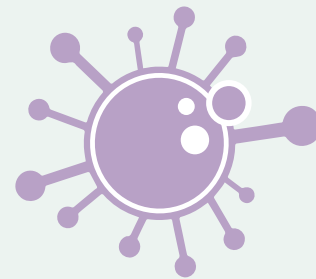


COVID-19



THIRD PHASE OF NHS RESPONSE TO COVID-19 – A BRIEFING FOR CSP MEMBERS

On 31 July Sir Simon Stevens wrote to key figures across the NHS, Local Authorities and Local Resilience teams to set out the NHS response to the third phase of Covid-19 and priorities for the rest of 2020/21. The [*letter*](#) asks local system leads to produce a summary draft plan by 1 September to outline how they will deliver on this and to submit a final plan by 21 September, produced through partnership work across STPs/ICSs in England.

Local third phase plans are expected to address how they will ensure:

- A return to near-normal levels of non-Covid health services and a restoration of primary and community care services
- Safety is maximised for patients and practitioners
- Communication is undertaken with patients whose care has been disrupted to plan ongoing care
- Safe and appropriate discharge and discharge to assess is in place by 1 September

- Improvements are made to mental health services and provision for people with learning disability and/or autism
- Continued vigilance in light of local spikes/lockdowns
- Preparation for winter pressures
- Development of a local People Plan to increase staffing, improve retention and support for staff and take action on inequalities.

CSP response

In response to this the CSP has written to all 44 STPs/ICSs in England to highlight how physiotherapy and rehabilitation are critical to successful delivery of the third phase, fundamental to the recovery and key to preparation for the winter months. We have also offered CSP's help to those charged with developing local third phase plans, inviting STPs/ICS to contact us via cre@csp.co.uk.

How you can help to influence the plans and be ready for the third phase

With STP's and ICS's working fast to create draft plans by 1 Sept and completed plans by 21 September, there is a short but very important window of opportunity to influence plans. So it's important you familiarise yourself with the third phase measures and think about what you can do to support and influence the planning for this.

Examples, suggestions and messages are included in the final section of this briefing.

As healthcare decision makers develop their plans and allocate resources in your local area, you can help to position physiotherapy at the forefront:

- If you are in position to influence, engage in discussions about third phase/local people plans
- STPs/ICSs are local groups of NHS organisations and local councils. Find out more about your STP/ICS here <https://www.england.nhs.uk/integratedcare/stps/view-stps/>

- If you work for the NHS then your employer is part of the STP/ICS, so you will already know someone who will be involved in the planning process. Get in touch with them or speak to senior managers if you can to talk about the contribution physiotherapy and your service can make to what's being planned.
- Pitch what your services can do to implement the third phase plans locally
- If you work in private practice, ensure you have an up-to-date business continuity plan so you are ready to respond to any further opening up of services or a tightening of restrictions
- Tell the CSP what is happening locally, particularly if you are struggling to restart rehabilitation services
- Follow your STP/ICS and CCG on Twitter and share CSP resources on FCP and rehab, asking them what they are doing to implement change
- Read updates to existing CSP guidance (currently under review in light of the third phase).

The CSP's campaigns and regional engagement team are here to help, so please don't hesitate to get in touch by contacting: cre@csp.org.uk

How physiotherapy can support the improvements required:

Restoring and improving Community Services:

- Embedding Discharge to Assess as the norm
- Meeting the rehab needs of people recovering from Covid-19
- Reducing health inequalities – poor access to rehab leads to poor outcomes and particularly affects BAME communities
- Enabling people to mobilise as soon as possible to reduce long term care needs
- Meeting the goals of the Long Term Plan for anticipatory care, cardiovascular and respiratory and integration of primary and community

Restoring and improving Primary Care services:

- Use of First Contact Physios (with advanced practice skills) in primary care to take on much of the work arising from MSK related GP appointments. With FCPs able to independently assess, diagnose, order & analyse tests, triage for orthopaedics they can safely improve quality while reducing costs and free up GP time.

Modernising access and communication

- Use of a virtual provision integrated within an overall offer for future rehab in order to meet population needs cost effectively and inclusively, flexing when needed between face-to-face and virtual in response to future peaks and dips in infection rates, local lockdowns etc.
- Use of improved communication between rehab staff across sectors and settings through digital technology to realise goals of integration.

Workforce

- In learning the lessons from phase 1 and in the event of another spike – making full use of a temporary workforce not only for acute capacity but also community rehabilitation to maintain Covid19 patient flow.
- Transition of temporary to permanent posts where this meets the goals of workforce expansion.
- For the longer term, physio supply has grown by 45 percent since 2015/16 and 20 percent of physio students are from BAME backgrounds, so the profession is well placed to help meet NHS demand – including through upskilling registered physios in advanced practice skills to provide the pipeline for FCP implementation.
- Development of the rehab support workforce who have shown that when given the opportunity they can increase capacity and improve the quality of care.

