

STAKEHOLDER INSIGHT RESEARCH FOR CHARTERED SOCIETY OF PHYSIOTHERAPY

Executive Summary

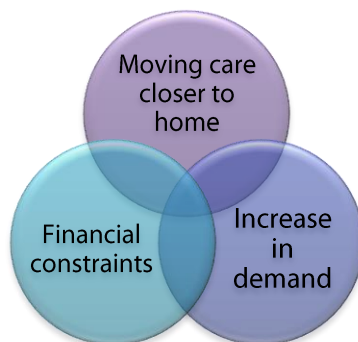
The Chartered Society of Physiotherapy commissioned this research to understand the perspectives of commissioning decision-makers in England in summer 2016:

- ★ their priorities
- ★ their understanding of the potential contribution of physiotherapy to the health and social care system
- ★ their evidence requirements for transforming services

Twenty four commissioning decision-makers were interviewed as part of this qualitative research.

The commissioning context

Three interlinked factors are shaping the commissioning landscape at present:



Together they create pressure to fundamentally transform services whilst remaining within a finite resource envelope. Very few commissioners have resources available to fund 'spend to save' or pilot projects, therefore in-year savings or cost-neutrality are essential.

A number of cultural factors are also influencing how services are commissioned, and how physiotherapy services can maximise their contribution to service redesign:

- ★ Resistance to change – transforming services, bringing them closer to home, and working in genuinely multidisciplinary teams all represent cultural changes for both patients and clinicians, and this is taking time to embed
- ★ Perceived leadership gap – the notable lack of physiotherapists in management and leadership roles (compared with doctors and nurses) limits the influence and profile of physiotherapy in pathway redesign and commissioning
- ★ Tensions between commissioning orthopaedics and physiotherapy – orthopaedics outcomes are often better understood and evidenced than those of physiotherapy, therefore it is difficult to make informed decisions about the most effective balance of services

What's driving commissioning priorities?

Meeting the combined challenge of local patient need and NHS England priorities is every CCG's main driver. Naturally the specifics vary from place to place, but all are performing the same balancing act between providing cost effective services that meet patient needs, whilst putting in place structures that enable future demand-management through increased self-management and prevention.

Despite budget pressures, commissioners have a strong focus on value and quality. It's not about cheapness, but about cost-effectiveness, and this is a very important distinction.

Where does physiotherapy fit?

The respondents to this research were largely positive about the contribution physiotherapy can make. We must assume that, as respondents self-selected, not every commissioner necessarily falls into this category. However, their insights demonstrate that physiotherapy, with its focus on practical problem-solving and supporting patients to maximise their wellbeing, has a valuable contribution to make in this changing landscape.

- ★ the majority of respondents were embedding physiotherapists in extended roles and had anecdotal evidence of this being effective and successful
- ★ they were keen to explore further role extension, but current finances and lack of strong outcomes evidence limited their ability to do so
- ★ they could not be confident, based on evidence, about whether physiotherapy was cost effective; however their experience and 'gut feeling' told them it probably was

Making the case for physiotherapy

Even those who are positive and convinced of its value face challenges in maximising the contribution of physiotherapy to these new care pathways. These challenges relate mainly to an absence of convincing data at the level of detail and reliability that allows them to build a robust business case. The data they need falls into three categories:

- ★ service and productivity data
- ★ outcomes data including PROMS
- ★ pathway redesign case studies, including both outcomes and cost effectiveness data

Commissioners are looking for a "go to" source for commissioners for evidence about physiotherapy's contribution. Whilst some of the data that commissioners are looking for is contained in the CSP Physiotherapy Works suite, there are a number of issues that limit the current usefulness of the suite:

- ★ the data is presented at a relatively superficial level, and commissioners need much more depth and background to be reassured about the source, independence and validity of the data
- ★ the focus on cost savings doesn't align with commissioners' focus on cost effectiveness, which is about value add, efficiency and improved outcomes within the same or lower cost envelope
- ★ the suite doesn't speak to the current focus on community-based care, self-management and integrated teams
- ★ finally the suite does not appear to have good visibility with the people it is trying to influence – even if the message was better aligned with their priorities, commissioners don't seem to be aware of the suite

CSP is well placed to be that 'go to' source; both in terms of synthesising and presenting the existing evidence, and sponsoring additional research and case studies to help address current challenges. It also is well positioned to encourage the profession to understand and respond to the needs of the changing landscape, such as collecting evidence, working in new ways across professional, sectoral and organisational boundaries, and stepping into leadership/management roles.