

**A REPORT ON THE
DEVASTATING IMPACTS
OF THE PROPOSED tPCT CUTS
TO PHYSIOTHERAPY SERVICES
IN HAY LANE SCHOOL**

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CONTEXT

Hay Lane School has 120 pupils all with severe learning difficulties. Many also have physical disabilities, multi-sensory impairments and/or autism. Around 86% of the pupils have some form of medical need and around 62% need access to some form of physiotherapy. At any one time, one or two children will be returning from surgery and needing daily physiotherapy input. A significant number of pupils have severe epilepsy which needs emergency medication. Many of the pupils have extremely challenging behaviours.

Grove Park School has 95 pupils, all with physical disabilities and many with learning difficulties too. 74% of these children access physiotherapy.

STAFFING – PRESENT SITUATION AT HAY LANE SCHOOL

At present Hay Lane has 2 full-time physiotherapists and 1½ full-time equivalent physiotherapy assistants. Our senior physiotherapist is a top clinical educator so we are a specialist centre for training physiotherapy students in this minority area. Teachers and Teaching Assistants in all 17 classes are spending a large amount of teaching time undertaking and supporting physiotherapy programmes. This current situation is just about manageable, though many children are not accessing the amount or frequency of physiotherapy that they should, and classroom staff are experiencing workload problems as a result of trying to juggle medical/physical care work with teaching and learning.

PHYSIOTHERAPY CASELOAD

At Hay Lane, there are 70 children on the physiotherapists' caseload. All these have physiotherapy named in their statements of special educational need.

Of these 70, 40 are on "active treatment" though all are seen for a minimum of 30 minutes a year. See Figure 1.

For 36 children, physiotherapy is almost continuously taking place throughout the whole school day, involving intensive staff intervention almost full time in most cases.

**Physiotherapy Caseload at Hay Lane
- 70 Children in total**

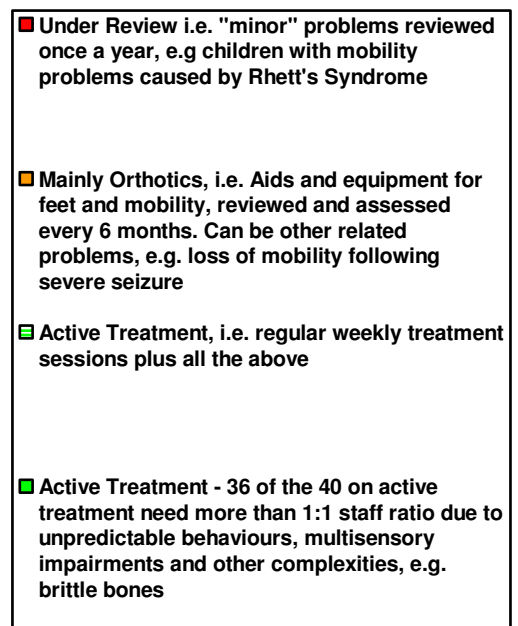
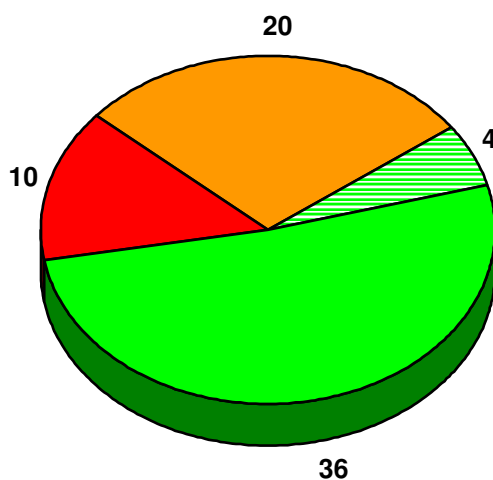


Figure 1

IPCT PROPOSALS

The present proposals will cut physiotherapy at Hay Lane by 50%. FIG. 2 shows how the current staffing level is used in school. FIG. 3 shows the reality of the staffing level which is needed. Calculations are based on the 39-week academic year and on the hours of child-contact time at Hay Lane School, i.e. 9am – 12 noon and 1pm – 3pm. Physiotherapy work that can be conducted outside these hours has been excluded (student supervision, writing reviews, etc.). No allowance has been made for toilet or coffee breaks at all.

PHYSIOTHERAPY AT HAY LANE - TIME SPENT.

Aspect of Physiotherapy, Programme or intervention	Minimum number of minutes per child	Number of children treated	Minimum numbers of qualified Physiotherapy staff needed*	TOTAL MINIMUM NO. OF HOURS SPENT IN A SCHOOL YEAR	
Orthotics assessments/reviews	30 every 6 weeks	18	2	36	
Wheelchair clinics	30 every 8 weeks	37	Min. 1	74	
Orthotic clinic	30 every 2 weeks	Variable	2	81	
Regular active treatment sessions	45 every week	40	Min. 2	2340	
Group mobility sessions	45 every week	4 groups a week – total 16 children	2	234	
Hand Group	75 every week	8	1	48	
Bobarth training	270 each year	Variable	3	24	
Hydrotherapy	90 every week	2 (different 2 each week)	3	58	
Seating clinic	30 every 6 months	20	Min. 1	Min. 20	
Visits to Royal National Orthopaedic Hospital	360 each year	Variable; 3 – 4	1	6	
Daily input for post-op children	15 every day	1 – 2	Min. 1	97	
Standing for children with complex conditions	15 each day	7	1 – 2	512	
Other intervention e.g. draining, emergency breathing problems, staff referrals	Variable	70	2	97 (Average)	
Training classroom staff	Variable	70	3	97 (Average)	
Student supervision	60 every 6 weeks	-	1	6	
Liasing with parents and other agencies	Variable	-	4	65	
Writing up for school annual reviews	-	-	1	23 Approx.	
No Child Contact	Student supervision	60 every 6 weeks	-	1	6
	Liasing with parents and other agencies	Variable	-	4	65
	Writing up for school annual reviews	-	-	1	23 Approx.
				TOTAL HOURS OF TREATMENT/REVIEW IN A YEAR	3818 Hours
* bearing in mind generous staff ratios from classes are already used in all sessions				TOTAL HOURS OF CLINICAL TREATMENT in a year (excluding non-child contact work) = 3818 hrs - 94 = 3724 hours	

Figure 2

STAFFING LEVELS NEEDED

Total hours of treatment needed with children in one school year (from Fig. 2)	=	3724 hours
Total maximum possible contact time with children with 1 FT physiotherapist	=	975 hours
“ 2	=	1950 hours
“ 3	=	2925 hours
“ 3 ½ (present staff level)	=	3413 hours
“ 4	=	3900 hours

Figure 3

IMPACT ASSESSMENT

No clinical assessment of the impact of the proposals has been carried out as far as the school is aware. If there has been one, it has not involved the Head Teacher or any senior managers in the school, or the class teachers or teaching assistants who would be affected. Physiotherapists based at the school are not aware of an impact assessment having taken place. In fact, school staff only heard of the proposals and interviews process on the grapevine. Communication between the tPCT and the school has been poor, to say the least, and only seems to have taken place at all when the school has initiated it. At the last Children and Family's Scrutiny Committee meeting, representatives from Hay Lane were assured by PCT directors that a clinical assessment of impact would now take place. We are still waiting.

ARE PHYSIOS AT HAY LANE UNDERTAKING DUTIES THAT ARE INAPPROPRIATE TO THEIR ROLE?

It has been suggested by the PCT that physios are spending time on duties not directly related to children's clinical needs, such as horse riding and hydrotherapy. Horse riding has never happened at Hay Lane. Hydrotherapy does take place, heavily supported by classroom staff. For around 30 children at Hay Lane, a safe, warm water pool is the only environment in which they can move their limbs and therefore fully access quality physiotherapy. These children are so severely disabled that a properly qualified and experienced physiotherapist is needed to supervise these sessions.

The physios at Hay Lane undertake no duties that are not directly related to childrens' medical needs. Sadly, they do not ever have time to participate in whole school events or festivals. Their time is solely taken up with the work listed in FIG.2.

COULD MORE PHYSIOTHERAPY BE DELEGATED THROUGHOUT THE SCHOOL?

Results of an in-school audit showed that it already is:-

Classes with children on active treatment	No. of pupils in class on active treatment	No. of pupils receiving physio with classroom staff	Role of physiotherapist
Class 1	7	All	Staff training Emergency intervention Daily post-operative treatment
Class 2	8	5	3 children with extremely complex needs Hand group
Class 5	1	1	Standing frame work – not appropriate in classroom
Class 6	1	1	Standing frame work – not appropriate in classroom, child has challenging behaviour needing treatment on 1:1 basis Group sessions
Class 8	1	1	Review & Assessment
Class 9	7	3	4 children with extremely complex needs Advice/intervention
Class 10	8	All	Emergency intervention Advice/training/demonstrations Post-Op treatment
Class 16+2	6	3	Children with more complex needs Group sessions
Class 16+3	1	1	Mobility training, e.g. managing stairs Group sessions

Figure 4

PREDICTED IMPACT OF NEW PROPOSALS

Proposals will cut physiotherapy by 50% at Hay Lane. The predicted consequences are:-

- The majority of individual treatment sessions will have to go.
- The physiotherapist's role will become largely instructive with very little "hands on" work.
- More class staff will have to attend group sessions and undertake more physiotherapy within the classroom, i.e. staff will be lost from their role in teaching. Less teaching will take place. Children will have significantly less access to education. The school will be unable to fulfil its legal requirement to educate the children and the pupils' basic human right to education will be denied.
- Classes will be left short of staff, thus putting other children and staff at risk (bearing in mind we have pupils with extreme medical needs and very challenging behaviours).
- On some days of the week, there will no longer be any physios available for emergency interventions. 2 ½ days a week, no physios will be on call. There will be more emergency hospital admissions and possibly deaths due to severe breathing/choking problems in school. This could happen several times a year.

AT BEST, CERTAIN CHILDREN WILL NEVER STAND AGAIN. AT WORST, SOME WILL DIE.