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**Eastern and Coastal Kent**

Our Ref: **AS.KA.0485.10.09 and 0486.10.09**

Date: 28 October 2009

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**PRIVATE AND CONFIDENTIAL**

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Dear Graham

**Commissioning of Physiotherapy and Occupational Therapy Services**

Thank you for your letter of 28 September 2009 about representations that LINKS has received about physiotherapy and occupational therapy services across Kent and Medway.

I will address each issue raised in turn.

**The Kent Downs Syndrome Group**

I am only able to respond on behalf of adult services within the NHS Eastern and Coastal Kent area, but I can confirm that in each of the six locality community learning disability teams, there is at least one full time occupational therapist (with an additional part time therapist in Thanet and Canterbury) and part time physiotherapist and part time physiotherapy assistant. They are not aware of any withdrawal of services and indeed have benefited from recent investment in the service.

The East Kent Hospitals University Foundation Trust (EKHUFT) physiotherapy team also see Downs Syndrome patients, although not frequently. They have stressed that the number of appointments is not capped. However one of their aims is to reduce dependency and promote self management. Attendance is capped within hydrotherapy where patients are offered six weeks of sessions after which a programme is developed to be undertaken in a normal pool.

**Shortage of Physiotherapy Services in Swale**

NHS Eastern and Coastal Kent has contracted with two organisations to provide physiotherapy services in Swale: Eastern and Coastal Kent Community Services (ECK CS) and EKHUFT, although the former is the major provider in the area. ECK CS has reported

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that the waiting time for musculoskeletal outpatients in Swale is currently an average of 15 to 20 working days. The contract is to see patients within 25 working days. Some patients, who, on the basis of information supplied by their GP, are classed as priority, are seen within five days.

Patients are assessed and a treatment programme appropriate to their need is agreed. A range of treatment options is available which may include a programme of exercise, manual treatment, electrotherapy, acupuncture and group education or advice for self management of a long term condition such as osteoarthritis. There is no set number of treatments as such but would we expect each programme to average up to six treatments. However this is flexible depending upon clinical need and any improvement in the patient's condition. Musculoskeletal services are not designed to provide long term support for rehabilitation; this would be undertaken through day hospital facilities.

A specialist orthopaedic service has just been set up in Swale and the waiting times to assessment are on average 10 to 15 working days.

You asked four specific questions following on from the more specific query around provision in Swale.

We are aware that provision of physiotherapy services is at present not as good as we would like. However we are currently working to assess needs throughout the east Kent area and to develop a commissioning plan for physiotherapy and allied complimentary therapies. This work is being led by a group that includes representatives from lead commissioning areas; practice based commissioning and also clinical input from both GPs and physiotherapists. The issues and questions you have raised will all be addressed within this work.

I think that to reply in more detail on current provision may not give a clear view of what we plan to have in place in 2010. Nevertheless I do hope that the information provided in this letter has reassured you about both the current situation and our plans for the future. Please let me know if you have any further questions.

Yours sincerely



**Ann Sutton**  
**Chief Executive**

Cc: Deborah Bateson, Lead Commissioner for Neuroscience, Physical Disabilities and Adult Therapies