

The Cerebral Palsy Integrated Pathway and how it can improve the care of children and young people with CP

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The Cerebral Palsy Integrated Pathway (CPIP) started in Scotland in 2013 and is based on very similar pathways in use elsewhere in Europe, particularly the CPUP program in Scandinavia. It was introduced in England in 2016 and has spread across the UK and Republic of Ireland. Data is collected by clinicians at the point of care making it of extremely high quality and as of Q4 2024 there were over 13,000 children on the CPIP database representing approx. 40% of all children with CP in the UK.

CPIP is backed up by an online database, the core of which is a dataset collected by paediatric physiotherapists. Other forms have been developed to record information such as hip x-ray data, surgery, gait analysis, occupational therapy assessments and fractures. Work is ongoing to develop CPIP with additional forms expanding the database, for example a Cerebral Palsy Registry aligning with the Surveillance of Cerebral Palsy in Europe (SCPE) data set. There is no reason at all why forms for use by wheelchair services and/or orthotics/surgical appliances could not be developed.

Data collected and entered into CPIP can be viewed by all clinical teams involved in a particular person's care. An orthopaedic surgeon can see the physiotherapy assessment and therapists can see surgeons' entries for example, facilitating joined up care and MDT working. The data can be used for audit, research and service development with appropriate consent. NHS England are planning to incorporate CPIP within their core data set and a new publication, "Integrated Care System framework: commissioning services for children and young people living with cerebral palsy" has been distributed to ICFs around the country. This can be used to encourage ICFs to fund and support CPIP.

The widespread adoption of CPUP in Scandinavia has resulted in a reduction of hip dislocation in CP from 10% to 1% and an overall reduction in lifetime risk of orthopaedic surgery from 40% to 15%. Early detection of musculoskeletal problems in CP allows preventative management strategies including physiotherapy, postural management, medical treatment of tone and 'early' surgery (e.g. botulinum toxin, selective dorsal rhizotomy, guided growth).

In this presentation we will discuss: -

- CPIP as it is currently used in the NHS.
- The anatomy and pathophysiology of hip problems in CP.
- The evidence for postural management programs.
- Surgery for the hip in CP, indications and contra-indications.
- Guidelines to support practice.
- How MDT working improves care

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