

## Agenda Item 10: 20.12.07

**Meeting:** Berkshire West CCG Governing Body

**Date of Meeting** 8 December 2020

**Title of Paper** Future commissioning of NHS hydrotherapy services in Berkshire West

**Lead Director** Shairoz Claridge, Director of Operations, Planned Care, LTC & Newbury Locality

**Author(s)** Caroline Tack, Head of Planning and Transformation

**Paper Type** For Approval

The Governing Body are asked to:

- (1) **APPROVE** the recommendation as set out in Option 3b that hydrotherapy is a not routinely funded treatment due to a lack of clinical benefit. Individual funding requests (IFR) may be made by the requesting clinician to the CCG for consideration, where exceptional circumstances exist.
- (2) **AGREE** to the requirement to develop the clinical criteria for providing NHS hydrotherapy in exceptional circumstances and the contractual mechanism for doing so and cost of providing any future service;
- (3) **AGREE** to request that the Chair and Accountable Officer of the CCG formally notifies all providers and the three Health Overview and Scrutiny Committees of the Governing Body's decisions in writing;
- (4) **AGREE** to communicate with patients and other stakeholders to explain the outcome of the Governing Body meeting and the likely implications of the decisions made.

### Action Required

Date: 8 December 2020  
Filename: Hydrotherapy

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## Executive Summary

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service provided to a small number of patients for a limited period as part of their rehabilitation. Patients in Berkshire West are referred following a physiotherapy assessment and will normally be prescribed a course of up to 6 sessions. In Berkshire West NHS hydrotherapy services are provided as part of the physiotherapy service within the main Royal Berkshire NHS Foundation Trust (RBFT) contract with the CCG. Berkshire West commissions circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800, or 1.2% represent hydrotherapy. The service is used by approximately 300 patients per annum at a cost of £240,000 per year.

It was agreed in July 2020 by the Berkshire West CCG Governing Body that a 12 week public consultation should be undertaken to seek a broad range of stakeholder views in order to help inform the CCG in determining whether it should continue commissioning hydrotherapy services for NHS funded patients. The consultation was prompted by the need to review the clinical evidence for hydrotherapy, value for money, and the ongoing operational challenges that have intensified by the infection control challenges COVID has brought in terms of service delivery (pool closure).

The scope of this paper, the consultation and the associated Governing Body decision is limited to hydrotherapy services for NHS patients (those referred by a Physiotherapist or consultant), from RBFT using NHS funding from the CCG. It does not cover hydrotherapy services funded by Local Authorities or other agencies including schools. It also does not cover other agencies that may utilise the pool through non-NHS arrangements. The Governing Body should note that there is a separate, discrete cohort of the population which uses the RBFT hydrotherapy pool facility on a privately funded basis which many of the comments in the consultation relate to.

The consultation commenced on the 10th August 2020 and concluded on the 2nd November 2020. There were 498 individual responses to the survey as well as 9 additional full written responses from organisations representing patients. It should also be noted that wider engagement with the 3 chairs of the Local Authority Health, Overview and Scrutiny Committees took place alongside local MPs and other stakeholder groups.

There are four points to highlight that became evident on analysis of the responses:

1. Of the 496 online responses, 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (the 34 IP addresses totalled 166 of the 498 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others.
2. Of this total number of responses, only a 59 (12%) identified as being a NHS

- patient who had been prescribed hydrotherapy by a clinician.
3. The majority of the comments in the survey responses refer to use of the pool at RBFT via voluntary sector organisations that commission sessions separately at the pool, and not the NHS provided service.
  4. The benefits and value placed on hydrotherapy by those who responded.

The CCG has a duty to continually ensure limited NHS resources are spent prudently and that the services we commission are evidence based, and offer clinical benefit to the maximum number of people. The CCG regularly review Procedures of Limited Clinical value (PLCV), this is a procedure where the clinical effectiveness of that procedure is either absent or evidence shows weak efficacy. Whilst there are patient reported benefits arising from the use of hydrotherapy there remains a lack of definitive clinical evidence that points to any benefits over and above land-based physiotherapy. There is a limited amount of good quality evidence on the clinical effectiveness of hydrotherapy and randomised controlled trials (RCTs) compared with land-based physiotherapy show no difference in effectiveness on outcomes of function and pain for patients with osteoarthritis, idiopathic arthritis, rheumatoid arthritis, asthma, back pain, fibromyalgia, haemophilia, Parkinson's disease or rehabilitation following stroke. NICE does not recommend the use of hydrotherapy over conventional physiotherapy for any indications.

Based on the clinical effectiveness, value for money and analysis of the consultation, the Governing Body members are requested to approve Option 3b to not routinely fund NHS hydrotherapy services apart from on an exceptionally basis via an Individual Funding Request (IFR). This Option has been recommended after robust evaluation against the decision making principles, it allows the consideration of an individual's need and an assessment of benefits that hydrotherapy could deliver against a set list of criteria. This also ensures we remain aligned with our Integrated Care System partners (Oxfordshire and Buckinghamshire) and other NHS Commissioners as hydrotherapy is not universally provided throughout the NHS for these client groups.

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**Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)**

Berkshire West Clinical Commissioning Committee – November 2020

**Financial and resource implications**

The cost of delivery hydrotherapy services in Berkshire West is approx. £240,000 per annum.

**Risk and Assurance**

Effective consultation and engagement helps underpin the commissioning of safe, high quality services for the local population.

**Legal implications/regulatory requirements**

The public involvement and consultation duties of commissioners are set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.

**Consultation, public engagement & partnership working implications/impact**

A 12 week public consultation was undertaken to inform this report. This included individual survey responses alongside organisational responses on behalf of patient groups.

**Public Sector Equality/Equity Duty**

An EQIA has been completed based on the options appraisal and sits alongside this report to inform the decision making process.

**Conflicts of Interest**

Not Applicable

No conflict identified

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Conflict noted: conflicted party can participate in discussion and decision

Conflict noted, conflicted party can participate in discussion but not decision

Conflict noted, conflicted party can remain but not participate in discussion

Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit

Conflicted party is excluded from discussion

**Authority to Make a Decision – process and/or commissioning (if relevant)**

Not Applicable

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## 1. Introduction

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service which can be of clinical benefit (albeit limited – see section 5) to a small number of patients for a limited period as part of their rehabilitation. Patients in Berkshire West are referred for hydrotherapy following a physiotherapy assessment and will normally be prescribed a course of up to 6 sessions.

In Berkshire West hydrotherapy services are routinely provided as part of the Physiotherapy service within the main Royal Berkshire NHS Foundation Trust (RBFT) contract with the CCG and are provided as an outpatient service, with a referral either from GPs (for physiotherapy whereby hydrotherapy may be the agreed treatment), RBFT consultants or Physiotherapists. The hydrotherapy service is used by a range of specialties, including Adult MSK, Paediatrics, Neurology and Rheumatology. Berkshire West commissions circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800 appointments, or 1.2% represent hydrotherapy.

The Covid pandemic has led to changes to the way patients can access services and receive treatment, and some services have been stopped to keep patients safe. From March 2020 the hydrotherapy service provided at the Royal Berkshire Hospital (RBH) has been closed in line with their Covid infection control policy. There is an ongoing need during this pandemic to ensure patients access services in the safest possible setting. This means that many services are now being delivered in alternative locations rather than in hospitals. Prior to this the pool has frequently been closed due to ongoing maintenance issues which have impacted accessibility for patients even prior to the Covid pandemic.

Berkshire West CCG has a duty to make sure limited NHS resources are spent prudently and that the services we commission are of real clinical benefit to the most number of people. The CCG has been consistently underfunded as a public sector organisation, with the most recent analysis of its financial position demonstrating a shortfall of £25m from the allocation which is required to be equitably funded compared to comparator CCGs. Within this context, the CCG regularly examines the value for money of its commissioned services, alongside clinical effectiveness to ensure both taxpayer value and the ability to invest its scarce resource in clinical priorities.

There is a distinct lack of definitive clinical evidence to say that hydrotherapy offers benefits to patients over and above land-based therapies. It is however, recognised that some clinicians and patients believe there is a therapeutic benefit for certain patients and patient groups.

Due to ongoing operational challenges associated with the pool, the potentially open-ended nature of this pandemic, a need to review the clinical effectiveness of hydrotherapy and its value for money this prompted the CCG to examine the future options for commissioning hydrotherapy.

In July 2020 the Berkshire West CCG Governing Body discussed the need to consult on the future commissioning of hydrotherapy services. Initially a 5 week period of consultation was proposed, however it was felt on balance that given some of the limitations of COVID and the timescale falling over a traditional holiday period that this should be 12 weeks. A 12 week public consultation was agreed to enable the CCG to seek a broad range of stakeholder views to determine whether it should continue commissioning hydrotherapy services for NHS funded patients. The chairs of the three Health Overview and Scrutiny received communication from the CCG of their intention to consult on the 30<sup>th</sup> July 2020.

The consultation commenced on the 10th August 2020 and concluded on the 2nd November 2020.

There were 498 individual responses to the survey (see Appendix 1a) as well as 9 additional full written responses from organisations representing patients (see Appendix 1b). The scope of this consultation included all NHS hydrotherapy services routinely provided to NHS patients under physiotherapy at RBFT. The Governing Body should note that there is a separate, discrete cohort of the population which uses the RBH hydrotherapy facility on a privately funded basis. Whilst the consultation and associated commissioning decision does not pertain to this group, there is

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considerable interest in the CCG's decision from non-NHS funded users of the pool. This report outlines the findings from that consultation, the clinical effectiveness and value for money of hydrotherapy and utilises agreed decision making criteria to make recommendations regarding the future commissioning arrangements of this service.

These decision making criteria are as follows:

- I. To offer procedures and treatments consistently and fairly to patients.
- II. To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.
- III. To review the use of treatments that do not have any benefit, or have a very limited evidence base.
- IV. To prioritise treatments which provide the greatest benefits to patients.
- V. To ensure best value for NHS money.
- VI. To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.

## 2. Scope of the Governing Body Decision

The scope of this paper, the consultation and the associated Governing Body decision is defined to cover hydrotherapy services for NHS patients (those referred by a Physiotherapist or consultant), from the RBFT using NHS funding from the CCG. It does not cover hydrotherapy services funded by Local Authorities and commissioned from other agencies including schools. It also does not cover all activities that operate from the RBFT pool as many other agencies utilise the pool through other non-NHS arrangements.

It is outside of the remit of the CCG to make decisions on the future of the hydrotherapy pool on the RBFT site, including whether it remains open or closes.

It should be noted that the consultation was open to all members of the public to share their views, regardless of whether they are, or ever have been, a NHS funded user of the hydrotherapy facility.

## 3. Background

The hydrotherapy service at RBFT caters for those who are directly referred for physiotherapy by their GPs, consultants within the hospital or other Allied Health Professionals (AHPs). Sessions have traditionally been allocated for certain services, regardless of their usage levels. Hydrotherapy is one modality of physiotherapy and it is reported that in the main benefits a very small number of patients requiring physiotherapy.

The provision of hydrotherapy has been under discussion for some time, attracting public interest after a decision was taken by RBFT to close the facility in 2016/17 which was subsequently withdrawn.

Timeline of activity to date includes:

- - **June 2016:** RBFT's Senior Management Team approved a paper recommending the discontinuation of the hydrotherapy services and closure of the pool.
  - **January 2017:** RBFT agreed to a review of the proposal to close the pool.
  - **January 2017– June 2017:** A number of patient representative meetings were held as part of the review including MPs and patient representatives.
  - **June 2017:** agreement by RBFT to closure was deferred in the face of public concern pending further stakeholder engagement (internal and external).
  - **December 2017-February 2018:** RBFT planned closure of the pool for refurbishment agreed with the CCG.
  - **Further closures during 2018:** primarily as a result of the boiler failing, with secondary equipment issues impacting on utilisation and associated running costs.
  - **February 2018** – External stakeholder meeting hosted by Chief Executive, RBFT
  - **June 2018** – Questionnaire sent to RBFT staff to seek clinical opinion on hydrotherapy services
  - **June 2018** – Information collated on hydrotherapy complaints and safety risks
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- **June 2018:** paper to RBFT Executive Management Committee agreeing a number of recommendations including:
    - Seeking a Berkshire West wide system review of the future of hydrotherapy in Berkshire West including consideration of alternative options and/or ceasing provision.
    - Short term work by RBFT to find ways to improve income/reduce loss
    - Collaborative work with commissioners to reinvigorate work with interested parties on the development of suitable alternative provision
  - **December 2018** – Further engagement with local MPs led by RBFT
  - **October 2019** – Internal RBFT stakeholder meeting with clinicians who either refer to hydrotherapy or provide the service.
  - **March 2020:** The pool located on the RBH site is closed due to COVID infection control policy and is likely to remain this way for a considerable period of time.
  - **July 2020** – Chairs of Health Overview and Scrutiny committee across Berkshire West, local MPs and RBFT informed of CCG consultation.
  - **August – November 2020:** 12 week public consultation by the CCG on the future commissioning of hydrotherapy Services. 498 survey responses received, stakeholder meetings held.
  - **November 2020** – CCG met with Health Overview and Scrutiny chairs (post consultation closure) to outline key messages from the consultation as well as the implications and confirm next steps in the process.

#### 4. Clinical evidence and benefits

##### 4.1 What is hydrotherapy?

Hydrotherapy is a specialist form of physiotherapy that utilises the properties of water for assistance, support and resistance in order to alleviate pain, improve mobility and increase strength. It is usually used in conjunction with other types of physiotherapy treatment such as manual therapy and land-based exercises. However, hydrotherapy is clinically appropriate for a very small percentage of physiotherapy patients. It is used for those patients whom have suffered multiple trauma, have complex post-operative needs or present with a neurological or MSK condition where assessed patients would potentially benefit. Hydrotherapy treatment should typically commence within 2 weeks of trauma or an operation to optimise clinical outcomes. In Berkshire West hydrotherapy provision by the NHS is available for those patients for whom it is assessed that there will be a clinical benefit. Patients are assessed against RBFT criteria, including safety and it is a Physiotherapists decision as to whether hydrotherapy is a viable adjunct to land therapy.

##### 4.2 Clinical effectiveness

There is a limited amount of good quality evidence on the clinical effectiveness of hydrotherapy. For Paediatrics and neuro-rehabilitation there is some evidence to suggest that there are clinical benefits of hydrotherapy and for patients who are unable to stand independently this can be more beneficial than land-based therapies. The evidence suggests that for patients presenting with total hip and knee replacements and multiple fractures there is some clinical benefit. However, this benefit is no greater than alternative land-based interventions such as exercise groups in the gym and manual therapy. Consequently, hydrotherapy is not universally provided throughout the NHS for these client groups and is more often than not based on whether there is a suitable pool in the local area or not.

Randomised controlled trials (RCTs) of hydrotherapy compared with land-based physiotherapy show no difference in effectiveness on outcomes of function and pain for patients with osteoarthritis, idiopathic arthritis, rheumatoid arthritis, asthma, back pain, fibromyalgia, haemophilia, Parkinson's disease or rehabilitation following stroke. There is some low quality evidence which suggests that hydrotherapy may be better than conventional physiotherapy for rehabilitation in patients following hip or knee replacement. For other indications, there are no RCTs of hydrotherapy versus land-based physiotherapy. The National Institute for Clinical Excellence (NICE) does not recommend the use of hydrotherapy over conventional physiotherapy for any indications (a full list of references can be found in Appendix 2).

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There is some evidence to suggest that hydrotherapy has a positive role in reducing pain and improving the health status of patients with Rheumatoid Arthritis compared with no or other interventions in the short term. However, the long-term benefit is unknown. Further studies are needed.<sup>1</sup>

From a qualitative study undertaken in New Zealand<sup>2</sup> it is evident that exercising in a hydrotherapy pool provides buoyance and warmth which enable people to feel safe, do more exercises than they would be able to do on land or a public pool, and provides them with physical and psychological benefits.

An Australian study which analysed nine original articles addressing the benefits of hydrotherapy on adult populations with chronic MSK conditions found evidence to suggest that hydrotherapy had a positive effect on pain, quality of life, condition-related disability and functional exercise capacity. It was also noted that following hydrotherapy, the perceived benefit of well-being was superior to land-based exercise protocols in cases where water temperature was within a range (33.5–35.5 °C).<sup>3</sup>

Overall however there is lack of widely recognised evidence on how hydrotherapy improves a number of the diseases above with many of the benefits outlined as self-reported, which is one of the limitations. It was also noted in many of the articles reviewed that further studies were required to assess the clinical benefits of hydrotherapy. Finally NICE guidance which is based on the best available evidence does not recommend the use of hydrotherapy over conventional physiotherapy.

#### 4.3 Patient reported benefits

It is evident from the responses received to the consultation and the studies above that patients do report benefits as a result of hydrotherapy sessions. Some patients experience an increased range of movement and improved independence. In addition, patients enjoy the warm environment and the social aspect which brings mutual support from other patients. These factors result in patients often wanting to continue with hydrotherapy beyond NHS provision.

As part of the consultation patients and patient groups articulated a number of benefits they gained from accessing hydrotherapy including:

- Buoyancy relieves the pressure on painful joints experienced on weight bearing.
- Warmth increases circulation, eases stiffness, often enabling greater range of movement.
- Improves strength and balance.
- Viscosity provides variable resistance for exercising in a safe, supported medium.
- Movement of the water helps build coordination and balance and builds confidence to weight bear outside of the pool.
- Enables exercise without experiencing pain.
- Pain relief without resort to opioids and other pain killers
- Stress relief, relaxation and improves general wellbeing
- Supports restful sleep
- Inability to access land-based Physiotherapy due to the nature of specific conditions and how it impacts a patient.
- Enables some groups, particularly children and those with learning disabilities to partake in physiotherapy that wouldn't be as easy if it were land-based.

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<sup>1</sup> **The Effectiveness of Hydrotherapy in the Management of Rheumatoid Arthritis: A Systematic Review.** Khamis Y. Al-Qubaeissy MD , Francis A. Fatoye PhD , Peter C. Goodwin PhD, Abebaw M. Yohannes PhD, MSc, FCCP

<sup>2</sup> **Patient reported benefits of hydrotherapy for arthritis** Larmer P, Kersten P, Dangan J (2014) New Zealand Journal of Physiotherapy 42(2): 89-93.

<sup>3</sup> **The impact of hydrotherapy on a patient's perceived well-being: a critical review of the literature.** Amy Carere & Robin Orr, Bond Institute of Health and Sport, Bond University, Gold Coast.

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It has also been suggested that hydrotherapy may be of benefit to those experiencing 'long Covid' symptoms where patients have experienced a reduction in the use of muscles as a result of contracting CoVid-19 however this is still an area that requires significantly more research.

#### **4.4 Productivity benefits**

The majority of hydrotherapy sessions tend to be delivered in a group setting. This enables one therapist to provide support to a number of patients simultaneously, therefore increasing productivity for the treating therapist. However, the running costs of the hydrotherapy facility itself are typically higher than 'land-based' physiotherapy facilities due to its very nature of maintaining a constant high temperature of the water and the associated energy and infrastructure required to do this.

#### **5. Financial considerations**

The hydrotherapy service currently costs the local NHS in the region of £240,000 a year. Further significant work is expected in future years on maintaining the pool with both a capital and revenue consequence in addition.

A land-based physiotherapy service would cost between £35, 000-£72, 000 for the same number of patients which is a therapy that has strong clinical evidence behind it and is more cost-effective treatment option.

#### **6. Patient pathway and activity**

Generally, patients participate in a 4-6 week block of hydrotherapy dependent upon need. Following this, they would be either discharged or referred back to the assessing clinician.

The process for determining whether a patient receives hydrotherapy is:

- RBFT physiotherapists can refer into hydrotherapy as an adjunct therapy alongside the patients land-based treatment.
- GPs will refer for physiotherapy but may express an interest in hydrotherapy as part of the management plan, but it is at the discretion of the physiotherapist if this happens or not.
- External Physiotherapy providers can directly refer for hydrotherapy which may be either accepted or rejected.
- Internal referrals from Orthopaedics sometimes request hydrotherapy as part of the patient's treatment but again this is at the discretion of the Physiotherapist triaging the referrals.

##### **6.1 Hydrotherapy activity**

Out of the 107,000 physiotherapy appointments Berkshire West routinely commissions each year from RBFT, around 1,800 (1.7%) are for NHS hydrotherapy and 93% are Berkshire West patients (the remaining number are patients from outside the area accessing the service) . On average patients use the service for 5.8 appointments each and therefore the 1800 appointments are utilised by approximately 310 individual patients (0.05% of the Berkshire West CCG registered population). It should also be noted that there is a high dropout rate with on average 8 out of every 12 appointments attended. This makes the service incredibly inefficient.

##### **6.2 Equalities data**

RBFT routinely collect information relating to the variety of equalities domains for those that use their services. Information regarding patients who utilised the hydrotherapy service in 2019-20 indicates that the majority of patients defined themselves as White, Female and Single however the range for age was equally spread from aged 1 to 100 years. No information was available regarding disability however it can be assumed from the hospital specialities that use the service in the main, for example MSK and Neurology that a number of the patients would have a registered disability. A full Equalities and Quality impact assessment has been completed as part of this consultation and can be found in Appendix 3. Through this analysis it is deemed that no adverse impact would be experienced by those groups with protected characteristics due to the alternative service provision offer of land-based physiotherapy and all options presented allow some access to hydrotherapy.

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## 7. Consultation Process

The current COVID context has had implications on the more traditional methods of consultation (events/meetings) and engagement with stakeholders; however it should be noted that engagement work had already been undertaken (pre-COVID) as part of the ongoing dialogue with stakeholders from 2016/17 in partnership with RBFT (outlined in section 3 above). This consultation therefore took a thorough digital based approach to gather the views of the public as well as engagement with stakeholder groups on the future provision of this service including:

- Online and hard copy survey
- Dedicated consultation inbox to submit further responses to the consultation beyond the survey questions.
- Virtual stakeholder meetings including MPs, voluntary organisations and patients (October 2020).
- Notification of the intention to consult sent to chairs of each local authority Health overview and Scrutiny committee (Reading, Wokingham and West Berkshire) in July 2020.
- Briefing session undertaken with the chairs above upon closure of the consultation with key messages and next steps

The CCG capitalised on the extensive network of patient and public involvement forums to ensure the consultation was well publicised utilising the support from the Communication and Engagement teams across health partners and local government.

A press release went out on 10 August 2020 to a series of local media outlets across the region, BBC Radio Berkshire and BBC TV South ran stories on 12 August 2020 including interviews with local users of the pool. The press release also went to the three local Healthwatch organisations and voluntary sector organisations that publicised the consultation in their newsletters. It went to the 3 local authority communications teams for use in resident newsletters, there were monthly items in the Patient Participation newsletters and it also went to the parish councils across Berkshire West for use in their newsletters. This has also been supported by a weekly social media campaign on Twitter. The consultation was open to all members of the public to share their views and will have included those who may have accessed hydrotherapy services at RBFT via private arrangements.

## 8. Consultation results

The survey included 11 questions to answer in total however if the responder did not identify themselves as an NHS patient prescribed hydrotherapy or someone who had used the service there was only 5 questions to answer with the opportunity to provide further commentary at the end of the survey.

From the response to the consultation it is evident that a large number of the responses to the survey relate to services that are outside of the scope of this consultation e.g. hydrotherapy provided in special schools and patients accessing the hydrotherapy pool at RBFT via voluntary sector organisations. It is therefore challenging to draw distinct conclusions from the data as it is not possible to entirely determine who would and who would not be affected by the consultation results from the survey alone.

The survey results and the associated additional commentary were reviewed by the CCG and are presented below. The responses to the survey can be found in Appendix 1a. The full qualitative commentary has been excluded from this report to protect patients confidentiality but a selection of comments have been included in Appendix 1c as a snap shot of the general tone of response.

### 8.1 Who responded to the consultation?

In total 498 responses were received to the survey, 496 using the Survey Monkey link online and 2 received either by hard copy or e mail as well as 9 additional full written responses from organisations/individuals representing patients. The full results can be found in Appendix 1a attached to this report. Of this number, 217 (or 44%) had used the NHS hydrotherapy services and 279 (56%) had not.

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It should be noted that on analysis of these numbers it has become evident that of the 496 online

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responses 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (the 34 IP addresses totalled 166 of the 498 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others.

Of this total number of responses, only a very small number (59 or 12%) identified as being an NHS patient who had been prescribed hydrotherapy by a clinician. However, 11 have suggested in their response they have not used the pool and a further 11 used the pool but with a voluntary organisation so it cannot be assumed their answers wholly relate to the NHS service. The majority responded in a personal capacity as an interested member of the public (258) or other (124) which included a mix of health professionals and voluntary groups.

It is important to note that a significant number of people access hydrotherapy privately at the same pool, for this reason (probably due to its location on the hospital site) it is difficult to distinguish between those who have benefited from the NHS provided services versus those who have not.. In terms of the scope of this consultation, it is focussed on the future commissioning of hydrotherapy services for NHS patients, not how the pool is used more widely. The latter is at the discretion of RBFT not the CCG. It is apparent from the vast majority of the comments in the survey responses that patients are referring to their use of the pool at RBFT via voluntary sector organisations who commission sessions separately, and not the NHS provided service.

In terms of equalities data, the majority of respondents identified as a woman (78%) and there was generally a wide and fairly even mix of age groups that completed the survey. 66% of respondents identified as White English and a further 17% as White British meaning this ethnicity group make up the majority. The bulk of respondents did not consider themselves to have a disability. Finally, the majority identified themselves as Heterosexual (90%) and 53% as Christian or 35% having no religion.

To note, the above equalities profile does not necessarily reflect the full picture of NHS patients accessing hydrotherapy service (please see EQIA in Appendix 3)

## **8.2 Quality and benefits of the service**

Question three of the survey asked respondents to rate the NHS hydrotherapy service with 1 being 'Poor' and 10 being 'Very Good.' For those that had used the hydrotherapy service the vast majority rated it as 'Very Good' – 88 people out of a total of 151 who responded and only 3 rated it as poor. This indicates that patients deem the service to be of high quality and therefore had a positive experience.

It is clear from Table 1 below that the hydrotherapy service is deemed to provide an excellent service with the majority (145 out of 151) of those that responded stating that it is beneficial both for patients who have used the service and the availability of it to the general population.

However, it should also be noted that some answers in the survey were contradictory or more accurately did not support answers to prior questions, for example some respondents felt the service was not beneficial to the population but did feel it represented good value for money.

As stated previously it is apparent from the majority of the comments in the survey responses that patients are referring to their use of the pool at RBFT via voluntary sector organisations who commission sessions separately at the pool, and not the NHS provided service. Therefore the benefits related to the NHS provided service are from a much smaller pool of responders.

Table 1:

	No of Respondents	Average score		
		NHS Service - ratings	Service benefits	Benefici: populat
An NHS patient prescribed NHS hydrotherapy	59	9.1	9.64	9.68
Used NHS pool in Reading	218	8.93	9.51	9.53
Used NHS pool in Reading excluding those prescribed NHS hydrotherapy	170	8.88	9.45	9.45
Not used pool	280	no scores*	no scores*	8.81
* If indicated no use of the pool then this question was not answered				

### 8.3 Value for money

As part of the survey respondents were asked:

*Taking in to consideration the money available to the NHS and the clinical evidence, do you think hydrotherapy services represent good value for money?*

364 people answered this question with the vast majority (334 or 91.8%) stating that they did think the service represented good value for money. 30 people (or 8.2%) stated that it does not represent good value for money.

### 8.4 Impact of the service

The survey asked respondents:

*If hydrotherapy services were to close what impact would this have on patients? (1 no impact - 10 substantial impact)*

64% (364) thought it would have a substantial impact on patients. However, akin to previous questions it is unclear as to whether respondent answers do relate to whether the NHS service continues to be commissioned or their use of the RBFT pool via other means changes.

### 8.5 Other commentary – themes

On analysis of the commentary provided at the end of the survey, where respondents were invited to provide any other comments on the consultation, set out below are a number of themes that emerged:

**The service doesn't necessarily need to be provided on an acute hospital site**

**There are many reported positive benefits for patients in terms of pain relief and increased mobility**

**A better pool is required**

**Money could be spent on other services/treatments**

**Consider opportunities for income generation**

**Long term preventative value of the service should be considered**

**Service only benefits Reading patients**

**Reduces the need for pain medication**

## 9 Decision making principles

Alongside the views collected on hydrotherapy as part of the survey the CCG have an agreed set of decision making principles which will ensure a consistent and fair approach. These were set out in the consultation documentation and include:

- I. To offer procedures and treatments consistently and fairly to patients.
- II. To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.
- III. To review the use of treatments that do not have any benefit, or have a very limited evidence base.
- IV. To prioritise treatments which provide the greatest benefits to patients.
- V. To ensure best value for NHS money.
- VI. To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.

## 10 Options appraisal

As a consequence of the feedback collected as part of the consultation, alongside clinical evidence and value for money a number of options for appraisal are presented below, including their implications, as to how the CCG could proceed. Each option has then been evaluated against the decision making principles set out at the start of the consultation (Table 2 below).

### **Option 1 - Continue to provide hydrotherapy services as part of the block contract arrangement with RBFT**

Under this option there would be no change to current service provision however the service remains closed due to Covid Infection control policy. The CCG would need to work with RBFT to determine process and timescales for re-opening the pool on the acute site. Hydrotherapy is offered as an adjunct modality to support land-based physiotherapy, which will not be affected and will continue to be offered as it is currently.

### **Option 2 – Continue to commission hydrotherapy services but on an alternative purchasing basis.**

This would involve RBFT subcontracting or the CCG commissioning with alternative pools to provide individual and group sessions with a physiotherapist for patients who would have accessed the pool at RBH. This would need to be explored in full with RBFT partners to assess feasibility. There are a number of hydrotherapy pools in Berkshire West but it is unclear at this stage if they are suitable or have the capacity to accommodate patients. There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service. There is also a financial risk to the CCG as the volume of patients requiring Hydrotherapy in the future is unknown, a sessional approach may therefore prove more expensive and unaffordable.

In addition, if the service moves to different premises, transport and carers arrangements may be difficult for some patients but it may also improve access for others in other areas of Berkshire West. As far as is reasonably possible services will be secured as close to a patients home as is practical. The location and facilities must comply with the Equality Act 2010 including adequate disabled access and changing facilities. Individual sessions or single sex sessions should be provided in order to support patients with particular religious beliefs and patients that have had gender reassignment or are transgender.

### **Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria.**

The commissioning arrangements for this option are the same as Option 2 with one notable difference, the implementation of a prior approval process. A clinical policy and criteria would need drafting to implement this option.

RBFT would need prior approval to request hydrotherapy as a treatment option before commencing treatment, only those patients who met the criteria would access this service. As per Option 2 this

would involve RBFT subcontracting or the CCG commissioning with alternative pools to provide individual and group sessions with a physiotherapist for patients who would have accessed the pool at RBH. Patients would also be offered land-based Physiotherapy as an alternative. Again, the feasibility of this option would need to be tested with RBFT.

The financial risk as outlined in Option 2 is reduced due to following set clinical criteria. The consideration of service provision from different premises apply as outlined in Option 2.

**Option 3b – Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request.**

The commissioning arrangements for this option are the same as Option 3a with one notable difference, the implementation of a Red policy IFR. Red policies relate to procedures not routinely funded by the Commissioner (CCG). These are procedures that will not be routinely funded by the commissioning CCG due to a lack of evidence for clinical benefit, limited resource or the responsibility of specialised commissioning. Other management options should be considered.

RBFT would need prior approval to request hydrotherapy as a treatment option before commencing treatment and these would only be approved in exceptional circumstances. A clinical policy and exceptionality criteria would need drafting to implement this option.

The same contracting mechanism would need consideration as described in Option 2 and 3b.

The financial risk as outlined in Option 2 is reduced significantly due to considering an individual's exceptionality on set clinical criteria. The consideration of service provision from different premises applies as outlined in Option 2.

### 10.1 Options appraisal matrix

Each of these options has been evaluated below against the decision making principles adopted at the start of the consultation. The rationale for each of these is outlined in more detail in Appendix 6.

**Table 2**

	Option 1	Option 2	Option 3a	Option 3b
<b>Decision making principles</b>				
To offer procedures and treatments consistently and fairly to patients.	✗	✗	✓	✓
To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.	✗	✗	✓	✓
To review the use of treatments that do not have any benefit, or have a very limited evidence base.	✗	✗	✓	✓
To prioritise treatments which provide the greatest benefits to patients.	✗	✗	✗	✓
To ensure best value for NHS money.	✗	✗	✗	✓
To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.	✗	✓	✓	✓

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## 11 Conclusion

The CCG is aware of the ongoing operational challenges in delivering hydrotherapy from the RBFT pool. COVID and a renewed focus on infection prevention control have intensified these challenges over recent months and the pool has been closed since March 2020. Alongside this the CCG has a duty to continually ensure limited NHS resources are spent prudently and that the services we commission are evidence based, and offer clinical benefit to the maximum number of people.

As part of this consultation we have reviewed the clinical evidence for hydrotherapy. The availability of good quality clinical evidence for the clinical effectiveness of hydrotherapy is limited. The evidence suggests that any Hydrotherapy benefits are no greater than alternative land-based interventions such as exercise groups in the gym, manual therapy and acupuncture. Consequently, hydrotherapy is not universally provided throughout the NHS and in addition land-based physiotherapy can be provided which results in equivalent outcomes for a lower cost. In any one year there are a very small number of NHS patients who access Hydrotherapy at RBH (approx. 300).

However, from the consultation responses the CCG recognise the value placed on hydrotherapy by patients and reported benefits to them

Taking in to consideration all of the above the CCG is proposing the implementation of Option 3b. This would ensure that any provision of hydrotherapy is based on the exceptional needs of an individual based on set clinical criteria and deemed to be of sufficient clinical benefit to fund. This would also ensure that any financial risk to the CCG is minimised.

## 12 Recommendation

That the Governing Body:

- (1) **APPROVES** the recommendation as set out in Option 3b that hydrotherapy is a not routinely funded treatment due to a lack of clinical benefit. Individual funding requests (IFR) may be made by the requesting clinician to the CCG for consideration, where exceptional circumstances exist.
  - (2) **AGREES** to the requirement to develop the clinical criteria for providing NHS hydrotherapy in exceptional circumstances, the contractual mechanism for doing so and cost of providing any future service;
  - (3) **AGREES** to request that the Chair and Accountable Officer of the CCG formally notifies all providers and the three Health Overview and Scrutiny Committees of the Governing Body's decisions in writing;
  - (4) **AGREES** to communicate with patients and other stakeholders to explain the outcome of the Governing Body meeting and the likely implications of the decisions made.
-

## **Appendix 1a - Full consultation responses (minus free text) – see separate document**

### **Appendix 1b - Additional consultation responses**

Arthritis Matters  
 After Cancer  
 National Axial Spondyloarthritis Society (NASS)  
 Reading Borough Council  
 West Berkshire Neurological Alliance  
 Wokingham SEND and family forum  
 MP for Reading West, Alok Sharma  
 MP for Reading East, Matt Rodda  
 University Hospital Southampton NHS Foundation Trust

### **Appendix 1c – Sample of commentary taken from survey responses**

#### **Quality and benefits of the service**

*“I depend on hydrotherapy to stay mobile after multiple injuries”*

*“Essential as legs too weak to support me on land for exercising”  
 “Always friendly staff and excellent attention”*

*“Thoughtful, helpful and knowledgeable staff”*

*“It helps with no impact exercise”*

*“I found this invaluable to easing my arthritis and neuropathy pain”*

*“I found very beneficial after knee replacement surgery”*

*“Provided access to exercise for those who struggle to exercise on land and also to self-manage chronic long term conditions such as pain, fibromyalgia, arthritis etc”*

#### **Value for money**

*“A lot of money for a few people. If money was no object then I've no doubt it's a good service but unfortunately money is an issue in the NHS so we need to spend it wisely.”*

*“I assume costs of maintaining the pool cause the majority of disparity between land and water. More economical provision of pool facilities are needed such as NHS provision within a private setting.”*

*“I am sad to say the figures you have given of the Hydro running costs as opposed to land-based physio is extraordinarily high which is very disappointing. On the other hand without it, it could lead to many patients condition deteriorating leading to costlier treatments and care costs. So your Hydro and land-based comparison isn't necessarily a true outcome.”*

*“Little / no evidence to support its benefit - the exercising in water potential benefit can be equally well obtained in any pool doing exercise classes”*

*“Probably not on paper but important for patients' morale.”*

*“Absolutely not as the number of people treated is so low and the cost per person so high. It is astounding that the NHS has continued to fund this as it is extremely simple to go to a swimming pool and do these exercises yourself. It is completely unnecessary to have a professional do this with a patient.”*

*“Costs explained in the informative text preceding this survey demonstrate that land-based physiotherapy is markedly more cost effective than hydro.”*

## Appendix 2 – References

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## Appendix 3 – EQIA – see separate document

## Appendix 4 - Option evaluation

Decision making criteria	Option 1 – Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT.	Option 2 - Continue to commission Hydrotherapy services but on an alternative purchasing basis.	Option 3a - Continue to commission Hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process before treatment to confirm compliance with criteria.	Option 3b –Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request.
<p><b>To offer procedures and treatments consistently and fairly to patients.</b></p> <p>34</p>	<p>No disruption to current service provision. Hydrotherapy services remain available for Berkshire West patients.</p> <p>Current Hydrotherapy pool at RBFT remains closed due to COVID infection control and unclear on status of when it may be safe to re-open.</p> <p>No agreed criteria in place to assess suitability for Hydrotherapy.</p> <p>Pre-Covid the pool on the RBFT has been closed on multiple occasions which has meant patients have been unable to access Hydrotherapy.</p> <p>Of the circa 500 responses to the consultation only 59 NHS patients responded to the consultation and identified themselves as recipients of the NHS service at RBFT.</p>	<p>An acute hospital site may not necessarily be the most appropriate for non-acute care such as Hydrotherapy.</p> <p>RBFT is not an accessible site for all Berkshire West patients. Potential to provide a service closer to the patient homes rather than solely focussing on Reading.</p> <p>No agreed criteria in place to assess suitability for Hydrotherapy.</p> <p>There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p>	<p>An acute hospital site may not necessarily be the most appropriate for non-acute care such as Hydrotherapy.</p> <p>RBFT is not an accessible site for all Berkshire West patients. Potential to provide a service closer to the patient homes rather than solely focussing on Reading locality.</p> <p>There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p> <p>Hydrotherapy available via a prior approval process.</p>	<p>Hydrotherapy would still be available in exceptional circumstances as per IFR policy and criteria.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p>

Date: 8 December 2020

Filename: Future Commissioning of Hydrotherapy services in Berkshire West

**To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.**

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy.

Strong patient reported benefits of the effect of Hydrotherapy on pain.

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy.

Risk of poor patient experience and impact to their physiotherapy healthcare requirements.

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy.

Risk of poor patient experience and impact to their physiotherapy healthcare requirements.

Minimal clinical evidence to support Hydrotherapy above land-based Physiotherapy.

Risk of poor patient experience and impact to their physiotherapy healthcare requirements.

Prior approval process will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria.

IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria. Requires clinician to demonstrate clinical benefits for the patient. Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.

**To review the use of treatments that do not have any benefit, or have a very limited evidence base.**

Strong patient reported benefits of the effect of Hydrotherapy on pain.

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.

Prior approval process will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria.

IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria. Requires clinician to demonstrate clinical benefits for the patient. Not fully supported by patients – strong patient reported outcomes.

**To prioritise treatments which provide the greatest benefits to patients.**

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy.

Strong patient reported benefits of the effect of Hydrotherapy on pain.

There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.

Patient reported outcomes highlighted benefits experienced as a result of Hydrotherapy.

Land-based physiotherapy still available for patients to access as needed.



**To ensure best value for NHS money.**

Numbers suitable for Hydrotherapy are very small but the cost to provide is very high. The service also experiences a high volume of appointments where patients did not attend (DNA).

Unknown cost implications for the CCG and could prove more expensive than current provision making it unaffordable.

Unknown cost implications for the CCG and could prove more expensive than current provision making it unaffordable.

Clinical evidence supports use of land-based physiotherapy as an equivalent treatment for a lower cost.

There is the risk of no suitable alternative provision being available in the community or at an increased cost.

There is the risk of no suitable alternative provision being available in the community or at an increased cost.

There is the risk of no suitable alternative provision being available in the community or at an increased cost.

**To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.**

Risk of service and access inequity for Berkshire West patients due to accessibility of RBH site and location.

Could reduce unnecessary and costly travel.

Could reduce unnecessary and costly travel.

Could reduce unnecessary and costly travel.

Hydrotherapy services remain available for Berkshire West patients which supports view of the consultation.

Currently unclear on the capacity of alternative providers to meet current demand.

Currently unclear on the capacity of alternative providers to meet current demand.

Land-based physiotherapy still available for patients to access as needed.

Potential to provide a service closer to patient homes rather than solely focussing on Reading.

Potential to provide a service closer to patient homes rather than solely focussing on Reading.