CSP Scotland response to the evidence of the Chief Nursing Officer and Scottish Funding Council to the Public Petitions Committee

The Chartered Society of Physiotherapy in Scotland greatly appreciates the Public Petitions Committee request for further information, and welcomes the opportunity to respond to some of the points and issues raised by stakeholders. The petition to the Scottish Parliament has been led by the student wing of CSP Scotland, with the support of the Society as their professional, education and trade union body.

CSP Scotland would raise a number of issues with the respondents in a somewhat detailed response. It is hoped that this will clarify some of the complex issues involved in the petition. It may help however if an initial outline of the issue of physiotherapy NHS Workforce Planning was placed in context.

Physiotherapy Graduate Unemployment
An essential aspect of the changing shape of the NHS workforce has not been outlined in the response of stakeholders. The current problem for physiotherapy workforce planning is that the number of junior posts has reduced dramatically while a simultaneous increase in senior physiotherapy clinicians has taken place. More senior roles using the advanced skills of physiotherapists have been increasingly valuable in reducing waiting times and improving and extending services in the NHS.

While there has been no significant increase in the number of graduate physiotherapists from Scottish Universities over the past five years there has been significant increase in the number of physiotherapists working in the NHS in Scotland - on a whole time equivalent and head count basis.

However, a sustainable supply of junior physiotherapists to replace the increased employment of senior clinicians is not in place. In many cases, senior roles have been developed at the expense of maintaining junior posts, with existing resource limitations.

Health Boards do not have a clear responsibility for sustainability in their skill mix and provision of health services. However, when every health board takes the option to reduce junior posts and increase the use of senior grades, the macro workforce planning considerations spell skills shortages and unemployed graduates. An ‘inverted pyramid’ of senior over junior posts exists which cannot be sustained. Unemployment among 2007 graduates stands at 71%, with one third of 2006 graduates also unemployed. Meanwhile vacancies exist for more senior grades and approximately 28,000 patients in Scotland need physiotherapy.

The role of Scottish Government
CSP Scotland would argue that it is the role of the Scottish Government to take account of the national picture, and to develop a sustainable supply of senior clinicians to the NHS by ensuring a sufficient number of junior posts exist to replace senior roles.
In workforce planning terms therefore, a narrowing of the band five graduate entrants to the profession to feed into senior posts at bands six, seven and beyond. An over-supply of graduates and vacancies at senior grades is the result. Over half of all senior clinicians in post will be approaching retirement by 2015 and it is essential that a supply of junior clinicians is available to replace them over this period.

If every health board is relying on a supply of senior clinicians to come from another health board - or from outside Scotland, rather than from training their own workforce, then a considerable crisis in the supply of physiotherapists will take place over coming years.

Scottish Parliament Inquiry 2004
The Health Committee of the Scottish Parliament carried out an investigation into workforce planning in 2004. In written evidence to the committee, CSP Scotland pointed out that nothing that could be termed ‘planning’ was taking place in the physiotherapy NHS workforce in Scotland. An extract below comments on the link with student numbers.

2.1 Matching demand with supply.
Matching the supply of qualified staff with the demands placed on health services is perhaps the essence of workforce planning. However, a clear and direct link between demand and supply cannot be assumed, and is absent in physiotherapy, as in many other allied health professions. This is because the supply of qualified graduates is not determined by the health system in a coherent and planned way. Increases in student places are often ‘one off,’ and not sustained, and, unlike in other professions, or as in England, health boards do not commission future numbers. In this respect it becomes the education system that determines the supply of qualified physiotherapists for the NHS, without assessment as to need or service planning.

The essential link between the demand and supply in health and education sectors needs to be established if workforce planning for physiotherapy is to have success.

CSP Scotland response to the Scottish Parliament Health Committee Inquiry into NHS Workforce Planning [June 2004]

The Herald Newspaper quoted the above extract and others from the document extensively in editorial comment in October 2006, prompting the Scottish Government’s promised progress on this issue.

Action required
CSP Scotland would maintain that junior posts must be created to sustain the future supply of physiotherapy compliment now in service. An alternative cut in the number of physiotherapy training places would require an uncertain supply of physiotherapists to be secured from elsewhere.
CSP Scotland would strongly argue that a sustainable career path for junior clinicians into senior roles is a better solution than cutting student numbers and relying on trained senior clinicians to come from outside the Scotland or the UK, simply to avoid the costs of training junior clinicians into senior roles. The option of cutting numbers would be very likely to precipitate a crisis of undersupply in coming years, as demand for physiotherapy grows world-wide.

The option of a sustainable career path from junior to senior positions would require some direction to health boards. The avoidance of intervention perpetuates a deepening problem for graduates and the NHS.

Better data and better planning
Furthermore the Scottish Government does not collect data on the grades of physiotherapists demanded in the NHS. This effectively leaves the education sector with responsibility for ‘second guessing’ the need in the NHS, based on the demand for physiotherapists generally – but not the specific demand for junior physiotherapists. Consequently, while the demand for physiotherapists increases and is predicted to further increase, this is not matched by sustainable career paths for junior clinicians to enter the profession.

CSP Scotland would maintain that health boards cannot continue to demand senior physiotherapist provision without taking responsibility for the training of those clinicians from junior to senior roles. The Scottish Government must take overall responsibility for a sustainable supply of senior clinicians through workforce planning that takes account of career pathways.

CSP Scotland response to stakeholder submissions

It is in the above context that CSP Scotland would make the following points regarding the response to the Public Petitions Committee from the Scottish Funding Council and the Scottish Government CNO Directorate.


- While the Funding Council has a role to play in this area, some of what the petition proposes is not directly relevant to the work of our organisation.

As supply is not regulated to match demand from the health service, a one-year job guarantee for all physiotherapy graduates would be difficult to administer.

CSP Scotland would agree with the Council that a job guarantee scheme would need to be administered by the health sector, and is not directly relevant to the Funding Council. Nevertheless, it should be noted that while the Funding Council is correct in the Scottish Government does not commission the number of student places, the health system in England and Wales does commission student places. CSP Scotland has consistently
argued that there must be a link between the supply of graduates and the
demand for newly qualified physiotherapists in the NHS in Scotland.

- **Controlling the supply of entrants to make this solution easier would also
have its drawbacks; not all physiotherapists enter the health service and
fluctuations in the numbers of entrants on a course with such relatively
small numbers could make courses in universities unsustainable.**
*Physiotherapy is different from Nursing and Medicine in these respects.*

CSP Scotland is concerned that the Scottish Funding Council considers that
‘not all physiotherapists enter the health service’. In fact, over 95% of
physiotherapy graduates enter the NHS as junior physiotherapists.
Restrictions in the independent sector, particularly with regard to health
insurance requirements, mean that four years of experience is generally
demanded before physiotherapists can be employed by the independent
sector. There are very few opportunities other than the NHS for newly
qualified physiotherapists. This is essential information, and decisions on the
funding of courses should not be based on erroneous assumptions regarding
graduate destinations. Indeed those graduates not entering the health service
are unlikely to practice physiotherapy following graduation.

CSP Scotland welcome partnership working but is concerned that ‘working in
partnership with the health sector’ has not confirmed the essential role of the
NHS in the career pathway of physiotherapists.

CSP Scotland is also concerned by the statement that ‘fluctuations in the
number of entrants on a course…could make universities unstable’. This
implies that the stable number of physiotherapy places at Higher Education
institutions is intended to serve the financial considerations of the Universities
rather than the students, and that this is justified by the mistaken assumption
that there is demand elsewhere in the economy. The numbers entering
Scottish Universities have since 2002 are produced in the table below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Scottish Student Intake</th>
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<tbody>
<tr>
<td>2002</td>
<td>247</td>
</tr>
<tr>
<td>2003</td>
<td>235</td>
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<td>2004</td>
<td>251</td>
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<td>2005</td>
<td>252</td>
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<tr>
<td>2006</td>
<td>257</td>
</tr>
</tbody>
</table>

It can be appreciated that there has been a stable supply of graduates (the
numbers graduating are slightly less than the intake due to a small non-
completion rate)

**Scottish Government response – [Jacqui Lunday, Chief Health Professions Officer November 2007] Extracts in italics below.**

1. CSP Scotland would appreciate some further detail on the nature of the
collaborative work between the Scottish Government and the Scottish
Funding Council. It is clear that since 2004, the progress that has been made in planning is stated as ‘we are currently working with the Scottish Funding Council …to better align physiotherapy training with the needs of NHS Scotland.’ As outlined, the Scottish Government has not collected figures on the demand for junior physiotherapists, and demand for physiotherapy continues to increase at more senior grades.

2. **Health Directorates neither commission nor control the number of physiotherapists in training so Higher Education Institutions can recruit at levels that do not necessarily meet service needs.**

The question is whether the right numbers are being trained and whether the right numbers are being employed. The increase in the number of physiotherapists by an average of 2.8% over the last five years does not sit well with the reference to ‘levels that do not necessarily meet service need,’ and does not equate to graduate unemployment levels of over 70%, when graduate numbers have remained stable. If the health and education sectors wish to avoid direct commissioning of numbers, then the answer lies in better and more formal communication regarding demand for graduates - which might initiate a planning process. A job guarantee scheme would effectively establish this process, with considerable benefits to patient care if coupled with a commitment to tap in to the considerable potential that the current talent pool presents.

There has been no increase in graduate numbers over the past five years. If NHS Scotland has, since 2004, been reducing junior posts in favour of senior grades then this should have been communicated to the Higher Education Sector. There is no suggestion that service needs have reduced the demand for physiotherapy. A job guarantee scheme would assist workforce planning by focusing on opportunities for junior physiotherapists in the NHS, rather than reliance on senior clinicians in the UK being trained and sourced from outside the NHS.

3. **In addition, introducing a One Year Guarantee of employment for physiotherapists would set a precedent for all other Allied Health Professionals.**

The precedent has already been set by the example of nursing and midwifery and in other public sectors such as teaching and social work. However, the physiotherapy profession has been the only AHP to call for an investigation into a job guarantee scheme. Setting such precedents may be important progress, especially where they assist workforce planning. Importantly, unlike in other sectors, there is every evidence that there are ample vacancies for more senior roles once graduates have been in post for a couple of years. Evidence suggests that unemployment is not deferred once graduates receive training in post to meet service needs.

4. **The latest data suggests that vacancies that do exist may be at more senior level or in different areas of the country.**
There is the implication in this phrase that graduates are not prepared to move to fill vacant posts. CSP Scotland would challenge the Scottish Government to produce evidence of even one junior post anywhere in Scotland that has remained vacant or not been inundated with applications. Indeed, graduates are applying overseas to Canada, New Zealand and Australia, in their desire to remain in the profession. The existence of senior vacancies and unemployed graduates in government data corroborates CSP Scotland’s analysis.

5. The petitioners suggest that a one year guarantee of employment for physiotherapists should be introduced similar to that available for newly qualified nurses and midwives.

It should be noted that the petitioners seek an investigation into the merits of a job guarantee scheme with particular reference to the benefit of patient care. A similar scheme need not be an identical scheme. Whether and to what extent graduate numbers are commissioned by the Health Directorates, the numbers should at least be made available to the Higher Education Sector, to ensure that service needs are maintained. It is in no-one’s interest to continue to train newly qualified physiotherapists when there are not posts for them to fill.

6. NHS Scotland has a workforce planning system in place to forecast their staffing requirements, including physiotherapists, some 10 years ahead to meet service needs.

CSP Scotland has not been made aware of any NHS plans to reduce the number of junior physiotherapy posts or to increase the number of physiotherapists in the NHS. Indeed, a commitment for 1500 additional AHPs under the previous administration became a ‘predicted’ rather than planned outcome and at no time throughout the period-2003 – 2007 was the Scottish Executive able to quantify the additional physiotherapy requirement within such figures.

7. We have funded the introduction of 3 regional AHP leads for workload and workforce planning. They will be working closely with NHS Boards, regions and Higher Education Institutions to implement national recommendations in this area.

CSP Scotland fully welcomes this start on AHP workforce planning. However, it deserves to be noted that workforce planning remains in an embryonic stage in NHS Scotland. CSP Scotland would also fully welcome any national recommendations in this area, but is not aware of any such national recommendations to date, and would will request further information on ‘national recommendations’ from the Scottish Government.
8. I am fully committed to maximising the potential of AHPs and exploring ways of ensuring that we make the most of the available pool of physiotherapists.

The commitment of the Chief Health Professions Officer is very welcome and we are assured that there is a desire to find ways of maximising the potential of physiotherapy graduates. However, CSP Scotland believes that as much as can be achieved has been achieved by attempting to influence physiotherapy departments to maximise opportunities for junior physiotherapists within current resource allocations.

CSP Scotland asserts that investment in the profession is needed to create the graduate posts necessary to ensure a sustainable future for patient services.

Conclusion
CSP Scotland has welcomed various government initiatives and policies such as the Rehabilitation Framework and Incapacity Benefit Reform, all of which will demand more physiotherapy. It is possible to share the optimism for the future that the Scottish Government expresses, because its objectives cannot be delivered without more physiotherapy. But action from the government and health boards is also needed. Optimism well placed only if mechanisms are in place to deliver change. Currently there are mixed messages and references to more physiotherapists require a corresponding commitment to employ and train the physiotherapy workforce. The current path is not sustainable, producing graduates for whom there are no professional openings.

NHS board workforce plans indicate a continuing demand for physiotherapists. Over the next three years, it is projected that demand by NHS Scotland will increase by almost 7 per cent, from 2,138 to 2,286, an increase of 148 on a full-time basis. There is still not the data to determine at what grade these posts are projected, but it is clear that continuing to employ senior clinicians is unsustainable and vacancies for junior grades must be created.

CSP Scotland also notes that the recent crisis in posts for junior doctors led to urgent action, with the Scottish Government authorising an immediate and costly extension to contracts. Physiotherapy is an equally valuable patient service.

The crisis in junior physiotherapy posts will determine a chronic shortage of skilled physiotherapists. CSP Scotland believes that a job guarantee scheme for Scotland’s graduates would establish a mechanism to provide a supply of junior posts that would sustain the demand for highly skilled physiotherapists both now and in the future.

The Society would be interested to know of any alternatives to delivering on patient need and improving patient care that would also ensure a sustainable
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supply of senior clinicians from junior grades to meet the increasing need for physiotherapy in Scotland.

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Better Health, Better Care
The Chartered Society of Physiotherapy (CSP) is the professional, education and trade union body representing physiotherapists, physiotherapy students and assistants. More than 98% of all physiotherapists in Scotland are members of CSP Scotland and physiotherapy is the fourth largest health care profession in the UK, and the largest of the allied health professions.

CSP Scotland has around 4,000 members in Scotland. Approximately sixty percent of chartered physiotherapists work in the NHS. The remainder are in education (including students), independent practice, and voluntary sector and with other employers, such as sports clubs or large businesses. Three Scottish universities offer degrees in physiotherapy. These are among the most over-subscribed university courses in the country. Approximately 150 newly qualified physiotherapists graduate in Scotland each year.

Physiotherapy is grounded in a solution focussed and patient centred approach to health and well-being and as such is well placed to support the ambitions within the Better Health Better Care discussion. CSP Scotland welcomes the opportunity to respond to this consultation.

As the professional and trade union body for some 47,000 members across the whole of the UK, this CSP response seeks to present the role that physiotherapy, within the context of multi-professional health and social care service delivery, may play in supporting delivery of the ambitions stated within the Better Health Better care discussion document.

The CSP Scotland response uses member feedback and contributions to provide a statement on the place of physiotherapy within the various contexts identified in the discussion document. Where possible Scottish examples have been used, others from the UK are used to illustrate potential for innovation in physiotherapy service delivery and provision of high quality patient care.

Improving the experience of care
The patient experience within and throughout a care journey or pathway is fundamental to their perception of the quality of that health and social care intervention. Delivering accessible and more convenient care integrated across providers in primary and secondary care and in the most appropriate settings is a fundamental first step. Offering ‘joined-up’ services for those living with long term conditions, with support for self-management and access to health and social care interventions as and when required throughout the life time of the condition should reduce demand for acute services and inappropriate readmissions.

Innovations in physiotherapy service design have shown that creative thinking and imaginative use of resources can enhance patient experience and show value for money. The patient self-referral in primary care service scheme that was set up across 26 GP practices in Scotland offered patients the opportunity to refer direct to physiotherapy without first consulting their GP. Any patient could self refer without exclusion. Over a 12-month period some 22% of patients opted for self-referral. Self-referrers were better attendees, got better quicker and were
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absent from work in lower numbers and for fewer days. Self-referrers also generally wasted less time in referring themselves when compared with GP referred patients i.e. access was more rapid.

Best value
CSP Scotland recognises that capacity will always be a constraint in the delivery of effective health and social care services. The ability of service reforms to improve care and secure better outcomes for patients depends on the effective and innovative use of existing capacity, recognising that investment in one area must result in net savings for reinvestment in another aspect of the health and social care economy. There are many illustrations of innovative physiotherapy service redesign that for a small investment had brought high quality clinically and cost effective services, with positive patient experiences. One such example is the introduction of seven day and/or extended--day working. By remodelling acute care services, physiotherapy has been used to reduce delays in transfer of care and reduce hospital length of stay. Projected savings are based on marginal bed-day cost which was estimated at £29-£51 per day as opposed to actual bed day cost which would have been in excess of £200. A seven day a week service was piloted in place of the traditional five day service in order to create more contact time with inpatients and to offer faster response time to emergency patients and those who needed immediate input from physiotherapists in order to avoid admission. A key target was to reduce lengths of stay. With some up front investment to establish the seven day service, i.e. employment of additional staff, the response times from referral to intervention reduced from approximately 24 hours to 2.3 hours; some 9110 bed days were freed up, equating to 25 hospital beds and the average length of stay was reduced from 15 to seven days.

Where resources are limited, innovative practice and service delivery can maximise value. Effective physiotherapy triage systems could make a major contribution to the reduction to waiting times for people with musculoskeletal problems, reducing the number of inappropriate orthopaedic referrals to consultants and concurrently working with people to diagnose, assess and enable individuals to successfully manage their condition. Physiotherapy offers a value for money alternative especially for the management of patients with orthopaedic problems and /or trauma.

Physiotherapy makes a substantial contribution to the management of work related upper limb disorders, back and neck pain. If access to physiotherapy services is via a robust system of self-referral greater access and faster throughput of patients is enabled, thus preventing absences from work. Such innovative practice is demonstrated by the Forth Valley back pain management scheme that has reduced the numbers of patients going on to the orthopaedic surgery waiting list by 85 percent. Two physiotherapists, available only two evening per week, found that only 2 percent of those patients on the consultant orthopaedic consultant waiting list required surgery. The remainder would have waited for around ten months before being referred by the consultant, mostly to physiotherapy. A similar scheme in Glasgow reduced the consultant waiting time from forty to six weeks. By combining rapid access, self referral and high quality advice around self management, prevention of injury and life style change to
promote health and well being, physiotherapy is well placed to contribute to the ‘taking responsibility’ agenda.

Taking Responsibility and Tackling Health Inequalities
Addressing health inequalities is essential to a healthier future for Scotland. Physiotherapy involves the skilled use of physical interventions to promote, maintain and restore physical, psychological and social well-being. Using problem solving and clinical reasoning, physiotherapists work with individuals to maximise functional capacity at all stages throughout a health care interaction and across all age groups.

Within every physiotherapy interaction there is an element of patient education for prevention of injury or exercise prescription to maintain and improve functional outcome. Advice around lifestyle change and management of self are fundamental to these encounters. Activity – based rehabilitation and early return to work, or remaining in work are therapeutic and beneficial for health and well-being.

The development of standardised data collection to establish a robust understanding of demographics of populations served and a profile of the health needs of the area will enable services to be designed around health and social care needs rather than directed by patient demand. Physiotherapy is well placed to support the development of standardised patient data and to map services against populations in the development of needs focussed services. Physiotherapy along with other AHPs is well placed to support the development of proactive services for anticipatory care, preventative care, health promotion, public education and community based care.

While access to services is key to health improvement; particularly the point of access (such as a move to primary care access) and the type of access (such as GP referral, self referral, NHS 24 etc), individual decision making about accessing health and social care services is complex and increasing availability will not of right address health inequalities. However, innovative pilot work has shown that being able to directly and quickly access physiotherapy services has to have a positive impact on both health and well being outcome for the individual and economics.

Anticipatory care and long term conditions
Prevention of the long-term impact of musculoskeletal disorders in the longer view across the health economy may result in transforming potential benefit recipients into tax-payers, reducing sickness absenteeism and thus increasing productivity within the Scottish service and production industries. Figures adjusted for 2007 suggest that the cost of musculoskeletal conditions to the UK reaches over £7billion per year in lost productivity, absences and sickness/incapacity benefit [The Work foundation 2007]. With investment in new and better types of access to services, including a stronger role for self referral, for community pharmacies, telemedicine and NHS 24, domiciliary services, mobile services and more services in the community in convenient locations,
anticipatory care is facilitated and there is the development of an infrastructure to encourage the development of individual responsibility for personal health and well being.

Physiotherapy can make a vital contribution to promoting health and maintaining wellness and is well placed to support the many patients, but particularly the elderly with long-term conditions who may require on-going support such as pulmonary or cardiac rehabilitation. Around 17 million people in the UK live with a long-term condition and physiotherapy makes a substantial contribution to this on-going support through early diagnosis, assessment of need, provision of high quality information and the development of individual care pathways. By establishing long term multi-professional support within the community setting admission to acute services may be reduced, the perception of control and quality of life enhanced for people living with long-term conditions. Central to many public health initiatives is activity and exercise. Regular exercise has been shown to cut heart disease by one third, strokes and Type II diabetes by one quarter and hip fractures in older people by half.

- **Long term inflammatory joint conditions**
  Rapid access or the availability to self refer is important for those self-managing a long term condition e.g. Rheumatoid Arthritis (RA). In Glasgow the physiotherapy–led walk in clinics for RA patients enable rapid access to care for those experiencing a flare-up. Physiotherapy assessment, aspiration of an acutely inflamed joint, pain relief and restoration of functional mobility may be achieved in a ‘one stop’ shop.

- **Cardiac rehabilitation**
  The average cost of a cardiac rehabilitation programme is £550; substantially less than the cost for a single day in a cardiac care unit of £1,400. Adherence to exercise regimes once people feel better is well known to be a challenge and made harder by the need for attendance at a hospital. The home-based cardiac rehabilitation service, based at Guy’s and St Thomas’ NHS Foundation Trust was prompted by the failure of approximately one third of patients to attend the hospital based cardiac rehabilitation service. Evidence has shown that a home-based service can be as effective as an institution based one. Physiotherapy is integral to cardiac rehabilitation, using exercise training, education and counselling, to cut cardiac mortality by 27 percent. However, a British Heart Foundation survey found that only a tiny fraction of the 66,000 people newly diagnosed with heart failure each year will receive rehabilitation and practically none of the 345,000 new cases of angina. Similarly the people with acute coronary syndrome, ie. people with acute symptoms but not yet resulting in a heart attack are mostly excluded from rehabilitation despite the huge potential to prevent them going on to have a heart attack.

- **Diabetes**
  A small scale physiotherapy run exercise programme helping people with diabetes keep their condition under control and reducing the risk of cardiac and respiratory problems has been established in Armagh and Dungannon, NI.
Under this scheme, people newly diagnosed with Type II diabetes are referred for a six week structured exercise programme, tailored to meet their individual needs - for example for people with existing disabilities. Since there are currently over 2 million people with diabetes in the UK and up to another 750,000 people with diabetes who have the condition and don’t know that such schemes make a substantial contribution to maintaining the health of a large section of the population. Last year 52 of the 63 patients on the NI schemes showed a significant improvement in their walking and more than half showed improved health, with reductions in anxiety and depression.

- **Stroke**

The National Clinical Guidelines for Stroke (2004) recommend further targeted rehabilitation for any patient with reduced activity at six months after discharge, stroke survivors should be able to access further episodes of physiotherapy as and when required. In the UK some 10,000 people under 55 suffer a stroke every year, 1000 of who are under 30 years of age. These younger age groups have specific and complex needs with respect to discharge into the community e.g. with support for return to work, employers providing reasonable adjustment in the working environment. Longer term survivors with stroke are likely to encounter problems with weakness, spasticity, contracture, incontinence, pain, sensory loss and reduced function; there are estimates that 40-60% of stroke survivors will have problems with spasticity, providing further evidence for specialist physiotherapy services to be available at all stages of the patient pathway to maximise and maintain potential for independent functional recovery.

Physiotherapy is well placed to establish and lead the provision of effective coordinated rehabilitation services. While such integrated services may require resources to pump prime, in the longer view across the health economy the net impact of transforming potential benefit recipients into tax payers, reducing sickness absenteeism and thus increasing productivity within Scottish service and production industries, and for those less able to return to paid work, to be more independent at home and reduce the costs of community support from health and social services.

- **End of Life care**

Physiotherapists make a substantial contribution to end of life care defined as care provided within the last year[s] of life to anyone with advanced progressive disease likely to end in death; this is not exclusively palliative care. The patient choice initiative [DH 2003] was reinforced in Our Health our care our say [DH 2006] to provide more healthcare in the community and support for patients to die in their place of choice. The substantive role of physiotherapy in maximising mobility and function for as long as possible is part of the generalist role in enabling the patient choice initiative to be successful. Enabling the maintenance of mobility can prevent the need for expensive admission to nursing homes as a result of inability to maintain independence in personal care. To be more independent at home for longer reduces the costs of community support from health and social services. Physiotherapy community care services offer an integrated whole person approach to care closer to home.
The breadth and scale of health inequalities within Scotland are striking. The gap in life expectancy between the most deprived and least deprived areas has widened and the opportunity to access healthcare has worsened in areas of greater need. Attention must be given to wider determinants of health such as early child development, poverty and lifestyle. Childhood obesity has now become a major problem and recent surveys indicate that one in five children is overweight and one in twenty is obese [Irish data]. The age at which children are obese is falling and it has been documented that childhood obesity increases the risk of adult obesity. Many factors are thought to have led to this increase such as reduced exercise, changing food habits and changing lifestyle habits. Short-term consequences of obesity include asthma, type 2 Diabetes, joint pain, high blood pressure, early signs of cardiovascular disease, low self esteem, and depression. Long-term consequences include a greater likelihood of being an obese adult, a greater risk of cancer and cardiovascular disease. The Children’s University Hospital Dublin, has developed a physiotherapy led multidisciplinary programme for overweight and obese children. The programme aims to maintain the children’s weight as they grow and to promote a healthier lifestyle for the families involved. A healthy lifestyle is aided by improving diet, increasing physical activity, decreasing sedentary activity and addressing any psychological or emotional issues experienced by the children involved. Secondary aims are to, improve functional exercise capacity, reduce weight circumference and improve the children’s blood profile (levels of fat, glucose and insulin in the blood). The eight-week programme incorporates education sessions for both parents and children covering the areas of physical activity, dietary management, goal setting, self-monitoring, and healthy eating. Provided by three Chartered Physiotherapists this Bradford Health Authority service is for school children from 6 – 12 years old, their families and school staff. Dynamic, fun, interactive workshops introduce 5 'core elements fundamental to 'ABC' approach; anatomy and physiology; ergonomics; good practice; exercise; and philosophy. Back care lessons for Years 2, 5 and 7 have been designed by the physiotherapists to enhance the Personal and Social Health Education (PSHE) syllabus in Primary and Secondary schools. The lessons are supported by educational resources, including a computer animated video. Schools are encouraged to complete follow-up work. The children are asked to take on a 'health ambassador' role and cascade back care information back home. In addition to visiting schools, the team hold training days for health and education personnel to learn the 'what, why and how' of the 'ABC' Programme.

Continuous Improvement in Healthcare
The culture of continuous improvement is embedded in innovative physiotherapy practice and service provision; enabling access, integration services and working in partnership with patients and carers are fundamental to achieving good clinical and experiential outcomes for patients.

The ambition of no more than an 18-week wait from GP referral to treatment is one of the key drivers to service reform. Physiotherapy could be making a major contribution to not only assisting trusts ‘hit the target’ but also substantially reduce the wait for those patients not fortunate enough to fall within the administrative
boundaries of the target. Through diagnosis, treatment and assisting the patient to manage the condition, physiotherapy offers a value for money alternative especially for the management of patients with orthopaedic problems and/or trauma.

There are many examples of where physiotherapy has redesigned or expanded services to facilitate rapid access to treatment e.g. orthopaedic triage in Birmingham North and East PCT physiotherapy triage team. It is well recognised that early intervention for work related musculoskeletal disorders is essential and this initiative has reduced orthopaedic treatment waiting times by cutting the number of patients referred for elective surgery by 70 per cent. Set up two years ago, the 10-strong team of extended scope physiotherapists sees all patients local GPs believe are suitable for elective orthopaedic treatment. All are seen within three weeks and most are now managed in the community through a combination of physiotherapy, joint injections and education and support. Many of these patients will eventually require surgery of some kind, but because of this intervention they will only be referred to secondary care at the point of real need, when they are fit and ready for surgery. As a further development the triage team is now working with other professions to provide a single point of entry for everyone in the area with musculoskeletal and rheumatology problems and trying to tackle other potential bottlenecks in the patient pathway such as the wait for MRI scans.

In conclusion
Physiotherapy plays a major role in the diagnosis and management of a wide range of conditions across the healthcare sector and across the age spectrum. Improving access, choice and promoting health and wellness in the context of work/activity are key themes underpinning physiotherapy service provision and delivering excellence in patient care. Underpinned by evidence to support best practice, the ‘whole person’ approach of physiotherapy is ideally suited to addressing co-morbidity and the often complex and non-medical causes of ill health. Physiotherapy also has a focus on instilling a responsible ‘engaged’ approach to health matters – vital if the NHS is to make the transition from a ‘sickness’ service to a ‘well-being’ service.

CSP Scotland recognises the policy proposals to reform the current make up of Health Boards, particularly to create a more inclusive and accountable governance structure. The modern patient journey invariably involves access to AHP services, (and not least physiotherapy). The strategic design and delivery of multidisciplinary teams and services would be facilitated by the effective representation of AHPs at health board level and CSP Scotland would encourage the presence of an AHP Director on every Scottish health board and see such representation as helpful in supporting and enabling the health boards to achieve within the Better Health Better Care frameworks.

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