



Choosing Health? Action to improve people's health - CSP response

CSP 344

2004

Introduction

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the 42,000 chartered physiotherapists, physiotherapy assistants and students in the UK. Our members work in the NHS, in private practice and in the independent sector.

The CSP welcomes the intention of the government to publish a White Paper on public health later this year. We hope that our response will help government identify provisions that will improve the nation's public health through better health and lifestyle information and the tighter regulation, and, in some cases prohibition, of contributory factors to current poor levels of public health.

We also hope that our recommendation will help the government build on the potential that exists within healthcare services and professions to give the prevention of illness and injury and the more effective management of medical conditions, a far greater prominence within the NHS than is currently the case.

In our response we focus on three issues:

- Challenges to the improvement of public health
- How physiotherapy can provide lessons to the wider health and social care sectors.
- Ten key priorities and actions that would help improve public health

Challenges in Improving Public Health

In large part, the need to improve public health arises from the desire to help people live active and healthy lives, as free as possible from avoidable conditions and illnesses such as obesity, smoking-related conditions and the results of alcohol and drug use.

It is also the case that a general improvement in the level of public health would bring efficiency benefits to the use of NHS resources and the productivity of the UK economy.

A comprehensive programme to improve public health will require policy makers to accept that public information campaigns and appeals to individual self-interest, in themselves, will not be sufficient to meet that task.

The myriad challenges to the government's public health ambitions will require, inter alia, extra funding for appropriate health professionals and services, wider availability of services such as physiotherapy, active engagement from employers and realistic opportunities for people to incorporate better health decisions into their lifestyle.

Workplace

The widespread use of technology as well as changes in workplace duties have changed attitudes within society to health and fitness. Activity levels have dropped, increasingly exercise has become a leisure pursuit rather than a part of an individual's daily working life.

From 2000 – 2002 around 40.2 million days were lost per year to work related illness and injury. 13.4 million days were attributed to stress, anxiety and depression while 12.3 million days were lost due to musculoskeletal disorders. Together these account for almost two thirds of all days lost.

For people with musculoskeletal conditions, as the length of time off work increases, the probability of returning to work at all decreases.

People whose working environment has a negative impact on their wellbeing have complex needs, from access to vocational rehabilitation, effective workplace training and workplace assessments to prevent injury at work and protection from the impact of passive smoking.

Older People

If the longevity of the population increases, conditions related to the frail elderly, such as osteoporosis and stroke, will become more prevalent and the need for services such as physiotherapy will increase accordingly.

It is also the case that longevity will mean an increasingly active older population that will stay healthy longer. Extensions to initiatives like exercise referral systems will be necessary to provide a means of ensuring that patients will get to see an appropriately qualified exercise professional in order to maintain those levels of physical activity.

Long Term Conditions

For some years now, National Service Frameworks for coronary heart disease, mental health and older people have highlighted the importance of exercise and physical activity as part of the clinical response to these conditions. The NHS Implementation Plan highlights people with long term conditions as a critical group for both the public and acute healthcare agendas.

For many of these groups, their higher risk status will require the development of specialised programmes and the input of expert professionals. Supervision of these client groups is usually undertaken by a physiotherapist or, as appropriate, by another qualified exercise professional working within the therapies as part of a multidisciplinary team.

A comprehensive approach to public health will need to build specific provision for these key groups into the service and workforce planning of the NHS.

Communication

The government's ambitions for public health will require a concerted and broadly based approach to the communication of public health information. This challenge must not be limited to the launch of various high profile media campaigns to grab the attention of the general public as ways of tackling obesity or smoking. It must also include ways of communicating detailed advice through accessible and trusted channels to people who are looking for information about how they can help themselves to maintain healthy and active lives.

A sophisticated understanding of the opportunities to promote healthy living presented by converged digital communications, greater access to the internet and digital TV penetration will be necessary. Government will need to develop a comprehensive information campaign that can reach the widest spectrum of the population who might be looking for expert and appropriate advice.

Physiotherapy is a 'fully engaged' healthcare profession

At each step of the patient journey

A greater focus on preventative measures to improve public health rather than more narrowly focus on the treatment of symptoms, will inevitably highlight the contribution that is being made by professions such as physiotherapy.

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 assess, treat and rehabilitate people with physical problems caused by accident, ageing, disease or disability, using physical approaches in the alleviation of all aspects of the person's condition. Physiotherapists also play a vital role in the prevention of illness and the promotion of improved quality of life through occupational health, exercise advice, fall prevention and smoking cessation. A characteristic of physiotherapy is how the profession works with patients to identify programmes of activity which will enable the person to maximise mobility, avoid complications, control symptoms and thereby lead fulfilling and active lives.

Physiotherapy helps patients to understand their conditions and share in the development of a sustainable programme of care and self-care with the aim of helping people to lead independent, healthy and physically active lives.

The CSP believes that as patients become more involved in their own care they will become more interested in preventing ill health and will be more willing to engage in treatments requiring active commitment – like those provided by physiotherapists. The demand for physiotherapy services will increase further still.

A model of patient and client centred healthcare

The second Wanless report identified a 'fully engaged scenario' as the most effective framework for improved public health. This scenario is one in which not only individuals make informed decisions about consumption patterns and lifestyle choices, but the structure of public and private healthcare services promotes and achieves public health targets.

'It [fully engaged scenario] would also represent a massive shift away from seeing the NHS primarily as a 'sickness service'. Health services would also aim to keep healthy people fit, and people with morbidities and chronic conditions as active as possible'.

Securing Good Health for the Whole Population. Final Report. Derek Wanless 2004

The CSP supports this approach that recognises both individual and corporate responsibility alongside health services provision as essential if significant and sustainable improvements in the public health of the nation are to be achieved

Physiotherapy may be one of the best examples of a fully engaged healthcare profession, able to achieve the multiple aims identified by Wanless. The ways in which physiotherapy services work with patients to produce lasting improvements to public health may be useful for government to consider how access, partnership and sustainable commitments to better health by patients and professionals can produce significant improvements in public health.

Promoting self-management

At the core of physiotherapy, for many conditions, is the encouragement and active involvement of patients in the management of their own conditions.

Where possible physiotherapists agree a joint programme of care with patients that is designed to provide not only treatment of the immediate symptoms but a framework for the long term management of the patients health in order to increase mobility, independence and quality of life. This is as true of a patient with a sports related injury as it is with someone with a chronic or long term condition, or patients in palliative care situations.

One of the most crucial aspects of effective self-management is the ability to self-refer to a physiotherapist. People who understand how to manage their conditions also understand when they need to see a health professional. The ability to refer oneself to a physiotherapist rather than through a GP or consultant referral saves time, saves money and yields better results keeping people healthier and more active.

Rehabilitation

Rehabilitation implies that the end point of the healthcare activity is the restoration of skill or ability. The specific aim of physiotherapy in rehabilitation is to restore physical, psychological and social well-being or to maintain appropriate levels of activity for people with disabilities.

Access to rehabilitation is an issue for a wide range of groups within society from young people with chronic disabilities, people of working age with work-related injuries and older people.

The principles underlying physiotherapy and rehabilitation could be regarded as significant for a 'health' service as opposed to a 'sickness' service. Physiotherapeutic rehabilitation aims at maximising functional capacity and role within society. It is an active and an ongoing process. It is focused on the whole needs of the patient or client.

These service principles will be key in helping transform the NHS into a 'health' service that is truly responsive to the needs of patients.

Vocational Rehabilitation

Vocational 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 well-being of people who have had work-related illness or injury.

The Association of British Insurers and Trades Union Congress have both stressed the importance of early access to physiotherapy services that can provide proper assessment and rehabilitation for workers.

If there is to be a comprehensive debate about improvements in public health for all groups in society, then the CSP regards it as imperative that ways of building on current provision in regard to vocational rehabilitation are given due prominence.

The CSP would like to see clear signs in the White Paper that the potential synergies between Department of Work and Pensions review into vocational rehabilitation and the Department of Health public health activity are maximised. We believe that ways of mitigating the costs to individuals and to the economy of illness and injury at work are considered as part of the government's public health strategy.

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 and enjoy the full economic dividend.

Direct Access/Self-referral

There is growing evidence that patients are more likely to take an active self-management role of their conditions if they refer themselves for physiotherapy treatment rather than being referred through many parts of the healthcare system.

Evidence from a number of access pilots carried out by physiotherapy services suggests that if patients are aware that they can go straight to a physiotherapist, rather than be referred through GPs and consultants, not only do conditions get diagnosed and treated sooner, thereby avoiding complications, but that patients are more engaged in the course of actions and treatments that might follow and resources are used more effectively throughout the patient journey.

A recent study by the CSP has shown how quicker and more direct access to physiotherapy service can provide real clinical benefits to people with conditions that can inhibit mobility and independence. The CSP argues that the extension of forms of direct access, such as self-referral to NHS physiotherapy, would encourage people to seek clinical advice more quickly than they otherwise would, and can promote healthy lifestyle and behaviour choices as part of their clinical and medical diagnosis.

Chronic Disease Management

The benefits of direct access and self-referral for people with chronic or long-term conditions are clear. People with neurological, respiratory or musculoskeletal conditions are often expert patients who understand their conditions and the treatments they require to maintain as active and independent a life as possible.

They understand when they need physiotherapy services, and if there are able to access them directly then there are considerable benefits in terms of fast treatment, clinical outcomes and control for the patient over their treatment.

The benefits to people in terms of general health and well-being are matched by the benefits to NHS trusts in terms of the more effective and efficient use of time and financial resources in the treatment of people with chronic and long term conditions.

Priorities for Action

1. Illness and injury at work

The cost to employees and to the UK economy of illness and injury at work is well established. A thorough review of vocational rehabilitation provision within UK business and public sector employers is required to understand how all sectors within the economy and healthcare services are geared to address these costs.

The CSP would like to see the White Paper investigate ways in which vocational rehabilitation can be expanded. A Healthy Employer scheme, based on accepted criteria and best practice, similar in principle and operation to Investors in People, could be developed through the NHS and HSE.

Such a voluntary scheme would enable employers of all sizes and types to seek accreditation and recognition based on the provision of early access to rehabilitative treatment for work-related illness, a range of preventative measures and clear referral pathways with physiotherapy services.

2. Improving the health of children

The CSP shares the concern over the general health of children. While the focus on childhood obesity and level of exercise is critical we believe that there are other issues which impact on children's health that need a greater focus.

A similar scheme as that suggested for the workplace could be applied to schools. The appropriate use of school bags, ergonomic design of school furniture, the safe and healthy use of computers are just some of the areas in which schools, with appropriate levels of support from health bodies, local education authorities and government agencies, could make an enormous contribution to the good health of children. Those schools which do make such a contribution should have the opportunity to be recognised, applauded and where possible, rewarded, for that contribution.

The CSP would like the White Paper to explore the possibility of an initiative between the Department for Education and Skills and Department of Health for a scheme for schools that would recognise schools for their contribution to the improvement of the health and fitness of their pupils.

3. Maintaining active and independent lives for older people

The CSP agrees that expanded provision specifically for older people is vital if the ambitions of the government public health agenda are to be met. There are many ways in which government could meet this objective.

The CSP supports the National Service Framework on older people and its promotion of active and healthy lives for older people. One of the many ways in which physiotherapy contributes to this aim for people with the long-term condition of osteoporosis is through the extension of services with regard to the prevention of falls.

Exercise is effective in reducing risk of falls in individuals who are at risk of falling, when combined with other treatments as part of a multi-factorial programme. Fall prevention programmes should consist of individually prescribed exercise programmes by appropriately trained personnel, which incorporate muscle strengthening and balance retraining as well as a walking plan.

The CSP believes that the White paper should identify such specific ways in which health professions can help older people achieve greater mobility and a better quality of independent active life.

4. Access to sports and leisure facilities for vulnerable groups

There is an increasing trend in the reduction and closure of council owned sports and leisure facilities and a rise in the number of private health clubs. Many vulnerable groups, including those with mental health problems, people with disabilities and older people are unable to use these facilities due to excessive cost or to problems of access.

Exercise is widely understood to be effective as a way of improving the health of those with long term or chronic conditions such as obesity, asthma, hypertension and many others.

It has been established to benefit people with schizophrenia, depression, anxiety and intellectual disability, both through improvements in general cardiovascular fitness, but also by reducing the symptoms anxiety and depression itself.

The CSP believes that the White Paper should recommend that local authorities make access to affordable sports and leisure facilities for vulnerable groups, a priority.

5. Extension of Exercise Referral

Exercise and movement is one of the three core skills of physiotherapy. There is growing clinical evidence about how the prescription of exercise can be significant in the treatment of a wide range of conditions.

Exercise referral can apply to patients at risk of heart attack and stroke, but can also tackle problems such as obesity, diabetes, mental ill-health, chronic low back pain and rehabilitation after falls.

Exercise referral schemes offer primary care teams the opportunity to refer patients to an approved exercise facility or programme, instead of simply advising them to be more active. Referral to a gym or leisure centre encourages a positive change in the level of physical activity.

The CSP believes that the White Paper should commit to review the effectiveness of exercise referral and then to extend the schemes if that review demonstrates good clinical outcomes for patients.

6. Ban smoking in public places

Eighty three percent of physiotherapists specialising in respiratory care have cited smoking as the cause of chronic obstructive pulmonary disease (COPD). In a recent survey most of those physiotherapists said they spend over fifty per cent of their time treating patients with the disease.

COPD is a disease characterised by airflow obstruction. It is usually progressive and not fully reversible or likely to change.

A recent study in the British Medical Journal showed how a six-month ban on smoking in public places in the US town of Helena in Montana led to a 40% fall in heart attack cases admitted to the only local hospital.

Research at London's St George's Medical School and the Royal Free hospital has found passive smoking increased the risk of coronary heart disease by 50-60%.

While the decision to smoke or not rests with the individual, the CSP believes that the government should introduce a ban on smoking in public places as the most effective way to highlight the links between smoking and serious disease and premature death.

7. Integrating exercise into daily life

Physical activity is increasingly less a part of most people's everyday lives. Evidence shows how the introduction of lifestyle exercise programmes can be as effective as more structured exercise regimes in reducing obesity and raising levels of fitness and improving general well-being.

Lifestyle programmes such as walking and climbing stairs are vital for people who understand the significance of physical activity but who dislike more structured activity such as gym session.

The CSP believes that the White Paper should include proposals that will promote lifestyle exercise programmes. Government might consider working with bodies such as the Commission for the Built Environment to promote the design of public and private sector buildings that enhance physical activity without compromising disabled access. Government might also consider financial incentives for employers to promote physical activity and healthy living.

8. Direct Access or self referral to physiotherapy

When people are able to refer themselves directly to a physiotherapist, rather than via a GP, evidence suggests that they are more engaged with their treatment and in particular with programmes designed to help them self-manage their conditions.

This is true for young men who would not otherwise present themselves to their GP. It is also true for older people and those with chronic conditions.

The CSP argues that direct access to physiotherapy should follow direct access to midwives as a priority for the NHS Implementation Plan.

9. Leadership roles for Physiotherapists

It is clear that exercise and physical activity will play an increasing role in the NHS as a 'Health' service as opposed to a 'Sickness' service. Such a transformation must be more than a nuance of language.

The CSP argues that the White Paper must reconfirm the commitment of government to achieve stretching targets for the appointment of Physiotherapy and AHP Consultant posts. Those health professionals most involved in the promotion of public health within the NHS must be able to take up leadership positions and drive the transformation from a sickness service into a true health service.

10. Public Health Information

Government will want to run various general information campaigns on the priority issues concerning public health such as smoking and obesity. The CSP will support those campaigns. However it will also be important to provide high quality information that will address the needs of more targeted groups of people.

The White Paper should recommend that the digital platforms of NHS Direct should incorporate a dedicated public health dimension. Appropriate exercise information, approved by a chartered physiotherapist, might be shown in a variety of digital formats, mpegs, videos, downloads or graphics, alongside more detailed advice and how to see a physiotherapist.

*For further information on this response please contact: Rachel Haynes, Head of Public Affairs, CSP
email: haynesr@csp.org.uk.*