



THE CHARTERED SOCIETY OF PHYSIOTHERAPY
www.csp.org.uk

physiotherapy *counts*

Our members play a key role in the treatment and prevention of injury and illness for more than ten million patients in the NHS alone each year, with the private and independent sectors accounting for millions more. Physiotherapists work in partnership with patients and are therefore well placed to advise on the health and social care priorities for the UK.

We believe the new Parliament should:

- Expand patient choice and improve access in primary and community care to better reflect patient needs and demands
- Invest in the public and occupational health of the nation
- Protect public sector pensions
- Promote independence for older people and those with long term conditions
- Prioritise the retention and recruitment of physiotherapists and other NHS staff.

You can also read our manifestos for the 2003 Scottish Parliament, Northern Ireland Assembly and National Assembly for Wales elections at www.csp.org.uk



Physiotherapy: recognised, respected, rewarded



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Expand patient choice and improve access in primary and community care to better reflect patient needs and demands

The CSP is committed to the NHS, but we believe that more can be done to make it more patient-focused and responsive. Choice should be about much more than where to undergo elective surgery. It should be extended within primary care so that patients can choose how they access services and from whom. One way to provide more tailored care would be to allow patients to self refer to physiotherapy and other services. We believe that this could make a significant contribution to the achievement of greater patient choice, improved access, better public health and improved management of chronic disease.

There is growing evidence that patients are more likely to undertake active self management of their conditions if they self refer. Research from a number of pilots found that not only do conditions get diagnosed and treated sooner, but patient outcomes and satisfaction are significantly improved. Evidence from a pilot study in Dundee demonstrates how self referral for patients with musculoskeletal problems could save a five-GP practice one month of consulting time each year. Indeed, patients with physiotherapists from the private sector have long benefited from self referral.

Patients should also be able to choose from whom they receive their treatment. Orthopaedic waiting lists are the longest in the country. They have consistently failed to respond to waiting list initiatives, except where services have been redesigned to involve physiotherapists more centrally in the management of cases. Extended scope physiotherapists have demonstrated that physiotherapy triaging and review of those cases can cut waiting lists to orthopaedic consultants by up to 70 per cent. The results are dramatically shorter waiting times for treatment and better results for patients, greater cost-effectiveness for commissioners, and more appropriate workload for senior NHS staff.

The CSP is calling for self referral to be a real choice for all primary care patients by 2007 and a commitment to leadership roles for senior physiotherapists to deliver the changes. These new extended roles should also be expanded to allow services such as musculoskeletal and orthopaedic triaging to be offered to all relevant patients.



Physiotherapy: recognised, respected, rewarded

Invest in the public and occupational health of the nation

Physiotherapists are involved in the improvement of public health at every stage from prevention, to diagnosis and treatment and on to the development of sustainable programmes for patients after treatment to maintain and improve general good health. Physiotherapists also play a vital role in the promotion of improved quality of life through exercise advice, falls prevention and smoking cessation. A greater focus on preventative measures to improve public health, rather than merely treating symptoms, will inevitably highlight the contribution that is being made by professions such as physiotherapy.

Investing in occupational health services can significantly improve productivity, reduce sickness rates and boost employee morale. Health and Safety Executive figures show that sickness absence costs British society up to £30 billion a year and a third of the 40.2 million days lost each year are due to musculoskeletal conditions.

Occupational health physiotherapy and rehabilitation not only allow for a quick return to work and therefore economic benefits of increased productivity, they can also provide fast access to treatment, increase confidence about work abilities and improve the general wellbeing of people who have had work-related illness or injury. Neither should the needs of the long term sick who are unemployed be left out of such considerations if the aim is truly to improve the public health of all.

Protect public sector pensions

Pension reform is a major issue which needs to be addressed in the near future to provide security for all in retirement. Along with other health unions, the CSP has been actively engaging our membership in the current NHS pensions review. While the Society recognises that reform will happen, we are opposed in principle to the compulsory raising of the normal pension age in the UK from 60 to 65. In common with many other health professions, physiotherapy is a physically demanding, 'hands-on' profession and there is much potential for work-related injury. After a lifetime of working in the NHS, many physiotherapists simply will not be able to work until 65. Opportunities to move from clinical to managerial work are limited and not suitable for all staff. Forcing NHS staff to work to 65 to receive their full pension will deter talented people from joining the NHS and that can only jeopardise the future of the service and the public's health.

The CSP wants to see more emphasis given to improving working lives in all sectors, including rapid access, at work or in the NHS, to physiotherapy rehabilitation services and effective injury prevention strategies. Private and independent physiotherapy practices are an important additional resource in delivering better occupational health in UK companies.

Public sector pensions must be provided in a fair way to ensure the public sector workforce of the future and provide security for all in retirement. The CSP is calling for the normal pension age to be maintained at 60 and for future pensions to be based on final salary rather than on career average earnings.

Promote independence for older people and those with long term conditions

The value of independent living must be recognised as a fundamental aspect of health and social care, both for people with physical or learning disabilities and for the UK's ageing population. Physiotherapy is effective in preventing and overcoming levels of disability, allowing people to live in their own homes for longer and reducing hospital readmittance. Falls are the leading cause of death as a result of injury among the UK's over-75s and physiotherapists can reduce the incidence through exercise and balance advice. In 1999, the associated cost of falls to the NHS and social services was £908 million. Government must recognise the essential importance of rehabilitation both to improving the quality of people's lives and to the economy.

Older people are a rapidly growing social group and more than a third of the UK's population live with a long term condition, many of them children. Neurological conditions, such as multiple sclerosis and cystic fibrosis, affect more than ten million people in the UK and is also rising. Physiotherapists are putting an enormous effort into rehabilitation, but this needs to be joined up with adequate local support services.

Prioritise the retention and recruitment of physiotherapists and other NHS staff

Valuing staff has to be a priority if services to patients are to improve. The CSP would like to see even greater investment in the NHS workforce to release the potential of our health service. While there is an increasing number of physiotherapists joining the NHS throughout the UK, much more needs to be done to halt the large numbers who leave the NHS relatively early in their career. The NHS may not be able to compete with the private sector on pay, but it could offer greater rewards in terms of developing leadership roles, access to continuing professional development and strategic involvement in the commissioning, management and delivery of patient care.

Through the development of new roles, such as physiotherapy consultants and extended scope practitioners (ESPs), physiotherapists can help solve some of the intransigent problems in the NHS, including waiting times. ESPs managing minor injury workloads in A&E departments throughout the UK have helped ensure that those trusts meet their four hour targets.

The CSP is calling for continued and growing investment in rehabilitation and falls prevention services to help promote independence and reduce admissions to hospitals. Commissioners must recognise and invest in physiotherapists and other clinicians to support these services which have suffered from long term underinvestment.

The CSP is calling for allied health professions to have strategic representation at all levels of the health service. The planned increase in physiotherapy graduates across the UK must be delivered through more effective workforce planning. More also needs to be done to reach the targets for physiotherapy consultants and extended scope practitioners. Finally, there must be a commitment to fully implementing Agenda for Change, the new NHS terms and conditions package.



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Physiotherapy in practice

Physiotherapists are experts in human movement, from the way we move our backs or limbs, to the way we breathe. The prime purpose of physiotherapy is to restore and maintain function, activity and independence and prevent injury or illness through information and advice on healthy lifestyles. All physiotherapy has a health promotion component and chartered physiotherapists have an important role to play in improving public health and meeting national targets such as for stroke, cancer, coronary heart disease and mental health.

Physiotherapists and assistants work across all healthcare settings, in acute and primary care and in the community, in public, private and independent sectors. They cover a wide range of specialisms, often as part of multi-disciplinary teams.



THE CHARTERED SOCIETY OF PHYSIOTHERAPY

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body representing the UK's 45,000 physiotherapists, physiotherapy students and assistants. More than 98 per cent of all physiotherapists are members of the CSP. Physiotherapy is the third largest healthcare profession in the UK and is the largest of the allied health professions.

Over 60 per cent of our members work in the NHS, the remainder is divided between education (including students), independent practice, the voluntary sector and other employers, such as sports clubs, Ministry of Defence or large businesses.

The CSP is committed to spreading best practice across the profession and the NHS. Our project Sharing Effective Physiotherapy Practice has been developed to promote evidence-based, quality assured services to commissioners and to CSP members in order to deliver the best care to patients possible. For more information or to get a copy of our related publication, *Making Physiotherapy Count*, visit the CSP's website: www.csp.org.uk/sepp

Long established areas of clinical practice for physiotherapy include:

- Orthopaedics and musculoskeletal care
- Older people's care
- Paediatrics
- Stroke and other neurological conditions rehabilitation
- Women's health
- Respiratory care.

Rapidly developing areas of clinical practice for physiotherapy include:

- Cardiac rehabilitation
- Mental health
- Cancer care
- Accident & Emergency
- Learning disability
- Palliative care
- Health promotion.

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