

National Assembly Elections 2015 – CSP ‘Asks’

Area for consideration	Physiotherapy Solution
Musculoskeletal services (MSK)	
<p>Access to musculoskeletal services (MSK) in a timely way.</p> <p>Waiting times for physiotherapy – currently services in Wales are breaching the 14-week wait.</p>	<p>People need to be able to self-refer to physiotherapy. This is currently not available throughout the whole of Wales. The CSP would like to see all patients who need physiotherapy being able to have direct access and self-refer wherever they live in Wales.</p> <p>The CSP would also like to see waiting times for physiotherapy assessment in Wales eradicated.</p>
Falls	
<p>People are falling. More needs to be done on prevention and management of falls. Half of people who fall will fall again in the next 12 months</p> <p>The CSP has shown, using our Falls Prevention Economic Modelling Tool (FPEMT) that there are 14,629 falls in Wales per year that could have been prevented – 9,461 of those falls are categorised as serious, requiring hospitalisation.</p> <p>Most services across Wales are not investing enough in falls prevention services. Current provision of physiotherapy in falls services is around 10%.</p>	<p>A national strategy on ‘Falls Prevention’ is needed that stretches across health and social care.</p> <p>Investment in falls services is needed. The CSP’s FPEMT shows that savings can be made. As much as £21m could be saved by investing in physiotherapy. For every £1.00 spent on physiotherapy services £1.50 can be saved in falls prevention.</p> <p>All A & E Services need multidisciplinary service provision to tackle prevention and management of falls. Patients who have fallen or who are at risk of falling benefit from access to physiotherapy in A&E.</p>
Primary and Community Care	
<p>Supporting people to stay out of hospital. Providing more access to physiotherapy and other AHP services in primary care.</p> <p>30% of all patients accessing primary care services have musculoskeletal problems – particularly back and neck pain</p> <p>Along with other health and social care professions the CSP would like to see the political parties:</p> <ul style="list-style-type: none"> -re-state their commitment to integrated community based preventative and early intervention services which enable people to live their lives as independently as possible. -Ensure health and social care organisations deliver services which result in measurable outcomes for citizens. 	<p>Physiotherapists must be first contact practitioners in primary care. CSP would like to see a huge increase in patient access to physiotherapy in the primary care setting. Whilst it is already possible for patients to self-refer, there is an opportunity for physiotherapists to play a much greater role in primary care, supporting GPs by managing all MSK presentation to surgeries.</p> <p>All GP surgeries should have access to physiotherapy operating within their surgery (where appropriate).</p> <p>Physiotherapy can also provide support in relation to ‘Fit Notes’. The CSP would like to see primary care making more use of physiotherapists to support people in returning to work.</p>

<p>Make best use of the unique, person centred approach of therapy, diagnostic and pharmacy professions, social workers and paramedics in early intervention so as to:</p> <ul style="list-style-type: none"> • Avoid unnecessary hospital admissions • Enable people to remain living at home • Reduce and delay dependence on care packages • Delay admission to residential care • Reduce risk and harm for vulnerable adults and children • Improve medicines management • Provide high quality diagnostic and therapeutic services • Prevent or minimise the impact of a crisis 	<p>Physiotherapists are a key resource that primary care can utilise around the management of chronic long-term conditions and falls prevention in a primary care setting. The CSP would like to see a greater emphasis on the use of Allied Health Professions such as physiotherapists in supporting people to stay safe and independent in their own homes.</p> <p>Reablement services must remain a key service developed further to enable people to stay in their own homes. Physiotherapy is essential to reablement services and the CSP would like to see physiotherapists working in reablement supported to become independent prescribers. This would provide an added skill to support reablement services and their link to primary care.</p>
<p>Arthritis</p> <p>Nearly half a million people are living with osteoarthritis in Wales and of these over 60% have been forced to give up walking and 87% are concerned about maintaining independence in the future.</p> <p>The service development and commissioning directives for arthritis and musculoskeletal conditions was published in 2007 and those for chronic non-malignant pain in 2008 but since then there has not been the development of a delivery plan for arthritis and MSK or for chronic non-malignant pain.</p>	<p>The CSP would like to see the development of a National Delivery Plan for Arthritis and Musculoskeletal Conditions and a National Delivery Plan for Chronic Non-Malignant Pain.</p> <p>Physiotherapy has much to offer both these areas and management of arthritis and MSK and indeed the management of chronic pain must be a priority within primary care for which first contact physiotherapists can take the lead.</p> <p>The CSP is concerned that without National Delivery Plans for these two key service areas then they will be overlooked while attention is paid to those service areas which do have National Delivery Plans or are seen to be Government priorities.</p>
<p>COPD</p> <p>COPD is the only major cause of death whose incidence is on the increase. It is expected to be the third leading cause of death worldwide by 2020.</p> <p>NICE estimates that the direct cost of providing care in the NHS for people with COPD is almost £500m a year across the UK. More than half this cost relates to the provision of care in hospital.</p> <p>Pulmonary rehabilitation programmes are proven to be clinically effective yet in Wales</p>	<p>The CSP would like to see pulmonary rehabilitation services improved across Wales. This will require investment but will produce savings in terms of admission avoidance. This could be an area for 'invest to save'.</p> <p>Linked with developments the CSP would like to see in primary and community care, keeping patients with respiratory conditions out of hospital and managing their chronic obstructive respiratory conditions in their own homes will vastly improve care for patients.</p>

few services offer 'gold standard' pulmonary rehabilitation and waiting times vary from 6 weeks to 12 months.	Hospital overnight stay can cost anything from £400/night to £1,932/night for an intensive care bed. Savings can be made by investing in appropriate pulmonary rehabilitation.
<p>Pelvic Health</p> <p>In the UK, there are over 14 million people who have bladder control problems and 6.5 million with bowel problems. In 2013/14 one of the Welsh Health Boards spent £1.1million on continence pads.</p> <p>In Wales there is a lack of standardised services. This means in some areas, patients are missing out on treatment. With regards to continence services for men this is a particular issue. Men have minimal access.</p>	<p>The CSP would like to see Health Boards examine their funding for pelvic health and encourage gynaecological services to invest in physiotherapy. NICE guidance advises that physiotherapy be used as a first-line treatment for urinary incontinence.</p> <p>There is evidence from within Wales to show that a decision on investment in physiotherapy has a positive effect on waiting times for gynaecology and patient stories highlight that physiotherapy is 'life-changing' for this particular problem.</p>