

NICE PUBLIC HEALTH GUIDANCE

**Workplace policy and management practices to improve the health and wellbeing of employees
Call for Evidence 16/09/13 – 14/10/13**

Evidence to be submitted by 5pm Monday 14th October 2013

- **When submitting evidence that is published please provide reference details (which are to include author/s, title, date, journal or publication details including volume and issue number and page numbers)**
- **Comments forms with attachments such as research articles, letters or leaflets will not be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline.**

Stakeholder Organisation	Evidence Submission (Details of evidence that relates to the questions. Please specify which question you are referring to)	Full Reference (E.g. Author, date of publication, full title of paper/report and where can a copy be obtained from)
	What is the role of the organisational culture and context in supporting line managers, and in turn their employees? What is the role of organisational policy and processes?	
Rachel Newton, Chartered Society of Physiotherapy	The biggest cause of sickness absence from work in the UK is musculoskeletal disorders (MSDs), accounting for 27 per cent of the total of days lost due to sickness absence. Stress (including anxiety and depression) accounts for 10 per cent of sickness absence overall, and is the number one reason for long term absence. The total numbers of MSD and stress cases account for 80 per cent of all work related illness in the UK (40 per cent	<i>Sickness Absence in the Labour Market</i> April 2012. ONS 15 May 2012 <i>Absence Management. Annual Survey Report</i> CIPD 2011 <i>Healthy returns? Absence and workplace health survey.</i> CBI 2011

	each). Policies and processes of employees need to improve the organisational culture and context in relation to these two sets of conditions.	
Rachel Newton, Chartered Society of Physiotherapy	The interplay between MSDs and stress /depression is well established. Chronic pain through MSDs contributes to stress and depression and visa versa. Employers need to be aware of this relationship, understanding, for example, that in supporting an employee to gain rapid access to treatment for an MSD and by supporting an appropriate early return to work, they can reduce the risk of stress and depression for individual employees.	<i>The role of work stress and psychological factors in the development of musculoskeletal disorders. The stress and MSD study.</i> Robins Centre for Health Ergonomics, Health and Safety Executive 2004 <i>Painful symptoms in depression: under-recognised and under-treated?</i> Robert Peveler, DPhil, FRCPsych et al British Journal of psychiatry 2006 188: 202-203 doi: 10.1192/bjp.bp.105.012963
Rachel Newton, Chartered Society of Physiotherapy	The most effective organisational policies and processes to improve the health and wellbeing of staff include an audit or assessment of the health and wellbeing of employees. This should involve collection of data so that interventions can be targeted and measured. It should involve staff fully in the process of identifying the health issues and a plan of action to address them.	<i>Health and wellbeing in healthcare settings.</i> NHS Partnership for Occupational Safety and Health in Healthcare. October 2012
Rachel Newton, Chartered Society of Physiotherapy	While MSDs and stress are likely to be the primary factors in staff health and wellbeing, improvement plans need to be workplace specific. For example the risk of work related MSDs and sickness absence due to MSD increases with age so employers should consider the age profile of the workforce in an audit of health and wellbeing.	<i>The role of work stress and psychological factors in the development of musculoskeletal disorders. The stress and MSD study.</i> Robins Centre for Health Ergonomics, Health and Safety Executive 2004
Rachel Newton, Chartered Society of Physiotherapy	Other evidence shows that involving staff in health and safety management has a positive relationship with developing a positive health and safety climate at work. 77 per cent of	<i>Involving your workforce in health and safety</i> p8. Health and Safety Executive 2008 http://books.hse.gov.uk/hse/public/saleprodu

	employees felt encouraged to raise concerns in a good health and safety climate compared to 20 per cent who felt encouraged in workplaces with a poor health and safety environment.	ct.jsf?catalogueCode=9780717662272
Rachel Newton, Chartered Society of Physiotherapy	Rapid access to treatment and rehabilitation has been shown to have positive benefits to employee health and wellbeing, and medical recovery can be accelerated and enhanced by an assisted return to the workplace, and successful rehabilitation improves long term prospects for health and wellbeing.	<i>Rapid access to treatment and rehabilitation for NHS staff</i> , NHS Employers July 2012
Rachel Newton, Chartered Society of Physiotherapy	The Getting Back to Work Report highlights an organisation where the number of days lost to musculoskeletal disorders reduced by 47 per cent after introducing a fortnightly on-site physiotherapy clinic	<i>Getting back to work</i> . Association of British Insurers and the Trades Union Congress. 2002
Rachel Newton, Chartered Society of Physiotherapy	A survey of employers suggests that some sickness absence is the result of members of staff who have been unable to work to full capacity while they have waited for medical treatment. In one survey 39 per cent of employers surveyed had experienced this.	<i>The Sixth Aviva Health of the Workplace Report</i> . Aviva. Autumn 2012
Rachel Newton, Chartered Society of Physiotherapy	Evidence suggests that both MSDs and stress are responsive to early, effective intervention. Physiotherapy is particularly effective in reducing the time that people are off sick with MSDs, preventing an acute problem from becoming chronic and increase the proportion of those employees with MSDs needing to be absent from work.	<i>NHS Health and Wellbeing – final report (Boorman Review) November 2009</i> <i>The Impact of a direct access occupational physiotherapy treatment service</i> . Occupational Medicine 1 December 2010, 2010;60(8);651-3
Rachel Newton, Chartered Society of Physiotherapy	Two government departments in Northern Ireland provided early access to physiotherapy to staff with MSDs. 80 per cent of staff indicated that physiotherapy had prevented them from taking time off work, and of those already off work with MSDs, over 80 per cent indicated that physiotherapy had shortened their absence, by an average of six weeks.	<i>Physiotherapy works. Musculoskeletal disorders</i> . CSP January 2012
Rachel Newton, Chartered Society of Physiotherapy	West Sussex hospital was commended in the Boorman report for	<i>NHS health and wellbeing review. Interim</i>

Physiotherapy	introducing a system of priority referrals to a local physiotherapist for injured staff. For a cost of £21 000 it achieved 40 per cent reduction in lost days through sickness absence and savings of £170 000 in the cost of MSDs.	<i>report.</i> Boorman S. Department of Health 2009
Rachel Newton, Chartered Society of Physiotherapy	At Centrica/British Gas, knowing that the main cause of sickness in the engineering community is MSDs, British Gas introduced a series of back care workshops for employees with back problems. Back pain related absence from work was reduced by 43 per cent and the company calculated that this led to a return on investment of £31 for every £1 that they spent on delivering the workshops.	<i>Healthy work: Evidence into Action.</i> Helen Vaughan-Jones and Leela Barham. Bupa 2010
Rachel Newton, Chartered Society of Physiotherapy	In larger workplaces occupational health services will be key to ensuring rapid access to physiotherapy and providing the expertise to support a phased return, early return to work, and necessary adjustments to make this possible.	<i>Physiotherapy works: Occupational Health.</i> CSP June 2013
Rachel Newton, Chartered Society of Physiotherapy	However, given that 99 per cent of employers are SMEs employing 59 per cent of employees, as important is the support and encouragement that employers give to employees with MSDs to access physiotherapy services in the community.	<i>Small business and the UK economy.</i> Chris Rodes, Economic Policy and Statistics, House of Commons Library, last updated 19 December 2012
Rachel Newton, Chartered Society of Physiotherapy	The quickest and most accessible physiotherapy services in the community are by self-referral. In spite of being recommended by NICE, self-referral physiotherapy remains patchy. Employers can also utilise the expertise of physiotherapists in the community to make the necessary adjustments or phased return plans necessary to allow an early return to work.	<i>Musculoskeletal Physiotherapy: Patient self-referral. Quality and Productivity Proven Casestudy (QIPP),</i> NHS Evidence, NICE February 2012 (first published February 2011)
Rachel Newton, Chartered Society of Physiotherapy	Ensuring staff take sufficient breaks has been shown to reduce the risk of MSDs. This is a matter of organisational culture and policies and practice, and needs to be built into plans to improve health and wellbeing.	<i>A field study of supplementary rest breaks for data-entry operators.</i> Ergonomics. Galinsky TL, Swanson NH, Sauter SL et al 2000;43 (5);622-38
Rachel Newton, Chartered Society of Physiotherapy	There is evidence that being active helps people to manage many MSDs, including lower back pain, and that sedentary lifestyles (including much work) are a significant contributory factor in the	<i>Physical activity evidence briefing.</i> CSP November 2012 http://www.csp.org.uk/publications/physical-

	development of MSDs.	activity-evidence-briefing-part-public-health-physiotherapy-resource-pack
Rachel Newton, Chartered Society of Physiotherapy	Research suggests that where employees in desk-based work do exercises and stretches in their breaks, it reduces pain and discomfort associated with sitting in one position for long periods, and therefore reduces the risk of MSDs.	<i>Short-term effects of workstation exercises on musculoskeletal discomfort and postural changes in seated video display unit workers.</i> Fenety A, Walter JM. Physical Therapy. 2002; 82 (6):578-89. http://ptjournal.apta.org/content/82/6/578.full.pdf <i>Effects of intermittent stretching exercises at work on musculoskeletal pain associated with the use of a personal computer and the influence of media on outcomes.</i> Work. Marangoni AH. 2010;36(1)27-37
Rachel Newton, Chartered Society of Physiotherapy	The levels of task discretion, in other words, the degree to which an employee has an input into over when and how they perform their functions, is known to be related to stress. We also know that task discretion has been declining, driven by the rapid growth in standardisation as a result of globalisation, and fuelled by advances in technology. Research in health services suggests that high levels of job control can significantly cushion the negative effects of high job demands on wellbeing.	<i>Future of health and wellbeing in the workplace.</i> ACAS April 2012 <i>Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing.</i> Jill Maben et al. National Institute for Health Research Service Delivery and Organisation Programme, November 2012
Rachel Newton, Chartered Society of Physiotherapy	There is evidence that the degree to which employees are engaged and able to participate in the functioning of the organisation where they work has a significant impact on health and wellbeing.	<i>Sustaining success in difficult times.</i> p3 CIPD October 2002
Rachel Newton, Chartered Society of Physiotherapy	Research also shows a relationship between staff health and wellbeing and levels of job satisfaction. An important aspect of this is line managers and organisations providing staff with	<i>Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing.</i> Jill

	training and development opportunities.	Maben et al. National Institute for Health Research Service Delivery and Organisation Programme, November 2012
Rachel Newton, Chartered Society of Physiotherapy	<p>CSP members often do not have access to training and development opportunities, and where they do, they routinely face barriers to this by not being given paid time off work. This was confirmed as being an issue for nurses too in a survey of more than 3000 nurses by the Royal College of Nurses. This found that 32 per cent had been unable to access mandatory training for their work, 34 per cent of those who did had to attend the training in their own time, and 39 per cent paid for training themselves.</p> <p>In the health service overall a recent survey by CIPD found that less than half of respondents are happy with the opportunities provided by their organisation to learn and grow in their role.</p> <p>In his report on Mid Staffordshire, Francis highlighted the inadequacy of appraisals and training for staff as a key issue.</p>	<p><i>RCN Member Survey</i> March 2010, RCN, published in <i>Nursing Standard</i> March 31 vol 24 no 30: 2010</p> <p><i>Employee Outcome. Focus on Culture Change and the Patient in the NHS.</i> CIPD Autumn 2013 http://www.cipd.co.uk/hr-resources/survey-reports/culture-change-patient-care-nhs.aspx</p> <p><i>Francis Final Report Vol 1, Staff support through appraisal and professional development</i> p274-276 February 2013 http://www.midstaffspublicinquiry.com/report</p>
	How can line managers promote the health and wellbeing of employees? Which interventions or policies are most effective and cost effective	
Rachel Newton, Chartered Society of Physiotherapy	In 2010 the CSP carried out an opinion survey of 2628 UK employees across a range of jobs and sectors. This found a number of issues relating to MSDs and stress: 31 per cent experience physical pain at work at least once a week, 46 per cent of these reported that physical pain was as a result of working in the same position for long periods of time, 30 per cent of workers surveyed said they do not report feeling physical pain to their manager because they believe their manager would be unsympathetic, 48 per cent said that they believed their employer does not care very much or at all whether their work affects their	<p>CSP survey conducted by Opinion Research with 2628 UK adults, March 2010. In <i>Sickness Costs. How healthy is the UK workforce?</i> CSP February 2011 http://www.csp.org.uk/publications/sickness-costs</p>

	<p>physical health, 25 per cent reported that they go to work when they are feeling unwell because they fear that they will lose their job if they take time off sick, 36 per cent of employees work through their lunch break, and 25 per cent take no breaks at all during the day on a regular basis.</p>	
<p>Rachel Newton, Chartered Society of Physiotherapy</p>	<p>Increasing evidence is available that suggests a positive relationship between having a good local team/work group climate, co-worker support, job satisfaction, a positive organisational climate and supervisor support on the one hand and staff wellbeing on the other.</p> <p>The evidence suggests that the relationship between team work and employee health is two way, creating a virtuous circle, with good practices on employee health supporting good team work, and good team work supporting employee health</p> <p>It is also established that high sickness absence rates are indicative of the context of the local team climate, including team factors (lack of support, bullying). Positive team culture, supportive management behaviour, allowing staff to make a positive contribution and making sure that staff are kept informed/ able to participate, are the four workplace features that individually and collectively influence all health outcomes.</p>	<p><i>Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing.</i> Jill Maben et al. National Institute for Health Research Service Delivery and Organisation Programme, November 2012</p> <p><i>The concept of collaborative health. P647</i> H Sandberg. Journal of Interprofessional Care, 2010: 24 (6):644-52</p> <p><i>Health and wellbeing in healthcare settings.</i> NHS Partnership for Occupational Safety and Health in Healthcare. October 2012</p>
	<p>Research carried out in 2003 showed that in private companies (of different sizes) the role of front line managers' in people management was not viewed organisationally as something that needed attention, and indeed was taken for granted. The research report recommends greater care in the selection of front line managers and in their training and the range of support available to them.</p>	<p><i>The Change Agenda. Rewarding work: the vital role of managers.</i> CIPD 2007</p>
	<p>Are there actions or activities by line managers that discourage or hinder the health and wellbeing of employees?</p>	

	How can line managers support and motivate employees	
Rachel Newton, Chartered Society of Physiotherapy	<p>Temporary contracts, home working and part time work are all on the rise, so in developing a team working approach there needs to be consideration by employers and managers how all staff will be integrated within teams.</p> <p>The CSP is aware that this is also an issue that affects staff on certain grades, in the case of physiotherapy support workers, often not being invited to take part in team meetings or have input into team discussions about their patients. This is demonstrated as an issue in the health service in the recent CIPD outlook paper and survey. This found that different occupational groups in the NHS have different experiences in relation to having learning and development opportunities, and in relation to feelings of being valued by and engaged with the organization. Doctors had a more positive experience than care assistants, for example.</p>	<p><i>Future of health and wellbeing in the workplace.</i> ACAS April 2012</p> <p><i>Employee Outlook. Focus on culture change and patient care in the NHS.</i> CIPD Autumn 2013 http://www.cipd.co.uk/hr-resources/survey-reports/culture-change-patient-care-nhs.aspx</p>
Rachel Newton, Chartered Society of Physiotherapy	<p>Line managers need to be aware of the issues of presenteeism. There is evidence that presenteeism, where individuals go into work even when they are ill, is on the rise. This has been linked to economic uncertainty, as employees are concerned about job security, and employers may adopt a more punitive approach to reduce sickness absence. Whatever the cause, research suggests that presenteeism is a more costly problem for employers than absenteeism, impacting on productivity and sited by employers as the most common factor in poor performance. Again, the line managers response to sickness among employees is going to contribute to how likely they are to continue working when they are not fit to, and to a culture that encourages 'soldiering on'.</p>	<p><i>Future of health and wellbeing in the workplace.</i> ACAS April 2012</p> <p><i>Mental Health at Work: Developing the business case. Policy paper 8.</i> Sainsbury's Centre for Mental Health, December 2007</p> <p><i>Healthy work: evidence in action.</i> Helen Vaughan-Jones and Leela Barham. Bupa 2010</p> <p><i>Healthy returns: Absence and workplace health survey.</i> CBI 2011</p>
	How can line managers be best equipped to identify any employee health and wellbeing issues? How can line managers identify and support distressed employees	

<p>Rachel Newton, Chartered Society of Physiotherapy</p>	<p>The CSP contributed to the NHS Partnerships for Occupational Safety and Health in Healthcare research, published last year. This research used the Organisational Risk Assessment (ORA) tool as a basis for completing health and wellbeing audits with organisations participating in the research. This tool provides a robust framework for taking practical action to improve health and wellbeing, and is participative with all opportunities having the opportunity to input. The guidance should include advice to employers on carrying out health and wellbeing audits, and good practice in doing this, including tools such as this one. Line managers have a significant role to play in auditing health.</p>	<p><i>Health and wellbeing in healthcare settings.</i> NHS Partnership for Occupational Safety and Health in Healthcare. October 2012</p>
<p>Rachel Newton, Chartered Society of Physiotherapy</p>	<p>A survey of employers, GPs and employees about the 'Statement of Fitness for Work report ('Fit Note') system introduced in April 2010 showed that most both GPs and employees do not think that GPs can provide the necessary information to employers: 65 per cent of GPs of 200 surveyed felt ill equipped to provide fit notes, and out of 1000 employees canvassed 57 per cent did not think their GP was in a position to say whether or not they could return to work. Employers are likely therefore to find it helpful to include advice from specialists who can better advise on fitness for work and actions that can be taken to support employees to remain in or return to work.</p>	<p><i>The Fourth Aviva Health of the Workplace report</i> p9. Aviva October 2010</p>
<p>Rachel Newton, Chartered Society of Physiotherapy</p>	<p>The Allied Health Professions Federation, which includes the CSP, has developed a tool to support employers, employees and GPs in supporting people to remain in or return to work. It can also be used by GPs and consultants to support their completion of a Fit Note. The AHP Fitness for Work Advisory Report is completed by allied health professionals. It provides information on whether a patient should refrain from work for a stated period of time, or whether they are fit to work, including advice on the patient's limitations or adaptations that may be required to facilitate their remaining in or returning to work. The DWP will</p>	<p><i>Allied Health Professions Fitness for Work Advisory Report</i>, Allied Health Professions Federation 2012</p>

	<p>accept it as evidence for payment of sick pay. It can also be used by line managers and employees to inform discussions about a return to work and modifications to an employee's environment. The report is part of the assessment process and incurs no additional charge.</p> <p>The AHP Fitness for Work Report was piloted in October-December 2012 with members of the CSP, the College of Occupational Therapists and the Society of Chiropractors and Podiatrists who used the form with working age patients at risk of absence from work, or already absent from work due to illness or injury. The findings were positive, with a clear view from practitioners that the tool would be beneficial to employees and their employers as a basis for a discussion on the possible adjustments necessary to facilitate a return to work.</p>	<p><i>Report on the 2012 pilot of the AHP Advisory Fitness for Work Report.</i> AHPF and CSP, January 2013</p>
	<p>How can high-level management promote a positive line management style that is open and fair, that rewards and promotes positive behaviours and that promotes good working conditions and employee health and wellbeing?</p>	
<p>Rachel Newton, Chartered Society of Physiotherapy</p>	<p>There is a positive relationship between organisations having a strategy for improving staff health and wellbeing and actual levels of staff health and wellbeing. In 2013 the CSP carried out an audit of NHS trusts to identify how far they had implemented the recommendations in the Boorman Review and rates of sickness absence in this period. Just over one third of the NHS Trusts who responded (163 responses, 70 per cent response rate) said they did not have a strategy for improving staff health and wellbeing. Of the 90 NHS Trusts who were able to provide the sick pay expenditure figures requested, those with a strategy saw costs of sick pay expenditure in this period rise by 4 per cent, and those with no strategy saw costs of sick pay expenditure rise by 14 per cent.</p>	<p><i>Fit enough for patients? An audit of workplace health and wellbeing services for NHS staff,</i> Chartered Society of Physiotherapy, 2013</p>
<p>Rachel Newton,</p>	<p>In 2008 Hewitt Services took the decision to undertake a full</p>	<p><i>Healthy Work: Evidence in Action.</i> P15</p>

Chartered Society of Physiotherapy	health audit to identify the main health risks faced by their employees. They then used this to develop a 'total health management strategy', aimed at better aligning their health related services for employees with the drivers of ill health in the workplace. Within 18 months the total cost of employee ill health to the company was reduced from £2850 to £2500 per employee. In addition the company took steps to ensure that the health of their employees was made a board level agenda item.	Helen Vaughan- Jones and Leela Barham. The Work Foundation. 2010
	How can line managers be best supported and provided with good line management themselves?	
Rachel Newton, Chartered Society of Physiotherapy	Evidence suggests that four main conditions for successful line management are 1) support from senior management, with training and development and career progression opportunities 2) well designed, and clear HR policies to implement 3) the organisation coping well with the tensions between short and long run performance (for example through a balanced set of measures of performance against targets), and 4) clear organisational goals properly communicated through the organisations.	<i>Sustaining success in difficult times. p7</i> CIPD October 2002
Rachel Newton, Chartered Society of Physiotherapy	Research also shows that people management suffers when the organisation does not value this aspect of the line management role, and business priorities are given precedence.	<i>The Role of Front Line Managers in Bringing Policies to Life</i> , Sue Hutchinson, Centre for Employment Studies Research, Bristol Business School, CESR Review, April 2008
	What are the barriers and facilitators to implementing interventions or policies to promote the role of line managers in improving employee health and wellbeing?	
Rachel Newton, Chartered Society of Physiotherapy	In many workplaces, senior posts are being cut and replaced with more junior positions. In autumn 2012, the CSP carried out a survey of physiotherapy service managers on the impact of cuts in the NHS across the UK. Half of the respondents reported that their organisation had experienced a reduction in the number of	<i>A survey by the CSP of physiotherapy service managers. Survey of managers in 274 NHS organisations in England, Scotland, Northern Ireland and Wales. Findings taken from 174 respondents. CSP</i>

	Band 8 physiotherapy posts over the previous year.	Autumn 2012
	What is the role and value of occupational health services in supporting line managers? Are these services effective and cost effective	
Rachel Newton, Chartered Society of Physiotherapy	Good occupational health services are essential to supporting line managers to increase health and wellbeing among staff. Pricewaterhouse Coopers found consistent evidence that health and wellbeing initiatives by 55 UK employers, ranging in size from 70 to 10, 000 plus employees, resulted in reduced sickness absence rate and improved productivity.	<i>Fitness Profits</i> , CSP, October 2011
Rachel Newton, Chartered Society of Physiotherapy	Anglian Water has reduced direct absence costs by £289, 000 through the use of physiotherapy-based services, with a return on investment of £3 for every £1 spent. In addition, claims for back pain reduced by 50 per cent and ill-health retirement by 90 per cent.	<i>Fitness Profits</i> , CSP, October 2011
Rachel Newton, Chartered Society of Physiotherapy	York Hospitals NHS Foundation Trust cut its long term sickness rates by more than 40 per cent through early intervention with physiotherapy and psychotherapy. The number of staff off work for more than four weeks dropped from 99 to 57 and the number of staff off sick for more than three months dropped from 52 to 28. The Trust's return on investment was 2:1	<i>Fitness Profits</i> , CSP, October 2011
Rachel Newton, Chartered Society of Physiotherapy	The Royal Mail's national occupational support and therapy programme, which included physiotherapy, has had substantial financial benefits with the programme providing a return of approximately £5 for every £1 invested. Absence was cut by 25 per cent over three years and 3,600 employees absent through illness or injury were brought back into work.	<i>The business case for Employee Health and Wellbeing. A report for Investors in People UK.</i> Stephen Bevan. The Work Foundation. April 2010
Rachel Newton, Chartered Society of Physiotherapy	A manufacturing company employing 4000 people put in place a range of wellness initiatives to support employees with musculoskeletal disorders. They gave them prompt advice and support, prompt treatment and put in place an absence	<i>Healthy Work: Evidence in Action.</i> Helen Vaughan- Jones and Leela Barham. The Work Foundation. 2010

	management programme to support an early return to work. The initiatives delivered a reduction of over 80 per cent in the number of absence days lost due to MSDs, with the benefit to the company estimated to be £192 000 per year, equating to a return on investment of 12:1:	
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The Chartered Society of Physiotherapy looks forward to seeing the final guidance to employers on staff health and wellbeing. We would be interested in supporting work on implementation.

For further information on anything contained in this response or any aspect of the Chartered Society of Physiotherapy's work, please contact:

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