



CHARTERED SOCIETY
OF PHYSIOTHERAPY
CYMDEITHAS SIARTREDIG
FFISIOTHERAPI

ANALYSIS SYNOPSIS

Physiotherapy Services in Wales

Delivering under pressure

FREEDOM OF INFORMATION REQUEST

Information from the Welsh NHS
from the financial year 2011-12
November 2012

1. Introduction

- 1.1 In 2011 the Welsh Board of the Chartered Society of Physiotherapy (CSP) obtained workforce related data from the seven Health Boards and Velindre NHS Trust through a series of Freedom of Information requests. It was agreed to undertake the exercise again in 2012 in order to compare service provision over time and look at any changes.
- 1.2 Some additional questions were posed in the 2012 survey to assess demand on the physiotherapy services and to determine if posts are being lost, down-banded or unduly delayed by vacancy control processes employed by the NHS organisations.

2. Headline results

- 2.1 Analysis shows that physiotherapy services in Wales continue to maintain a career structure which is fairly comparable across the country. The data does not, however, demonstrate where grades of staff can be found in terms of specialities. For example, it does not demonstrate that 'core' services are losing resources/skills through 'reprofiling' or that certain areas are attracting investment.
- 2.2 Demand for physiotherapy is increasing in all Health Boards and Velindre NHS Trust without, necessarily, an equivalent increase in investment to cope with the increased demand.
- 2.3 Services have made substantial savings in the year 2011/12 with a clear intention that there will be more required in 2012/13.
- 2.4 Vacancy control processes continue to add time to the recruitment process which, while helping to make savings, puts pressure on services to maintain the workload with fewer staff.
- 2.5 19.79 whole time equivalent (WTE) posts were discontinued in 2011/12. This is down on the equivalent figure for 2010/11 of 40.77 WTE posts, but means that 60.56 WTE posts have been lost from the physiotherapy service in Wales over the past two years. StatsWales shows that there are currently 1,519 WTE staff in the NHS physiotherapy workforce, therefore over the last two years the physiotherapy workforce in Wales has shrunk by 3.95 %.

3. Delivering under pressure – analysis of the results

- 3.1 The responses received by the Health Boards and Velindre NHS Trust in 2012 continue to demonstrate the complexity of physiotherapy services delivered by the NHS in Wales. Freedom of Information requests to each Health Board were standardised, however, different organisations provided information in different formats, making direct comparison between Health Boards more difficult.
- 3.2 All Health Boards demonstrate a career structure within their services stretching from technical instructor level 2 posts through to band 8 (managerial) posts. It is noted in several of the submissions that budgets for some of the physiotherapy posts no longer sit with the physiotherapy service managers but there continues to be a line of professional accountability for those posts which are now operationally managed elsewhere.
- 3.3 Information on vacancies and the vacancy control process shows this is still a tool used by Health Boards to make financial savings. There is no minimum time a vacancy must be held prior to it being submitted to a vacancy control panel, however, the average time for posts to be filled ranges from two to three months (Aneurin Bevan, Velindre and Cwm Taf) through to five to six months (Cardiff and Vale). The average appears to be around three months. All Health Boards and the NHS Trust have robust vacancy control processes in place and all replied that posts must be advertised internally before adverts are able to go out externally.
- 3.4 The CSP considers this approach will put services under additional strain, particularly when it is clearly known that there are no suitable internal candidates for vacant posts. Health Boards are using vacancy controls as a financial technique, to add time into the recruitment process and thus maximise potential savings. In terms of service provision it results in continued strain on services as vacancies must be carried by the existing workforce. This widespread practice of vacancy management is resulting in services being spread more thinly to cover the vacancies, increased waiting times or the implementation of priority criteria such that only urgent or priority patients actually receive treatment.

- 3.5 The CSP maintains these are false economies as failing to provide early interventions to patients may result in conditions worsening or acute symptoms becoming chronic. For example, early intervention with physiotherapy can reduce the amount of time people are off sick with a musculoskeletal condition and can prevent an acute problem becoming chronic. The Work Foundation found that for every £1 employers invest in wellbeing initiatives, like early access physiotherapy, they can expect a return of £3.¹ Early supported discharge schemes for stroke survivors can reduce long term dependency and admission to institutional care, and release hospital beds by reducing length of stay.²
- 3.6 At the end of the financial year there were 19.20 WTE posts unfilled. Only Abertawe Bro Morgannwg University (ABMU) and Aneurin Bevan Health Boards had vacant posts at the end of the year which they admitted were deliberately left unfilled to help achieve financial balance at year end 31st March 2012.
- 3.7 Information collected on service developments was encouraging. All Health Boards except Aneurin Bevan reported service developments, however, some have come without additional funding, which may have required disinvestment in existing services elsewhere.
- 3.8 All Health Boards report an increase in demand for physiotherapy services, both for inpatients and community patient services. ABMU reports 2.8 % increase for musculoskeletal (MSK) services, Aneurin Bevan reports 6.5 % for community patients and 2.32 % for inpatients whilst Cardiff and Vale reports an 11 % increase in community patient referrals. Velindre, Powys and Hywel Dda all provided details of the increased numbers in referrals (3,900 in total). Cwm Taf provided a response which showed increased numbers in part (3,829) and percentages in others (ranging from 26 % to 55 %) demonstrating increases in demand for a range of areas: community, MSK, women's health, pulmonary rehabilitation, neuro rehabilitation and orthopaedics.
- 3.9 The CSP suggests that the results show there has been a considerable increase in demand for physiotherapy but with limited (or no – in the case of Aneurin Bevan) increase in resources. Service redesign can only go so far in releasing efficiency savings. The provision of quality patient care to an increasing number of patients is only sustained for a certain length of time without an increase in resources.
- 3.10 There has been some re-profiling of physiotherapy posts during the year. In terms of posts lost from the service not all Health Boards provided a clear answer but of those which did:
- Aneurin Bevan lost 17.68 WTE
 - ABMU lost 0.5 WTE
 - Cwm Taf lost 1.00 WTE
 - Powys lost 0.61 WTE
- In total this figure is 19.79 WTE.

- 3.11 The CSP notes that the majority of posts lost were from Aneurin Bevan Health Board. The loss of posts across the rest of Wales is comparatively small. However, the CSP is concerned that added to the 40.77 WTE posts that were discontinued in 2010/11, the physiotherapy service across Wales has lost 60.56 WTE posts over the last two years.
- 3.12 Savings made in physiotherapy service budgets varied but on the whole were below 5%. Some Health Boards showed an increased budget – Betsi Cadwaladr up by 2.62% and Cardiff & Vale up 7.6% overall.
- ABMU – 1%
 - Aneurin Bevan – 3.5%
 - Cardiff and Vale + 7.6%
 - Hywel Dda – 0.12%
 - Powys (N) – 5.8%
 - Velindre – 5%
- 3.13 The level of budget savings required in the next financial year has not yet been set by all Health Boards. Of those which provided indicative savings required for 2012/13 ABMU must find 6%, Cardiff and Vale 4.7%, Cwm Taf must find 4.5% and Powys 5.98%.
- 3.14 The CSP considers that savings of this level cannot be delivered by efficiencies alone and will mean patient services will need to be cut. The profession is concerned at the impact these cuts will have. It is unclear how physiotherapy services will identify which services they will cease to provide. The CSP would argue that any such decisions must be made in full consultation with patients, and those who advocate on their behalf, as well as staff and their respective trade union.

4. Conclusion

- 4.1 Physiotherapy services across Wales are continuing to provide valuable patient services but are coming under increasing pressure from a growing demand and the challenging financial climate.
- 4.2 The physiotherapy workforce is well placed to meet the challenges facing the NHS from the rapidly ageing population and the increasing prevalence of long-term conditions and complex co-morbidities.
- 4.3 Physiotherapy services across a range of conditions and patient needs have been proven to be both clinically and cost effective. However, the CSP is concerned that the drive to deliver short-term financial savings, from the implementation of vacancy controls and the down-banding of posts, may have a negative impact on patient care. This may lead to increased numbers of hospital admissions and readmissions and increased costs to the NHS and social care services in the long term.
- 4.4 The Welsh Board of the Chartered Society of Physiotherapy and the wider CSP membership in Wales will be working closely with the Government and the NHS to ensure the essential role physiotherapy can and does play in improving the health of the nation continues to be recognised.

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¹ Chartered Society of Physiotherapy, *Physiotherapy works: Occupational Health*, 2011.

www.csp.org.uk/professional-union/practice/evidence-base/physiotherapy-works/occupational-health

² Chartered Society of Physiotherapy, *Physiotherapy works: Stroke*, 2011.

www.csp.org.uk/professional-union/practice/evidence-base/physiotherapy-works/physiotherapy-works-stroke