Management of Long Term Conditions Inquiry
Chartered Society of Physiotherapy
Evidence submitted to the Health Select Committee

To: Health Select Committee
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The CSP welcomes the opportunity to provide evidence to the Health Select Committee inquiry into the Management of Long Term Conditions.

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK’s 51,000 qualified physiotherapists, physiotherapy students and support workers. 97 per cent of qualified physiotherapists are CSP members.

Physiotherapy enables people with long term conditions (LTC) to move and function as independently as possible, maximising quality of life, physical and mental health and well-being and social participation. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, and optimising clinical outcomes and the patient experience, at the centre of all it does.

Physiotherapy has a key role to play in care for people with a range of LTCs including stroke; multiple sclerosis (MS) and other inflammatory diseases; Parkinson’s disease; chronic obstructive pulmonary disease; arthritis; musculoskeletal disorders; lymphoedema; asthma; mental health; chronic pain; and falls in the frail and elderly. CSP’s membership includes clinical specialists working with patients with these conditions and their carers. The evidence we submit draws on this expertise. We would be pleased to supply additional information on any of the points raised in our evidence at a later stage.

CSP Evidence

Summary of key points

- Significant and sustained resource reallocation is needed to ensure the necessary community services to reduce hospital admissions.
- Physiotherapy, as part of a multi-disciplinary care pathway, has been shown to be clinically and cost effective in treating patients with LTCs in the community.
- There is a risk that to make short-term savings community services are made less accessible and less effective, storing up costs and reducing patient outcomes.

1. The scope for varying the current mix of service responsibilities so that more people are treated outside of hospital and the consequence of such a service redesign for costs and effectiveness

1.1 There is significant scope for varying the current mix of services, requiring sustained resource reallocation towards community-based services, prevention, early
intervention and reablement/rehabilitation. There is also scope to make better use of the skills and knowledge within the healthcare workforce and labour substitution. Physiotherapists have a detailed understanding of the biological, social, physical and environmental causes of ill-health within people and populations and a high level clinical reasoning. Working across a variety of settings, they can co-ordinate and lead effective and integrated services for people with LTCs.

1.2 Northumbria Healthcare NHS Foundation Trust established an Early Support Discharge team to support stroke survivors in the community. This multi-disciplinary team including physiotherapists has resulted in the average length of stay in hospital being reduced to half the national average and savings of around £500,000.¹

1.3 The HOPE Specialist Service at the North East Lincolnshire Care Trust provides a 'one-stop-shop' for people with Chronic Obstructive Pulmonary Disease (COPD) and older people at risk of falling. The team includes physiotherapists, support worker specialists, volunteer 'rehab buddies' and expert patients. Hospital admissions were reduced (1 per person attending the pulmonary rehabilitation course), and over four years, the falls and post hip fracture rehabilitation programme has seen an 8 per cent reduction in visits to A&E and a 13 per cent reduction in hospital admissions for people who have fallen.²

1.4 Physiotherapy staff work in Rapid Response Teams and Emergency Departments. Wirral University Teaching Hospital have developed a service to support the A&E department by providing physiotherapy and occupational therapy assessment and reports and a range of practical follow-up services. The service has demonstrated significant reductions in bed days for the hospital.

2. The readiness of local NHS and social services to treat patients with LTCS (including multiple conditions) within the community

2.1 Physiotherapy, as part of a multi-disciplinary care pathway, has been shown to be clinically and cost effective in treating patients with a wide range of long term conditions in the community setting.

2.2 Chronic obstructive pulmonary disease³ (COPD) is the fifth biggest killer in the UK, and the second most common cause of emergency admissions in the UK. Pulmonary rehabilitation programmes are proven to reduce the length of hospital stay and re-admissions⁴⁵.

2.3 Many musculoskeletal disorders (MSDs) are LTCs, and can be both a causal factor and caused by other LTCs. Early intervention with physiotherapy is clinically and cost effective.

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¹ Physiotherapy works. Stroke. CSP January 2012
² Lung Improvement Case study. Hope for the Future – pulmonary rehabilitation. NHS Improvement, July 2012
³ COPD is an umbrella term for a group of lung diseases that include chronic bronchitis, emphysema and small airways disease. Lung damage over a long period of time impairs the flow of air in and out of the lungs and causes breathlessness
⁴ Physiotherapy works. Chronic Obstructive Pulmonary Disease. CSP January 2012
⁵ Pulmonary rehabilitation service for patients with COPD. NICE 2006
www.nice.org.uk/media/63F/4D/PulmonaryRehabCommissioningGuide.pdf
effective. Self-referral to community physiotherapy has been demonstrated to save money and improve access. 6

2.4 The greatest potential for central nervous system adaptation and recovery occurs in the early stages of MS and early access to physiotherapy can reduce disability. Physiotherapy, as part of a specialist neurorehabilitative service, has a key role in managing specific symptoms of MS including pain, spasticity and the prevention of secondary complications. Results from clinical trials of MS exercise programmes have demonstrated benefits in muscle strength, cardiovascular fitness, aerobic thresholds and activity levels and functional ability. 7 Over a six month period, a physiotherapy-led community service in Newcastle resulted in a decrease in GP and hospital consultant visits, the cost of the service was offset by a reduction in bed days. 8

2.5 Two out of every 1000 people in the UK suffer from lymphoedema. Early access to specialist physiotherapy-led intervention prevents the most disabling aspects of the condition associated with poor management. In the Abertawe Bro Morgannwg University Health Board in Wales, a lymphoedema team including specialist physiotherapists was established in 2004. This reduced cellulitis episodes for lymphoedema patients from 58 per cent to 9 per cent. 9

2.6 While there are many examples of excellent practice, there are insufficient community-based services for the treatment and management of LTCs, and a lack of integration between services in community and acute settings that can limit an individual’s recovery or rehabilitation.

2.7 Research conducted by the CSP and The Stroke Association in 2010 found that a quarter of stroke survivors had to wait longer than one month after discharge for physiotherapy. 10

2.8 In 2011 the CSP and the National Rheumatoid Arthritis Society (NRAS) published a report 11 which revealed a third of patients not being referred for physiotherapy, a third waiting for more than one year, and just one in ten waited less than one month.

2.9 Short term savings through cuts in services and replacing experienced staff with staff on junior grades in community services for people with LTCs risk additional and more costly need for social care, medical interventions and longer hospital stays, as well as other financial costs to society. 12

3. The practical assistance offered to commissioners to support the design of services which promote community-based care and provide for the integration of health and social care in the management of long-term conditions

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7 Physiotherapy works. Multiple Sclerosis CSP January 2012
8 Physiotherapy works. Multiple Sclerosis CSP January 2012
9 Physiotherapy works. Lymphoedema, CSP October 2012
11 RA and Physiotherapy: a national survey. NRAS and CSP. October 2011
3.1 Physiotherapists and other allied health professionals (AHPs) have a unique insight and expertise working with patients and in multi-disciplinary teams across care settings in the management of LTCs, which should inform commissioning and service redesign.

4. **The ability of the NHS and social care providers to treat multi-morbidities and the patient as a person rather than focussing on individual conditions**

4.1 The impact of multi-morbidity is profound. People with several LTCs have markedly poorer quality of life, poorer clinical outcomes and longer hospital stays, and are the most costly group of patients that the NHS treats.\(^{13}\)

4.2 Physiotherapy takes a person-centred approach to care, taking into account the totality of an individual’s health and wellbeing needs, supporting self-management and informed choices. Physiotherapists address multiple and complex needs of patients through high-level clinical reasoning, diagnosis and treatment skills. Physiotherapists are accustomed to working in a variety of settings, across health and social care, and can be a valuable point of continuity and transition for patients moving from one setting to another.

4.3 The Proactive Care: Long Term Conditions pilot project started in April 2012 in the South Kent Coast CCG. Patients are supported by a multi-disciplinary team including a GP, community matron, health care assistant, physiotherapist, occupational therapist, pharmacist, health trainer, care manager and mental health professional. Patients are offered a 12 week package of support to improve the management and self-management of their condition. Evidence shows a 15 per cent reduction in A&E attendance, 55 per cent reduction in non-elective admissions and 75 per cent report improvement in functional quality. Savings to date are £225,938.\(^{14}\)

4.4 Physiotherapists in Brighton and Sussex Trust run exercise groups for people with LTCs in an aquatic physiotherapy pool, who access services through patient charities (National Ankylosing Spondylitis Society, Parkinson’s UK, Arthritis Care and the local Osteoporosis Society).\(^{15}\) This allows community-use of the facility when not being used and generates income.

5. **Obesity as a contributory factor to conditions including diabetes, heart failure and coronary heart disease and how it might be addressed**

5.1 Obesity is a contributing factor to a range of LTCs, including the physical stresses associated with obese bodies and their impact on patient’s neuromusculoskeletal and cardiorespiratory systems, movement, function and exercise-related risks.\(^{16}\)

5.2 Physiotherapists have a diverse skills set to identify strategies for the prevention and management of obesity, and the communication skills to build up trusting

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\(^{13}\) *Managing people with long-term conditions.* The King’s Fund 2010.

\(^{14}\) Kent Community Health NHS Trust, March 2013 *The Human Touch, Transforming Community Services in Kent. Service in the spot light: Pro-Active Care: Long Term Conditions*

\(^{15}\) Brighton and Sussex University Hospitals NHS Trust website [http://www.bsuh.nhs.uk/departments/physiotherapy/specialist-areas/hydrotherapy/](http://www.bsuh.nhs.uk/departments/physiotherapy/specialist-areas/hydrotherapy/)

relationships required to address psychological and emotional barriers to taking up physical activity and accessing services.

5.3 The ‘Lose Weight Feel Great’ service in Ashton, Leigh and Wigan PCT\(^\text{17}\) offers general health and wellbeing services as well as specialist weight management, that people can self refer to. One-to-one care is delivered by physiotherapist or dietician. Activate, the physiotherapy-led obesity service in Tower Hamlets has in its second year seen childhood obesity declining against a rising nation trend, despite local deprivation. \(^\text{18}\)

5.4 Physiotherapists support the management and prevention of obesity through prehabilitation of individuals awaiting surgery, and optimising post-operative recovery.

5.5 The emerging practice of specialist bariatric physiotherapy\(^\text{19}\) provides an understanding of the whole spectrum of available weight management interventions to support patients to access the most appropriate services for them. The CSP recommends the growth of bariatric physiotherapy, and for the routine inclusion of physiotherapists within weight management teams.

6. **Current examples of effective integration of services across health, social care and other services which treat and manage long term conditions**

6.1 Liverpool City Council runs an ‘Exercise for Heath Scheme’ at its leisure facilities. In 2008 the Musculoskeletal Therapy Team at the Royal Liverpool and Broadgreen Hospital started directly referring patients. This reduced, among other benefits, outpatient physiotherapy appointments for total knee replacements.

7. **The implications of an ageing population for the prevalence and type of long term conditions, together with evidence about the extent to which existing services will have the capacity to meet future demand**

7.1 Physiotherapy rehabilitation has a crucial role in keeping older people independent and restoring their independence, reducing the numbers of people requiring social care support or residential care, or delaying the need for such support.

7.2 Each year 35 per cent of over 65’s, and around 45 per cent of people over 80 fall in the community. Among the over 75’s injury from falls is the leading cause of mortality. Half of all people who have a fall will fall again in the next 12 months, increasing mortality, rates of hospitalisation and institutionalisation.\(^\text{20}\)

7.3 The physiotherapy-led Glasgow Falls Prevention Programme sees nearly 175 patients a month in their homes to assess risk factors and intervene to modify these. Between 1998 and 2008 admissions due to falls in the home reduced by 32 per cent, falls in residential institutions by 27 per cent and falls in the street by nearly 40 per

\(^\text{17}\) LWFG website [http://www.lwfg.co.uk/](http://www.lwfg.co.uk/)


\(^\text{19}\) ibid

cent. Over the same period, the number of admissions for hip fractures decreased by 3.6 per cent (compared with an increase of nearly 2 per cent in England).\textsuperscript{21}

7.5 Investment in community physiotherapy services for older people is poor in many parts of England, and older people discharged from hospital and needing continuing rehabilitation, or those who have had a fall or a musculoskeletal injury at home, face long waiting times. This increases dependency on social services and the NHS.

8. The interaction between mental health conditions and long term physical health conditions

8.1 Four million people with long term physical conditions also have a mental health problems.\textsuperscript{22} For many people the experience of a LTC, including chronic pain, can result in anxiety, stress, depression and other mental health issues. There are psychological factors in behaviours around eating and exercise that can cause or exacerbate some LTCs.

8.2 Physiotherapists often work with psychologists on multidisciplinary teams for people with LTCs, and on mental health teams. As the ‘physical expert’, the physiotherapist has a key role in enabling physical activity for health promotion, disease prevention and relapse, and makes a significant contribution in the delivery of lifestyle, weight management and wellbeing programmes. They can act as care co-ordinator supporting service users to access services as and when needed. By utilising a rehabilitation and recovery model physiotherapists work with service users to develop and facilitate strategies for the journey through wellbeing and recovery.

8.3 As part of multi-professional teams, physiotherapists support care pathways and focus on the individual by: maximising service user independence; improving both physical and mental healthcare and the intrinsic link between the two; demonstrating flexibility in their role to improve person-centred care; working across sector and agency boundaries as part of integrated care pathways.

9. The extent to which patients are offered personalised services (including evidence of their contribution to better outcomes)

9.1 Physiotherapists are ideally placed to support the personalisation agenda, using their broad skills set to empower patients to take responsibility for their own health and achieve patient-centred outcomes.

9.2 Self-referral to physiotherapy is an excellent example of a personalised service which leads to better outcomes. NHS Evidence has included self-referral to physiotherapy for musculoskeletal conditions in QIPP\textsuperscript{23}

9.3 Bristol Community Health’s Community Neurology Service aims to enable all patients with a long-term neurological condition to maintain independence at home. Working with NHS South of England and the Health Foundation they embedded the principals of patient centred care, shared decision making and patient self-management. Bristol

\textsuperscript{21} Physiotherapy works. Fragility fractures and falls. CSP January 2012
\textsuperscript{22} Long Term Conditions and Mental Health. The cost of comorbidities, The Kings Fund April 2012
Community Health now plans to introduce patient-held care plans for patients with long-term neurological conditions.\textsuperscript{24}

9.4 The Locomotor Service\textsuperscript{25} is a community physiotherapy service, which is part of Homerton University NHS Trust and manages 89 per cent of musculoskeletal patients in the community. The Locomotor service has a chronic pain interdisciplinary service within it, allowing a smooth pathway from initial physiotherapy assessment to interdisciplinary management. The Locomotor sets goals with patients with chronic pain, to achieve personal function and quality of life goals. Patients are taught to manage persistent pain and flare-ups, and as a result visit A and E and their GPs with pain less frequently. Patients are also taught how to manage their medicines.

10. Services provided for people with diabetes

10.1 Physiotherapy not only helps to prevent type 2 diabetes, it can also have a profound effect on managing and treating diabetes and its associated complications.

10.2 Physiotherapists support patients to maintain good blood glucose control and achieve optimal body weight, through lifestyle advice and individualised exercise plans. Physical activity has been shown to improve glycaemic control to levels comparable to pharmaceutical intervention and should be a fundamental component of the interventions to manage type 2 diabetes.

10.3 Physiotherapists provide pain relief and help prevent and manage diabetic foot problems through advice, education and gait and posture training. Physiotherapists manage a range of musculoskeletal conditions commonly seen within the diabetic population, including shoulder adhesive capsulitis, which occurs in up to 30% of patients with diabetes.

10.4 Physiotherapy is an essential component of pre and post-amputation rehabilitation, supporting pre-operative assessment; decisions around amputation level; preparation for surgery; pain and wound management. It supports individuals to regain independence and social participation, through prosthetic rehabilitation and use of other adaptive equipment.

11. The definition of LTCs, and how this can provide more effective management of interventions necessary to bring about service change

11.1 Because chronic pain is not a singular disease entity or condition-specific, there is a tendency for this vital area to be ignored. Those living with chronic pain have higher incidence of poor mental health, poor sleep, poor physical mobility, obesity and related illnesses. They are also high consumers of health resources. We suggest cross referencing to the work of the National Pain Audit.\textsuperscript{26}

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\textsuperscript{24} Bristol Community Health website \url{http://www.briscomhealth.org.uk/}
\textsuperscript{25}Homerton NHS website \url{http://www.homerton.nhs.uk/our-services/locomotor-services/}
\textsuperscript{26} \url{http://www.nationalpainaudit.org/overview.html}
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