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Stories of change

GROUP EDUCATION SESSIONS GIVING OPTIONS, ADVICE, KNOWLEDGE (OAK) FOR PEOPLE WITH OSTEOARTHRITIS OF THE KNEE ACROSS GWENT

OAK has given patients confidence to make decisions that are appropriate for them to manage the condition they live with now and in the future.



What we did

We wrote, delivered, and tested a 90-minute group education session for people with knee pain who might consider surgery. Providing an OAK session meant that patients were given high-quality education and advice by a physiotherapist in their local community. Clinical and self-referral were accepted. We encouraged self-referral and attendance by a family support member. Group discussion benefitted all of those in a session whether they have the condition themselves or supported someone who did. The group benefitted from the group. During COVID we delivered the sessions remotely. The service is available to anyone in Gwent, which includes five local authority areas.

Our motivation

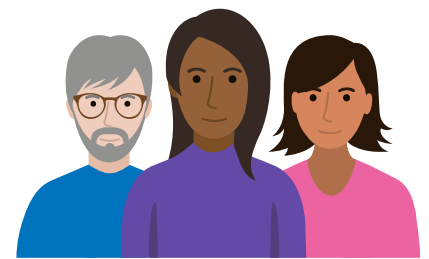
A Welsh Audit Office report showed low satisfaction levels for people who had knee surgery. Primary care colleagues lack time to spend educating people one-to-one so patients could consider which might be best for them. Pre-operative patients were not fully aware of the risks and benefits associated with the surgery prior to referral to see an orthopaedic surgeon.

The difference we are making

249 people attended the pilot. Understanding of OA and available management options were improved. Exercise (52%), weight loss (27%) and physiotherapy (21%) were cited by patients as ways they would manage their condition. People enjoyed the session. A survey at 12 months revealed the above methods were still being used.

What's next?

Once classroom sessions are safe again post COVID, we will continue to offer remote sessions as an option as it gives people an alternative way of attending. The Health Board has also piloted and rolled out OAK sessions for people with back pain.





Making change happen

From an initial idea between primary care and physiotherapy colleagues, the idea of OAK was discussed with clinicians (including surgeons) and shared with patients for their views. The programme was then written by a physiotherapist and nurse with experience in adult education, including a lesson plan, and ensuring we had the correct resources (props and films). Films took a while to source and make. It is worth investing the time to get this right. We tested the first session with a group of people living with osteoarthritis of the knee and asked for their feedback. We evolved it, and then piloted the programme in three areas for approximately six months. It is now delivered by a team of physiotherapists and administered by the Person-Centred Care Team.

Promotion is challenging. Word of mouth is powerful. Information sent to colleagues did not always get to the correct person or emails might be missed. We developed bilingual posters which we sent out to GP practices, libraries, leisure centres and pharmacies, and also promoted it on the Health Board Twitter and Facebook accounts. Digital literacy was not initially an issue when the sessions were classroom based, but it is now an issue as we are doing sessions remotely. Clinicians were driven by the need to have high-quality conversations, whilst respectfully managing patient expectations and frustrations within a group environment. In addition to communication, training focused on motivational interviewing, we realised that shared decision-making training would be an essential asset. This has now been completed and embedded into the OAK and physiotherapy service. We tried to book community-based venues, which took a while to find. Cost, accessibility, parking and public transport had to be considered. We piloted evening sessions as this had been requested but we found that few people attended. We will have to monitor this in the future.

**VERSUS
ARTHRITIS**

“People need to have a better understanding of the options to help manage their condition, much earlier in their pathway.”




Top tips

- Work with community facilities, such as libraries, who might provide publicly trusted spaces at no cost.
- Support clinicians who might have reservations about delivering advice in new ways, framing it as part of broader, relevant principles such as ‘right conversations’ and Shared Decision Making.
- Take the time to evolve the content based on feedback and input from clinicians and patients alike.

Want to know more?

<https://abuhb.nhs.wales/hospitals/a-z-hospital-services/physiotherapy/oak/>



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