

Physiotherapy Waiting Time, Workload & Workforce Survey 2011

1. Introduction

Dear Physiotherapy Manager/Lead

Following last year's survey ([click here for summary](#)) the CSP wishes to obtain further information and build a comprehensive picture of physiotherapy outpatient waiting times in all four countries **for the period 1st April 2010 - 31st March 2011**. After the success of the 86% response rate of last year's survey, the CSP has once again commissioned us (Fiona Jenkins and Robert Jones, JJ Consulting) to undertake this survey.

In addition to the information that was collected last year, two short sections have been added to the survey. The data collected in these sections will help keep the CSP informed of the impact financial pressures are having on physiotherapy staff and the services they provide, as well as review on-call models currently operating throughout the UK. The information obtained will be used by the CSP in its lobbying and campaigning work in the coming months and as part of their evidence to the Pay Review Body.

The survey consists of the following:

- Section 1: Physiotherapy outpatient waiting time information
- Section 2: Physiotherapy outpatient self-referral
- Section 3: Workload and staffing
- Section 4: Out-of-hours respiratory service
- Section 5: Impact on savings requirements

We would be very grateful if you would please take the time to fill in this survey by Friday, 10th June 2010. It is difficult to estimate the time needed to complete the survey, as some of the sections may not apply to your organisation (you will be able to skip through these sections quickly). You will need waiting time information for all of the physiotherapy outpatient services you provide (if applicable), as well as broader workforce data. Our best estimate of the time needed to complete the survey is between 10 - 30 minutes.

If you are unable to provide the information yourself, would you kindly forward this email to the most appropriate person in your service. Should you require further guidance, or have any questions, please contact Jan Hague at haguej@csp.org.uk or on 020 7306 6681.

Your Confidentiality is Assured

The information you provide will be treated in **strict confidence**. Individual managers/leads and individual organisations will not be identified.

Thank you for taking the time to complete the survey.

Fiona Jenkins and Robert Jones



2. About this survey

Who should complete the survey?

The survey should be completed by the most appropriate physiotherapist in each provider organisation. Ideally, it should be completed by just one person.

Completing the survey

Please complete the survey for all the physiotherapy departments in all the organisations that you are responsible for.

3. You and your organisation

The information provided below will be held in **strict confidence**. This information is only required to ensure that we receive one response from each NHS provider organisation and that we do not receive duplicate information

1. Name of employing organisation

2. Type of employer:

NHS Acute

NHS Community

NHS Combined Acute & Community

NHS Mental Health

NHS Combined Mental Health & Community

NHS Health Board

NHS Learning Disability

NHS Partnership

Social Enterprise Company

Private Contractor

Other

Other (please specify)

3. Are you responsible for providing physiotherapy services for more than one NHS provider organisation?

Yes

No

4. If Yes to the previous question, IN TOTAL, how many NHS provider organisations are you responsible for the physiotherapy services?

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5. How many outpatient physiotherapy departments IN TOTAL do you run physiotherapy services from (if you are responsible for more than one provider organisation, please give the total for them all)?

6. Name(s) of other NHS organisation(s) you are providing information for (if applicable)

7. Name of your organisation's most senior physiotherapist

8. Job title of your organisation's most senior physiotherapist

9. AfC band of your organisation's most senior physiotherapist

10. Name of person completing this form (if different from above)

11. Job title of person completing this form (if different from above)

12. Which country is your organisation located in?

England

Northern Ireland

Scotland

Wales

13. What is the size of the population covered by your service?

4. Provision of physiotherapy services

This question will help to direct you to the appropriate page(s). There are several questions of a similar nature throughout this survey. While they may seem repetitive, they are designed to save you time in the long run.

1. Please indicate which of the following services you provide.

- Outpatients
- Inpatients - Trauma & Orthopaedics
- Stroke (Inpatient care)
- Stroke (Community-provided care)
- Accident & Emergency
- Out-of-hours respiratory service
- None of the above

5. Waiting Time Definition (Referral to Treatment)

This section is intended to gather data on your **current** outpatient waiting times. *A physiotherapy outpatient waiting time is defined as:*

THE TIME BETWEEN THE DATE THAT A REFERRAL IS RECEIVED, AND THE DATE THE PATIENT IS TREATED.

- The booking of an appointment does not constitute the end of a wait; the wait ends when the patients receives treatment.
- Either the issuing of an appointment or inviting the patient to make contact to book an appointment does not constitute the end of the wait.
- The end of the wait is when the patient is treated - normally the first attendance.

Clinical assessment services would generally be regarded as referrers to physiotherapy, unless they provide the full episode of physiotherapy care. Telephone triage does not normally constitute treatment.

6. Section 1: Physiotherapy Outpatient Waiting Time Information

Total number of patients waiting for physiotherapy outpatient service

1. For all the physiotherapy departments where you provide outpatient physiotherapy treatment, what is the total number of patients currently waiting?

Total Number

2. What was your total number of new patients treated in all physiotherapy outpatients (not just musculoskeletal) for the financial year 2010-11?

Total number

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7. Number of patients waiting for outpatient physiotherapy (for each department...)

In this section please provide waiting time information for each outpatient physiotherapy department you are responsible for. Once you have completed the information for the first department, you will be asked if you are responsible for another department. If you are, you will be provided with space to complete the same information for the second department (if not you will skip to the next question). The process will continue until you have completed the information for all the departments you are responsible for.

1. What is the total number of departments in your service?

2. For the first (or only) department, please indicate what the longest wait time from Referral To Treatment was on 31/03/11:

3. For the first (or only) department, please indicate what the longest wait time from Referral To Treatment was on 31/03/11 in the following specialties. (If you do not provide this specialty, please indicate N/A).

	No of weeks
Musculoskeletal	<input type="text" value="6"/>
Pain management	<input type="text" value="6"/>
Paediatrics	<input type="text" value="6"/>
Neurology (including stroke)	<input type="text" value="6"/>
Womens/Mens health	<input type="text" value="6"/>
Occupational health	<input type="text" value="6"/>

4. Do you provide physiotherapy services for a second department?

Yes

No

8. Waiting Time Trends

1. Comparing the year ending 31/03/11 to the year ending 31/03/10, for all the outpatient physiotherapy services that you provide, what has been the trend in waiting times within your service?

It has increased

It has decreased

It has stayed the same

9. Waiting time trends - increased

If the trend in outpatient waiting times has increased over the last year, what is/are the cause(s)? (Tick all that apply)

1. Staffing

- Reduction in staffing establishment
- Unfilled staff vacancy due to maternity leave, sick leave etc
- Skill mix to lower bands
- Skill mix to higher bands
- Vacancy control measures, eg delay in recruitment
- Frozen posts
- Change of location of service provision

Other (please specify)

2. Changes in referral patterns due to:

- Increased referrals
- Changes in number of referrers
- Changes in care pathways
- Fragmentation of services into small units
- Amalgamation of services into bigger units
- Change of location of service provision
- Changes in service organisation eg merger of organisation
- Changes in referral criteria
- Self-referral
- Service re-design
- Changes in commissioning/service planning

Other (please specify)

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3. If you have lost posts in your outpatient services during 2010/11 how many (WTE) posts have you lost (per band)?

Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

4. If you have had posts frozen in your outpatient services during 2010/11 how many (WTE) posts have you had frozen (per band)?

Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

10. Waiting time trends - decreased

If the trend in outpatient waiting times has decreased over the last year, what is/are the cause(s)? (Tick all that apply)

1. Staffing

- Increase in permanent staff
- Increase in temporary staff eg fixed term contracts, bank, agency
- Reviewed skill mix to get greater through put
- Skill mix to lower bands
- Skill mix to higher bands

Other (please specify)

2. Changes in referral patterns due to:

- Reduced referrals
- Changes in number of referrers
- Changes in care pathways
- Fragmentation of service into small units
- Amalgamation of services into bigger units
- Change of location of service provision
- Changes in service organisation eg merger of organisation
- Changes in referral criteria
- Changes in commissioning/service planning

Other (please specify)

3. Capacity and demand management:

- Changes in the booking system
- Choice appointments (a system of booking appointments by telephone)
- Referral management triage system
- Telephone triage
- Self-referral
- Change of first to follow up ratio to get greater throughput
- DNA management
- Waiting list validation
- Use of groups/classes

Other (please specify)

4. If you have gained posts in your outpatient services during 2010/11, how many (WTE) posts have you gained (per band)?

Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

11. Referral to Treatment target

1. Do you have a target for referral to treatment?

Yes

No

2. What is your target?

3. Was it set by:

National government

Commissioner/service planner

Your organisation

Your service itself

4. Is your referral to treatment target for the year ending 31/03/2011:

The same as the year ending 31/03/2010

Longer than the year ending 31/03/2010

Shorter than the year ending 31/03/2010

N/A

5. Have you had any breaches of the target?

Yes

No

6. If yes, how many?

7. Do you have any penalties for the breach of a target?

Yes

No

8. If Yes, please give details below.

12. Section 2: Physiotherapy Outpatient Self-referral

Self-referral is defined as:

"Patients are able to refer themselves to an allied health professional without having to see anyone else first, or without being told to refer themselves by another health professional. This can relate to telephone, IT or face-to-face services."

1. Strictly adhering to the definition above, do you offer self-referral for physiotherapy outpatient services?

Yes

No

2. Please indicate which of the following services self-referral is available for:

Musculoskeletal

Pain management

Paediatrics

Neurology (including stroke)

Womens/Mens health

Occupational health

Long term conditions

Other (please specify)

3. Do you offer physiotherapy outpatient self-referral as directed by another health practitioner, for example GP directed self-referral?

Yes

No

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4. Have you faced any obstacles in introducing self-referral in each of these specialties:

	Yes	No	Have not tried to introduce
Musculoskeletal	jn	jn	jn
Pain management	jn	jn	jn
Paediatrics	jn	jn	jn
Neurology (including stroke)	jn	jn	jn
Womens/Mens health	jn	jn	jn
Occupational health	jn	jn	jn
Long term conditions	jn	jn	jn
Other	jn	jn	jn

5. If you have faced obstacles, is it due to:

- Not supported by commissioners/service planners
- Not supported strategically within your organisation
- Lack of interest
- Difficulty with funding streams
- Staff resistance
- Not supported by GPs
- Not supported by Consultants
- Other (please specify)

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13. Section 3: Workload and staffing - Musculoskeletal outpatients

Musculoskeletal Outpatients

Total Activity for 2010-11 Physiotherapy Musculoskeletal Outpatients - for all of your outpatient services/departments combined.

Musculoskeletal outpatient physiotherapy services include one-to-one treatment and group intervention, but for the purposes of this questionnaire, exclude hydrotherapy, pain management services and clinical assessment services.

1. Number of patients referred

2. Number of new patients treated

3. Total number of face-to-face contacts

4.

Did Not Attends (DNA) - Did Not Attend (DNA) is defined as a non-attendance of any kind that resulted in an unused treatment appointment (include all DNA and unable to attend.)

DNA% of total of all appointments (first and follow-up)

5. Musculoskeletal outpatients staffing establishment - HPC registered staff

Please indicate the number of *Whole Time Equivalent* for each band

Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

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6. Musculoskeletal outpatients staffing establishment - assistants.

Please indicate the number of *Whole Time Equivalent* for each band.
(If they provide service for more than musculoskeletal, please apportion the approximate WTE input to this service only.)

Band 2	<input type="text"/>
Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>

7. Musculoskeletal outpatients staffing establishment - admin & clerical support

Please estimate the number of *Whole Time Equivalent* for each band
(If outpatient admin includes more than just musculoskeletal, please apportion the approximate WTE input to this service only.)

Band 2	<input type="text"/>
Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>

8. Do you have a standard for the number of new patients per week for 1 WTE staff member?

Yes

No

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9. If Yes to the above question, please indicate the number of new patients per WTE per week by band (if this does not apply to a certain band, please indicate by inserting N/A into the appropriate box instead of a number).

Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

14. Workload and Staffing

1. Do you provide an Inpatient - Trauma & Orthopaedic service?

Yes

No

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15. Workload and Staffing - Inpatients - Trauma & Orthopaedics

Inpatients - Trauma and Orthopaedics (all T&O inpatients with an overnight stay - not day cases).

For the year 2010 - 2011, for this specialty, please give information for the services you provide.

1. How many inpatient T&O beds do you have?

2. Number of new patients treated

3. Total number of face-to-face contacts

4.

Inpatients - Trauma and Orthopaedic staffing establishment - HPC registered staff

Please indicate the number of *Whole Time Equivalent* for each band.

Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

5.

Inpatient - Trauma and Orthopaedic staffing establishment - assistants

**Please indicate the number of *Whole Time Equivalent* for each band.
(If they provide service for more than T&O, please apportion the approximate WTE input to this service only.)**

Band 2	<input type="text"/>
Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>

6. Is this service provided:

- Monday - Friday only
- Full service - 7 days a week
- 7 day service - with reduced input Saturday & Sunday
- 6 day service - with reduced input at the weekend

Other (please specify)

7. Do you provide a stroke service?

- Yes (Inpatient care only)
- Yes (Community-provided care only)
- Yes (both Inpatient care and Community-provided care)
- No

16. Workload and Staffing - Stroke (Inpatient care)

Stroke - Inpatient care

For the year 2010 - 2011, for this specialty, please give information for the services you provide.

1. Stroke - Inpatient care - Number of beds

2. Stroke - Inpatient care - Number of new patients treated

3. Stroke - Inpatient care - Total number of face-to-face contacts

4. Stroke - Inpatient care - HPC registered staff

Please indicate the number of *Whole Time Equivalent* for each band

Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

5. Stroke - Inpatient care - assistants

Please indicate the number of *Whole Time Equivalent* for each band.

(If they provide service for more than stroke - inpatient care, please apportion the approximate WTE input to this service only.)

Band 2	<input type="text"/>
Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>

6. Do you provide Stroke (Community-provided care)?

Yes

No

17. Workload and Staffing - Stroke (Community-provided care)

Stroke - Community-provided care

This section is broken down into:

- Community (intermediate care and outpatient)
- Early supportive discharge (as part of a multi-disciplinary, multi-agency integrated team)

For the year 2010 - 2011, for these specialties, please give information for the services you provide.

1. Stroke - Community - Number of new patients treated

2. Stroke - Community - Total number of face-to-face contacts

3. Stroke - Community - HPC registered staff

Please indicate the number of *Whole Time Equivalent* for each band

Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

4. Stroke - Community - assistants

Please indicate the number of *Whole Time Equivalent* for each band.

(If they provide service for more than stroke - community, please apportion the approximate WTE input to this service only.)

Band 2	<input type="text"/>
Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>

5. Stroke - Early supportive discharge - Number of new patients treated

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6. Stroke - Early supportive discharge - Total number of face-to-face contacts

7. Stroke - Early supportive discharge - HPC registered staff

Please indicate the number of *Whole Time Equivalent* for each band

Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

8. Stroke - Early supportive discharge - assistants

Please indicate the number of *Whole Time Equivalent* for each band.
(If they provide service for more than stroke - early supportive discharge, please apportion the approximate WTE input to this service only.)

Band 2	<input type="text"/>
Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>

9. Do you provide an Accident & Emergency service?

Yes

No

18. Workload and Staffing - Accident & Emergency

For the year 2010 - 2011, for this specialty, please give information for the services you provide.

1. Accident & Emergency - Number of new patients treated

2. Accident & Emergency - HPC registered staff

Please indicate the number of *Whole Time Equivalent* for each band

Band 5	<input type="text"/>
Band 6	<input type="text"/>
Band 7	<input type="text"/>
Band 8a	<input type="text"/>
Band 8b	<input type="text"/>
Band 8c	<input type="text"/>
Band 8d	<input type="text"/>
Band 9	<input type="text"/>

3. Accident & Emergency - assistants

Please indicate the number of *Whole Time Equivalent* for each band.
(If they provide service for more than accident & emergency, please apportion the approximate WTE input to this service only.)

Band 2	<input type="text"/>
Band 3	<input type="text"/>
Band 4	<input type="text"/>
Band 5	<input type="text"/>

4. Do you provide and out-of-hours respiratory service?

Yes

No

19. Out-of-hours respiratory service

For the purposes of this survey please consider 'out-of-hours' as outside of normal working hours Monday to Friday, e.g. 8.00am - 4.30/5.00pm.

1. Please indicate whether or not you provide an out-of-hours respiratory service in any of the following settings (tick all that apply):

- Community hospital
- Acute hospital
- Single specialty hospital
- No, we do not provide an out-of-hours respiratory service

20. Out-of-hours respiratory service - Community Hospital

Community hospital

Please provide information for this particular setting. If you also provide an out-of-hours respiratory service in an additional setting, you will be advanced to a different page for that setting after completion of this page.

For the purposes of this survey please consider 'out-of-hours' as outside of normal working hours Monday to Friday, e.g. 8.00am - 4.30/5.00pm.

1. Do you have an Accident and Emergency (A&E) at this setting?

Yes

No

2. When is this out-of-hours respiratory service provided?

365 days a year

Monday - Friday only

Weekends only

3. If this service is 365 days a year, which of the following best describes it:

'On-call' model only (includes call outs/standby services and is **not** continuous work)

An extended day service only

An extended day service followed by overnight on-call cover

An extended day service followed by a night shift (continuous shift work)

N/A

4. If this service is Monday - Friday only, which of the following best describes it:

'On-call' model only (includes call outs/standby services and is **not** continuous work)

An extended day service only

An extended day service followed by overnight on-call cover

An extended day service followed by a night shift (continuous shift work)

N/A

5. If this service is Weekends only, which of the following best describes it:

- 'On-call' cover only
- Daytime shift only (one day)
- Daytime shift (one day) with 'on-call' cover for remaining hours
- Daytime shift only (both days)
- Daytime shift (both days) with 'on-call' cover for remaining hours
- Daytime Shift followed by a night shift (continuous shift work)
- N/A

6. How many out-of-hours individual respiratory 'call outs'/episodes of care does your service have on average per month? (Please include all out-of-hours call outs, any pre-arranged out-of-hours work and any weekend respiratory episodes of care.)

- 0 - 19
- 20 - 39
- 40 - 59
- 60 - 79
- 80 - 99

7. Which of the following best describes your respiratory out-of-hours rota system?

- One rota that covers one hospital
- One rota that services multiple hospitals/settings
- Multiple (different) rotas for multiple hospitals/settings

8. Have you been asked to provide evidence for the justification of your on-call respiratory service?

- Yes
- No
- Expected to in the near future

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9. In order to advance you to the correct page, please indicate if you provide an out-of-hours respiratory service in any of the following additional settings:

- Acute hospital
- Single specialty hospital
- No, we do not provide an out-of-hours respiratory service in any further settings

21. Out-of-hours respiratory service - Acute hospital

Acute hospital

Please provide information for this particular setting. If you also provide an out-of-hours respiratory service in an additional setting, you will be advanced to a different page for that setting after completion of this page.

For the purposes of this survey please consider 'out-of-hours' as outside of normal working hours Monday to Friday, e.g. 8.00am - 4.30/5.00pm.

1. Do you have an Accident and Emergency (A&E) at this setting?

Yes

No

2. When is this out-of-hours respiratory service provided?

365 days a year

Monday - Friday only

Weekends only

3. If this service is 365 days a year, which of the following best describes it:

'On-call' model only (includes call outs/standby services and is **not** continuous work)

An extended day service only

An extended day service followed by overnight on-call cover

An extended day service followed by a night shift (continuous shift work)

N/A

4. If this service is Monday - Friday only, which of the following best describes it:

'On-call' model only (includes call outs/standby services and is **not** continuous work)

An extended day service only

An extended day service followed by overnight on-call cover

An extended day service followed by a night shift (continuous shift work)

N/A

5. If this service is Weekends only, which of the following best describes it:

- 'On-call' cover only
- Daytime shift only (one day)
- Daytime shift (one day) with 'on-call' cover for remaining hours
- Daytime shift only (both days)
- Daytime shift (both days) with 'on-call' cover for remaining hours
- Daytime Shift followed by a night shift (continuous shift work)
- N/A

6. How many out-of-hours individual respiratory 'call outs'/episodes of care does your service have on average per month? (Please include all out-of-hours call outs, any pre-arranged out-of-hours work and any weekend respiratory episodes of care.)

- 0 - 19
- 20 - 39
- 40 - 59
- 60 - 79
- 80 - 99

7. Which of the following best describes your respiratory out-of-hours rota system?

- One rota that covers one hospital
- One rota that services multiple hospitals/settings
- Multiple (different) rotas for multiple hospitals/settings

8. Have you been asked to provide evidence for the justification of your on-call respiratory service?

- Yes
- No
- Expected to in the near future

9. In order to advance you to the correct page, please indicate whether or not you provide an out-of-hours respiratory service in any of the following additional settings:

- Single specialty hospital
- No, we do not provide an out-of-hours respiratory service in any further settings

22. Out-of-hours respiratory service - Single specialty hospital

Single specialty hospital

Please provide information for this particular setting.

For the purposes of this survey please consider 'out-of-hours' as outside of normal working hours Monday to Friday, e.g. 8.00am - 4.30/5.00pm.

1. Do you have an Accident and Emergency (A&E) at this setting?

Yes

No

2. When is this out-of-hours respiratory service provided?

365 days a year

Monday - Friday only

Weekends only

3. If this service is 365 days a year, which of the following best describes it:

'On-call' model only (includes call outs/standby services and is **not** continuous work)

An extended day service only

An extended day service followed by overnight on-call cover

An extended day service followed by a night shift (continuous shift work)

N/A

4. If this service is Monday - Friday only, which of the following best describes it:

'On-call' model only (includes call outs/standby services and is **not** continuous work)

An extended day service only

An extended day service followed by overnight on-call cover

An extended day service followed by a night shift (continuous shift work)

N/A

5. If this service is Weekends only, which of the following best describes it:

- 'On-call' cover only
- Daytime shift only (one day)
- Daytime shift (one day) with 'on-call' cover for remaining hours
- Daytime shift only (both days)
- Daytime shift (both days) with 'on-call' cover for remaining hours
- Daytime Shift followed by a night shift (continuous shift work)
- N/A

6. How many out-of-hours individual respiratory 'call outs'/episodes of care does your service have on average per month? (Please include all out-of-hours call outs, any pre-arranged out-of-hours work and any weekend respiratory episodes of care.)

- 0 - 19
- 20 - 39
- 40 - 59
- 60 - 79
- 80 - 99

7. Which of the following best describes your respiratory out-of-hours rota system?

- One rota that covers one hospital
- One rota that services multiple hospitals/settings
- Multiple (different) rotas for multiple hospitals/settings

8. Have you been asked to provide evidence for the justification of your on-call respiratory service?

- Yes
- No
- Expected to in the near future

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23. Impact of saving requirements

1. Are savings required from the budget for physiotherapy staff and services in the current financial year 2011-2012?

Yes

No

Not sure

2. If savings are required, please give the % of the physiotherapy budget this equates to (or provide your best guess if final figure is not known.)

3. Have you, or are you expecting to, experience any of the following in your physiotherapy services in the financial year 2011-2012?

	Certain	Very likely	Fairly likely	Unlikely	Not applicable
Reduction in physiotherapy staff numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts in purchasing of clinical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts to patient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction in number of student placements that can be accommodated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in proportion of staff employed on short term/bank contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction in number of Band 5 posts available for new graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No backfill for posts vacant due to maternity/long term sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake a review of physiotherapy staff and bandings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction in the length of patient treatment sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction in the number of follow-up treatment sessions for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Have savings requirements had an impact on the Occupational health service you may provide?

We do not provide an Occupational health service

No - there has been no change in our service

Yes - this service has now been cut

Yes - this service is due to be cut

5. If you do/did provide an Occupational health service in the year 2010-2011, please indicate how many staff were treated.

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6. Are any of the following affecting your ability to recruit?

	Never	Some posts	All/most posts	Not applicable
Vacant posts are automatically cut from funded establishment	jn	jn	jn	jn
Vacant posts are automatically frozen	jn	jn	jn	jn
Vacancy control procedures are causing significant delays to the filling of vacant posts	jn	jn	jn	jn
The banding of vacant posts must be reviewed	jn	jn	jn	jn
Reviews of vacant posts are leading to downbandings	jn	jn	jn	jn

7. Over the past year has there been a reduction in the number of Band 8 physiotherapy posts in your organisation?

- Yes
 No
 Don't know
 N/A

8. Over the past year has there been a reduction in the number of Band 7 physiotherapy posts in your organisation?

- Yes
 No
 Don't know

9. To what extent do you agree/disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Funding available for training is adequate to meet the CPD needs for all physiotherapy staff	jn	jn	jn	jn	jn
Inadequate physiotherapy staffing levels are obstructing me from redesigning and modernising our service	jn	jn	jn	jn	jn
Physiotherapy staff are experiencing significantly increased workloads than a year ago	jn	jn	jn	jn	jn
Physiotherapy staff are experiencing significantly increased stress levels than a year ago	jn	jn	jn	jn	jn
I expect demand for physiotherapy services to increase in this financial year	jn	jn	jn	jn	jn
I expect to have sufficient resources to meet demand for physiotherapy services this financial year	jn	jn	jn	jn	jn
Patient safety is sometimes compromised due to inadequate staffing levels	jn	jn	jn	jn	jn
Quality of care is suffering due to our loss of senior posts	jn	jn	jn	jn	jn

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Thank you for taking time to complete this survey, the results will be reported to the CSP and made available to members. Your time and support is much appreciated.