About the physiotherapy profession

The CSP is the professional, educational and trade union body for the UK’s 56,000 registered physiotherapists, physiotherapy students and support workers.

Physiotherapists are autonomous, regulated practitioners, qualified to independently assess, diagnose and identify risk. Many advanced practice physiotherapists can prescribe, order investigations, carry out injection therapy and plan complex case management.

While the physiotherapy workforce is predominantly employed in health, typically it operates at the interfaces between sectors and is key to supporting the health and wellbeing of disabled people and to reducing levels of disability.

The contribution of physiotherapy can be seen at many points of a care pathway as physiotherapists work as clinical leaders and multi-professional team members, to support patients in hospital, home, community, work and leisure environments.

Physiotherapists are experts in musculoskeletal (MSK) disorders and physical activity. Increasingly they are working in primary care as first contact practitioners for patients with MSK health issues.

Specialist occupational health physiotherapists work specifically in workplaces to support employees affected by the main conditions affecting sickness absence, including MSK and mental health conditions. They predominantly work in large workplaces and are organised through a professional network The Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE), which is affiliated, to the Chartered Society of Physiotherapy.

Summary of CSP evidence

The CSP’s response will focus solely on questions that relate to MSK, health care professionals and where physiotherapy can make an important contribution.

We have seven recommendations:

1. Physiotherapists should be enabled to issue fit notes to improve the fit note system, provide the necessary advice to employees and employers, and save patient and GP time.

2. To improve MSK health there needs to be improved access for the public to expert advice and support from physiotherapists in primary care through development of the
general practice physiotherapy role and service redesign to increase patient self-referral/direct access to physiotherapy.

3. We should use these developments as an opportunity to improve the advice for employers and employees about return to work in primary care.

4. The NHS e-referral system will need to be amended so as not to unintentionally prevent patient self-referral to physiotherapy.

5. All health professionals need to be having conversations with patients about work and recording work as an outcome. We should utilise the skills and knowledge from occupational health physiotherapists and MSK physiotherapists to increase capacity and capability to do this among other health care professionals.

6. The government’s ‘Fit for Work Service’ should continue to be staffed by the appropriate health care professionals, including physiotherapists, to ensure that an individual’s employment needs are considered by the most expert professional group for their condition.

7. The government should create tax incentives to encourage investment in occupational health and in training for managers and human resources staff to improve workplace health and wellbeing.

1. Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification?

1.1 The CSP strongly supports the proposal in the Green Paper to extend the issuing of fit notes, and signing people off work when necessary, to other health care professionals including physiotherapists. A Delphi study ‘Recommendations to facilitate the ideal fit note’ with a panel consisting of GPs, employers, patient and employee groups, occupational health practitioners, allied health professionals and academics reached a consensus that supported this proposal. Other professional bodies, such as the British Medical Association (BMA), have also called for this reform to be introduced.

1.2 Physiotherapists are experts in the management of MSK disorders. They are autonomous, regulated practitioners, holding their own professional indemnity insurance cover.

1.3 Physiotherapists are increasingly working in general practice as the first point of contact for patients when they contact the surgery with MSK symptoms (see below). If physiotherapists were also able to issue fit notes it would enable more patients to be assessed and advised by the appropriate professional at an earlier stage, supporting an earlier return to work. It would also save both patients and doctor’s time and ease the strain on general practice.

1.4 GPs can offer fitness for work information but have significant time pressures and are often not specialists in MSK health issues. As a result the section ‘may be fit for work subject to the following advice’ which would assist employees / employers is rarely used. This reality is reflected in evidence that suggests GPs feel ill equipped to provide this advice, and that often patients are not confident in their GP’s ability to judge or advise on return to work.

1.5 Offering return- to- work advice (including reasonable adjustments) is part of what physiotherapists do on a day-to-day basis. Physiotherapists routinely include a patient’s work in their functional outcome measures and have ‘healthy conversations’ about work. Allowing physiotherapists to issue fit notes would support the formalisation of this practice. Having more physiotherapists in general practice, could
increase capabilities among practice teams on this issue, through cross-professional sharing of expertise.

2. **Does the fit note meet the needs of employers, patients and health care professionals?**

2.1 Currently the fit note system is not meeting the needs of employers, patients or health care professionals. This is because GPs lack time, and sometimes the expertise, to advise on return to work and work placed adjustments. As outlined above, utilising the expertise of physiotherapists through being enabled to issue Fit Notes would help address this.

2.2 The Fit Note should be changed to allow different health care professionals to sign patients off sick. It could also be improved by providing information on functional impact of a patient’s reported problem and to suggest options that would support the patient to remain in, or return to, work.\(^{16}\) The Allied Health Professionals (AHP) Advisory Fitness for Work report template could be used as a basis for revising the Fit Note to better record information of this kind that is useful to employees and employers.

2.3 Physiotherapists are experts in physical activity, self-management of long term conditions and prevention of co-morbidities associated with a lack of physical activity.\(^9\) As the working age population becomes older, both primary prevention (e.g. through physical activity advice) and secondary prevention (e.g. through physiotherapists supporting patients to self-manage their conditions and prevent needless disability) becomes increasingly important and can reduce sickness absence levels.

2.4 The extension of the Fit Note to physiotherapists would be a positive step towards starting the important conversations described above in a primary care setting.

3. **How should access to services, assessment, treatment and employment support change for people with musculoskeletal conditions so that their health and employment needs are met in the best possible way?**

3.1 MSK disorders are the number one cause of sickness absence in the UK, accounting for 27 per cent of all days lost due to sickness absence (with stress/anxiety/depression accounting for 10 per cent), and the number one reason for long term absence.\(^{10-12}\)

3.2 There is a wealth of evidence to show that early access to physiotherapy advice, and where necessary, treatment, reduces sickness absence – accelerating recovery, enhanced by assisted return to work and improved long-term prospects of health and wellbeing.\(^{13-15}\) Rehabilitation prevents people from becoming needlessly disabled and can help those with long term conditions get their symptoms under control and when able to, return to work.\(^{16}\)

3.3 The connection between MSK and stress/depression is well established. Chronic pain from MSK conditions contributes to stress and vice versa. As a consequence physiotherapists have a high level of understanding about stress and depression, supporting patients and routinely engage with /sign post to mental health support professionals. Furthermore, the risk of stress and depression rises the longer someone is off sick.\(^{17,18}\) Supporting rapid access to physiotherapy advice and
treatment for an MSK and supporting an early return to work, can reduce the risk of stress and depression for individuals.

3.4 In some large workplaces, occupational health services will be key to ensuring rapid access to physiotherapy as well as supporting organisations to develop strategies to reduce sickness absence. However, given that 99 per cent of employers are Small and Medium Enterprises (SMEs), and they employ 59 per cent of the UK workforce, it is important to make mainstream primary care services work better to meet health and employment needs in relation to MSK conditions.

3.5 Allowing patients to self-refer directly to physiotherapy is a tried and tested model of access, proven to not increase referral to physiotherapy or waiting times. Self-referral to physiotherapy is twenty-five percent cheaper to the NHS than a GP referral. Despite this just one third of CCGs commission self-referral. Self-referral should be expanded to improve patient care, reduce sickness absence and save the NHS money.

3.6 An unintended consequence of the new NHS e-referral system in its current form could have a detrimental impact on self-referral to physiotherapy as patients are only able to ‘self-serve’ if they visit their GP to receive an access code to use the system. The system should be amended to allow patient self-referral to physiotherapy.

3.7 Increasingly GPs and physiotherapy services are working together to develop new general practice physiotherapy roles to work alongside the GP to deal with the majority of their MSK caseload. The development of this new form of self-referral to physiotherapy was one of the main findings in the evaluation of the GP Access Fund. In 2016 the CSP learnt that 40 percent of CCGs are piloting at least one such service in their area, these pilots need to be made mainstream.

3.8 Where these posts exist, people contacting the practice with MSK symptoms are given the option of seeing a physiotherapist instead of a GP when they are experiencing MSK symptoms. The general practice physiotherapist is part of the GP team. They may also be part of a larger physiotherapy team, based either in primary or secondary care.

3.9 The role of general practice physiotherapist is usually carried out by a physiotherapist with advanced practice skills who can diagnose, investigate, and provide self-management advice (including exercise).

3.10 The role is supported by doctors. Eight out of 10 GPs in a 2016 survey said they were confident in this model. The roles are endorsed by the Royal College of General Practitioners (RCGP) and the BMA, who have worked with the CSP to produce practical guidance on their implementation. There are also now numerous well-evaluated services that we can draw on for further evidence of impact.

3.11 Evaluation of these services is showing high levels of patient and GP satisfaction and value for money. An advanced practice physiotherapist costs £54.11 per hour and a GP £130.71. General practice physiotherapists have substantially reduced the numbers of unnecessary investigations (x rays, scans) and unnecessary referrals to see consultants or for ongoing physiotherapy treatment. The majority of MSK patients seen by the general practice physiotherapists are enabled through quick access to expert advice and are enabled to self-manage their conditions.
In 2015 in Darlington direct access physiotherapy was trialled in two GP services, the service saw just two percent of patients referred back to their GP and there were eighteen percent fewer consultant referrals. “Of the patients seen 849 (seventy-four percent) were managed with early advice and did not need on-going treatment and were able to self-manage with good early advice. The remainder of the patients were able to self-refer for on-going physiotherapy at a provider of their choice”. Patient feedback was also excellent with one hundred percent saying they would recommend the service to family or friends. Such has been the success of the service that from April 2017 it will be incorporated in to a wider tender for local MSK services. (29)

Another example of a successful pilot scheme for direct access to physiotherapy for MSK symptoms is in Hampshire where Southern Health MSK service introduced two pilots in 2015. Similarly, patient satisfaction was very high of those that completed the satisfaction survey “all were happy to be seen by a physiotherapist, felt the examination was thorough and were happy with the outcome of the appointment”. (30)

NHS England proposes primary care physiotherapy pilots in its General Practice Forward View and this is reflected in the NHS planning guidance. (31) Numerous Sustainability and Transformation Plans (STPs) also propose the expansion of physiotherapy into primary care. The Frimley STP for example includes the expansion of general practice physiotherapy. (32)

The pilots can demonstrate impact in relation to safety, value, reducing waste, patient experience and patient self-management. There has not so far been a focus on collecting impact on sickness absence or having conversations about work. The CSP would be keen to work with colleagues in the Department of Health and Department for Work and Pensions to see if this could be incorporated.

By expanding these pilot schemes into ‘business as usual’ people with MSK conditions can have both their health and employment needs met in the best possible way.

4. What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Evidence shows that ‘good’ work can promote positive health outcomes (33) and that unemployment and ‘poor quality’ employment can be detrimental to a person’s health. (34)

Occupational health is already part of the pre-registration programme for physiotherapy students. Physiotherapists take a holistic approach to patient care and already include conversations about work with their patients. As part of this holistic approach they can also address overall health issues and promote self-management (see answer under point 2). (9)

Physiotherapists are equipped with the skills and experience to liaise with other health care professionals (often working in multidisciplinary teams including across health and social care), family and carers. (9)

Work by the Royal Society of Public Health and Public Health England showed that for the public, physiotherapists and other allied health professionals are a trusted
source of advice on healthy living. It also showed that physiotherapists and other allied health professionals already see an important part of their role is to prevent ill health, have healthy conversations and have built this into their everyday practice.\(^{(35)}\)

4.5 These skills should be utilised and built upon to encourage health professionals to have conversations about work with patients, to support for individuals to have conversations with their line manager, and to routinely record work as a health outcome, included in patient records and outcomes data collection.

4.6 Health Education England’s National Occupational Health School should consider leading on developing a multi-professional competence or capability framework, such that workforce development could be progressed to optimize skill mix and role development across professions in line with service and patient care needs. ACPOHE have developed a competency framework, which could be used as a starting point for this work.\(^{(36)}\)

5. **How can we ensure an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual’s ability to work – especially musculoskeletal and mental health?**

5.1 Expanding the availability of general practice physiotherapy and self-referral to physiotherapy so that service users access the right health care professional at the start of their patient journey could ensure all their needs are taken in to account including their employment needs. This would ensure that basic fitness for work advice is available to all people of working age (see answer to question 3 above).

5.2 Physiotherapists have the skills and experience to include work as a functional outcome measure and are able to have a ‘healthy conversation’ about work, and taking into consideration a person’s job role within their assessment and treatment plan.\(^{(7)}\)

5.3 It is important that the government’s ‘Fit for Work Service’ is continued to be staffed by the appropriate health care professionals including physiotherapists to ensure that their employment needs are considered by the most expert professional group for their condition.\(^{(7)}\)

6. **How can we strengthen the role of occupational health and related professions and services, so that people’s health and employment needs are considered together?**

6.1 MSK physiotherapists have a critical role to play in improving MSK health within local population health through changes to primary care (see above).

6.2 Specialist occupational health physiotherapists have a significant role to play in providing rapid access to support, advice and treatment within large companies. In supporting large employers to develop support for employees suffering from not only MSK disorders but also mental health conditions and rehabilitation following surgery.

6.3 Further to this physiotherapists working in occupational health can give advice within the workplace to both employees and employers and influence wider strategies around health at work.\(^{(7)}\)

6.4 The Frost-Black report (a government sponsored review of sickness absence) found that work-focused healthcare, timely advice and an accommodating workplace offers
the best prospect of a sustainable return to work. Occupational health physiotherapy is recognised as key to this.\textsuperscript{(37)}

6.5 The CSP supported recommendations in a report for the Council for Work and Health in 2016 that government should create tax incentives to encourage investment in occupational health and for managers and human resources staff to be trained to improve workplace health and wellbeing.\textsuperscript{(38)}

6.6 There are numerous good practice examples of investment in occupational health including physiotherapy, which demonstrate, money and working days saved and increased confidence.

6.7 John Lewis Partners (staff) reporting an injury receive a triage call from Physio Med within four hours, and initial assessment from a chartered physiotherapist within three days. 2324 Partners engaged with the service over 12 months. JLP estimates it saved 41,010 working days, saving £2,676,000.\textsuperscript{(9)}

6.8 The Royal Free London NHS Trust provides a physio-led health and work centre for staff with self-referral to physiotherapy, workplace and ergonomic assessments and health and wellbeing advice. 89\% were recommended fit to stay or return to work; data shows 93\% improvement in spinal, upper and lower limb disorders.\textsuperscript{(9)}

6.9 11 London Fire Brigade staff with chronic musculoskeletal conditions followed a programme provided by Crystal Palace Physio Group including work-specific exercises. There was an 85\% reduction in time off work, and £27 return on every £1 spent.\textsuperscript{(9)}

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17 February 2017

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