

House of Commons Health Committee Inquiry: Impact of the CSR Chartered Society of Physiotherapy evidence

To: Health Select Committee

By web portal: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2015/impact-comprehensive-spending-review-health-social-care-15-16/commons-written-submission-form/>

Summary of key points and recommendations

Focus of Chartered Society of Physiotherapy evidence

In its evidence the CSP has focused on:

- The changes to physiotherapy education and student funding contained in the Comprehensive Spending Review and
- How to realise the ambition to increase student places for allied health professions (of which physiotherapy is the largest), midwifery and nursing, announced by the Chancellor.

Contribution of physiotherapy to deliver Five Year Forward View

- The Five Year Forward View is seeking to rebalance the healthcare system by tackling the paucity of prevention and rehabilitation in the community, extending hours and developing 7-day services.
- Physiotherapists are a regulated, autonomous and prescribing profession. They have the skills, training and capabilities to deliver these changes. Maximum value will be gained by utilizing and developing existing professions to their full potential rather than developing new, untried professional groups, not currently regulated, not able to prescribe and for which there is no demand for from services.
- Timely access to physiotherapy alleviates pressures on parts of the system under strain – GPs, consultant waiting lists accident and emergency and social care.
- It prevents and reverses disability, allowing people to regain maximum levels of mobility, function, independence and fitness for work.
- As the population ages, works longer and is managing more long-term conditions, the need for physiotherapy rises.

Workforce supply not keeping up with demand

- Demand for physiotherapy is growing, but supply is failing to keep up.
- A survey of physiotherapy managers in England March 2015 revealed widespread difficulties in recruitment of qualified physiotherapists on all bands experienced by NHS, private and not for profit sectors. 85% reported moderate or severe difficulties in recruitment. They also reported 14% of all physiotherapy posts were vacant, 9% three months or more. The main cause of the staff shortages was identified as the

lack of applicants, contrasting to a previous survey in 2012 when freezing and removal of vacant posts were the primary causal factors identified.

- CSP workforce modelling shows that an additional 500 physiotherapy student places are needed each year for at least the next three years to keep pace with changing population needs.¹
- Staffing shortages will be exacerbated by the 6.7% cut in physiotherapy student commissions announced by Health Education England (HEE) in December.² This reduction is contrary to all the evidence of what is needed and based on a flawed approach to workforce planning.
- The reduction undermines the contribution of physiotherapy to deliver the Five Year Forward View and works contrary to the Government's ambition to increase student places for physiotherapy, other AHPs, nurses and midwives by 10,000 by 2020.

Proposed changes to physiotherapy education funding

- In the CSP's view, an increase in physiotherapy student places is possible through changes to physiotherapy education funding (a move away from NHS bursaries and benchmark price paid to Health Education Institutes (HEIs))
- If expansion of the supply of physiotherapists were the outcome, then the changes to education funding for physiotherapy is something the CSP would support.
- However, increasing student numbers to meet workforce demand needs to be an explicit goal of this change for this to be the outcome.

Recommendations

The CSP proposes the HSC make the following five recommendations to Government:

1. There should be an explicit commitment to increase physiotherapy student places in implementing a change to education and student funding
2. HEE needs to be mandated to reform workforce planning (including to ensure it factors in all elements of workforce supply, not only those elements for which it retains a responsibility in terms of commissioning and investment)
3. As part of the above, there needs to be a specific review of HEE support for practice education placements to enable the increase in the supply of physiotherapists, rather than holding this back
4. Implementation needs to include steps to mitigate any impact on mature, part-time students and second degree/postgraduate entrants to the profession
5. There should be formal recognition of physiotherapy as a STEM subject to optimise access to the profession and support education providers to meet demand without compromising quality.

¹ Physiotherapy Workforce Data Model <http://www.csp.org.uk/professional-union/practice/evidence-base/workforce-data-model>

² Health Education England Investment and Commissioning plan for 2016/2015, HEE, December 2015 <https://www.hee.nhs.uk/sites/default/files/documents/HEE%20commissioning%20and%20investment%20plan.pdf>

1. Explicit Government commitment to increase physiotherapy student places

- 1.1 The current system is failing to produce the numbers of physiotherapists required to meet workforce demand. This is in part as a consequence of how education is funded. It is also a consequence of how workforce planning has been carried out (see 2. below).
- 1.2 There is a market of potential physiotherapists to grow the workforce. Physiotherapy courses are over-subscribed, with over twelve applicants for each place. Student attrition rates from physiotherapy programmes are extremely low, with 97% of students completing their studies successfully. There is also a high translation of graduates into practising physiotherapists, with 95% in roles relating to their degree 6 months after graduation.
- 1.3 The current bursary system means that the income received by education providers has not kept up with the cost of providing clinical education. Consequently, an increasing number of education providers have had to supplement their NHS-commissioned numbers with students paying tuition fees and international students.
- 1.4 Changes to how physiotherapy education is funded could help remove artificial downward pressure on student places. But this will only happen if this explicit intention informs how these changes are implemented.
- 1.5 Given the specific challenges facing physiotherapy in terms of workforce demand, if moving away from bursaries and the benchmark price for physiotherapy courses will increase the number of student places, the CSP will support this change.
- 1.6 Particularly given the decision to cut NHS-commissioned physiotherapy places for 2016/17, the Government needs to make an explicit commitment to expand the numbers of physiotherapy student places and set out how this will be achieved.

2. Reform of workforce planning

- 2.1 The approach to workforce planning by Health Education England (HEE) urgently needs to be reformed as its role in workforce planning develops. This needs to include HEE's expected ongoing role in funding practice education placements across the health care professions.
- 2.2 Workforce planning needs to be based on robust modelling of future population and patient need and the workforce transformation required to delivery of the NHS Five Year Forward View.
- 2.3 In practice, HEE has apparently calculated future workforce need by aggregating locally supplied figures about existing NHS workforce and budgets.
- 2.4 The latest commissioning plan seems to have explicitly excluded the workforce needs of non-NHS providers. Exclusions extend to NHS-funded services that are commissioned for delivery by non-NHS service providers. Projections of workforce demand also exclude the private sector and the need for physiotherapists in other parts of the public and community sectors (such as hospices, social care, children's services and defence). This is entirely out of step with wider health and care policy.

- 2.5 This affects physiotherapy more than many other services. Musculoskeletal physiotherapy in particular has been one of the main services tendered competitively or through 'Any Qualified Provider'. Therefore a high proportion of services have changed to be delivered by non-NHS organisations. These workforce needs must be factored into workforce planning.
- 2.6 It is also important to highlight that for professions like physiotherapy that have a national, mobile workforce, it is misplaced to assume workforce demand can simply be measured at a local level.
- 2.7 Workforce planning in practice needs to be reformed so that it is based both on robust projections of population and patient need, the delivery of workforce transformation and new models of care as set out in the Five Year Forward View and, the needs of all providers.
- 2.8 It is essential that workforce planning and development seeks to maximise the value and productivity of the existing workforce. There is a significant risk of this not happening if resources are diverted to develop, train and potentially regulate, Physician Associates as a new profession. The CSP is concerned that this new group is untried and its introduction is based on limited evidence of value or assessment of cost. Its potential benefits are also contested in the UK context – including by the professional bodies representing the medics who would be required to supervise physician associates.

3. Review of support for practice education in order to support an increase in the supply of physiotherapists

- 3.1 An urgent review of how practice education placements are supported is required to ensure a level playing field in the allocation of funding for placements across all the professions and to guard against current service pressures and genuine staff capacity issues delimiting the scope to increase student numbers.
- 3.2 Steps also need to be taken to ensure that the funding reaches the services providing placements. CSP member feedback indicates that it can be difficult for physiotherapy services that provide student placements to access the tariff (particularly within large NHS trusts). In organisations where there is transparency, the tariff is providing valuable support for maintaining and increasing student placements, and is therefore directly contributing to service capacity to increase workforce supply.
- 3.3 A lack of support for practice education will work against increasing the supply of physiotherapists and meeting the overall target to increase health care student numbers by ten thousand in the next four years.
- 3.4 Currently there is a significant concern that the ongoing role envisaged for HEE in relation to practice placements could be used to cap student places in a way that is not in line with need or policy goals in health and care.

4. Steps to mitigate impact on entry to the profession

- 4.1 Entry to the physiotherapy profession by individuals from all parts of society must be upheld, so that the profession is representative of the populations it serves.
- 4.2 Arrangements should be explored that support physiotherapy students and newly-qualified physiotherapists in meeting/paying back costs of their pre-registration education. Such arrangements could recognise graduates' contribution to delivering NHS or other public services to retain physiotherapists in these services
- 4.4 New arrangements should also recognise the additional costs to physiotherapy students of undertaking practice placements – including Disclosure and Barring Service checks, uniforms, additional accommodation while on placement and travel (often to placements some distance from the student's university base). Unless these additional costs are recognised within new funding arrangements, there is a real risk that individuals from poorer parts of society and/or individuals with caring and other responsibilities will be put off from entering the profession.
- 4.5 Changes to funding need to include steps to mitigate any impact on mature, part-time students and second degree/ postgraduate entrants to the profession. The postgraduate route into the profession has been an important source of newly qualified physiotherapists. Changes which impact on this route will further exacerbate shortages.
- 4.6 Many students, including physiotherapy support workers, will need to work part-time while studying. Their additional costs must be addressed through fair student finance arrangements.

5. The Department for Business, Innovation and Skills should recognise physiotherapy as a STEM subject

- 5.1 The Department for Business, Innovation and Skills should recognise physiotherapy as a STEM (science, technology, engineering, mathematics) subject. This is in line with the definition of STEM subjects used by the Department of Business, Innovation and Skills and the Higher Education Statistics Agenda, reflected in the Joint Academic Coding System that lists medicine and subjects allied to medicine.³
- 5.2 This would reflect the value to society and the economy of physiotherapy knowledge and skills, the importance of developing physiotherapy graduates to meet growing population and patient needs in clinically- and cost-effective ways, and the real costs of delivering physiotherapy programmes in this high-priority area.
- 5.3 It would also support mature students who already have a degree to retrain to be physiotherapists, thereby helping to address the current shortages in the physiotherapy workforce and maximising the value of drawing individuals with a breadth of experience into the profession. The implementation of the spending review announcement that individuals should have access to student funding to undertake a second degree in a STEM subject should therefore be extended to physiotherapy.

³ Science and Technology Committee – Higher Education in STEM subjects Second Report
<http://www.publications.parliament.uk/pa/ld201213/ldselect/ldsctech/37/3705.htm>



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22 January 2016

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