

## **Why does Postural Care work in Wakefield?**

Why does Postural Care work in Wakefield? Simply because the whole team, including the families, have knowledge and understanding of the principles/philosophy of 24 hour postural care; this is evidenced by the improved physical results achieved for the children we serve. All members of the team recognise children at risk of developing body shape distortion and a well established pathway is then put into place. It is fantastic to be able to say that here in Wakefield we have no children or young people with complex needs that have a dislocated hip (other than one girl who has moved into our area with existing bilateral hip dislocations). According to our last Hip Audit in 2012 there were only four children who had preventative surgery i.e. adductor tenotomies and one that had reconstructive surgery (procedure not stated) over the previous two years. The previous audit in 2010 did not collect this data so there are no results to compare with. Auditing is an area in which the physiotherapy team are taking more responsibility for now and this will be used to inform future audits. We are also a large Trust that covers three main hospital sites, one of which falls into a different District Council and over the years have not had the postural care input that the other two sites have developed. In contrast to the results in Wakefield there are currently twenty-four children in that area that have hip dislocations and the therapy team are working hard to try and establish an equitable service across the Trust.

There are a number of key team members in Wakefield playing a significant role within the protection of body shape that may be quite unique to us or not yet fully developed in other areas. It is important to add that many of these team members have been in post for a significant number of years and so have established close working relationships with trust and respect for each other's roles and the shared desire to give our children and families the best possible opportunities and outcomes.

- **Families**

In Wakefield families are valued as the key to successful provision of postural care and have access to training and education so that they are able to take control in this important aspect of their daily life. The training is either accredited through the OCN Level 2 Postural Care Awareness Unit which is nationally regulated on the Qualifications Credit Framework or less formal, blended learning. Efficient home/school communication ensures any family/school concerns are highlighted and followed up. There are also various parent support groups which provide their own solutions and help for each other when looking at postural care, especially with regards to sleep systems. We find more families actively seeking out information about sleep systems as so many of our children use them so successfully.

- **Orthopaedic Consultant**

Originally Mr David Riley set up the joint paediatric/orthopaedic held monthly and almost immediately these had a positive effect for our children and their families. Now, some 6/7 years later we have Mr Nirwal Tulwa, an extremely supportive consultant who holds joint clinics with us fortnightly at various sites across the district. He is more than happy to go where needed and is more frequently found in the special schools than in the hospital clinics. If surgery is required then dates are set together to ensure appropriate and timely rehabilitation is available when needed. He is also currently putting a business case together to set up our own in-house botox. clinic.

- **Hip surveillance**

A physiotherapist on each site is trained to order non-medical referral (NMR) X-rays for hips. We have just completed the CP hip pathway and from 1/4/13 the physiotherapists will be responsible

for standard hip surveillance and completing the 2 yearly hip audits for the trust. We are also able to order hip X-rays if we have cause for concern.

- **Wheelchair Clinics**

This is a service that seems to be unique to Wakefield. It has become established because of the long term commitment of the paediatric therapists involved during the many changes of 'ownership' of this service, which is currently under Council (WMDC) responsibility. The therapists are employed by the Acute Trust but staff the clinical side of the children's wheelchair service because we know the children and their families and have worked hard over the years to ensure they get the equipment that is clinically appropriate. To this end we are able to mould children at risk of developing asymmetry at less than a year old if needed. We also offer tilt-in-space and recline within a wide variety of symmetrically supportive seating equipment in a timely manner. As we are also able to prioritise the caseload, no child has to wait longer than a month to be seen in a specialist seating clinic. It is also important to mention that many of the engineers we work with are very experienced and have supported the service for many years, so again they have their own well-established relationships with the children and young people that we see.

- **Paediatric Commissioners**

Again we have worked over the years to develop strong relationships with our commissioners who have then very much understood and supported our work with postural care. This is evidenced by the equipment budgets we now have and the willingness of the commissioners to share their business case (and experience) with other areas to help them develop their own services. In the Mencap films [www.Mencap.org.uk/posturalcare](http://www.Mencap.org.uk/posturalcare) Morna Cooke, Senior Commissioning Manager states "The type of service we really wanted as commissioners was an early intervention service focusing on prevention rather than treatment or rehabilitation....The cost benefits are significant because you are preventing surgical intervention for things like dislocations and scoliosis, you are also preventing the need for outpatient consultant appointments, pain management is better so you have got medication savings there as well. The benefit to children and families of course is the quality of life, in terms of maintaining their independence for longer; that has a huge impact on both the children and the families. Therapy services do look like a soft target particularly at the moment in the austere times we are finding ourselves, but the research does show that postural care management reduces the need for consultant input, can reduce or delay the need for surgical input so you are saving money and I think we do need to look differently; if we want to achieve our cost savings we need to look at a new way of delivering services."

- **Integrated Community Equipment Store (ICES)**

ICES have a dedicated paediatric equipment budget. Generally we can equip our children with the appropriate specialist night positioning, seating, bathing, toileting, standing and walking equipment as well as one-off pieces of kit as needed and in a timely manner.

- **Special Schools**

In Wakefield we have always maintained a high level of therapy input into our special schools. The therapy teams are based in the acute trust so that means continuity of care should a child be admitted onto the ward, with appropriate follow up when back at school. The school staff are well trained, with their own qualified and accredited postural care lead (teacher), all the children have photographic postural care plans which are developed with the people who know them best and followed daily. Currently all children have daily use of a standing frame, this is used in an appropriate angle for them and because their hips are intact they are able to benefit from this activity, they have specialist seating, wedge for prone lying, and if needed a side lying support. The side lying support is used for encouraging midline awareness and bilateral hand function and

will only be used on one side to encourage the appropriate de-rotation around the chest as identified by measurement of body symmetry.

- **Respite Care**

Once again long established relationships and on-going training mean that each respite care centre has its own qualified, accredited postural care lead who then ensures that the children they look after continue to be able to access 24 hour postural care in their settings. They also play a significant role in supporting parents again with the use of sleep systems.

- **Postural Care Interest Group**

This is a small working group of occupational therapists and physiotherapists from across the Trust who have met every 2/3 months for the last 7 years to develop and maintain an equitable and sustainable postural care service and drive forwards any pieces of work that are needed.

- **Measuring Clinics**

All children at risk of developing body asymmetry are measured at least yearly using the Goldsmiths Indices and this evidence is collated regarding the population as a whole. These measures identify critical dimensions of the chest; a Right/Left ratio measuring rotation and a Depth/Width ratio. In turn these dimensions indicate internal capacity of the thorax and abdomen. The Confidential Inquiry into premature deaths of people with learning disabilities (CIPLOD) identified that over a third of people with learning disabilities died with respiratory disease and that constipation and gastro-oesophageal reflux were common. All these conditions are exacerbated by reduced internal capacity of the abdomen and thorax caused by distortion and therefore it is critical to protect normal chest dimensions. CIPOLD Recommendation 9 states that "Clinical Commissioning Groups must ensure they are commissioning sufficient and sufficiently expert preventative services for people with learning disabilities regarding their high risk of respiratory illness. This would include expert and proactive postural care support." The Measuring Clinics in Wakefield are carried out either in school or at a clinic held monthly in the children's centre at the hospital. For new referrals the use of the sleep system is also assessed and quoted for in a one-stop shop, with prior explanations from the referring in therapists.

## **Conclusion**

This service hasn't happened overnight, it has developed over the last 9 years to give us the successful outcomes of today. The important points to stress are that it is by giving the families some control and positive expectations for their children that go more than halfway to bringing them success. Also, this has been a result of long term, dedicated staff who are happy to work alongside each other to develop a service giving our children the right to expect these positive outcomes.

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