**FOI Ref: 6199**

**Category(ies): Clinical – Service Activity**

**Subject: Hydrotherapy**

**Date Received: 24/01/2022**

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| **Your request:** | **Our response:** |
| Original Form Sent with FOI Request | |
| **ACCESS TO AQUATIC PHYSIOTHERAPY** | |
| 1. Does your Trust / Health Board have access to a hydrotherapy pool? | x Yes  ~~☐ No~~  ~~☐ Not anymore~~ |
| 1. If you do have access are your hydrotherapy pools onsite or offsite? (Tick all that apply) | ~~☐ Onsite~~  x Offsite (NHS Facility)  ~~☐ Offsite (Non NHS Facility)~~ |
| 1. Were all your hydrotherapy pools open prior to the COVID-19 pandemic? | x Yes  ~~☐ No~~ |
| 1. If you do not have access to hydrotherapy pools, please tick all answers that apply to answer why that is. | ~~☐ Closed Due to COVID-19~~  ~~☐ Lack of funds~~  ~~☐ Insufficient space~~  ~~☐ No local pool available~~  ~~☐ Not enough adequately trained staff~~  ~~☐ Lack of appropriate local patient population~~  ~~☐ Other (please specify~~) |
| 1. How many hydrotherapy pools exist on your NHS Trust / Board’s estate? Include those closed prior to COVID-19. | one |
| 1. What are your closed hydrotherapy pools / departments now used for? | N/A |
| **REOPENING OF HYDROTHERAPY POOLS** | |
| 1. Will all your hydrotherapy pools be re-opening? | x Yes, they are already open (for rehabilitation sessions only)  ~~☐ Yes, there are plans to reopen~~  ~~☐ No~~  ~~☐ Not sure / don’t know~~ |
| 1. When are your hydrotherapy pools scheduled to re-open? | ~~☐ Within 3 months~~  ~~☐ Within 6 months~~  ~~☐ Within 9 months~~  ~~☐ Within 12 months~~  x Other (please specify)We are unsure of the timescale all sessions to return |
| 1. If your hydrotherapy pools are not scheduled to reopen, why is that? *(Please select all that apply)* | ~~Changing area capacity~~  ~~☐ Staffing to clean~~  ~~☐ Access to pool~~  ~~☐ Staff still redeployed~~  ~~☐ Other (please specify)~~ |
| 1. If your hydrotherapy pools are not scheduled to reopen, has a full public consultation taken place? | ☐ Yes  ☐ No |
| 1. If your hydrotherapy pools are not scheduled to reopen has an equality impact assessment taken place? | ☐ Yes  ☐ No |
| **OPERATING HYDROTHERAPY POOLS** | |
| 1. If your hydrotherapy pools are open or scheduled to open is / will your aquatic physiotherapy (hydrotherapy) service capacity be reduced as a result of COVID-19? | x Yes  ~~☐ No~~ |
| 1. What capacity are / will you be able to offer compared to pre pandemic?   Please enter a percentage (%). | 50% |
| 1. Is / will your service be provided on a 1:1 basis? | ~~☐ Yes,~~  X No we can take more than 1 patient in the pool at a time. |
| 1. Is / will your service be provided with the therapist instructing from poolside | ~~Yes,~~  x No our therapist is able to treat from within the pool |
| 1. Approximately how many sessions did you have access to your hydrotherapy pools on a weekly basis pre pandemic? (Where one session = one morning, afternoon or evening clinic) | 18 |
| 1. Approximately how many sessions do you currently have access to your hydrotherapy pools on a weekly basis? | 9 |
| 1. Which services use your hydrotherapy pools? | x Rheumatology  x MSK  x Orthopaedics  x Neurology  x Paediatrics  x Other (please specify) Learning Disabilities |
| 1. Are your hydrotherapy pools used by inpatient or outpatient services? | ☐ Inpatients only  ☐ Outpatients only  x Both inpatients and outpatients |
| 1. Prior to the pandemic did you provide out of hours access to your hydrotherapy pools to patient groups or private groups? e.g. NASS, Private Clinics (Please provide a list) | x Yes  ☐ No  NASS  Rotherham Parents Forum  Foggy Friends  Cardiac Rehab  Self Help Sessions |
| 1. Have these sessions restarted? (Please provide a list of those which have restarted) | X Yes  ☐ No  Cardiac Rehab |
| 1. Do you currently audit the use and effectiveness of aquatic physiotherapy (hydrotherapy)? | ☐ Yes  X No |
| 1. Please list outcome measures or tools used to audit the use and effectiveness of aquatic physiotherapy (hydrotherapy)? | Patient specific functional goals |
| 1. If you are happy to be contacted for further information to support aquatic physiotherapy (hydrotherapy) services remobilise please provide an email address below. |  |