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**South London MSK Physiotherapy Digital Solutions Learning Event**

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# Executive Summary

On Friday 4 September 2020, the Health Innovation Network (HIN) hosted the South London Musculoskeletal (MSK) Digital Solutions Learning Event. This online event brought together MSK physiotherapy professionals from across south London to discuss the benefits and factors to consider in the implementation of digital solutions in MSK services across the area. The event started with highlighting some successful applications of digital solutions in MSK services across south London and was followed by guided conversations on the need for digital products in MSK services and the experiences of MSK clinicians in the implementation and adoption of these products.

The discussions showed there is an interest amongst MSK clinicians and some excitement about the opportunities that digital platforms provide for MSK services. They are keen to take advantage of these opportunities and not to lose momentum. With the right support, they feel that now may be the right time to make some changes in the way they deliver care and offer more choice to their patients.

However, there are also some issues to be addressed in the implementation of digital solutions. Clinicians have concerns about the training they need to select the right apps and how to teach their patients to use them. Issues have been raised about safeguarding concerns and risk assessments which may become problematic when working with patients remotely or virtually, or when signposting them to an app or a YouTube video. Some physiotherapists consider that assessments require “hand-on” approach that cannot be replicated by digital solutions. All these concerns and issues need to be addressed and actions taken to ensure that implementation of digital solutions are safe and robust in delivering MSK services.

With the backdrop of the Covid-19 crisis, this could be the ideal time to address these concerns. Taking some of the next steps, as outlined above, towards introducing more digital solutions into MSK pathways and adapting these clinical pathways in order to achieve the full potential that these digital solutions offer to both patients and professionals.

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# Introduction

On Friday 4 September 2020, the Health Innovation Network (HIN) hosted the south London Musculoskeletal (MSK) Digital Solutions Learning Event. This on-line event brought together MSK professionals from across south London to discuss the benefits and factors to consider in the implementation of digital solutions in MSK services across the area. The event started with highlighting some successful applications of digital solutions in MSK services across south London and was followed by guided conversations on the need for digital products in MSK services and the experiences of MSK clinicians in the implementation and adoption of these products.

# Background

The number of digital products for use in MSK NHS services has grown rapidly over recent years and there are now solutions available for everything ranging from virtual assessment of patients’ MSK needs to virtual clinic solutions which integrate appointment making systems with patient notes. With the added pressure on the outpatient system to keep patients at home where possible due to the outbreak of Covid-19, these innovative solutions are becoming increasingly important for the delivery of MSK services to a wide range of patients, and particularly those with less intensive needs who, with the right guidance, are able to manage their symptoms from home and undertake guided physiotherapy exercises.

This event sought to discuss the new technology available to the NHS to support these aims, and to gain insight from clinicians and managers on the incentives and barriers to implementing new pathways and solutions, including:

* Outcome measures.
* Running virtual classes.
* Staff working from home.
* DNA rates.
* Risk assessments and safeguarding.
* Self-referrals.
* Digital readiness.
* Patient feedback.

Presentations from case studies in the use of digital solutions in MSK services included:

* Sarah Jones and Ben Wanless, MSK Physiotherapy Department, St George’s University Hospital: *Virtual MSK Management in the context of Covid- 19*
* Jennifer Morehouse, Specialist MSK Physiotherapist, Queen Elizabeth Hospital: *MSK in a virtual world- Using Attend Anywhere*
* Christina Sothinathan, Clinical Lead Physiotherapist, King’s College Hospital: *Rolling out telemedicine in therapies*

# Group discussions

The second section of the event was a series of group discussions using the ‘break out room’ function in Zoom with a focus upon four points: excitements, worries, needs, and suggestions on their experience of using digital technology in MSK services.

# Overview- MSK Digital Solutions

From the presentations, there were three themes identified:

* Online assessment.
* Virtual clinics.
* Online self-management tools.

A common thread across all three themes was the ability to manage administration of the services and to integrate information from the digital solutions into the electronic patient records. Below details the summary of the presentations and participants’ feedback.

## Virtual Assessments in MSK

Some MSK physiotherapy teams are moving towards self-referral and assessments to gather information from the patient which bypasses the need for GPs to make the referrals to secondary care MSK services. However, the clinical triage processes need to exclude red-flags and other pathologies before accepting patients through this self-referral method. There are several apps available which take patients through a series of questions using artificial intelligence (chat bots), leading to an assessment and triage which can be sent to the physiotherapist, who can then determine the best course of action for the patient.

## Virtual engagement / exercise classes in MSK

Virtual clinics for MSK patients range from:

* Individual online sessions between the physiotherapist and the patient.
* Video consultation software for patients to participate in live group exercise classes conducted over platforms like Zoom.
* Pre-recorded exercise sessions which can be played back via YouTube.

Some of the advantages of these types of exercise classes over traditional face-to-face groups include the ability for patients to fit them in around their schedules (particularly with pre-recorded classes) and the reduction in travel time. In the current Covid-19 climate this could reduce the risk of infection transmission.

The presenters reported that some patients have expressed frustration as they feel that the virtual classes are less motivating, but overall feedback from patients has been positive. One concern with regards to a live exercise group was the potential for breaching patient confidentiality, as there is no way to control who may be watching the session in the patients’ homes during live sessions.

The participants expressed concern over the ability to complete accurate risk assessments and picking up safeguarding issues when patients are exercising at home. This had been addressed through robust assessment of individual patient’s suitability, next of kin / emergency contact details and the writing of standard operating procedures to be followed if a patient sustains an injury, fall or postural drop during classes. It was reported back that this could be easier for clinicians to manage during virtual face-to-face sessions, but the risk could increase with the use of downloaded YouTube videos as the patient is not being guided.

Some MSK services have also been offering telephone appointments alongside or instead of video consultations. In the presentation from St George’s University Hospital, the team there found 94 per cent of patients who had a telephone appointment would consider having one again, compared with just 36 per cent of patients wishing to have another video appointment.

## Self-Management of MSK conditions

There are a range of products which offer digital self-management of conditions, including shoulder, neck, elbow, hand, back, hip, knee and ankle pain that are available on the market today for clinicians to recommend which are supported by NHS England and NHS Improvement.[[1]](#footnote-1)

These digital solutions generally have a programme of activities for the individual to follow set over several sessions using instructions via video or animated demonstrations. They provide functionality for individuals to count repetitions, measure, and record progress. Some products allow for the progress to be sent back to the clinical teams to add to patient records and will also flag any problems or inconsistencies. The presentation from St George’s University Hospital suggested that there is significant unmet need for interventions designed to enhance self-management and exercise adherence. Digital interventions have several advantages as they can incorporate features designed to increase adherence to exercise, such as coaching, self-monitoring and education, as well as remotely monitoring usage and adherence rates in a more objective way[[2]](#footnote-2).

# Overview of discussion

The use of an exercise app alongside reminder phone calls and text messages was found to enhance exercise adherence amongst MSK patients. The event’s participants reported that the use of digital solutions to aid in triage and assessment can reduce the need for patients to attend clinics for more minor issues, freeing up clinicians’ time to deal with more complex conditions.

However, the participants reported that from their experience the use of digital technology is not without its challenges. There are both technical and physical space challenges to be considered and mitigated against before introducing digital technology into MSK services including:

* Digital readiness - do their patients have the correct hardware, access to data and digital skills to use technology?
* Physical issues can include the location of clinicians to undertake virtual consultations - can they set up in an appropriate location for video consultations or running virtual classes?
* Is the space appropriate for the activity they need to undertake, alongside meeting confidentiality requirements?
* Does digital technology allow for safeguarding concerns to be raised and robust risk assessments undertaken?
* Training is required- both for clinicians to use the digital solution and be able to train their patients to use them properly.

A significant challenge raised was the guidance and training for MSK teams to understand and feel confident in assessing digital solutions on the market when choosing which digital solutions that meet the needs of patients and their teams. There is a huge range of digital technology available and clinicians feel that they might not have the right skills to select the best product. Guidance is required on choosing solutions that record the best clinical outcomes with relevant measurements (including collecting patient feedback).

Following the wider discussion, the group work generated further insights:

## Excitements: What excites you about implementing digital products in your MSK service? What are the positives?

The participants viewed the increase in demand for digital solutions as a positive outcome of the Covid-19 crisis. Positive outcomes included:

* Flexibility: Increased working from home has created new working options for clinicians.
* Reduction in DNAs (Did Not Attends – where patients do not attending their appointment): This could be due to patients not having to travel to face to face appointments and flexibility with their appointment times (fitting in better with their other commitments such as work).
* Feedback: Patients have commented on how much they enjoyed the virtual experience in particular the positive feedback on online exercise classes.
* Opportunities: The digitalisation of their work routines provided an opportunity to streamline services. There was also a greater ambition that digital technology will help link up existing aspects of the service that are currently not connected, including referral and triage, patient records, and the data captured by self-management apps.
* Digital: There was a view that digital solutions offered a better experience for patients and staff with the flexibility it offers listed as a key factor.

## Worries: What worries do you have about implementing digital products? What are the negatives?

Concerns raised included:

* + - * The technical glitches and a lack of interoperability – participants reported frustrations when the new digital products are not linked into existing electronic patient recording systems and the data does not move seamlessly across digital platforms.
      * Questions over the legal aspects of confidentiality and data security as many of the digital products were developed in the US and therefore would they be compliant under General Data Protection Regulation (GDPR) regulations?
      * View that their IT teams lacked a technical understanding of the digital products being used.
      * Trust’s website updates and functionality were not always optimal for the digital solutions to work properly.
      * If any platforms required social media interaction, some NHS Trusts had restrictions on social media use on their workplace computers.
      * Issues around the space required to provide online consultation - both the confidentiality issues and simply the noise issue of multiple professionals sharing an office whilst attempting to do online consultations.
      * Issue over how do clinicians keep patients involved and activated in using the digital solution.
      * A more “analogue” concern was that there is an expectation that physiotherapy is a “hands-on” activity and some patients found it difficult to understand how a clinic could be conducted without being face-to-face with the physiotherapist. The physiotherapists themselves explained that being able to ‘touch’ patients is an integral part of their job and a key element of the way they worked clinically. They were having to adjust to delivering care without ever touching their patients.
      * As the intensive nature of back-to-back video calls was more draining for some staff than running face-to-face clinics, services need to consider staff morale and purposefully build in wellbeing breaks from screens.

## Needs: Where is there a need for digital products in your service? What else would you like to know/find out about implementing digital products?

The general feeling was that all staff were suffering from ‘information overload’ in selecting MSK digital solutions due to significant number of relevant products on the market. They needed training and guidance to help them understand how to assess which product to use. This could be resolved with simple information on each digital solution, providing their features, functionality and which services they are appropriate to be used within eg digital solutions for organising group classes, digital resources that help people self-manage or exercise independently between appointments etc.

## Suggestions: What suggestions/recommendations do you have for digital products?

Suggestions from the participants for improvements include:

* Virtual platforms which offer both video and phone consultations - not restricting patients and physios to choose a different platform for each communication method.
* A central repository for digital resources for MSK which could be shared across Trusts and include resources for patients to self-manage between appointments.
* Demonstrations of specific digital products they were aware of but not seen working in practice.
* Guidelines to be shared from physiotherapists who have successfully set up online courses using Microsoft Teams or Zoom to help others setting up new online classes.

# Next Steps

Following on from the group discussions, there were some clear priorities emerging including:

* Common request for support, guidance and training around the selection and commissioning of digital solutions for MSK teams.
* Information listing a wide variety of digital products that are certified and ready for adoption in the NHS, including descriptions of functions, suitability for different patient groups, costs, etc into a single document to help with selection of appropriate solutions.
* A central repository where physiotherapists could exchange and share the presentations, guidelines and patient information documents as they move to virtual care.
* Guidance and recommendations around confidentiality, risk assessment and safeguarding in virtual care.
* Guidance on collecting metrics and patient feedback within digital solutions and how to use this evidence to assess the efficacy of the various digital platforms.

# Conclusion

The discussions showed there is an interest amongst MSK clinicians and some excitement on the opportunities that digital platforms provide for MSK services. They are keen to take advantage of these opportunities and not to lose momentum. With the right support, they feel that now may be the right time to make some changes in the way they deliver care and offer more choice to their patients.

However, there are also some issues to be addressed in the implementation of digital solutions. Clinicians have concerns about the training they need to select the right apps and how to teach their patients to use them. Issues have been raised about safeguarding concerns and risk assessments which may become problematic when working with patients remotely or virtually, or when signposting them to an app or a YouTube video. Some physiotherapists consider that assessments require “hand-on” approach that cannot be replicated by digital solutions. All these concerns and issues need to be addressed and actions taken to ensure that implementation of digital solutions are safe and robust in delivering MSK services.

With the backdrop of the Covid-19 crisis, this could be the ideal time to address these concerns. Taking some of the next steps, as outlined above, could help MSK services move towards introducing more digital solutions into MSK pathways and adapting these clinical pathways in order to achieve the full potential that these digital solutions offer to both patients and professionals.

1. As part of the MSK leadership group which also includes the British Orthopaedic Association (BOA), The British Society for Rheumatology (BSR), The Chartered Society of Physiotherapy (CSP), Versus Arthritis and Musculoskeletal Alliance (ARMA). [↑](#footnote-ref-1)
2. [Patient Involvement With Home-Based Exercise Programs: Can Connected Health Interventions Influence Adherence?](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5856927/)

   Rob Argent, Ailish Daly, Brian Caulfield; JMIR Mhealth Uhealth. 2018 Mar; 6(3): e47. Published online 2018 Mar [↑](#footnote-ref-2)