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**Dear Professor Orchard** 

## Proposed closure of hydrotherapy pool at Charing Cross Hospital

I recently met with Andy Slaughter, MP for Hammersmith who informed me of the pending closure of the hydrotherapy pool at Charing Cross Hospital in April.

I understand that the reasons for closing the pool include:

Failed microbiology tests
Failed water analysis tests
Low air temperature poolside
Plant and pool equipment failure
Hoist failure

A perceived lack of evidence on the benefits of hydrotherapy versus land-based exercise, and perception that hydrotherapy only has a short term effect on a person's health.

I am very concerned about the planned closure and its likely impact on people living with axial spondyloarthritis. I would therefore ask the information below be taken into consideration when making a decision. I am happy to meet with you to discuss this in further detail.

## About axial spondyloarthritis (axial SpA) including ankylosing spondylitis (AS)

Axial SpA (AS) is a form of inflammatory arthritis which mainly affects the spine but can affect other joints and tendons, as well organs including the eyes, heart and lungs. The condition is characterised by morning stiffness and periods of flare which can be extremely debilitating and can last for days, weeks, months or even years. The average age of symptom onset is 24 and the delay to diagnosis currently stands at 8.5 years. 25% of people will develop spinal fusion, while 59% of people will have some sort of mental health problem at some point in their life. The cornerstones of treatment are anti inflammatory medication combined with exercise.

## Benefits of hydrotherapy to axial SpA (AS)

The Guideline for the diagnosis and management of Spondyloarthritis in over 16s (NICE NG65, Feb 2017: 1.5.2) states: Consider hydrotherapy as an adjunctive therapy to manage pain and maintain or improve function for people with axial spondyloarthritis.

The main issues associated with axial SpA (AS) are stiffness, pain, risk of developing a stooped posture and fatigue. Exercising in water helps in many ways. The warmth and the buoyancy make stretches more effective; it is less painful; it's easier to stay upright because the effect of gravity is less; it requires less physical effort; and it helps with sleep.

Exercise is essential to anyone with AS but it's not always possible when in flare. When you move less, your muscles become weaker, your joints stiffen, you become less fit and your balance is less reliable.

When you exercise on land you have to work against gravity. In water there is another force, which doesn't pull you down like gravity does, but pushes you up. This force is called up thrust and it actually helps us move. Your body feels lighter. In waist deep water you weigh around half of what you weigh on land. With less strain on the joints, you can exercise more without pain and without doing damage to the joints. Because you can work longer and harder, fitness can be built up again. The water provides shock absorption and makes aerobic exercise safer and more enjoyable.

The viscosity or thickness of the water as well as the turbulence, the buoyancy and the drag effect can be used as a resistance to help strengthen muscles. The effect of buoyancy can be enhanced by using different floats.

The water temperature in hydrotherapy pools is usually around 33-34 degrees Celsius – much higher than a swimming pool. The warmth of the water helps with relaxation and tight muscles can be stretched more efficiently when they are relaxed.

## NASS Research into hydrotherapy

In 2017 NASS commissioned research into the experiences of people with axial SpA (AS) using hydrotherapy. Respondents gave an average out of 10:

- 7.7 when asked how much hydrotherapy complemented their AS care
- 8.2 when asked about managing stiffness
- 8.0 when asked about mobility / flexibility
- 7.9 when asked about mood
- 7.5 when asked about managing daily quality of life
- 7.3 when asked about getting through a flare

As most people with AS will live with stiffness daily, the benefits of hydrotherapy are not short term when used over a period of time, and in fact allow people with the condition to live a full and normal life.

Often for those living in periods of flare, living pain free for a few days at a time has an enormous effect on their mental health and emotional well-being, allowing them to live their lives and finding comfort for short periods of time when so much of their lives are lived in constant pain.

A treatment does not have to be a cure to make it a viable option.

I look forward to hearing from you.

Yours sincerely,

Dr. Dale Webb CEO