CHARTERED SOCIETY OF PHYSIOTHERAPY

Personalised Care Specification

Consultation response from the Chartered Society of Physiotherapy 15/01/20

NHS England has consulted on [5 new service specifications] which contain important changes to how primary and community services will be expected to deliver from April 2020, and implications for physiotherapy.

This is how the CSP replied to questions on the *Personalised Care* specification.

1. Is there anything else that we should consider for inclusion as a requirement in this service? For example, are there approaches that have delivered benefits in your area that you think we should consider for inclusion?

1.1 Physiotherapists working in First Contact Practitioner roles will be an important group of staff offering personalised care as part of the consultation approach with patients with MSK conditions.

1.2 This approach and skills associated with delivering personalised care is highlighted as the first of four domains of the MSK Core Capability framework, which underpins and is required for FCPs in the delivery of this role. The framework sets out a standard for consistent, safe and effective practice across a range of practitioners working as part of a multi-professional team. It provides a focus on the workforce capability to support shared decision-making and personalised care. There are synergies with other frameworks, such as the Person-Centred Approaches framework.(1) Therefore the requirement to deliver this specification is consistent and central to this role.

1.5 To enhance the delivery of personalised care with patients with MSK conditions. It will be important to ensure access to Shared Decision-Making (SDM) training is delivered in conjunction with access and training to enhance social prescribing use as a priority which will increase the pace of developing capability within FCPs and the associated benefits

1.6 This specification is relevant to all physiotherapists working with MSK patients at different points in the pathway, to ensure consistency and benefits of the provision of personalised care, consideration could be given to extending the requirements of SDM delivery beyond FCP roles into other elements of the MSK pathway.

1.7 This would enhance the delivery of personalised care as patients with MSK conditions often need to access care across the pathway at different times in their condition management.

1.8 A facilitating factor will be that physiotherapists employed in Primary Care may also be working across MSK services, which will support consistent care and enable delivery across the pathway.

2. Are there any aspects of the service requirement that are confusing or could be better clarifies?

2.1 The reference to 0.5 WTE physiotherapist per PCN within Additional Roles in paragraph 1.12 is confusing.

2.2 The CSP supports NHS England's ambition for full roll out of FCP roles by 2023. FCP staffing of 1 WTE for every 10 thousand population is required for the FCP to manage 50% of a GPs MSK caseload and appointments, rather than the GP. This would free up GP time considerably, including to enable GPs to deliver key elements of the specifications.

2.3 We ask that the indicative illustration in 1.12 is removed. Local areas will have different starting points, rending the illustration meaningless. Further, it confuses the specific intention to deploy additional roles (including FCP) within practice teams (with the purpose of freeing up GP time), with the significant opportunity offered by these five specifications that requires work from a range of clinicians, requiring other specific workforce consideration.

2.4 Clarification is needed regarding shared decision making for MSK clinical situations by 2020/21. Page 33 makes clear these conversations must be led by trained physiotherapists; page 34 talks about prioritising training for MSK practitioners. This change in terminology needs to be explained, or the terminology made consistent to avoid confusion.

2.5 The partnership working between PCNs and community services highlights the importance of multi-professional access to systems and the development, improvement and procurement of any new primary care electronic systems, across all of the service specifications.

3. What other practical implementation support could CCGs and Integrated Care Systems provide to help support delivery of the service requirements?

3.1 CCGs and ICS need to support access to clinical support tools to support shared decision-making via GPIT systems for MSK FCPs and the primary care wider team.

3.2 The CSP is currently working with a training tool for SDM with Health Education England. While developed for FCPs it could also be adapted for use by other practitioners, including physiotherapists in other roles and at other points on the MSK pathway to ensure consistent approaches to delivering personalised care throughout the pathway from primary care access to secondary care clinic.

3.3 Appropriate training/ information/ access to social prescribing pathways need to be in place to support social prescribing for FCPs working in multiple PCNs.

3.4 Ensuring that effective FCP Implementation is supported by the use of published resources e.g. Musculoskeletal First Contact Practitioner Implementation Guide[2] and linked to existing frameworks such as the MSK Core Capability Framework[3]

3.5 The key role of physiotherapists and physiotherapy support workers across the 5 specifications needs to be within ICS's workforce growth and development plans.

3.6 There is strong growth in numbers of registered physiotherapists with physiotherapy pre registration courses continuing to be over subscribed with high quality candidates

and strong completion rates. This growth needs to be supported, and furthermore, translated into staffing to meet needs.

3.7 In relation to developing the existing physiotherapy workforce the priorities for local workforce plans are:

- increasing numbers of physiotherapists with advanced practice capabilities (including prescribing and FCP specific modules)
- supporting development of and access to tailored advanced practice modules within multi-professional ACP programmes/ apprenticeship
- developing the non-registered physiotherapy /AHP support worker workforce, in particular to develop more higher level support worker roles and
- supporting development training opportunities for physiotherapy/AHP support workers (e.g. exercise prescribing) including as part of multi-professional non registered apprenticeships

4. To what extent do you think that the proposed approach to phasing service requirements is manageable in your area?

4.1 Workforce development and training is required to ensure delivery of this model. There will be a rapid increase in numbers of FCPs and underpinning consultation approaches with training in a timely manner to deliver this specification will be required to maximise benefits and meet the demands of the specification

4.2 The contribution of the physiotherapy workforce to deliver across the 5 specifications, both from primary care and community services in line with the schedules set out is dependent on continued workforce growth, translation of workforce growth into staffing and the training and development of the physiotherapy workforce. This includes full roll out of FCPs that is critical to freeing up GP time (see answer to Q3).

4.3 In paragraph 1.21 it states that where PCNs are struggling to recruit, CCGs and systems should take action to support them.

4.4 The current NHS England and NHS Improvement suggestion is for PCNs who have not spent all of the Additional Roles Reimbursement Scheme (ARRS) funding should be redistributed to neighbouring PCNs.

4.5 The CSP believes that the funding should ideally be used for the population that it is intended for. The CSP therefore suggests that the DES contract specify that CCGs' supporting activity expected here (including workforce training and development) can in part be financed by ARRS underspend. This would support the scheduling as set out.

5. Do you have any examples of good practice that you can share with other sites to assist with delivering the suggested service requirements?

5.1 The Physiotherapy Service at Sussex MSK Partnership use SDM and training as a key part of delivery of care. This is a core part of the local model for delivery of FCP services where patients are also engaged in evaluating the delivery of SDM http://sussexmskpartnershipeast.co.uk/improving-the-patients-experience/

6. Referring to the 'proposed metrics' section of each of the services described in this document, which measures do you feel are the most important in monitoring the delivery of the specification?

6.1 Information on General Practice IT systems needs to be available to all other in the PCN with national standardised datasets, accessible for local and national analysis and audit along with existing national standardised GP datasets. This includes First Contact Physiotherapists.

6.2 The partnership working between PCNs and community services highlights the importance of multi-professional access to systems and the development, improvement and procurement of any new primary care electronic systems, across all of the service specifications.

6.3 The following data challenges need to be addressed to ensure quality data is collected in relation to Personalised services:

- Address the issues of interoperability between the different systems in play throughout health and social care. As well as poor data sharing, the current limited interoperability means time and resource is lost to duplication of data entry.
- Improve connectivity so that clinicians can collect data away from their central base, and provide comprehensive access to appropriate hardware, including mobile hardware with appropriate access to necessary systems
- Address the challenges of standardisation of data collection. Although the Community Services Dataset (CSDS) has been mandated by NHSE for a number of years it is far from comprehensively submitted. There is an opportunity in this work to add importance to the collection of national standardised data for community rehabilitation services.
- Although there are some standards published by the Professional Records Standards Body, implanting these on all national systems has not happened yet. Until it does there is the risk of incomplete data sharing and therefore decisions made without the benefit of full intelligence around the patient.

References:

1. Skills for Health, Skills for Care, Health Education England. Person-centred approaches core skills education and training framework. London: Health Education England; 2017.
2. Health Education England. Musculoskeletal First Contact Practitioner Services: Implementation guide. London: Health Education England; 2020.
3. Health Education England, NHS England. Musculoskeletal Core Capabilities Framework. London: Health Education Engalnd; 2018.

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For further information on anything contained in this response or any aspect of the CSP's work, please contact: Rachel Newton, Head of Policy newtonr@csp.org.uk