# Hybrid Physiotherapy Service. Does it deliver?

## Evaluation of a hybrid MS physiotherapy service model 4 years post COVID

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### Background

The 2019 NHS Long Term Plan set a 10-year goal for the NHS to offer “a digital first” model of care for most, allowing for longer and richer face-to-face (FTF) consultations when needed. This concept was expediated by the COVID-19 pandemic, where the majority of the National Hospital for Neurology and Neurosurgery (NHNN) multiple sclerosis (MS) physiotherapy service became virtual. Post pandemic, the challenge was to remodel traditional FTF services to sustainable hybrid services, to amalgamate the best of both (FTF and video/telephone) appointments to meet the needs of our patient cohort and staff.

The outpatient MS physiotherapy service at the NHNN is a tertiary service with a broad demographic, and since the pandemic we have continued to deliver remote physiotherapy appointments in addition to FTF consultations. We completed the MS Trust Generating Evidence in MS Services (GEMSS) service evaluation in 2017, which gathered evidence about how care and health services work best for people with MS across the UK. We re-used this evaluation to compare our now hybrid therapy model to our then face-to-face model. Currently, 20-30% of our case load is remote. We also offer a remote MS and Exercise education session, and remote exercise groups (via Neuro Heroes). 74% of participants from the 2017 evaluation recommended increased consultations and that they would be likely to use technology for virtual consultations.

The aim of the repeated service evaluation was to gain an understanding of how the hybrid therapy service is received by our cohort of MS patients and allow a comparison to the previous, purely face-to-face service model. This will help us shape future remodelling and delivery of the service to meet the service users needs as indicated.

### Design and Methods:

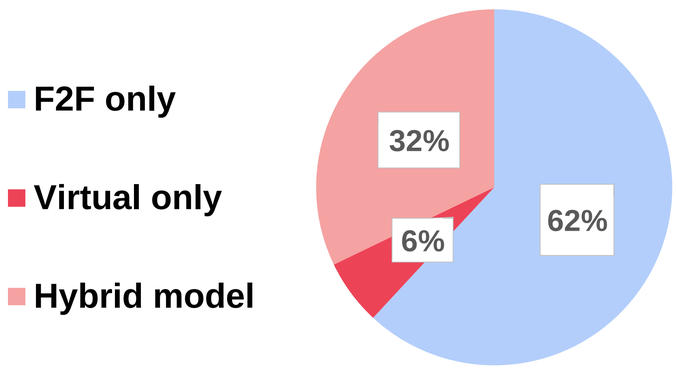
The 2017 GEMSS survey consisted of 25 questions asking our users their experience of the MS physiotherapy service and the impact it had on their ability to manage their condition. These questions were altered slightly in the context of remote/FTF where needed. The survey was emailed or posted to 354 of our MS patients in June 2024 and support offered to complete the survey as needed. These patients had been seen by the team between October 2023 and April 2024. 113 people responded (32% response rate).

### Results

The current patient demographic within the service is very comparable to that of 2017, in terms of sex, age, disability and MS type. Employment levels had reduced slightly, with more seeking employment, which could possibly be an impact of the pandemic? Additionally, the 2024 patient cohort were assessed by a physiotherapist sooner after diagnosis compared to 2017.

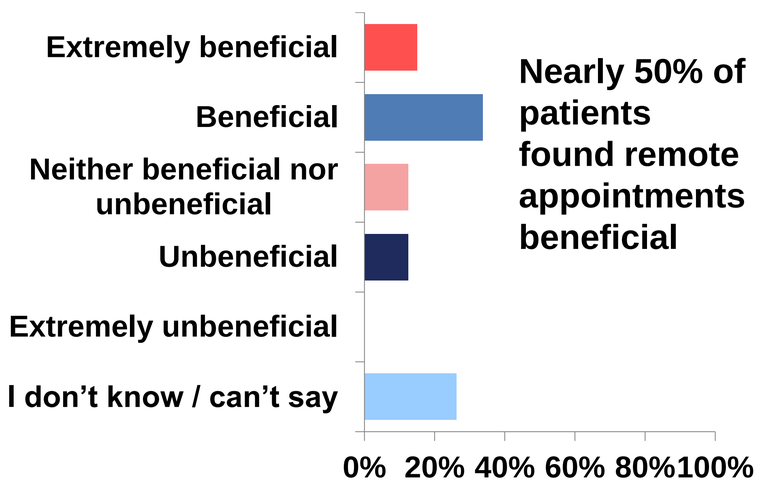
Less patients (8%) had just a one-off assessment, compared to 17% in 2017 - none of which had just one, additional appointment, making it unlikely that this number was lower due to an incomplete/unsuccessful assessment done virtually. It could be hypothesised that the 2024 cohort were more complex post pandemic, than those patients seen in 2017, or the result of reduced capacity/long waiting lists of community teams to refer onto.

#### Model of Physio intervention for those receiving appointments




***Of those receiving a hybrid model, 91% felt it “met their needs to some extent”.***

#### How beneficial have you found remote appointments over the last 12 months




#### Reasons given for FTF appointment preference

- Easier to understand complex information.
- Easier to understand exercise provision and get hands on correction.
- Easier to explain physical symptoms.
- Human contact.
- A dislike of technology!

The service' most commo**nly** met needs were with mobility, maintaining function and reducing pain and discomfort. The most reported unmet needs were for advice and management of cognitive symptoms, benefits or funding, managing spasms/cramps, fatigue and dizziness.

For 88% of respondents, contact with the MS physio service resulted in at least one positive impact on: Quality of Life (QOL), confidence in ability to cope, physical wellbeing, emotional wellbeing and ability to take better care of themselves, despite the long-term degenerative nature of MS. Outcomes in all these areas had also improved since 2017, with the 2024 hybrid service model.

**Those reporting a positive impact on:**

- **Quality of life** 2017 = 67% 2024 = 84% ↑
- **Confidence in ability to cope** 2017 = 53% 2024 = 65% ↑
- **Emotional wellbeing** 2017 = 53% 2024 = 56% ↑
- **Physical wellbeing** 2017 = 80% 2024 = 88% ↑
- **Ability to take better care of themselves** 2017 = 62% 2024 = 69% ↑

### Conclusions and next steps

- The 2024 service model had incorporated recommendations from the 2017 evaluation to consider virtual options.
- From the patient feedback, the remote appointments were not felt to be as beneficial as FTF.
- Most patients reported a preference to FTF, the reasons provided were; finding FTF easier to understand and to explain physical symptoms, human contact, and a dislike of technology.
- In summary, the outcomes of the hybrid service evaluation were incredibly good with improvements since the 2017 purely FTF model.
- The team feel organising focus groups to further explore and understand why remote appointments do not always meet expectation, and how they could be shaped to be more successful, would be a beneficial next step.

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