



Feasibility of a physical activity pathway for Irish primary care physiotherapy services

Emer M. Barrett^{a,*}, Juliette Hussey^a, Catherine D. Darker^b

^a *Discipline of Physiotherapy, School of Medicine, Trinity College Dublin, St James's Hospital, Dublin 8, Ireland*

^b *Department of Public Health and Primary Care, Trinity College Dublin, Tallaght Hospital, Dublin 24, Ireland*

Abstract

Objectives To establish consensus on a physical activity pathway suitable for use by physiotherapists in Irish primary care. The physical activity pathway “Let’s Get Moving” was examined to agree recruitment criteria and seek consensus on component parts.

Design Modified Delphi approach which attempts to achieve a convergence of opinion, over a series of iterations. Three rounds of questionnaires were used.

Setting Primary care.

Participants 41 senior physiotherapists working in primary care for a median of 6 years (IQR 3.7 to 8.5).

Main outcome measures Statements achieving consensus; defined as at least 70% of participants scoring a 6 or a 7, indicating high agreement, on a 7 point Likert scale.

Results The response rate was 98%. There was a high degree of consensus for many components of the pathway. Participants agreed that all patients attending physiotherapy should be eligible for recruitment onto the pathway as well as accepting referrals from other health professionals and direct access from the public. Private physiotherapists highlighted concerns about recruiting fee paying patients onto the pathway. The pathway should be integrated into other preventative and chronic disease programmes in primary care. Modifications to the original pathway included the use of a pedometer in addition to the General Practice Physical Activity Questionnaire. Training needs in physical activity screening and motivational interviewing, as well as additional staffing were identified to support implementation.

Conclusions The Physical Activity Pathway “Let’s Get Moving” was accepted as a clinically feasible resource to primary care physiotherapists with some modifications and with the support of additional resources.

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Keywords: Physical activity; Primary care; Physical activity pathway; Physical activity promotion; Physical activity screening

Introduction

The World Health Organisation ranks physical inactivity as the fourth leading cause of death globally and a leading risk factor for the development of non-communicable diseases (NCDs) [1]. In 2010 it was estimated that 87% of all deaths in Ireland were due to NCDs [1] and the number of Irish adults with a chronic disease is expected to rise by 40% between 2007 and 2020 [2]. Results from the national health survey

have found that only one-third of the Irish population are considered sufficiently active to meet physical activity (PA) recommendations [3]. In response to these challenges the Governmental Health Strategy has set a national target to increase by 20% the proportion of people undertaking regular PA by 2025 [4].

For over a decade health services in Ireland have been undergoing significant reform. This has seen the expansion of primary care services with increased focus on health promotion with the aim of reducing the onset of chronic disease [4]. As a result of these reforms, increasing numbers of physiotherapists are being employed in publically funded primary care services which offer additional opportunities to target PA

* Correspondence: Tel.: +353 1 896 2120; fax: +353 1 453 1915.

E-mail addresses: barrete@tcd.ie (E.M. Barrett), jmhussey@tcd.ie (J. Hussey), darker@tcd.ie (C.D. Darker).

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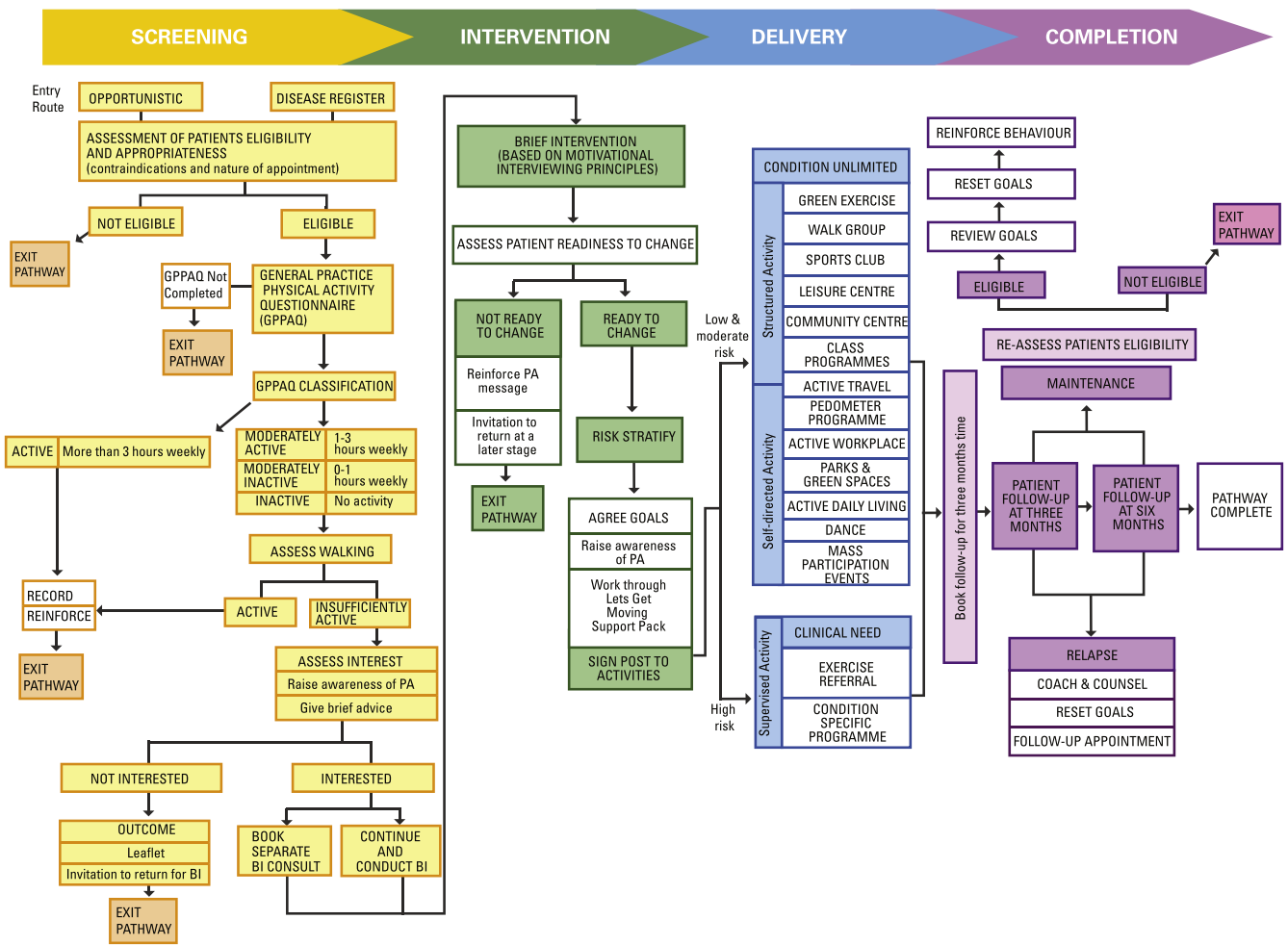


Fig. 1. Let's Get Moving Physical Activity Pathway.

in primary care. Public physiotherapy services are generally accessed directly by patients and in addition to this private physiotherapy services are available to fee paying patients.

Previous work has highlighted the need to establish a systematic and evidence based approach to screening and promoting PA within Irish primary care physiotherapy services [5]. Such an approach would seek to combine formalised screening methods, together with a number of recommended PA interventions and be applicable to the wide spectrum of patients seen in primary care. One method of doing this is through the use of a PA pathway.

The PA pathway “Let’s Get Moving” (Fig. 1) was developed by the Department of Health in England in collaboration with National Health Service London (NHS) and Natural England [6]. It is based on the National Institute for Health and Care Excellence (NICE) Public Health Guidance “Four Commonly Used Methods to Promote Physical Activity” [7]. This guidance, which was recently updated, endorses the use of brief PA interventions in primary care as being clinically effective and economically efficient in the long term [7,8].

The PA care pathway consists of five key stages; recruitment, screening, intervention, delivery and completion. It is a means of systematically recruiting and screening patients PA levels to determine if they are meeting the public health guidelines [9]. Individuals not meeting the guidelines are offered a brief intervention based on the principles of motivational interviewing and supported by other recommended strategies such as written materials and follow up appointments [8,10,11]. Based on their risk and personal preferences, individuals are then signposted to local PA opportunities which can include structured activities such as exercise classes, self directed activities such as pedometer programmes and condition specific classes such as weight management.

A process evaluation of the pathway carried out in six general practices in London found the pathway to be feasible for delivery in primary care and specific recommendations for its implementation were made [12]. Similar feasibility studies have investigated its use in the West Midlands in the UK and in Scotland [13,14]. Whilst concluding that introduction of the pathway was feasible certain issues such as variability in

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