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referral time frames are specified with the patient to be seen by the spinal service either urgent within 6/52 or urgent within 3/12. 19% of the total new spinal referrals required a virtual opinion with 100% patient satisfaction with the service. 48% of the patients discussed virtually did not require onward referral to the spinal service and were managed conservatively. During the pilot phase 53% of all spinal referrals were raised virtually and has subsequently risen to above 90%.

Conclusion(s): The Virtual Spinal Clinic has reduced onward referrals to the spinal service by 48% & increased the capacity of the Orthopaedic ICATS team to maximise conservative management appropriately. Future work involves embedding virtual clinics throughout all orthopaedic specialist areas.

Impact: Creating a virtual clinic improves patient experience & clinician confidence providing significant learning opportunities. The impact of its implementation has led to significant reduction in waiting times and increased confidence of clinicians with correct selection of surgical candidates resulting in improved patient care. Virtual Clinics are easily transferable to other body parts in elective orthopaedic care and can be implemented into musculoskeletal pathways in order to streamline the patient journey. They also can be utilised in many other physiotherapy services.

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P095

Implementation of virtual consultations within an acute MSK Physiotherapy Paediatric service, in response to the Covid-19 pandemic – Patient/parent feedback

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Keyword: Service improvement

Purpose: March 23rd government implemented social distancing/lockdown came into force.

NHS services were halted/appointments cancelled.

Remote consultations allowed us to provide a service for patients.

This abstract looks at Patient/Parent satisfaction for virtual consultations between April/May 2020 (Paediatric MSK Physiotherapy team, Southampton University Hospital NHS Foundation Trust)

The aim was to review the Patient/Parent satisfaction for virtual consultations implemented due Covid-19, between April 2020 and May 2020, by the paediatric MSK physiotherapy team at Southampton University Hospital NHS Foundation Trust.

Methods: A questionnaire was devised and sent via a survey monkey following their virtual sessions. Including:

1. As the governments advice changes and we start doing face to face but with some limitations what would your preference be for future appointments?
2. Once full service has resumed if we are able to offer virtual appointments in lieu of face to face contacts would you find this useful?

This data has been collated and outcomes presented. Recommendations have then been made

Results: Parent questionnaire:

A total of 30 parents were completed via the survey monkey

Question 1=

- 60% wanted video consultation
- 40% wanted Face to face

Question 2=

- 83.33% would find video consults helpful once full service was resumed
- 16.67% would not want video consults helpful once full service was resumed

Feedback included:

Virtual

- “It was easier and I still felt my child was assessed well”
- “No travelling”
- “Save time coming in the hospital but may be every 2 or 3 sessions should be face to face”
- “Ease of having the apt in your own home. The physio can actually see the person and determine that they are doing the exercises correctly”
- “Prevents being in hospital”
- “Extremely vulnerable patient”
- “I think it should be a combination of face to face and video web-link.”

Face to Face

- “It’s easier to be shown what to do face to face”
- “Detailed examination needed for physiotherapy – better face to face”
- “For my daughter to have someone show her exactly what to do, how it feels etc.”
- “Would have been better for physio to physically feel/manipulate my sons knee rather than rely on him trying to find the bit they meant, still room for error if not face to face”
- “Face to face to more accurately assess patient”
- “More accurate assessment and interaction”
- “So the physiotherapist can assess my daughter’s joints and check she is doing the exercises correctly”

Conclusion(s): Data shows that parents and patients would find virtual consultation useful once full service resumes after Covid-19 lockdown.



This data will enable us to make changes to our service and include virtual clinics within our weekly diaries.

Limitations to this review are the small data set.

To enable a larger data set we are organising a questionnaire that can be completed on-line straight after their virtual consultation on the attend anywhere platform.

Impact: We have implemented virtual sessions and will be reviewing the satisfaction data on a regular basis to ensure this is still something that our patients require.

Funding acknowledgements: Not funded.

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P096

Implementation of virtual consultations within an MSK Physiotherapy Paediatric service, in response to the Covid-19 pandemic –Therapists experience/feedback



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Keyword: Service improvement

Purpose: To review the physiotherapist's experience/feedback of virtual consultations implemented due Covid-19, between the months of April 2020 and May 2020, by the paediatric MSK physiotherapy team at Southampton University Hospital NHS Foundation Trust. The data will also identify conditions/diagnoses that the therapists felt were most appropriate for virtual consultations.

Methods: Therapists were asked to record on a database, between April 2020 and end of May 2020, the outcome of the appointments including:

- If a NP or FU or consultation
- If the therapist felt that a full assessment had been achieved
- Opinions of the Pros and cons of virtual consultations
- Conditions they felt responded well to video consults and those that did not.

This data has been collated and outcomes presented. Recommendations have then been made.

Results: A total of 148 treatment sessions were recorded on the data base.

Of these:

- 63 – NP appointments
- 85 – FU appointments.

Was a full assessment achieved:

- 26% – felt to have been able to provide a full assessment
- 64% – partially achieved with some components of the assessment and treatment lacking

- 10% – not appropriate for a virtual consultation.

Pros and cons documented by therapists included:-

Pros:

- Save on travel time for patient
- More time to ask questions in own home
- Families cannot forget to bring equipment to appointment
- Prevents missing school time
- Assessment and treatment can be quicker
- Patient was more compliant with assessment in their own environment

Cons:

- Video quality can be poor
- Technical difficulties with connection
- Security
- Unable to build a rapport as easily
- Lack of space for assessment
- Lack of equipment
- Unable to give hands on treatment
- Unable to observe subtle patient behaviours and body language
- Parents with busy /noisy household – lack of concentration and leaving the room

Patients appropriate for video consultations

- Hypermobility
- mobility assessment/progression
- brace check/change
- exercise programme review/progression in between F2F
- straightforward assessments/treatment techniques
- straight forward post op ROM/function/mobility progression

Patients not appropriate for video consultations

- JIA- initial/symptom flare
- back pain-treatment sessions
- return to sport testing
- complex pain-CAMHS assessment
- guidance/support withy decisions about surgery
- CP (neuro/ortho) – hip patients
- TMJ
- Myofascial release
- stress incontinence
- children under 5
- autistic children
- language barriers

Conclusion(s): This review of data shows that therapy staff feels that virtual consultations do have a place within our physiotherapy practice.

We have managed to highlight conditions that respond well to virtual session and those that do not.

This list has enabled us to change/evolve our practice and continue to provide virtual clinics for appropriate patients and those that respond well to virtual sessions.