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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.

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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.

Further work does need to be looked into regarding patient satisfaction and preference so we can then implement these changes within our service according to patient need.

Impact: Once lockdown has ended we will continue to provide virtual clinics for appropriate patients.

Further work does need to be looked into regarding patient satisfaction and preference so we can then implement these changes within our service according to patient need.

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Implementing AHP job plans to provide equity and maximise service delivery



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Keywords: Job planning; Capacity planning; Professional development

Purpose: The NHS Long Term Plan 2019 committed NHS Trusts to deploy e-job plans & e-rosters by 2021. Facilitating trusts to report accurate planned capacity for each service. An additional benefit is that clinicians have a clear structure to their working week and can dedicate sufficient time to develop as clinicians across all four pillars of practice.

In July 2019 NHS England & NHS Improvement published advice for trusts to ensure that their approach to job planning for allied health professionals (AHPs) is consistent with best practice. We used this advice to develop a local job plan for MSK physiotherapists.

Methods: Based on NHS England's paper we created guidelines for what percentage of working hours each grade of staff within our MSK Outpatient team should be focusing on different aspects of their job role. The tasks undertaken in a working week are divided into: – Direct Clinical Care (DCC). Which can be further subdivided into: Direct Clinical Activity (DCA), i.e. 1:1 clinical contact or group intervention, and Clinically Related Activity (CRA), i.e. writing consultation notes, supervision, MDT and Supporting Professional Activities (SPA), i.e. teaching, research, CPD activities.

We remodelled our MSK service diaries around these job plan guidelines. We created a digital model templating each diary. This enabled equitable, transparent application of job planning across our department, and allowed us to accurately forecast service capacity.

Results: By implementing job planning we realised the following benefits:

Benefits for the service:

- Capacity shortfall/surplus identified early; which aids with business planning.

- Aligning available resources for maximum impact on patient outcomes
- Improves patient safety & care quality
- Aids staff recruitment and retention – enables workforce & service to provide best and most efficient care.

Benefits for the workforce:

- Transparent, equitable guidelines for job planning across the service improves fairness and equity.
- Recognition and protection of non-patient facing activities we provide adds value to staff and ultimately the patient and service.
- Makes workload management more meaningful

Conclusion(s): Job plans are essential for services to plan capacity and give staff a clear structure to their working week. Adoption and spread of standardised job plans for Allied Health Professionals has been poor. Job planning in out patient physiotherapy services has traditionally been driven by capacity with CRA and SPA built in as an afterthought. National guidance now gives us a structure to build these important activities into peoples job plans and protect them. We have built a digital tool that streamlines this process and provides a quick and easy way to ensure equity and transparency.

Impact: Transparent, equitable job planning allows us to deliver our service more effectively and staff have a clear structure to their week to plan their CRA and SPA better.

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Is DrGoniometer a valid tool for measuring joint range, thus enhancing the evolution of a contemporary MSK physiotherapy practitioner?



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Keywords: Remote practice; Range of movement; Validity

Purpose: Assessing joint mobility is a vital element of MSK care, as findings can be used to identify pathology or dysfunction, guide treatment plans or evaluate the effect of a treatment. For over 50 years, the Universal Goniometer (UG) has been the most widely used tool in measuring range of movement (ROM). Studies have found the simplistic protractor device to be both reliable and valid, however recently apps (used via a smartphone or tablet) for measuring ROM have been introduced as an alternative. One such app is 'DrGoniometer', designed to measure ROM through the use of a virtual goniometer on top of a photographic