Face-to-face or not?

Last reviewed 14.5.2020

Management of face-to-face interventions in private practice and independent clinic settings during phase two of COVID-19 pandemic management.

Detailed advice for members in England.

This advice follows the Prime Minister's statement on 10 May 2020 regarding the movement of England to the second phase of COVID-19 pandemic response and communication from NHS England chiefs signalling a re-opening of some non COVID healthcare pathways.

While we await further detail from the Government it is clear that the second phase does not signal a return to 'business as usual' for CSP members but may see patients increasingly seeking physiotherapy intervention and asking for face-to-face treatments in the private and independent sectors.

Our advice in this document is therefore for members working in the above sectors in England and will be updated daily if necessary, to reflect more detailed government guidance as it emerges. It provides you with a pathway to interpret Government guidance and work within the legal, regulatory and professional frameworks that govern safe physiotherapy practice in the context of England's second phase of COVID-19 pandemic management.

This is in order that you are informed and supported to maintain the safety of your patients, yourself, your staff and the wider public, and in order that you protect the reputation of your practice and the profession during this time.

Your duties as a registrant means you will need to demonstrate how you have considered all aspects of this advice in relation to undertaking consultations with patients.

Our advice directs members to consider a number of key factors when undertaking decisions to see patients face-to-face or not. These factors include:

- Legal, regulatory and professional responsibilities
- Risk assessment of the working environment for which you are responsible
- Infection prevention and control measures
- Access to personal protective equipment
- 'Virtual first' approaches
- Patient risk assessment and clinical reasoning
- Patient consent for treatment

Key messages

- The second phase of the pandemic response does not signal a return to usual ways of working.

- You must work within the legal, regulatory and professional frameworks that guide the safe management of patients, the safety of the wider public and everyone who works in the practice environment for which you are responsible.

- A full risk assessment of the working environment for which you are responsible must be undertaken and documented, and you must demonstrate that all measures designed to mitigate risk and fulfil legal and regulatory obligations are in place.

- You must follow Public Health England (PHE) COVID-19 infection prevention and control (IPC) guidelines.

- You must provide and use appropriate personal protective equipment (PPE) and have systems and policies in place that govern its use.

- A ‘virtual first’ approach with remote consultations must remain standard practice during this period.

- You must undertake a risk assessment and make a clinically reasoned decision for offering **either** a face-to-face or remote consultation for each patient and for each of their planned contacts. You must document your rationale for these decisions.

- You must engage your patients in discussions regarding the rationale for remote or face-to-face consultations. If both parties deem it necessary to proceed with face-to-face care, the patient should be made aware of all current risks associated with this approach. They must give their consent and you must document these discussions and the outcome.

- Members may become legally liable if they fail to risk manage treatments and their clinical environment to safeguard patients for example with insufficient PPE, sanitisation, social distancing and other reasonable safety measures. Informed consent should now include reference to COVID-19 and compliance with any legal obligations

Context

Second phase of pandemic management

The Prime Minister's announcement on 10 May 2020 followed by detailed guidance on the Government's recovery strategy https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy signals a cautious approach to a phased reduction of some lock down measures in England.

Further, a letter from NHS England (NHSE) to acute, community, primary care and commissioning leaders on 29 April 2020 outlining the second phase of the NHS response in England, provides an indication of the healthcare activity that will be re-starting and how this should be managed. https://www.england.nhs.uk/coronavirus/publication/second-phase-of-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/

As a result of both the Prime Minister's announcement and NHSE plans, the CSP expects that the public need and desire to access physiotherapy will rise in the coming weeks. We believe this will be reflected particularly in demand for private and independent practitioners.

The CSP also recognises that access to physiotherapy will be important for getting people with injury and illness back to work as part of efforts to re-start the economy.

Working safely and appropriately

The factors above as well as the significant number of people with injury and illness who, because of prolonged and strict social distancing and shielding measures, now increasingly in need of support from physiotherapists, will place significant demand on services.

This renewed and increased demand together with likely public expectation to access face-to-face physiotherapy, will place pressure on clinicians to return to business as usual.

However, the continued prevalence of COVID-19 and the risks associated with transmission and exposure dictate that, clinicians must continue to manage their decision making and any subsequent face-to-face contact with patients in the context of statute on social distancing, and infection prevention and control measures, as well as regulatory and professional frameworks.

Insurance

It is essential in the context of members' legal and regulatory obligations that they make safe and appropriate clinical decisions about their work. Members can be reassured that the CSP PLI scheme provides cover for medical malpractice and professional indemnity liabilities subject to the terms and conditions of the policy.

This means no special restrictions or conditions are contained within the policies relating to COVID-19.

The two policies comprising “PLI” are:

- Medical Malpractice (covering clinical negligence)
- Public Liability (covering non treatment related accidents)

Both are designed to cover the legal liability of eligible members for claims brought against them arising from their alleged negligence within the scope of physiotherapy practice.

However, we direct members to be clear on the following:

- In situations where members are returning to practice after lockdown they would be expected to introduce and follow all of the precautionary measures required and recommended to ensure the safety of themselves, patients and staff. The PLI scheme does not provide Employers Liability insurance so members with employed staff should seek separate guidance on this class of insurance.
- Because COVID-19 is a novel virus where the body has no natural immunity and for which there is currently no vaccine available, additional care is required to reduce the risk of exposing patients to infection.
- Members may therefore become legally liable if they fail to risk manage treatments and their clinical environment to safeguard patients for example with insufficient PPE, sanitisation, social distancing and other reasonable safety measures. Informed consent should now include reference to COVID-19 and compliance with any legal obligations.
- **The policies do not operate where members practice illegally.**

Members delivering services through a corporate entity such as a private limited company or partnership should consult their business insurance advisers on how their commercial policies may be affected.

Key factors

We direct members to consider the following key factors when deciding whether to offer face-to-face interventions.

Legal, regulatory and professional responsibilities

All registered physiotherapists regardless of sector or setting owe a duty of care to their patients.

A duty of care is a legal responsibility to provide a reasonable standard of care to patients and to act in ways that protect their safety. The CSP directs members to uphold the statutory standards for UK-wide registration through its duty of care guidance https://www.csp.org.uk/publications/duty-care

Further, registered physiotherapists **must** comply with the Health and Care Professions Council (HCPC) standards of conduct performance and ethics. https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

They must also comply with the HCPC standards of proficiency for physiotherapists https://www.hcpc-uk.org/standards/standards-of-proficiency/physiotherapists/

Several Standards may be pertinent here, but specifically, the following apply:

Ethical framework, standard 6 – Identify and manage risk

- 6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.
- 6.2 You must not do anything or allow someone else to do anything which could put the health or safety of a service user, carer or colleague at unacceptable risk.

Proficiency for physiotherapists, standard 15 – Understand the need to establish and maintain a safe environment

- 15.1 Understand the need to maintain the safety of both service users and those involved in their care.
- 15.3 Be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these.
- 15.4 Be able to work safely including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation.
- 15.6 Be able to establish safe environments for practice which minimise risk to service users, those treating them, and others, including the use of hazard control and particularly infection control.

In the context of COVID-19, these responsibilities extend to physiotherapists ensuring that they:

- Comply with government social distancing and shielding directives and mitigate as far as reasonably practicable the risk of transmitting the disease to patients and the wider general public, particularly to those in the vulnerable and extremely vulnerable categories. https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19
- Use appropriate personal protective equipment and manage any clinical areas in accordance with COVID-19 infection prevention and control regulations. https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

The HCPC has specific guidance for registrants on how to adapt practice and apply their standards in the context of COVID-19 in community settings https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/adapting-your-practice-in-the-community/

Risk assessment of the working environment for which you are responsible (developed in collaboration with Physio First)

You must consider social distancing directives https://www.gov.uk/coronavirus and government IPC guidance https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control. You should use these guidelines together with additional information from the Health and Safety Executive https://www.hse.gov.uk/workers/employers.htm and government advice on working safely during COVID-19 https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19 in order to undertake a risk assessment of your clinic environment and put in place mitigating actions to manage risks.

If you employ or engage others to work in your practice with you, you should understand your additional duty of care as an employer for the health and safety of staff and ensure all staff are trained and competent in new procedures. https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19 .This duty extends to undertaking risk assessments for vulnerable or at-risk staff and providing access to appropriate PPE for all staff. https://www.csp.org.uk/news/coronavirus/workplace-employment/ppe-your-practice-workplace

The size and facilities in your practice will largely determine what you might be able to offer in terms of any face-to-face consultations.

Mitigating actions are likely to include but are not limited to:

- screening patients for COVID symptoms before they attend
- reducing clinic capacity to ensure any patients attending can be kept 2m apart
- hand sanitising procedures as patients enter and leave the environment

- a one way system of patient movement in your practice
- longer appointment times to allow for full cleaning in between patients
- staggered appointments or asking patients to wait outside the clinic
- a screen for reception staff
- processes for the safe disposal of PPE https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control disposing

Your risk assessments and all mitigating actions must be documented and shared with staff as appropriate to do so. You should consider undertaking an operational 'walk through' of all new processes and procedures.

If you are a private practitioner providing services in domicilary or care home settings, you must follow this additional guidance.

- https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care
- https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes

Physio First is the CSP recognised professional network for physiotherapists in private practice. The network has extensive resources that complement and add to the advice in this guidance.

Currently their advice and guidance on COVID-19 is free to access and can be found at https://www.physiofirst.org.uk/resources/coronavirus-covid-19.html

Infection prevention and control IPC) measures

You must keep up to date with PHE guidance on IPC for COVID-19 https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control and ensure you have all appropriate systems and processes in place in your practice to comply with guidance.

Access to personal protective equipment (PPE)

It is imperative that members follow up to date government guidance on PPE when seeing patients face-to-face. https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

In particular, refer to tables 2 and 4 on link above.

Members providing services in domiciliary and care home settings will find the following information useful.

- https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care

- https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes

Having access to the appropriate PPE that is suitable for both the clinical environment and clinical intervention must be a deciding factor on whether to proceed with a face-to-face contact.

The CSP has extensive guidance on PPE https://www.csp.org.uk/news/coronavirus/workplace-employment/ppe-your-practice-workplace

This includes the frequently asked questions (FAQs):

- What PPE should I use when treating patients?
- What PPE should I wear when working with post COVID patients in rehabilitation settings?
- What should I do to effectively wash my uniform?

Further PPE guidance in FAQs for private practitioners

https://www.csp.org.uk/news/coronavirus/private-practiceindependent-sector/private-practices-independent-sector-faqs includes the question:

- How do I procure PPE and what PPE should I be using if I need to see an urgent or essential patient face-to-face?

‘Virtual first’ approaches

The CSP directs its members that they should continue to work with a **virtual first approach** using digital solutions to provide care and limit face-to-face contact.

This is because of the risk of virus transmission during face-to-face physiotherapy activity in that the therapist and patient are highly likely to be in very close contact (i.e. less than 2 meters).

The CSP has significant resources to support the implementation of digital solutions https://www.csp.org.uk/news/coronavirus/remote-service-delivery-options .

Patient risk assessment and clinical reasoning

The CSP continues to advise that all initial contact and triage assessment should be conducted via remote means. This should also include screening questions to establish whether the patient is experiencing symptoms of COVID-19 or has been tested as positive or has household members with the same.

Following initial screening, deciding whether to see a patient face-to-face or not requires the clinician to consider risk - to the patient, themselves, and others in their clinical setting or the patient’s household.

Clinicians should weigh up a variety of factors in order to make a balanced and reasoned decision on how to proceed. This process may not necessarily be a formal exercise but all decision making with appropriate rationale should be recorded in a patient's clinical record. In short, the clinician must be able to justify that the benefits of seeing a patient face-to-face are demonstrably greater than the risks of infection transmission.

Members should read the following documents

- NHS England speciality guides https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/
- Community prioritisation guides (England) https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf

The CSP is in the process of updating the face-to-face decision making flowchart for members in England which will be available for members shortly.

Clinicians must decide for themselves whether to see a patient face-to-face. This is because the clinical decision-making rests with the treating clinician and the CSP cannot make clinical decisions on behalf of its members.

For members who have questions on COVID testing procedures, we have extensive information and signposting in our FAQs.
https://www.csp.org.uk/news/coronavirus/clinical-guidance/testing-covid-19-faqs

Patient consent for treatment

If a clinician determines it is necessary to see a patient face-to-face, they must discuss the risks of this contact with the patient, and the measures that will be taken to mitigate risk, and gain their consent for treatment.

While public information on COVID-19 is extensive a clinician should not assume that a patient understands:

- the mechanisms and risks of transmission and exposure
- the nature of close patient contact during a physiotherapy consultation
- the level of PPE that a clinician will be required to wear
- the infection prevention and control measures that must be taken

It is never appropriate to use disclaimers. This is because a clinician's duty to take reasonable care is absolute and any advice/treatment/recommendation given must

be based on clinical judgement. Therefore, patients cannot be asked to participate in a physiotherapy programme ‘at their own risk’.

Rather, clinicians should document in the patient’s clinical record that risks have been discussed and that the patient gives consent or not for treatment to proceed with a face-to-face consultation.

We recommend reading the CSP duty of care information paper for more information on this: www.csp.org.uk/publications/duty-care.

If you have any further questions you should contact the CSP enquires team on 0207 306 6666.