

ANNUAL REPRESENTATIVE CONFERENCE 2017

In total, **32** motions were debated (27 motions, four emergency motions and one accepted reference back.) There were four amendments. 24 motions were carried, six lost and two remitted to Council and then lost.

STRATEGIC OBJECTIVE 1 - Put physiotherapy at the leading edge of transforming health and social care

Motion 1: Women's health

Conference recognises the prevalence of chronic pelvic pain in primary care with data indicating comparable incidence to asthma, migraine or back pain. Similar allocation of funding is therefore needed and should fund nationwide the development of local Multidisciplinary Team services or identify tertiary specialist centres that patients can be directed to.

Women experiencing pelvic pain undergo many unnecessary investigations and in the case of chronic pelvic pain this carries a heavy economic and social burden.

Appropriate referral to a Multidisciplinary Team, including a specialist physiotherapist with pain expertise, provides accurate assessment and diagnosis often leading to effective management and avoiding the common scenario of prolonged inappropriate treatment and even surgery. Patients should not be discriminated against due to the chronic hidden nature of the condition.

Conference calls on the Society to work with Pelvic Obstetric Gynaecological Physiotherapy to highlight to the National Health Service, through the NHS Improvements connection, the inconsistencies in services available throughout the United Kingdom and the cost/benefit and patient satisfaction that referral to a specialist Multidisciplinary Team provides. Speedy access to such services would avoid unnecessary and costly investigations and inappropriate management.

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP)

Council Response

The CSP has made contact with the Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) Professional Network who are the specialists in the field of women's health and pelvic pain. Due to a lack of capacity in the PN a working group was only established in Q4.

The PN will contact Practice and Development officers when the project brief including scope, purpose, output, outcomes and timeline are agreed so they can support the working group to deliver the planned resource.

Motion 2: So your next patient has a mental health problem?

The Mental Health Foundation estimates that one in four people in the UK experienced a mental health problem in the last year. These issues are a major cause of disease burden and disability – more than that of heart disease and cancer.

There is a strong link between physical and mental health, so physiotherapy staff in a wide variety of settings in health and social care treat patients with mental health concerns. Physiotherapists have opportunities to empower patients to improve both their physical and mental wellbeing.

Due to a packed curriculum, education in mental health is limited for undergraduates, and qualified clinicians working in specialities require improved support and training to be more effective.

Conference welcomes the recent publication of guidance documents 'So your next patient has...' aiming to support members' practice in areas that are less familiar to them.

Conference calls on the CSP to

- develop a guidance document 'So your next patient has a mental health issue'
- promote the value of including key areas of understanding for mental health in the undergraduate/postgraduate curricula
- explore the development of an e-learning module on recognising key issues of mental health in the general population and how to signpost and support patients

Stewards and safety representatives Scotland

Council Response

The CSP has made contact with the Chartered Physiotherapists in Mental Health (CPMH) Professional Network who are the specialists in this field. The professional network has been put in touch with the CSP design team to ensure that any design fits with the intended purpose of the planned 'So your next patient has a mental health condition...' publication.

The professional network is also benefiting from support from the Learning Disabilities professional network who developed a similar resource "So your next patient has a learning disability..." for non-specialist physiotherapists.

Anticipated production is end of Q1 2018.

Motion 3 UK Physiotherapy Day

Occupational Therapy Week: 7-13 November

National Teachers Day: 5 October

National Nurses Day: 12 May.

All these dates occur to celebrate and promote each profession.

Our American counterparts promote their importance and skills through World Physical Therapy day on 8 September. However, there is not to date a UK Physiotherapy Day.

With present challenges such as recruitment and retention, lack of university places, and loss of strategic physiotherapy voice and a general lack of public understanding of the role of physiotherapy, it would be hugely beneficial to raise awareness about the crucial contribution our profession makes with a Physiotherapy Day.

Conference therefore asks the CSP to organise and promote a UK Physiotherapy Day from 2017 onwards.

South Central stewards and safety representatives

Council Response

Promoting physiotherapy to the public, influencing decision makers and engaging members are the three linked priorities under the CSP Communication and Engagement Strategy. Over the last ten years we have given members more opportunities to get involved with profile raising. There would be several ways to achieve this including through Workout at Work and Older People's Day. Together these campaigns generated over 800 local promotional events by members in 2016.

We recently commissioned independent research into what members who participate in these campaigns want, and what helps them participate. A key finding was that members find it much easier to participate in promotional activity if there is flexibility about when they undertake events. Focusing effort on a single day would therefore be challenging for some members.

Themed days are now so common, and there are so many of them competing on any given day, that the media and public are relatively uninterested in them. Partially because of this, and partially because the timings has not worked well for the UK, we have only done limited work around World Physical Therapy Day in the past. The potential for using a Physiotherapy Day is therefore likely to be largely internal to the profession, and given the pressures on member time, we are concerned that it may detract from other activities which both involve members and raise the profile of the profession with the public or decision makers.

In 2018, we are planning to develop a new campaign promoting the role of physiotherapy to the public and patients. Given the feedback from members, and the limited reach of a UK physiotherapy day with the media, we recommend that World Physical Therapy Day (WPTD) is highlighted to members as an additional hook around which they can plan local activity, but as part of our ongoing promotional campaign, rather than as freestanding campaign.

Motion 4 Children's mental health services

Conference commends the CSP on continuing to use every opportunity to highlight the chronic underfunding of the NHS and the impact that has on our members. However, NHS underfunding is more pronounced in some areas than others – and in particular Child and Adolescent Mental Health services (CAMHs) have a historic legacy of underfunding and neglect.

Mental health services in total receive less than one-tenth of the NHS budget and CAMHs only a portion of that. Yet in the UK one in ten young people will experience problems with mental health and suicide remains the leading cause of death in young people.

In Northern Ireland those figures are more striking as it is estimated that between 20 and 30 per cent of children in NI will develop mental health problems before reaching their 18th birthday.

We urge the CSP to continue to use every opportunity to highlight the need for more funding for the NHS but to pay particular attention to the funding for this chronically under resourced area. It may impact on very few physiotherapists directly, but it will have a huge impact on the communities in which we live and work and on the future provision of health care.

Northern Ireland stewards

Council Response

Council is recommended to adopt the following policy statement:

“The CSP supports more investment in all forms of healthcare including child and adolescent mental health services (CAMHS). We believe that there is potential for specialist mental health and paediatric physiotherapists to develop services appropriate for children and adolescents with mental health conditions. The CSP will, so far as is possible, support organisations campaigning for better mental health provision for young people.”

Council is advised to note the limitations to the CSP undertaking influencing work around this policy position. Council has set the CSP strategy and policy priorities and all available policy and campaigning resources are allocated to support the delivery of the priority influencing areas of workforce expansion and primary care or to promoting physiotherapy. To deliver a meaningful campaign would require deprioritisation of some work supporting these areas and would have additional challenges. The four countries of the UK have adopted different approaches to funding child and adolescent mental health services (CAMHS).

Different government departments and local bodies lead on commissioning these services in each country. A campaign on this issue would therefore be complex and require us to develop a completely new set of stakeholder relationships. Lending our support, where practical, to specialist children’s and mental health organisations is therefore a more realistic option.

STRATEGIC OBJECTIVE 2 - Champion the development and use of the evidence that physiotherapy is both clinically and cost effective

Motion 5 Caps on treatment sessions

Conference notes that an increasing number of CCGs are commissioning outpatient MSK physiotherapy services for a limited number of appointments. As qualified professionals we have autonomy in the treatments that we offer and, as such, should we also not have autonomy over the number of treatment sessions that are required or beneficial?

We urge the CSP to research this issue to find out where CCGs get the 'magic' number of 6/5/4/3 sessions from and to promote further autonomy for our members.

South East Coast stewards

Council Response

The CSP understands that there is a variance in new patient to follow up ratio, included in commissioning specifications. Defining the allocation of resources to patients is a key feature of purchasing of services and typically included in the service specifications, which providers bid to deliver.

The initial decisions on these ratios in an English commissioning context can be linked to historic surveys of physiotherapy managers, which showed that the average new patient to follow up ratio delivered across the UK was approximately 1:3. After the Health and Social Care Act (2012), as national specifications were developed (e.g. Any Qualified Provider), commissioners experimented with these ratios. This included high profile local examples of 1:1 ratios for outpatient physiotherapy services.

Since then, commissioners have based their decisions on local quality assurance activity and informal benchmarking with other commissioning teams around the country. Best practice typically includes specification design in dialogue with local services, as stated in the NHS procurement guidelines. The CSP advises that local data collection by services should be designed by members to enable them to evidence the impact of detrimental changes to service specifications, e.g. routine use of patient outcomes and experience measurement.

The CSP continues to engage in national strategic work to help shape service level data collection, including the development of infrastructure to support implementation of electronic health records and working with MSK strategic stakeholders to deliver the NHS mandate for 2017 around routine data and outcomes collection for musculoskeletal services.

STRATEGIC OBJECTIVE 3 - Fulfil the potential of physiotherapy to empower patients and communities

Motion 7: Dementia

There are currently 850,000 people in the UK living with a diagnosis of dementia; the figure in Wales stands at over 45,000. People with dementia and their families/carers experience detrimental use of language in relation to their experience of dementia, the use of such language perpetuating the stigma that exists in relation to this complex condition.

The Dementia Engagement and Empowerment Project (DEEP) and Dementia Words Matter campaign identify words and phrases that people with dementia find insulting or damaging, and suggest more suitable alternatives. For example 'person with dementia' not 'sufferer' or 'victim', 'walking' not 'wandering', 'symptoms of dementia' not 'demented'. It is believed that, by endorsing this campaign and signing up to a list of like-minded organisations, the CSP can be leaders in ensuring that members are promoting the use of correct language when working with those affected by Dementia thereby positively influencing their quality of life.

Conference calls on the CSP to join with the Dementia Engagement and Empowerment Project (DEEP) and endorse their 'Dementia Words Matter' campaign.

Welsh Board

Council Response

The CSP acknowledges Chartered Physiotherapists in Mental Healthcare (CPMH) and AGILE professional networks are clinical experts in this area of physiotherapy, including awareness of the available evidence for good practice when communicating with people with dementia. The CSP obtained professional network consensus on endorsing the Dementia Engagement and Empowerment Project (DEEP) and Dementia Words Matter campaign. The CSP has endorsed and promoted the campaign through coverage in Frontline (Mental Health: DEEP thinking by Robert Millett, 20th September 2017) and other CSP communication channels.

Motion 8 Physiotherapy and vulnerable populations

Homeless people suffer a high incidence of physical health problems, which physiotherapists can help to manage. An audit of homeless people's health needs

found 78 per cent of respondents reported physical health problems, approximately half of which were musculoskeletal.

We anticipate that musculoskeletal disorders will be more serious and more common amongst homeless people because they under-report compared to housed people.

Homeless people find accessing health services difficult. Barriers include logistical problems reaching clinics, a need for GP registration, and the need for an address to send appointments to. Consequently, they miss out on early interventions, and can present with more advanced and complex problems. This can compromise their health and potentially increase societal costs.

Conference requests the CSP to produce specific guidance for members working in clinical practice, commissioners and educators on how to better facilitate access to physiotherapy amongst vulnerable populations, including homeless people, gypsy travellers, migrants and sex workers.

National group of regional stewards

North West stewards and safety representatives

Council Response

The CSP acknowledges the specialist needs and skills required to treat hard to reach and vulnerable individuals. The CSP advises members to access specialist national guidance provided by third sector organisations (e.g. Crisis, WHO and Better Health organisations), government organisations and local NHS or local authority policies and guidance for these population groups. Local policies and resources are typically sensitive to the specific demographics of the area and the existing infrastructure put in place to support these service users.

The CSP has raised awareness about the issues of homelessness with regular publicity around Crisis at Christmas and at the recent ARC conference within the fringe meeting.

Frontline will also be working with members to highlight examples of the work they do with vulnerable populations.

EMERGENCY MOTION 3

Conference is horrified at the change in Government policy on 8th February towards ensuring sanctuary for unaccompanied refugee children to the UK. The Dubs amendment was agreed by the then Prime Minister David Cameron to offer safe refuge to 3000 children as the scale of the refugee crisis and their plight escalated. To date it is estimated that only 350 children have come to the UK through this scheme and now it has been shelved.

As a society we have a duty to provide support and a safe haven to those most vulnerable children. As a key healthcare professional body, we should stand by our values and take a leading role in calling for the reinstatement of the Dubs amendment.

Conference therefore calls on the CSP to join with the wide spectrum of voices in condemning this u-turn and call for the reinstatement of this scheme.

North East stewards

Council Response

In response to this motion the CSP joined calls for greater and proactive efforts to be made to offer safe refuge to children displaced due to international crises, including in Syria and the Middle East. We also added our voice to calls to reopen the window created by the Dubs amendment which allowed unaccompanied refugee children to come to the UK. Current active TUC policy includes supporting refugee children and opposing deportation and this has been raised at meetings during the course of this year. The number of children who have arrived in the UK as a result of this initiative is exceptionally disappointing and we will continue to raise the issues at all possible opportunities.

STRATEGIC OBJECTIVE 4 - Represent the interest of members at work

EMERGENCY MOTION 2

Since the change in administration in USA and recent visit of the UK Prime Minister Theresa May, Conference notes with some concern the recent indications that the UK is seeking to develop new trade deals. Whilst we realise that such negotiations and agreements are vital to the future UK economy, there is a real risk to the future sustainability of our NHS if it is not protected from large multinationals selecting to cherry pick profitable services. This in turn could lead to privatisation of the NHS by the back door and exposure to a litigious culture which could further undermine the integrity of the NHS.

Conference calls on the CSP to work with the TUC, other health unions and professional bodies to lobby the government and MPs to ensure the protection of the NHS from any UK/US trade deals.

National group of regional stewards

Council Response

Throughout this year, the CSP has continued to work with other health organisations and the TUC in order to ensure that the NHS is protected from any future unilateral UK/US trade deals for the reasons set out in the motion. Current indications are that the case for excluding the NHS is accepted. Nonetheless we will remain vigilant on this issue and play an active part in any future discussions.

Motion 12 Stress management at work

Conference notes that increasingly resilience training for staff is being introduced in many NHS trusts as a stress management tool. Conference is concerned that this approach may be used instead of adequately addressing the organisational causes of stress through development of good practice and measures to tackle the causes of workplace stress.

Conference calls upon the CSP to raise these concerns within the appropriate NHS partnership structures at a national and regional level, with a view to jointly promoting the importance of the utilisation of the Health & Safety Executive stress management standards within NHS organisations, particularly during the current climate of structural change and financial constraint.

National group of regional safety representatives

Council Response

Our efforts to counter a trend of offering resilience training to staff as the employer's main or only course of action to deal with stress has focussed primarily on our Pinpoint the Pressure campaign to members, launched in January this year. The campaign encourages members to be proactive by undertaking their own workplace stress survey that assists them to identify the causes of their stress. They can then use their results to decide what they want and to engage with their employer to seek better outcomes to the organisational causes of stress.

Communication with members about resilience training with the aim to raise awareness of its limitations included a Frontline feature article that explored the merits of this approach. The article also outlines the Health and Safety Executive (HSE) stress management standards. The feature was part of a series of three articles on stress leading up to the 2017 January launch of the Pinpoint the Pressure campaign.

The HSE recently advised the NHS staff council subgroup – the Health, Safety and Wellbeing Partnership Group (HSWPG) that they are currently working with a large Scottish NHS trust to review and improve the impact of their stress management standards. The HSE identified stress in health services as a key priority for their 2018 work plan and beyond.

The CSP as a member of the HSWPG will continue to work with the other health unions, employer representatives and the HSE to encourage use of the stress management standards to health employers as the best framework to risk assess workplace stress.

Motion 13 Disclosing disability

A recent survey of disabled people noted that nearly half of the respondents – 47 per cent – would not feel confident disclosing their disability when applying for a new job. This figure was even higher for participants with a mental health condition.

We also know, from work by the CSP and others, that even when a disability has been declared employees often have difficulty negotiating and implementing reasonable adjustments within a suitable time frame.

Members may feel equally reticent about disclosing their disability to the CSP. Without good quality, accurate data however the CSP and the disabled members network cannot work to its full capacity to support members in the workplace.

Conference therefore asks the CSP to:

- publicise appropriate resources from the CSP and elsewhere on negotiating reasonable adjustments in the workplace
- collate a suite of case studies demonstrating how CSP members with a range of impairments can work successfully within physiotherapy

Disabled members network

Council Response

Following the joint diversity network study day on mental health in May 2017 a dedicated webpage has been created bringing together the resources from the day which includes a CSP video and PowerPoint on discrimination and reasonable

adjustments. These also feature in the dedicated “dyslexia resources” webpage and have been promoted through Frontline and social media.

A number of members with disabilities and long term conditions have now agreed to feature in the case study series. This includes conditions such as dyslexia, diabetes, chronic fatigue syndrome and visual impairment. These will be launched at the Disabled Members’ Network meeting on the 11th October 2017 and will be featured in Frontline. I am working closely with P&D and CSP member Dr. Joanne Opie from the University of Coventry to develop this project further to include training materials and sharing of best practice.

Motion 14 Ageing workforce

The older population is an important and growing segment of our nation. Increased life expectancy is something that we should celebrate, but greater longevity means that we need to plan ahead to ensure that society and the individual benefit from a longer life.

The number of workers in the NHS aged 50 or older is expected to grow; this could pose significant employment challenges in the near future. In order to maintain an adequate supply of skilled workers at all levels while meeting an increased demand for high-quality health care services, employers need to rethink their employment policies and practices to retain talented older staff.

The physiotherapy profession is well placed to support active ageing. Many NHS Trusts already have workforce strategies in place that emphasise the retention of senior staff members in their preferred job roles as they have the necessary experience and skills; however, this is not the case for all trusts.

This conference calls upon the CSP to promote local workforce strategies that seek to retain the skills of older staff by lobbying nationally and encouraging stewards and members to share good practice and raise the issue locally.

London North stewards

Council Response

The CSP has been an active member of the NHS Working Longer Group (WLG) since it was first set up. This was a tri-partite group made up of trade unions, NHS Employers and Department of Health as a sub-group of the NHS Staff Council. Together we developed a range of guidance and resources for employers, managers and staff promoting best practice in retaining older staff.

These include:

- *The age awareness toolkit – helping organisations assess and action plan their readiness for the opportunities and challenges of an ageing workforce.*
- *Improving your understanding of the NHS Pension Scheme: information for HR teams – designed to help improve HR teams’ understanding of the NHS Pension Scheme with a pack of information and factsheets.*
- *In 2017 the WLG produced a resource for managers and one for staff and their representatives helping them to understand the challenges and opportunities an ageing workforce and working to a raised retirement age might present and how best to support these staff and avoid discriminating against them.*

- All the above are available on the NHS Employers' website:
<http://www.nhsemployers.org/wlr>

The NHS Staff Council has agreed the NHS Working Longer Group has fulfilled its purpose and has therefore formally ended the role of the group. The resources produced by the group will remain available for organisations to use. The NHS Staff Council and its sub groups will take forward any future work. The CSP has a seat on the Health Safety and Wellbeing Partnership Group which will be looking at the impact of MSK conditions and shift working patterns on older workers.

The CSP recently produced a guide to flexible working for CSP stewards as part of our building a better balance campaign which set out how flexible working patterns can help retain older staff both by supporting them if they have carer responsibilities and potentially to assist them to continue working longer on reduced or flexible hours as they approach retirement.

A guide to employing staff on flexible working arrangements for managers is being produced in the autumn and will also promote the benefits of flexible working for older workers and how this can help with recruitment and retention difficulties. As part of our campaign we are collecting case studies of flexible working arrangements including examples of older workers who have been helped to continue working by adopting these arrangements.

We will continue to publicise to CSP stewards, managers and members the case studies and other information on our campaign website www.csp.org.uk/balance as well as the materials produced by the WLG.

Motion 15 NHS funding

Conference condemns the government for its strangulation of the NHS by insufficient resources. Despite a promise of an increase in real terms funding, demand continues to outstrip supply. With the ageing population and its associated health challenges and a worsening provision of social care, the strain on the NHS will only grow. With these changing needs of the population, the NHS also needs a workforce which can reflect that and provide best value, quality services.

According to OECD Health Data (2015), the UK spends a smaller proportion of its GDP on health care than countries such as Portugal, France and Germany.

Conference calls on the CSP to:

- campaign with other trade unions, relevant user groups, stakeholders and political parties as appropriate, for a properly funded NHS
- work with the other health unions to co-ordinate making a clear case for an increase in the %GDP spent on both the NHS and social care services
- work with other unions to develop a more detailed workforce strategy that would support the changing needs of the NHS across the UK, recognising the differences between the countries.

National group of regional stewards

Council Response

The CSP has continued to take every opportunity to make the case for increased funding for public services and for the NHS in particular.

This has included calling for a rise in the % of GDP spent on health. We have worked closely with all other health unions and professional bodies and also through the TUC throughout the year and the CSP spoke on this issue at TUC Congress. Jointly with the other health unions we have also taken steps to develop an NHS workforce strategy and have opened discussions with employers, policy-makers and Government officials and Ministers to make the case for the need for a clear workforce strategy for the future.

Motion 16 Fertility treatment

Fertility treatment success rates range between two per cent and 33 per cent in the UK. Some individuals will require multiple attempts at treatment, however with one in four pregnancies ending in miscarriage and 75 per cent of these occurring in the first trimester, members can find themselves caught between maternity and sickness absence policies.

In some trusts treatment is considered an outpatient appointment and therefore not covered by sickness absence policies, therefore triggering more formal difficulties with absence.

Conference, we are aware that some trusts do have a specific policy on fertility treatment, allowing five paid days off if required. Where this is not implemented or recognised as good practice by management, members are being unfairly penalised in the workplace by having instead to take sick leave or annual leave. This can be especially hard at a challenging and stressful time.

We call on the CSP to collate, through the stewards' network, data on existing best practice in order to establish a fair approach for all members. We ask the CSP to help work with NHS and other health employers to promote good practice in this area, raising awareness to the wider membership.

South West North stewards

Council Response

The CSP will collect information on Trust policies through a request for information in Stewards News. The issue will be raised with other NHS trade unions on the NHS Staff Council and we will work with them and NHS employers to promote good practice using sections 34 and 35 of the Agenda for Change National Terms and Conditions. The CSP will seek a specific reference to paid time off for fertility treatment being included in the handbook.

Motion 17 Domestic violence among NHS staff

This conference is extremely concerned by the continued increase in the numbers of NHS staff, and therefore our members, who are victims of domestic violence each year.

Our members value the CSP's contributions to their working environment and often view work as a sanctuary. However, our managers may feel that they do not have the skills required to adequately identify or support staff suffering from domestic violence because they may not know the patterns of sick-leave and behaviour that comes as a result of violence in the home. Managers may also have a lack of awareness of the extent of this important issue due to the lack of reported incidence locally and nationally.

This conference calls on the CSP to

- raise awareness of this issue among managers and members
- encourage stewards and safety reps to raise it locally through joint partnership working and promote the development of appropriate workplace policies

National group of regional safety representatives

Council Response

The CSP is a member of the NHS Staff Council subgroup Health, Safety and Wellbeing Partnership Group and can advise that for their work plan for 2017 and 2018 they are reviewing the effectiveness of the NHS to respond to this issue. A scoping exercise has been undertaken on what trust policies are in place and got mixed results in terms of how much support is actually offered to staff. Some organisations provide excellent information and resources while others offer very little in the way of support, and typically, these employers also had no policy on domestic violence in place.

The HSWPG have now set up a work plan to do the following:

- *Provide a model policy on domestic violence/abuse for NHS organisations*
- *Develop a case study that sets out the key issues and what is require by the employer to support and protect vulnerable employees.*
- *Deliver an effective flow chart that easily identify key steps and relevant agencies/resources available to staff.*
- *NHS based Infographic poster to raise awareness and give key facts about the extent of the problem of domestic violence and the impact.*

The HSWPG is aiming to have the above resources ready by 25 November this year as part of the 16 Days of Activism Against Gender-Based Violence. This is an international campaign to challenge violence against women and girls.

The campaign runs every year from 25 November, the International Day for the Elimination of Violence against Women, to 10 December, Human Rights Day.

The CSP has a webpage devoted to this topic. This contains a number of links to guidance and advice for members both as employees who may be experiencing domestic violence and need support from their employer, steward and colleagues and as clinicians advising patients needing access to support. We will continue to publicise this page to reps and members: <http://www.csp.org.uk/professional-union/union-support/health-safety/domestic-violence>

Motion 18 Skill mix concerns

Conference is concerned that as a consequence of the dire financial situation facing the NHS, some trusts are using this as an opportunity to consider replacing some of their band 5 registered positions with unregistered band 4 positions.

While the development of appropriate assistant practitioner roles can be extremely valuable, this should not be at the expense of registered posts.

Conference calls upon the CSP to:

- investigate the extent to which this is occurring due to financial constraints
- raise this nationally and regionally with NHS Employers if it is shown to be an issue

East Midlands stewards and safety representatives

Council Response

The CSP has looked at the numbers of NHS employed physiotherapists in each pay band in each country. The figures show an increase in both Band 4 (34%) and Band 5 (12%) over a 5 year period from 2011. We have tried to analyse how posts in different pay bands have been lost and created but this has proved impossible. The situation in each service is complex and slightly different and it is not possible from the data collected to identify if a Band 5 post has been directly replaced by a Band 4 post, or a Band 7 by a Band 6 as jobs are changed.

The CSP believes that for the future it is crucial that we attempt to ensure the National Job Evaluation Scheme is properly implemented at organisational level and that the duties and responsibilities of posts are correctly reflected in their pay banding. The CSP will be updating our JE briefing papers including our information on downbanding and plan to include Job Evaluation refresher training for stewards regional training days where requested. The CSP will continue to work with other unions on the NHS Staff Council to ensure there is proper support at local level for correct implementation of the JE process and that posts when advertised are not routinely “downbanded”.

Motion 19 EU physiotherapy students

Conference welcomes the CSP involvement in the Cavendish Coalition, which is a group of health and care organisations coming together to provide support and guidance as we prepare to exit the European Union (EU). Part of the Cavendish Coalition’s work is to campaign for the right of EU staff to remain in the UK post-Brexit.

Conference is aware the CSP is campaigning to retain EU Physiotherapy staff in the UK however, there are other issues to also be considered. The successful ER-WCPT conference last November shows the importance of working with physiotherapy colleagues across the EU, which for some members will mean working in other EU countries. Whether this can happen post-Brexit is uncertain.

We also have EU students attending UK physiotherapy courses, but whether they will be allowed to work in the UK post qualification is also unclear. Given that the numbers of students qualifying is insufficient for the demand, this could have a devastating impact on our workforce.

Therefore, we call on the CSP to also campaign for EU physiotherapy students training in the UK to be allowed to remain post qualification.

National group of regional stewards

Council Response

At its meeting in March 2017 (after ARC), Council agreed a policy on the international movement of physiotherapists. This explicitly supports the right to live and work in the UK for EEA students who train in the UK. It also calls for EEA physiotherapists and support workers to retain the right to live and work in the UK after Brexit. The CSP lobbied the Home Office directly in support of this policy after Council’s meeting in March. The Government declined to comment on the position of European physiotherapists and students.

The CSP is an active member of the Cavendish Coalition. The Coalition brings professional bodies, unions and employers together to lobby the Government to ensure that the contribution of EEA citizens to UK health and social care is valued and retained see <http://www.nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/the-cavendish-coalition>

We are also supporting HEIs and university representative bodies to press for fair treatment for European students. Some progress is being made. The government has announced that non-EEA citizens entering UK HEIs in 2018/19 will be eligible to pay home student fees for the duration of their studies.

We will continue to keep the impact of future policy changes on individual physiotherapy students/physiotherapists and on physiotherapy workforce supply under review.

Motion 20 Electronic patient records

Electronic patient notes are becoming commonplace in the UK healthcare system. This is a welcome move in many areas of physiotherapy, however this change is presenting new risks and challenges.

In many parts of the UK NHS services are run in merged trusts, or physiotherapists are providing NHS services as employees of private health care companies. The non-NHS companies do not have full access to NHS systems; however, electronic systems are becoming the sole way physiotherapists access patient records. Computer contracts also change, meaning previous records held online are lost. Physiotherapists are being put at risk as they are unable to see what other treatments and investigations their patients have had, either in a current system or in previous episodes of care.

Conference requests that the CSP supports members by:

- working across all four countries of the UK to gather intelligence on issues where electronic notes are preventing high quality physiotherapy intervention
- raising awareness of these issues to members and managers, to ensure problems during transitions of electronic notes can be avoided

West Midlands stewards

Council Response

The CSP is aware that across the UK, there are varying country specific mandates and plans around achieving a paperless NHS with electronic health records. Developments to achieve these plans are happening within provider organisations at the moment and members will increasingly come across these systems. In some cases, whole country systems will be designed. In others, there may be a range of systems suppliers, which the NHS chooses through competitive processes.

In the longer term, electronic health records provide the opportunity to develop huge health data sets which can be used to support and evaluate services in real time as well as providing data to challenge and compliment published research. It is clear that in the earlier stages of implementation, issues with these systems will occur which will need to be overcome.

The CSP is working with national and international stakeholders to help design strategic infrastructure which can be used across the UK, including SNOMED CT subsets. These tools are available to members to share locally; they will continue to be developed over the coming years. The CSP recommends that members engage locally with those who are designing and implementing new electronic health record systems, often with “informatics” in their job title.

This will allow physiotherapists to inform their design at the earliest possible stage and establish a route to report local issues as they emerge. This will ensure that new electronic health record systems are fit for local purposes.

Finally the CSP, through its place on the National Allied Health Professions Informatics Strategic Taskforce (NAHPIST), are currently developing a national survey aimed at collecting information about the use of the electronic record. This group have also developed an Informatics strategy due to be published during 2017, under which the results and analysis of this data will be used to enhance the actions taken by NAHPIST under the leadership of the Chief Allied Health Professions Officer in partnership with her peers across the UK.

STRATEGIC OBJECTIVE 5 - Help physiotherapy networks and communities organise

Motion 21 Hope not hate

Conference is extremely concerned at the reported rise in racial, religious and LGBT hate crimes within the UK following the Brexit vote. In September 2016, the National Police Chiefs Council released figures which showed the number of incidents rose by 58 per cent in the week following the vote to leave the EU. The CSP is a diverse member organisation and our members treat a diverse population of patients. We appreciate the work that members of the CSP, the Industrial Relations Committee, CSP council and the CSP leadership team carried out in supporting the Stonewall #NoBystanders campaign in 2015.

We ask the CSP to affirm its commitment and support for members and patients suffering hate crimes through:

- affiliating to an organisation fighting racism and hate crime such as Hope Not Hate
- forming closer links with Stonewall and promoting their campaigns more widely to the CSP membership
- developing a short resource to be available to CSP members to support and signpost patients who may have been a victim of hate crime
- updating materials that promote the CSP diversity networks, and highlighting the peer support available to CSP members through these groups

Lesbian, Gay, Bisexual and Transgender network group

Council Response

The CSP is now affiliated to Hope not Hate and we have formed closer links with Stonewall. We have a named officer to contact and are actively promoting their newsletter and campaigns. “A guide to supporting patients who have experienced hate crime” is now complete and shortly to be posted on the website. It will be accompanied by a column in Frontline on 5th October.

The diversity networks webpage has been updated along with the meeting dates and correct contact details in Frontline. Bookmarks with the network meeting dates have been distributed to all ERUS events in 2017.

Motion 22 Bed closures

This conference is aware of proposals to close significant numbers of hospital beds in Devon and recognises the likelihood that bed closures will also be proposed elsewhere by other proposals such as Sustainability Transformational Plans (STP)

Reducing length of stay and decreasing admissions are to the benefit of patients, however to achieve this there will be a need to increase social care to prevent the remaining beds being filled by patients unable to leave because of social pressures. There are also concerns that CSP members will end up being generic therapy workers responding to problems created by bed closures, rather than focusing on falls prevention etc.

Conference calls upon the CSP to:

- support stewards, managers and members locally to assess the potential impact on both the service and members when hospital bed closures are proposed, and respond accordingly, promoting the role of physiotherapy
- support local physiotherapy services to campaign to ensure that therapists are integral to any plans to move away from hospital based care and into the community, and provide the necessary support to members who may be expected to change job role
- campaign nationally and locally to increase social care provision to ensure services are able to cope with the closure of hospital beds

South West South stewards

Council Response

It is important that the issue of underfunding is challenged. Through the TUC and other alliances the CSP is continuing to campaign for additional funding for the NHS and social care.

In 2016, the CSP created dedicated organising and regional campaigns teams to support members in local campaigns to promote and protect local services. Where local service changes are not in the interest of patients and members, support is available to members to organise and campaign against cuts. We have supported successful local campaigns in Mid Essex and Worcester to resist cuts to physiotherapy services under the "No Physio, No Way" banner.

However, the best defence is proactively promoting the value of existing services and the benefits of investing in physiotherapy to pre-empt cuts.

This can be done through such campaigns as Rehab Matters, workout at work and older people's day. We would encourage stewards and other members to support these initiatives.

Motion 23 Loss of rehabilitation facilities

We know that physiotherapy rehabilitation is clinically and cost-effective in enabling patients to maximise their functional outcomes. As the balance of care in health and social care provision shifts from acute to community settings Conference is concerned that the ability of members to deliver effective rehabilitation is being eroded.

In order to increase patient flow in acute hospitals, assessment and discharge are the priorities and rehabilitation is viewed as a luxury. Community rehabilitation beds are being closed down to achieve savings targets; gym spaces are being converted into non-physiotherapy areas; and members are struggling to deliver rehabilitation with inadequate resources in less than ideal environments.

Conference is concerned that the value of rehabilitation is being lost. This has, in turn, the potential to increase the burden on society as patients do not reach their full capability.

Conference calls on the CSP to:

- oppose cuts to rehabilitation facilities wherever they are proposed (both to staffing and environmental resources)
- campaign with the banner 'No Rehab, No Way'

Stewards and safety representatives Scotland

Council Response

The CSP has recognised the risks to rehabilitation which the movers of the motion wish to highlight. We are being proactive in addressing the risks. Promoting rehabilitation is integral to 2017 and 2018 CSP influencing and communications plans. These include:

- *Using #backingrehab as the campaign theme for the local elections in Scotland, Wales and England*
- *Using #backingrehab as the campaign theme for the General Election*
- *Creating a promotional film on community based rehabilitation services*
- *Adding community rehabilitation to the services we are promoting for expansion as part of our primary care work*
- *Producing a new rehabilitation evidence resource on COPD*
- *Tailored promotion of the hip fracture sprint audit*
- *Providing patient organisations with relevant content to help them promote rehabilitation*
- *Hosting parliamentary events to promote rehabilitation to policy makers and patient groups*
- *Bringing key professional and patient organisations together to encourage collaboration to promote rehabilitation.*

Leading a proactive campaign with negative messaging is not generally in line with good campaigning techniques. A positive framing is better for proactive campaigning, hence #backingrehab and "Rehab matters" are already in use to promote rehabilitation. We do not therefore recommend adopting the strap line proposed in the motion.

Where proactive promotion does not protect services, support is available to members to organise and campaign against cuts. We have supported successful local campaigns in Mid Essex and Worcester to resist cuts to physiotherapy services under the “No Physio, No Way” banner. This template can be used to campaign for rehabilitation services as and when needed.

<http://www.csp.org.uk/press-policy/policy/rehab-matters>

STRATEGIC OBJECTIVE 6 - Build life-long relationships with members

Motion 25 What’s in a name?

We are aware that the CSP is undergoing work looking at expanding the membership within the CSP to other professions e.g. physical instructors, sports massage therapists, cardiac physical instructors, generic therapist etc.

We are asking the CSP to openly explore no longer using the title ‘support worker’ as we believe this term is no longer fit for purpose. The wording ‘support worker’ does not describe the diverse workforce within the NHS or private sector. With the expansion of the different avenues of delivering health care, this is an opportunity to explore a more meaningful and respectful way of addressing the associate membership or any further expansion of the membership within the CSP.

We believe that this is an opportunity to open up the associate membership and have a more inclusive membership within the CSP. The title of ‘support worker’ does not fit with the professional image that we believe the CSP is developing in its current strategy.

Associates Committee

Council Response

Following the Membership Review, CSP Council accepted the recommendation that the associate membership category remain a distinct category for ‘support workers’ and not be open to other professions like massage therapists etc.

The CSP has explored alternative terms other than support worker and have asked the associates committee for suggestions as to what would be considered to be a more meaningful and respectful way of addressing this diverse workforce. Any new title would also have to be a term that is recognised by others, and does not discriminate against any of the diverse roles it covers.

WCPT/ERWCPT literature uses the term ‘Physical Therapist Assistants’, which if used in the UK would not only discriminate against those who work across professions, but also goes back to using ‘assistant’ which, the Physiotherapy Associates Board decided in 2005, was unacceptable terminology.

In the UK, ‘AHP support worker’ or ‘Health and Social Care support worker’ is used consistently in literature to describe this workforce.

The CSP recognises that there are a multitude of titles used across the UK and will endeavour to use these as a way to raise awareness of the diversity of titles in everyday use. The CSP also recommends that the title ‘health care support worker’ continues to be used by the CSP for those eligible to apply for associate membership: this is in light of the membership review decision not to change eligibility criteria for the associate category and the recognised widespread use of the term through the UK and ER/WCPT.

EMERGENCY MOTION 1

Following the review by and strict implementation of the 'Criteria for Acceptance of Motions' by ARC Agenda committee, conference notes that this led to many important and strategic issues selected by members being absent from this year's agenda. This was due to motions being rejected by Agenda committee due to ongoing work.

As ARC is not a policy-making conference, it has, in the past been used to gauge members' views and opinions on many of the key health and social issues of the day. Whilst this has not always led to 'debate' it has allowed members to influence the work being undertaken, or to reinforce member's strong support for work already being undertaken by the CSP.

Conference calls on Agenda committee to review how these important strategic issues can be taken forward to be discussed at ARC to inform Council of the views, opinions and feelings of members and ensure the agenda for 2018 Arc reflects the Health care agenda.

National group of regional stewards

Council Response

Aligning the conference agenda with the CSP Corporate Strategy this year was intended to help to see how proposals might enhance the work of the Society and whether motions related to existing CSP work or not. At 2017 ARC all the motions appeared on the primary agenda and were heard at the conference. In 2016 13 motions from the primary agenda were remitted to Council and five motions on the secondary agenda were not considered.

The Agenda Committee considered the issues raised in the motion and has made some interim changes. The acceptance of motion criteria has been reworded to include the possibility ongoing work.

The Committee will also use its power to 'consider external speakers and other open sessions to discuss and consider topical issues, in addition to the formal debating sessions of motions'. This allows the Committee to flex the agenda so that top concerns and issues of the day can be considered even if they are issues that the CSP is working on. It also gives the Committee the scope to make sure that the sessions add value to any ongoing work and vary the format.

There will be a review of ARC 2018 including looking at the issues raised in the motion.

MOTION 28 7-day service

Conference believes that as a member led organisation representing the interests of members in all settings at work the CSP should review its current working pattern. The CSP currently operates a traditional Monday to Friday working pattern whilst its members are increasing working non-traditional patterns which cover 7 days a week in all sectors; public, private and voluntary. Conference believes the CSP should review all of its services to ensure members have access to the services they need during their non-traditional working patterns.

North East stewards and safety representatives

Council Response

Recent member research found that only 8% of members favour an extension of the hours they can contact the CSP. Within this group very few wanted a fully 7/7 service. There may, however, be some specific areas where there is a need for additional support. Working patterns for some members are changing and new technology may mean that the CSP could meet some member needs in new ways. In the latter half of 2017 a review of membership service is being undertaken. The review is considering:

- *Service standards - how quickly and in what detail should we aim to respond to member requests for advice, information or support?*
- *Service times – are the times when members can access services meeting member needs appropriately and cost effectively?*
- *Service channels - are there alternative ways members can access advice, information or support services, which would speed up responses, reduce costs or improve quality of service?*

We will use data from the member insight project, member surveys, benchmarking, management data and feedback from members to help us understand member preferences and needs. The views of stewards and other member reps would be welcome as part of this.

It should be noted, however, that attempting to deliver a seven-day CSP with the resources we use to provide a largely five-day service would fail. A fully 7/7 CSP could require up to a 40% increase in member subscriptions.

December 2017