



CHARTERED  
SOCIETY  
OF  
PHYSIOTHERAPY

*impact report*

**2017**

**Progress** *against our*  
**corporate objectives**  
*and* **financial statement**

# Highlights of 2017

The CSP aims to transform health and wellbeing by empowering our members and exerting our influence. Here are some of the ways the we made an impact in 2017.



## Helping people to live healthier lives

- Our animation on **managing back pain** bust common misconceptions about the back and highlighted how exercise can aid recovery.
- As part of **Older People's Day**, we launched an animated exercise guide to help people avoid falls as they age.

## Transforming primary care and community rehabilitation

- Our influencing work with government and partner professional bodies to make the case for **first contact physiotherapy** resulted in a commitment to run 41 large scale pilots from NHS England, plus advances in Northern Ireland, Scotland and Wales.
- We launched our **Rehab Matters** campaign at several parliamentary and party conference events with a powerful short film showing the importance of community rehabilitation.
- Our **Think Physio for Primary Care** briefing set out the clinical and economic benefits that physiotherapy can bring to primary care settings.
  - Following calls from the CSP, the government announced plans to allow physiotherapists to issue **fit notes** as a way of helping people back to work.



**THINK  
PHYSIO**  
for primary care

Find out more about primary care issues at:  
[www.csp.org.uk/primarycare](http://www.csp.org.uk/primarycare)



More physiotherapy staff need to be trained



## Ensuring the physiotherapy workforce is fit for the future

- Our lobbying on workforce planning and expanding physiotherapy education contributed to **more university places** and a **growth in practice-based learning opportunities**.
- Our influencing resulted in providers of physiotherapist degree **apprenticeships** having to secure CSP accreditation, plus changes to the level of academic qualifications being allowable for apprenticeship routes into the profession.
- We influenced **advanced practice** policy in England to ensure the associated frameworks and apprenticeships strongly reflect physiotherapy knowledge and skills, and support the development of first contact physiotherapy roles.
- We campaigned to **protect the rights** of European physiotherapy staff and students who are currently based in the UK, along with British members who are working in Europe.
- The first cohort of 47 members completed our **leadership development programme**, building essential leadership skills and capacity across the profession.



\* Find out more about workforce issues at:  
[www.csp.org.uk/workforce](http://www.csp.org.uk/workforce)



## Developing and championing the evidence for physiotherapy

- We consulted physiotherapy staff and the public to identify the **top ten priorities for physiotherapy research** in a major study with the James Lind Alliance.

### Hip Sprint timeline

Our Hip Sprint audit in collaboration with the Royal College of Physicians captured a snapshot of hip fracture rehabilitation across England and Wales, highlighting unwarranted variations in levels of care.

- **April:** We identified orthopaedic physio leads in 131 hospitals across England and Wales and gained their commitment to collect essential data on the rehabilitation experience of their hip fracture patients.
- **May-June:** 580 physios in acute hospitals started to collect data about the first seven days of rehab after hip fracture surgery. They also made connections with physios further down the pathway to ensure data was captured as their patients' care continued.
- **July-October:** Physios in intermediate and community care collected data about the first seven days of rehab in these settings.
- **October:** Data collection closed, with members having submitted reports for almost 7,000 patients.
- **February 2018:** We published a Hip Sprint report with four key recommendations to improve hip fracture rehabilitation: improved mobilisation rates on the day after surgery, intensive early rehab, improved continuity of care and improved local governance to help quality improvement work.

The data will be invaluable locally and nationally to help us to develop standards of care and patient information, while members can plan service improvements and share good



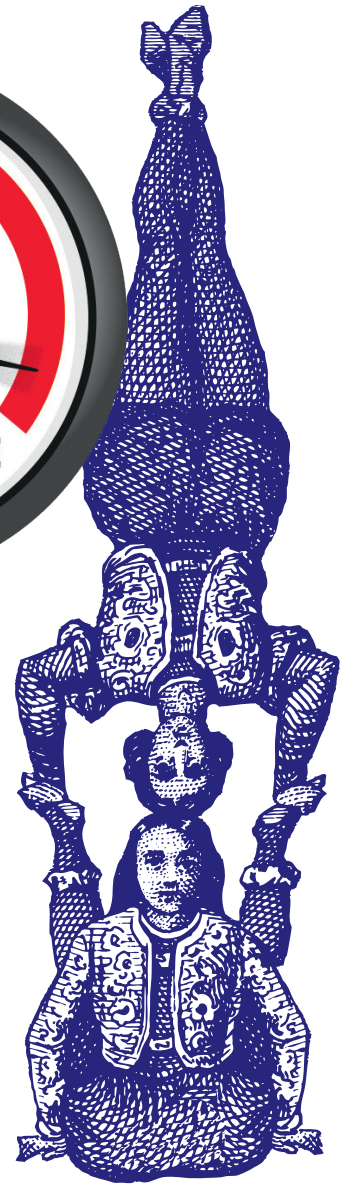
James  
Lind  
Alliance

Priority Setting Partnerships

Find out more about our Hip Sprint work  
[www.csp.org.uk/hipsprint](http://www.csp.org.uk/hipsprint)



CSP members rally for a catchup NHS pay rise



## Fighting for fair pay and conditions for our members

- We pressed government for a **fair pay increase** for NHS staff, after seven years of pay restraint.
- We launched the **Building a Better Balance** campaign to help members with flexible working requests.
- Our **Pinpoint the Pressure** campaign gave workplace reps and members the tools to help address unsustainable workloads.

Find out more about employment issues:  
[www.csp.org.uk/unionsupport](http://www.csp.org.uk/unionsupport)

## Building life-long relationships with members

- Following an extensive member-led development process, AGM participants voted to introduce a **new governance model** to the CSP, enabling a smaller Council and set of committees to provide stronger and more strategic leadership for the profession.
- CSP member numbers reached an all-time high, with the record 57,141 membership comprising 90% of the profession.
- In our annual membership survey, 60% of members rated their satisfaction with CSP membership as 7/10 or higher.

Find out more about CSP membership  
[www.csp.org.uk/membership](http://www.csp.org.uk/membership)

CSP membership numbers comprise

90%

of the profession

# 1

## Objective

### Position physiotherapy at the leading edge of transforming the delivery of health and social care throughout the UK

#### Measure 1: Evidence of policy makers including physiotherapy as part of widening GP team, and giving greater priority to community rehab services

- NHS England guidance on elective care and access to GP services featured first contact physiotherapy.
- In Wales, physiotherapy figured strongly in the emerging government strategy for primary care.
- The Scottish Government's workforce and GP contract statements both suggested physiotherapy as part of the widening GP team.
- In Northern Ireland, the Public Health Agency convened stakeholders to explore the physiotherapy offer to primary care.
- Our Rehab Matters film launch at the House of Commons led to a Health Select Committee member speaking in favour of investment in community rehabilitation.

#### Measure 2: Evidence of implementation of GP physiotherapy roles and self-referral

- Members continued to lead the implementation of GP physiotherapy roles across England and Wales. Scotland saw a smaller roll-out, while in Northern Ireland potential posts were discussed.

#### Measure 3: Evidence of policy makers' commitment to increasing and developing the physiotherapy workforce

- In England, student places increased by more than 15 per cent for 2017/18, with plans reported by HEIs UK-wide for a further expansion in 2018/19.
- Across the UK, an increased number of employers committed to practice-based learning places, in the NHS, independent, voluntary and private sectors.

# 82%

of members rated their support for the CSP's position on primary care as 7 or more out of 10. (2018 annual membership survey)



# 2

## Objective

**Champion the development and use of the evidence that physiotherapy is both clinically and cost effective in the planning or commissioning, and delivery, of health and social care**

### Measure 1: Number of abstracts accepted for Physiotherapy UK 2017

**226** accepted, from 244 submitted. (Target: 270)

### Measure 2: Stakeholder page views of evidence-based tools on the CSP website

**136,160** pages viewed across 2017. (No corresponding data in 2016)

### Measure 3: Click throughs to online case studies database

**17,490** pages viewed in 2017. (No corresponding data in 2016)

### Measure 4: Physiotherapy Journal Impact Factor

**3.12** (3.01 in 2016)

# 3

## Objective

**Fulfil the potential of physiotherapy to empower patients and communities to maximise independence and live long and live well**

### Measure 1: Promotion of the offer that physiotherapy can make to public health

- We commissioned research into people's attitudes to exercise and activity, and members' skills and confidence to bring about behaviour change with their patients.
- The insight gave us the basis on which we were able to develop our 2018 campaign to shape public health messages and influence the physical activity levels of individuals.

# 4 Objective

**Represent the interests of our members at work**

**Measure 1: Status of health of stewards and safety representatives network**

- Green, based on number of stewards and safety reps, turnover rate and speed of filling gaps.

**Measure 2: Number of requests for advice from the Professional Advice Service**

**1,616** across 2017. (1,600 in 2016)

# 5 Objective

**Help physiotherapy networks and communities organise themselves to influence on behalf of the profession and support members**

**Measure 1: Number of contributions originated on iCSP**

**11,782** in 2017. (15,201 in 2016)

**Measure 2: Member engagement rating with CSP emails**

**3.14** out of 5 at end of 2017. (2.74 at end of 2016)





# 6 Objective

## Build life-long relationships with members

Measure 1: Year-on-year comparison of membership numbers

**57,141** at end of 2017. (56,043 at end of 2016)

Measure 2: Number of enquiries logged as complaints

**8** complaints in 2017. (2 in 2016)

Measure 3: How likely are members to advocate CSP membership to a colleague?

• Net Promoter Score of -6 on a scale from -100 to +100. (-17 in 2016)



## CSP accounts 2017

# Financial statement

The CSP generated a surplus of £1.05m in 2017 which was retained as reserves to improve the Society's overall net asset position to £3.79m at the end of the year (up from £2.1m in 2016). The higher than usual surplus was generated as a result of increased membership income, the release of accruals no longer needed and savings on budgeted spend.

In recent years anything more than a modest surplus has been donated to the Charitable Trust. This was no longer deemed appropriate in light of the CSP's low reserve position.

Membership numbers continue to increase to all time record levels, contributing to overall income of £17.3m (up 3.7% on 2016). At the year end the overall membership number stood at 57,141, an increase of 1,098 on 2016.

2016 proved extremely volatile for the CSP reserves as the valuation of the pension scheme liability increased by £10m to £19.1m under Financial Reporting Standard 102 (FRS 102). Again the pension position deteriorated in 2017 to a year end liability of £20.3m as a result of a 0.2% decline in the corporate bond yields used to value the scheme under FRS 102. The impact on our financial statements was largely offset by an increase in the value of the London head office of £0.9m.

The actuarial valuation of the pension scheme, using different assumptions than FRS 102, is due in 2018 and will influence the recovery strategy required to ensure we can meet our future pension obligations to staff as they fall due. 2017 saw initial steps taken to reduce the pension funding gap; future scheme accruals will now be on a salary career average basis and a lower inflation measure.

### Jon Mawby

*Director of corporate services and infrastructure*

### Alex MacKenzie

*Chair of Council*



## CSP accounts 2017

### Income and expenditure account for the year ended 31 December 2017

	2017 £'000	2016 £'000
Income	17,131	16,520
Operating expenses	(15,337)	(15,311)
Pension finance charge	(525)	(354)
Gift aid payment	(362)	(844)
<b>OPERATING SURPLUS</b>	<b>907</b>	<b>11</b>
Investment income	143	120
Taxation	-	-
<b>Surplus after taxation transferred to general fund</b>	<b>1,050</b>	<b>139</b>

### Notes:

i) The Accounts were approved by Council on 18 April 2018.

ii) In the published accounts the CSP reports its freehold office land and buildings at market value. In December 2017 the properties were professionally valued at £11,500,000.

iii) The market value of the CSP investment portfolio, at 31 December 2017, was £6,133,000.

iv) Full sets of the statutory accounts of the CSP, CSP Charitable Trust and CSP Members' Benevolent Fund can be obtained from the Head of Finance at 14 Bedford Row, London WC1R 4ED.

v) Page 10 of the Annual Report contain summary information extracted from the full statutory accounts of the Chartered Society of Physiotherapy for the year ended 31 December 2017. The auditors, RSM UK Audit LLP, have given these accounts an unqualified audit report

### Balance sheet as at 31 December 2017

	2017 £'000		2016 £'000	
<b>FIXED ASSETS</b>				
Tangible and intangible assets		12,965		12,091
Investments		6,133		6,148
		<b>19,098</b>		<b>18,239</b>
<b>CURRENT ASSETS</b>				
Debtors and prepayments	4,876		4,367	
Cash at bank and in hand	3,094		1,685	
	<b>7,970</b>		<b>6,052</b>	
<b>CREDITORS: amounts falling due within one year</b>	<b>(2,307)</b>		<b>(2,531)</b>	
<b>NET CURRENT ASSETS</b>		<b>5,663</b>		<b>3,521</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>24,761</b>		<b>21,760</b>
Provisions for liabilities		(653)		(585)
<b>NET ASSETS EXCLUDING PENSION LIABILITY</b>		<b>24,108</b>		<b>21,175</b>
Defined benefit pension scheme liability		(20,319)		(19,124)
<b>NET ASSETS INCLUDING PENSION LIABILITY</b>		<b>3,789</b>		<b>2,051</b>
<b>Represented by: General and other funds as at 31 December 2017</b>		<b>3,789</b>		<b>2,051</b>

### Income - where has it all come from?

	2017 £'000	2016 £'000
Subscriptions	15,904	15,341
Income from journals	521	441
Income for educational purposes	365	280
Events	219	356
Miscellaneous	122	102
<b>Total Income</b>	<b>17,131</b>	<b>16,520</b>

### Expenditure - what has it all cost?

	2017 £'000	2016 £'000
<b>Area of activity:</b>		
Practice & Development	3,757	3,701
Employment Relations and Union Services	2,334	2,469
Journals	1,478	1,529
Marketing and Communications	2,612	2,482
Events	266	227
Administration and Finance	4,890	4,903
<b>Total Operating Expenses</b>	<b>15,337</b>	<b>15,311</b>





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# *impact report* **2017**

### **Professional Networks**

For further information on our Professional Networks go to  
[www.csp.org.uk/professional-networks](http://www.csp.org.uk/professional-networks)



This document is available in large print  
or Braille for people with sight problems:

Tel: **020 7306 6666**