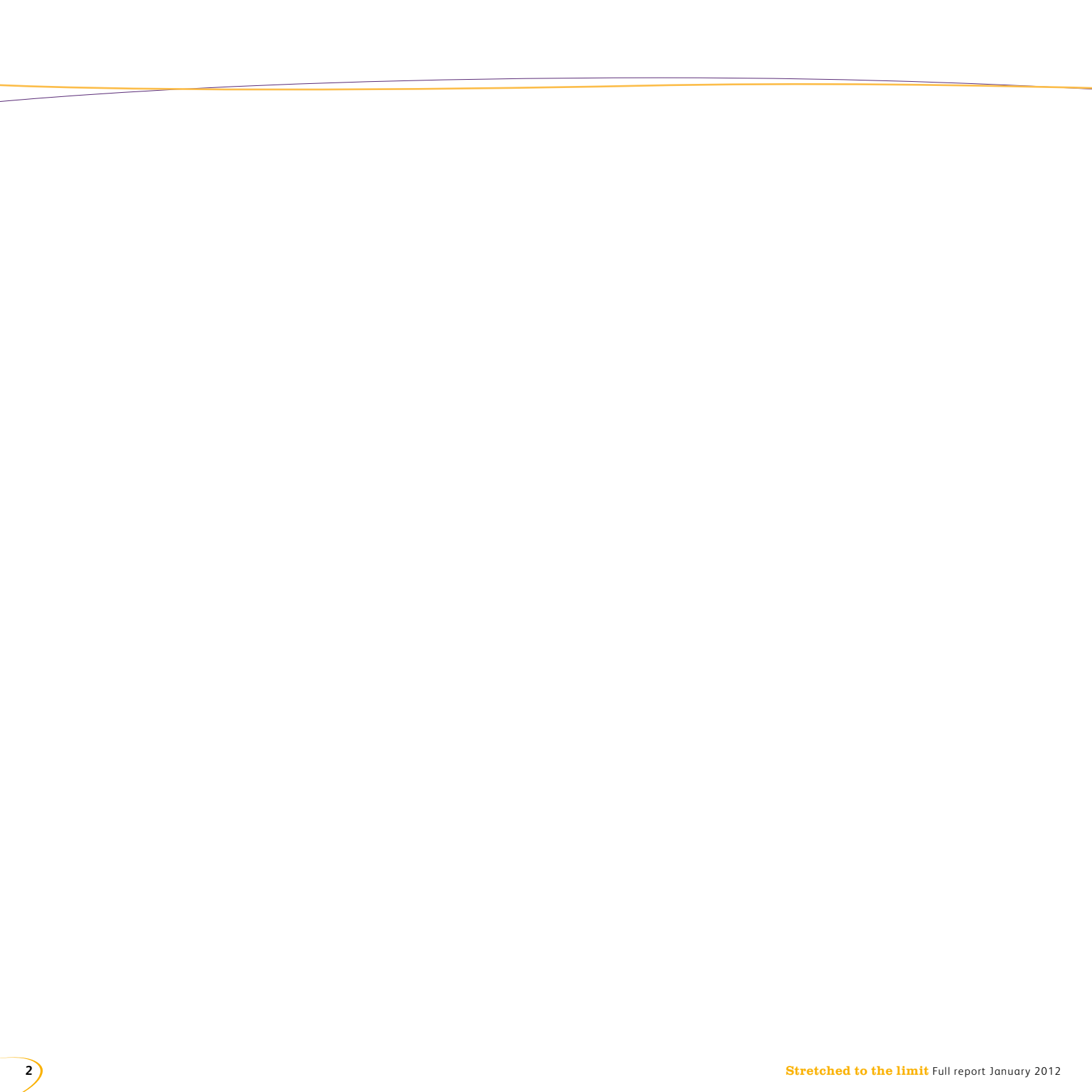




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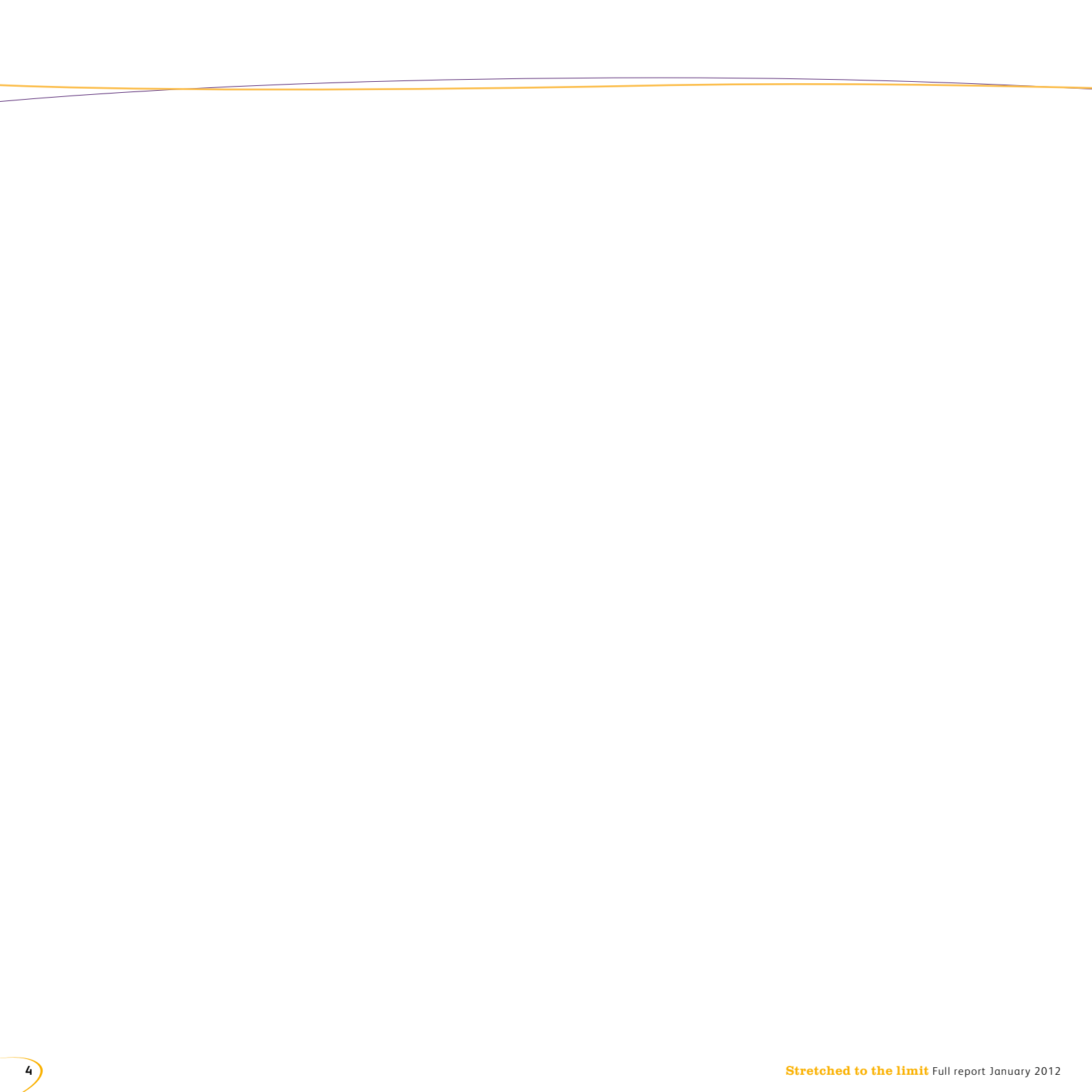
An audit of physiotherapy services in England

Full report
January 2012



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Summary of key findings

This report examines the quality of care, access to services and the level of investment in physiotherapy services across England today. It is the first audit to look at the level of preparedness within the NHS for commissioning physiotherapy under the Any Qualified Provider (AQP) model.

This report aims to make a constructive contribution to the ongoing debate about how the NHS can deliver high quality physiotherapy services, while meeting the required efficiency savings and improving patient outcomes.

Despite commitments from the Government to protect frontline health services for patients, the findings in this report show that commissioners are already making reductions in physiotherapy budgets against a backdrop of considerable variation in the level of spend for people with long term conditions, such as musculoskeletal disorders. The Chartered Society of Physiotherapy (CSP) is deeply concerned about the preparedness of commissioners to deliver quality services under the Any Qualified Provider model.

How physiotherapy services can improve health and wellbeing

- Musculoskeletal conditions such as back pain or arthritis cost the UK economy £7.4 billion a year¹. Early intervention with physiotherapy can reduce the amount of time people are off sick, and is vital in order to prevent an acute problem becoming chronic
- Despite this, there is a two-and-a-half fold variation across England in the level of spend on musculoskeletal services per head for people with such conditions
- Data shows that in 2009-10 commissioners spent on average £461.13 per head for people with a musculoskeletal condition, with Peterborough PCT spending just £265.93 per head and Hartlepool PCT investing more than £735 per patient.^{2,3,4}

Measuring commissioner awareness of physiotherapy services

- There was a disturbing lack of awareness amongst commissioners of physiotherapy services in their locality, with over 75 % of commissioners confirming they had not undertaken any assessment
- Findings from the audit showed that those commissioners who had undertaken assessments had seen improvements in service delivery. NHS Trafford, for example, saw “excessive” waiting lists reduced to less than 6 weeks for people with musculoskeletal conditions⁵
- Only 23 PCTs were able to provide details of assessments

£7.4 billion

Cost of MSK conditions per year to the UK economy

they had undertaken which looked at the outcomes physiotherapy services in their locality were delivering. This calls into question the quality and availability of data which currently exists and the extent to which providers are reporting against patient outcomes.

Assessing variations in physiotherapy services

- There is a lack of awareness amongst commissioners of the amount of time taken to refer patients to a physiotherapist, with 73% unable to provide details.
- There was considerable variation uncovered around the amount of time patients were having to wait for referrals – with NHS Portsmouth confirming that “*new appointments take 4 weeks and urgent [appointments] within the week*”⁶ but NHS West Sussex reported some patients having to wait up to 27 weeks⁷
- Findings from a survey of physiotherapy managers found that 93% were being required to find savings from their budget for physiotherapy staff and services during this financial year, while 57.4% were already experiencing or expected a reduction in patient services⁸
- The CSP is deeply concerned by these reductions in spending and the impact this will have on patient outcomes. Findings in this report show that some commissioners and providers had already reduced budgets by nearly 10% over this financial year.

Measuring preparedness for commissioning physiotherapy services under the Any Qualified Provider Model

- The CSP, along with many others in the health community, has grave concerns about the proposals to introduce the Any Qualified Provider model for the delivery of community and physiotherapy services
- Specifically, whether commissioners will make similar mistakes which have been seen in localities like Nottinghamshire, where due to a significant Any Qualified Provider overspend, physiotherapy services have had to be severely rationed
- Findings in this report call into question the preparedness of commissioners to deliver community services under Any Qualified Provider, with only 15 PCTs undertaking an impact assessment on this. It is concerning to note that one PCT specifically reported their “*experience with the AWP [AQP] model has not been all positive*”⁹
- Worryingly, one in five PCTs denied or were unable to provide details of any guidance they had received from the Department of Health about how to commission services under the Any Qualified Provider model
- In December 2011, PCT clusters identified their clinical priorities for AQP commissioning. A number opted to commission physiotherapy services in this way, with 16 areas identifying musculoskeletal back and neck pain and 10 areas selecting continence services. A number of other services, including intermediate care, lymphoedema and specialist palliative care, which may include physiotherapy, will also be opened up to AQP.

Summary of recommendations

- 1 The Department of Health and the emerging NHS Commissioning Board should ensure sufficient guidance and support is provided to local commissioners about the information and data they must make available relating to physiotherapy services in their locality
- 2 Appropriate support and IT infrastructure must be provided to physiotherapy services to enable effective data collection to inform the commissioning process
- 3 Given the nature of the current economic climate, there should be cross-governmental action to ensure those out-of-work due to musculoskeletal conditions have adequate and rapid access to physiotherapy services to help them get back to work as soon as possible
- 4 The Department of Work and Pensions, the Department of Health and HM Treasury must work together to implement the findings of *Health at Work*, the report by Dame Carol Black and David Frost CBE, along with those from the Boorman report, as soon as possible.
- 5 Commissioners must ensure they allocate adequate resources to address musculoskeletal conditions and ensure they meet the health needs of people within their area
- 6 All commissioners should undertake a detailed assessment of physiotherapy services in their area and ensure the results of these are integrated into Joint Strategic Needs Assessments, local health and wellbeing strategies, the work of local authorities and other care services
- 7 All commissioners should publish action plans based on their assessment of physiotherapy services in their area. These should include metrics and clear deliverables to improve these services and benchmark progress
- 8 All commissioners should undertake an assessment of the outcomes being delivered by all providers of physiotherapy services in their area to measure and address unacceptable variations in the quality of care being delivered
- 9 All commissioners and providers must have robust arrangements in place to accurately monitor waiting times, and have clear plans to address unacceptable delays in referrals and treatment for physiotherapy services
- 10 All commissioners and providers should have high quality monitoring arrangements in place for spend on physiotherapy services, and should be accountable for any reductions in these budgets
- 11 The Government should reiterate its pledge to protect frontline NHS services and publish an annual report showing how it is meeting this promise
- 12 All commissioners should undertake a detailed, robust assessment of the potential impact of Any Qualified Provider on all health and care services in their locality, before introducing such a model
- 13 If the Any Qualified Provider model is to be pursued, the Department of Health must provide all commissioners with detailed guidance to ensure there is consistency in access to high quality services across the country and innovations such as patient self-referral are not lost as a result.

Background

The Chartered Society of Physiotherapy (CSP) and its members have repeatedly expressed concerns over the Government's proposals to widen the scope of competition in healthcare provision and introduce the Any Qualified Provider (AQP) model for commissioning most NHS-funded services by 2013/14¹⁰

Since these proposals were first set out in the NHS White Paper, *Equity and excellence: Liberating the NHS* in July 2010¹¹, and then in the Health and Social Care Bill¹², the CSP has been concerned about the negative impact this will have on the quality of care. The CSP is concerned that increased competition will lead to the fragmentation and rationing of services for patients with chronic conditions, such as musculoskeletal disorders. However, the CSP, along with other professional and trade union bodies, has also expressed wider concerns over the impact these reforms will have while, at the same time, the NHS is being asked to make an unprecedented £20 billion of savings by the end of the current Parliament, in what has become known as the 'Nicholson Challenge.'

The Department of Health has stated that the steps being taken towards delivering the necessary efficiency savings should not impact on the quality of patient care or physiotherapy services, saying: "*Efficiency savings should not affect important patient services, at a time when the budget is increasing by a total of £11.5bn over the next four years*"¹³.

Despite this, feedback from physiotherapists who are currently working on the frontline indicates that cuts to local budgets means primary care trusts (PCTs) are already rationing physiotherapy services for people with chronic conditions in order to meet budgetary pressures. We are deeply concerned about the impact such reductions will have on patient outcomes, which, in the long-term, could add to the burden on local NHS finances.

There is no comprehensive national picture for how physiotherapy services are currently being delivered or how prepared PCTs are to commission services under the AQP model.

This report presents the first audit of how physiotherapy services are currently being commissioned in England and provides an assessment of preparedness to deliver the Government's proposed reforms for delivering community services. This report also provides a comprehensive picture of the way physiotherapists in England perceive the proposed reforms and the impact budgetary changes are already having on the way services are delivered.

About physiotherapy

Physiotherapists are highly skilled health professionals who work to prevent and manage various conditions, and to rehabilitate a wide range of patients using a variety of treatment methods.

Physiotherapy helps restore an individual's range of movement after injury or illness in order to promote health and well-being. There is clear evidence that early intervention to physiotherapy is clinically and cost effective for patients with long-term conditions, such as Parkinsons disease, musculoskeletal disorders or people recovering from stroke. Physiotherapists work across sectors and care pathways, providing the 'bridge' between hospital, primary and community care; and, alongside Allied Health Professional (AHP) colleagues, physiotherapists are central to the delivery of integrated care. Physiotherapy can reduce the amount of time people are off sick, and can keep people living independently and prevent readmissions to hospital. It is vital in order to prevent an acute problem becoming chronic.

About the Chartered Society of Physiotherapy

The CSP is the professional, educational and trade union body for the UK's 51,000 chartered physiotherapists, physiotherapy students and support workers

As a membership-led organisation, the CSP leads and supports members in developing and promoting high quality innovative patient care, raising the profile of the profession, and working openly in partnership to meet the diverse needs of both our members and their patients. The CSP works hard to develop a robust foundation for clinical practice and service delivery, focusing specifically on the evidence base, clinical effectiveness, continuing professional development and increasing innovation.

The CSP is keen to work with the Department of Health, the NHS and policymakers to raise the profile of physiotherapy services and ensure our members are fully represented in decision-making.

Methodology

This report, and the analysis it contains, was compiled following a number of requests made under the Freedom of Information Act (2000) to every PCT in England.

The information requested included:

- Details of assessments undertaken on the provision of physiotherapy services in their locality
- Confirmation and details of any assessment undertaken of the outcomes delivered by physiotherapy services in their area
- Details of the amount of time taken to refer a patient to a physiotherapist and the amount of time taken to refer a patient for a follow-up appointment to a physiotherapist
- Information about budgetary arrangements for physiotherapy services
- Details of any guidance received by the PCT from the Department of Health on the commissioning of services under the Any Qualified Provider (AQP) model
- Confirmation of any impact assessment undertaken by the PCT of the impact the AQP model will have on the commissioning of community services.

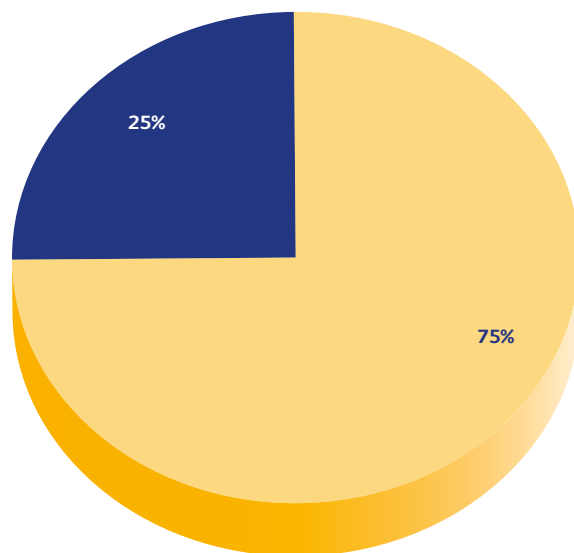


Figure 1: Percentage of PCTs responding to the Freedom of Information request

■ Yes ■ No

The full list of requests sent to PCTs is included in the Appendix (p28). Some PCTs passed their responses onto providers who were responsible for the commissioning and delivery of such services. These responses were included within this analysis.

NHS organisations are not required to respond to Freedom of Information requests in any particular format. As a result, the data provided were not always directly comparable. The analysis set out in this report has been undertaken by the CSP.

The CSP received full responses from 114 out of 151 PCTs (75%) or their relevant local NHS provider and we are grateful to all those who responded. All further analyses in this report are based on those organisations who responded in full to the Freedom of Information requests.

We are disappointed that almost a quarter of PCTs were unable to provide details on these issues. Ensuring transparency in commissioning decisions is vital when seeking to assess the ability

of the NHS to commission physiotherapy services effectively and allowing them to be held to account on these decisions.

We are calling on the Department of Health and the new NHS Commissioning Board to provide guidance to PCTs and emerging clinical commissioning groups and encourage them to ensure they make relevant data and information available about how physiotherapy services are delivered in their locality.

Recommendation 1:

The Department of Health and the emerging NHS Commissioning Board should ensure sufficient guidance and support is provided to commissioners about the information and data they make available relating to physiotherapy services in their locality.

Additional analysis was conducted following a survey of physiotherapy service managers, undertaken in July-August 2011. Questionnaires were sent to 210 physiotherapy managers across the UK and full responses were received from 97 (44%) representing physiotherapy departments in 110 NHS organisations including 3 in Northern Ireland, 5 in Scotland and 3 in Wales.

Data sought from the survey included:

- Changes in budgets
- Expectation of budget restrictions
- Staffing levels including vacancies
- Resulting changes in service provision.

Recommendation 2:

Appropriate support and I.T. infrastructure must be provided to physiotherapy services to enable effective data collection to inform the commissioning process.

How physiotherapy services can improve health and wellbeing

Understanding the challenge

Physiotherapy helps restore movement and function to as near normal as possible when someone is affected by injury, illness or by developmental or other disability. Physiotherapy covers a broad and varied range of services and includes working with people to promote their own health and wellbeing.

As a result of this, it is clear that physiotherapy plays a vital role in supporting health services to deliver the improved outcomes for patients set out in the NHS Outcomes Framework¹⁴ and in meeting the objectives of the Department of Health's public health agenda.

There is already extensive evidence that ensuring early access to physiotherapy services can deliver improved clinical outcomes and cost effective care. Physiotherapy is particularly effective in the management and treatment of musculoskeletal disorders such as arthritis and other back, neck and joint problems.

The Department of Health has estimated that there are 9.6 million adults and around 12,000 children with musculoskeletal conditions in England⁴.

According to a recent study undertaken by the CSP, 31% of people experience pain at work at least once a week, with back pain reported as the most common physical problem (65%), followed by shoulder pain (37%), and neck pain (37%)⁸. The time taken off work by people with a musculoskeletal disorder such as back pain or arthritis, has been calculated as costing the UK economy £7.4 billion a year¹.

These economic and personal costs could be greatly reduced by encouraging better working habits and also by providing early access to services such as physiotherapy for people who develop musculoskeletal disorders. Reducing the number of people on

incapacity benefit (IB) or severe disablement allowance (SDA) is particularly important whilst the Government seeks to deliver on its growth agenda and return people to work.

Despite this, the CSP is gravely concerned by the variations across the country in the level of spend on musculoskeletal services, obtained from the latest programme budgeting data. These significant variations amount to another example of a post-code lottery in access to services. Programme budgeting data includes information on the level of spend by commissioners on a variety of areas, including problems of musculoskeletal system. By using this data for the financial year 2009-10 and the estimates provided by the Department of Health on the number of children and adults with musculoskeletal conditions, the CSP uncovered an over two-and-a-half fold variation in the estimated level of spend by PCT per head for people with such conditions.^{2,3,4}

While the data shows an average spend per patient of £461.13, the CSP is deeply worried by this variation with Peterborough PCT spending just £265.93 per head while Hartlepool PCT was investing £737.68 per head.^{2,3,4} Figure 3 lays out this variation in spend across England in more detail. Commissioners must ensure there is adequate investment in their area for people with musculoskeletal conditions and that this investment includes physiotherapy.

Recommendation 3:

Given the nature of the current economic climate, there should be cross-governmental action to ensure those out-of-work due to musculoskeletal conditions have adequate and rapid access to physiotherapy services to help them get back to work as soon as possible.

THE TIME TAKEN OFF WORK BY PEOPLE WITH A MUSCULOSKELETAL DISORDER SUCH AS BACK PAIN OR ARTHRITIS, COSTS THE UK ECONOMY £7.4 BILLION A YEAR

The CSP is also concerned at the lack of progress being made in the Health and Wellbeing at work agenda. Despite comprehensive work by Dame Carol Black⁵, and compelling economic evidence clearly outlined by Steve Boorman⁶, demonstrating the value of early intervention physiotherapy services, public and private employers alike continue to overlook this. Dr Steve Boorman⁶ found that £555m a year could be saved in the NHS if comprehensive occupational health services, including physiotherapy, were introduced for staff, yet this is not being implemented.

Recommendation 4:

The Department for Work and Pensions, Department of Health and HM Treasury must work together to implement the findings of Health at Work¹⁵, the report by Dame Carol Black and David Frost CBE, along with those from the Borman report, as soon as possible.

Figure 2: Estimated expenditure on musculoskeletal conditions per head by PCT

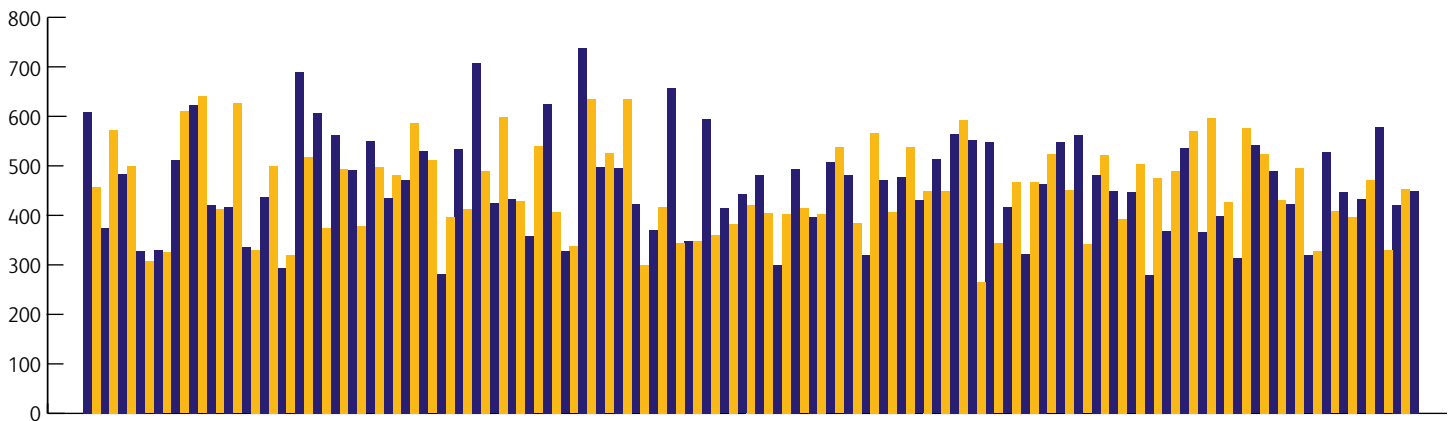
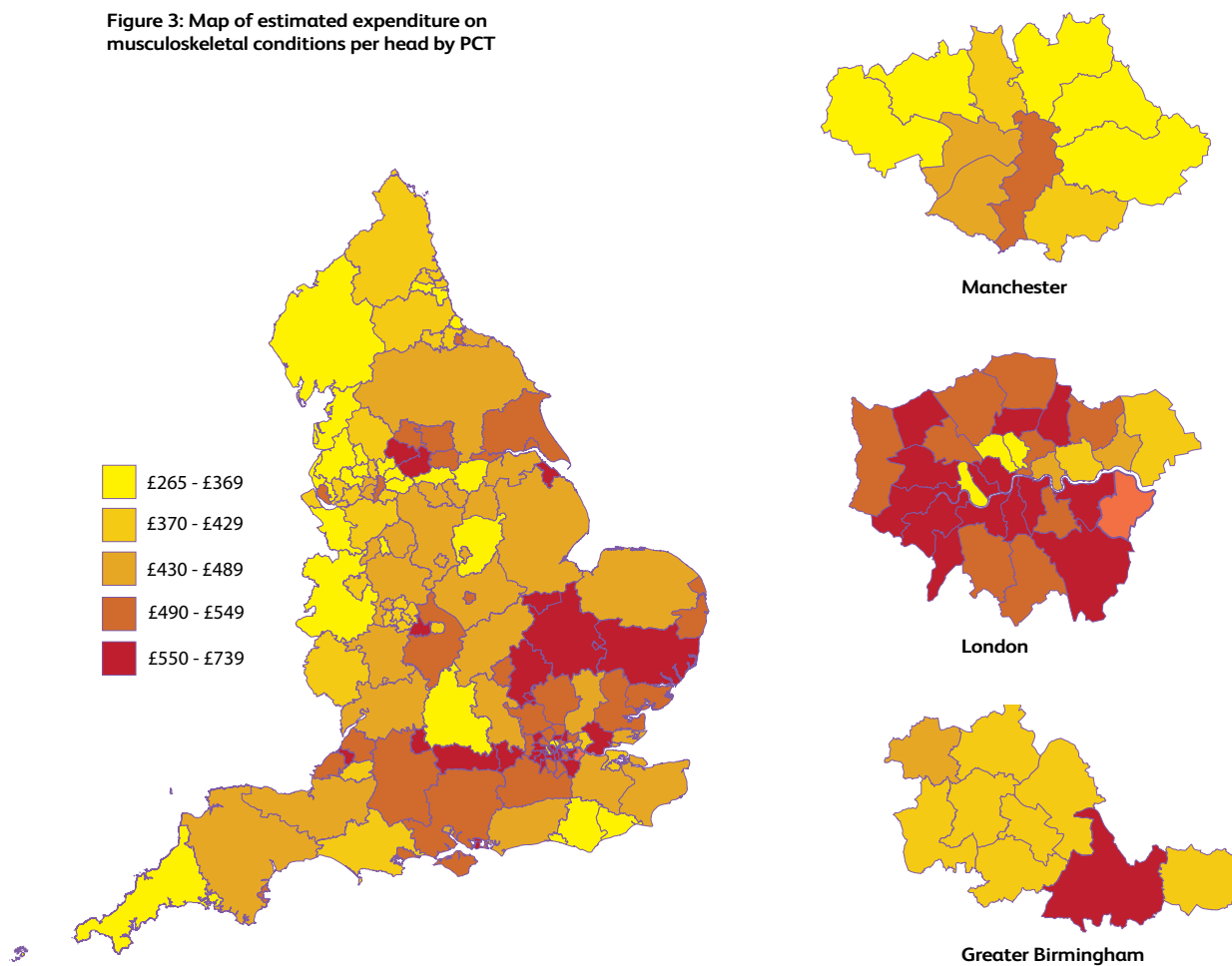


Figure 3: Map of estimated expenditure on musculoskeletal conditions per head by PCT



Measuring commissioner awareness of physiotherapy services

Assessment of physiotherapy services

In order to plan, commission and deliver physiotherapy services effectively, it is vital that PCTs, clinical commissioning groups and health and wellbeing boards are aware of the availability of and demand for such services in their locality. By fully understanding the provision and level of need for physiotherapy services, commissioners can be best placed to deliver services which are of high quality and are able to achieve the best possible outcomes for patients.

In order to assess and measure awareness amongst NHS commissioners of physiotherapy services in their locality, the CSP asked PCTs whether they had undertaken an assessment of the provision of physiotherapy services. The CSP was deeply concerned that only 26% of PCTs, or one in four, confirmed undertaking such an assessment.

Recommendation 5:

Commissioners must ensure they allocate adequate resources to address musculoskeletal conditions and ensure they meet the health needs of people within their area.

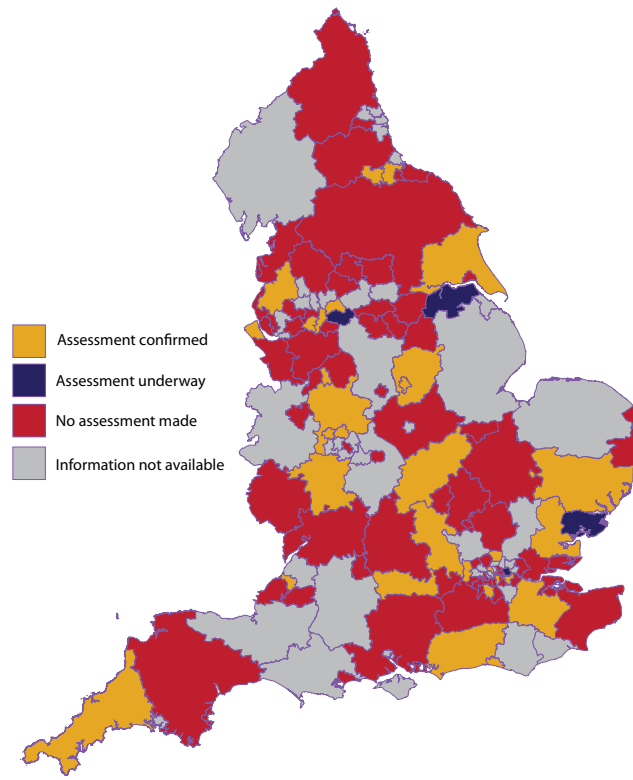


Figure 4: Map of PCTs who confirmed undertaking an assessment of physiotherapy services

Under the proposals set out in the Health and Social Care Bill, health and wellbeing boards will be required to undertake a Joint Strategic Needs Assessment in order to inform health and wellbeing strategies and broader commissioning plans¹². Any assessment undertaken by local PCTs of their physiotherapy services should be fed into these assessments and used to inform the planning of services.

The CSP believes that a lack of assessment can negatively impact on the ability of commissioners to effectively plan for and provide physiotherapy services. This is particularly important at a time when the NHS is being required to redesign and reconfigure services in order to deliver £20 billion worth of efficiency savings by the end of this parliament.

Nevertheless our audit did uncover some examples of good practice where commissioners had undertaken assessments of physiotherapy services and improved services as a result:

- NHS Cornwall and Isles of Scilly confirmed they had undertaken an assessment of physiotherapy provision for musculoskeletal conditions *“over the past few years to ensure equity of access”*¹⁷. The findings from the assessment resulted in additional capacity being put in place, with the PCT ensuring delivery of *“sufficient capacity to allow for maximum waiting times for physiotherapy of six weeks across Cornwall and Isles of Scilly”*¹⁷
- NHS Trafford said they had reviewed their community physiotherapy services as part of a service reform programme for musculoskeletal conditions. The results found demand for physiotherapy services had increased, with *“excessive”* waiting times which have since been reduced to less than six weeks⁵
- NHS Hull said an *“assessment of Physiotherapy Services has been undertaken and a new service re-commissioned as a result of the review.”*¹⁸

When carrying out an assessment, it is vital that commissioners seek to take on board the findings and make provision to improve the quality of services being delivered.

Recommendation 6:

All commissioners should undertake a detailed assessment of physiotherapy services in their area and ensure the results of these are integrated into JSNAs, local health and wellbeing strategies, the work of local authorities and other care services.

Recommendation 7:

All commissioners should publish action plans based on their assessment of physiotherapy services in their area. These should include metrics and clear deliverables to improve these services and benchmark progress.

Measuring the outcomes delivered by physiotherapy services

One of the central principles of the Government’s health and social care reforms has been a renewed focus on patient outcomes, supported through the introduction of outcomes frameworks for the NHS, public health and social care service.

While this move towards measuring outcomes has been welcomed, the CSP has a number of concerns about the impact greater competition will have on the quality of services provided by some providers and the extent to which they will be held to account by the outcomes frameworks.

To assess the outcomes currently being delivered in physiotherapy, the CSP asked PCTs to confirm whether an assessment which looked at the outcomes currently being delivered by providers of physiotherapy services had been carried out. The CSP was disappointed to find that 77% of PCTs denied or were unable to provide details of such an assessment.

Nevertheless, 23 PCTs did confirm that an assessment had

been undertaken. This highlights significant variations in the way commissioners measure the outcomes delivered by physiotherapy services:

- NHS Torbay said physiotherapists, as part of a multi-professional team, were “monitored against reductions in hospital admissions and supporting a more rapid discharge from a hospital setting”¹⁹
- NHS Knowsley confirmed “basic scoping work has been undertaken to support [the] PBC [practice-based commissioning] commissioning plan” but this did not assess clinical outcomes.²⁰

Kent & Medway NHS cluster confirmed that commissioners receive regular information from providers about waiting times and, previously, referral rates to secondary care.

The cluster also confirmed that community providers, as part of their Commissioning for Quality and Innovation (CQUIN) payment framework, “undertake patient experience... telephone questionnaires”²¹. The CSP welcomes such an innovative approach to monitoring outcomes and would encourage other NHS organisations to consider similar approaches.

Overall, the lack of assessments being carried out by commissioners calls into question the arrangements PCTs have in place to measure the quality of physiotherapy services being delivered by providers and the quality of data currently in existence to effectively commission and hold services to account on the outcomes they deliver.

PCTs and emerging clinical commissioning groups should ensure they have robust measures in place to monitor and assess the outcomes being delivered by all providers of physiotherapy services in their locality.

Recommendation 8:

All commissioners should undertake an assessment of the outcomes being delivered by all providers of physiotherapy services in their area to measure and address unacceptable variations in the quality of care being delivered.

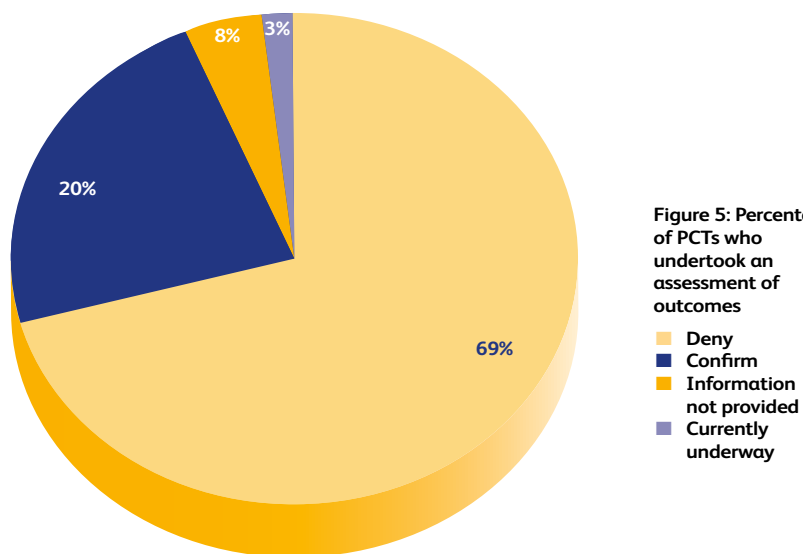


Figure 5: Percentage of PCTs who undertook an assessment of outcomes

- Deny
- Confirm
- Information not provided
- Currently underway

Assessing variations in physiotherapy services

Monitoring waiting times for physiotherapy services

During this parliament, PCTs and providers of NHS services are being expected to make unprecedented efficiency savings of £20 billion. The CSP and its members have expressed grave concerns about the impact this will have on the quality of care patients receive if this is achieved by cutting staff and services as opposed to evidence-based service redesign using clinically effective and cost efficient models of care. We are concerned this impact is likely to be seen through rationing of services and rises in waiting times.

In a recent survey of members, 73% of physiotherapy staff said they were experiencing significantly increased workloads compared to a year ago, while 66% of physiotherapy managers warned that they do not expect to have sufficient resources to meet demand for physiotherapy services during this financial year⁸.

From our audit, the CSP was disappointed to find that 73% of PCTs either denied or were unable to provide details of an assessment undertaken into the amount of time taken to refer a patient to a physiotherapist.

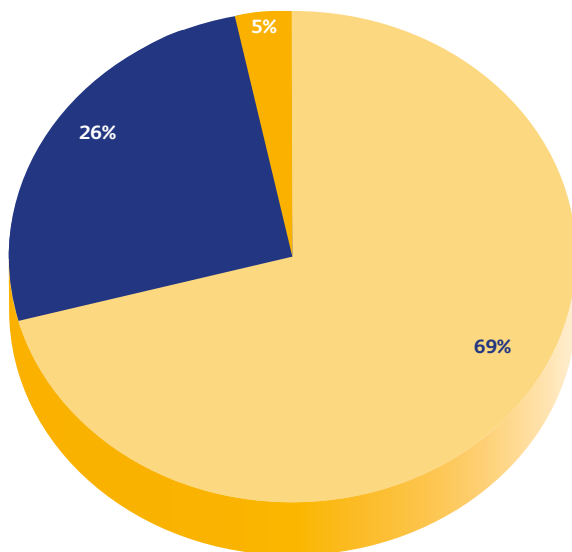
Given the financial pressure facing the NHS it is vital commissioners and providers have sufficient arrangements in place to monitor waiting times for physiotherapy services.

Findings from our audit showed considerable variation in the amount of time taken to refer a patient to a physiotherapist:

- NHS Worcestershire reported that “community physiotherapy service specification identifies maximum waiting time for urgent new referrals of 48 hours and routine new referrals of 4 weeks”²²
- NHS Portsmouth confirmed that “new appointments take 4 weeks and urgent within the week”⁶

Figure 6: Percentage of PCTs who had assessed time taken to refer patients to a physiotherapist

- Deny
- Confirm
- Information not provided



73% OF PHYSIOTHERAPY STAFF SAID THEY WERE EXPERIENCING SIGNIFICANTLY INCREASED WORKLOADS COMPARED TO A YEAR AGO

- NHS Walsall said that the “time taken from receipt of referral to appointment is 6 weeks and then the amount of time taken for a follow-up appointment can be anything between 1-4 weeks”.²³

However, a number of PCTs reported persistently high waiting lists and variation across providers. For example, Oxfordshire PCT said: “There continues to be variation between providers with some reporting zero waits and others 16 wk waits”²⁴, while NHS West Sussex reported waiting lists across services ranging from a month to 27 weeks⁷.

The CSP is deeply concerned about rising waiting times and the impact these have on people with chronic conditions who experience delays in their treatment.

Despite the evidence that physiotherapy services can be delivered cost-effectively and the benefits it brings to patients, for example by reducing readmission rates, these findings show that patients are waiting longer to get the physiotherapy treatment they need, which increases the risk that their condition will worsen or their recovery will be impeded.

As a result, the Department of Health and emerging NHS Commissioning Board must recognise that investment in physiotherapy services can reduce the burden on other parts of the health service and therefore ensure NHS organisations have sufficient resources to meet the demands for physiotherapy services in their area and address rising waiting lists.

Recommendation 9:

All commissioners and providers must have robust arrangements in place to accurately monitor waiting times, and have clear plans to address unacceptable delays in referrals and treatment for such services.

Evaluating spend for physiotherapy services

Reductions in spending on physiotherapy services can have a serious impact on the quality of patient care and the outcomes they deliver. For patients with musculoskeletal conditions, Parkinson's disease or who are recovering from a stroke, delays or reductions in physiotherapy can make their condition worsen, impeding recovery. Patients with heart disease, respiratory disease or neurological conditions such as MS experience significant improvements in their conditions through physiotherapy which reverse if access to services is cut.

Findings from our survey of physiotherapy managers found that 93% were being required to find savings from their budget for physiotherapy staff and services during this financial year, while 57.4% were already experiencing or expected a reduction in patient services⁸. Although we recognise the challenges of the current financial climate, the CSP is deeply concerned by these reported reductions in service and the detrimental impact this is going to have on the ability of our members to deliver on improving patient outcomes.

In our audit, the CSP asked PCTs to provide details on the level of spend towards physiotherapy services over the next few financial years in order to evaluate what impact the current fiscal climate was having on these services. Only 63% PCTs were able to provide details of their budget and spend for physiotherapy services during any of the requested financial years. This is extremely surprising and worrying as one of the main causes of the severe rationing

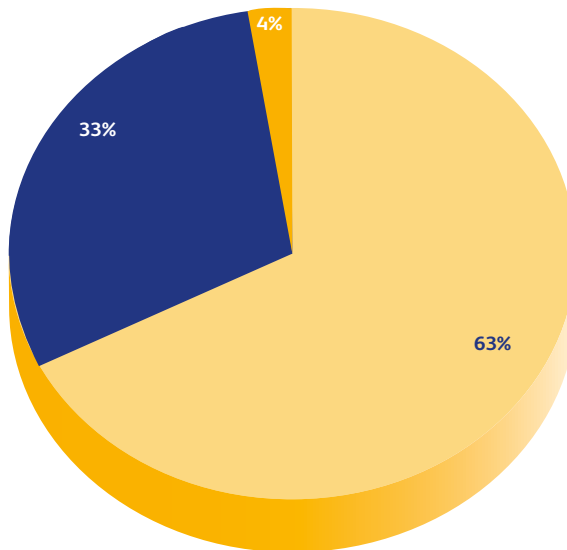


Figure 7: Percentage of PCTs who were able to provide their budget for physiotherapy services

- Deny
- Confirm
- Information not provided

93% (OF PHYSIOTHERAPY MANAGERS) WERE BEING REQUIRED TO FIND SAVING FROM THEIR BUDGETS

experienced in Nottinghamshire (see case study on P24) was a lack of understanding of budgets and costs.

The CSP is concerned that the remaining commissioners or providers do not have adequate arrangements in place to monitor the level of spend being allocated to specific services, and this should be addressed urgently.

Findings from our audit did show that a number of commissioners were increasing investment in physiotherapy services:

- NHS Cornwall and Isles of Scilly confirmed that, based on approximate levels of expenditure, there were investing an additional 13% into physiotherapy services for people with musculoskeletal conditions¹⁷
- In a detailed response, NHS Hull confirmed they were investing an additional 10% in physiotherapy services, including for people with chronic obstructive pulmonary disease (COPD) or who were prone to falls.¹⁸

However, another three NHS organisations have seen their budgets for physiotherapy services cut by almost 10% as the NHS tries to meet its target of £20bn in efficiency savings:

- The Dudley Group of Hospitals NHS Foundation Trust is seeing budgetary reductions of 9%²⁵
- NHS Herefordshire confirmed a reduction of 8% during this financial year²⁶

- NHS North Lancashire said they would be cutting their physiotherapy budget by 9%.²⁷

Such reductions to physiotherapy budgets this year are deeply concerning given the fundamental role these services play in improving patient outcomes, along with the impact these cuts will have on other areas of the health service, such as increased hospital admissions, if services are restricted or lost. The Department of Health's ministerial team should reiterate the importance of NHS organisations protecting frontline services, despite financial pressures.

Recommendation 10:

All commissioners and providers should have high quality monitoring arrangements in place for spend on physiotherapy services, and should be accountable for reductions in these budgets.

Recommendation 11:

The Government should reiterate its pledge to protect frontline NHS services and publish an annual report showing how it is meeting this promise.

Measuring preparedness for commissioning physiotherapy services under Any Qualified Provider

Table 1: Case study of the AQP model in physiotherapy

Principia (a practice based commissioning social enterprise in Nottinghamshire) in 2009 transferred their community physiotherapy services to an AQP procurement model which has since led to the rationing of services contrary to clinical judgement and patient need.

In 2010, Principia carried out a review which showed that their budget had been overspent and no reduction had been seen in secondary care referrals. As a result, Principia increased the referral threshold to the following:

- A patient could only be referred to physiotherapy having presented to the GP for the same condition twice, six weeks apart (only one referral allowed per year for the same condition). This means a delay of seven weeks before treatment – to save money.
- The service had been rationed to “an assessment, advice and guidance service” with one assessment and one follow-up appointment and the instruction that patients must not leave with “an impression of unfinished treatment”. There is no clinical evidence base for rationing of treatment in this way.
- Patients must then be discharged back to the GP regardless of whether they need ongoing physiotherapy management.

Assessing the impact of any qualified provider

The CSP, like many other health organisations, has serious concerns about the extension of choice of provider in the NHS and the significant risk this presents to patients in terms of fragmentation of care and the quality of services they receive. We do not believe this policy will deliver greater choice, but instead will lead to variations in access to services and a decline in patient outcomes.

For patients with long-term conditions, such as stroke, Parkinson’s disease or multiple sclerosis, it is vital that care is delivered through integrated pathways across primary, acute and social care. Any Qualified Provider (AQP) will instead fragment integrated pathways of care, by leading to providers competing over price rather than working together.

While Monitor’s primary duty has now been amended in the current Health and Social Care Bill to promote integration of services¹², we believe this aim can best be served by greater collaboration and communication between NHS services. Competition between healthcare providers is potentially destructive to patient care and does not necessarily drive up quality. The CSP is concerned that competing providers will not share best practice or innovations that they will see as a competitive advantage.

THE SERVICE HAD BEEN RATIONED TO “AN ASSESSMENT, ADVICE AND GUIDANCE SERVICE”

Our audit found that only 15 PCTs had completed or were currently undertaking an impact assessment on delivering AQP. The CSP is concerned that commissioners in the future may make mistakes that have already been seen in localities like Nottinghamshire, where due to a significant AQP overspend, physiotherapy services have had to be severely rationed.

Findings from our audit, call into question the preparedness of commissioners to deliver community services under AQP. Furthermore, it is concerning to note that one PCT specifically reported their “*experience with the AWP [AQP] model has not been all positive*”.

That is why we will be calling on the Government to rethink its policy of extending competition in the NHS and undertake a substantial review of the impact this policy will have on patient care.

Recommendation 12:

All commissioners should undertake a detailed, robust assessment of the potential impact of AQP on all health and care services in their locality, before introducing such a model.

Ensuring guidance and support for commissioners

The CSP has raised significant concerns about the impact of the AQP model being rolled-out across community services and the findings summarised above raise considerable concerns about the preparedness of commissioners being able to deliver such a model.

There are a limited number of physiotherapy services already operating under an AQP model in the UK. Physiotherapists working in those areas have contacted us with concerns about their own experiences of restrictions to, or rationing of, treatments which are affecting the quality of their service and impacting negatively on patient outcomes.

This could also lead to greater fragmentation of patient care pathways with more confusion and less choice for patients, loss of patients’ ability to self refer to physiotherapy, less sharing of good practice and less effective workforce planning.

If the AQP model is pursued, clear and transparent rules must be introduced to ensure those providing, or seeking to provide, NHS services cannot also be involved in the commissioning or performance management of those services.

It is of concern that 10% of PCTs denied having received any guidance from the Department of Health on the commissioning of services under AQP particularly given the pace of implementation of this policy.

As a result, it is vital that the Department of Health ensures PCTs and emerging clinical commissioning groups are provided with clear guidance on how they can commission services under AQP and maintain high standards of care.

Self-referral is a system for patients to make an appointment direct with their local NHS physiotherapy service, without seeing their GP first. Currently used internationally, and in just under 50% of NHS physiotherapy departments in England²⁸, patient self-referral is proven to be cost effective and particularly beneficial for

patients with both short and long-term conditions.

The CSP is calling for greater adoption and roll out of the patient self-referral to physiotherapy services across England. Self-referral has already proven successful in increasing access to physiotherapy services, improving patient outcomes through early intervention and preventing onward referral to specialists in secondary care. It has recently been included in the QIPP database²⁹ as an innovation which delivers increased productivity and improved quality. The recent Department of Health 'Allied Health Professionals Service Improvement Project' report includes two sites where self-referral to physiotherapy has been introduced and has delivered demonstrable cost savings: Lincolnshire Community Health Musculoskeletal Physiotherapy Service reduced waiting times, improved productivity and increased patient satisfaction with projected savings of £18,000; and Barnet Community Services Musculoskeletal Physiotherapy Service cut waiting times dramatically and saved £20,000.

The CSP is very concerned that the expansion of AQP will lead to a reversal in the progress that has been made in implementing patient self-referral services in England and would argue that a reduction in the availability of patient self-referral to physiotherapy schemes would risk an increase in the cost to society of welfare benefits, disability payments and increased reliance on other NHS services. Self-referral should be made a priority within any new system of choosing providers.

Recommendation 13:

If the AQP model is to be pursued, the Department of Health must provide all commissioners with detailed guidance to ensure there is consistency in access to high quality services across the country and innovations such as patient self-referral are not lost as a result.

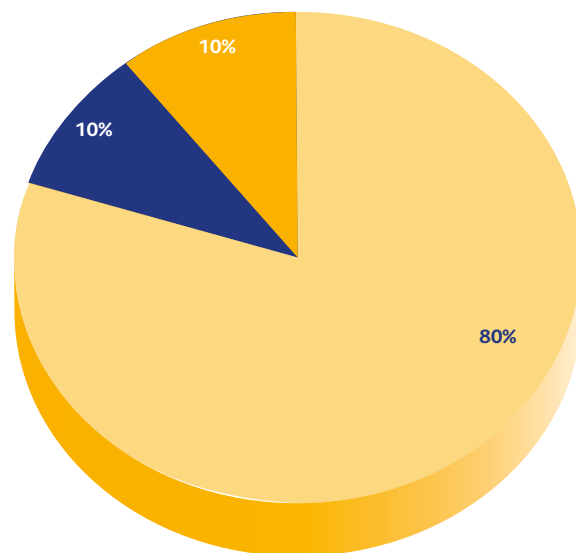


Figure 8: Percentage of PCTs who received guidance about the commissioning under AQP

Confirm
Deny
Information not provided

Conclusion

For many years physiotherapy has been an overlooked and undervalued service rather than an essential part of rehabilitation and re-ablement for a wide range of chronic and long-term conditions. A rapidly ageing population, rising prevalence of long-term conditions and competing pressures on financial resources means health and social care services are facing unprecedented challenges over the coming years.

The findings set out in this report have uncovered worrying variations in the quality of care, access to services and investment in physiotherapy services as the NHS struggles to meet the efficiency savings set under the 'Nicholson Challenge'. There is also a disturbing lack of awareness amongst some commissioners of the ability of physiotherapy services to improve outcomes along with a lack of support to enable them to deliver long-term efficiency savings. This is illustrated through the variation in the availability of information, guidance and communications about these services.

The CSP is concerned that the drive to deliver short term financial savings will result in increased numbers of patient readmissions and increased costs to the NHS and social care

services in the longer term.

Across the health community there is deep concern over the impact the Any Qualified Provider model will have on the Government's aim to drive greater integration between services, and instead it is likely to lead to a greater fragmentation of services.

We have a real concern that this policy of increased competition will serve to force competing providers not to share best practice or work in the spirit of partnership, but rather compete for the bottom-line and drive down quality. The findings within this report call into question the preparedness of the NHS for commissioning and delivering care under the Any Qualified Provider model and we are calling on the Department of Health to undertake much more detailed analysis before this policy is extended further.

The Chartered Society of Physiotherapy and its members will be working closely with the NHS, the Department of Health and the wider health care community to ensure they recognise the essential role that physiotherapy does and must continue to play in improving the health of nation.

Appendix

Freedom of Information requests sent to PCTs

Request 1: Please confirm or deny whether the PCT has undertaken an assessment of the provision of physiotherapy services in its locality.

If confirmed

a. Please provide details and findings of any assessment

Request 2: Please confirm or deny if the PCT has undertaken an assessment of the outcomes delivered by providers of physiotherapy services in its locality.

If confirmed

a. Please provide details and findings of any assessment

Request 3: Please provide details of the number of referrals made by the PCT for patients to physiotherapy service for the following financial years: i) 2007/08, ii) 2008/09, iii) 2009/10, iv) 2010/11 and v) 2011/12

Request 4: Please confirm or deny whether the PCT has any referral management schemes for physiotherapy services.

If confirmed

- a. Please provide details of these schemes.
- b. Please confirm or deny if GPs are incentivised through any referral management scheme for physiotherapy services held by the PCT

Request 5: Please confirm or deny whether the PCT has undertaken an assessment of a) the amount of time taken to refer a patient to a physiotherapist and b) the amount of time taken to refer a patient for a follow-up appointment to a physiotherapist.

If confirmed:

a. Please provide details of the average time taken

Request 6: Please confirm or deny whether the PCT holds figures for the number of physiotherapists employed by the PCT.

If confirmed

a. Please provide details of the number of physiotherapists employed by the PCT in the following financial years: i) 2007/08, ii) 2008/09, iii) 2009/10, iv) 2010/11 and v) 2011/12

Request 7: Please provide details of the PCTs a) budget and b) spend for physiotherapy services in the following financial years: i) 2007/08, ii) 2008/09, iii) 2009/10, iv) 2010/11 and v) 2011/12.

Request 8: Please confirm or deny whether the PCT has details of the a) budget and b) spend for physiotherapy services by condition area.

If confirmed:

a. Please provide details of the PCTs a) budget and b) spend

for physiotherapy services in the financial year: i) 2007/08, ii) 2008/09, iii) 2009/10, iv) 2010/11, v) 2011/12 and vi) 2012/13, for the following condition areas: a) Parkinson's disease, b) Multiple Sclerosis and c) Musculoskeletal conditions

Request 9: Please confirm or deny whether the PCT has found any efficiency savings in physiotherapy services over the following financial years: i) 2007/08, ii) 2008/09, iii) 2009/10, iv) 2010/11 and v) 2011/12

If confirmed:

- a. Please provide details of these savings for each of the financial years in question

Request 10: Please confirm or deny if the PCT has allocated any budget to local pathfinder clinical commissioning groups to commission physiotherapy services

If confirmed:

- a. Please provide details of these services
- b. Please provide details of how much has been allocated to each pathfinder clinical commissioning group for the financial year 2011/12
- c. Please provide details of any monitoring arrangements of these services which are in place

Request 11: Please confirm or deny whether the PCT has

undertaken an assessment of the impact the Any Qualified Provider model will have on the commissioning of community services from autumn 2011.

If confirmed:

- a. Please provide details and findings of any assessment

Request 12: Please confirm or deny whether the PCT has received any written guidance from a) the Department of Health b) their Strategic Health Authority on the commissioning of services under the Any Qualified Provider model.

Request 13: Please confirm or deny whether the PCT currently uses the 'Any Qualified Provider' model for the delivery of community physiotherapy services.

If confirmed:

- a. Please provide details of these services
- b. Please provide details and findings of any assessment the PCT has undertaken of these services

Request 14: Please confirm or deny whether the PCT intends to commission any community services under the Any Qualified Provider model from autumn 2011.

If confirmed:

- a. Please provide details of these services

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