

Is hand therapy cover required in plastic hand surgery clinics?



Barts Health
NHS Trust

Grace Gibson¹, Haesel Siah¹, Matthew Stuart¹, Melandi Brand¹, Saheed Shabbir¹, Lisa Newington^{1,2}

1. Hand Therapy, The Royal London Hospital, London Whitechapel, UK

2. Barts Bone and Joint Health, Queen Mary University of London, London, UK

Background

Historically, Royal London hand therapists provided two walk-in clinics a week to support two consultant teams. This was in addition to a daily hand trauma clinic. Clinic referral criteria required patients to be already under the care of hand therapy, apart from simple trauma cases (e.g. closed metacarpal fractures). Complex wounds and acute tendon repairs were not appropriate.

Clinics often ran late, but appeared to underutilise the hand therapy cover, which prompted our service evaluation question:

Is hand therapy cover in plastic hand surgery clinics an efficient use of hand therapy time?

Service evaluation registration: 13763

Aim and methods:

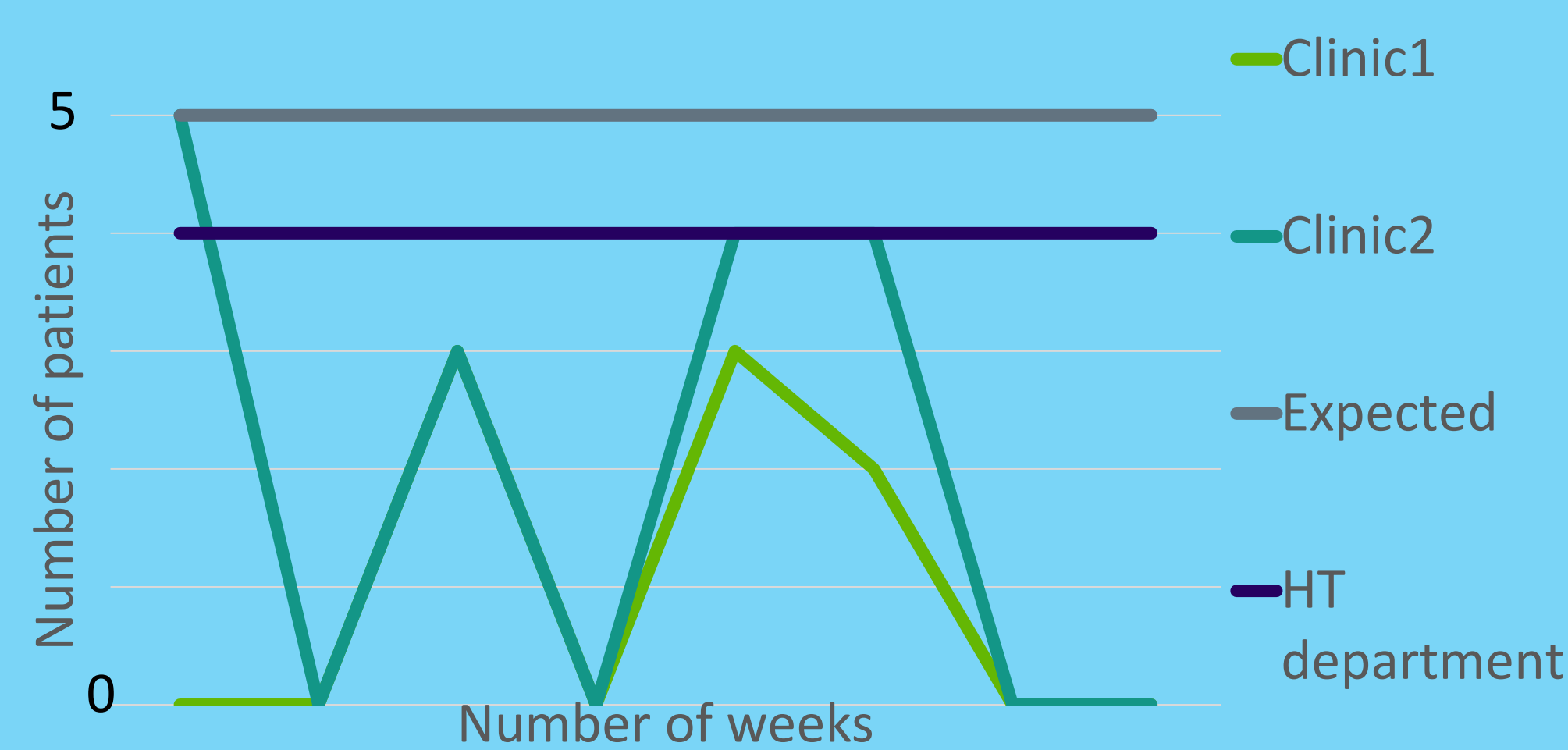
Clinics were paused due to low hand therapy staffing, then restarted as a pilot. The following data was collected over an eight-week period:

1. Number of patients seen per clinic in comparison to diary capacity in the hand therapy department.
2. Number of times the clinics were cancelled last minute, leaving the therapists' schedules unfilled.
3. Number of patients seen who did not meet the referral criteria.
4. How many occasions the clinic ran over time resulting in therapists finishing late.
5. The impact on the hand therapy departmental referral-to-treatment timeframe.
6. Psychosocial Work Environment Questionnaire completed by the hand therapy team before and after the pilot period.

Results:

1. Number of patients seen (incl. MDT discussions):

Clinic 1	Clinic 2
67%	82%



2. Clinics cancelled over 8 weeks:

Clinic 1	Clinic 2
37%	37%

3. Number of patients seen not meeting referral criteria:

Clinic 1	Clinic 2
88%	38%

4. Percentage of clinics running over time:

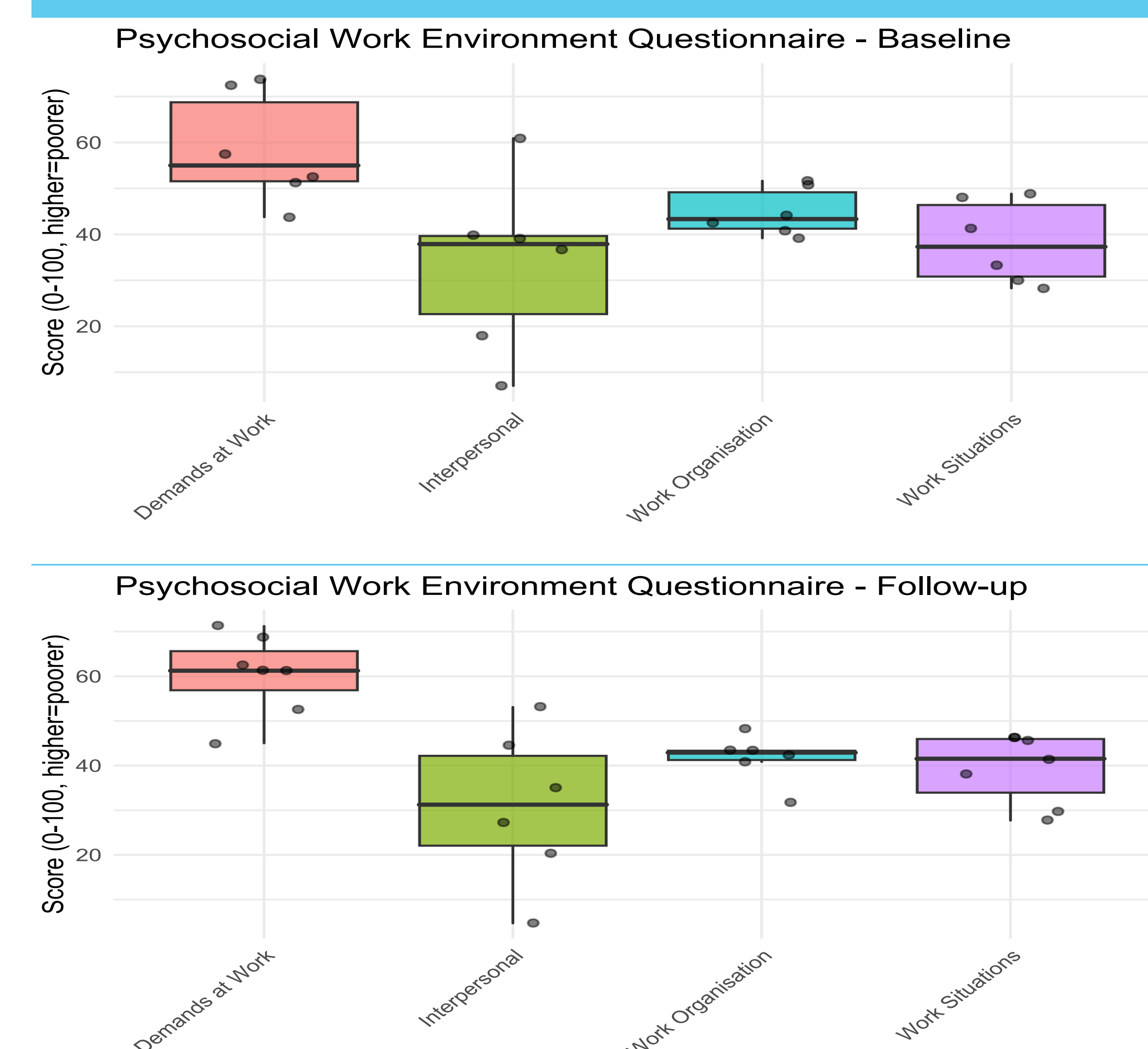
Clinic 1	Clinic 2
33 % late	50% late

Results (cont):

5. Impact on referral-to-treatment timeframe:

37.5% of new hand therapy referrals were not seen within the departmental appointment timeframes.

6. Staff Wellbeing



Conclusions

Providing hand therapy cover in outpatient plastic surgery clinics was less efficient than equivalent booked hand therapy appointments. Key issues included fewer patients seen than the target for each clinic, underutilisation of therapist time due to clinic cancellations, surgeon non-adherence to clinic referral criteria, extended working hours in 33-50% of clinics, and increased wait times for new patients in the main department. After the pilot, we did not resume clinic cover. A limitation of this service evaluation is that we were unable to gather patient feedback.

