



CHARTERED SOCIETY
OF PHYSIOTHERAPY
CYMDEITHAS SIARTREDIG
FFISIOTHERAPI

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.

Analysis of the FOI Responses 2012

Question 1

Please confirm how many (WTE) physiotherapists, technicians and assistants (by Agenda for Change band) were employed by x Health Board/NHS Trust on the 31 March 2012.

	ABMU	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Cwm Taf	Hywel Dda	Powys	Velindre
Band 2	35.28	7.47	17.87	18.38		0.5	4.29	
Band 3	32.73	22.40	29.48	34.04	20.13	18.08	15.74	0.75
Band 4	18.51	15.34	17.24	6.19	9.61	10.69		
Band 5	47.30	27.40	38.78	53.31	17.0	23.17	4.70	
Band 6	68.50	103.68	96.78	86.37	39.49	46.9	14.06	2.5
Band 7	79.58	50.44	88.76	68.19	37.82	44.9	19.32	1.0
Band 8a		15.52	11.21	14.30	7.63		3.0	
Band 8b		3.0	2.0	6.0	1.0			
Band 8c		1.0	1.0		1.0			
Band 8d				1.0				
Band 8+	21.2					7.8*		
Prof lead							1.0	
TOTAL	303.10	246.25	303.13	287.78	145.62	152.04	62.11	4.25

*includes Director of Therapies and Health Science (1wte) and 2 Assistant Directors (1.8wte)

Question 2

Please confirm or deny whether x Health Board/NHS Trust has a minimum period of time that a post must be held vacant prior to submission to a vacancy control panel.

ABMU

There is no minimum time specified.

Aneurin Bevan

There is no set minimum period of time that a vacancy must be held prior to submission to the executive vacancy scrutiny group.

Betsi Cadwaladr

There is no minimum time specified.

Cardiff & Vale

The minimum length of time requested was 3 months unless there were strong clinical reasons to support an earlier submission.

Cwm Taf

There is no minimum time specified.

Hywel Dda

There is no minimum time specified.

Powys

There is no minimum time specified.

Velindre

There is no minimum time specified.

Question 3

Please confirm what is the average time for physiotherapy service posts to progress from vacancy to appointment within your Health Board/NHS Trust.

ABMU

8-12 weeks on average

Aneurin Bevan

The Health Board follows a recruitment process which outlines time scales associated with it. The additional time on top of this will depend on the period of notice required by the successful candidate which, depending on the grade,

will vary from one to three months.

Betsi Cadwaladr

Approximately 12-16 weeks.

Cardiff & Vale

The average time to fill vacancies is between 5 and 6 months.

Cwm Taf

Once the vacancy requisition has been approved by the Workforce Savings Group, it is advertised by recruitment within 48 hours. The advert duration is normally 1-2 weeks. Once closed, interviews are arranged in 8-10 days, allowing appropriate notice period for the candidate. Confirmation of appointment date will depend on individual's requirement to give notice. Approximate timescale is 2 months from advert to appointment.

Hywel Dda

The average time that all posts are taking to progress from vacancy approval to appointment within the Health Board is currently 13 weeks. This is the time taken from placing the advertisement, short listing, interviewing, undertaking pre-employment checks eg CRB, occupational health clearance and references, any notice an individual has to give, to commencing on their first day in post.

Powys

The average time for a physiotherapy post to be appointed when it falls vacant is 1 week for approval and then 3 months from approval to appointment.

Velindre

10 weeks

Question 4

Please provide details of the process which must be followed by x Health Board/NHS Trust for a physiotherapy service post to be appointed when it falls vacant. Please include all processes that must be followed prior to submission to vacancy control panel.

ABMU

A vacancy will be discussed with the head of service for approval to recruit. If agreed then a notification of vacancy (NOV) form is submitted to the directorate or locality senior management team for approval. If approved then the vacancy is relayed to the recruitment team who arrange publication via the NHS jobs website.

Aneurin Bevan

The Health Board has a robust vacancy screening process in place which operates at executive level. All posts are subject to the scrutiny process which looks at a range of issues including impact on patient safety, staff safety and budget.

- i.* Terms of reference for vacancy executive scrutiny group provided
- ii.* Recruitment process provided
- iii.* Vacancy request form provided

Betsi Cadwaladr

- i.* Policy for safe recruitment provided
- ii.* Selection guidelines and practices provided

Cardiff & Vale

- i.* Recruitment and selection procedure provided
- ii.* Recruitment and selection policy provided

Cwm Taf

Flow chart provided

Hywel Dda

All vacancies are reviewed by head of physiotherapy. Following this service review an application to fill a vacancy requires a business justification case to be authorised by the head of service, general manager and financial manager. This is then submitted to vacancy approval panel which reviews applications on a weekly basis. Following approval by panel, posts banded 1-6 are directly advertised. Posts band 7 and over require further approval by executive lead prior to advertisement.

Powys

The process for the physiotherapy service to follow to appoint to a vacant post is to carry out a skill mix review, the lead therapist completes a staff requisition which is then sent to the finance department for financial sign off. The locality general manager then has to sign it off before it is then sent for advertising.

Velindre

- Assessment of need of the post in line with service developments, skill mix adjustments etc
- Completion of vacancy requisition form by manager of service
- Cancer service director approval/signature

- HR approval/signature
- Finance approval/signature
- Confirmation of job description and post outline
- Writing of advert for NHS jobs (with interview date if possible)
- HR submit all the above to recruitment
- Recruitment advertise job on NHS jobs for grace period
- Shortlist
- Interview
- Appoint

Question 5

Please confirm or deny whether there are any restrictions on advertising posts externally in x Health Board/NHS Trust. If confirmed:

Please provide details of those restrictions

ABMU

In general, posts are advertised internally and then if it is not possible to proceed to appointment consideration would be given to external advertisement.

Aneurin Bevan

Once a post is agreed via the scrutiny process the post is usually advertised within the Health Board. If the post cannot be filled internally the post will be advertised within NHS Wales in the first instance, unless there are specific, specialist requirements within the role. If there are no applications/no successful applications, post may then, with the approval of vacancy scrutiny panel, be advertised externally.

Betsi Cadwaladr

Posts must be advertised internally in the first instance, unless approval is gained through the vacancy group.

Cardiff & Vale

Restrictions on recruitment activity and the implementation of an internal deployment policy were put in place in November 2011 by the UHB in response to financial pressures and the need to ensure

effective deployment of existing staff. These actions resulted in a reduction in external recruitment activity between December 2011 and April 2012, and have since been relaxed.

Close monitoring still takes place to ensure the maximum best use of internal resources. The current process is that once approval has been given to fill a vacancy, it is referred to the UHB Deployment Forum to establish whether the post can be filled via the deployment process. The process ensures that existing staff who have been displaced or are at risk of displacement due to organisational change, and/or staff who require re-deployment for other reasons, may be considered before action is taken to advertise a post externally. If it is established that there are no suitable candidates, and if appropriate, approval may then be granted to advertise the vacancy externally as well as internally.

Cwm Taf

All vacancies are advertised internally in the first instance, unless a specific qualification is required, where it is envisaged that there will be no suitable candidates internally.

Hywel Dda

All posts are considered initially for advertisement internally within Health Board unless there is clear justification to process directly to external advertisement eg Band 5 staff appointments usually advertised directly externally.

Powys

All posts are advertised internally first, then externally if no suitable applicants.

Velindre

There is no restriction on advertising externally, however if NHS jobs website is not used the appropriate budget pays for the advert.

Question 6

Please confirm how many posts in the physiotherapy service of x Health Board/NHS Trust, and at which AfC band, were awaiting approval for recruitment on the 31st March 2012.

ABMU

12.81 wte posts

Aneurin Bevan

None

Betsi Cadwaladr

1.0 WTE Band 6 and 1 WTE Band 7

Cardiff & Vale

2 qualified and 1 support worker (adult services)

0.35 WTE band 2, 2 WTE band 6, 1 WTE band 5

Cwm Taf

None

Hywel Dda

2 WTE posts awaiting approval at panel sitting on 2/4/12

Powys

None

Velindre

None

Question 7

Please confirm or deny whether physiotherapy services in x Health Board/NHS Trust have had to hold unfilled posts to achieve financial balance at year end on the 31st March 2012. If confirmed:

- a. Please confirm how many posts remain unfilled*
- b. Please confirm what AfC band they were*
- c. Please confirm what speciality area they were in.*

ABMU

Swansea 2 Band 5 posts both rotational

Aneurin Bevan

Confirmed the following as discontinued posts

WTE	Grade	Speciality
2.96 (4 posts)	Band2	Inpatients
0.80 (1 post)	Band 2	Admin
0.60 (1 post)	Band 3	Inpatients
5.0 (5 posts)	Band 5	Rotational
1.0 (1 post)	Band 5	Admin
1.04 (2 posts)	Band 6	Inpatients
1.0 (1 post)	Band 6	MSK
1.0 (1 post)	Band 7	Community
1.0 (1 post)	Band 7	MSK
0.67 (1 post)	Band 8b	MSK
317.68 WTE		

Betsi Cadwaladr

BCUHB physiotherapy service has not been asked to do this.

Cardiff & Vale

No posts were directly held to achieve financial balance.

Cwm Taf

None

Hywel Dda

The physiotherapy service has not held posts to achieve financial balance.

Powys

None

Velindre

None

Question 8

Please confirm or deny whether there have been any service developments in the physiotherapy service of x Health Board/NHS Trust during the last financial year (April 2011 to end of March 2012).

If confirmed:

- a. Please provide details of the developments
- b. Please confirm or deny whether these were supported by additional resources.

ABMU

Paediatric service developments:

- Change to DCD (development coordination disorders) pathway involving training education staff to screen children with possible DCD and run gross motor programmes.
- Instigated a monthly 'drop-in' positional talipes clinic
- Ran training session for health visitors across ABMU in recognising normal physiological variants
- A link was made with Swansea University to research the use of rebound therapy with DCD children. The service used short term vacancy money to support the research.

Aneurin Bevan

There were no new physiotherapy service developments from April 2011 to end of March 2012.

Betsi Cadwaladr

There have been some service developments over the last 12 months; some as a result of service modernisation and some as a result of funding.

Cardiff & Vale

There were additional community posts, together with additional posts for Cystic Fibrosis, Orthopaedic and Enhanced Recovery After Surgery (ERAS). All of these posts were funded.

Cwm Taf

- Bank Band 5 rotational – no additional resources
- A&C Band 3 to support an extended scope practitioner (ESP) in musculoskeletal (MSK) triage – extra resources provided.

Hywel Dda

There has been investment to support lymphoedema service developments requiring appointment of 4 WTE posts. The service within the Ceredigion locality has been established.

There has also been investment in community service developments of 8.25 WTE physiotherapy staff as part of investment of £30k in therapy staffing to support a shift to community provision as a key enabler to delivering care closer to home. Additional funding was provided for all posts. 1 WTE band 7, 1 WTE band 6, 4 WTE band 5, 2.25 WTE band 4 physiotherapy component (these are generic posts therefore total 4.5 WTE)

There has been development of community palliative care in Pembrokeshire and paediatric service development of support service provision in specialist school. These came with additional external funding from Welsh Government and the Local Educational Authority. Both band 6.

Powys

- Pulmonary rehabilitation – no additional resources
- Falls rehabilitation and orthopaedic assessment clinics created in all three localities without additional resources – funding secured through ‘invest to save’ within localities
- South locality has developed cardiac rehabilitation (already available in other localities) and no new or additional funding or posts provided
- North locality has received additional resources to design a service for reablement, these services being already available in south and mid localities.

Velindre

- Development of a physiotherapy service to Velindre cancer centre general (ie all tumour sites) outpatients
- Increase in the physiotherapy service to post breast cancer surgery and head and neck cancer surgery out patients.
- Pilot of 7-day physiotherapy service funding has come from MacMillan Cancer Support.

Question 9

Please confirm how many new posts have been developed in the physiotherapy service of x Health Board/NHS Trust at which AfC band and which speciality area during the last financial year (April 2011 to end of March 2012).

ABMU

Band 3 0.5 WTE – Palliative care

Band 4 1.0 WTE (previously Band 3) – Renal

Band 6 2.0 WTE – MSK

Aneurin Bevan

There were no new posts developed between April 2011 and the end of March 2012.

Betsi Cadwaladr

3.0 WTE Band 6 orthopaedics

4.0 WTE Band 5 orthopaedics

0.15 WTE Band 7 pain

0.2 WTE Band 7 exercise referral for cancer patients

1.0 WTE Band 8a MSK pathway lead

Cardiff & Vale

Community 1.4 WTE qualified and 1 WTE technician

Cystic fibrosis 1 WTE qualified

ERAS 0.8 qualified

Orthopaedics 4.0 WTE (2 inpatient, 2 outpatient posts)

Cwm Taf

Bank Band 5 rotational

A&C Band 3 to support (ESP) (MSK) orthopaedic triage.

Hywel Dda

(8.25 WTE community)

1.0 WTE Band 7

1.0 WTE Band 6

4.0 WTE Band 5

2.25 WTE Band 4 (generic posts with OT so 4.5 WTE in total)

(4.0 WTE lymphoedema)

1 WTE Band 7

1 WTE Band 6

1 WTE Band 3

1 WT Band 2

0.8 WTE Band 6 paediatric post

Powys

1 reablement post (Band 7) developed in north locality

Velindre

1 WTE Band 6 oncology

Question 10

Please confirm or deny if there has been an increase in demand for physiotherapy services in x Health Board/NHS Trust.

If confirmed

- a. Please provide numbers where this is appropriate*
- b. Please provide detail on which speciality area they were in.*

ABMU

There was a small increase in demand for musculoskeletal physiotherapy services within Swansea locality of 2.8 %.

It should be noted that for inpatient specialities the physiotherapy teams generate their own workloads (ie workload is not referred). Activity is dependent on staff in post, and year to year there will be variable workload activity influenced by factors such as level of maternity leave and sickness.

Aneurin Bevan

There was a 6.5 % increase across outpatient services and a 2.32 % increase in inpatient services

	OP	IP
2010/11	45,928	21,982
2011/12	49,108	22,503

Betsi Cadwaladr

There has been a general increase in demand across all specialities but particularly in orthopaedics.

Cardiff & Vale

During the financial year there was an 11 % increase in demand through outpatient referrals. There has also been a noticeable increase in patient acuity in paediatric services.

Cwm Taf

Yes. Comparison for outpatient physiotherapy services mainly due to changes around funding arrangements for Cwm Taf residents who have been repatriated back from Rookwood Hospital.

- i. Orthopaedics has seen an extra 3,041 referrals*
- ii. Community has seen a 26 % increase in referrals*
- iii. MSK women's health has seen an increase of 788 referrals*
- iv. Pulmonary rehabilitation has seen a 43 % increase in referrals*

- v. Neuro rehabilitation has seen a 55 % increase
- vi. The Extended Scope practitioner Triage service has seen a 34 % increase in referrals converted to MSK physiotherapy outpatients each week.

Hywel Dda

There has been an increase in service demand in the majority of areas within physiotherapy.

	09/10	10/11
Outpatients	20,639	21,742
Inpatients	9,881	10,756
Community	1,937	3,222
Paediatrics	922	1,212

Powys

Orthopaedic assessment – approximately 150 new patient assessments in north and mid locality and approximately 60 new patients in the south locality.

Velindre

An increase in demand in the following areas within oncology:

- 27 general cancer site outpatients
- 10 neurological cancer site patients
- 54 breast cancer patients
- 36 head and neck cancer patients
- 10 breathlessness patients

Question 11

Please confirm or deny whether changes have been made to the physiotherapy service establishment over the last financial year April 2011 to end of March 2012.

Please give details of:

- i. *Upgrading*
- ii. *Investment*
- iii. *Service skill re-profiling*
- iv. *'Down banding' of posts*

- v. *Discontinued posts*
- vi. *Voluntary early release*

ABMU

Upgrading – 3 posts revised

1 Band 3 to a Band 4

2 Band 7 to a Band 8a

Investment

Band 3 0.5 WTE

Band 4 1 WTE (from Band 3 to 4)

Band 6 2 WTE

Skill mix re-profiling

2 WTE Band 7 posts revised to Band 6

1 WTE Band 6 post equivalent hours converted to Band 3 to improve skill mix

1 WTE Band 6 was converted into 0.5 Band 7 and 0.69 of Band 3

Discontinued Posts

0.5 Band 7 not replaced

Aneurin Bevan

- No upgrading
- £350k annual investment into musculoskeletal services
- No service skill re-profiling
- No 'down banding' of posts
- 17.68 WTE discontinued posts

Betsi Cadwaladr

Upgrading – no

Investment – yes

Service re-profiling – yes

Down banding – no

Discontinued posts – no

Cardiff & Vale

The ongoing service review has resulted in a skill mix reconfiguration and reduction in management posts.

Cwm Taf

Changes made include:

- Extended scope practitioner from Band 8a to Band 7 (down banding)
- Loss of A&C Band 3 as part of cost saving (discontinued)
- 2 Band 6 trauma and orthopaedic posts were made fixed term for 6 months which were part of the original establishment
- 1 women's health Band 6 post was made fixed term for 6 months

which was part of the original establishment

- 1 intermediate care Band 6 post was made fixed term for 6 months which was part of the original establishment
- 7 Band 5 posts were made fixed term for 6 months which was part of the original establishment

Hywel Dda

There were no changes to the physiotherapy establishment.

Powys

North locality investment 1 WTE Band 7 post

Service re-profiling 0.2 WTE Band 2 post

Mid locality discontinued 0.61 WTE Band 7 post

Velindre

Upgrading – no

Investment – MacMillan Cancer Support 1 WTE Band 6

Service skill re-profiling – no

Down banding – no

Discontinued posts – no

Question 12

Please provide details of the level of budget increase or reduction made by the physiotherapy service in x Health Board/NHS Trust in the last financial year (April 2011 to end of March 2012) and what is this as a % of the physiotherapy budget.

ABMU

2010/11 7 £665,344 savings

2011/12 7 £595,666 savings

This represents less than a 1 % difference

(NB – figures do not include learning disabilities)

Aneurin Bevan

The Health Board physiotherapy service received £350k annual investment into musculoskeletal services which represents 3.5 % of the overall budget.

Betsi Cadwaladr

April 2011 Total physio budget 9,978,440

March 2012 10,239,667

2.62 % increase

Cwm Taf

There is no change to the budget in the financial year 2011/12.

Cardiff & Vale

There has been a £662,000 (7.6 %) increase in adult services in 2011/12 compared to 2010/11 and in paediatric services a £31,908 (2.8 %) increase compared to 2010/11.

Hywel Dda

During 2011/12 financial year the overall change in budget was a reduction of £5,419 which was a 0.12 % reduction.

Investment in posts (lymphoedema, community and paediatrics) is held in cost centres outside of the main physiotherapy budget.

Powys

North	£42,513	5.8 % reduction
Mid	£7,881	2.4 % increase
South	£6,642	1.13 % increase

Velindre

5 % reduction in the budget

Question 13

Please provide details of projected % budgetary savings to be made for this financial year (April 2012 to end of March 2013).

ABMU

6 %

Aneurin Bevan

Currently the physiotherapy service has no projected budgetary savings for 2012/13. The physiotherapy service can demonstrate a balanced financial plan and is required to remain within this plan.

Betsi Cadwaladr

This has not yet been agreed with the service.

Cardiff and Vale

There is a projected budgetary saving of 4.7 % which equated to £457,000.

Cwm Taf

The saving target for therapies is 4.5 % . This has not yet been split out between all the disciplines within therapies.

Hywel Dda

Currently there is no specific projected savings outlined. However, the service is required to deliver incremental draft in 2012/13.

Powys

North – 5.98 %

Mid – 2.87 %

South – 2.72 %

Velindre

No further reduction required.

Question 14

Please confirm or deny whether any physiotherapy posts in x Health Board/NHS Trust have been supported in voluntary early release during the last financial year.

ABMU – None

Aneurin Bevan – None

Betsi Cadwaladr – Yes

Leadership post, Band 8a and re-design of other leadership posts through economies of scale

Cardiff & Vale – Posts within adult services have been supported

Cwm Taf – None

Cardiff & Vale – None

Hywel Dda – None

Powys – None

Velindre – None

About the CSP and physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,000 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

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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