**Written evidence submitted by the Chartered Society of Physiotherapy (EPW0058)**

Consultation response

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK’s 63,000 registered physiotherapists, physiotherapy students and support workers and represents 81% of all registered physiotherapists.

Registered physiotherapists are autonomous practitioners, able to independently assess, diagnose and prescribe medicines. The contribution of physiotherapy can be seen at many points of care pathways as physiotherapists work as clinical leaders and multi-professional team members, to support patients in hospital, home, community work and leisure environments.

Working under the delegation of a registered health care professional physiotherapy support workers play a vital role as part of the physiotherapy workforce. They support people to regain mobility after injury or illness, provide hands-on care for people with individual and group exercise programmes, support carers, and deliver education to empower people to manage their health.

1. **The care of patients and service users**

**Commitment 1 - Our aim is that, by 2024, 75% of adults will have registered for the NHS App with 68% (over 30 million people) having done so by March 2023**

*Was the commitment met overall? Or is the commitment on track to be met?*

* 1. The commitment has a clear and fixed deadline. Covid-19 has likely had a significant impact on this progress but there is very limited inclusion of physiotherapy services on the NHS App which limits our members’ engagement with it.

*Was the commitment effectively funded (or resourced)?*

* 1. We are not aware of the funding arrangements of the NHS App nor of the priority given to inclusion of sectors, professions, or specialties.

*Did the commitment achieve a positive impact for patients and service users?*

* 1. The NHS App has been well received by the populations who are using it. To maintain the momentum, and to work towards the user targets it is important that more services and sectors are added to the App to extend it’s reach. Addition of physiotherapy services and functionality would significantly increase the reach of the App.

*Was it an appropriate commitment?*

* 1. The commitment is wide enough in scope and specific enough, but we would challenge should be extended to more users, incorporating more services and given a longer timescale. To achieve this, it is essential that further resources are offered to the NHS App. For those individuals unable and preferring not to engage with health care services through the NHS App, there must be efficient alternatives offered to prevent unintended digital exclusion. It is imperative that patients should be given the choice of how to receive their services.

**Commitment 2 - By increasing digital connection and providing more personalised care, we can support people to monitor and better manage their long-term health conditions in their own homes, enabling them to live well and independently for longer**

*Was the commitment met overall? Or is the commitment on track to be met?*

* 1. This is an ambitious but admirable commitment. However, there are no fixed deadlines and so many contributing factors that it will be almost impossible to directly correlate digital connection and personalised care with better management of long-term conditions and longer, more independent life. There is a data deficit in sectors of healthcare (e.g. community) where it makes these data investigations impossible.

*Was the commitment effectively funded (or resourced)?*

* 1. There are a huge range of places where funding and resources would need to be invested to make it possible to achieve this commitment; investment in legacy IT for services, investment in workforce digital skills, investment in new and merging technology workforce, and many more. Some stakeholders may not yet see the priority for this work as well as, or instead of, investment in existing services which are chronically underfunded so there would also need to be a significant investment in culture change to enable new focuses to be optimised.

*Did the commitment achieve a positive impact for patients and service users?*

* 1. Patients could benefit from improved digital connection and more personalised care if used in the correct way. However, if services do not offer choice to patients, then they may unintentionally be excluded from access or from positive outcomes. Government should support services to explore digital inclusion and ensure that every attempt is made to offer choice.

*Was it an appropriate commitment?*

* 1. It is an ambitious commitment and although it is appropriate, it is very hard to deliver and even harder to evaluate. The commitment is too wide in scope with too many contributing factors. The intention is correct but perhaps the commitment needs to be considered in terms of achievable delivery.

**Commitment 3 - Roll out integrated health and care records to all people, providing a functionally single health and care record that people, their carers and care teams can all safely access, enabled by a combination of nationally held summary data and links to locally held records, including shared care records**

*Was the commitment met overall? Or is the commitment on track to be met?*

* 1. The commitment does not have a clear nor fixed deadline for implementation. Previous government targets of 90% of trusts to have an electronic patient record by December 2023 were more specific but both commitments have challenges. A number of trusts are already contracted to existing suppliers and were never going to be able to meet those targets. Some already have a multitude of systems performing in the role of safely and appropriately sharing relevant data between sectors and services without the presence of an EPR. Others have an EPR but have significant challenges in data sharing. Neither the presence nor absence of a single record will directly result in safe and efficient data sharing processes. It is much more nuanced than that and simplistic government targets do not recognise this. It risks “box-ticking” which may cover over the significant challenges in delivering good quality healthcare data for those that need it.

*Was the commitment effectively funded (or resourced)?*

* 1. No. Significant funding is required to adequately provide access to systems and devices which can deliver the functionality needed by services to achieve this commitment. A 2021 survey conducted with UK AHPs1 showed that 50% of respondents from the physiotherapy profession wrote in electronic notes for patients daily but 33% never did. 60% of respondents felt that their processes/procedures were limited by the capability of their organisation’s systems. Only 24% of respondent felt that the systems in their organisation did all they wanted them to. This highlights the significant disparity in current provisions with the commitments and targets being set by government.

*Did the commitment achieve a positive impact for patients and service users?*

* 1. It is very difficult to directly link better quality systems with better health outcomes for patients. There is significant disparity between system provision even within professions and sectors within the same trust. Those who have attracted significant investment from previous government, NHS England, NHSX and other central body initiatives are in a stronger position than many other trusts still reliant on legacy IT with a number remaining on paper records. This has resulted in significant inequality of access to high quality systems to support healthcare delivery.

*Was it an appropriate commitment?*

* 1. It is another ambitious and admirable commitment but one which is not specific nor nuanced enough to make a significant impact on healthcare services. The risk of inactivity in this area is to further strengthen the grip that EPR supplier organisations have on the NHS. The effective monopoly that these suppliers have on healthcare has resulted in restrictions on improvement of the systems which has become increasingly detrimental to the progress that services can make. In the 2021 survey of UK AHPs1 from the 300 responses from the physiotherapy profession, 350 different record keeping systems were identified. This over-complication and saturation of the market demonstrates another challenge to the delivery of this commitment, especially when 19% of respondents were still using paper.

1. **The health of the population**

**Commitment 1 - Through the Data for Research and Development programme we will invest up to £200 million to transform access to and linkage of NHS health and genomic data sets for data-driven innovation and inclusive clinical trials, whose results will be critical to ensuring public confidence in data access for research and innovation purposes**

*Was the commitment met overall? Or is the commitment on track to be met?*

2.1 The commitment may have been met but it will still not be enough to address the national-level data deficit for many healthcare services. There is currently no comprehensive, consistent nor complete national-level standardised data for physiotherapy. The focus, and subsequent funding, to deliver genomic datasets has frustrated a number of our members who cannot even access simple data about the services.

*Was the commitment effectively funded (or resourced)?*

2.2 Although the £200 million will go some way to filling the data deficit it will not resolve it. There will need to be substantially more and sustained investment in systems, training, and workforce to deliver the data capability desired to support healthcare.

*Did the commitment achieve a positive impact for patients and service users?*

2.3 More comprehensive, standardised data has the potential to improve services through quality improvement, appropriate benchmarking and investigation of inequalities. Without this we are still reliant on assumptions, anecdotal evidence and incomplete data. There also needs to be an investment in the culture around data collection, use and sharing to ensure it is given enough prioritisation in services. A 2022 survey2 showed that only 40% of community services never submitted to regional or national datasets. And of the 60% that did 45% of them had to duplicate the submission of data and 40% received no data analysis back from that which they submitted. It is easy to see why data is not a priority for some community services.

*Was it an appropriate commitment?*

2.4 It is a step in the right direction but there needs to be significant additional focus, prioritising, training and resourcing to deliver this and the other commitments needed to address the data deficit across large chunks of health and social care.

**Commitment 2 - NHS Digital will develop and implement a mechanism to de-identify data on collection from GP practices by September 2019**

*Was the commitment met overall? Or is the commitment on track to be met?*

2.5 We are not sure if it was met in this specific sector of healthcare.

*Was the commitment effectively funded (or resourced)?*

2.6 We are unable to comment on this.

*Did the commitment achieve a positive impact for patients and service users?*

2.7 We are unable to comment on this.

*Was it an appropriate commitment?*

2.8 We are not sure why this very specific commitment has been selected for consultation purposes. There are multiple other sectors with much poorer data capability than primary care. We suggest that more focus is given on raising the baseline of data capability rather than supporting those already well served. Doing so will just widen the gap between sectors. Without comprehensive standardised local, regional, or national data these sectors will struggle to attract the funding required to progress their services.

1. **Cost and efficiency of care**

**Commitment 1 - We will streamline contracting methods both to leverage NHS buying power and simplify the process of selling technology to NHS buyers (ongoing)**

*Was the commitment met overall? Or is the commitment on track to be met?*

3.1 The commitment doesn’t have a specific or fixed deadline. It will be hard to achieve as there are so many nuances to the existing contractual commitments of NHS trusts. Having streamlined procurement processes may sound more appealing to achieve more buying power it would also limit the options of single call off procurement especially in the innovation space. There could be a fear that it could strengthen the position of the larger suppliers while leaving little room for SMEs. Those in industry could speak to the impact on their business.

*Was the commitment effectively funded (or resourced)?*

3.2 The purchase and contracting of new technology needs to be funded to meet demand. At present NHS trusts chronically underfund their IT even though there are evidential benefits to be found in technology, it is regularly overlooked for funding. There are a number of examples where funding is not recurrent which is just not sustainable in digital health. Funding must be recurrent and secured over a long period if it is to attract industry.

*Did the commitment achieve a positive impact for patients and service users?*

3.3 Any impact would be very hard to measure.

*Was it an appropriate commitment?*

3.4 Streamlining contracting methods would only be part of the challenge. You would also need to consider recurrent funding, contract length, development, innovation and many more factors to see a measurable impact.

**Commitment 2 - We will consolidate routes to market and strengthen our commercial levers for adopting standards through a new target operating model for procurement. This will include embedding standards as part of procurement frameworks, supporting NHS procurement teams to prioritise adherence to standards. Consolidation of the number of frameworks will encourage market entry and more choice in some markets, incentivising vendors to follow NHS standards**

*Was the commitment met overall? Or is the commitment on track to be met?*

3.5 The commitment doesn’t have a specific or fixed deadline. There is conflict between this commitment and the one above. One talks about streamlining procurement processes and this one talks about adding standards which would surely add more steps rather than less. It is another commitment that would be very difficult to evaluate.

*Was the commitment effectively funded (or resourced)?*

3.6 We are unable to comment.

*Did the commitment achieve a positive impact for patients and service users?*

3.7 We are unable to comment as we have not seen any delivery on this yet.

*Was it an appropriate commitment?*

3.8 We do support the use of standards both in the procurement and application of technology in healthcare. However, the process of applying them must be considered carefully so they bring benefit to the process and not add unnecessary steps.

1. **Workforce literacy and the digital workforce**

**Commitment 1 - We will co-create a national digital workforce strategy with the health and care system setting out a framework for bridging the skills gap and making the NHS an attractive place to work**

*Was the commitment met overall? Or is the commitment on track to be met?*

4.1 Although there is no fixed deadline on this commitment it is one of the upmost importance. There has been work ongoing for a long time around digital workforce, but it has not yet come to fruition. In a 2021 survey of UK AHPs1 it was clear that there was a considerable amount of work to be done to have all of these professions in a digital literate place. There is significant work to be done for everyone to meet a minimum standard let alone for those digital enthusiasts to be identified and their career progress accelerated. Of the physiotherapy responses to the survey 67% felt that their use of technology at work had increased greatly during Covid-19 and 30% to some extent. However, only 37% felt their confidence in using digital technology at work had increased during this time. There is still evidently, lots to do. The longer that there is no provision of digital literacy training for NHS staff, the larger this deficit will grow.

*Was the commitment effectively funded (or resourced)?*

4.2 We can’t comment on the funding received so far but there is still more work to be done and the deficit in digital competence in the workforce is continuing to grow. The development of those in digital roles is pretty well served with opportunities such as the Topol Fellowship, Florence Nightingale Scholarships, Digital Academy, Faculty of Clinical Informatics and more. There is a drive to include digital literacy in all pre-registration courses for healthcare clinicians, although not all in place yet. The CSP are recently reported on the KNOWBEST program3 in conjunction with the University of Hertfordshire to explore the skills needed by the modern physiotherapist. It recommended that digital be included in all undergraduate and postgraduate pre-registration physiotherapy programs and almost all of the programs across the UK already have this recommendation in place. However, the existing workforce are relatively poorly served by basic digital literacy training opportunities.

*Did the commitment achieve a positive impact for patients and service users?*

4.3 As there is no time limited commitment in this area it is difficult to evaluate its impact on patients. However, we hypothesise that a more digitally enabled workforce would have the knowledge, skills, and awareness of when to use technology to supplement care that it could have a very positive impact.

*Was it an appropriate commitment?*

4.4 We fully support the need for a more specific commitment around the digital literacy of the health and social care workforce. The CSP will publish the Physiotherapy Health Informatics Strategy (PHIS) 4 in November, and it will begin to address the skills deficit in the physiotherapy profession through the provision of simple informatics training modules. However, much more needs to be done if we are to make the progress needed.

**Commitment 2 - We will enable recruitment retention and growth of the digital, data, technology workforce to meet challenging projected health and care demand by 2030 through graduates, apprentices and experienced hires creating posts for an additional 10,500 full-time staff**

*Was the commitment met overall? Or is the commitment on track to be met?*

4.5 It is an ambitious target and we do not have access to data on the progress to date. Increase to the DDAT workforce is essential if we are to meet the digital ambitions and demands of modern healthcare. We must also not lose sight of the need for more of our clinical workforce to be in clinical digital roles to provide the valuable link needed to excel with challenging product development or implementation.

*Was the commitment effectively funded (or resourced)?*

4.6 We don’t have the data to comment on current level of funding. However, it is important that consideration is given to the job market for experts in this field to make sure that the NHS will be an attractive place to work and can provide competitive salaries. We must also provide them with the career progression opportunities that make them want to stay in health and social care for a long time and not move out to the very appealing world of industry.

*Did the commitment achieve a positive impact for patients and service users?*

4.7 We don’t have the data to comment.

*Was it an appropriate commitment?*

4.8 Yes. The DDAT workforce are a vital part of the digitisation of the NHS. It is important that once we do attract this vastly larger workforce that they have the clinical digital experts to align to achieve the ambitious targets set out across this consultation, and the many more that are in the system. These individuals must also be provided with the tools with which to do their job, this means investing not only in the workforce but also in their training, project management, implementation, innovation and much more.

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November 2022

**References**

1 Tack C, Holdsworth L, Wilson A, McComiskie E, McCabe P, Wilkinson W, King M. 2021. Digital competency: a survey of UK allied health professionals. British Journal of Healthcare Management, vol.28, no. 8. <https://doi.org/10.12968/bjhc.2021.0123> 2021

2 Community Rehabilitation Alliance (CRA), publication planned November 2022, Making community rehabilitation count: the CRA data and evidence task and finish group report, <https://www.csp.org.uk/professional-clinical/improvement-innovation/community-rehabilitation>

3 CSP and University of Hertfordshire KNOWBEST Project, 2022, <https://www.health.herts.ac.uk/elearning/knowbest/>

4 CSP Physiotherapy Health Informatics Strategy (PHIS), publication planned November 2022, <https://www.csp.org.uk/professional-clinical/digital-physiotherapy/physiotherapy-health-informatics-strategy>