Introduction and comment

The Chartered Society of Physiotherapy (CSP) welcomes the Health and Sport Committee Inquiry into the Integration of Health and Social Care in Scotland. CSP Scotland would assert that a person-centred perspective must be at the heart of the agenda, so that a better integrated health and social care system delivers seamless provision for service users. Nevertheless, the Society recognises that this is a complex agenda which has been promoted over the last decade in numerous ways to deliver better outcomes with varying success.

The integration of health care and social care provision requires a dove-tail at the interface of planning and delivery at all levels, including the overarching structures, the legal framework, financial and governance arrangements, strategic management, working professional relationships, and joint working across a multiple settings and services areas.

Physiotherapists, along with other Allied Health Professionals (AHPs), work across all healthcare settings and in both health and social care services. They are ideally placed to support closer integration around the needs of patients, and to identify areas where the patient experience can be improved. Better integration between the community and acute setting is needed to put an end to fragmented transitions which could potentially slow or limit an individual’s recovery.

CSP Scotland supports moves to better integrate care between settings (both community, primary and secondary) and also in improving integration between NHS funded healthcare services and local government funded social services. Physiotherapists, and other allied health professionals, are the ‘glue’ that holds complex health and social care pathways together, especially for older people and those with long-term conditions. They play a key role in ensuring patients receive effective, integrated care. CSP Scotland would like to see clear processes established to ensure allied health professionals are able to inform and influence service planning, at both the national and local level, to ensure their expertise is used to ensure services are appropriate and effective.

Q 1. What have been the challenges in better integrating health and social services in the past and are there exemplars of good practice?

There remain a number of challenges to better integration. Below are some of the issues identified by the Society.

1.1 Collaborative environment for sharing innovation

The CSP is very interested in the proposals put forward by Scottish Ministers,
in that they focus on collaboration across NHS services by looking to clinical leadership and joint accountability for service provision. The principles of sharing best practice to drive up standards of care are best maintained in a collaborative environment.

1.2 Deferred costs of delayed referral

The CSP is aware that many patients with serious or long term conditions are currently waiting for unacceptable lengths of time before being referred to a physiotherapist. The National Rheumatoid Arthritis Society (NRAS) and the Chartered Society of Physiotherapy (CSP) recently published a UK-wide report\(^1\) that uncovered serious problems for patients in accessing physiotherapy services throughout the UK. The CSP is concerned that patients with rheumatoid arthritis and other long term conditions, may require greater social care support (and incur unnecessary social care costs) where they are preventing from getting early access to physiotherapy. Short term financially-driven cuts in health services can then impact negatively on social care and other secondary or acute services, resulting in an increased cost burden in the longer term. Integrated planning of services is needed to deliver quality care which is more cost effective in the long term.

1.3 The essential role of AHPs in integrated health and social care provision

In particular, the CSP would highlight the involvement of allied health professionals in the proposed Health and Social Care Partnerships (HSCPs) that would replace Community Health Partnerships (CHPs). The Scottish Parliament Health committee was instrumental in ensuring that the role of AHPs was written in to the legislation that established the CHPs in primary care. The AHPs have since made an essential contribution to primary care planning and provision as a result, and their continued involvement in any new integrated structures will also be essential.

1.4 Integrated IT and Data Collection

Physiotherapists understand the value of collecting data about their services and their outcomes and are keen to develop systems that enable them to do this effectively. The CSP is concerned that community-based healthcare professionals must have access to the same standard of IT infrastructure that colleagues in secondary care settings use. Community-based staff still have to use a variety of different systems when communicating with different agencies across health and social care, which makes it very difficult to share information across the community setting about a patient’s journey because of the different systems/lack of interoperability.

While CSP Scotland welcomes the Scottish Government aims to improve IT system support, recent experience is that this has not been prioritised by health boards in the past and, in many areas, physiotherapy data is still collected on paper and not electronically.

In order to ensure data collection is effective and efficient, appropriate investment will be needed in developing suitable IT systems to capture and manipulate the information.

Q 2. What would the detail of the Scottish Government’s proposals need to address to overcome the barriers to integration?

2.1 Strategic rather than wholesale structural change

Structural changes at the planning and strategic level are vital to prevent deferred costs from one sector to another and distorting outcomes for patients. Ensuring that the service users see the right person at the right time requires a holistic assessment of needs.

However, shifting staff from one employer to another, or losing professional leadership through managerial changes, carries significant risks that may outweigh benefits for successful integration. The detailed proposals should seek to maintain the support of professional networks, rather than find clinicians isolated in their role to satisfy structural changes.

2.2 Inclusive strategic approach

Physiotherapists, and other allied health professionals, have a unique role, working across care pathways, and often providing a ‘bridge’ between hospital, primary, community and social care, helping patients navigate their way through their treatment. This gives them unique expertise in patient wellbeing that complements and enhances professional healthcare in community settings. They are ideally placed to support closer integration around the needs of patients.

For effective strategic planning across health and social care, the professions at the interface of the sectors must be included in the decision-making structures that are developed.

The role of allied health professions in rehabilitation and preventative care make them an essential component whose role is not always recognised or understood by policy makers and other professionals. The inclusion of an AHP member at a strategic level in the Community Health Partnership Committees has been invaluable in transforming rehabilitation provision in primary care in Scotland. We would strongly urge the Scottish Government to ensure the same contribution from AHPs is a requirement of any reformed structures in primary/social care.
2.3 Maintaining professional networks

The network of peer support is important to physiotherapists (and other clinicians) and has a vital role to play in promoting good practice and delivering quality healthcare. In primary care settings, clinicians can be more isolated, with less access to IT and peer support than in acute settings where a greater critical mass of peer professionals exists. To this extent, further time and effort must be devoted to providing support to clinicians in primary and community settings. In developing better integration it will be important that professional identity and peer support is retained.

Reablement services present an opportunity for health and social care to work in an integrated way and successful services assist older people to maximise their capability on discharge from a hospital admission or following an acute event. In both domiciliary and residential care, older people need access to rehabilitation to optimise function, improve quality of life, decrease level of care, and also enable discharge home or support transfer back from nursing to residential type care.

As part of multi-disciplinary teams, physiotherapists can work with carers and residential home staff to instil an enablement and empowering approach. As older people progress through the care pathway the approach of physiotherapists strives to ensure consistency of care and promotion of independence.

CSP Scotland promotes investment to support people to stay in their own home, and this is critical to the sustainability of the residential care provision. The reablement agenda is a vital element to supporting older people to remain in their own home. When people require residential/nursing home care, physiotherapists can support individuals and staff to maximise an individual's independence, function and quality of life.

CSP Scotland supports the increased involvement of health professionals in the scrutiny of services and the testing of self assessment versus service-user assessment process proposed in the Scottish Parliament Health and Sport Committee Report into the Regulation of Care for Older People to determine current provision and identify areas of good practice.

Chartered Society of Physiotherapy Scotland
Appendix: Examples of good practice

There are numerous examples of better integrated care involving physiotherapy in community settings. The following are recent examples in Scotland and others in the UK.

Primary Healthcare in Edinburgh. Two recent award winning services in Edinburgh highlight the advancing role of physiotherapy in the community.

Community Pulmonary Rehab Team, Leith, Edinburgh

The Community Pulmonary Rehab Team is a multidisciplinary physiotherapist-led service operating across the city in community venues. It provides a service to individuals with chronic lung disease, many of whom are disadvantaged and living in circumstances of social deprivation, to make significant lifestyle changes, improve physical activity and responsibility for their own disease management. The service, which commenced in 2007, is now provided in four venues across the city. At 12 months post programme, patients demonstrate significant improvement in dyspnoea (breathlessness), fatigue, mastery and emotional function (the four domains of the Chronic Respiratory Disease Questionnaire). The service is an 'opt in' with a low drop-out rate. Service user engagement has been further enhanced with the development of an expert patient group. The service is cost effective – at £250 per patient compared to £2,600 for a hospital admission. Results from 2010-2011 demonstrated that in the 12 months following completion of pulmonary rehabilitation, hospital admissions and disease exacerbations decreased by 50 per cent compared to the 12 months prior to attending pulmonary rehab.

Edinburgh Community Respiratory Team

The Edinburgh Community Respiratory Team (CRT) is a rapid access, specialist physiotherapy service, targeting the management of COPD patients. A team of seven physiotherapists provides; supported discharge from hospital, acute exacerbation management, supplementary prescribing, and home based pulmonary rehabilitation and self management. The CRT will visit a patient within two hours if the referral is urgent. Since April 2008 it has conducted 7,976 visits to patients in their own home. Between April 2010 and March 2011, hospital admission was avoided in 97 per cent of patients deemed at risk by the referrer.

Pulmonary rehabilitation telehealth care

In a number of locations across Scotland, telehealthcare has been aimed at patients with the lung condition Chronic Obstructive Pulmonary Disease, or COPD, enabling patients to take part in physiotherapy in their own homes using video-conferencing facilities. It is also being explored for groups of patients in smoking cessation classes, breast feeding and other health initiatives.
Computer based digital video conferencing software also delivers video conferencing through laptops and high definition cameras to link two sites together. The image can be projected onto a screen allowing pulmonary rehabilitation support to be delivered remotely from various locations, and at a lower cost. It allows one physiotherapist to supervise two concurrent classes in two different locations thereby increasing efficiency, reducing staff and patient travel time and improving potential throughput by up to 33%. Various trials across Scotland see small groups of patients matched up with a physiotherapist so they can support one another as they practice exercises at home.

**Elderly Care in Torbay Care Trust**

The CSP would commend the example of integrated care for elderly people in Torbay. This is frequently cited by the Department of Health, NHS Institute for Innovation and Improvement and the Kings Fund as an example of 'good' care.

Torbay Care Trust looked to integrate care for the elderly so that it was personalised and tailored to individual needs, secured the best possible outcomes and ensured the best use of resources. It involved partner organisations across primary, secondary, social care and mental health services, which focussed on the whole care pathway. It sought to deliver high-quality, safe, and reliable services for patients across the spectrum of care.

Torbay created an integrated care system that aimed to improve care for 'Mrs Smith', a fictitious user of health and social care services. To develop the ideal level of integrated care, they set up a pilot team, implemented an integrated management structure, established Torbay Care Trust (which is a fully integrated NHS organisation responsible for commissioning and providing community health and social care services) and assessed the impact of the integrated system on the performance of the Torbay health and social care economy.

**MSK pathway in Huntingdon**

In response to the problem of access and in an attempt to improve the quality of care by reducing the waiting time to first physiotherapy contact, several areas in the UK have introduced a new service known as 'PhysioDirect'. The Huntingdon system was devised with the primary care lead for the primary care trust and two local GP practices in 2001. The algorithms were developed by the physiotherapy service lead and converted into a computerised screening tool by an information technology specialist. A physiotherapist was employed for the initial trial to assess patients over the telephone using the computer software. The team entered the project for the Health and Social Care awards in 2003 and were runners up. In 2004, all of Huntingdonshire Primary Care Trust had access covering the local population of 155,000. PhysioDirect is also available throughout Gloucestershire covering a population of 600,000.
NB. In Scotland, physiotherapists are also innovating and piloting similar new models of delivery in primary care, and the CSP is constructively contributing to these pilots.

About the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK’s 50,000 chartered physiotherapists, physiotherapy students and support workers.

The CSP has around 4,000 members in Scotland. Approximately sixty percent of chartered physiotherapists work in the NHS. CSP members are also found in education, independent practice, the voluntary sector and with other employers, such as sports clubs and large businesses. 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.

Physiotherapy is grounded in a solution-focussed and patient-centred approach to health and well-being.