# Physiotherapy restores function, enabling people to live independently, and reduces the need for costly care and support Physiotherapy restores function, enabling people to live independently, and reduces the need for

Physiotherapy enables individuals to maximise their quality of life, optimise their health and wellbeing and increases their ability to live independently and participate fully within their communities, countering the risk of social isolation.

#### Reversal

Increasing care needs are not inevitable. Physiotherapists are experts in rehabilitation and reablement, and can reverse the deterioration in ability. Following a crisis or hospital admission that leads to loss of function or mobility, physiotherapy teams work to motivate people and enable them to return to their previous level of function, empowering them to meet their goals, achieve their potential and continue to live independently. This includes people living with dementia or other cognitive impairment.

# Resilience

Physiotherapy takes an asset based approach and puts people and prevention at the forefront. Physiotherapy builds resilience for the long term by supporting self-management and training families, carers and care professionals to deliver care safely and effectively and facilitate reintegration into the community. Physiotherapists and support staff work to prevent ill health and crisis events, avoiding or minimising periods of high health and social care need, by:

- Utilising risk stratification tools
- Care co-ordination
- Early intervention
- Admission avoidance
- Providing a single point of access
- Self-management education
- Health promotion
- Rehabilitation
- Early reablement.

### Results

Physiotherapy focuses on outcomes not activity. It empowers people to be independent, contribute to society and get back to full occupation or employment. Physiotherapists and support workers reflect people's personal preferences and goals, delivering better outcomes for individuals and their carers.

## Responsive

Physiotherapists respond to a person's everyday needs as they change over time and also react quickly to a crisis event. They enable a coordinated approach to meet an individual's personal needs.

#### Resources

Physiotherapy is cost effective and delivers value within available resources. The unit cost of a community physiotherapy intervention is £34 per hour.<sup>(5)</sup> As well as achieving admission or readmission avoidance, the delay or prevention of the need for complex or residential care, physiotherapists use an asset based approach within a community environment to support a long term focus on health and wellbeing. Physiotherapists also ensure the best use of resources to deliver a personal care plan funded by a direct payment. hysiotherapy and social care professionals have a shared vision for services which prevent deterioration, promote and improve physical, mental health and wellbeing, encourage directed selfmanagement and build people's confidence, independence and life chances.

# An ageing population

- Life expectancy at 65 is now 21 years for women and 19 years for men<sup>(1)</sup>, and the number of people aged 85 has doubled in the last three decades.<sup>(2)</sup>
- There are now nearly 14.5million people in the UK aged 60 and above, this number is expected to pass 20million by 2031.<sup>(3)</sup>
- An estimated 4 million older people in the UK have a limiting longstanding illness.<sup>(3)</sup>
- If nothing is done about age-related disease, there will be more than 6 million people with a long-term limiting illness or disability by 2030.<sup>(3)</sup>
- This increasing demand on health and social care services is unsustainable in the current financial climate.

# Why physiotherapy?

Investing in physiotherapy services in social care settings delivers significant savings by reducing the need for ongoing care and support packages, including residential placements. The benefits of physiotherapy interventions are not currently being utilised to their full potential in social care.

Physiotherapists use a person centred approach, taking account of physical, emotional and social needs. They are autonomous practitioners with the ability to assess, diagnose, treat and discharge. They are able to respond to the personalisation agenda, accessing a wide range of resources, including the newly granted rights to prescribe independently in the UK, allowing the provision of streamlined, cost efficient and effective care.

Physiotherapists are located in many community settings including GP clinics, health centres, residential homes, work places, gyms and day centres. Established as key members and leaders of integrated teams, they work with home care and other support staff to provide personalised programmes to meet an individual's needs. Using a rehabilitative

approach, physiotherapy works with individuals to secure independence and social integration.

Physiotherapy prevents hospital admissions, reduces bed days and the dependence on complex care packages and There are now nearly people in the UK aged 60 and above, this number is expected to pass by 2031.<sup>(3)</sup>

# Case study 1

In Scotland, Caroline works as part of the integrated Health and Social Care "Duty, Response and Rehabilitation Team" in East Lothian Health and Social Care Partnership. Mr R avoided admission to a nursing home. Caroline assessed he was unsafe in use of his transfer equipment and that his bed was no longer suited to his changed needs. By ordering a profiling bed and providing practical support and advice, Mr R and his daughter were delighted that he could remain safely in his own home. Asked what difference it makes to have a Physiotherapist in the integrated team, Caroline spoke about the effectiveness of a Physiotherapist's analysis and understanding of movement disorders and ability to devise a management plan that can be delivered in a person's home.

decreases the need for residential home placements.

Across the UK, health and social care services need to work together more effectively to improve outcomes for individuals by developing new models of integrated care to transform the experience for service users and make the best use of limited resources. Physiotherapy leads the development and delivery of integrated services which achieve the key outcomes outlined by the four UK Governments.

#### **ENGLAND**

In England, the Adult Social Care Outcomes Framework 2014-15<sup>(9)</sup> prioritises enhancing quality of life and delaying and reducing the need for care and support. Effective community based physiotherapy services, as outlined above, deliver these objectives.

#### **NORTHERN IRELAND**

In Northern Ireland, physiotherapy has an important role in delivering the key principles of Transforming Your Care<sup>(10)</sup>, particularly providing the right care, in the right place at the right time and promoting independence and personalisation of care.

#### SCOTLAND

In Scotland, seven health and care integration outcomes<sup>(11)</sup> have been prioritised, including healthier living, independent living, and support for carers and effective resource use. Physiotherapy delivers across all of these priorities.

# Case study 2

Bradford Enablement Support Team (BEST Plus) is a multidisciplinary service which enables older people to remain living independently in the community. 91-yearold Mr A lives alone and is normally independent. Hers a passionate cook who enjoys socialising. While dog-walking, he suffered a stroke, a fall and a broken hip. He had hip replacement surgery but the stroke left him with slight left-sided weakness and problems with concentration and executing tasks.

Mr A was transferred to a community hospital for rehabilitation where the therapy team, including Physiotherapists and Occupational Therapists, facilitated recovery of mobility and balance: climbing stairs; independence with personal care; and kitchen tasks. He was discharged with four care visits daily. Joint physiotherapist and occupational therapist sessions were delivered. Physiotherapists facilitated improvements in hip strength and independent mobility, ensuring safety and independence in his home and community. Goals were set in partnership with Mr A. Six weeks later hed regained such mobility and independence that all support could be withdrawn and he returned to his usual active and social life.

#### WALES

Physiotherapy is effective in promoting people's independence to give them stronger voice and control, one of the key principles of the Social Services and Well-being (Wales) Act<sup>(12)</sup> and the National Outcomes Framework in Wales. Physiotherapy also enables the delivery of the Wellbeing statement for people who need care and support and carers who need support.<sup>(13)</sup>

#### **Older people**

Falling is serious and frequent in people aged 65 and over. Each year, 35% of over-65s experience one or more falls. About 45% of people over 80 who live in the community fall each year. 10-25% of these people will sustain a serious injury.<sup>(14)</sup> Injury due to falls is the leading cause of mortality in older people aged over 75 in the UK.<sup>(15)</sup>

Physiotherapy led falls prevention services, with tailored exercise and education, improve outcomes, keep people living independently, reduce the number of falls and fractures, hospital admissions and GP appointments.

Based on 2009/10 costs each hip fracture avoided saves approximately £10,170. Furthermore, every avoided fracture of the upper arm, back and wrist saves PbR tariff costs (combined in- and out-patients) of approximately £1,300, £3,246 and £1,082 respectively, plus a local social care reduction averaging £225 per case for back and wrist fractures.<sup>(16, 17)</sup>

# Case study 3

Mrs L is an 80-year old lady from Wales with bronchietasis, a long term lung condition. Due to cancer of the throat, she had to have a permanent tracheostomy put in place in order to help her breathe. Mrs L was very frightened about managing with this tracheostomy and is generally frail. When discharged from hospital, she was supported by the whole reablement multidisciplinary team and worked particularly with the physiotherapist on getting used to tracheostomy care at home. By the end of her period of reablement her confidence had grown and she was managing enjoyable walks in the park.(26)

#### Dementia

By 2039, there will be 1.4 million people with dementia in the UK.<sup>(18)</sup>

Physiotherapists undertake detailed, individually tailored assessments of the impairments, activity restrictions and participatory limitations faced by people with dementia and intellectual disabilities and deliver high quality effective care and rehabilitation to promote and maintain independence for this client group.

Physiotherapy interventions reduce the risk of developing dementia<sup>(19)</sup> and promote a delay in the progression of both cognitive and functional decline.<sup>(20)</sup>

#### Long term conditions

An estimated

people in the UK have at least one

long term condition.<sup>(21-24)</sup>

An estimated 18.1 million people in the UK have at least one long term condition.<sup>(21-24)</sup> A third of these will have associated mental health problems.<sup>(25)</sup>

Physiotherapy is an effective intervention for a range of long term conditions, such as stroke, mental health, multiple sclerosis, motor neurone disease, Parkinson's disease, arthritis and rheumatology conditions,

osteoporosis, acute and chronic pain, chronic heart disease, and respiratory conditions such as chronic obstructive pulmonary disease (COPD), bronchiectasis, asthma and cystic fibrosis. Using therapeutic exercise alongside

# Increasing care costs

- The total cost of adult social care in the UK in 2012-2013 was **£19** billion.<sup>(4)</sup>
- The cost of a care package at home is £415 per week, rising to £1,331 depending on need.<sup>(5)</sup>
- The average cost of a residential home placement in the UK is **£27,200** a year, rising to **£37,500** for nursing care.<sup>(6)</sup>
- One in 10 people at the age of 65 faces lifetime care costs of more than £100,000.(7)
- The UK currently spends **£19 billion** on people with three or more long-term conditions. This is projected to rise to £25 billion by 2016.<sup>(8)</sup>
- Physiotherapy reduces these costs through prevention, early intervention and rehabilitation and at **£34 per session**, provides excellent value for money.<sup>(5)</sup>

education and social integration, physiotherapists support and empower individuals to return to their previous level of functioning.

## Conclusion

With the ageing population, and increasing numbers of people with long term conditions, demand for health and social care services will continue to rise. Expenditure is not keeping pace with demand and people's independence and wellbeing are at risk. Physiotherapy can deliver cost effective change to more integrated, co-ordinated and effective community services, focussed on prevention, early intervention and rehabilitation, which enable people to live well for longer with reduced need for care and support.



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#### References

1. Office of National Statistics. Life expectancy at birth and at age 65 for local areas in England and Wales, 2010-12. Newport Office of National Statistics; 2013. URL: http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2010-12/stb-life-expectancy-at-birth-2010-12.html

2. Office of National Statistics. Population Estimates Total Persons for England and Wales and Regions - Mid-1971 to Mid-2012 (ZIP 196Kb) Newport: Office of National Statistics; 2013. URL: http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk-england-andwales-scotland-and-northern-ireland/mid-2001-to-mid-2010-revised/rft---mid-2001-to-mid-2010-population-estimates-analysis-tool.zip

3. AgeUK. Later life in the United Kingdom. London 2014. URL: http://www.ageuk.org.uk/ Documents/EN-GB/Factsheets/Later\_Life\_UK\_factsheet.pdf?dtrk=true

4. Department of Health, Department for Communities and Local Government. Adult social care in England: overview. London: National Audit Office; 2014. URL: http://www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview.pdf.

5. Curtis LA. Unit costs of health and social care 2013. Canterbury Kent: University of Kent at Canterbury Personal Social Services Research Unit; 2013. URL: http://www.pssru.ac.uk/project-pages/unit-costs/2013/

6. PayingforCare. URL: http://www.payingforcare.org/care-home-fees

7. Dilnot A, Warner N, Williams J. Fairer Care Funding: the report of the Commission on Funding of Care and Support. London: Commission on Funding of Care and Support; 2011. URL: http://www.dilnotcommission.dh.gov.uk/2011/07/04/commission-report/

8. Ali S. Telehealth: benefits for primary care; London: 2020health; 2011. URL: http:// www.2020health.org/2020health/events/2011/ts28jun11.html

9. Department of Health. The Adult Social Care Outcomes Framework 2014/15. London: Department of Health; 2013. URL: https://www.gov.uk/government/publications/adult-socialcare-outcomes-framework-2014-to-2015

10. Department of Health, Social Services and Public Safety,. Transforming Your Care: Review of Health and Social Care in Northern Ireland. Belfast: Department of Health Social Services and Public Safety; 2011. URL: http://www.dhsspsni.gov.uk/tyc.htm

11. Scottish Government. Integration of Adult Health and Social Care in Scotland. Annex A: draft national outcomes for adult health and social care. Edinburgh: Scottish Government; 2012. URL: http://www.scotland.gov.uk/Publications/2012/05/6469/12

12. Social Services and Well-being (Wales) Act 2014. URL: http://www.senedd.assemblywales. org/mgIssueHistoryHome.aspx?IId=5664

13. Welsh Government. Well-being statement for people who need care and support and carers who need support. Cardiff: Welsh Government; 2013. URL: http://wales.gov.uk/topics/health/publications/socialcare/strategies/statement/?lang=en

14. Department of Health. Falls and fractures: effective interventions in health and social care. London: Department of Health; 2009. URL: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_103146

15. Department of Health. Improving care and saving money: learning the lessons on prevention and early intervention for older people. London: Department of Health; 2010. URL: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/ PublicationsPolicyAndGuidance/DH\_111223

16. Department of Health. Payment by results guidance for 2010-11. London: Department of Health; 2010. URL: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/ PublicationsPolicyAndGuidance/DH\_112284

17. Department of Health. Fracture prevention services: an economic evaluation. London: Department of Health; 2009. URL: http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH\_110098

18. Department of Health. Living well with dementia: a national dementia strategy. Leeds: Department of Health; 2009. URL: https://www.gov.uk/government/publications/living-wellwith-dementia-a-national-dementia-strategy

19. Verghese J, Lipton RB, Katz MJ, et al. Leisure activities and the risk of dementia in the elderly. N Engl J Med. 2003 Jun 19;348(25):2508-16. URL: http://www.nejm.org/doi/full/10.1056/NEJMoa022252

20. Christofoletti G, Olianim MM, Gobbi S, et al. A controlled clinical trial on the effects of motor intervention on balance and cognition in institutionalized elderly patients with dementia. Clinical Rehabilitation. 2008;22(7):618-26. URL: http://ot.creighton.edu/community/EBLP/Question3/2010\_Update\_Falls/Christofoletti% 20et % 20al% 202008.pdf

21. Department of Health. Long term conditions compendium of information. Leeds: Department of Health; 2012. URL: https://www.gov.uk/government/publications/long-termconditions-compendium-of-information-third-edition

22. National Public Health Service for Wales, National Assembly for Wales. A profile of longterm and chronic conditions in Wales. Cardiff: National Public Health Service for Wales; 2005 URL: http://www.wales.nhs.uk/sitesplus/922/page/62014

23. Northern Ireland Executive. Census 2011: key statistics Belfast: Northern Ireland Executive; 2012. URL: http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dfp/news-releases-dfp-december-2012/news-dfp-111212-census-2011-key.htm

24. The Scottish Government. Long term conditions. Edinburgh: The Scottish Government; URL: http://www.scotland.gov.uk/Topics/Health/Services/Long-Term-Conditions

25. Naylor C, Galea A. Long-term conditions and mental health: The cost of co-morbidities. London: King's Fund; 2012. URL: http://www.kingsfund.org.uk/publications/long-termconditions-and-mental-health

26. The Welsh Reablement Alliance. How can reablement help? Here are some practical examples of reablement making a tangible difference to people's lives. The Welsh Reablement Alliance; 2012. URL: http://www.royalvoluntaryservice.org.uk/our-impact/reports-and-reviews/welsh-reablement-alliance-how-can-reablement-help