Article

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Editorial

Title

Out-patient physiotherapy service delivery post COVID-19: opportunity for a re-set and new normal?

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Reflecting back; the 'old normal'

Since the COVID-19 pandemic was declared by the World Health Organization (WHO) in March 2020, there has been seismic shift in healthcare delivery including physiotherapy [1 2]. The COVID-19 pandemic has brought challenges but also opportunities. There have been calls for the profession to maximise opportunities to transform and adapt itself to better meet the needs of populations. This not only relates to tackling the impact of COVID-19 and infectious diseases [3 4 5], but also the increasing burden of non-communicable diseases and long term conditions (LTC) [6 7].

Traditionally many out-patient services were based on post-war models of service delivery where patients are seen face to face, usually individually, for an initial longer appointment and followed by shorter appointments over the subsequent weeks. This model was designed in a pre-digital era when physical hands on and electrotherapeutic interventions prevailed. The first appointment to follow up appointment ratio in musculoskeletal (MSK) out-patients has reduced over time and in 2012 was just an average of 3.14 follow ups per patient [8]. This reduction appears to have been driven by capacity and demand responses, as well as an increased emphasis on self-management and less guidance for 'hands on' therapies [9]. Less overall time is spent with individuals. The need to deliver quality, person centred care arguably increases the demand on concentration, and emotional investment from physiotherapists (as well as expert clinical knowledge) [10].

With rising prevalence of long term conditions there has also been an increased focus on supporting patients to self-care through shared decision making (SDM) and personalised care (PC) approaches [11 12 13]. Supporting self-management not only includes the provision of information but also

enabling motivation and self-efficacy to help people achieve greater control and take appropriate action to manage their condition [11]. Physiotherapy self-management usually requires adherence to some form of behaviour change such as undertaking a home exercise programme or lifestyle adaptations [14 15].

Adherence to physiotherapy self-management programmes is suboptimal [16]. Literature supports the notion that adherence is a multi-dimensional construct, with a range of barriers and facilitators being identified [17 18 19 20 21]. No single interventions have been identified as the panacea for increasing adherence to self-management programmes in physiotherapy [6 22 23].

Pre-covid-19 we undertook an observational study (in press) based on the behaviour change wheel [24], to explore self-management programmes in MSK outpatient physiotherapy. Video recordings of face-to-face consultations and interviews with patients highlighted that physiotherapists focussed on ensuring patients had the practical capability to undertake the programmes but did not address opportunity or motivational components of adherence. Contextual factors including the physiotherapists' environment and service delivery structure for appointments affected the provision of programmes and patients' adherence which is in keeping with other studies [10 20 25]. Patients' also reported valuing the therapeutic relationship and expressed a desire for social support and group exercises. None of the patients in our study were offered group exercises despite evidence supporting their cost effectiveness [6 26].

The new normal

COVID-19 has increased the use of digital telehealth [27 28 29] which has accelerated digital ambitions [30]. However, we must be careful not to just replace the existing appointments with remote consultations but instead consider how we use resources including time, the physical environment and digital technologies to optimise the delivery of evidence based, personalised care [31]. Pugliese (2020) highlights how telehealth has enabled physiotherapists to re-focus on the interpersonal interactions and communication with patients. Post COVID-19 we have the opportunity to consider how we use face-to-face contacts and blend these with technologies including video or telephone communications, short messaging services (SMS) and online resources [32 33].

This blended approach could be personalised, as we know this is not addressed by a one-size-fits-all approach [24]. Supporting long term self-care, behaviour change and physical activity participation is complex [15]. It requires physiotherapists to have the appropriate time and skills to develop a strong therapeutic relationship, to explore patients' capability, opportunities and motivations to

change their behaviour [13 24]. Providing appropriate time for patient interaction is necessary to build successful therapeutic relationship and engage in shared decision making which are critical in achieving optimal outcomes and adherence [13 20]. The mode of service delivery is also important. Provision of group delivery provides opportunities for peer support and can help patients transition to long term physical activity participation [34]. Group exercise opportunities should be consistent, accessible and underpinned by evidence based practice. Delivering quality, person centred physiotherapy interactions within reducing episodes of care also potentially risks physiotherapist burnout which has been shown to be a problem particularly when managing patients with chronic conditions [35].

Time to re-set

If we were starting from the beginning how would we design out-patient physiotherapy services for now and for the future? How can we support physiotherapists to ensure they deliver safe and effective assessment, whilst utilising technologies to engage patients in the ways they prefer? How can we provide patients with peer support and build transition into longer term physical activity in their communities?

We propose that physiotherapy service structure should enable physiotherapists to have adequate time for debriefing and reflection to support their wellbeing and learning. Our study utilised video observation which, with current use of video consultations, provides an effective tool to record consultations (in line with consent and information governance policies) and could allow easy opportunity for self-reflection and peer review for physiotherapists [36].

O'Caithain et al (2019) sets out 5 principles in their guidance on developing healthcare interventions which provide a sound basis for us to consider as we re-set; being dynamic, being iterative, being creative, being open and looking ahead [37]. Tack et al (2020) also remind us of the need for the post COVID-19 service delivery era to be determined as a result of careful and robust evaluation that is built around service user views and staff wellbeing [31].

The COVID-19 pandemic provides our profession with unique opportunities to re-design physiotherapy services to better support personalised care and patients' long term adherence to self-management. This should build on behavioural science theory and adherence research to maximise the physiotherapist's contribution and ensures their health and wellbeing. We must seize the opportunity to review the evidence base, engage with service users, transform and evaluate out-patient physiotherapy care for the future. A new normal for physiotherapy care is within all of our gift.

Keywords

- COVID-19
- Physiotherapy
- Adherence
- Out-patients
- Service delivery models

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