

improvement methodologies from the manufacturing sector to introduce changes to the way in which they provide services (Saunders *et al.*, 2014). This has been shown to reduce waiting times for patients and improvements in productivity and cutting waste (DH, 2011).

Radnor and Boaden (2008) propose there is some empirical evidence to support the need for Lean to be adapted from its view of standardising work and customer perspectives if it is to be successfully implemented in the public sector where a complex plethora of customer needs and values exist.

Similarly, the Theory of Constraints (TOC), which operates by identifying and improving a system or service's 'weakest link' in a chain of interdependent links, has also been suggested as effective within the NHS in reducing waiting times and increasing overall throughput (Lubitsh *et al.*, 2005). The application of the TOC approach alongside Lean Thinking has been well recognised within the NHS (Young *et al.*, 2004).

Purpose:

- Identify the length of time Physiotherapy referral for Rehab and intermediate care team (ICT) services.
- Identify the wait for access to these Rehab/ICT beds.

Approach/evaluation: Process mapping was utilised to identify the different stages of patient journeys within the physiotherapy system to assist in diagnosing problems and identifying potential areas for improvement. Lean thinking was used throughout this process to further reduce forms of 'waste' within the system. Onward referrals to Rehab/ICT were identified from this process. Subsequently, data from 50 consecutive patients admitted to the trauma ward with a fractured NOF was collected and analysed. This data pertained to number of days for an onward referral to be completed and the number of days it took for patients to access these beds.

Outcomes: The TOC has assisted in the identification of the 'weakest link' within our physiotherapy system; the wait for access to Rehab/ICT beds. Results showed that, on average, patients are referred to Rehab/ICT services 5 days following initial assessment. Patients awaiting ICT beds can wait between 3 and 13 days for access, depending on which service area they normally reside in. Patients requiring Inpatient Rehab waited, on average, 12.5 days.

Discussion and conclusions: According to National Standards, patients should wait <24 hours for access to these beds, however, this was not achieved by any of the service areas within the Pennine Acute Trust. Saunders and colleagues (2004) postulate that one can make a positive impact on service delivery with some front line systems changes, to maintain or improve patient satisfaction. This change may pertain to larger Rehab/ICT facilities to accommodate the patients waiting access.

In conclusion, from a Lean thinking perspective, tackling those parts of a process which 'pull' work through the system (Rehab/ICT in our case) may be the best way to achieve rapid change.

Impact and implications: A number of patients achieved a discharge home from their acute bed while awaiting access to Rehab/ICT, which had a knock-on effect on ward's overall efficiency and running.

Funding acknowledgement: Nil.

<http://dx.doi.org/10.1016/j.physio.2016.10.118>

POS061

Supporting transition to masters level study: what do physiotherapy students find helpful?



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Relevance: Many physiotherapists enrol on a master's degree programme in order to enhance their practice and it is well documented that students find the transition from undergraduate to postgraduate study challenging (Tobbell *et al.*, 2010; West, 2012). This study explores postgraduate physiotherapy students' perspectives on the most effective strategies for supporting their transition

Purpose: During induction and the early part of a postgraduate programme, students are supported in developing 'master's level' skills through various formal and informal sessions. However, it is not clear which methods are most effective in enhancing this transition to master's level. Spearling (2014) attempted to address this by exploring the effect of specific teaching sessions aimed at enhancing student understanding of the expectations of master's level study. She found that for most students this strategy proved helpful but for the weaker students it was not effective; suggesting that formal teaching sessions are not the full answer to supporting student transition. At Coventry University, a number of strategies are in place, which aim to support postgraduate physiotherapy students, including an extended induction programme with formal teaching sessions relating to academic writing, critical thinking, in addition to more informal support sessions. The aim of this study was to ascertain which support strategies were most effective in enhancing transition to master's level study.

Methods/analysis: The views of postgraduate physiotherapy students who had completed their programme of study were explored in a qualitative study, using focus group methodology (Barbour and Kitzinger, 2001). A focus group was carried out with 7 students (2 home and 5 international students), which involved discussions relating to the support they felt they needed and had received throughout the whole student experience.

Results: Three key themes emerged from the data, relating to the timing of the support strategies:

1. The value of pre-course support, including reading material and contact with peers.

2. The value of early support, including pastoral support from staff, peer support and facilitation of time management skills.
3. The value of ongoing support, including academic writing, support with assessment and feedback on coursework.

Discussion and conclusions: Students seemed to place great value on support from their peers and flexible support from tutors throughout their programme. They valued support with academic writing and assessment but emphasised that feedback from assessment was crucial in developing their master's level writing skills. Interestingly, they felt that information about assessment and critical thinking should be introduced slowly, as they found this to be rather overwhelming early on in their studies.

This study highlighted the need for support throughout a programme of study to enhance the overall positive experience and indeed perceived personal success by participants. In particular the extended induction process was welcomed by international students who were studying in the UK for the first time.

Impact and implications: This study has implications for postgraduate physiotherapy education, suggesting that a structured programme of support enhances student transition to master's level.

Funding acknowledgement: Unfunded.

<http://dx.doi.org/10.1016/j.physio.2016.10.119>

POS062

Impact of using an online standardised data collection system in private physiotherapy practices in the UK: practitioners' views



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Relevance: Clinicians are becoming increasingly aware of the need to be able to demonstrate and account for the delivery and quality of their clinical services. Online standardised data collection systems, if carried out rigorously, can be used by clinicians to gather this information in a robust and accessible way. The standardised data collection system used in this project was developed following a number of different phases including identifying relevant criteria for inclusion, piloting the tool through a number of pilot studies and the development of an electronic database.

Purpose: Since November 2014 Physio First (the Organisation for Chartered Physiotherapists in Private Practice in the UK) has offered all its members the opportunity to participate in an online standardised data collection study. This has provided detailed information about current practice, patient demographics and outcome of care within physiotherapy private practices in the UK. Practitioners who contributed to the study were asked for feedback on their experience of participation.

Methods/analysis: 237 practitioners were recruited to the study. Practitioners who input data onto the online system were contacted via email and asked to provide feedback on their experience and any impact of participation. This was an online survey questionnaire design. The survey (via Survey Monkey) comprised of 5 open ended questions to enable qualitatively driven analysis. Data were managed and analysed thematically.

Results: The survey response rate was 25%. Four themes emerged from the data relating to: the individual practitioner, the business, the patient focus and the practicalities of data collection. The theme centred around the individual practitioner was multifaceted and included personal and practice development (i.e. stimulating reflective practice, awareness of the importance of data and improvements in day to day practice), professional development (i.e. identifying CPD needs and facilitating treatment evaluation) and supporting the profession (i.e. commitment to contributing to the knowledge base). The business theme comprised two categories, new knowledge (i.e. increased awareness of patient profiles and the importance of benchmarking), and use of data in informing practice (i.e. for business management, marketing, education and practitioner development). The patient focus theme related to the patient's perceptions and included quality assurance and time scale issues. The key issue for the practicalities of data collection was the increased workload (i.e. time limitations, duration and software compatibility).

Discussion and conclusions: Practitioners feedback varied following use of the online standardised data collection system. Some were entirely positive in terms of the impact it had had on their development (personal, practice and professional) and their business, whilst others had more mixed feelings. The negative impact reported was the increased workload, specifically the extra time commitment the data collection entailed.

Impact and implications: Physio First and their participating practitioners have a growing database of patient data. This has been achieved using an online database designed to collect standardised data. Whilst there is an issue concerning the time required to collect this data, the benefit of being able to show how efficient, timely and equitable their services are will provide valuable support to them in the ever changing healthcare market.