

West Berkshire Therapy Centre

Impact report December 2014

Introduction

West Berkshire Therapy Centre (WBTC) was opened on April 1st 2014 in Thatcham, West Berkshire. The service is a specialist gym, providing power assisted exercise machines for disabled people in the surrounding area. This centre and its equipment offers many benefits for the user - as well as the known benefits of exercise in general such as muscle strengthening, muscle stretching, improved circulation, burning calories, social involvement and psychological uplift, the centre offers a unique way of exercising for the disabled client. The equipment is user friendly and can be adapted to accommodate any physical limitations of the user. The environment is very different to that of a 'normal' gym, with ample space allowing for wheelchair users, guide dogs and carers. The therapy centre has been a huge success - initially opening for 20 hours a week, increased to the current availability of 26 hours per week, the centre is now looking to increase its opening hours further due to high demand (see future projections).

Operational

Referrals come in via GP's, Consultants, Occupational Therapists, Physiotherapists, voluntary groups and direct self-referral. Clients are invited to leave a contribution for their sessions and assessments, though this is not mandated and a portion of the client base is unable to afford this. Clients attend an initial physiotherapy consultation where they are assessed for suitability to use the gym. From here they are given a personal, specific exercise programme, which the gym supervisor oversees and adapts if necessary. Each client is then reassessed by the physiotherapist after 3 months.

Each client is asked to fill out a survey at the initial consultation and then every 10 sessions thereafter to allow the assessment of health and wellbeing across all clients. Data has been collected in various forms since the opening; anecdotal evidence has been collected during assessments/follow-ups, conversations in the gym environment or through emails - this can be seen in the appendix (page 10). The data collection and analysis is ongoing and therefore the results will be continually updated.

Scope of this review

Analysis includes:

- Age and gender
- Client postcode – West Berks residents/non-West Berks residents
- Ability to pay recommended voluntary contributions
- Referral pathway
- Medical condition and co-morbidity
- Carer involvement/support
- Adherence to recommended programme
- Health and well-being data collected from client reported surveys

Client demographics

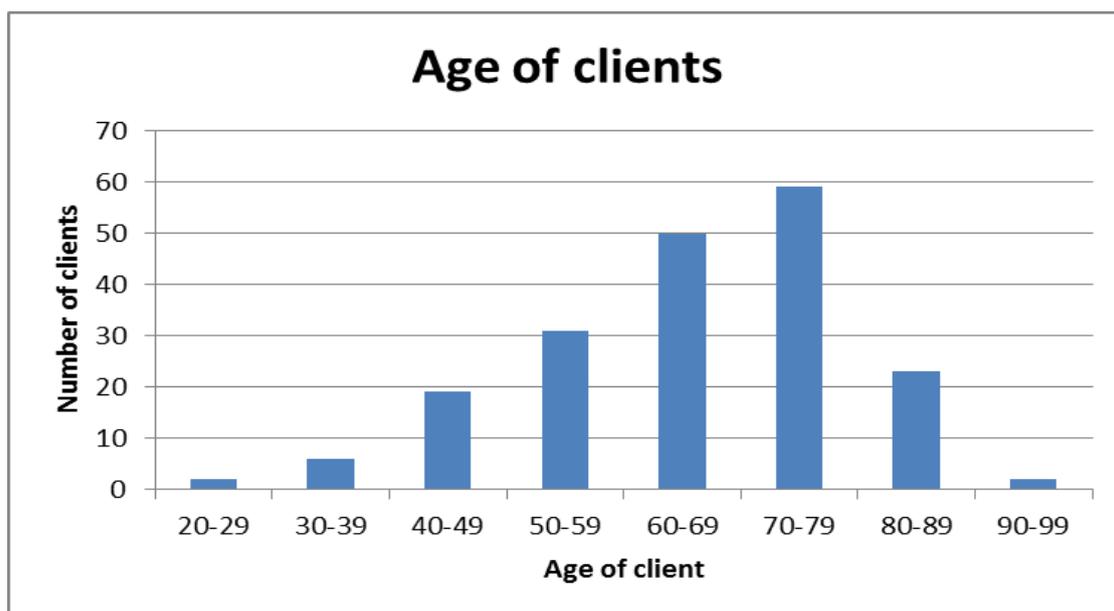


Chart 1: Population age distribution of clients joining April – November 2014

Chart 1 shows the distribution of clients attending WBTC between April and Nov 2014. It shows we have clients ranging in age from **21yrs to 93yrs** with the majority between 60 and 80 years of age.

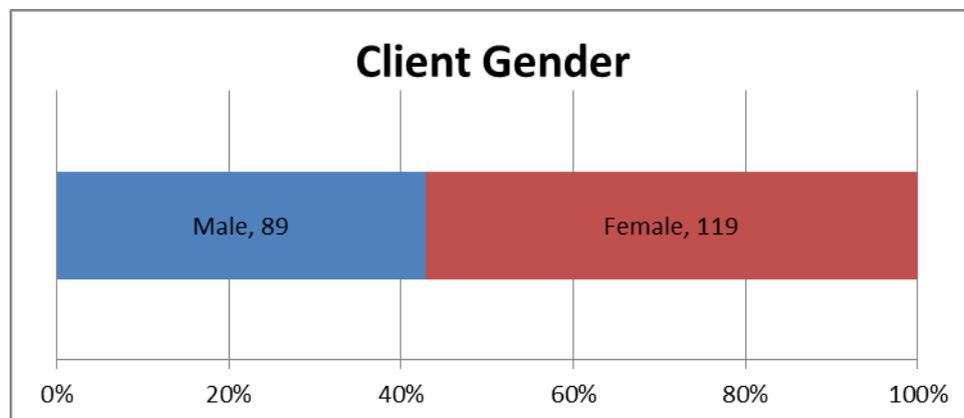


Chart 2: Gender of clients attending WBTC April – November 2014

Chart 2 shows the percentage of females and males attending the centre in the period April to Nov. There are slightly more females attending than males.

Client postcode

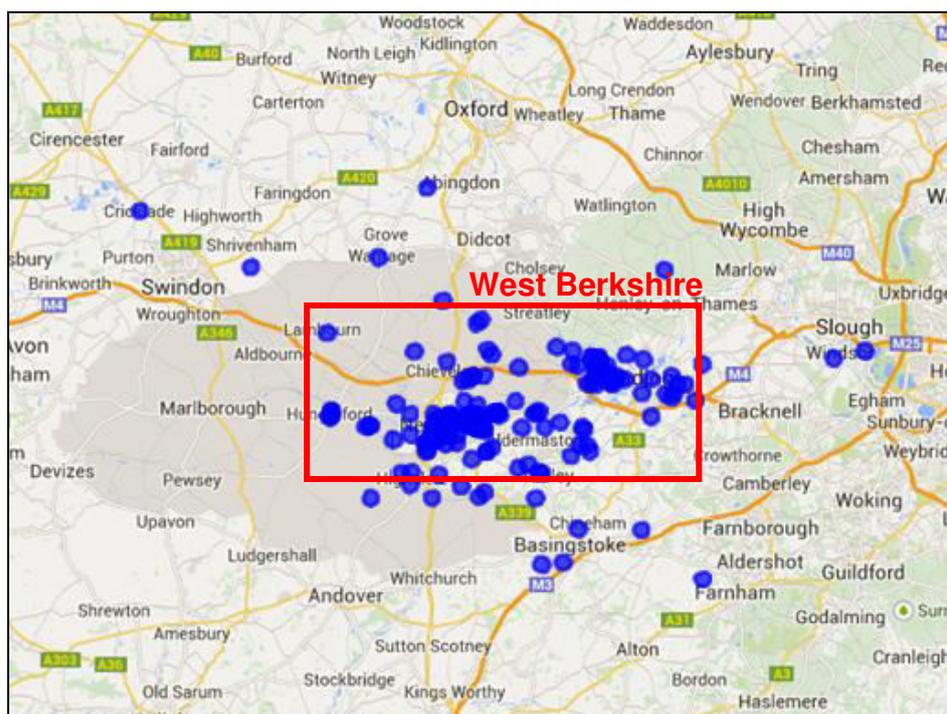


Image 1: Client locations

Image 1 shows the postcode distributions of clients who have attended the centre between April and Nov 2014. 85% are based in West Berkshire but clients are travelling from as far away as Swindon, Slough, Abingdon and Farnham. Less than 5% of clients travel more than 20miles/40minutes to attend the centre.

Ability to make a recommended contribution

Out of our current clients (those that have attended the centre in the last 3 months) approximately 10% of those make voluntary contributions at less than the Centre's break-even cost of £6 for an exercise session, some leaving nothing, others £3 or £5.

Out of the 157 clients that attended between 01.10.14 and 05.12.14, only 5 of them were unable to make a contribution.

All those that attended the initial assessment made a £25 donation, our approximate break-even cost.

The centre is booked privately by Newbury and District MS society for 1 hour per week. The MS Society donates £40 per hour.

Centre utilisation

Centre utilisation = $\frac{\text{time of completed diary events inside sessions}}{\text{total time of available sessions.}}$

= 78% since 1.4.14

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Referral pathway

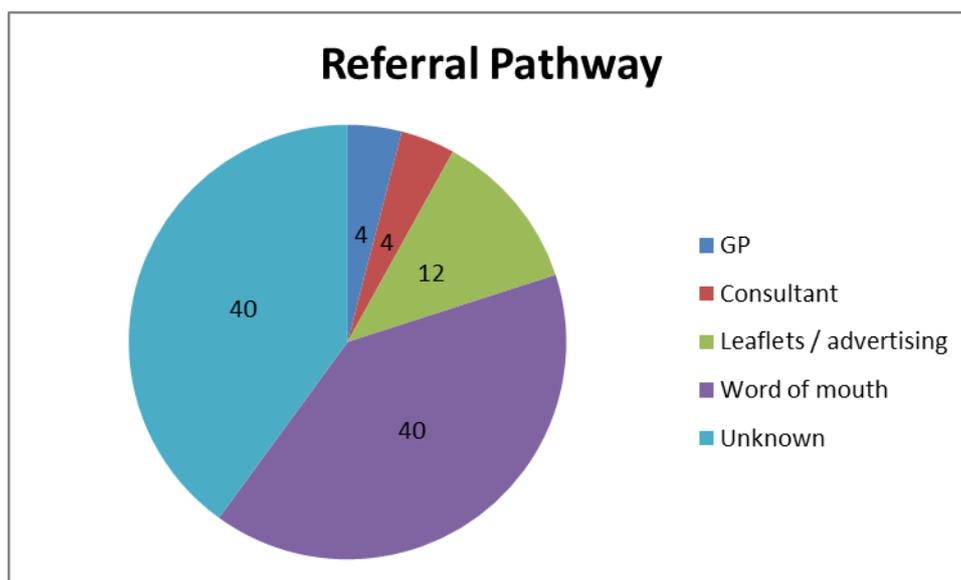


Chart 3: Client referral pathway (%)

A large portion of the clients hear about the centre via word of mouth and self-refer. The leaflets and advertising account for 12%. Advertising and publicity has so far been carefully planned and relatively muted to allow controlled growth.

Medical condition and co-morbidity

Below is a list of conditions and how many of our service users suffer with each of these respectively. These conditions are the client's main complaint and does not include co-morbidities. Over 90% of our clients have co-morbidities.

Condition / Pathology	Number of service users
Cerebrovascular Accident*	46
Parkinson's Disease	34
Osteoarthritis / Osteoporosis	33
Multiple Sclerosis	32
Post-surgery*	15
Fibromyalgia	14
Head / Spinal Injury	10
Musculoskeletal*	11
Polio	6
Diabetes Mellitus*	5
Visually impaired*	3
Respiratory disease*	3
Cerebral Palsy	2
Dementia / Alzheimers	2
Alcohol related	1
Other*	37

*CVA – this includes haemorrhagic, ischaemic and trans-ischaemic attacks

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- *Visually impaired – this includes complete and severe blindness
- *Post-surgery – this includes any form of surgery except brain and spinal surgery
- *Diabetes Mellitus – includes Type I and Type II
- *Musculoskeletal – this includes complaints of shoulder pain, back pain, knee pain etc
- *Other – this includes a vast array of rare neurological conditions and un-diagnosed conditions which are still under observation. These un-diagnosed clients have been cleared to do exercise by an appropriate health care professional (GP, Consultant, Physiotherapist)

Carer vs independent

At the time of this report, of the centre's 130 most recent clients (those that have attended in the last 5 weeks) - 76 are independent with their exercises and 54 either come with a carer to assist or require some level of assistance from the gym supervisor.

Changes in health and well-being over time

In order to assess a change in various attributes of client health and wellbeing we have used the standardised SF-36 survey questionnaire which gives a scored result indicating a client's self-assessed position on a scale of poor to good health in various categories over a series of related questions. We have surveyed clients at their initial consultation, and regularly throughout the course of their training plan at every tenth session to enable us to show the change in overall score over time.

The questionnaire results have been analysed and the relevance of specific questions mapped to certain aspects of health and wellbeing to show the effects of the centre's facilities, training and coaching on the clients' health:

- Mobility - included questions relating to physical activity
- Psychological outlook - questions relating to emotional problems and mood
- ADL (activities of daily living) - questions relating to daily activities

Mobility

Based on answers to 10 questions with a maximum score of 3 each and minimum of 1, giving a range of overall scores from 10 to 30 with no weighting of any individual question.

The results shown in Chart 4 suggest a marginal improvement in the client's perceived mobility overall. It should be noted that some of the presenting conditions are degenerative and that improvement is not necessarily the goal in all cases and that sustaining a level of mobility or reducing the rate of decline could equally be considered a successful outcome:

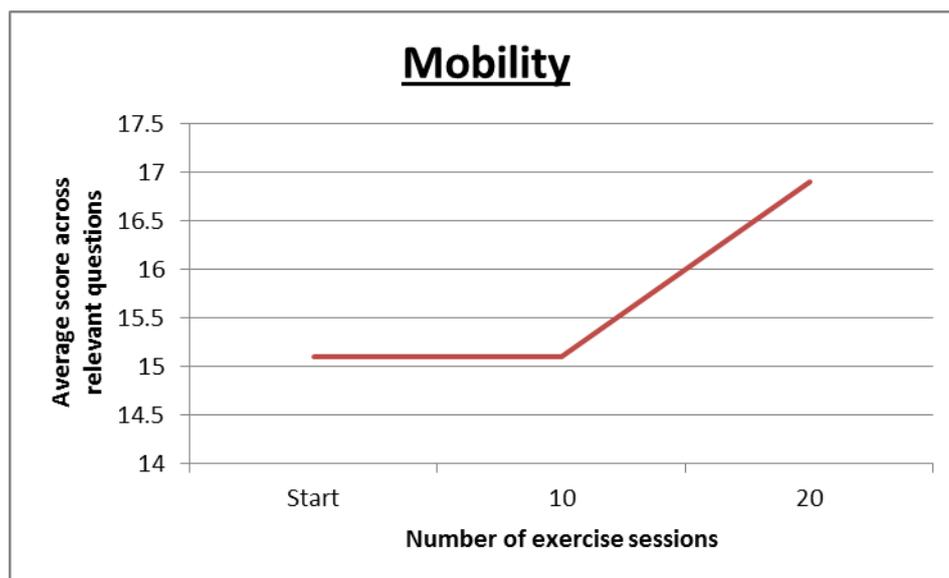


Chart 4: Mobility survey results

Psychological Outlook

Based on answers to two questions: one in two parts each with a score of 1 or 2, giving a range of 2 to 4, and the second in nine parts, each with a range from 1 to 5, giving a range from 9 to 45, giving rise to an overall range of possible scores from 11 to 49 with no weighting of any individual question.

Results (Chart 5) show a stronger positive trend than in the case of the mobility question indicating the centre is having a strong positive impact on mental health. This is influenced by not only the experience of clients enjoying a positive physical change (ie mobility or weight loss) but also through the social and structured environment the centre provides them. This is borne out in some of the testimonials.

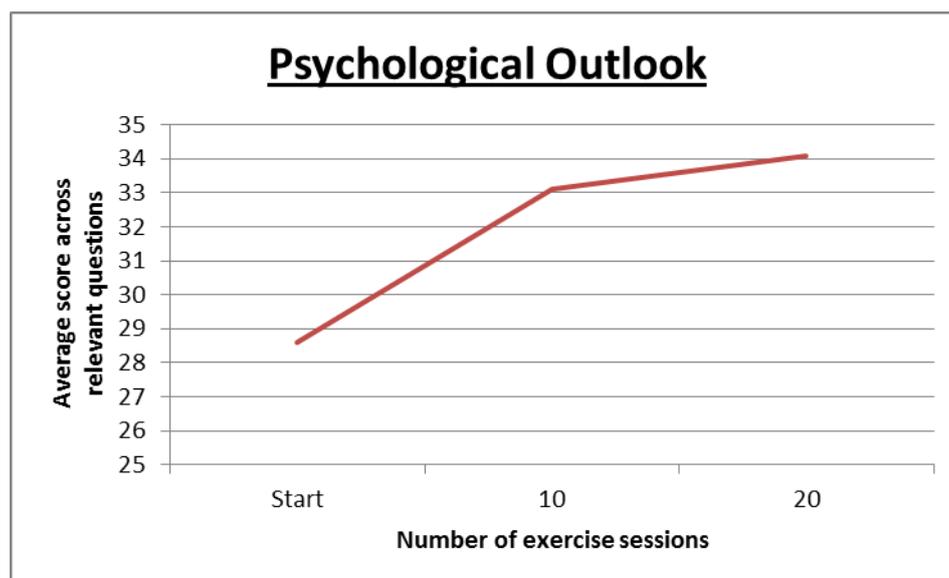


Chart 5: Psychological Outlook survey results

Activities of Daily Living

Based on answers to two questions: one in 4 parts each with a score of 1 or 2, giving a range of 4 to 8, and the second a single question with a range from 1 to 5, giving rise to a range of overall scores from 5 to 13 with no weighting of any individual question.

This result (Chart 6) shows an improvement in ADL which precedes the uplift in mobility results, with an initial stronger uplift then maintained level. This could be because the perception of achievement is initially higher and more readily recognised in tangible activities such as getting dressed or using tools, but then progress beyond these step changes is less easily differentiated.

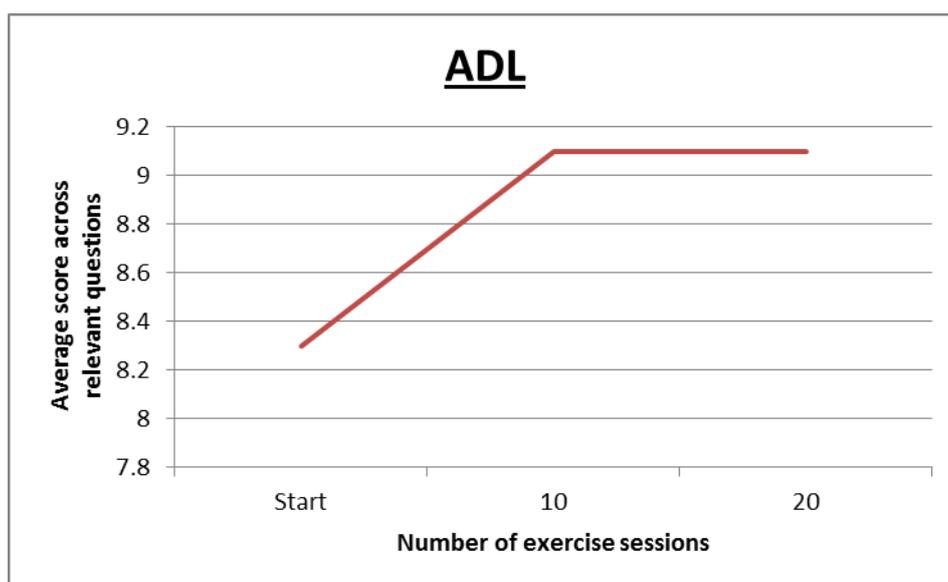


Chart 6: Activities of Daily Living survey results

Weight

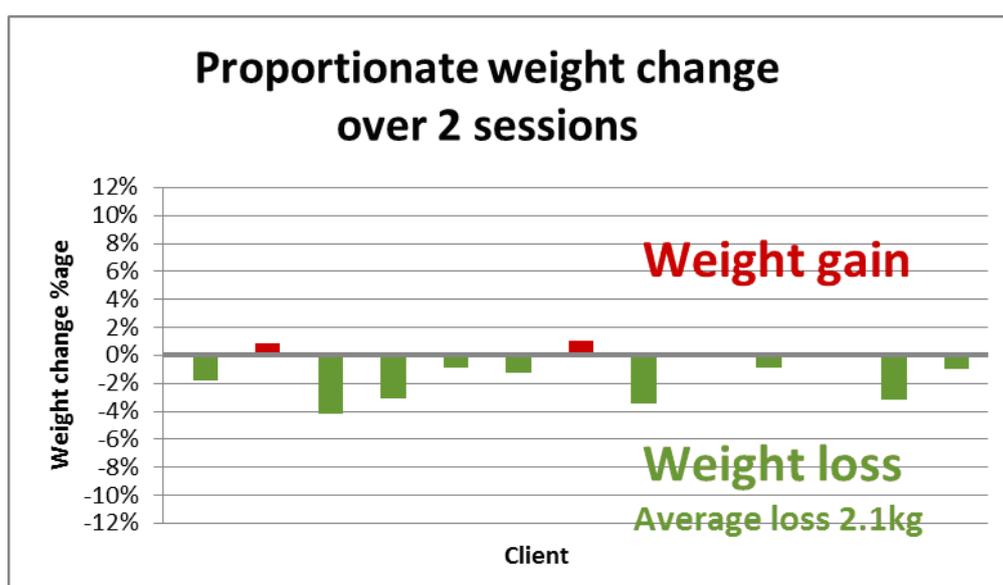


Chart 7: Weight changes over two sessions (13 measured clients)

Weight has been monitored for those clients who reported weight was an issue for them and consented to it being monitored – a total of 13 candidates. The majority of clients showed a successful reduction in weight between the two weighing sessions.

Adherence/non-adherence to recommended programme

Clients who attend the centre adhere to their prescribed gym programme and this is monitored on each visit with the use of a gym programme that the gym supervisor oversees.

The majority of clients who use the service have a long term/chronic condition for which they will be using the service for ongoing maintenance. A large proportion of the verbal feedback we have received was that if a client missed the gym for a few weeks due to holiday or illness then they really noticed a decline in their physical condition and wellbeing.

The centre has assessed a total of **251** clients since 01.04.14. Of those 95 have either not returned following their initial consultation or have since ceased to attend. This could be due to a number of factors – client deceased, travel distance, moved on to ‘normal’ gym setting, illness.

Projection of future demand

The centre initially opened for 20 hours per week. This increased in increments to 26 hours per week in December. Currently the service accommodates up to seven clients at a time, limited by floor space and the number of machines/work stations available. A third TheraVital machine has recently been purchased, which will eliminate the queue that arises for the existing two on every operating day.

Bookings reached 125 per week by October and increased to 140 per week in early November. This number of bookings is comfortable for the current opening hours. The centre could not accommodate the theoretical ‘full’ capacity of 175 per week.

Based on current demand and research, it is thought that an additional 10 hours per week of evening or weekend sessions would satisfy the unmet demand of those who are unable to attend due to work or available transport.

Should available floor space change, these projections will be altered.

Main options for improvements to the service

- Increased opening times.
- Evening and weekend gym sessions and physiotherapy consultations to allow for those who work full time to be able to attend.

- More machines to enable more clients per half an hour to be booked in.
- Larger floor space - to accommodate more machines and enable vibrogym to be in a more accessible room.
- Help with patient transport
- Additional machines or devices that might help clients to improve their balance – for safer walking and fall prevention.
- Gaining registered charity status

Recommendations

- The service should continue to be promoted alongside other exercise programmes to the local public, to clinicians and to disability organisations.
- The concept of the service should be promoted nationally through organisations such as the Neurological Alliance and similar national disability networks, and through articles published in professional journals.
- West Berkshire Public Health Service could circulate this report and promote use of the service to local GPs, CCGs, BHCFT, RBFT, the Health & Wellbeing board and elsewhere.
- West Berkshire Public Health Service could promote the service to the general public through its local public health awareness programmes, and promote the concept more generally through its Berkshire, Thames Valley professional networks.
- West Berkshire Public Health Service could circulate this report to Public Health England, to inform them of the benefits and needs of such a service across England, noting the limiting effect of travel time and distance on uptake of exercise.

Appendix A: Anecdotal Evidence

Received in the period June to December 2014.

'... extremely impressed by the equipment and the advantage it will give our members. We would like to go ahead for a 3 month subscription for 10 members, and hopefully this will increase in time.' Secretary, Berkshire Branch of British Polio.

'Due to the real benefit our members are gaining and to enable continuity for our members, Parkinson's Newbury would like to increase the two, hourly sessions we have a week to four sessions a week.' Chairman, Newbury & District Branch of Parkinson's UK.

'We all thought it was GREAT.' Chairman, Reading Fibromyalgia support network, following a trial of the equipment with two colleagues.

'My husband really enjoys it! Very impressed with the facilities'. Wife of a man with PSP (progressive supranuclear palsy).

'My leg would not move following my stroke 12 weeks ago. Now it is starting to move. I couldn't have done it without you'. Stroke survivor whose therapy is primarily the use of TheraVital cycling equipment.

'The TheraVital equipment is helping me to learn for the first time how to compensate properly for my weak leg. I had always thought it was my other leg that was weak!' Client with a neurological condition of over 40 years duration that doctors have been unable to diagnose.

'It's exhilarating to be able to take exercise safely at last, something everyone else takes for granted.' Retired lady who has been blind since birth.

'I've noticed that everyone leaves smiling.' Regular client with longstanding knee joint problems who also reports that her friends have commented 'how much better I am now walking'.

'I couldn't do this without you. Now I will be able to walk her down the aisle and give my daughter away when she gets married.' Stroke survivor

'I can now walk up my stairs again.' Client with lung problems (two other clients with different conditions since said the same).

'I can now drive my wife's manual car again.' Client with neurological problems.

'I have lost 10kg and my diabetes consultant is amazed.' Morbidly obese client with amputations caused by diabetes.

'Already I have lost eight pounds in weight and am now heading in the right direction.' Former athlete recovering from multiple health setbacks causing massive weight gain.

'My clothes that were tight last year are now loose due to losing weight.' Lady with morbid obesity that restricts her working hours.

'Normally all I can do is hop around indoors. Here I can exercise vigorously and safely; it's great.' One-legged, hence overweight client.

'My shoulder is moving so much better now.' Client with longstanding accident damage.

'I peeled a potato without realising what I had just done. I've not been able to do that for years.' Client with rheumatoid arthritis.

'I can now reach one shelf higher in my kitchen!' Client with multiple health problems.

'It's really making me think about how I walk. I feel so much more confident.' TheraVital cycling machine user with one-sided leg weakness.

'I never used to go out at all until I started to come here; I love it.' Client with a history of multiple hospitalisations and health issues and very low social confidence.



Very appreciative stroke survivor with a two-word vocabulary.

'In June 2014 I was introduced to West Berkshire Therapy Centre. Within two months my pain was reduced and within a further two months I was able to walk distances using just one crutch. I can now drive and visit the supermarkets. I am now independent'. Lady stuck at home following hip and spine surgery in 2007 and 2010.

'Totally worth travelling the distance but I wish there was a centre closer' Parkinsons client who travels from reading twice a week.

'I really notice a decline in my mobility when I don't come for a week' Client with Multiple Sclerosis

'I've noticed a huge improvement in how I feel generally since I've attended the gym' Client with Multiple Sclerosis

'My husband has definitely noticed a change in my mood since starting here' Client with Multiple Sclerosis

'I walked round the shops to do my Christmas shopping, last year I did it in a wheel chair, thank you!' Client suffering from severe Osteoarthritis

Appendix B: External support

The centre has received invaluable support in various forms since it opened - from daily support by our wonderful volunteers to financial help from individuals and organisations.

From clients:

- Equipment grant £2,500, local charitable Trust, secured by a client
- £250 gift from a client
- Wii from a client
- £300 from a client towards equipment when we have more space
- £250 from Rotary for helping a client
- £316 from a client's cake day
- £160 from a client's coffee morning
- Weekly flow of gifts from clients for staff and volunteers
- £100+ from cards from a client
- Free external signage from a client
- Free name badges from a client
- Golf charity day beneficiary due to support given to a client
- Ladies' morning fund raiser due to support given to a client
- URC coffee morning fund raiser due to support given to a client
- Gift of powered cycling equipment from a client, £500, (when we have space)
- Nine clients or their carers have become WBTC volunteers
- Funding support ongoing for their members from:
 - MS Society Newbury & District
 - Parkinson's UK Newbury & District
 - Fibromyalgia Support Group, Reading & West Berkshire
 - British Polio, Berkshire Branch
 - Motor Neurone Disease Association, Berkshire

From organisations

West Berkshire Therapy Centre would like to acknowledge the financial and other support of the following organisations:

West Berkshire Neurological Alliance
 West Berkshire Public Health service
 Berkshire MS Therapy Centre
 The Gerald Palmer Eling Trust
 Englefield Trust
 Berkshire Community Foundation
 The Herongate Fund
 The Colefax Charitable Trust
 West Berkshire Council
 Greenham Common Trust
 Shapemaster Global Ltd
 The Albert Hunt Trust

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The Berkshire Masonic Charity
The AMMCO Trust
Newbury & District MS Society
Parkinson's UK, Newbury & District
Healthwatch West Berkshire
Newbury Town Council
Reading Fibromyalgia Support Group
British Polio, Berkshire Branch
Medicotech Ltd
Thatcham Town Council
Royal Berkshire Hospital
Newbury Care Trust
IPRS Group
Rotary Club of Hungerford
West Berkshire Disability Alliance
VGL signs
Marsh Fuels
and many others

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