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## Stories of change

# DEVELOPING A COMMUNITY OF PRACTICE IN PHYSIOTHERAPY ACROSS STAFFORDSHIRE

Translating evidence into services by building local partnerships and sharing power.

## What we did

The National Institute of Health Research has brought all the available research from physiotherapy together into one document. Members of the Impact Accelerator Unit and Keele University convened a Community of Practice, made up of academics, clinicians, commissioners, service managers and people with lived experience. The group decided which interventions from the research document to implement locally. They did so by asking: Is this a clinical priority? Is this a commissioning priority? Is this a patient priority? Is it supported by NICE? Is there return on investment data?

Following that, these interventions were selected for implementation: STarT Back / iBeST / I-SWAP / ESCAPE-pain / IMPaCT Back



## Our motivation

There is variation and inconsistency in MSK services across the region. This compelled us to find a way to even out those differences, using evidence to guide us.

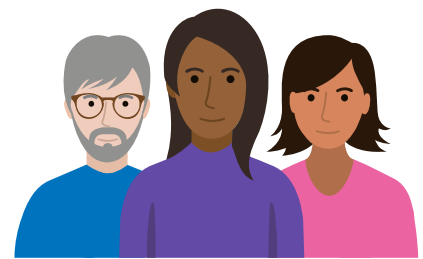
## The difference we are making

STarT Back uptake increased. Created relationships between people with arthritis, clinicians & commissioners. Moved to virtual meetings due to COVID. Moved to evidence-based virtual exercise classes. Appointed first ever paid Physical Health Peer Support Worker. Wrote an Easy-Read version of the NIHR themed review.

## What's next?

A volunteer has been recruited as the first ever patient in a paid role. Mike is going to be sitting with us in our meetings, holding us to account.

***"The thing that has encouraged me is that the concept of the role and the response to it across many services has been so positive."*** Mike Brooks





## Making change happen

Everybody is trying to do their very best for patients with muscle and joint problems. Some people are basing what they do on their years and years of clinical experience. Others are doing their very best based on the evidence, but that can create inconsistency. That doesn't happen in just MSK. Some services have never been exposed to the latest thinking or the latest evidence or research on what is the best thing to do for people with muscle and joint problems. In Staffordshire, that's what we're trying to even out. If you like, it is trying to make the offer as good as it can be, evidence-based and consistent for everyone.

For us in Moving Forward, the first step was deciding it was going to be a shared endeavour. Some services don't have a patient who sits with them to hold the mirror up and reflect back what they're actually doing. For the first time we had academics in the room, alongside patients who have lived experience of health conditions and use services, as well as commissioners who designed the services. We developed a Community of Practice to fulfil this function, and collectively decided how services should change. What were the most important things we needed to focus on across Staffordshire? When I looked around that room, I realised that a group like that had never come together before. We used some tools to help people understand the research, and then to prioritise it. It sounds fancy, but it was a table, that's all it was. Yes, no. Yes, no, to all the questions. So, at the end of the first meeting, we had a list of what we all thought should change. We looked at each other and thought, "yeah, that feels about right." We had translated the research document into a conversation, and a plan.

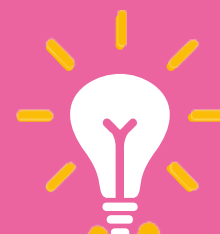
*"We all look around at each other and wondered why we had never got together like this before."*

### Top tips

- Engage patients in the conversation about what good care looks like.
- Make friends with people outside your immediate sphere of influence.
- Contact those who have done it before because they can share their experiences
- Work with the willing.

### Want to know more?

[Moving-Forward.pdf \(nihr.ac.uk\)](#)  
[Moving Forward](#)



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