

PHYSIOTHERAPIST FOCUS GROUP – TOPIC GUIDE [Version 1.0 24/3/18]

Facilitator's welcome, introduction and instructions to participants

Welcome and thank you for volunteering to take part in this focus group. We have been seeking people with dementia who fracture their hip to take part in our research study. We have screened around 1000 people and only recruited one person with dementia and hip fracture who was referred for physiotherapy. You have been asked to participate as your point of view is important to help understand why we have been unable to recruit to this study.

Introduction: This focus group discussion is designed to assess your current thoughts and feelings about the pathway that people with dementia follow post hip fracture. Is everyone happy that we audio record the discussion? Aiming for 60 minutes – depending on how discussion goes.

Anonymity: Despite being taped, I would like to assure you that the discussion will be anonymous. The recordings will be kept safely until they are transcribed, then they will be deleted. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. You should try to answer and comment as accurately and truthfully as possible. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

Ground rules

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers
- You do not have to speak in any particular order
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you
- You do not have to agree with the views of other people in the group
- Does anyone have any questions?
- OK, let's begin

Warm up

- First, I'd like everyone to introduce themselves. Can you tell us your name and your role? Please can you also tell us about your experiences of treating people with dementia who fracture their hip.

Guiding questions

When we first came to visit St Austell, everybody we spoke to was confident that we would recruit people to the study. It turned out that we found nobody with hip fracture and dementia and only a handful of people with hip fracture.

- People with dementia and hip fracture were not being referred for rehab on the ward or in the community – why do you think this was?
 - What factors do you think are important when considering whether somebody should receive ongoing physiotherapy?
 - Does the acute pathway affect them being for onward rehab?
 - Are the acute setting aware of what the community can offer?
 - How do resource pressures in the acute setting determine what people receive?
 - What is meant by the term “rehab potential” and what influences this? What affect does the label have on onward referrals?
- What are the main issues around actually using the intervention here? (give brief over view to remind of content of intervention and amount of contacts)
 - The intervention is aimed at having 6 face to face treatments and 7 telephone contacts. Do you feel this is sufficient and would resources allow this to be undertaken?
 - How would a referral for somebody with dementia post hip fracture be triaged?
 - Do you have sufficient knowledge of treating people with dementia?
 - Was the training sufficient to be able to deliver the intervention?
 - The approach is very much a functional approach, with outcomes based on functional gains rather than objective measures. What are your thoughts on this?

Concluding question

- Of all the things we’ve discussed today, what would you say are the most important issues you would like to express about this intervention?

Conclusion

- Thank you for participating. Your opinions will be a valuable asset to the study
- We hope you have found the discussion interesting
- If there is anything you are unhappy with or wish to complain about, please speak to me later
- I would like to remind you that any comments featuring in this report will be anonymous