

**CONFIRMED
MINUTES**

**ANNUAL MEMBERS' MEETING
Tuesday 11th September 2018
Sid Watkins Building, Walton Centre**

Present

Janet	Rosser (Chair)	Trust Chair
Doreen	Brown	Public Governor
Tony	Cahill	Public Governor
Peter	Clegg	Partnership Governor
Rhys	Davis	Staff Governor
Johnathan	Desmond	Public Governor
Diane	Foulston	Partnership Governor
Alan	Griffiths	Public Governor
Nanette	Mellor	Partnership Governor
Ella	Pereira	Partnership Governor
Ruth	Austen-Vincent	Partnership Governor
Andy	Burgen	Public Governor
Colin	Cheesman	Public Governor
Lesley	Collins	Partnership Governor
Louise	Ferguson	Public Governor
Emily	Gerrans	Staff Governor
Stella	Howard	Partnership Governor
Isabel	Moreno	Staff Governor
Barbara	Strong	Public Governor
Hayley	Citrine	Chief Executive
Mike	Burns	Director of Finance
Lisa	Salter	Director of Nursing and Governance
Peter	Humphrey	Non-Executive Director
Ann	McCracken	Non-Executive Director
Jane	Mullin	Deputy Director of HR
Sheila	Samuels	Non-Executive Director
Alan	Sharples	Non-Executive Director
Alison	Whitfield	Assistant Corporate Secretary
Phil	Gibbons	Governor (elect) - Cheshire
Rich	Cottier	Governor (elect) - Merseyside
Amanda	Chesterton	Governor (elect) - Staff
Sharon	McLoughlin	Governor (elect) - Staff
Robin	Baker	Grant Thornton - External Auditor
Carol	Miller	Membership Manager/Corporate Governance Assistant
James	Somerset	Physiotherapist, Surgical
Thomas	Green	Physiotherapist, Neurology
Michelle	Ennis	Occupational Therapist, Neurology
Steven	Carney	Communications and Graphic Design Officer
Alex	Moore	Communications and Engagement Officer
Carys	Williams	Neurophysiotherapist
Justin	Griffiths	Head of IM&T
Nasser	Shaikh	EPR Programme Manager
Shagufay	Mahendran	Consultant Rehabilitation

The Walton Centre NHS Foundation Trust

AMM Welcome from the Chair:

01/18 The Chair welcomed all attendees including the Trust's new Governors, whose terms would commence upon the conclusion of this meeting.

AMM Minutes of the meeting held on 12 September 2017

02/18 The minutes of the previous meeting were agreed as a true and accurate record.

AMM Council of Governors Election Results 2018

03/18 The results of the 2018 Governors elections were reported:

Constituency	Reappointed	New	Leaving
Public: Cheshire	Colin Cheesman Jonathan Austin Melissa Hubbard	Phil Gibbons	Louise Ferguson
Public: Merseyside	Doreen Brown	Rich Cottier Adrian Wells	Joe Paton Bobby Owens
Public: North Wales	John Kitchen	Malcolm Winstanley	Mark Holmes
Public: Rest of England	No nominations received; one seat would remain vacant until further notice.		Katie Clarke-Day
Staff: Clinical		Amanda Chesterton	Emily Gerrans
Staff: Nursing		Sharon McLoughlin	Amanda Lowe
Partnership: MS Society Isle of Man		Lesley Collins	Shirley McCabe
Partnership: Healthwatch Sefton		Diane Foulston	
Partnership: NW CHC Committee		Stella Howard	Jackie Allen

The Chair informed that the new Governors would commence their term of office upon the conclusion of this Annual Members' Meeting and formally welcomed them to the Trust.

Those Governors leaving the Trust were thanked for their continued commitment and support throughout their term(s) of office.

AMM Board of Directors Appraisals

04/18 The Chair informed that the board of directors' annual appraisals were in progress. A full report would be taken to the Council of Governors' meeting in December 2018.

AMM Walton Centre 2017-18 Highlights

05/18 The Chair and Chief Executive introduced a powerful video which illustrated the Trust's numerous key achievements over the last year. Special thanks were extended to the governors, staff, ISS and all Trust partnerships.

AMM Movement Analysis Presentation

06/18 Dr Shagufay Mahendran provided an update on the innovation journey so far, noting that the Trust had hosted a two day 'hackathon – rehabilitation at the cutting edge' to share ideas and potential solutions. Ideas had included a gait lab, grail and augmented reality, EOS medical imaging and robotics.

In terms of improving mobility and physical activity, the aim was for more patient-centred interventions to empower patients to reach their individual goals.

Since the hackathon, some developments in mobile applications were already underway and active liaisons with universities across the patch continued.

It was noted that Europe's Lead for Movement Analysis had joined on honorary contract, as a subject matter expert. The Trust would appoint a Clinical Lead for Innovation to commence in January 2019. Exploring commercialisation was in the early stages.

The Trust was leading regional workshop for collaborative approach. Once a decision had been made on the most appropriate innovation for the Trust, a whole movement analysis business case would be developed.

It was acknowledged that service evaluation was an important part of the research process, in order to establish the benefit for patients.

Dr Mahendran was thanked for her informative update on this exciting innovation.

AMM Auditors Report on the Financial Accounts and Quality Account 2017-18

07/18 Robin Baker, Engagement Lead at Grant Thornton, the Trust's external auditors, reported an unqualified opinion on the audit of the Trust's financial accounts and Quality Account for 2017-18 in accordance with regulatory compliance.

AMM Annual Accounts 2017-18

08/18 Mike Burns, Director of Finance, reported the following:

Financial performance

The key headlines included:

- The Trust achieved a surplus of £5.3m versus a control total of £3.5m; this included c£1.7m sustainability transformation funding (STF) 'bonus and incentive funding';
- Turnover had increased by 7.8% (£9.0m) from 2016/17 excluding STF and donations, the majority being due to growth in demand for services;
- The surplus had been achieved through some non-recurrent items in 2017/18. Achievement of financial targets still remained a challenge;
- Cash was above plan at the end of the year.

Performance: NHS Improvement Targets:

- The Use of Resources Risk Rating measured the ability to cover the cost of borrowing, income and expenditure performance, any variation from financial plan, agency spend against target and levels of liquidity (cash).
- The Trust had achieved an Actual Level of 1 against a Planned Level of 1. It was confirmed

The Walton Centre NHS Foundation Trust
that Level 1 was the lowest level of risk.

Cost reductions and efficiency:

- The Trust had made cost savings of £2.8m in 2017/18; this was £1.1m behind plan.
- This had mainly been delivered through:
 - Procurement of goods/services and review of products;
 - Skill mix reviews and management of vacancies;
 - 'Quality Improvement Programme (QIP)' had been introduced to manage and deliver savings.

Investments:

- Investment continued in clinical services:
 - Medical equipment and infrastructure £2.1m
 - Investments in Trust estate £0.2m
 - IM&T development of clinical systems and infrastructure £1.0m
 - Total investment £3.3m**

Revenue investments:

- Patient safety and service development investments:
 - iMRI theatre additional staff requirements £0.4m
 - Growth in referrals to existing services £1.0m
 - Total investment £1.4m**

Forward view: 2018/19 onwards:

- 2018/19 was already proving a challenging year; the Trust was reviewing options to improve the underlying financial position;
- Challenges to continue with no increases in funding above those publicised in the Five Year Forward View;
- Continue to be part of a local delivery system in North Merseyside and wider Cheshire and Mersey;
- Anticipating a new forward plan to be submitted to NHSI in December 2018.

Information Management and Technology

Digital achievements: 2017/18:

- eP2 expanded functionality and maturity:
 - Forms Completed 985,828
 - Entries of eP2 Timelines 1,523,075
 - Notes 438,170
 - Inpatient Admissions 39,731
 - Outpatient Appointments 269,580
- Several organisations were now commercial customers;
- Expansion of digital telephone system (VOIP) (to be completed 18/19);
- Corporate Digital Transformation - North West HFMA Innovation Award for QIA Software.
- Now available in EP2:
 - Scans (Carestream);
 - Primary care (EMIS/CCR);
 - Scanned noted;
 - Blood results;

The Walton Centre NHS Foundation Trust

- Self check-in;
- Digital letters.

Digital goals: 2018/19

- Expand to full Electronic Patient Records;
- Supporting the Share2Care via e-Xchange Programme (which is the name given to the shared health and social care record programme for people living and working in the North West Coast);
- Cyber Security enhancements in partnership with NHS Digital;
- Continue to expand commercial footprint and open-source opportunities;
- Expand the Corporate Digital Transformation Programme;
- Windows 10 deployment.

AMM Quality Account 2017-18

09/18 The Director of Nursing and Governance presented her slides, informing of the quality account objectives that had been achieved in 2017/18:

QUALITY ACCOUNT OBJECTIVE	ACHIEVED	DOMAIN AND OUTCOME
Development of Surgical and Medical Acute Response Team (SMART) Database	✓	PATIENT SAFETY <ul style="list-style-type: none"> • A robust database in place which captures the activity of the SMART Team, enabling reports to be generated to assist in reviews of service and care planning
Carbapenemase Producing Enterobacteriaceae (CPE) Screening & Case Management	✓	PATIENT SAFETY <ul style="list-style-type: none"> • Patients are screened by polymerase chain reaction (PCR) in line with national guidance and a Trust CPE care pathway has been developed
Develop Mental Capacity Act (MCA) Champions	✓	PATIENT SAFETY <ul style="list-style-type: none"> • The Trust has a fully trained cohort of Mental Capacity Act Champions who can provide leadership and support
Same Day Admissions	✓	CLINICAL EFFECTIVENESS <ul style="list-style-type: none"> • The Trust has implemented same day admission and achieved a significant reduction in the number of patients admitted the day before surgery
Improved Discharge Process	✓	CLINICAL EFFECTIVENESS <ul style="list-style-type: none"> • At least 10% of patients discharged from the Trust by noon on their day of discharge
Review and Audit Surgical Site Infection	✓	CLINICAL EFFECTIVENESS <ul style="list-style-type: none"> • Review and audit confirmed adherence to Trust policy and no identification of clinical practice that was a cause for concern
Develop Nurse Bank	✓	PATIENT EXPERIENCE <ul style="list-style-type: none"> • Continue to report staffing requirements bi-annually and discuss as-hoc requirements due to patient acuity with NHS Professionals

The Walton Centre NHS Foundation Trust

Develop Neuro Buddy Service	✓	PATIENT EXPERIENCE <ul style="list-style-type: none"> Twenty three Neuro Buddies are currently acting in the capacity of volunteers across the Trust
Launch 'John's Campaign' for Dementia	✓	PATIENT EXPERIENCE <ul style="list-style-type: none"> The Trust has implemented John's Campaign which is championed by the Safeguarding Matron who visits each ward when patients with dementia are admitted to the Trust

Highlights included:

- Two new theatres and an intra- operative Magnetic Resonance Imaging (iMRI) Scanner;
- Reaccredited with Investors in People Gold Standard;
- Awarded Health@Work Workplace Wellbeing Charter;
- Neuroscience Labs maintained (UKAS) accreditation;
- Anaesthesia Clinical Services Accreditation (ACSA) received from Royal College of Anaesthetists;
- Bespoke e-referral system for Pain Service launched;
- Excelled in the national Patient-led Assessment of Care Environment (PLACE) inspection.

CQC – 'Outstanding' Rating:

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Medical Care	GOOD	GOOD	OUTSTANDING	GOOD	GOOD	GOOD
Surgery	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD
Critical Care	GOOD	OUTSTANDING	GOOD	GOOD	GOOD	GOOD
Outpatients	GOOD	Not Rated	OUTSTANDING	GOOD	GOOD	GOOD
Specialist Rehabilitation	GOOD	OUTSTANDING	GOOD	OUTSTANDING	GOOD	OUTSTANDING
OVERALL	GOOD	OUTSTANDING	OUTSTANDING	GOOD	GOOD	OUTSTANDING

AMM Therapy Services and Parkinson's Disease Presentation

09/17 James Somerset introduced his presentation which informed the Members of the journey over the last 12 month to identify the next Fundraising Focus and a future 'Project Pipeline and highlighted the additional opportunities in relation to innovation, which had surfaced as a consequence. The slides included:

- A brief background;
- Highlighted some of the key events/developments e.g. Clinical Senate, Hackathon/Medical Innovation Group;

The Walton Centre NHS Foundation Trust

- The importance of measuring gait/walking in Parkinson's Disease and the technology used in order to measure this;
- Suggest a key focus area and possible project to take forward - Movement Analysis;
- Next steps.

Members of the Long Term Conditions Team, Thomas Green and Michelle Ennis, gave a presentation which covered:

- Pre Parkinson's Disease service clinical provision and the number of people diagnosed with the disorder;
- Outpatient Clinic Based Interventions;
- Long term conditions approach and rationale;
- Parkinson's Disease management;
- Perspectives from occupation therapy and physiotherapy;
- Intervention patterns; and
- Vision for the Parkinson's Disease therapy service.

On behalf of the Members, the Chair thanked James, Thomas and Michelle for their interesting and informative presentations.

AMM Acknowledgements

10/17 The Chair thanked the presenters and all those present for attending the Walton Centre Annual Members' Meeting 2017. Acknowledgements

The Trust also thanked ISS who had kindly provided the afternoon refreshments for the Annual Members' Meeting.

Meeting Close.



Welcome to the Annual Members Meeting 2018



Welcome

Janet Rosser
Chair



Walton Centre Highlights 2017/18

Hayley Citrine
Chief Executive



<https://www.youtube.com/watch?v=rcWb-YIISBw>



Council of Governors Elections 2018 Results

Janet Rosser
Chair

2018 Governor Elections

Constituency		Reappointed	New	Leaving
Public	Cheshire	Colin Cheesman	Phil Gibbons	Louise Ferguson
		Jonathan Austin		
		Melissa Hubbard		
	Merseyside	Doreen Brown	Rich Cottier	Joe Paton
			Adrian Wells	Bobby Owens
	North Wales	John Kitchen	Malcolm Winstanley	Mark Holmes
Rest of England	No nominations received, 1 vacant seat until further notice.		Katie Clarke-Day	
Staff	Clinical		Amanda Chesterton	Emily Gerrans
	Nursing		Sharon McLoughlin	Amanda Lowe
Partnership	MS Society IOM		Lesley Collins	Shirley McCabe
	Healthwatch Sefton		Diane Foulston	
	NWCHC Committee		Stella Howard	Jackie Allan

Ambition:



**Lead research, education and
innovation,
pioneering new treatments
nationally and internationally**

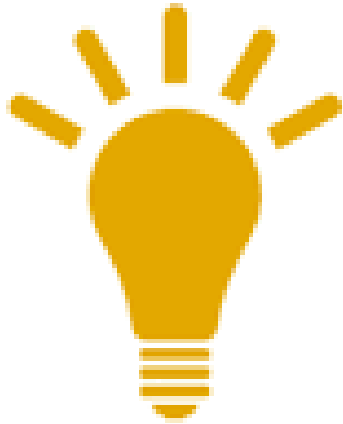


Movement Analysis Update

Dr Shagufay Mahendran
Consultant Rehabilitation

Hackathon – Rehabilitation at the Cutting Edge

29th-30th January 2018



IDEA

CONNECT



SOLVE



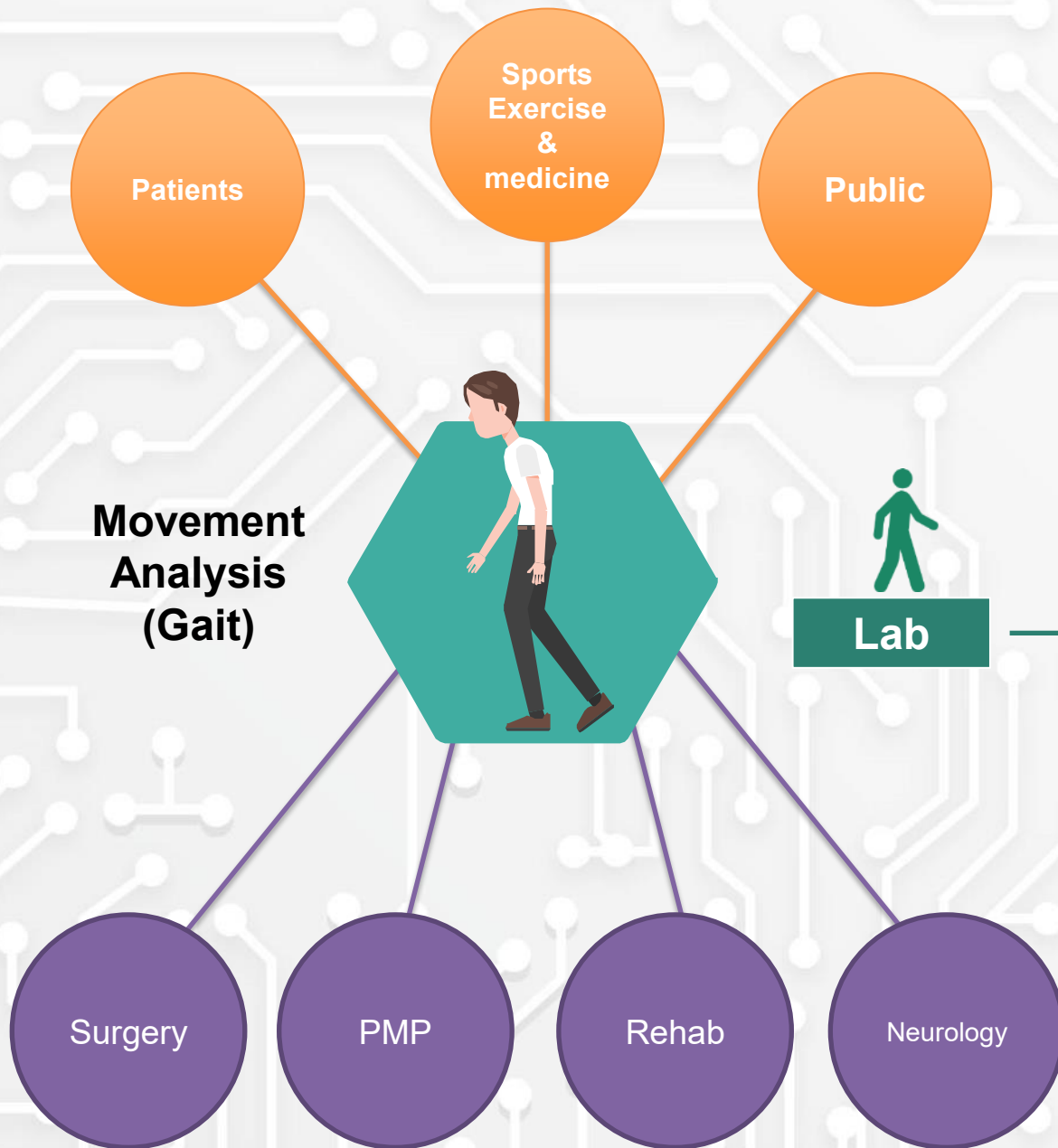
INNOVATION AGENCY
Academic Health Science Network
for the North West Coast

Hackathon – January 2018





Project
Pipeline



Future plans:

- Robotics
- Augmented Reality

Overview

Gait Lab



Mobile Options



Grail and Augmented Reality



Mobile Options

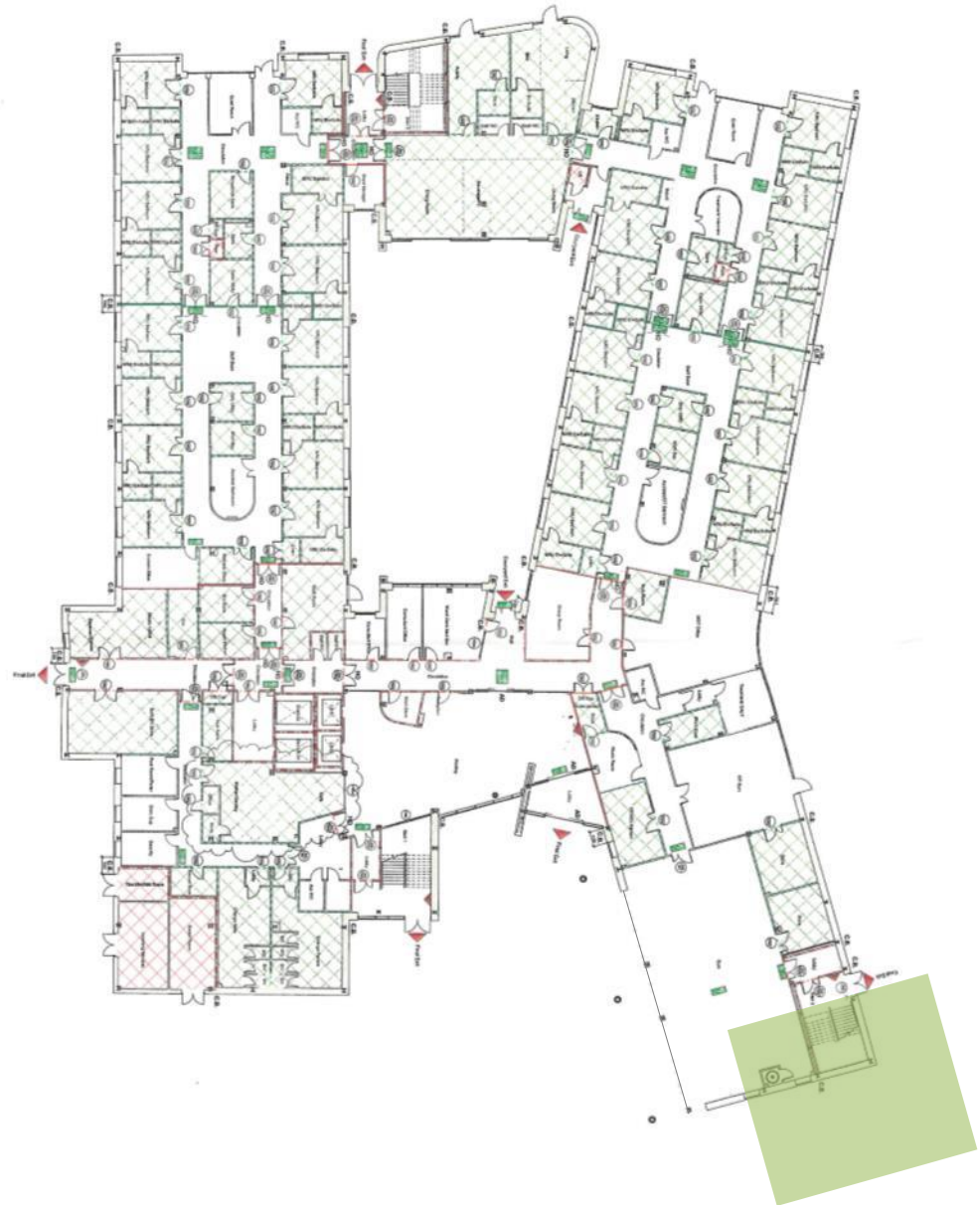
EOS



Robotics



Potential Location



The Vision of Innovation - Improving Mobility and Physical Activity (IMPA)

Aiming for more patient-centred interventions, empowering patients to reach their individual goals

REHABILITATION

Improving mobility and physical activity (IMPA) through innovation

- The hub will be focused around a motion analysis (gait) laboratory, researching new innovative wearable technologies that can support clinical assessment and intervention.
- We're looking to implement virtual and augmented reality technology, robotics and neuromodulation across neurology, neurosurgery, chronic pain, and rehabilitation – keeping the Trust at the forefront of rehab services.

PATIENT AND PUBLIC ENABLEMENT

To become more mobile and active, preventing injury, disability and disease

- Expanding rehabilitation scope to tackle inactivity in the context of childhood obesity and maintaining independence and reducing social isolation in the growing elderly population.
- Exploring whether the Walton Centre's clinicians can improve athletic performance within professional sport with the implementation of innovative technology.
- Working collaboratively across Liverpool, the North West and Wales within the framework of Liverpool's Physical Activity and Sport Strategy to make Liverpool the most active city in the England in order to improve the overall health and wellbeing of the city.

CONTINUING VANGUARD

Taking healthcare closer to the patients' home

- Through the use of wearable technologies within clinic or patients home
- Using a collaborative approach within one setting with shared self-guided patient goals and co-operative care.
- Treating inactivity and immobility as a condition holistically in partnership across a wide range of settings, linking with other service providers and sectors

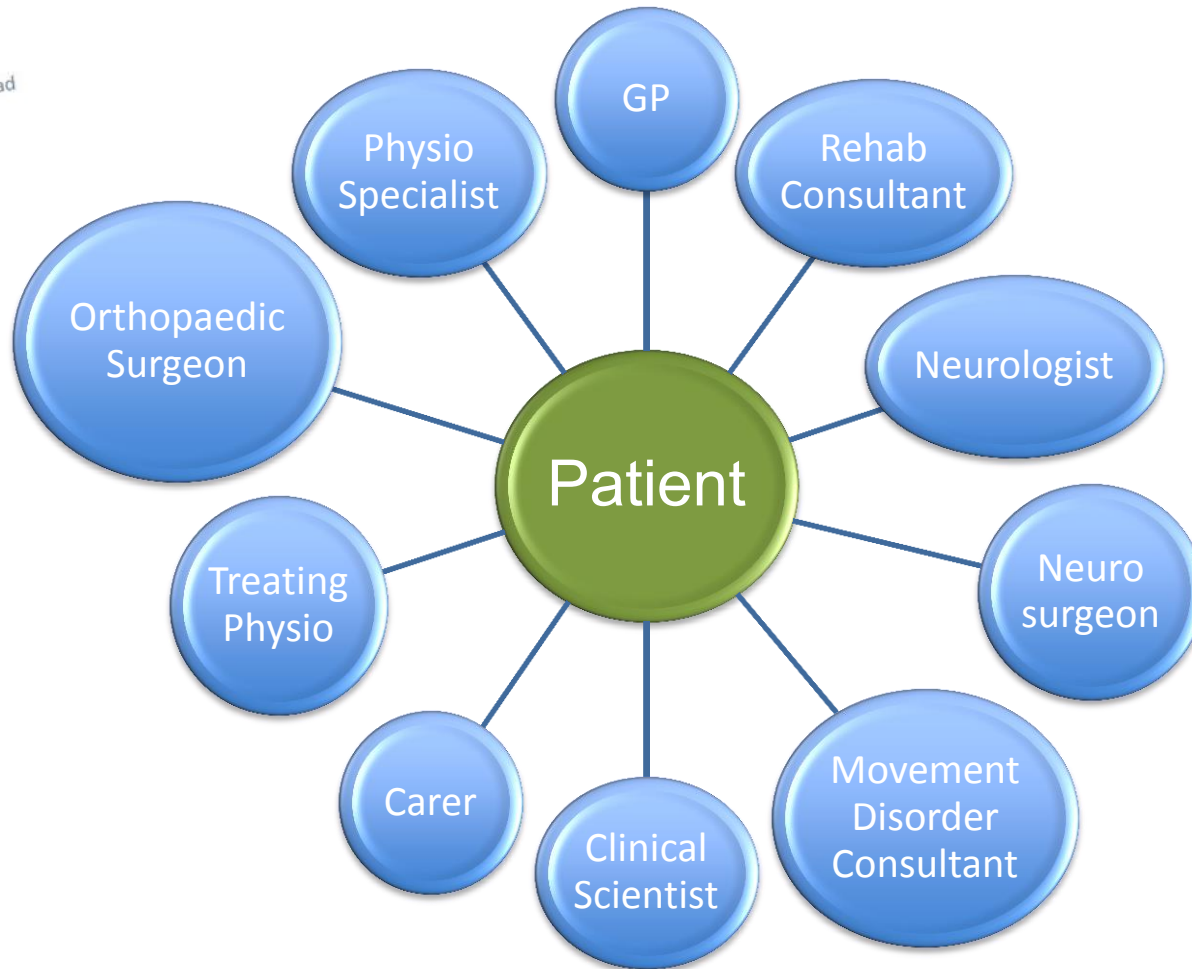
EOS

- Up to 26 X less radiation than standard Digital Radiography
- Whole spine scanned in 15-20 seconds
- 244 Walton patients had whole spine X-ray imaging in 17-18
- 96 of them were sent to Alder Hey for an EOS scan
- Unable to send inpatients





Change the Landscape



Next Steps

- Post hackathon (January 2018) some developments in mobile applications already underway
- Active liaisons with universities across the patch
- Developing whole movement analysis business case
- First element – standalone EOS business case
- Europe's Lead for Movement Analysis joined on honorary contract (subject matter expert)
- Trust to appoint Clinical Lead for Innovation
- Exploring commercialisation - early stages
- Links to research understood and EOS will be the first step in this journey
- Trust leading regional workshop for collaborative approach

Internal Workshop

- The date is 19 September 2018
- We are Looking at first hour of presentation from Professor Gabor Barton, James Somerset and a person from BASIC(VR).
- Second hour would be brainstorming/thoughts of application in clinical practise within sub specialities in our Trust.
- This would help capture the potential interest and give an idea of possible need.
- We will be inviting therapists and consultants within the Trust that may be interested to attend.
- We may also look at some orthopaedic, prosthetic and rheumatology colleagues at Royal/Aintree.





Auditors Report 2017/18

Robin Baker
Grant Thornton



Annual Accounts 2017/18

Mike Burns
Director of Finance

Financial Performance

Surplus of £5.3m v control total of £3.5m

Includes c£1.7m STF 'bonus and incentive funding'

Turnover increased by 7.8% (£9.0m) from 2016/17 excluding STF and donations – majority due to growth in demand for services

Surplus achieved through some non-recurrent items in 2017/18 – achievement of financial targets still remains a challenge

Cash was above plan at the end of the year

Performance: NHSI Targets

Use of Resources Risk Rating

Measures ability to cover cost of borrowing, income and expenditure performance, any variation from financial plan, agency spend against target and levels of liquidity (cash).

Planned level: 1

Actual level: 1

Level 1 is the lowest level of risk

Cost Reductions & Efficiency

Cost savings of £2.8m in 2017/18 - £1.1m behind plan

Mainly delivered through:

Procurement of goods/services and review of products

Skill mix reviews and management of vacancies

‘Quality Improvement Programme (QIP)’ introduced to manage and deliver savings

Investments

Investment continues in clinical services

Medical equipment and infrastructure	£2.1m
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IM&T development of clinical systems and infrastructure	£1.0m
Total investment	£3.3m

Revenue Investments

Patient safety and service development investments

iMRI theatre additional staff requirements	£0.4m
Growth in referrals to existing services	£1.0m
Total investment	£1.4m

Forward view: 2018/19 onwards

2018/19 is already a challenging year – Trust is reviewing options to improve the underlying financial position.

Challenges to continue with no increases in funding above those publicised in 5 year forward view.

Continue to be part of a local delivery system in North Merseyside and wider Cheshire & Mersey.

Anticipating a new forward plan to be submitted to NHSI in December 2018.



Information Management and Technology

Mike Burns
Director of Finance

Digital achievements: 2017/18

- eP2 expanded functionality and maturity
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- Several organisations now commercial customers
- Expansion of digital telephone system (VOIP) (to be completed 18/19)
- Corporate Digital Transformation - North West HFMA Innovation Award for QIA Software

Digital achievements: 2017/18

Now Available In EP2

	SCANS (CARESTREAM)		BLOOD RESULTS (TD WEB)
	PRIMARY CARE (EMIS / CCR)		SELF CHECK-IN
	SCANNED NOTES		DIGITAL LETTERS







Digital goals: 2018/19

- Expand our Electronic Patient Record into a full EPR
- Supporting Share2Care via e-Xchange Programme (*which is the name given to the shared health and social care record programme for people living and working in the North West Coast*)
- Cyber Security enhancements in partnership with NHS Digital
- Continue to expand commercial footprint and open-source opportunities
- Expand Corporate Digital Transformation Programme
- Windows 10 deployment

Digital goals: 2017/18

Q3 2018/19

Q4 2018/19

 Neuroradiology OCS	Neurophysiology OCS	 ERMS	 MD Analyze
 Neurophysiology		 EPMA	 Clinical Noting














Quality Accounts & Highlights 2017/18

Lisa Salter

Director of Nursing and Governance

QUALITY ACCOUNT OBJECTIVE	ACHIEVED	DOMAIN AND OUTCOME
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Same Day Admissions		<p>CLINICAL EFFECTIVENESS</p> <ul style="list-style-type: none"> The Trust has implemented same day admission and achieved a significant reduction in the number of patients admitted the day before surgery
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Develop Neuro Buddy Service		<p>PATIENT EXPERIENCE</p> <ul style="list-style-type: none"> Twenty three Neuro Buddies are currently acting in the capacity of volunteers across the Trust
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Highlights

- ★ Completed project - two new theatres and an intra- operative Magnetic Resonance Imaging (iMRI) Scanner
- ★ Reaccredited with Investors in People Gold Standard
- ★ Awarded Health@Work Workplace Wellbeing Charter
- ★ Neuroscience Labs maintained (UKAS) accreditation

Highlights

- ★ Anaesthesia Clinical Services Accreditation (ACSA) received from Royal College of Anaesthetists
- ★ Bespoke e-referral system for Pain Service launched
- ★ Excelled in national Patient-led Assessment of Care Environment (PLACE) inspection

CQC – Outstanding

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Medical Care	GOOD	GOOD	OUTSTANDING	GOOD	GOOD	GOOD
Surgery	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD
Critical Care	GOOD	OUTSTANDING	GOOD	GOOD	GOOD	GOOD
Outpatients	GOOD	Not Rated	OUTSTANDING	GOOD	GOOD	GOOD
Specialist Rehabilitation	GOOD	OUTSTANDING	GOOD	OUTSTANDING	GOOD	OUTSTANDING
OVERALL	GOOD	OUTSTANDING	OUTSTANDING	GOOD	GOOD	OUTSTANDING



Ambition:



**Deliver best practice care
and treatments in our
specialist field**



Therapy Services and Parkinson's

Thomas Green

Physiotherapist, Neurology

Michelle Ennis

Occupational Therapist, Neurology

James Somerset

Physiotherapist, Surgical

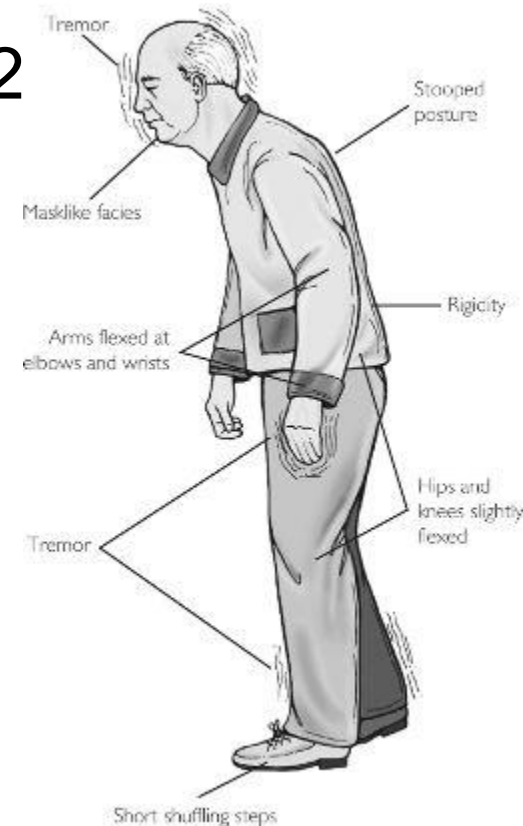
Parkinson's Disease

- A progressive disorder of the brain which effect 127,000 people in UK (1.2 million EU) *To double by 2030*

- Symptoms;

- **Slowness of Movement (Bradykinesia) +**

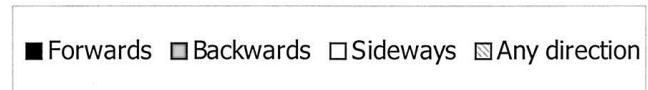
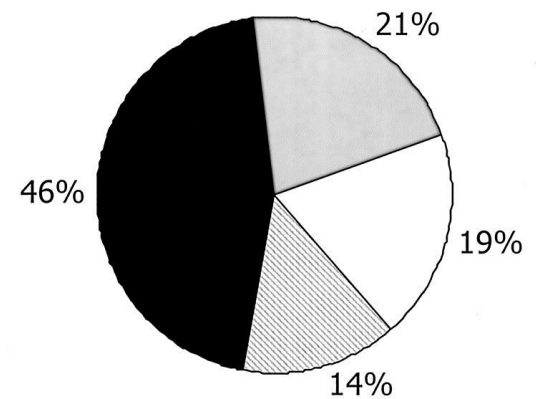
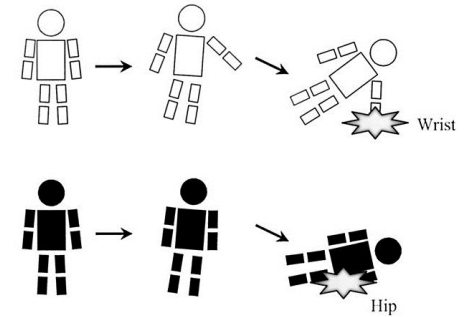
- Shaking (Tremor, 4-6Hz)
 - Stiffness and inflexible muscles (rigidity)
 - Balance (Postural Instability)



PD Society Diagnostic Criteria including

asymmetry

Problems with mobility and Falls



Problems with mobility and Falls

- <http://www.parkinsonnet.info/guidelines/guidelines-in-english/videos>

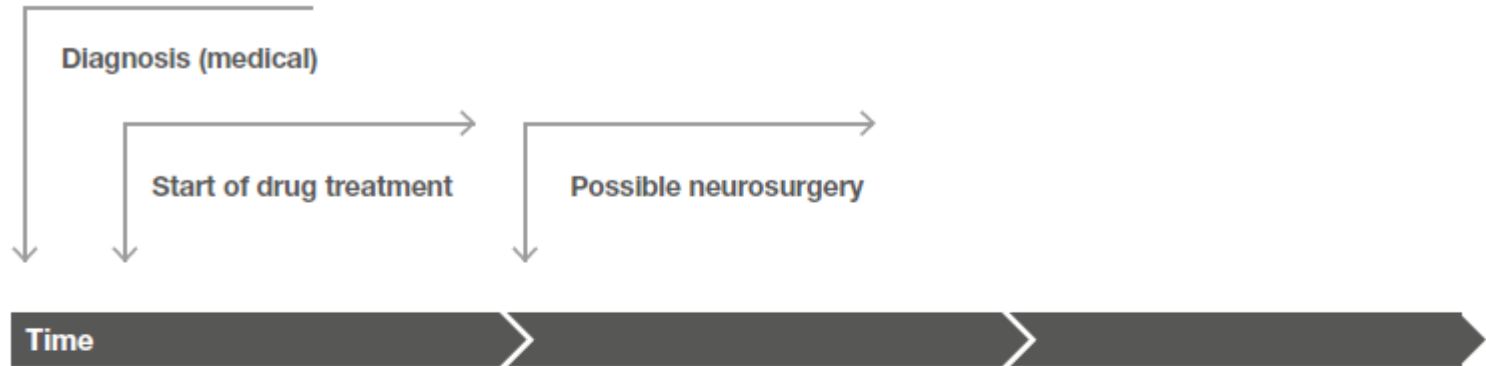
Therapy for PD in UK

- Expert physiotherapy reduces healthcare costs by £727
- Targeted exercise programs reduce costs by an average £292
- Specialist MDT teams can reduce length of stay by 4 days and improve patients satisfaction
- Best practice tariff should include physiotherapy

NICE (2006), NHS (2014), Pearson et al (2009)

Guidelines and Evidence

A patient reviewed by a specialist therapist yearly



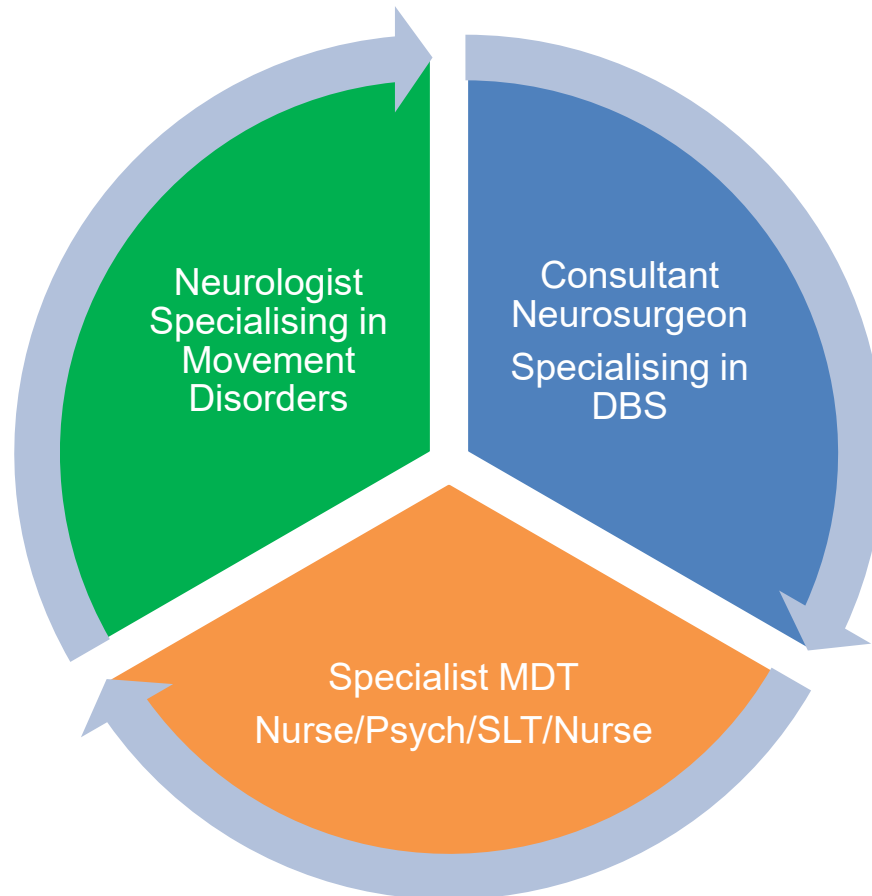
European Guidelines (2015)

Hoehn and Yahr 1	Hoehn and Yahr 2-4	Hoehn and Yahr 5
<p>Physiotherapy goals</p> <ul style="list-style-type: none"> • Self-management support • Prevent inactivity • Prevent fear to move or fall • Improve physical capacity • Reduce pain • Delay onset activity limitations (motor learning, up to HY3) 	<p>Additional goals</p> <ul style="list-style-type: none"> • Maintain or improve activities, especially: <ul style="list-style-type: none"> - Transfers - Balance - Manual activities - Gait 	<p>Additional goals</p> <ul style="list-style-type: none"> • Maintain vital functions • Prevent pressure sores • Prevent contractures • Support carers/nurses

Evidence

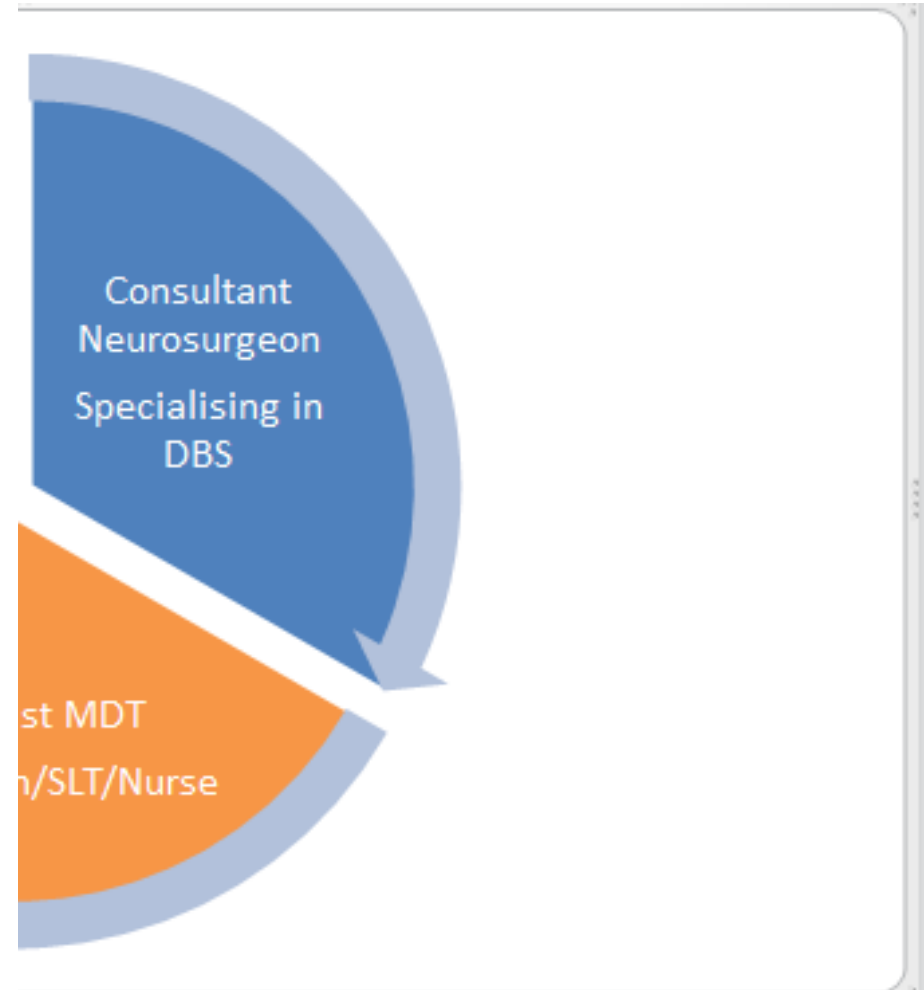
Level	Meaning		
Strong for	Positive effect and 0 outside confidence interval of effect; Evidence quality moderate/high		
Weak for	Positive effect and 0 outside effect confidence interval; Quality of evidence low or moderate/high but only small effect or very large confidence interval		
Weak against	Positive effect, but 0 inside confidence interval of effect		
Core area	ICF level	Outcome	Types of interventions
			Conventional physiotherapy Treadmill Massage Cueing Strategies for CMS Dance: tango Tai Chi
Balance	Balance capacity	No of falls	Weak against
		BBS	Strong for
		FR	Strong for
		DGI	Strong for
		Mini-BESTest	Strong for
Balance & Gait	Balance performance	FES / ABC	Weak against
		Capacity of functional mobility	Weak against
Gait	Walking capacity	Timed turn	Weak against
		Timed stairs	Weak against
		Speed	Strong for
		Stride length	Strong for
		Step length	Strong for
		Cadence	Weak against
		Distance	Strong for
Gait, Balance & Transfers	Walking performance	FOG-Q	Strong for
		Capacity of functional mobility	Strong for
Transfers	Capacity of functional mobility	TUG	Strong for
		PAS	Strong for
		Sit-to-stand	Strong for
		PAS - Chair	Strong for

Parkinson's Disease and Movement Disorder Management

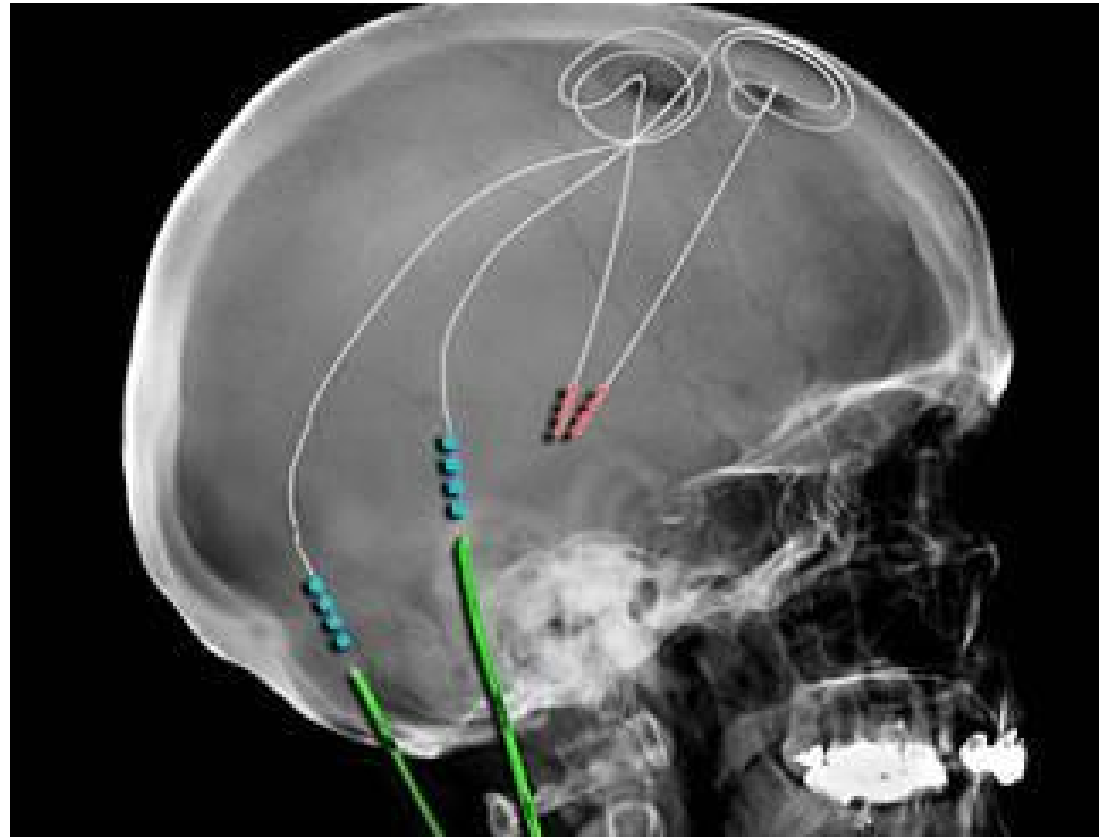
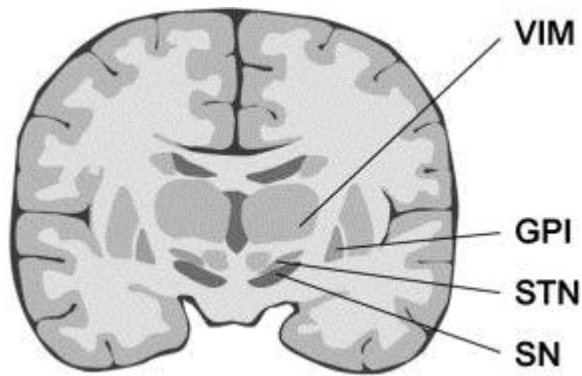


Surgical Aspect

James Somerset
(Physiotherapist) &
Beth Hammersley
(Specialist Nurse)



Therapy Role Surgery Deep Brain Stimulation



Therapy Role - Surgery

PD

Assessment
pre-operatively
Refer and start
intervention
DBS review if
gait/PC issue

Dystonia

Review if gait
disturbance
Deliver
treatment is
secondary
postural issue

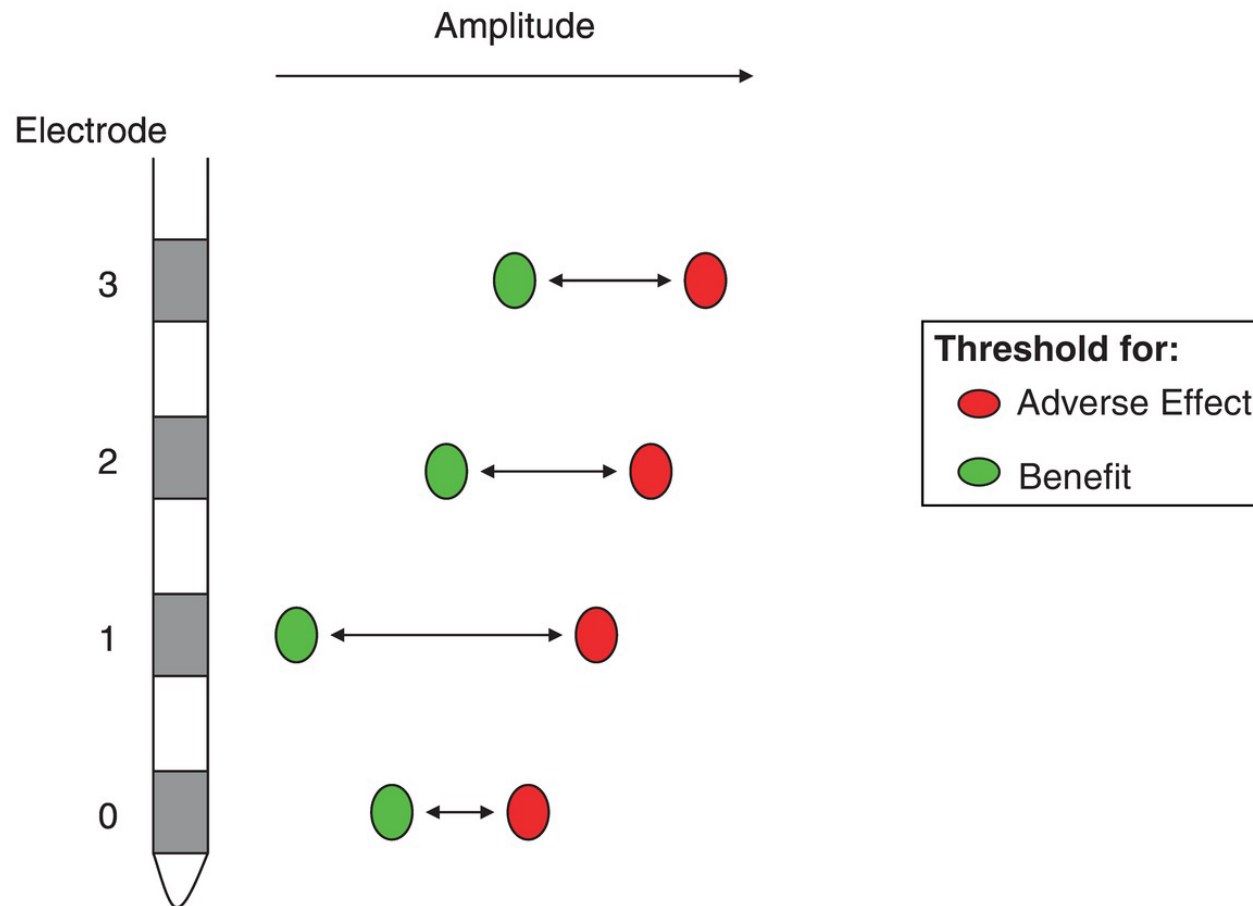
Tremor

Review if side
effect of gait
and postural
control
disturbance

Basic Programming

Thresholds

Electrode 1 has the largest therapeutic window



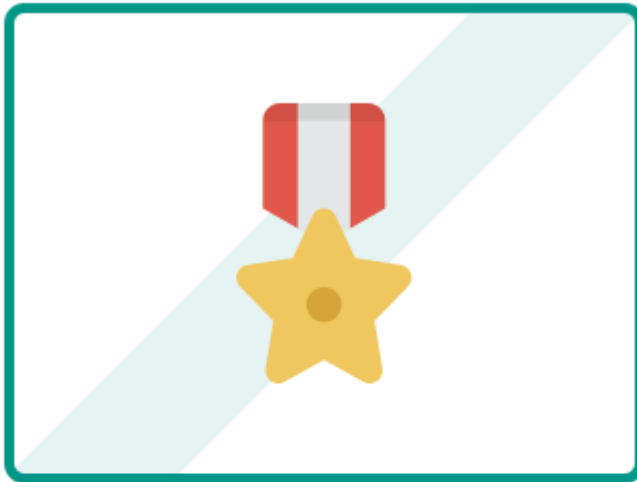
Deep Brain Stimulation

Benefits

- Improved tremor, rigidity, bradykinesia, dystonia
- Improved QOL (5-7 years)
- Decreased off times
- Reduced off symptoms
- Reduced LED
- Improved dyskinesia
- Query Pain, anxiety, emotion, akathasia, autonomic function, working memory, sleep

Side effects

- Surgical complications
- Paraesthesia
- Dysphagia
- Cognitive impairment
- Speech impairment
- Visual complaints
- Mood
- Anxiety
- Apathy
- Gait and postural control problems



Walton Centre Hackathon

January 29 - 30, 2018
Liverpool, United Kingdom

Problem

Gait

Solution

Wearable technology

Measuring Gait/Walking in PD

- Why is it important?

Monitoring in PD

- Impairments of gait/walking;
 - evolve more rapidly
 - are the best index of disease progression

Evans et al (2011)

Linked to loss of function and dementia

van de Burgh et al (2012)

Speed <-> length of life

Which bits to monitor

- Continuous
 - Speed
 - Variability of step
 - Reduced stride
 - Symmetry
 - Turning
- Episodic
 - Freezing
 - Festination

Over time

Before the op

To monitor
intervention

Innovation

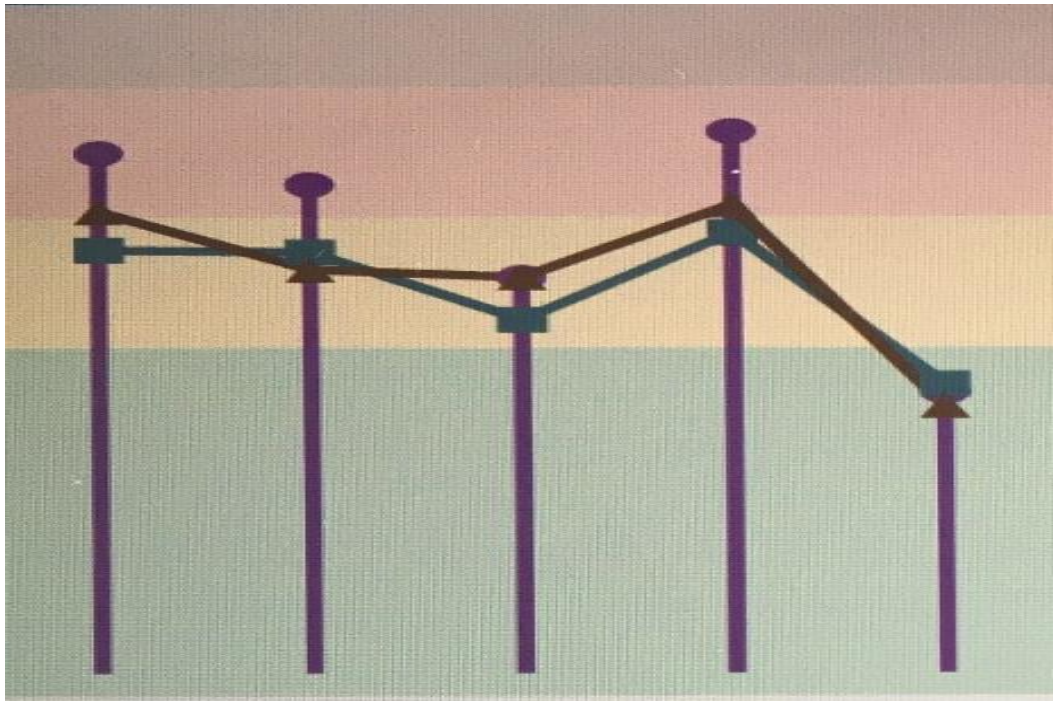
QTUG™

MOBILITY AND FALLS RISK ASSESSMENT TECHNOLOGY



	<u>Pre</u>	DBS change 1	DBS change 2	<u>DBS change 3</u>
Time	17.8	17	14.7	18.3
Falls Risk Estimate	65%	65%	54%	68%
Frailty	71%	62%	61%	72%
Turn	83%	65%	47%	84%
Speed	82%	77%	64%	82% SV
Variability	64%	56%	59%	73%
Transfers	62%	77%	57%	79%
Symmetry	39%	50%	60%	37%

	Pre	<u>DBS Change 4</u>
Time	17.8	11.2
Falls Risk Estimate	65%	44%
Frailty	71%	41%
Turn	83%	65%
Speed	82%	48%
Variability	64%	47%
Transfers	62%	42%
Symmetry	39%	33%



PRE	DBS Change 1	DBS change 2	DBS change 3	DBS Change 4
11:49	11:53	11:56	12:00	12:03

**Reduced frailty and falls risk
By a third in 14 minutes**

Summary

- Surgical patients can benefit from therapy as an adjunct
- Importance of pre-hab and post-op rehab
- Ongoing activity imperative
- Parameters of walking are extremely useful to predict impairment over time
- Innovative technology can to monitor and assess
- Next steps – research

Parkinson's Disease and Movement Disorder Management



Thomas Green
(Physiotherapist) &
Michelle Ennis
(Occupational Therapist)





Long Term Conditions Team

Thomas Green (Physiotherapist)
Michelle Ennis (Occupational Therapist)

Pre PD Service Clinical Provision

- Multiple Sclerosis – long established service.
- Neuromyelitis Optica – one of 2 national centres since 2010.
- Neuromuscular conditions – commenced 2015
- Motor Neurone Disease – currently limited to newly diagnosed clinic.

127 000 people diagnosed in UK

- Second most common neurological disorder in UK

Numbers will double by 2030

- Estimated £212 Million spent annually

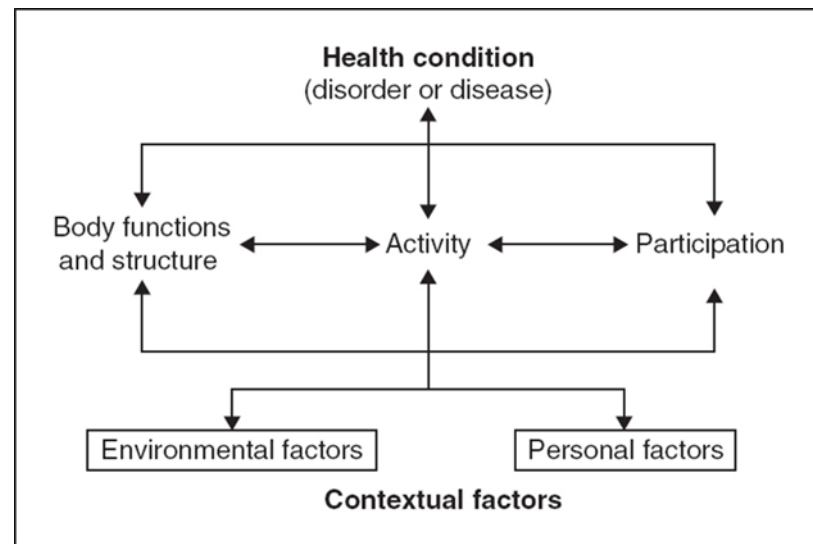


Outpatient Clinic Based Interventions

- MDT Clinics
- Therapy Clinics
- Physiotherapy Clinics (Including Vestibular Rehab)
- Occupational Therapy Clinics
- Employment Clinic

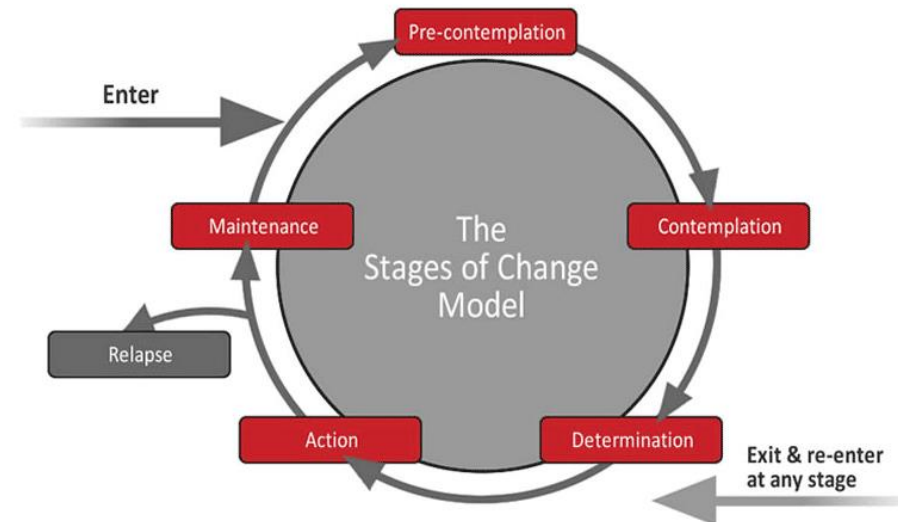
LTC Approach & Rationale

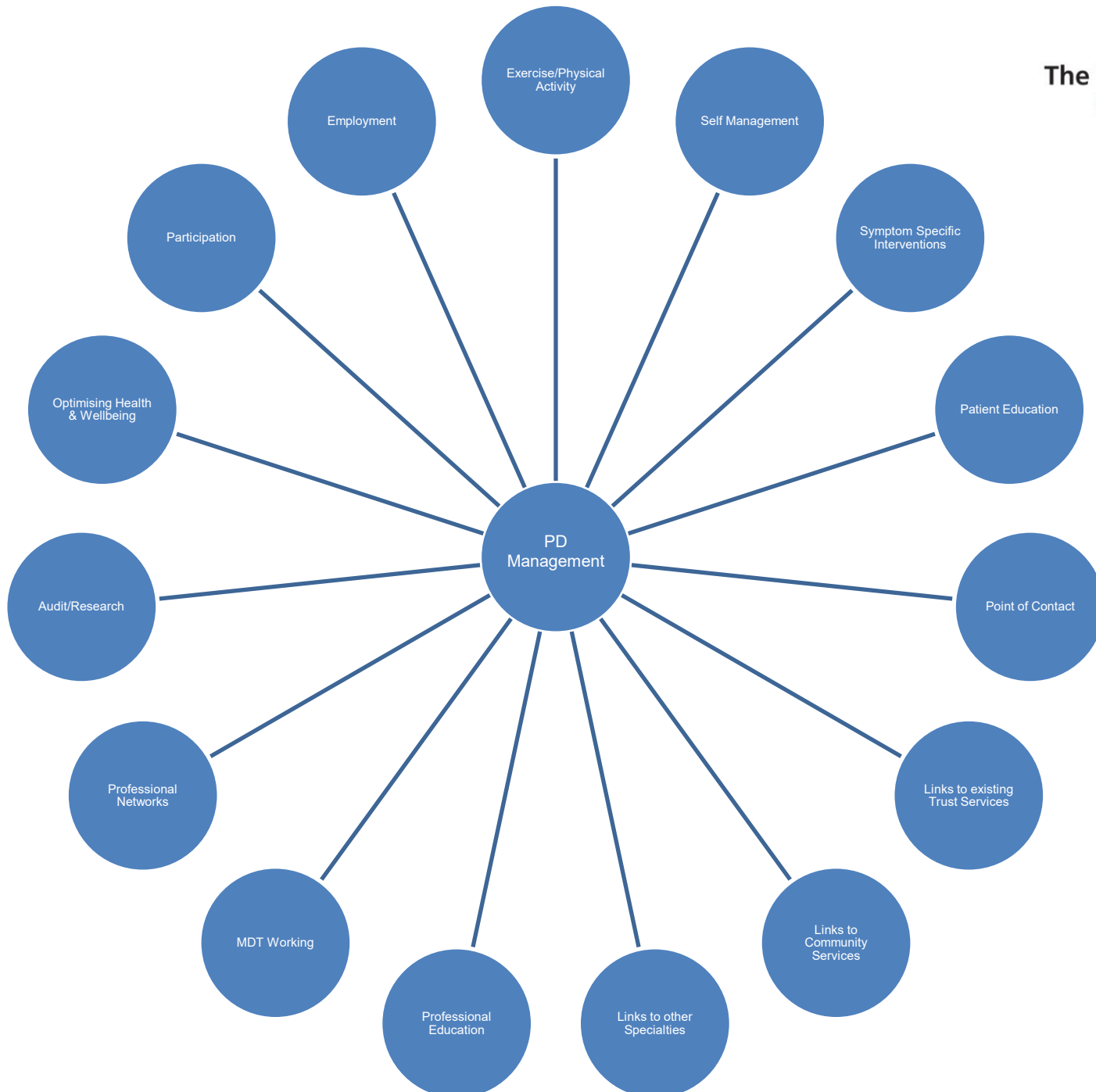
- Use a biopsychosocial approach to target and tailor specific needs and goals, in order to build resilience and enable individuals to maximise participation and promote health & well-being.



LTC Approach & Rationale

- Developing persons skills, knowledge and confidence in managing their condition to maintain participation.
- Facilitating behaviour change.
- Therapeutic use of self is key.





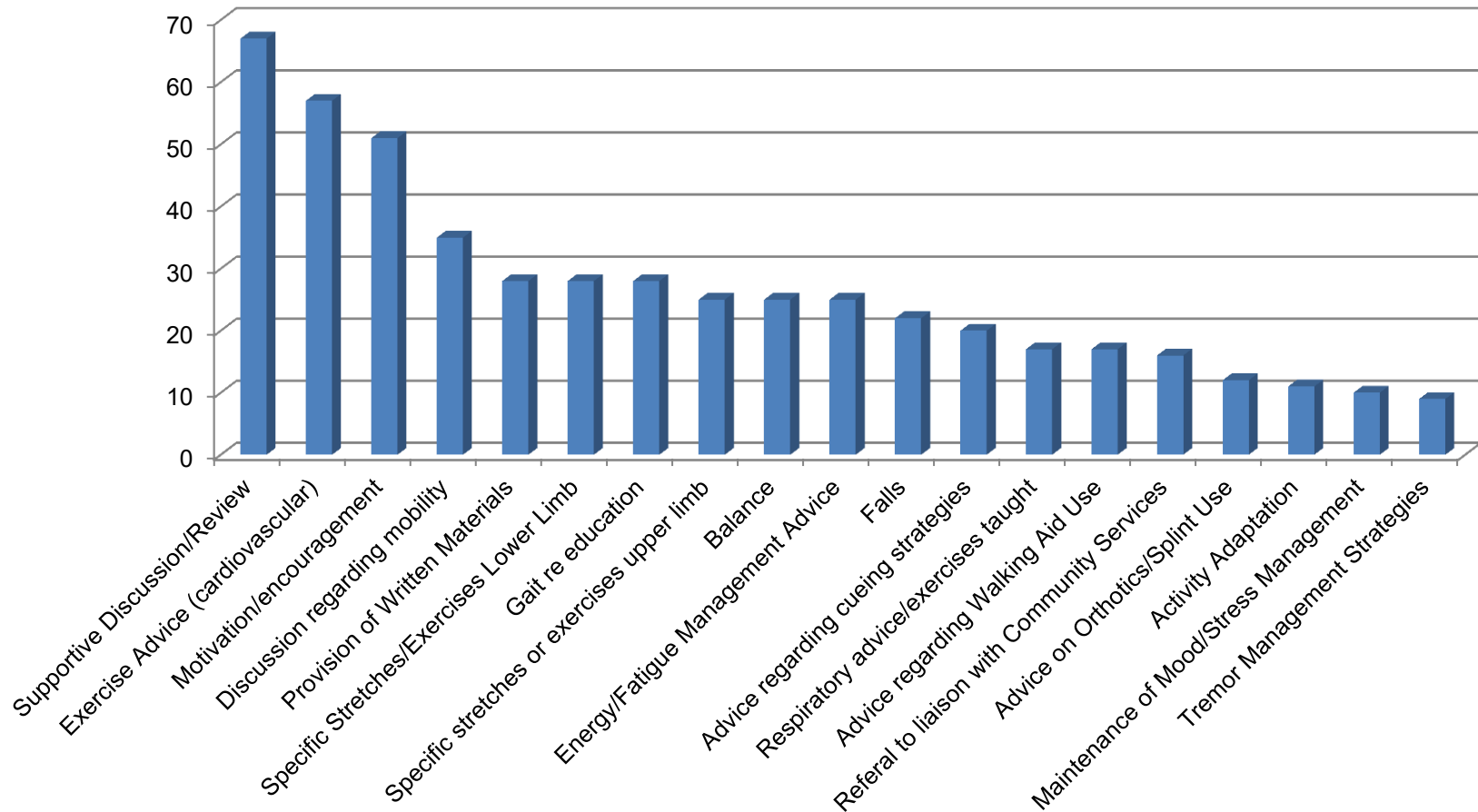
Occupational Therapy Perspective

- Utilise a PEO approach.
- Activity analysis and exploration of barriers to participation in self care, productivity and leisure domains.
- Providing symptom specific advice and education; fatigue, stress and relaxation, hand function.
- Introducing a discussion regarding the usefulness of equipment.

Physiotherapy Perspective

- Patient centred.
- Use knowledge and movement analysis skills to offer specific interventions and preventative care.
- Providing specific advice and education: mobility, balance, falls, cueing techniques, rigidity, exercise and maintaining independence.

Intervention Patterns



Vision for Parkinson's Disease Therapy Service

Highly
Specialist

Patient Centred

Proactive

Evidence
Based

Sustainable

Multidisciplinary

Acknowledgements

- Other members of the LTC Team and condition specific teams.
- NMOD Surgical Team (J Farah, P Eldridge)
- DBS Neurologists (S Alusi, D Damodaran, J Panicker)
- Beth Hammersley and NMOD team



Thank you



The Walton Centre
NHS Foundation Trust



ANNUAL MEMBERS' MEETING

3:00-5:00pm

Tuesday 11th September 2018

'Excellence in Neuroscience'

To be held at:

Lecture Theatre

Sid Watkins Building

Lower Lane

Liverpool L9 7BB

Copies of the 2017-18 Annual Accounts, Quality Account and Annual Report will be available at the meeting

ANNUAL MEMBERS' MEETING
Tuesday 11th September 2018 3.00-5.00pm
AGENDA

No.	Time	Item	Presenter	Process
1	3.00	Welcome and Highlights from the Chair/CEO	H Citrine / J Rosser CEO Chair	Verbal
2	3.15	<ul style="list-style-type: none"> • Minutes of the 2017 AMM • 2018 Council of Governors Election Results • Board of Directors - Appraisals 	Janet Rosser Chair	Minutes Verbal Verbal
3	3.25	Innovation	Dr Shagufay Mahendran	Presentation
4	3.55	Auditor's Report (<i>statutory</i>)	Robin Baker Grant Thornton	Verbal
4pm Tea and Scones				
5	4:15	Annual Accounts 2017-18 (<i>statutory</i>)	Mike Burns Director of Finance	Presentation
6	4.25	Quality Account 2017-18 (<i>statutory</i>)	Lisa Salter Director of Nursing and Governance	
7	4.30	Therapy Services and Parkinson's Disease at the Walton Centre	James Somerset Thomas Green	Presentation
8	5.00	Meeting Close	Janet Rosser Chair	None