

QI-149 Increasing Referrals to the Children's Cerebral Palsy Strengthening Group

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November 2023

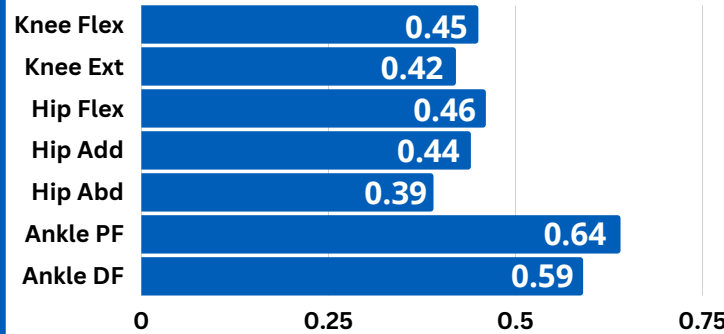


Coventry and Warwickshire Partnership NHS Trust

Project Aim: Increase the referral rate for the Cerebral Palsy strengthening group from 0% in March 2022 to 80% by September 2023.

Summary: A virtual group was set up in 2021 for children and young people with Cerebral Palsy. As Covid restrictions reduced there was a noted decrease in referrals and an increase in requests from parents to move the group from virtual to face to face. The project was initially set up in March 2022 to scope the barriers to referral and attendance and improve the referral rate into the group. Increasing referrals would mean that sufficient outcome measures could be collected to evaluate clinical effectiveness of treatment.

Average improvement in MRC scores



Patient feedback:

I loved being able to come and complete a group face to face.

I really enjoyed being able to come and interact with other young people with Cerebral Palsy.

It was really interactive and I loved the pedals!!

Measures:

- Referral rates
- Attendance rates
- Patient feedback
- Outcome measures pre and post group:
 - 6 Minute walk test (6MWT)
 - Medical Research Council scale for assessing strength (MRC).



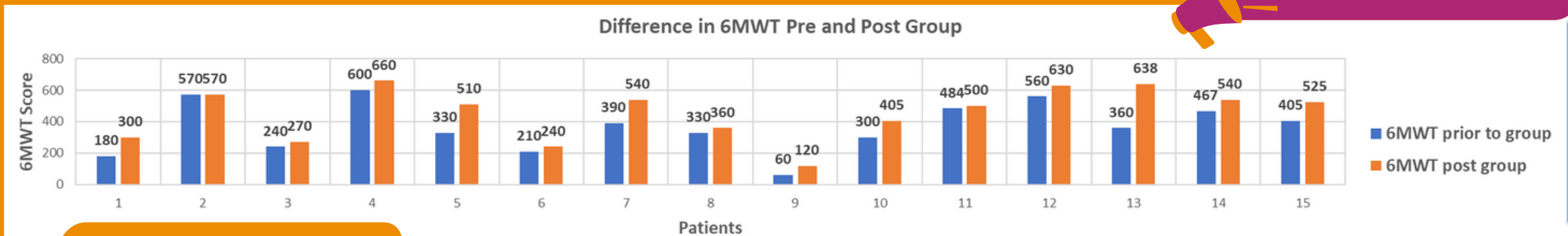
On average, children who attended the group showed a statistically significant increase in their 6MWT.

Outcomes Achieved:

- The referral rate increased to **81%** of the full capacity for the group.
- Attendance at the groups has enabled us to collect and compare data through outcome measures. These have shown **large clinical benefits which have been maintained** when 1 year post group outcome measures have been repeated.
- Average improvement in 6MWT scores for GMFCS 1 and 2 patients show a **statistically significant improvement** because it is an average change greater than 86 meters (as defined by M. A. Puhan et al*).
- The group has progressed to running face to face and since re-starting in January 2023 has successfully run with patients within each group and **referral rates above 50% maintained** in each cohort.
- All patient feedback has been positive.
- The average improvement in strength (MRC) showed **increase or maintenance in all areas** for each patient.

Next Steps:

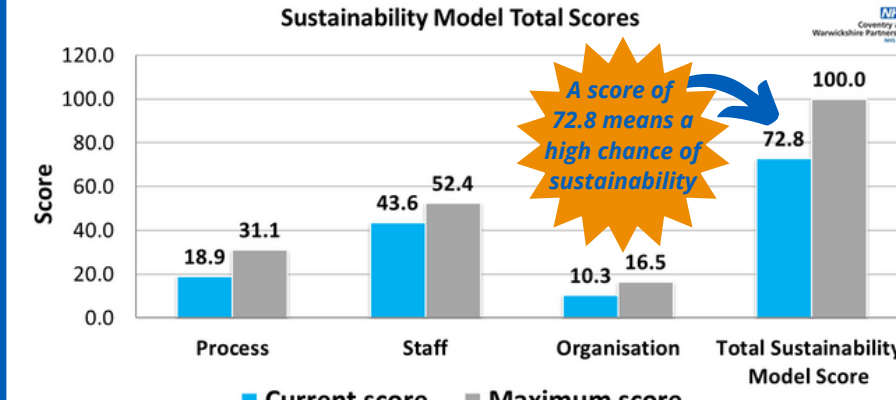
- The sustainability tool highlights the need to find a better way to share outcome data within the team to demonstrate the clinical benefit of the group.
- Ensure a written process around delivery of the group is in an accessible location for the Children's Physiotherapy Team.
- Evaluate patient feedback and complete formal patient feedback surveys.
- Review the current staffing recommendations for delivery of the group. Exploring use of the support workforce and accompanied training.
- Review sustainability in 12 months time.



The improvements were sustained at 1 year following completion of the group.

Change Ideas Tested:

- Create and circulate an information leaflet for staff
- Expand the referral criteria for the group to include the post botox and serial casting pathways.
- Move the group from virtual to face to face.
- Create a designated waiting list
- The therapists who run the CPIP clinic were asked to consider the group as their primary treatment option.



Benefits:

- Seeing patients in a group rather than 1:1 has:
- Saved 18 hours of staff time per cohort (**108 hours of clinical time saved over the last year**).
 - Saved **£373.74** per cohort. This equates to **savings of £2242 over the last year and up to £2616 next year**.

QI Tools:

- PDSA Cycles
- Driver Diagram
- Sustainability tool.



* M. A. Puhan, M. J. Mador, U. Held, R. Goldstein, G. H. Guyatt, H. J. Schünemann (2008). Interpretation of treatment changes in 6-minute walk distance in patients with COPD. *European Respiratory Journal* (32): 637-643.