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**Hydrotherapy Provision for Management of Axial Spondyloarthritis in the United Kingdom: Physiotherapist and Patient Perspectives**

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**Introduction.** Despite recommendations of hydrotherapy as an adjunctive therapy in the management of Axial Spondyloarthritis (AS) (NICE, 2017), hydrotherapy provision is threatened by NHS pool closures. The impact to service-users is poorly understood.

**Aims.** To identify current NHS hydrotherapy provision for AS across the UK and gain insight into the patients' experience.

**Methods.** Between September and November 2017 online surveys to the physiotherapy memberships of The British Society for Spondyloarthritis (BritSpA), AStretch and the Association of Chartered Physiotherapists in Aquatic Therapy (ATACP) were distributed. A Patient survey was distributed by the National Ankylosing Spondylitis Society (NASS).

**Results.** *Physiotherapist survey:* 100 responses were received. The most frequent delivery model was six sessions attended weekly with 49.4% offering AS group hydrotherapy. Rheumatology teams were the most frequent referrers (86.1%). 45.6% services offered fast access for those in flare with referral methods including telephone helplines (27.4%) and self-referral (15.8%). 46.4% reported high service demand impacting waiting times. 20% of services reported current closure threats.

*Patient survey:* 250 NASS members responded. (40.4% male; average age 50.4 years; average delay to diagnosis 11.4 years). 157 (65.7%) had accessed NHS hydrotherapy, 102 (63.0%) referred by rheumatology. Most prevalent attendance was six sessions attended weekly. 85 (62.5%) reported no access to hydrotherapy when in flare, with long waiting times and limits on sessions offered cited as barriers. 'Pay-as-you-Go' hydrotherapy was accessed by 35 (16.1%) with 119 (77.3%) interested in doing so. 77 (50.7%) were advised to continue self-management hydrotherapy. 28 (18.5%) reported current threats of pool closure.

**Conclusions.** This survey suggests variable provision of NHS hydrotherapy, barriers to delivery and a real threat of pool closures. Flexible access in flare and self-management promotion through 'Pay-as-you-Go' schemes may increase utilisation and preserve current services.

**Reference:**  https://www.nice.org.uk/guidance/ng65