

Written evidence submitted by The Chartered Society of Physiotherapy

Introduction

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 65,000 chartered physiotherapists, physiotherapy students and support workers.

Summary of CSP recommendations:

- **There are flaws in how workforce supply and demand have been calculated in relation to physiotherapy.**
- **Where funding training places cannot meet supply targets it should be used to expand staffing numbers of professions like physiotherapy where supply is not the issue.**
- **There should be a shift in focus away from current establishment and vacancies to the staffing levels required to deliver services to meet population needs and national policies to transform provision.**

1. Models underpinning the NHS Long Term Workforce Plan

- 1.1 The CSP agrees with the National Audit Office (NAO) assessment⁽¹⁾ of the modelling behind NHS England's Long Term Workforce Plan (LTWP). There are flaws in how workforce demand have been calculated. For physiotherapy this is because it is overly focused on existing staffing numbers and vacancy rates and not on population and service need.
- 1.2 Furthermore, the NAO assessment shows that the target for expanding nursing and medical student numbers in the next five years is unlikely to be met. It assumes a level of demand for training places that doesn't currently exist. In 2024 the Universities and Colleges Admission Services UCAS reported a 26 per cent drop in the number of applicants to study nursing in England in just two years despite the government's LTWP for the NHS.⁽²⁾
- 1.3 Furthermore, 13% of nurse students don't complete their course, and approximately 25% of doctors depart the NHS within two years after completing their foundation year training.⁽³⁾
- 1.4 On the other hand the demand for physiotherapy university courses is growing in England, with UCAS figures showing a year on year increase every year for the last 5 years, with a more than 48% increase in applications from 2019 to 2023 and demand for places far outstripping supply.
- 1.5 The attrition rate for physiotherapy students is 2.58% (5.24% for first years only), extremely low compared to other health subjects.⁽⁴⁾ The attrition rate from the profession is also low, with 93.3% remaining on the register after 4 years.⁽⁵⁾ The profession continues to be a popular career choice for people who want to make a positive difference to the lives of others and represents a good return on investment.
- 1.6 The funding for training places that can't be filled should be directed to expand frontline staffing. The modelling for supply assumes that the proportion of physiotherapy graduates going into the NHS should remain the same as it has over the last five years. But we know that the NHS has under-utilised the growth in physiotherapy graduates during this time and demand outside the NHS has been high.

- 1.7 The supply of registered physiotherapists in the UK is booming and increasingly diverse, with a 108% increase in the last 12 years and room for further growth with high demand for physiotherapy training. ^(6,7) Growth in registered physiotherapy staffing numbers was less than a third of that of the growth in registrant numbers in the same period. 93% of NHS physiotherapy managers say that they do not have sufficient staff to meet need or provide services within NHS guidelines.⁽⁸⁾
- 1.8 There is currently 1 non-registered physio/rehab support worker to every 5 registered physiotherapists. There is a consensus among physiotherapy managers in favour of increasing this proportion to 1: 3, with the right training in place to upskill the non-registered workforce. ⁽⁹⁾ Alongside the potential growth in registered physiotherapists, moving to this within 5 years would mean 6,500 additional physio/rehab support workers for community teams.

2. Workforce demand/Productivity

- 2.1 One of the concerns the CSP has with the Long Term Workforce Plan (LTWP) modelling is that it focusses on vacancies rather than staffing levels and unmet patient needs. An area we need to supply with workforce more than ever is rehabilitation, which is historically under-staffed.
- 2.2 More physiotherapy staff in the NHS are required at all levels of practice to meet ambitions of the NHS LTWP to expand the community workforce as an investment in rehabilitation to mitigate avoidable demands on secondary care, and the Government's 2023 mandate to NHS England to continue the shift towards community-based care.
- 2.3 A growing proportion of the population are managing long term conditions and frailty, placing pressures on the most expensive parts of the NHS and social care. ^(10, 11) The physiotherapy workforce is essential to reducing demand on GPs, cutting hospital admissions, reducing length of stay in hospital and need for residential care.
- 2.4 With expert advice and rehabilitation, people can be enabled to manage their health successfully; the deterioration in long term conditions is prevented or delayed, and people are enabled to live independently and well for longer.
- 2.5 For example, Chronic Obstructive Pulmonary Disease (COPD) is the second highest cause of emergency admissions. New economic modelling carried out for NHSE shows return on investment of pulmonary rehabilitation (PR) for this group of patients of £245 cost reduction per patient, per year (reduced hospital bed days and admissions) and Quality of Life in Years value gained of £1300 per patient – for increased healthy life span, and quality of life. However, in 2021/22 only 37% of the 538,200 eligible patients were referred for pulmonary rehabilitation. ⁽¹²⁾ Increasing access to pulmonary rehabilitation can only happen with an expansion of PR teams that are predominantly made up of physiotherapy staff. ^(13, 14)
- 2.6 Ambitious objectives in the NHS LTWP will not be met without the workforce targets for physiotherapy staff across the system to enable delivery.

3. Funding

- 3.1 The LTWP five-year funding is an opportunity to expand and develop the community rehabilitation workforce making use of the full workforce available, including Allied Health

Professionals (AHPs), mental health experts, nurses, support workers, care workers, exercise professionals and the voluntary sector.

- 3.2 This is needed to meet priorities to keep people out of hospital, reduce time spent in hospital and reduce readmissions, including implementing the NHSE Intermediate Care Framework and new Model for Community Rehabilitation in the Urgent and Emergency Care Recovery and Transformation plan and increase access to rehabilitation to meet the needs of people with major long term conditions in line with commitments in the NHS Long Term Plan and NHSE Long Term Workforce Plan.⁽¹⁵⁾
- 3.3 We welcome focus in the LTWP on the community, and the role rehabilitation plays to address the challenges in the NHS and tackle health inequalities but more investment is needed in services and the rehabilitation workforce.
- 3.4 Policies in NHS operational planning guidance to provide preventative and anticipatory care for people with long term conditions and frailty are critical to enabling people to live well and independently for longer and to stay out of hospital.⁽¹²⁾ The physiotherapy workforce is essential to delivering this.
- 3.5 These objectives can only be realised with an expansion in physiotherapy staffing numbers, both registered physiotherapists and physio/rehab support workers working in community services.
- 3.6 As well as providing intermediate care and pulmonary rehabilitation (above), these commitments include improving access to physiotherapy and rehabilitation across a number of different clinical pathways including:
- Stroke – rehabilitation reduces the risk of a further stroke by 35%.⁽¹⁶⁾ NHS policy for people who have had a stroke is to refer for rehabilitation pre and post discharge – but currently only a third are.
 - Heart conditions – NHSE Long Term Plan includes similar commitments to increase referral and take up of cardiac rehabilitation from 50% to 85%.⁽¹²⁾
 - Musculoskeletal (MSK) conditions - physiotherapists have the expertise to both diagnose and treat MSK health conditions, reducing dependence on medication, reducing sickness absence and managing down elective surgery waiting lists.
- 3.7 MSK conditions are the second most common cause of sickness absence after mental health, accounting for 1 in 6 of all GP Fit Notes in 2021/22.^(17, 18) There has been a 15% increase in adults waiting for NHS services for musculoskeletal conditions, and a 25 per cent increase in adults waiting for physiotherapy.⁽¹⁹⁾
- 3.8 The NHS Long term workforce plan commits to increasing additional roles in primary care and explicitly commits to funding every GP practice to have first contact physiotherapists by 2032.⁽²⁰⁾
- 3.9 Current policy commitments and needs of the population can only be met by expanding overall physiotherapy staffing within NHS services.

4. Expansion of training places

- 4.1 While the supply of registered physiotherapists is growing, and this is going in the right direction, this is not enough. England and the UK are far behind international norms on physio numbers. The UK is one of 11 countries in the world where physiotherapists practice without requiring supervision or referral from a medical doctor (autonomous practice). Of these the UK is the second from bottom, with 9 physiotherapists per 10 thousand population. This compares to Denmark at the top of this list, where there are 27 and Australia around the midpoint of the list, where there are 14.5.⁽²¹⁾

- 4.2 The LTWP is also an opportunity to encourage a more flexible approach focussing on which professions to expand and retain through development opportunities and reflecting existing levels of supply. This includes professions where there is already a growth in supply as there has been with physiotherapists and other professions including sports rehabilitators and dietitians. For these parts of the workforce, the primary issues are staffing numbers and retention within the NHS.
- 4.3 The plan refers to the importance of expanding AHP support worker roles. There are also commitments to developing AHP support workers, through growth of assistant practitioners and degree apprenticeships and a new Competency, Education and Career Development Framework. However, there is no commitment in the plan to prioritise AHP support worker development on a par with nurse associates. Much of the hands-on rehabilitation provision can be delivered safely and effectively by AHP support workers, who have the potential to play an even greater role through progression to higher-level support worker roles, such as Assistant Practitioners. This requires opportunities through apprenticeships to upskill within non-registered bands.
- 4.4 Apprenticeships will also be key to upskilling registered physiotherapists with enhanced and advanced practice capabilities creating a pipeline for roles requiring these capabilities in the community and in primary care.
- 4.5 Nearly 7% of registered physiotherapists and 8% of physiotherapy support workers leave the NHS, a rate on a par with nursing. Among physiotherapists leaving the NHS, 58% do so within the first 5 years of their careers.⁽²²⁾
- 4.6 The reasons for this reported by CSP members are lack of staffing and resources to provide high quality rehabilitation services to meet patient needs, lack of time to improve services, inflexibility in working arrangements and lack of training opportunities and career progression.
- 4.7 As well as career development and progression through apprenticeships, flexible working policies are essential to retaining physiotherapy staff within the NHS. In addition, policies are needed to enable physiotherapy staff to work across sectors with portfolio careers and access to secondments and sabbaticals. As well as supporting retention of physiotherapy staff, this would enrich the NHS with closer working with, and sharing experience and skills from other sectors.

References:

1. National Audit Office. [NHS England's modelling for the Long Term Workforce Plan. London: National Audit Office 2024.](#)
2. Universities and Colleges Admission Services (UCAS). [UCAS undergraduate releases](#) Cheltenham: Universities and Colleges Admission Services; 2024.
3. Nuffield Trust. [Waste not, want not: strategies to improve the supply of clinical staff to the NHS.](#) London: Nuffield Trust 2023.
4. The Chartered Society of Physiotherapy. Annual Quality Review 2019/20. London: The Chartered Society of Physiotherapy; 2021.
5. Health and Care Professions Council. [New registrant retention rates 2014:2018: physiotherapy.](#) London: Health and Care Professions Council; 2018.

6. Health and Care Professions Council. Increase in supply of registered physiotherapists; *CSP data request*. London: Health and Care Professions Council; 2023.
7. Universities and Colleges Admission Services. BSc degrees: *CSP purchased data: unpublished but available on request*. Cheltenham: UCAS; 2021.
8. North of England Commissioning Unit. Physiotherapy workforce review: *unpublished but available on request*. London: The Chartered Society of Physiotherapy; 2023.
9. NHS Digital. [NHS Workforce Statistics: collected as part of the North of England Commissioning Unit Physiotherapy Workforce Review](#); *unpublished but available on request*. London: NHS Digital; 2022.
10. King's Fund. Long-term conditions and multi-morbidity. London: King's Fund; 2018.
11. British Geriatrics Society. [Joining the dots: a blueprint for preventing and managing frailty in older people](#). London: British Geriatrics Society; 2023.
12. York Health Economics Consortium. New economic modelling carried out as part of NHSE Pulmonary Rehabilitation programme: due for publication, pending peer review. York: York Health Economics Consortium; 2024.
13. NHS Digital. [Quality and Outcomes Framework](#), 2020-21. London: King's Fund; 2021.
14. British Lung Foundation. Chronic obstructive pulmonary disease (COPD) statistics. London: British Lung Foundation; 2012.
15. NHS England. [Delivery plan for recovery of urgent and emergency care services](#) London: NHS England; 2023.
16. Gallanagh S., Quinn T.J., Alexander J., Walters M.R. [Physical activity in the prevention and treatment of stroke](#). ISRN neurology. 2011;2011:953818-.
17. Versus Arthritis. The state of musculoskeletal health 2023: arthritis and other musculoskeletal conditions in numbers. London: Versus Arthritis; 2023.
18. NHS Digital. [Fit Notes Issued by GP Practices, England - March 2020](#). London 2020.
19. NHS England. [Community health services waiting lists](#). London: NHS England 2024.
20. NHS England. [Long term workforce plan](#). London: NHS England; 2023.
21. World Physiotherapy. [Membership](#). London: World Physiotherapy; 2023.
22. NHS England. Physiotherapy leaver rates: deep dive revisited: *unpublished but available on request (CSP request to NHSE)*. London: NHS England; 2024.

May 2024