



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

This content is also uploaded and shared on the website ‘MSK Hub Evidence Base for AHP’s’. Physio’s are able to access previous resources using the ‘watch, listen and read’ tabs on the website. The content ranges from journal articles to podcasts and patient resources. Clinicians share the collective responsibility of contributing to the resource, facilitating the development of their peers.

Physiotherapists now have easy access to the latest evidence base in a concise format, thus facilitating a consistent and evidence-based approach to patient care.

This resource has been delivered with no additional costs to the service in terms of staffing or funding.

Results: Service evaluation was completed in 2019 and 2020 at the one- and two-year milestones with widespread appreciation and recognition for the resources value. In response to the service evaluation and a recognition of the projects value from leaders within the organisation it was extended to a national roll out.

Conclusion(s): We recognise that providing the most appropriate treatment and support to patients is reliant on clinicians having access to the latest evidence based resources. This innovative resource offers the opportunity for shared learning, development, discussion and debate. As clinicians strive to apply this learning into their daily practice they work towards the goal of providing patient’s access to the right care at the right time. The resource began with 2 physiotherapists who shared a vision and is now on the verge of being accessible to all physiotherapists across Scotland. Future work will focus on continuing to deliver the latest contemporary practice resources to physiotherapists and embedding a culture of shared learning for all.

Impact: The resource has expanded far beyond its initial format of a monthly email, broadening its scope and reach since its introduction. This project has been extended across Lothian and is now being delivered on a national platform. It has grown to become an interactive resource that provides clinicians with new knowledge and skills whilst also embedding a culture of peer support and shared learning. Now including guest editorials from advanced practitioners and embracing technology to offer interactive Q& A sessions on Microsoft Teams. This work demonstrates the way a seed of an idea can have far-reaching and transformative effects when clinicians are truly engaged with the process.

Funding acknowledgements: No funding was required for this project.

<https://doi.org/10.1016/j.physio.2021.12.045>

P040

Outcomes of an exercise medicine programme for patients undergoing cancer treatment and its adaptation to a virtual model during COVID-19

J. DeVile^{1,*}, L. Guy¹, C. Clark², S. Thompson³, P. Roy^{1,4}

¹ GenesisCare, Windsor, United Kingdom

² GenesisCare, Cambridge, United Kingdom

³ GenesisCare, Elstree, United Kingdom

⁴ Oxford University Hospitals NHS Foundation Trust, Oxford, United Kingdom

Keywords: Exercise; Cancer; Virtual

Purpose: Exercise is associated with significant improvements in quality of life. The need to implement Exercise Medicine Programmes within the cancer continuum is imperative. Our aim was to assess the impact of a supervised, individualised 12-week exercise regime delivered by the physiotherapist and personal trainer teams for patients undergoing cancer treatment and its adaptation to a virtual ‘App’ based model during a global pandemic.

Methods: A 12-week exercise programme was offered to men and women at all stages of their disease concurrently whilst they were receiving chemotherapy and/or radiotherapy treatment.

All patients were assessed at baseline using validated Patient Reported Outcome Measures (PROMS) and the One Repetition Maximum (1RM) muscle strength testing if appropriate. An individualised exercise regime was created, and supervised sessions offered twice a week for 12 weeks in purpose-built Exercise Clinics located within each cancer centre.

During the COVID-19 pandemic patients completed a hybrid model with a mix of supervised sessions whilst attending the centre for treatment, and weekly home sessions supported by a purpose-built GenesisCare Exercise Medicine Application (App) on completion of their cancer treatment.

On discharge 12-weeks later, the same outcome measures were repeated to assess for any change.

Results: One hundred and eleven patients participated in the multi-centre supervised pilot from August 2018 to February 2020. 53% patients attended >90% of exercise sessions. 65% reported improvement in physical function, 50% in social functioning, 61% in anxiety levels, 52% in depression levels and 73% in fatigue scores. Re-evaluation of muscle strength showed 98% of patients demonstrated an improvement in leg press 1RM with an average improvement of 40%.

During the COVID-19 pandemic, complete datasets were obtained from 67 patients from the hybrid model over 6 months (March–September 2020). 54% adhered to the prescribed protocol. 63% reported improvement in physical function, 42% in social functioning, 54% in anxiety lev-



els, 64% in depression levels and 62% in fatigue scores. Re-evaluation of muscle strength showed 80% of patients demonstrated an improvement in leg press 1RM with an average improvement of 33%.

Conclusion(s): The Implementation of an Exercise Medicine Programme resulted in statistically significant improvement in PROMS in both the supervised and hybrid models. Muscle strength showed greater improvements in the supervised model and this could be due to inaccessibility to heavier weights at home. The App based exercise prescription and monitoring platform enabled our service to continue when many services came to a halt. Our experience has shown that it is feasible and effective to implement exercise programmes alongside cancer treatment.

Efforts need to be put in place to engage stakeholders, patients and other organisations to help implement this essential service. Wider psycho-social and economic benefits of such interventions are difficult to measure but need to be acknowledged.

Impact: Our experience has paved the way for exploration into different models of Exercise Medicine Programme delivery with potential to stratify patients according to their individualised needs. A greater number of patients were reached/supported and new models for delivering exercise programmes were established, and shown to be effective.

Funding acknowledgements: This work was not funded.

<https://doi.org/10.1016/j.physio.2021.12.046>

P041

Patient and staff satisfaction of physiotherapy delivered remotely during the COVID-19 pandemic: A service evaluation



C. Sothinathan*, M. Barcellona

King's College Hospital NHS Foundation Trust, Physiotherapy, London, United Kingdom

Keywords: Digital; Transformation; Telemedicine

Purpose: To gain feedback from patients and staff on their experience of TM, to guide future modes of physiotherapy delivery.

Methods: Patient and staff satisfaction questionnaires were written and approved by the patient experience team at King's College Hospital NHS Foundation Trust. Multiple choice questions with free text for comments, were administered using SurveyMonkey. The patient satisfaction survey was offered to all patients who received a video consultation (VC) for physiotherapy (all specialities) via Attend Anywhere. The survey link was added to post consultation emails to capture feedback of telephone consultation (TC). The staff satisfaction survey was sent to all physiotherapy staff via email.

Results: Patient satisfaction data was collected between 03/07/2020 and 12/08/2020 with 328 responses, which represents a response rate of 27%. 96% of responders selected that their TM consultation experience was either 'very good' or 'good'. 88% felt 'completely' involved in their care. 43% selected that TM was 'much better for me' or 'better for me' compared to face-to-face, with 18% selecting 'worse for me' or 'much worse for me'. 80% of VC versus 38% of TC responders were 'extremely likely' or 'likely' to want to have VC or TC, respectively, in the future. Free text patient quotes include "received same quality of care as an in-person appointment" and cited benefits of TM included saving time and money on commuting, convenience and feeling safer during COVID-19. Patient cited disadvantages of TM included being left in the virtual waiting area, and preferring face-to-face due to "hands on".

Staff satisfaction data was collected over 2 weeks with a response rate of 78% (25 clinicians and 4 administrators). Staff reported TM benefits, such as improved clinic utilisation, increased flexibility during clinical sessions with complex patients and opportunities to work remotely. 90% of staff want to offer a blend of face-to-face and TM post-COVID-19. Staff reported higher quality of assessment using VC compared to TC.

Conclusion(s): High levels of patient satisfaction with TM were reported. These data included responses from patients who received TM and may not be representative of the population, including those less likely to access TM due to lower digital literacy or disabilities. Collation of data during the COVID-19 pandemic may have affected responses.

We recommend that administrative support and training for patients to improve digital literacy be available, and that virtual receptionist be used to monitor the video platform waiting area. Patient expectations, adequate staff training, and the monitoring of staff wellbeing need to be considered.

Impact: Given that patients and staff appear to demonstrate satisfaction with TM as a mode of delivery for physiotherapy services, VC and TC should be considered as part of enhanced triage and for those whose needs can be met remotely. Further study post-COVID-19 may be beneficial to assess patient and staff satisfaction of a 'virtual first' approach.

Funding acknowledgements: This project was internally funded and no additional funding was received.

<https://doi.org/10.1016/j.physio.2021.12.047>