NHS Constitution: 10 year review response

The Chartered Society of Physiotherapy
Consultation response June 2024
To be submitted online https://www.gov.uk/government/consultations/nhs-constitution-10-year-review

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

Proposed changes to the NHS Constitution

Health disparities

Response:

We agree with the proposal and propose an additional amendment to the constitution

The NHS seeks to reduce the gap in healthy life expectancy through the timely provision of services that support rehabilitation and prevention of ill health.

Rationale:

Advances in healthcare and medicine have been significant in recent years but the benefits are not equally shared because of systemic marginalisation, discrimination and inequality in income. The gap in healthy life expectancy is being driven by the increasing numbers of people managing one or more long-term conditions, often more prevalent in marginalised groups and those experiencing higher levels of deprivation.

The challenge for the NHS now is to ensure people live well for longer – and equitable access to rehabilitation is key to this. The same drive for improvement and innovation that has produced medical breakthroughs now needs to be applied to recovery and rehabilitation services. The goal of reducing the gap in healthy life expectancy and the provision of recovery and rehabilitation services needs to be reflected in the Constitution.

Rehabilitation service data and analysis is critical in the delivery of high-quality community rehabilitation. A community rehabilitation database should be co-designed with stakeholders to help map population need against patient access to services and outcomes, support audit and service evaluation and improve integration of community services (including partnership working between NHS, statutory and non-statutory bodies). Importantly this would include patient reported outcomes and experience of NHS rehabilitation and recovery services in the community, to help drive quality improvements and resources into the community.

Leadership

Response:

We agree with the proposal and propose the following amendment in addition:

The NHS Constitution is committed to leadership at Integrated Care Board (ICBs) and Trust Board level to ensure accountability for provision of services to support rehabilitation and prevention, including in community services and primary care.

Rationale:

Recent Health Ministers have stated that “rehabilitation is as essential to good health outcomes as medicines and surgery” and that “ICBs will be required to provide, and improve provision of, community rehabilitation services.” This has been understood by successive governments within ambitions to shift care out of hospitals in order to provide rehabilitative and preventative healthcare to sustainably meet the needs of increasing numbers of people with multimorbidity and frailty. This has also been a longstanding strategic priority for NHS England and most recently a core plank of the NHS Long Term Plan and NHS Long Term Workforce Plan.

However, this ambition is still not being realised. To do so is impossible without strategic leadership of rehabilitation across sectors at system level, with an accountable leader in ICBs. At a Trust level this change requires more diverse leadership at Board level, including AHP leadership.

Unpaid carers

Response:

We agree with the proposal and recommend the following:

We propose to add an additional right to 'Involvement in your healthcare and the NHS':

This includes the assessment of rehabilitation need as part of discharge planning.

Rationale:

Where a patient is likely to have care and support needs, following discharge from hospital, the involvement of unpaid carers in discharge plans is essential. Carers should be included in assessment of individuals' rehabilitation needs as part of discharge planning. NHS services should encourage unpaid carers to engage with the rehabilitation workforce in order to understand how to support the patient to continue their rehabilitation at home, to recognise the signs of deterioration and deconditioning, and to promote a rehabilitative/ enabling approach.

Volunteers

Response:

We agree with the proposal and suggest signposting to good practice principles developed by trade unions.

Rationale:

Volunteers have a valued role to play in NHS services, and deployed in the right way can empower service users, complement the work of paid staff, assist in providing personalised care, and improve the outcomes of rehabilitation. The NHS should ensure volunteer policies build on good practice principles developed by the TUC, Unison and NHS Employers.

There are existing blueprints of multifactorial rehabilitation services such as the award winning service Hope in Grimsby which is proven to reduce falls, hospital admissions, and social isolation for people with COPD using a multidisciplinary rehabilitation team including volunteers.

Health and work

Response

We support the proposal and suggest the following amendment in addition to this.

This support should include access to rehabilitation and self-management support for people with chronic long-term conditions.

Rationale:

Work is a key driver of health inequalities. Long-term health conditions and disability are common among people of working age, often acting as a barrier to employment. Long-term sickness has risen to be the most common reason for being economically inactive – increasing to 2.83 million people in April 2024[1]. Reducing waiting times for treatment and ensuring equitable and timely access to rehabilitation services will support return to work and reduce health inequalities. With musculoskeletal (MSK) conditions being the biggest single cause of sickness absence, this should include developing and expanding MSK hubs in the community. It also should include access to vocational rehabilitation to enable people to return to work, for example following a stroke or managing chronic lung conditions.

Person-centred care

Response

We support the proposal and propose an amendment in addition:

This includes access to services and support to enable rehabilitation and recovery both after discharge from hospital and to prevent admissions in the first place.

Rationale:

Rehabilitation is the provision of assessment, advice and tailored rehabilitation support to improve people's health and wellbeing, which takes place in all NHS and social care sectors, as well as the fitness and leisure, and voluntary sectors. There is currently a postcode lottery with many missing out on vital rehabilitation, especially marginalised groups and those experiencing higher levels of deprivation.

To access personalised healthcare those people who can afford it access private community rehabilitation. But not everyone has this option. This falls short of the NHS Constitution. The NHS Constitution pledges to provide a comprehensive health care system to; meet individuals' needs; prevent and improve mental and physical health problems; promote equality and for this to be universal and free of charge. However, the UK is in the bottom half of OECD Countries when it comes to the proportion of our health spending invested in meeting long-term health needs.[2] Existing NHS and local authority resources need to be aligned behind comprehensive community rehabilitation options.

The role of the NHS to support prevention, rehabilitation and recovery as core to provision should be reflected in the language of the constitution throughout as well as in commitments on access.

Staff: your rights and NHS pledges to you

We believe that the NHS Constitution must go further in securing rights for NHS staff and propose two additional amendments to the constitution

Right: 'To work within a healthy and safe workplace and an environment in which the employer has taken all practical steps to *provide adequate space and staff welfare facilities*; **to ensure the workplace is free from verbal or physical violence from patients, the public or staff, to work your contractual hours, take annual leave and to take regular breaks from work.'**

Rationale

The NHS physiotherapy workforce is increasingly expected to work in cramped spaces or with inadequate equipment and welfare facilities to the detriment of patients and staff.

Ongoing cost restraint in the NHS has led employers to economise on office accommodation by increasing the number of staff expected to share space and workstations and/or increasing remote lone working portable electronic devices that are not always appropriate to the employee's individual needs.

Physiotherapy and rehabilitation space should be protected. This includes gyms, consultation rooms and hydrotherapy pools.

Source of the right

Health and Safety at Work Act 1974 and associated regulations made under the Act Working Time Regulations 1998 (for provisions relating to leave).

Regulation 10 and 22-25 of the Workplace, (Health Safety and Welfare) Regulations 1992 (for provisions relating to space and staff welfare facilities

Pledge: 'The NHS pledges to provide *space,* **support and opportunities for staff to maintain their health, wellbeing and safety.'**

Rationale:

Workforce wellbeing is an increasing concern, as many physiotherapists and rehabilitation support workers are suffering burnout and fatigue. Even before Covid19, the physiotherapy workforce was under considerable pressure, manifested in poor work/life balance, low morale, retention, sickness absence and presenteeism. The CSP's Pinpoint the Pressure survey in 2017 found that physiotherapy staff were experiencing work-related stress with the primary causes of understaffing, unpaid overtime, lack of breaks or adequate staff rest facilities, and insufficient resources.

In spite of NHS England's focus on workforce wellbeing in recent years NHS physiotherapy workers report no better an experience in the workplace now compared to before the pandemic.[3]

In patient-facing roles, this impairs their ability to provide high-quality care during a time when demand is surging due to a range of factors, including the growing numbers of people living with at least one long-term health condition. By 2035, two-thirds of adults are expected to be living with multiple health conditions, with 17% expected to have 4 or more conditions.[4]

We must reduce the exodus of physiotherapy staff leaving the NHS each year, demotivated and burnt out by the inability to deliver the quality of care that they went into the profession to provide people.

Concerns around pay and flexible working remain high – with only 33% of physiotherapists and 23 per cent of AHP support workers – reporting satisfaction with their salary. Likewise do those around staffing levels –with only 27% of physiotherapy respondents agreeing they have enough colleagues to do their job properly. Many staff have seen no improvements in flexible working – despite new rights being added to the NHS Contract in 2021.

16% of physiotherapy respondents reported they had experienced inappropriate sexualised conversations, touching, or assault from patients or service users. We see a gendered dimension to this behaviour, with 18% of female physiotherapy respondents – compared to 9% noting inappropriate behaviour from service users.

There are persistent differences in staff experiences - based on ethnicity, disability, and other factors. Only 55% of Black, Asian and minority ethnic physiotherapists reported being confident that their employer acts fairly about career progression; compared to 66% of white physiotherapy respondents.

The recent “Too hot to handle” report highlighted that race discrimination remains prevalent in the NHS, whilst staff with intersecting protected characteristics face higher levels of discrimination or harassment.[5]

Safe rest spaces are important in enabling staff to manage and process the work's physical and psychological demands. Wellbeing support will also require better inductions and ongoing support for internationally recruited physiotherapists.

We recommend that employers work with union representatives to review policies and communications around ensuring access to space for work and rest, flexible working opportunities, and prevent sexual harassment and race discrimination.

Additional statement:

We support National Voices, Richmond Group and 71 other charities in their call for the NHS Constitution consultation to be paused or extended until after the general election. We share concerns that in order to comply with rules and regulations relating to the election promotion of the consultation has been limited meaning that many NHS workers, patients and the general public will be unaware of such an important government consultation.

References:

1. Office for National Statistics (ONS), released 11 June 2024, ONS website, statistical bulletin, Labour market overview, UK: June 2024

2. Organisation for Economic Co-operation and Development. Health at a Glance 2017. Paris: OECD Publishing; 2017

3. The Chartered Society of Physiotherapy. HS Staff Survey 2023 - the need to challenge poor staff experiences is greater than ever. London: The Chartered Society of Physiotherapy; 2024.

4. National Institute for Health and Care Research. Multi-morbidity predicted to increase in the UK over the next 20 years. London: National Institute for Health and Care Research; 2018

5. brap and Kline. Too Hot to Handle? Why concerns about racism are not heard...or acted on. Birmingham: brap: 2024