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paramount importance to further reduce the burden of long term MSK conditions. This may be enhanced with utilising patient activation measures pending further research.

**Impact:** Upskilling MSK clinicians with advanced communication skills for MECC brief interventions will enable the identification of unhealthy lifestyle behaviours and offer effective signposting in primary care. This has implications for undergraduate curriculums to better prepare the workforce for evidence based behaviour change thus reducing the cost and healthcare burden.

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### Pelvic health physiotherapy delivered via telehealth for patients presenting with pelvic organ prolapse and urinary incontinence



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**Keywords:** Pelvic Health Physiotherapy, Telehealth, Service Delivery

**Purpose:** During COVID-19 pelvic health physiotherapy had to change the delivery mode of their appointments to primarily telehealth provision compared to the previous service delivery of all face to face appointments. It was perceived that telehealth would provide equitable results in symptom improvement as measured by the Clinical Global Improvement Scale (CGIS) on discharge via this assessment and treatment method, this is despite not being able to perform an objective assessment of the pelvic floor muscle as would be done in previous service delivery.

The aim of the service evaluation was to identify if pelvic health physiotherapy was as affective via telehealth as previous service delivery for patients referred with Urinary Incontinence (UI) and Pelvic Organ Prolapse (POP).

**Methods:** Patients were included if they had only received physiotherapy via telehealth from the 1<sup>st</sup> April 2020 and were referred with POP or UI. On discharge between September 1<sup>st</sup> 2020 and March 31<sup>st</sup> 2021 patients were verbally asked the CGIS which requests people to rate their improvement on a 7 point scale from “very much better” to “very much

worse”. The data was collated and compared against results of the CGIS obtained during a previous audit in 2019/2020 for patients presenting with POP and UI. Descriptive statistics were used to analyse the data.

**Results:** There were a total of 118 that fitted the inclusion criteria. The mean number of appointments was 6.9 compared to 3.3 appointments with previous service delivery. There were 29% of patients who reported that they were “very much improved” following treatment via telehealth compared to 42% with previous service delivery. 30% of patients reported that they had “minimal” or “no improvement” from physiotherapy via telehealth compared 19% with previous service delivery.

**Conclusion(s):** Whilst there is a proportion of patients that found telehealth beneficial for the treatment of UI and POP, data shows in comparison to previous service delivery that less patients reported that they were very much better from physiotherapy and more patients reported that they had minimal improvement or no improvement with a telehealth predominant service. Telehealth was also deemed to be less efficient with on average patients required twice the number of appointments compared to previous service delivery. With physiotherapy being the recommended first line management for patients presenting with UI and POP (Nice Guideline 123) it cannot be recommended that this is delivered predominantly via telehealth.

**Impact:** With redevelopment of service delivery in a post COVID environment it must be taken into consideration that for patients presenting with POP and UI that being able to perform a comprehensive objective assessment may influence the outcome of patient treatment. There is a percentage of patients that responded well to treatment via telehealth and the option to provide this method of service delivery is important to maintain and can be part of the shared decision making process. However the results of the service evaluation show that patients perceptions of symptom improvement as measured via the CGIS with pelvic health physiotherapy via telehealth is not as effective as previous service delivery.

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### Physiotherapy staff experiences during COVID-19: A service evaluation, framework analysis and recommendations for a future physiotherapy service



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**Keywords:** Covid-19; Lived experience; Framework analysis

**Purpose:** COVID-19 has resulted in unprecedented change for our physiotherapy service in Aneurin Bevan University Health Board (ABUHB). Prior pandemics have indicated that the effects of a pandemic for health care workers occur immediately and also in the long term following a pandemic. There have been many assumptions in the research regarding how Physiotherapists may be feeling, but a lack of formal exploration, however it is suggested that lived experience is the only way to achieve true insight in an unknown domain such as COVID-19. Prior to COVID-19, there was a call from the Welsh Assembly Government to directly involve workers in decision making through co production however a lack of implementation. In order to learn about covid-19 and its effects on physiotherapists, and also in an effort to use their insight to inform system change, we set to explore their experiences whilst working in the pandemic.

**Methods:** We used semi structured interviews to explore 30 Physiotherapy staffs' experiences of working during COVID-19, and their future thoughts for Physiotherapy service provision in Aneurin Bevan University Health Board. The data collected was analysed in a framework analysis, against a theoretical model for creating meaningful change following COVID-19.

**Results:** Some themes generated correlated with the theoretical framework (see RSA 'creating meaningful change following COVID-19') however some themes clearly did not. The latter themes made up a second major theme titled reflections. This contained reflections in reference to the participants themselves, their colleagues, their patients and COVID-19. Themes that correlated with the theoretical framework included processes that should end: PPE, some of E-Health and redeployment, Amplify: collaboration, time, staff wellbeing, E-health and driving change, Let Go: task driven care, segregated site working and Restart: full service provision. The result was the generation of a new framework shaped for future service provision in ABUHB

**Conclusion(s):** ABUHB Physiotherapy staff experiences of working during COVID-19 can inform system change, namely consideration of future physiotherapy service provision during COVID-19. The themes generated provide an overall insight of the experiences of physiotherapists working in COVID-19 and provide topics for further exploration in this previously relatively unknown topic.

**Impact:** The simplistic methodology used has not been previously used in this directorate, where there has traditionally been a strong favouring for quantitative styles of study, despite our heterogenous population. It has demonstrated the quality rich nature of data derived from interviews and the benefits of involving stakeholders in decision making. Since this work, this methodology has been repeated in more deductive evaluation of some of the themes derived, and expanded to other stakeholders to include patients.

It has provided our management team with insight of what staff have endured. It has given insight into rapid changes that

have had to occur during covid-19, and their conventional effectiveness.

It has provided Physiotherapists with a chance to identify and discuss their emotions, which in itself has acted as an intervention and a prompt to consider staff wellbeing not only for the future, but in the immediate present

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### Role emerging placements demonstrate improvements in students' knowledge and confidence on the impact of health inequalities



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**Keywords:** Homelessness, Health inequalities, Placements

**Purpose:** Homelessness is on the rise in Britain with the latest statistics showing that there are over 320,000 people experiencing homelessness. People experiencing homelessness are often subject to a tri-morbidity of health issues that include physical health concerns, mental health concerns, and drug/alcohol misuse. A recent study by Gunner et al (2019) explored provision and accessibility in primary healthcare and recommended the incorporation of focused education for healthcare practitioners on persons who are homeless to improve quality care and reduce marginalisation. A role-emerging placement was the first step to create a lasting relationship and facilitate learning amongst healthcare practitioners.

**Methods:** The role-emerging placement took place within a shelter for persons who are homeless in Staffordshire U.K. There were five Physiotherapy students who met and spoke to shelter residents and staff before developing two placement-related deliverables. The two main deliverables for this project included educational resources for use within the shelter as well as the formation of a group written report. The project-based approach required students to work as a cohesive group to deliver high-quality outputs and this was done via a mixture of online and in-situ learning.

The role emerging placement was evaluated using a mixed-methods approach. The quantitative data was gathered using five-point Likert scales and summarised using median scores. Open-ended questions gathered qualitative data, and this was analysed by two authors using thematic analysis.

**Results:** The data demonstrated that students' knowledge of the health impacts of homelessness improved from a median score of 3 pre-placement to 5, post placements.