Name of Organisation: The Chartered Society of Physiotherapy
Address: 14 Bedford Row, London, WC1R 4ED
Contact Person: Shane Walsh, Policy and Public Affairs Officer
Contact Number: 0207 306 6689
Email: walshs@csp.org.uk

Executive summary – key points

The proposals to cut the MSK physiotherapy service for Mid Essex are not evidenced based and run contrary to national and local policies on prevention, efficiency and patient access.

If introduced they will result in

- an increase in unmet need resulting in conditions needlessly or more quickly becoming chronic and disabling
- an increase in pressure on GPs, already experiencing a problem of capacity
- an increase in costs and inefficiency through increasing repeat appointments with GPs and unnecessary investigations and referrals to consultants
- a contravention of patients' rights under the NHS Constitution

Alternative proposals need to be developed that improve patient access to physiotherapy services and allows services to be targeted to have the maximum impact and value.

MSK – the size of the problem

One of the main challenges for the UK is a growing burden of disability owing to more people living longer with more long-term conditions.[1] Musculoskeletal (MSK) conditions account for the largest proportion of years living with a disability in the UK.[2] Back and neck pain were the most prevalent conditions causing disability. The latest NHS England National Health survey data shows that average prevalence of persistent low back pain (>3months) is 17.36% and for severe low back pain is 10.4%.

MSK problems are 'gateway' conditions where pain and disability significantly increases the likelihood of other physical and mental health conditions.[3] These include depression, diabetes, obesity and cardiovascular disease. In many circumstances, these issues are entirely avoidable through early access to evidence based musculoskeletal physiotherapy.[4, 5]

MSK conditions are also the biggest cause of absence from work, causing 27% of total days lost to sickness absence.[6]

The total population over 45 of Chelmsford is 74,455 out of which 7,620 have hip osteoarthritis and 12,589 have knee arthritis.(7) With appropriate access to MSK physiotherapy, many patients will be able to avoid or have a reduced need for surgery.(8)

There are some significant risk factors in relation to MSK conditions, the most significant of which are obesity and physical activity. In Chelmsford the level of obesity is 21.81% and the national average is 23.11%. 16,242 of people in Chelmsford are physically inactive. Physical inactivity and obesity increases the risk of hip and knee osteoarthritis as well as other conditions. Conversely, people with MSK conditions like osteoarthritis who do not have access to proper treatment and support are less likely to be physically active and more likely to become obese.

Pressure on GPs

Improving primary care is essential for the health and care system to be transformed to meet modern population needs, and at the same time be affordable and sustainable.

Yet GP services are under increasing pressure, a situation well publicised locally and nationally. The NHS England GP patient survey shows 11% of patients have failed to get an appointment in 2015 due to GP demand exceeding capacity.(9) While demand is increasing, capacity is reducing. The recent report by the National Audit Office confirmed that problems in recruiting and retaining GPs is increasing, with 12% of training places unfilled.(10)

Research commissioned by NHS England found that 27% of GP consultations were potentially avoidable contacts, including patients who could have been seen by other health professionals. Practices are increasingly using other staff to help manage demand. Research by the Nuffield Trust found that, in its sample, between 2010-11 and 2013-14, GP consultations increased by only 0.6% a year, compared with 2.6% for consultations with nurses and 5.7% for consultations with other staff, including pharmacists and, physiotherapists.(10)

Nationally, MSK conditions currently account for up to 30% of GP appointments.(11) A significant proportion of these will be repeat appointments, with MSK conditions the most common reason for repeat GP appointments.(12)

As well as repeat GP appointments there are other significant costs associated with MSK: prescriptions; MRIs and X-rays and GP referrals to hospital consultants. These costs can be reduced by improving access to physiotherapy.(13)

Physiotherapy

Physiotherapists use patient centred approaches to help those affected by or at risk of injury, illness or disability through movement and exercise, manual therapy, cognitive therapies, prescribing, education and advice. In the UK,

physiotherapy is an autonomous and evidence based healthcare profession. This includes the achievement of independent prescribing rights in 2014. UK physiotherapists are the first in the world able to bring independent prescribing into their scope of practice.

There is extensive and high level research evidence showing the benefits of physiotherapy for a range of musculoskeletal conditions, including for patients with long term pain and disability:

- The international Physiotherapy Evidence Database includes over 31,000 randomised controlled trials and systematic reviews relating to physiotherapy – these are the most robust models of research.
- Physiotherapy is included in several NICE guidelines relating to MSK conditions, including long-term conditions (e.g. NICE guidelines for osteoarthritis, NICE guidelines for low back pain).
- Physiotherapy is also included in the NICE national service specification for chronic pain services (with physiotherapists named as a mandatory profession to be included in treatment of chronic pain in specialist services).

Mid Essex CCG Proposal

The CSP is aware of the financial challenges facing the CCG, needing to make over £15 million in savings for the coming year. However, we believe the three options presented for public consultation are arbitrary, lacking in evidence base (for sustainable cost effectiveness, quality, patient experience and patient safety), contrary to national policy (e.g. Roland Report on diversification of primary care workforce and the NHS Five Year Forward View) and the following NHS Constitution patient rights:

Patients have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. These proposals are arbitrary and not informed by the available clinical and cost research evidence base.

Patients have the right to receive NHS services free of charge. Through severe restrictions in physiotherapy access available to the population, the most deprived are unlikely to be able to ‘top up’ NHS provision with private physiotherapy at the stated £40 per treatment. This will especially apply to those most affected by pain and disability.

Patients have the right to access NHS services. These proposals restrict access to physiotherapy particular for those patients with the greatest pain and disability, acting counter to clinical and cost effectiveness evidence for musculoskeletal physiotherapy.[4, 5]

Patients have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs. These proposals are not responsive to the needs of patients requiring access to evidence based physiotherapy services.

Patients have the right not to be unlawfully discriminated against in the provision of NHS services. This includes preventing patients with lower incomes from accessing sufficient evidence based physiotherapy – where services restrictions force patients to require private 'top ups'.

Evidence based and cost effective options

The research evidence base for musculoskeletal physiotherapy, both for acute and chronic patients, is extensive.

Current health and care policy – as expressed through the NHS Five Year Forward View and the Roland Review - is seeking to drive up efficiency and quality of care through expanding primary care and General Practice teams, improved prevention and supporting patients to self-manage conditions, utilising professionals working at the top of their capability and targeting resources to address individual needs.

Physiotherapy services have been developed and redesigned in ways that support these goals, providing a more direct route of access for patients and better targeting of services.

The following options, based on research and case study evidence, illustrates the opportunity to commission for value and make sustainable cost efficiencies through evidence-based physiotherapy service redesign.

Self-referral

Musculoskeletal conditions alone account for up to 30% of consultations in GP surgeries each year – more than 100 million appointments nationally. This rises to 50 per cent of a GP's caseload for patients over 75. Yet 85 per cent of those do not need to see a GP.

Giving patients the choice to be assessed by a physiotherapist as their first point of contact frees up GPs for other cases and puts patients in the driving seat of managing their health.

The Quality, Innovation, Productivity and Prevention (QIPP) process in England has endorsed self-referral for MSK conditions to allow easier access to treatment. It has been shown to not increase demand for physiotherapy and also reduces patient related costs; such as prescribing, X-rays, MRI and more expensive medical consultations.

Self-referral for an MSK problem cuts costs for the NHS by an average of £33 per patient. This represents a saving of up to 25%.
It also reduces waste and increases productivity, reducing unnecessary investigations, such as scans and x-rays, and lower levels of prescribing. Furthermore, giving patients the responsibility for their own referral is shown to cut 'did-not-attend' rates and improve adherence to treatment plans

Self-referral can reduce waiting times. This helps prevent acute problems from becoming chronic, reduces long-term pain and disability, and reduces the time people are off sick from work. It also improves patient satisfaction. In Torbay, North Devon, introducing self-referral cut waiting times from 10 weeks to within three days for 90% of patients. [14]

First point of contact practitioners

In some areas the self-referral model has been developed to have physiotherapists working within GP surgeries to provide direct role substitution for GPs for patients from their first contact with the surgery with an MSK issue.[13]

A pilot in Betsi Cudwaladr, north Wales, with two physiotherapists working across four GP practices. In the first 6 months has seen 1525 patients who would normally have seen the GP. Only 23 of these required any input from the GP. A 12% reduction in secondary care referrals. Helen Griffiths a GP Practice Manager within the pilot said "*It has made such a difference having the physios in the practice as it freed up a lot of appointments that would normally have been seen by the GPs. I really do think it's a fantastic service*"

In Nottingham, two physiotherapists were embedded in two GP practices for 1 year. All patients who called to make an appointment were offered the option of seeing the physiotherapist, as an alternative to the GP, if they had a MSK problem. The 1st Line Physiotherapy Service proved safe, effective and efficient. Statistical improvements were found in clinical recovery and patients appeared to have great confidence in the physiotherapists' ability to assess and treat them. The service also offers great financial savings compared to normal GP care. Average cost of care by the primary care physiotherapists were £89.26 and for usual GP care £695.45.

Risk Stratification – STarT Back

Some patients have a simple ache which will correct itself whilst others will have a long standing pain. The evolution of 'risk stratification', where patients are screened to identify the risks which may affect their treatment outcome, allows patients to be directed to the treatment pathway they need rather than applying a one size fits all approach.[4]

Keele University carried out a Randomized Controlled Trial (RCT) and demonstrated that the STarT Back Tool for neck and back patients was clinically and cost effective. Significantly improved outcomes at four months

and £34.39 saving per patient was shown when comparing the STarT Back intervention group with those who received usual care.

The STarT Back method asks patients to fill out a questionnaire with the GP or physiotherapist. This identifies whether the risks that may affect the treatment outcome are low, medium or high. The STarT Back questionnaire takes into account the patient's symptoms, their perception of their pain as well as how it is affecting their life. Patients can then be directed to an appropriate treatment pathway based on this assessment. The pathway may include greater emphasis on self-management for low risk patients or greater management of psychological distress for high risk patients.

Escape Knee Program

The ESCAPE knee class (Enabling Self-management and Coping with Arthritic knee Pain through Exercise) is a rehabilitation program designed for individuals suffering from osteoarthritis of the knee. The class consists of education and exercise to help individuals manage their osteoarthritis more effectively. The long term benefits of this program of care have been evaluated through RCT research.(5)

Compared to *Usual Care, ESCAPE-knee pain* participants had large improvements in function. 30 months after completing the programme *ESCAPE-knee pain* participants still had better physical function, lower community-based healthcare costs (-£47), medication costs (-£16), total health and social care costs (-£1118) and high probability (80-100%) of being cost-effective.

The CSP will be pleased to work with its members to develop the physiotherapy service to meet the needs of the Mid Essex population and support the financial sustainability of the local health economy.

Steve Tolan
Head of Practice
Chartered Society of Physiotherapy

References:

1. Haagsma JA, Graetz N, Bolliger I, et al. The global burden of injury: incidence, mortality, disability-adjusted life years and time trends from the Global Burden of Disease study 2013. Injury Prevention. 2015 December 3, 2015. (Epub ahead of print) http://injuryprevention.bmj.com/content/early/2015/10/20/injuryprev-2015-041616.abstract

2. Newton JN, Briggs ADM, Murray CJL, et al. Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet. 2015/12/08;386(10010):2257-74. http://dx.doi.org/10.1016/S0140-6736(15)00195-6

3. Arthritis Research UK. Musculoskeletal health: a public health approach. London: Arthritis Research UK; 2014. http://www.arthritisresearchuk.org/policy-and-public-affairs/public-health.aspx

4. Hill JC, Whitehurst DGT, Lewis M, et al. Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial. Lancet. 2011;378(9802):1560-71. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3208163/

5. Hurley MV, Walsh NE, Mitchell H, et al. Long-term outcomes and costs of an integrated rehabilitation program for chronic knee pain: a pragmatic, cluster randomized, controlled trial. Arthritis care & research. 2012 Feb;64(2):238-47.

6. Office for National Statistics. Sickness absence in the labour market,. London: Office for National Statistics; 2014. http://www.ons.gov.uk/ons/dcp171776_353899.pdf

7. Arthritis Research UK. Musculoskeletal calculator - map. London: Arthritis Research UK. http://www.arthritisresearchuk.org/arthritis-information/data-and-statistics/musculoskeletal-calculator/map.aspx

8. National Institute for Health and Care Excellence. Osteoarthritis care and management in adults. . London: National Institute for Health and Care Excellence; 2014. https://www.nice.org.uk/guidance/cg177

9. Royal College of General Practitioners. New league table reveals GP shortages across England, as patients set to wait week or more to see family doctor on 67m occasions. London: Royal College of General Practitioners,; 2015. http://www.rcgp.org.uk/news/2015/february/new-league-table-reveals-gp-shortages-across-england.aspx

10. National Audit Office. Stocktake of access to general practice in England. London: National Audit Office; 2015. https://www.nao.org.uk/report/stocktake-of-access-to-general-practice-in-england/

11. Briggs T. Getting it right the first time : Improving the quality of orthopaedic care within the National Health Service in England. London: British Orthopaedic Association; 2015. Available from: http://www.gettingitrightfirsttime.com/report/

12. Margham T. Musculoskeletal disorders: time for joint action in primary care. The British Journal of General Practice. 2011;61(592):657-8. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3207066/

13. The Chartered Society of Physiotherapy. Physiotherapy works for primary care. London: The Chartered Society of Physiotherapy; 2015. http://www.csp.org.uk/publications/physiotherapy-works-primary-care

14. The Chartered Society of Physiotherapy. Physiotherapy works for self referral. 2015. http://www.csp.org.uk/publications/physiotherapy-works-self-referral