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Increase job satisfaction and retention of the AHP workforce.

Funding acknowledgements: N/A

Keywords: Support worker, Implementation, Capacity

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Starting an aqua class: improving the link between hydrotherapy and local aqua services

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Purpose: Literature reports improvement in MSK function, pain, and quality of life for patients attending group aqua exercise (Enblom, 2016; Fiskén, 2016; So, 2021; Gandomi, 2022). Existing hydrotherapy provision at Ashford and St Peter's Hospitals (ASPH) is 4, 30min, sessions in a 4:1 patient to physio model facilitating tailored exercise. Patients are encouraged to continue independently with aquatic exercise via an exercise referral scheme. Despite this, many struggle to transition to community-based aquatic exercise. Instead, often rebooking a 1:1 review with their land-based physio. The introduction of an aqua class aimed to:

- Improve patient satisfaction of hydrotherapy at ASPH
- Improve patient transition between hydrotherapy and community-based pool exercise
- Improve the efficiency of hydrotherapy services and follow ups within the MSK department

Methods: Patients with aqua based goals are enrolled in a 6-week rolling 30-minute aqua aerobics style class led by an MSK physio. The intervention is a follow along class to music and includes cardiovascular exercise, strength, balance and mobility exercises. MSK HQ scores are collected from patients prior to the first class and after their final class. A qualitative survey is also completed by patients at their final class. Patients' plans following the class are recorded as either self-managing or 1:1 follow up with a physiotherapist.

Results: There were 34 patients registered for the aqua class between 10/8/23-21/3/24. 18 patients have currently completed the class, 5 did not complete their final session of the class and 11 are still to finish the class.

Introduction of the aqua class has increased hydrotherapy provision within the MSK department by 20% and 78% of patients who attended the class are now self-managing their conditions. Analysis of the initial data

shows that the mean MSK HQ scores improved by 28.5% and the average score was 9.5/10 when patients were asked how much they enjoy the aqua class. 78% of patients reported they intend on continuing with aqua based exercise in the long term. Qualitative feedback includes improvements in exercise confidence, mobility, function and well-being.

Conclusion(s): The initial data suggests the aqua class may be successful in fulfilling its objectives. Limitations include a lack of a longitudinal arm which means long term engagement in aqua based exercise cannot be assessed. However, patients report they enjoy the class and find it beneficial in improving their MSK symptoms and function, in addition to the class increasing capacity of hydrotherapy services at ASPH and encouraging a greater number of patients to self-manage their MSK conditions.

Impact: Introducing an aqua class has potential to increase service provision of aqua based physio whilst improving patient satisfaction and promoting self-management. This class fulfils NICE guidance on offering group-based exercise and may influence the services MSK departments offer to their patients.

Funding acknowledgements: n/a

Keywords: Hydrotherapy, Aqua, Leisure Centre

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Exploring physiotherapy management for urinary incontinence in postpartum women: a scoping review

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Purpose: The aim of this scoping review is to consolidate existing evidence regarding physiotherapy management of urinary incontinence (UI) in postpartum women. The primary objective is to identify key themes within the existing evidence base pertaining to management of postpartum UI. The secondary objective is to identify knowledge gaps and provide future recommendations for physiotherapists in clinical practice.

Methods: A scoping review was conducted following the guidelines by Arksey and O'Malley (2005), further supported by Levac, Colquhoun and O'Brien (2010) to examine emerging evidence in the field. 4 databases (Science Direct, Web of Science BIOSIS, PubMed, Medline, ProQuest Science Journals) were searched

between March 25th and 26th, 2023. Articles were screened and selected based on criteria determined by Sample, Phenomenon of Interest, Design, Evaluation, Research Type (SPIDER) tool. Studies were included if they explored clinical interventions targeting UI in postpartum women, including qualitative, quantitative and mixed-methods data.

Results: Seven studies were retrieved, four which were randomised controlled trials (RCTs), one non-RCT, and two cohort studies. The interventions took place during the antenatal and postpartum period, mainly focusing on pelvic floor muscle training (PFMT). Results suggest that PFMT during the antenatal and postpartum periods is an effective intervention for the prevention and management of UI in postpartum women, however, a longer follow-up period would be beneficial to determine the longevity of PFMT.

Conclusion(s): This review has demonstrated the necessity of implementing PFMT as feasible management of UI in postpartum women in physiotherapy practice. It was found that PFMT on postpartum UI improvement were statistically significant, although effectiveness depends on clinician approach and patient adherence. With focus on education of the pelvic floor and instructional cueing, this can increase women's self-efficacy leading to higher adherence and better outcomes. A further call for more research is warranted to ascertain whether PFMT continues to be effective after the first 6 months postpartum, as well as to develop guidelines while considering the biopsychosocial complexities of UI, which can help physiotherapists' shift away from assessing only biomedical factors.

Impact: The findings of this review can help in designing the necessary interventions for management of postpartum UI: specifically, when assessing, treating, and improving patient education to better support women through the complex postpartum period. Physiotherapists have a duty to provide correct training to their patient and individual needs must be addressed to understand all aspects. With a combination of physiotherapists' awareness of their role, patient education, and individualised management plan for postpartum UI, these recommendations can optimise patient adherence leading to more effective improvements.

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Keywords: urinary incontinence, postpartum, pelvic floor muscle training

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Mid and South Essex Long COVID Service - continuous innovation through co-production and community outreach

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Purpose: Our evaluation told us we needed to:

- Re-design our patient pathway, making it clear but flexible, to meet the needs of individuals with unique combinations of symptoms.
- Develop a multidisciplinary approach, treating patients holistically rather than their individual symptoms
- Embrace co-production, harnessing the power of people with lived experience of Long COVID
- Case find in the community,

Methods: With the NHS Co-production Model as our guide, we recruited a co-production expert, who then invited our most vocal patients to join our co-production group. They told us they wanted better communication and patient interactions, the right information at the right time early access to symptom management tools.

ONS data indicated that only 10% of people with long-term Long COVID symptoms had been referred, so we utilised an existing vaccination van to visit hard-to-reach/deprived areas where people are less likely to access health services.

We reviewed all aspects of the service. For example, patients told us our way of gathering feedback was too challenging, so we used Microsoft Forms to design an easy-to-use online feedback form that adapts to different devices.

Results: Our Co-production Group has been involved in re-designing the patient pathway, information leaflets, discharge letters and feedback forms. The Concepts Group, which gives earlier access to basic symptom management tools, was their idea. In the first twelve months, 332 patients attended the group. On average, patients now attend the Concepts Group within two weeks of initial assessment.

Several clinicians, referred as patients, unfit for work, joined the team following treatment.