH pool was available for adults for a single session per week lasting 2.5 hours. Dartford and Gravesham NHS Trust provided this service and recorded the following data:

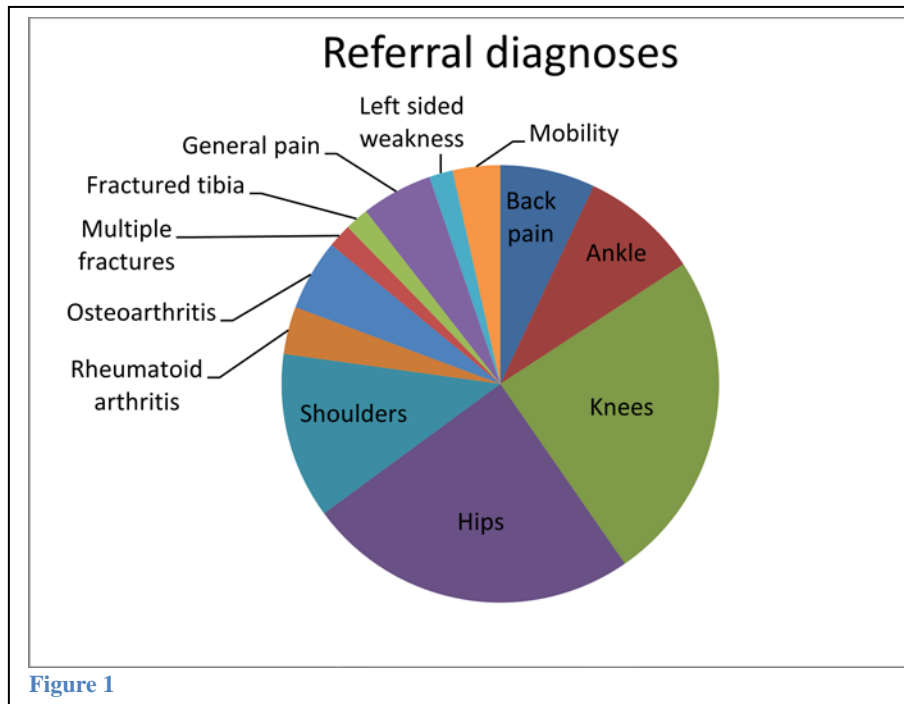
127 adult patients were referred for hydrotherapy following an assessment with 41 and 86 receiving their treatment at Darent Valley Hospital (DVH) and QMH respectively. The 41 patients receiving treatment at DVH was partly due to patient preference and partly due to the QMH pool being out of action in some instances.

The ratio of patients referred from consultants or GPs was 5:4.

The number of sessions attended ranged from 1 to 7 with a mean of 3.6.

There was an average of c.13 patients / session.

A referral diagnosis was recorded for 57 of the 86 patients receiving hydrotherapy at QMH as shown in Fig 1 below:



Waiting times were approximately 6 weeks for patients to receive hydrotherapy in the Bexley MSK service at QMH.

iv. Activity since 1 April 2014

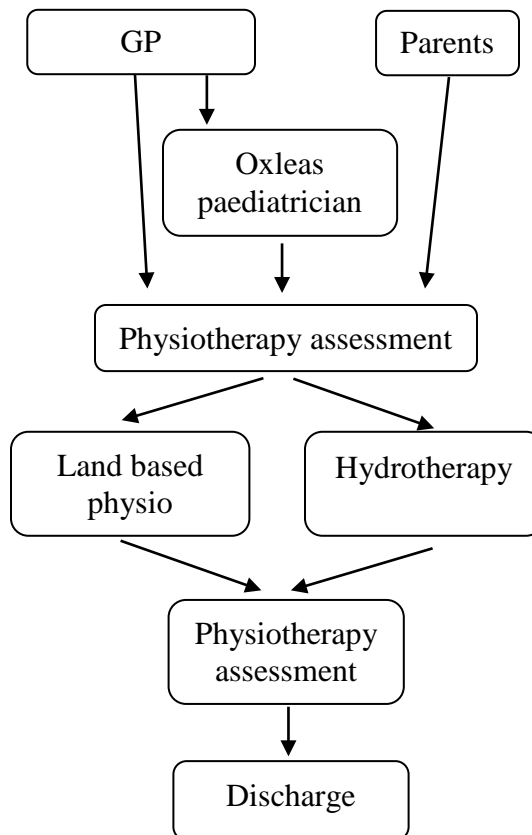
Since the QMH pool closed in April, all patients have been offered a hydrotherapy session within 2 weeks of their referral for hydrotherapy. This is an improvement in performance and enables optimal patient outcomes.

c. Bexley Paediatrics

i. Description of cohort.

Children present with neuro-logical conditions including muscular and Cerebral Palsy. Other conditions are mainly post operative recovery and Juvenile Chronic Arthritis. The aim is to work towards a physical lifelong skill of movement in the medium of water. Patients currently access sessions at Shenstone and Goldie Leigh.

ii. Patient pathway.

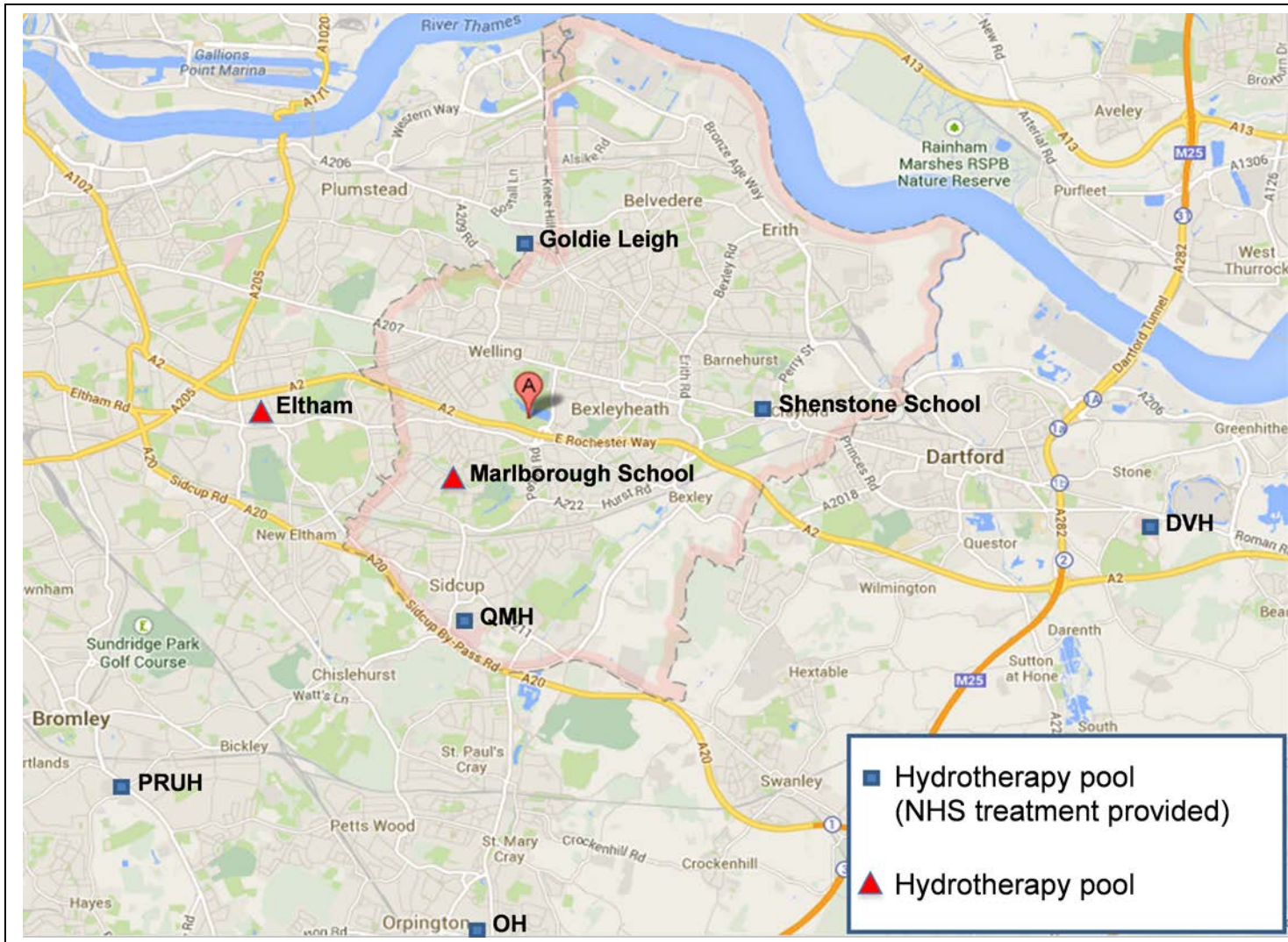


- iii. Activity at QMH pool 1 October 2013 – 15 March 2014.
The QMH pool was available for children for 1 session of 2.5 hours / week. Waiting times were approximately 6 weeks for treatment following an assessment and referral.
- iv. Activity since 1 April 2014.
A paediatric service is provided at Goldie Leigh over 5 days / week. Provision for Bexley patients has recently been increased from 1 session / week to 14 sessions / week as a result of joint working with the Greenwich service. This has increased capacity and choice for Bexley patients.

As with adults, children have been offered hydrotherapy treatment within 2 weeks of assessment and referral since April 2014.

7. Current provision and utilisation

a. Map of hydrotherapy facilities in Bexley and neighbouring areas



b. Summary of facilities

	QMH	Eltham Leisure Centre	Goldie Leigh	Orpington Hospital	Darent Valley Hospital
Owner	Oxleas NHS FT	Greenwich Leisure Ltd	Oxleas NHS FT	Kings College Hospitals NHS FT	Dartford and Gravesham NHS Trust
Bathing load	6	9	9	8	7
Adults / Children	Adults	Adults / Children	Adults / Children	Adults	Adults
Pool height	Raised with stair entry	Floor level with sunken steps	Raised with stair entry	Floor level with sunken steps	Floor level with sunken steps
Hoist access	Manual Chair Hoist	At poolside, but not in changing room	Manual Chair Hoist	Manual chair or bed hoist	Electric chair hoist
Individual changing rooms	Yes – 6 cubicles	Yes, with disabled access	Yes - 4 changing rooms	Yes: 4 male, 4 female, 1 disabled / plinth	Yes
Proximity of parking	<5 minute walk	<5 minute walk	<1 minute walk	<5 minute walk	<10 minute walk
Approximate year of build	1970s	2010	1970s (Refurbished 2014)	2002	2000
Sensory equipment	None	None	Yes	None	None
Condition	Requires major works. Currently closed due to water quality issues.	New	New floor tiles Redecoration plans	Pool in good condition but exterior refurbishment project in progress	New

c. Photographs of other facilities

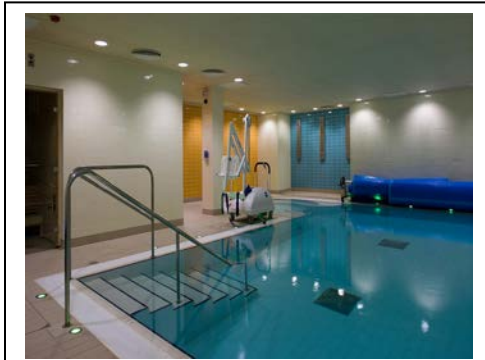


Figure 2 - Eltham Spa

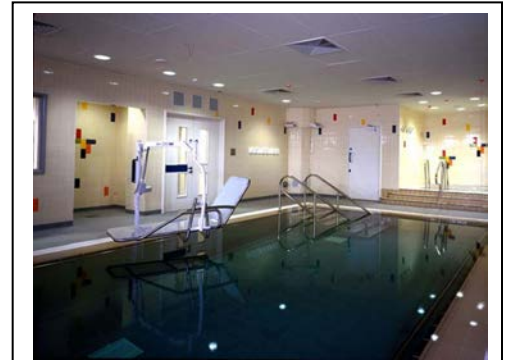


Figure 3 - Darent Valley Hospital

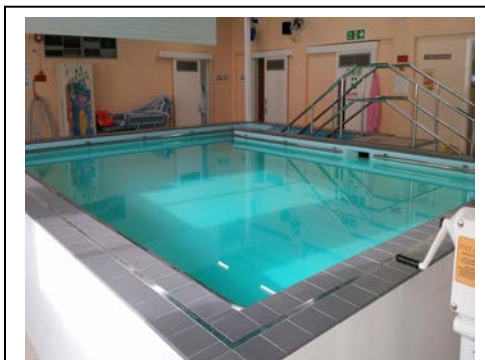


Figure 4 - Goldie Leigh



Figure 5 - Orpington Hospital

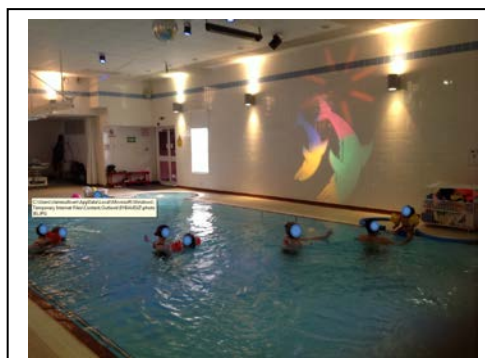


Figure 6 - Marlborough School

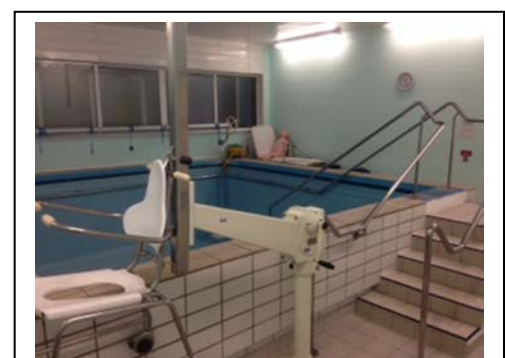


Figure 7 - Queen Mary's Hospital

d. Existing facility at QMH and associated issues

The existing facility is in 'A' block at QMH and was built in 1970s. The pool design is now outdated and more modern pools are typically at floor level and larger.

The pool has had to be closed since April due to on-going water quality issues. During the period October 2013 until April 2014 the pool had three available sessions - 2 for adults and one for children. Each session is up to three hours. The sessions were scheduled on Wednesday and Thursday every week.

Frequent closures of the pool due to water quality were unacceptable and Oxleas NHS FT commissioned an independent engineering assessment to establish the causes and potential long term remedies. This assessment (App D) concluded that significant improvements were required to the pool including the replacement of some of the plant and that a total of c. £100K would be required to ensure remedy the recurrent water quality issues and ensure that the patient safety was not compromised.

Given the scale of the investment required to resolve the issues and that a review is underway, the trust has decided to postpone the decision of whether to invest in the pool, pending the outcome of the review. Meanwhile patients have been referred to other local pools which also have the added advantage of offering a greater choice of times and better facilities.

The cost of running the QMH pool itself has been estimated at £41K per year. This excludes staffing costs which would be required regardless of where hydrotherapy is provided.

e. Availability and utilisation of other facilities

The Bexley paediatric physiotherapy team have been accessing the Goldie Leigh pool for one session per week. From 1st October 2014, this has been increased to 14 sessions per week over 2 days (Monday and Wednesday) to meet the clinical needs of their caseload and provide more choice. The children who access the special schools in the borough (Shenstone and Marlborough) will continue to use these hydrotherapy pools for their sessions.

It is not possible for Marlborough and Shenstone Schools to extend the use of the facility beyond their own respective pupils. The exception to this will continue to be Bexley SNAP, a charity

providing support to parents of disabled children, which currently uses the pool on Saturdays.

The adult Bexley MSK service currently has an internal system of referring clients requiring hydrotherapy to the pool at Orpington. In addition, Darent Valley Hospital will now accept referrals into its hydrotherapy service, offering patients more choice.

Eltham leisure centre has an accessible spa pool that patients can access throughout the week at various times. This is a public pool that has similar water properties to that of a hydrotherapy pool, with the only difference being that the temperature is set at 32 degrees rather than the 34 degrees.

Current NHS treatment for Bexley patients is being provided at Goldie Leigh and Orpington Hospital pools.

The availability for Bexley residents is summarised in the tables below.

Hydrotherapy availability for Bexley children:

Children	With NHS input		Without NHS input		
	Time	Goldie Leigh	Time	Marlborough (provided by SNAP)	Eltham Leisure Centre
Mon	0830 – 0930 0930 – 1030 1030 – 1130 1130 – 1230 1230 – 1330 1330 – 1430 1430 – 1530 1530 – 1630	MSK Hypermobility and Juvenile Idiopathic Arthritis U5s neuro development Global development delay 121 session 121 session Hemiplegia Over 5s neuro development	1000 – 1100		< 2 years
Tue					
Wed	0830 – 0930 0930 – 1030 1030 – 1130 1130 – 1230 1230 – 1330 1330 – 1430 1430 – 1530 1530 – 1630	Over 5s neuro development 121 session 121 session Education group U5s neuro development Global development delay Hypermobility MSK			
Thu					
Fri					
Sat			1400 – 1530 1530 – 1700	< 8 years 9 – 18 years	
Sun					

Hydrotherapy availability for Bexley adults:

Adults	With NHS input			Without NHS input		
	Time	OH	DVH	Time	DVH	Eltham
Mon	1000 – 1230 1300 – 1400		Mixed Mixed	0830 – 1000 1200 – 1400 1400 – 1600 1800 – 1930 2000 – 2130	Mixed Mixed	Mixed Women Men
Tue	0830 – 1000 1300 – 1330 1400 – 1530		Mixed Mixed Mixed	1100 – 1200 1200 – 1330 1330 – 1400 2000 – 2130	Mixed Mixed	Mixed Mixed Mixed
Wed	0830 – 1130 1200 – 1230 1300 – 1430		Mixed Mixed Mixed	1130 – 1200 1430 – 1600 2000 – 2130	Mixed Mixed	Women
Thu	0800 – 0830 0830 – 1100 1100 – 1200 1300 – 1430	Mixed Mixed Mixed	Mixed Mixed	1100 – 1200 1430 – 1600	Mixed Mixed	
Fri	1000 – 1130		Mixed	0830 – 1000 1200 – 1300 1300 – 1400 1700 – 2000	Mixed	Mixed Mixed Mixed Mixed
Sat				1130 – 1600		Mixed
Sun				1400 – 1600		Mixed

8. Hydrotherapy facility requirements

a. Water qualities

In order for patients to benefit from hydrotherapy, the temperature of the pool should be 34 degrees Celsius. The water should have a pH level of between 7.2 and 7.4 and have carefully controlled chlorine levels. The ambient temperature of the pool should be between 25 and 28 degrees Celsius.

b. Equipment

A hoist is necessary to enable inclusion of all patients requiring hydrotherapy. This should preferably be electric rather than manual.

'Sensory' equipment including lights, sound and 'smoke' can be beneficial for children's sessions.

Emergency evacuation equipment and procedures are required.

c. Other patient and staff facilities

Accessible changing facilities, toilets and showers are necessary for both patients and staff.

d. Suitability of swimming pools

Swimming pools do not meet the above requirements, particularly in relation to the water temperature, pool access and lifting equipment. Therefore, swimming pools have not been considered in the options for hydrotherapy provision in Bexley.

9. Options to provide hydrotherapy

The 2 options to be considered are to either re-provide a hydrotherapy facility at QMH or for patients to use existing local hydrotherapy facilities.

a. Re-provide at QMH

This option would require the existing hydrotherapy pool to be repaired and made safe for patients and then a new one to be built once the current pool is demolished as part of the site strategy to

demolish 'A' block. This option would require c. £1m of capital funding to be diverted from other parts of the QMH redevelopment plan. The new pool would meet all current standards and would be suitable for both adults and children.

The option would only provide the facility and it would need to be staff from the existing establishment, given that staffing is based on patient numbers which are not changing. The impact of this would be that any sessions provided at QMH would result in fewer sessions being provided elsewhere, given the fixed number of staff. Prior to the closure of the pool at QMH, it was being used for 2.5 sessions per week.

b. Use existing hydrotherapy facilities to meet the demand from QMH

This option has had to be used since the QMH pool was temporarily closed in April 2014. Patients have been referred to other local pools for NHS treatment, which has been provided by both Oxleas NHS FT and other NHS organisations.

The option provides paediatric patients with NHS treatment at Shenstone School, Marlborough School and Goldie Leigh. Adult MSK patients receive NHS treatment at Goldie Leigh, Orpington Hospital and Darent Valley Hospital.

In addition to NHS treatment, paediatric patients can also access Marlborough School and adults can access both Eltham Spa Pool and Darent Valley Hospital for supervised sessions. Whilst these sessions do not have NHS treatment, they provide patients with the opportunity to continue hydrotherapy using the techniques that have been provided during their NHS care.

10. Considerations in assessing options

The following key factors have been identified in discussion with patients and staff to take into account when assessing the options:

- Location and ease of travel access to the pool
- Choice of times that treatment is / can be available
- Available capacity e.g. waiting times from referral to treatment
- Quality of the pool facility and its environment
- Value for money

Patients identified that the current choice of times at QMH is very limited and hinders access and that more flexibility on the choice of time was important. Patients were concerned that they might have to travel a long

distance outside the borough to access hydrotherapy. Further detail on patient and staff views can be found at appendices E, F and G.

A key point that emerged from the discussions with patients and staff was that waiting times need to be no more than 2 weeks in order to promote optimal recovery from trauma or an operation.

Whilst the quality of care actually received at the hydrotherapy pool from trained staff is as, if not more, important than the quality of the facility, the purpose of this review is to consider options for the provision of the facility per se, rather than the care provided. Oxleas will only refer patients to a facility if it is assured that high quality care will be provided for patients in order to achieve mutually agreed clinical outcomes.

11. Option assessment

a. Location and ease of travel access to the pool

The impact of not rebuilding a pool at QMH would be that some Bexley patients would have further to travel and therefore journey times would be longer. Most patients will be travelling to hydrotherapy by either private car or by patient transport given that if they require hydrotherapy they are unlikely to be able to walk and use public transport.

Patients most affected by there not being a pool at QMH will be those in the south of the borough. However, the option to use existing facilities to a greater extent enables this impact to be mitigated to some extent meaning that many patients will have a shorter journey.

The longest journey time by private transport from within the Borough of Bexley to access hydrotherapy at QMH is 30 minutes. This is from Thamesmead. The option of not replacing the pool at QMH but enabling patients to access other pools in the locality would mean that the maximum journey time from within the borough would be reduced to less than 20 minutes.

b. Choice of times that treatment is / can be available

The option of using existing facilities would enable more sessions to be made available and thus more choice for patients. The pool at QMH was only available to patients for 3 sessions per week when it was open due to low demand for the service. Pools that have a higher demand are able to offer a wider choice of session times thus making it more convenient for patients.

The total number of sessions per week available for NHS treatment in other pools in the locality would be in excess of 30.

c. Available capacity e.g. waiting times from referral to treatment

An audit of patients who used the QMH hydrotherapy pool between October 2013 and April 2014 revealed that patients were typically waiting for 6 weeks from referral to treatment for hydrotherapy.

Since the pool was closed in April 2014, these waiting times have reduced to 2 weeks. Whilst it is not possible to conclude from this that the reduction was because the pool at QMH was closed, it does demonstrate that there is sufficient capacity without the pool.

d. Quality of the pool facility and its environment

Clearly the quality of the current QMH pool is inferior to all other pools in the locality. However, the assessment is how a new pool at QMH would compare. It must be assumed that any such new build would be meet current standards and thus be as good as if not better than other existing pools. Clearly this would come at a cost as detailed below.

However, the option of using existing local pools provides a high quality choice for patients. Some pools are limited to adults, such as Darent Valley Hospital, but are excellent for meeting their needs. Similarly, Goldie Leigh has excellent facilities for children in particular.

e. Value for money

This assessment does not take into account staff costs which are considered a given for the purpose of this review and not altered by which facility is being used for hydrotherapy.

The QMH pool currently costs a total of £41K per annum. These costs are essentially fixed regardless of the utilisation of the pool. On the basis that 3 sessions were provided per week for 48 weeks / year, this means that the cost per session to use the facility would be £285.

By comparison, there is no additional cost / session for Oxleas NHS FT to use the pool at Goldie Leigh and the cost / session to use other NHS pools in the locality ranges from £20 to £75.

Oxleas NHS FT has assessed the impact of costs of patient transport if the QMH is not re-provided as neutral. Whilst some patients would have further to travel e.g. those living in the vicinity of QMH, others would have a shorter journey e.g. those living in Erith who might choose to use the facility at Goldie Leigh. Thus from a revenue perspective, it is clearly better value for money to use other existing local facilities rather than re-provide the pool at QMH.

Furthermore, from a capital perspective, the cost of re-providing the pool would be c.£1m. As a comparison, the cost of building a new Urgent Care Centre at QMH is going to be c.£800K for a service that will treat c. 60,000 patients per year.

At a time when every £1 that is spent needs to be spent well, it is clear that building a new hydrotherapy pool at QMH would not offer value for money.

f. Summary

Given the low demand for a pool at QMH and the sufficient existing capacity and quality of facilities in the locality, re-providing a pool at QMH would offer poor value for money.

By concentrating sessions in the existing high quality pools, a wider range of sessions can be offered to Bexley patients in a wider range of pools, making better use of existing investment and staff.

For the minority of patients who live in the south of the borough and are content with the limited choice of sessions at QMH, there would be an additional journey time to other alternatives in the locality. However, this dis-benefit would be offset by the increased choice of location and time when treatment can be accessed.

Therefore, it is recommended that the pool at QMH is not re-opened or re-provided at QMH but that access is made available to a wider range of locations at a wider range of times.

In order to improve this access for patients, the following improvements are proposed:

- i. Additional sessions are made available to Bexley patients at more times and in more locations;

- ii. Session scheduling is done to minimise the impact on staff travel and provide choice to patients;
- iii. Information is provided to patients at the point of referral for NHS hydrotherapy indicating where and when it can be accessed to enable patient choice;
- iv. Signposting information is provided to patients upon completing their NHS treatment of where hydrotherapy can be accessed for those wishing to continue in a supervised session, albeit not NHS;
- v. A more rigorous approach is taken to setting goals and monitoring patient outcomes in order to drive improvements for patients and also to build an evidence base for the effectiveness of hydrotherapy compared with no intervention and with other forms of intervention.

12. Consultation

The proposed changes to hydrotherapy are not considered to constitute a significant service change. This is due to the small number of patients who have been accessing the QMH hydrotherapy service coupled with the limited impact on some patients local to QMH who will need to travel further. It is considered that these dis-benefits are more than offset by hydrotherapy being made more accessible at a wider range of locations and at a wider range of times throughout the week.

Staff, patient and public engagement has taken place throughout the review to inform the recommendations and ensure that high quality patient outcomes are achieved with a sustainable service provision

It is considered that given that the proposed changes are not significant and taking into account the engagement to date, that a formal consultation is not required.

13. Next steps

The Health sub group of the Peoples Overview and Scrutiny Committee is requested to confirm that formal consultation is not required for this service change.

Subject to this confirmation, the actions detailed in 11.f. above will be implemented to improve the quality and sustainability of hydrotherapy provision for Bexley patients.

14. Appendices

- A. Scope agreed by QMH Programme Board 9 Jan 2014
- B. Appendix 'N' - The Future of Queen Mary's Hospital
- C. Questionnaire used for patients and public
- D. QMH hydrotherapy pool water quality report
- E. Notes from patient focus group 24 July 2014
- F. Notes from staff focus group 24 July 2014
- G. Notes from patient and staff focus groups 3 September 2014

Hydrotherapy review scope

3 January 2014

1. Purpose

The purpose of this paper is to request the QMH Programme Board's agreement to the scope of a review of the hydrotherapy service at QMH during 2014, the outcome of which will determine the requirement for future service provision.

2. Scope

The review is limited to considering the future requirements of hydrotherapy provision at QMH for NHS patients.

3. Purpose of review

The purpose of the review is to establish what future provision of hydrotherapy is required at QMH to ensure that Bexley patients have sufficient access to hydrotherapy following a physiotherapy referral for NHS treatment.

4. Key considerations

Key considerations to be taken into account will include, but not be limited to:

- patient access to hydrotherapy across the borough for Bexley residents
- clinical benefits to patients
- alternative therapies available to meet patient need
- value for money both in terms of revenue and capital funding
- impact on the viability of the QMH site

5. Process and timescale

9 January 2014: agree scope with QMH Programme Board

March – April 2014: gather data, analysis

June 2014: engage with patients, staff

July 2014: report, options and recommendations

September 2014: engage with HOSC

October 2014: BCCG decision

6. Roles

Sarah Valentine, Director of Commissioning, BCCG will lead the review.

Existing providers will be requested to support the review by providing data and access to clinical expertise as required.

BCCG governing body will make the final decision.

7. Background information

QMH has a hydrotherapy pool in 'A' block at QMH as part of the physiotherapy service. The pool is an old design with the water level raised above the surrounding walkway, requiring patients to climb up steps and then down again. The pool has a maximum capacity of 4 patients at any one time. A block is due to be demolished as part of the site re-development plan and thus if a pool was required in the future, it would require a new build, rather than merely a refurbishment.

Hydrotherapy is effectively a specialist service which can be of clinical benefit to a small number of patients for a limited period as part of their rehabilitation. Patients are referred following a physiotherapy assessment and will be prescribed up to 6 sessions. After this point there is little or no clinical benefit and patients need to move on to 'dry land' physiotherapy to move them on to the next level of improvement. Hydrotherapy is one of a range of options available to patients at the early stage of their rehabilitation.

The pool is currently used for a total of 5.5 hours per week. Oxleas NHS FT owns and maintains the pool as well providing a service for children with special needs for 1.5 hours on 2 mornings per week. Dartford and Gravesham NHS Trust provides a service for adults for 2.5 hours on one morning per week. There is currently no waiting list and patients are able to start hydrotherapy within 2 weeks of being referred.

There have been some maintenance issues with the pool, both before and after the dissolution of SLHT. These have principally been due to water quality. The pool needs to be checked for water quality 3 times per day and particular attention paid to the water balance due to the high temperature of the pool (c.35C). As a result of these issues, the pool has been closed 3 times since 1 October 2013.

There was some interest from Cllr Downing, Chair of the HOSC, in October about the future of the pool, amid concerns that it was closing. Sarah Blow wrote to Cllr Downing 15 October 13 confirming that the pool was remaining open but that a review of the service would be necessary in 2014 to ensure that it was fit for purpose and representing value for money.

The TSA did not recommend hydrotherapy as a service that would remain at QMH but stated that *"The future provision of hydrotherapy services at Queen Mary's hospital should be subject to agreement by commissioners and providers that the service is clinically and financially viable in the long term"* (p.10, APPENDIX N: the future of Queen Mary's Hospital, Jan 13).

Patient questionnaire – Hydrotherapy service

When completing the questionnaire please choose one service you have experience of using and answer all questions in relation to this service throughout.

1. Please choose which hydrotherapy pool you have used.

Mark an 'x' in one box only:

- a) Queen Mary's Hospital
- b) Goldie Leigh, Abbey Wood
- c) Darent Valley Hospital
- d) Eltham
- e) Shenstone School
- f) Other (please specify)
- g) Not received hydrotherapy

2. How would you rate the overall quality of care provided to you by this service?

Please mark an 'X' in one box only:



Excellent



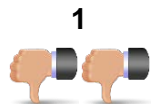
Good



Satisfactory



Unsatisfactory



Poor

--	--	--	--	--

3. How satisfied are you with the overall care provided to you by the staff?

Please mark an 'x' in one box only:

5 Excellent	4 Good	3 Satisfactory	2 Unsatisfactory	1 Poor

4. How satisfied were you with the quality of the hydrotherapy pool and its environment?

Please mark with an 'x' in one box only:

5 Excellent	4 Good	3 Satisfactory	2 Unsatisfactory	1 Poor

5. How satisfied were you with the location of the service?

Please mark with an 'x' in one box only:

5 Excellent	4 Good	3 Satisfactory	2 Unsatisfactory	1 Poor

6. How satisfied were you with the times available to you to use the service?

Please mark with an 'x' in one box only:

5 Excellent	4 Good	3 Satisfactory	2 Unsatisfactory	1 Poor

If you have any further comments, please use the space below:

7. Please rank the following in order of importance to you:

Factor	Rank out of 10 (1 = most important, 10 = least important)
The choice of times that can you receive treatment	
The location of the hydrotherapy pool (assuming that it is within 30 minutes drive)	
The quality of the pool facility and environment	
The quality of the physiotherapy care that you receive	
The ease of access to the facility e.g. parking, disabled ramps	
To achieve goals agreed with the physiotherapist to improve independence and / or reduce pain	
The configuration of the changing areas to provide adequate privacy and dignity	
Value for money for taxpayer	
Other facilities on site such as a café, shop	
The waiting time from referral through to treatment	

If there are any other factors that are important to you, please specify them below:

Thank you for taking the time to provide your feedback.

July 2014

Dear Patient

QMH Hydrotherapy Service Questionnaire

The Queen Mary's Hospital Programme Board (QMH NHS service providers, Bexley CCG and the London Borough of Bexley) has decided to review the provision of the hydrotherapy pool at QMH. I am writing to invite you to contribute to this review by completing the above questionnaire.

Bexley CCG is committed to ensuring the provision of high quality services that enable patients to return to independent living as soon as possible. It is also committed to the future of QMH and its sustainability. BCCG needs to ensure that all services represent value for money and that every pound is spent wisely.

The current hydrotherapy pool at QMH is out of date and has only been used for about 5.5 hours per week. About £30m is going to be invested in QMH to improve services for patients and transform it into a leading edge community facing hospital. As part of these plans, 'A block', where the hydrotherapy pool is currently situated, will be demolished in 2016 with services consolidated in the newly refurbished B block. The QMH Programme Board needs to decide whether to re-provide hydrotherapy at QMH or not.

All options will now need to be considered including whether hydrotherapy is re-provided at QMH or provided elsewhere. No decisions on the future provision of hydrotherapy at QMH will be taken until the review has been completed, which is due by October 2014.

Taking part in the survey is entirely confidential and voluntary and will not affect the care or treatment you receive. If you do not want to take part in the survey, or to answer some of the questions, you do not have to give us a reason. However, **if you would like to take part, please complete the attached questionnaire and return it in the envelope provided.** The questionnaire should take around 10 minutes to complete.

We recognise the importance of working with our community and value the experiences shared by those who use our services. If you would like to find out more about different ways of getting involved or would like to be kept informed

about our work and service developments please contact Annie Gardner, Head of Patient Experience on 020 8298 6206 or email annie.gardner@bexley.nhs.uk.

Yours sincerely

Annie Gardner
Head of Patient Experience & Stakeholder Engagement

Your details: (Optional)

Any information you provide will remain confidential and not shared with other organisations

Name(s):	
Address:	
Post Code:	
Telephone Number(s)	
E-mail:	

ADDITIONAL INFORMATION: This section will help us to check that the service is accessible to everyone in our community, you do not have to provide this but it can help us to plan and deliver better services for everyone.
Please let us know which age group you belong to: Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 – 84 <input type="checkbox"/> 85 or over <input type="checkbox"/>
Please tell us about your gender. Are you: Male <input type="checkbox"/> Female <input type="checkbox"/>
Do you consider yourself to be Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tell us what your ethnic origin is:

Water quality report

Hydrotherapy review – options development
Patient Engagement Session 24th July 2014

The purpose of this report is to provide evidence of engagement on the review of hydrotherapy service provision in Bexley. To support this work a meeting was arranged with service users/public on the 24th July 2014 (at Queen Mary's Hospital).

In addition to the meeting highlighted above a survey was created and sent to 40 service users (identified by Oxleas NHS Trust).

The summary below provides an overview of the engagement activities noted and highlights key headlines from facilitated discussion and surveys.

Service user engagement

On the 24th July 8 service users/patient representatives attended a meeting at Queen Mary's Hospital to learn more about the review of hydrotherapy options for Bexley and to contribute to a facilitated discussion. The service user representatives included:

- 4 current service users (including one young adult)
- 2 carers
- 1 representative from Snap (Disabled children service)
- 1 representative from Bexley Patient Council

Three members of staff were also present to facilitate the meeting:

- Simon Cook, QMH Programme Manager
- Annie Gardner, Head of Patient Experience – Bexley CCG
- Vicky Lambert, Hydrotherapy Services, Oxleas NHS Foundation Trust

1. Simon Cook (SC) opened the meeting and welcomed all present. A copy of a short presentation was circulated to all present (see attachment at appendix A).
2. SC explained the purpose of the meeting and provided a brief background to developments and vision for QMH and why a decision had been made to review hydrotherapy services at this time.
3. Attendees were told that Bexley CCG (the Commissioner) is committed to securing services of high quality and value for money. It was also explained that the pool on the QMH site is approximately 40 years old and is not in good condition and currently not in use due to

- need for repairs and water quality problems. An independent report stated that the pool failed to meet required safety standards and needs c£100 of investment.
4. SC explained the purpose of the current review was to ensure that sustainable high quality hydrotherapy is provided for patients who require it. However, a review is being undertaken to consider what, if any, hydrotherapy provision is offered on the QMH site in the future and what key considerations should be taken in to account when determining the future provision of hydrotherapy services for Bexley residents. Attention was drawn to a map on slide 9; this outlined existing hydrotherapy pools and their location.
 5. The process of the review was explained to attendees; specifically that the meeting in July would gather facts and develop options (including a separate scoping session with staff). This would be followed up in August/September with another meeting to develop recommendations then a report would be presented to the QMH Programme Board in October to make a final decision.
 6. SC summarised presentation and highlighted again that purpose of meeting was to discuss options and key considerations for determining the future of hydrotherapy provision, to write up outputs from meeting and factor this into recommendations (including feedback from service user surveys). Finally, to present recommendations to the Programme Board, for a decision to be made.

A facilitated discussion then took place and attendees were invited to highlight key considerations they felt should be taken into account when determining the future of hydrotherapy provision. Feedback included:

- Waiting times to access treatment should be within 2 -3 weeks. People are currently reporting much longer waits
- Not everyone can get hydrotherapy – Consultants don't seem to refer in any longer as pool not available at QMH. There appears to be problems accessing hydrotherapy services
- Patients are concerned that they may be forced to travel long distances outside the borough to access hydrotherapy – particularly if a local option is not continued at QMH
- Patients were also concerned regarding the long term sustainability of securing alternative premises for a pool. For example if services were agreed with a pool in a local school this could be withdrawn and could leave service users without access. If pool is provided within an NHS establishment – the future of the service seems more secure.
- The map provided in the slide pack does not provide a true reflection of services and accessibility. For example the services at Shenstone School are not accessible to adults

- Some patients said that following surgery they were advised they could access physiotherapy or hydrotherapy – but could not access both.
- There was concern that figures did not reflect an accurate picture of use of pool at QMH site, specifically the 5 hours a week quoted was not a true reflection of how the pool could and should be used.
- Transport links need to be carefully considered. QMH site is easy to access from across the borough. However, if pool is moved to another site some people could experience difficulty in access due to limitations of public transport, parking etc.

Key themes for consideration identified by service users/public were:

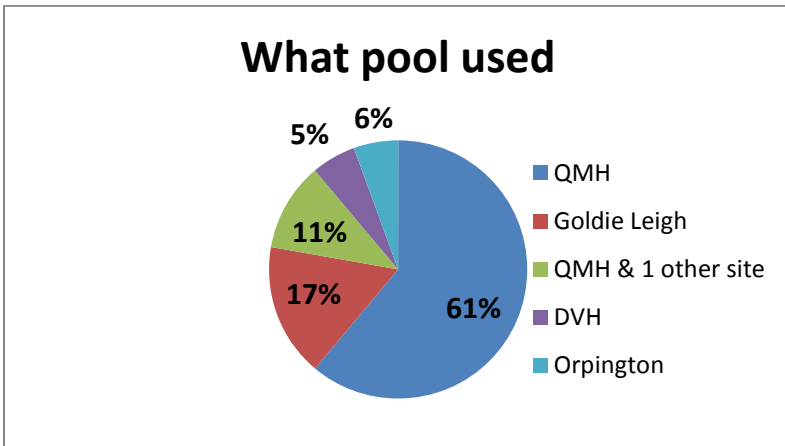
- **Transport links to pool/ public transport**
- **Times of availability**
- **Waiting time from referral to treatment**
- **Access - pool, changing facilities and building**
- **Reliability of pool**
- Separate entrance (so pool can be accessed when school closed)
- Accessible showers
- Appropriate properties (water/surroundings)
- Pool to cater for all disabilities
- Quality of care and outcomes
- Provision of sensory equipment
- Joint goals, care plan and relationship with staff
- Feedback after session
- Info on pool and what is provided during a session
- Psychosocial benefits
- Amenities and social experience
- Value for money

Top five themes highlighted in blue above

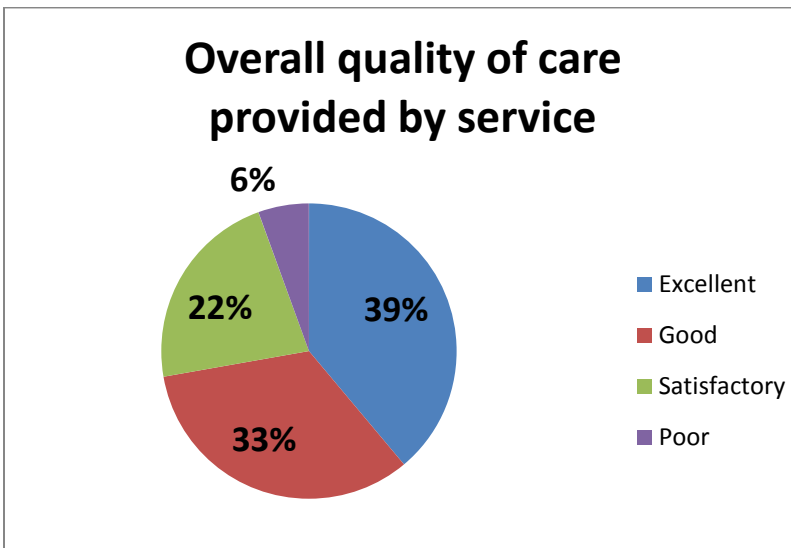
Survey

A survey was created to support opportunity for engagement and feedback of current/past service users. 40 survey packs were provided to Oxleas NHS Trust who consequently identified relevant service users. The pack (see appendix B) included a covering introductory letter with invitation to the engagement meeting in addition to a briefing sheet and option to complete feedback survey.

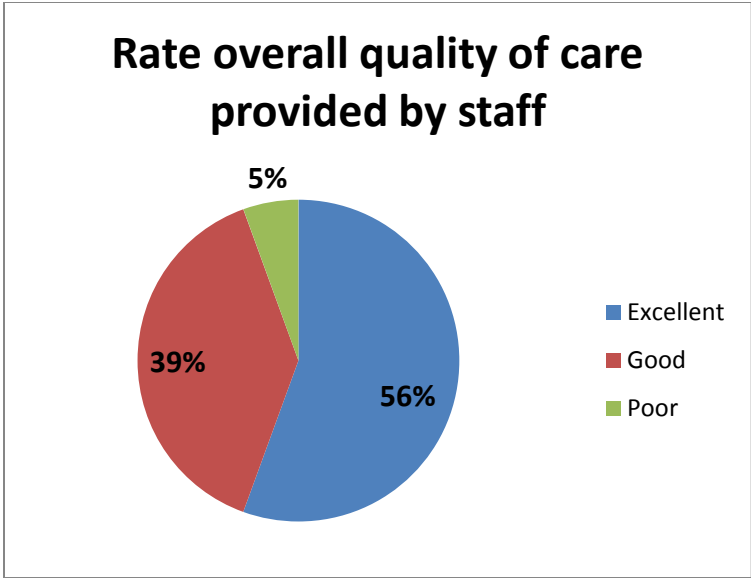
A total of 40 survey packs were disseminated to service users and 18 were returned equating to a 45% response rate. The results of the survey are as follows.



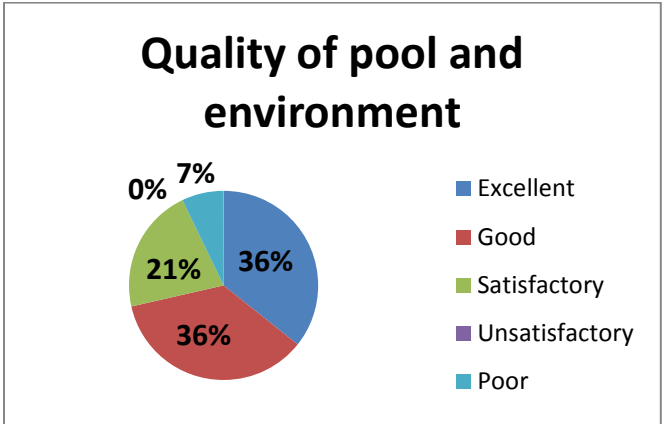
Most people had used pool at QMH site.



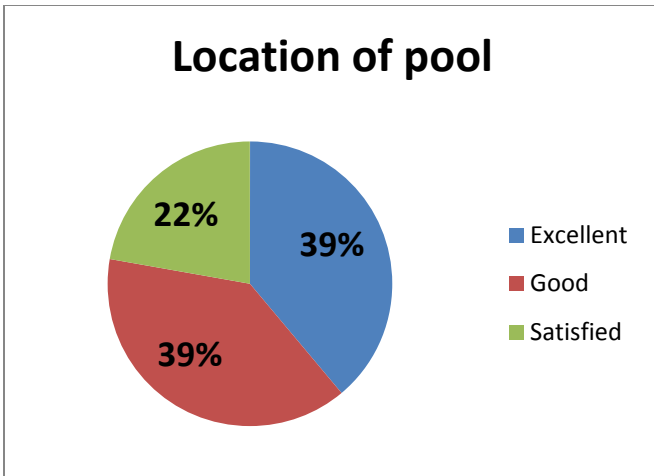
Majority of feedback on overall quality of care provided by the service was positive – this was reflective of services at QMH and Goldie Leigh site. There was one poor experience noted on the QMH site.



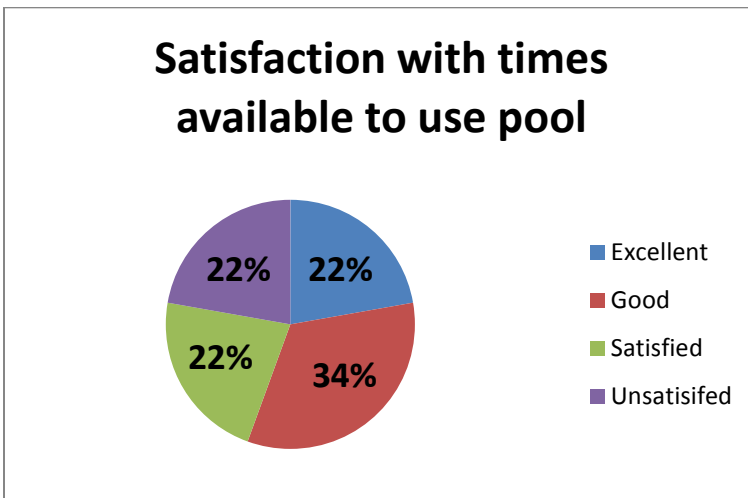
Again the majority of feedback highlighted a positive experience of quality of care provided by staff. However, there was one poor experience noted on the QMH site.



The majority reported a generally positive experience of the quality of the pool and environment.



Majority of feedback on location of pool accessed was positive



However, satisfaction of times available for use of pool provided a mixed response with half service users rating excellent to good and half satisfactory to unsatisfactory.

The survey asked people to rank 10 factors of service in order of importance. The results were as follows:

Factor	Rank (1 = most import & 10 least important)
Location of pool (assuming it is within 30 minute drive)	1st
Choice of time you can receive treatment	2nd
Waiting time from referral to treatment	3rd
Quality of the physiotherapy care received	4th
Ease of access to the facility – parking, disabled ramps	5th
Achieve goals agreed with physiotherapist	6th
Quality of the pool facility and environment	7th
Configuration of changing areas	8th
Other facilities on site e.g. café, shop	9th
Value for money	10th

General feedback from surveys included:

- ❖ Hydrotherapy is important to my daughter, she has enjoyed the benefits from sessions but these have often been cancelled at short notice which is frustrating and disappointing.
- ❖ Flexibility of time available is important to patients and more choice should be offered
- ❖ Maintenance of the pool and surrounding environment is important
- ❖ More time slots should be available to ensure that additional needs of parents with other children and those who have work commitments can be taken into consideration
- ❖ I enjoyed using the pool and felt it was beneficial to my recovery
- ❖ Ensure hydrotherapy services are located close to the community
- ❖ More changing facilities are required (Goldie Leigh site)
- ❖ My son requires regular hydrotherapy, the location of service on QMH site is perfect for us and we would love the pool to stay here (or close by)
- ❖ Continuity of care between hospital physiotherapy department if they are on different sites

A quote from one returned survey reads:

“I had a hip replacement and was subsequently referred to Orpington Hospital for hydrotherapy. I attended sessions on Monday and Thursday evening for 12 weeks. I found my mobility and strength returned rapidly. Other patients attending these sessions agreed that benefits gained from working with physiotherapists in this environment were substantial”

Hydrotherapy Staff Engagement Session
24th July 2014

Attendees:

Simon Cook (Chair)
 Annie Gardner
 Victoria Lambert
 Holly Wilson
 Erin Creighton
 Alex Partridge
 Hannah Tomkins
 Tracy Lacy
 Rachel Heayberd
 Kathy Bones

Apologies:

Keith Soper

Key Considerations:

List of considerations compiled by staff and then ranked. Below is the list in order of importance placed by staff.

Key consideration	Score
Location to the department <ul style="list-style-type: none"> • Staff Travel Times • Patient Travel Times 	84
Pool Access <ul style="list-style-type: none"> • Ramps/stairs/hoist • Changing access • Disabled Parking 	71
Transport <ul style="list-style-type: none"> • Public access 	59
Size <ul style="list-style-type: none"> • Patient numbers 	57
Ensuring pool is used to full capacity	57
Equipment Provision <ul style="list-style-type: none"> • Steps/rehab equipment 	43
Private use of pool	33
Sensory equipment provision	17
Depth of pool	16

Reliability of pool	14
Availability of the pool <ul style="list-style-type: none"> • Times/timetable 	11
Variety of equipment available	6
Communal area for tea/coffee/socialising for patients	2

Other possible options identified by staff other than what was presented in the proposal:

- It needs to be clearer whether patients will be referred to other pools for other physiotherapists to run sessions, or whether staff will be running sessions in other pools
- If demand increases, would a different plan be considered to reflect this change in need?

Other points discussed:

- Currently the Bexley neuro-rehab team refers their clients to Bexley MSK team. This is an unmet need for this client group. Could it be considered for them to access hydrotherapy?
- Simon advised that the current priority is NHS provision
- It was felt it would be beneficial for information to be made available for patients to illustrate where they could attend for accessing hydrotherapy pools to enable self-management
- If the department hire a pool for use at Shenstone, would this cost be reimbursed by the Trust?
- Vicky discussed the importance of demonstrating robust clinical effectiveness. At present there are no clinical outcomes recorded for clients accessing hydrotherapy
- Therapists felt that hydrotherapy improves Quality of Life which is difficult to measure

QMH Hydrotherapy – ‘reviewing the options’
3 September 14

Structure of both staff and patient focus groups:

A staff and patient focus group were held separately on 3rd September to confirm which options would be considered in the review and the key considerations which would be used to assess them. These considerations, derived from the focus groups in July and from a survey patients and the public, were:

- Location and ease of travel access to the pool
- Choice of times that treatment is / can be available
- Available capacity e.g. waiting times from referral to treatment
- Quality of the pool facility and its environment
- Value for money

The options were:

- Re-provide a hydrotherapy pool at QMH
- Use existing hydrotherapy facilities to meet the demand from QMH

A map was shared showing the locations of existing hydrotherapy pools in the locality.

Staff and patient views were solicited on the 2 options and the comparative advantages of each so that they could be taken account of in the recommendations.

Staff Focus Group

Attendees:

Victoria Lambert, Children's Physiotherapy and Occupational Therapy
Manager

Keith Soper, Head of Operations, QMH

Simon Cook, Programme Manager, QMH

Tracy Lacy, Senior Physiotherapist, Community Assessment and Rehabilitation Service

Hannah Tomkins, Physiotherapist, Bexley Rehabilitation service

Jayne Thompson, Occupational Therapist and Physiotherapy Lead in Bexley

Rachel Heayberd, Paediatric Physiotherapist

Comments on different sites:

- DVH pool is excellent but referrals are currently being bounced back
- Goldie Leigh has capacity to provide out of hours service for adults and there is potential scope to free up some capacity during the day as well
- Eltham pool is appropriate for patients and carers to access directly without NHS care being provided
- Marlborough School pool is open all year round but Shenstone School pool is open during term time only
- Land based physiotherapy for children is only available at QMH
- Land based physiotherapy will be provided for adult MSK from QMH, Erith District Hospital and 3 GPs in the locality
- It is important that even if the pool is not re-provided at QMH that there is sufficient flexibility on the site to enable one to be built in the future should there be a case for it
- It is important to differentiate between a pool being used for NHS instruction and one being used by patients accessing it themselves without NHS input, having received their NHS care

Staffing:

- Staff currently work mainly in hours and thus this would need to be reviewed if out of hours services were provided
- Travel costs of staff and patients should be taken into account when assessing the options
- There are staffing implications of opening up more hydrotherapy sessions

Patient Focus Group

Attendees:

Victoria Lambert, Children's Physiotherapy and Occupational Therapy
Manager

Keith Soper, Head of Operations, QMH

Simon Cook, Programme Manager, QMH

2 patients (Elaine and Stephen)

Comments:

- Patients thought that it is best to invest in other pools and provide other sessions rather than re-build a new pool at QMH given that there is insufficient demand for it
- Patients asked about patient transport. It was clarified that this is available for those that meet certain criteria
- The view was given that rather than try and keep QMH just as it was, the good news about the services being developed at QMH should be publicised more e.g. cancer centre, kidney treatment centre
- Patients noted the wide range of options of hydrotherapy pools in the locality
- Need to ensure that hoists for hydrotherapy pools can take sufficiently high loads to provide for a wider range of patients

Areas for improvement:

- DVH has good access by bus but parking is difficult
- Parking is difficult at the PRUH and is further away
- Need to give patients information regarding the benefit of ongoing physio, how to do it and where
- Evenings and weekends should be used for hydrotherapy to provide more choice of when this can be accessed