

Health Select Committee Nursing Workforce inquiry

Evidence from the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 56,000 chartered physiotherapists, physiotherapy students and support workers.

Physiotherapists are autonomous practitioners, able to independently assess, diagnose and prescribe medicines. 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.

Summary of CSP evidence

- Workforce supply issues need to be addressed taking a multi-professional approach.
- Not to take this approach risks workforce supply in other parts of the health care workforce, and patient care needs not being met in the most effective, efficient way.
- There is a shortfall of physiotherapists, created by previous insufficient commissioning of student places. The move to a market-led system is helping to correct this.
- The Department of Health or the Department for Education urgently need to clarify arrangements for students entering Masters pre-registration programmes from 2018/19, to avoid workforce supply shortages from 2020, and to consider the value of extending the support within Nurse First to the allied health professions.
- The Government needs to clarify responsibility and leadership for workforce planning, including the role of HEE and the cross-cutting areas of policy between the Department of Health and the Department for Education.
- Workforce planning needs to be reformed and to be more strategic, inclusive of the whole health economy and taking account of changing structures and determinants.
- The practice education tariff has the potential to be an important stimulus to growth in pre-registration education provision, with further expansion dependent on a growth in practice education placements.
- However, provision of practice placements for students will not attract more people to apply to become student nurses or other professions where there are underlying difficulties in recruiting students and difficulties retaining students and staff.
- The Office for Students will have an important role to play in continuing the work of HEFCE in investing in University health programmes, recognising tuition fees do not meet the full costs of delivery. This applies to physiotherapy and the other allied health professions.
- Investment in more multi-professional and inter-professional learning and development is needed to support transformation of the health and care system.
- The apprenticeship agenda could form a significant new pipeline of workforce supply and a means of developing the existing workforce. It needs to be progressed taking a strategic and multi-professional approach to population, service and workforce needs.
- Brexit negotiations and changes to immigration policies must take account of the reliance on overseas-qualified staff and international students taking up posts in the UK.

1. Shortfall in nursing staff

- 1.1 We recognise the shortage of nurses and support action to address this. However, issues of nursing supply cannot be considered in isolation from the wider workforce. Funding and planning mechanisms for nursing are directly linked to those of allied health professionals and midwives. Decisions designed to support one professional group can have unplanned consequences for others.
- 1.2 Both nursing and physiotherapy face supply problems. Some of the underlying causes of the nursing shortfall are different. Physiotherapy does not have the challenges nursing faces around an aging workforce, challenges recruiting students and retention. Yet we do face insufficient workforce supply. Changing population and patient needs, opportunities to deliver services differently, changing structures, the need to deliver services safely, expectations of quality and cost-effectiveness present the same need to address workforce planning, development and investment in a more strategic and co-ordinated way. This needs to be done across the workforce, and not by looking at one profession in isolation.
- 1.3 The shortage of nursing staff is a serious concern across the system. The same is true of registered physiotherapists, where supply has also failed to keep up with demand for many years. The CSP's workforce data modelling indicates that an additional 500 graduate physiotherapists need to qualify each year up to 2020 to meet demand. The current difference between supply and demand has created difficulties in recruiting to physiotherapy posts. It is inhibiting efforts to redesign services for example, the roll-out of first-contact physiotherapists in general practice to improve MSK health care, save costs and free up GP time.
- 1.4 Physiotherapy pre-registration programmes are over-subscribed, have extremely low attrition rates, and a very high translation of graduates into clinical practice. For physiotherapy, it has been the insufficient supply of student places under NHS commissioning arrangements that has been the primary determinant of the shortfall. Difficulties in physiotherapists being able to return to the profession after a career break have exacerbated issues of workforce supply.
- 1.5 The market has responded strongly since the removal of NHS commissioning. Physiotherapy student places in England have expanded by over 15% in 2017/18, with further growth planned for 2018/19. This does not, yet, address the overall shortage however. There remain barriers to expanding workforce supply.
- 1.6 Physiotherapy workforce shortages cannot only be addressed through new workforce supply, but requires attention to be paid to the existing workforce. The launch of the national return to practice scheme for allied health professions and healthcare scientists (announced in August) is a welcome adjunct to the schemes that have existed in nursing and medicine for some time.
- 1.7 There is a risk that shortages will be made worse with the loss of the overseas-qualified workforce from the EU and international students across the health care workforce. Seven per cent of the registered physiotherapist workforce are EEA nationals who qualified abroad. A further seven per cent on the register qualified outside the EEA. We estimate 8% of the physiotherapy support worker workforce are from the EEA excluding Ireland. Unless EEA physiotherapists can continue to practice we face a doubling of the estimated workforce shortfall. This must be taken into account in the Brexit negotiations and in any new immigration policies.

2. Accountability

- 2.1 The Government's system of workforce planning system has failed. It relies heavily on collating information about existing ways of working, staffing and budgets within the NHS. This is even though many NHS-funded services are delivered by organisations outside the

NHS and other employers including the military, charities and private practices draw on the same supply pool. This incomplete, non-strategic approach was highlighted as a problem by the Public Accounts Committee in May 2016.

- 2.2 Workforce supply across the professions (and not just within one profession) needs to keep pace with population and service demand and is in line with changing models of service delivery. The move to a market-based system for pre-registration education for nursing, midwifery and the AHPs has removed the artificial cap set by the NHS funding and commissioning process. However, there are still important levers available to the Government to influence student numbers, and to realise the additional 10,000 student numbers by 2020 pledged in the 2015 comprehensive spending review.
- 2.3 Currently, a number of arms-length NHS bodies are separately involved in workforce planning, as are those responsible for education. It remains unclear how the Departments of Health and for Education are taking a strategic approach to this cross-cutting policy areas. This is at a point when clarity of role and leadership is particularly critical.
- 2.4 There is ambiguity about the role of HEE in relation to workforce planning. HEE are still operating without the 2017/18 mandate from the Department of Health. The Higher Education Funding Council for England currently has a role but this is transferring to the new Office for Students next year. Establishing an effective workforce plan for nursing and AHPs is therefore extremely difficult.

3. Routes into nursing

- 3.1 The Nurse First scheme was announced in March 2017 to support people to enter the nursing profession via a Master's degree route. However, since the removal of NHS funding it has been entirely unclear how Master's level pre-registration courses in physiotherapy will be funded. Neither student loan provision nor continuing bursaries seem to be available. This presents a real risk of the market for these programmes imploding. For physiotherapy, Master's routes are a significant workforce supply route. If the funding issue is not resolved, this will impact on workforce numbers by 2020.
- 3.2 The Department of Health and/or the Department for Education urgently need to clarify how Master's level pre-registration students for physiotherapy, other AHPs and midwifery will be funded. This could include expanding the 'Nurse First' initiative.
- 3.3 The CSP has significant concerns about how Health Education England (HEE) is attempting to use the practice education tariff as a mechanism to influence workforce supply. The CSP understands that HEE plans to use practice education tariff funding particularly to support healthcare disciplines that are struggling to recruit students. While we recognise the importance of this, expanding practice education will not recruit nursing students. Practice tariff funding should be apportioned in ways that align with student recruitment and accord with strategic workforce development.
- 3.4 It was unfortunate that the increase in practice education tariff funding that was available for physiotherapy, other AHPs and midwifery courses for 2017/18 in August this year was delivered too late to have a significant impact. While the CSP is still awaiting final data on this, it seems unlikely that universities will have been able to use the increased funding to expand student numbers at such a late stage.
- 3.5 As important as expanding workforce numbers is investment in developing the existing workforce. The skills needed in physiotherapy, nursing and other professions are changing – for example, the need of the system for staff to work at the height of their capability (e.g. advanced practice physiotherapists in General Practice), to support people with multiple long term conditions, and increase people's capability for self-care.

- 3.6 Investment in more multi-professional and inter-professional learning and development is required to support transformation of the health and care system, such as co-training of all members of the extended GP team. The CSP is working with NHS England and HEE on initiatives that focus on the development of multi-professional capability frameworks to support service re-design. A more co-ordinated and integrated approach to this work is needed to facilitate workforce transformation and delivering care differently.
- 3.7 The CSP see the progression of the degree level apprenticeship agenda as a potential way in which workforce development across healthcare can be further enhanced in the longer term. It is essential that a strategic approach to apprenticeships as a new 'pipeline' of workforce supply is adopted, and a focus on benefits for the whole workforce, rather than a particular focus on meeting nurse staffing needs, as announced on 3rd October.



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