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Evidence to the NHS Pay Review Body, 2025/26 pay round

Chartered Society of Physiotherapy

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The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 65000 chartered physiotherapists, physiotherapy students and support workers.

We are responding in our role as the professional voice of physiotherapy, and as the trade union body that represents NHS¹ physiotherapy staff.

The physiotherapy workforce works across private health, sports, the military, the voluntary sector and social care. Approximately 60 per cent works in the NHS. Physiotherapy is a critical part of treatment pathways for a range of clinical areas: musculoskeletal/orthopaedics, brain and spinal injury trauma, neurological, respiratory, and cardiovascular conditions, cancer, pelvic health, and many more.

Registered physiotherapists are autonomous practitioners, able to independently assess, diagnose and prescribe medicines. Physiotherapists work as clinical leaders and multi-professional team members, supporting patients in hospital, home, community work and leisure environments.

Working under delegation, physiotherapy support workers enable 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.

To meet government' objectives for healthcare, the NHS physiotherapy workforce needs to be expanded and better retained. To address the current NHS recruitment and retention crisis, upcoming pay rounds must:

- reverse the real term loss of pay seen over the past decade and a half; and
- restore NHS workers' relative economic position when compared to other roles outside the NHS – in healthcare and beyond.

¹ Including staff employed within Health and Social Care Northern Ireland

To this end, the 2025/26 pay round must deliver an above inflation pay rise to NHS staff in each nation.

To restore confidence in the PRB process, pay awards must be delivered without political interference and in a timely manner, with a clear commitment from government to have pay implemented by the 1 April in future pay rounds.

Setting out our further evidence, we address the Key Lines of Enquiry raised by the PRB in the call for submission. We have included extended quotes from the CSP's workplace stewards and safety reps, collected through census survey Oct/Nov 2024.

We would be pleased to supply additional information on request. We welcome the opportunity to provide further oral evidence.

What are the priorities of the service, both immediate and longer term, and how are they being achieved?

Given demographic change across the UK – with an aging population presenting with more complex multimorbidity– and to reduce health inequalities, the NHS in each UK nation needs to shift its priorities so that rehabilitation and therapeutic treatment is given equal with to medical intervention and surgery. Each UK nation needs to develop an integrated rehab offer for people with a range of long term conditions - with clinical pathways designed and delivered around the person, not the condition.

To these ends, the CSP strongly endorses the recommendations of the 2024 Darzi review. Prominent among the report's findings is a need for more care to be moved out of hospitals and into the community. Acting on these findings would transform the NHS into a modern, responsive health service that is built around population need.

Actual progress in pivoting each nation's health service to this model is tentative, and geographically varied. In the autumn of 2024, the CSP conducted a Freedom of Information request amongst 102 healthcare systems across the UK, covering Integrated Care Boards, Health Boards, Health Trusts and Integrated Joint Boards (Scotland). We found:

- In England, only 47 per cent of responding Integrated Care Boards had a rehabilitation programme setting out plans to deliver, expand, integrate and redesign services, with 23 per cent having such a programme under development.
- Aggregated responses from Wales, Northern Ireland and Scotland demonstrated that within the devolved nations, 59 per cent of responding organisations had such a rehabilitation programme.

Even in those areas where a rehabilitation programme has been developed, the delivery of health service transformation will require a growth in the NHS's physiotherapy workforce - we need to recruit and retain more physiotherapists and support workers to staff expanded and redesigned services.

In England, since 2023 there is now a system commitment to a 3.3 per cent annual increase in registered physiotherapy posts in NHS services – part of an additional 71,000–76,000 Allied Healthcare Professionals (AHPs) by 2036/37. However, it is not ambitious enough given the scale of need - a higher target is eminently doable alongside action to retain staff

One long term priority of the health service then is the development of physiotherapy staff at all levels – through sustainable funding models such as apprenticeships and the implementation of a loan forgiveness scheme inclusive of Allied Healthcare AHPs.

As well as increasing capacity through realistic staffing numbers, the government must ensure the NHS does everything in its power to retain those it already has. Addressing stress, workloads and supportive management through initiatives developed through local and national Social Partnership Forums is one lever to achieve this. The delivery of fair and timely pay awards from national governments is likewise an essential lever to make this happen.

In practice, there has been a disconnect between NHS initiatives to modernise health services (e.g Improvement Programmes), and NHS/governmental policies on staffing and workforce planning. This has meant that the former are not properly implemented.

For further information on the CSP's views on service priorities, and how this is being achieved, see: Annex 1: Community Rehabilitation Alliance (CRA) evidence to the 2024 Darzi Review.

What is the current condition of the service, how does that compare with last year? | We seek data that sheds light on staff morale and motivation.

Recruitment and retention is a massive issue within the NHS, as staff are unwilling to stay due to poor funding. Thus staff turnover is high which puts a greater burden on senior staff for training loads which in turn reduces the quality of patient care that can be delivered. – CSP Steward, England

The current condition of the NHS is Poor. I have worked in this central London trust for ten years. The numbers of staffing have dwindled, we are currently freezing all recruitments of new staff to avoid going into special measures, at the expensive of the remaining staff's morale and burn out. Let alone the affect all of this has on the quality of care that patients receive. – CSP Steward, England

Winter has hit us already and the physiotherapy staff, all AHPs for that matter, are beginning to feel burnt out. Extra areas have been opened and bedded with no extra physiotherapy staff to cover these wards. We are following our own patients if they move to these areas as there is no funding for additional physiotherapy staff to cover. Staff morale is really low, we are doing the bare minimum to create flow but that still isnt enough. – CSP Steward, England

The experiences of two populations – patients, and workers – provide a vital barometer on the current conditions found across the NHS.

Public satisfaction with the NHS is at the lowest level recorded since 1983 across every service and within all demographics and socio-economic groups, as detailed in the results from the [latest British Social Attitudes Survey](#).

Staff experiential data provides a less clear-cut picture. The NHS Staff Survey - and its devolved national equivalents remain the superlative source for NHS staff experience data. [Taking the NHS Staff Survey](#): across many key indicators, NHS physiotherapy staff have seen modest improvements in the most recent years of the survey. 'Only' 40 per cent of NHS physiotherapy staff reporting feeling unwell over the previous 12 months in the 2023 survey, compared to 46 per cent in 2021. Satisfaction with pay also improved over the most recent years of the survey – rising from 23 per cent in 2022 to 33 per cent in 2023.

However, in general and similar to most NHS staff groups: when considering pay, stress, workloads, and other key issues that impact recruitment and retention, NHS physiotherapy workers report no better a experience in the workplace than compared to before the Covid-19 pandemic.

Recent academic work likewise demonstrates widespread issues of morale and motivation across UK physiotherapy. A 2023/24 e-survey (n=788) of physiotherapists, physiotherapy students and physiotherapy support workers found²:

- Only 22 per cent of participants reported high levels of professional fulfilment
- 69 per cent experienced significant work exhaustion
- 33 per cent experienced high levels of interpersonal disengagement
- Nearly half, 49 per cent demonstrated burnout
- 57 per cent felt often or very often stressed because of their work life
- 65 per cent never, or less than half the time, woke up feeling fresh and rested

The authors found that an overarching theme that all the data fitted into was the phenomenon of moral distress and moral injury in the physiotherapy workforce. Moral distress being psychological unease generated where professionals identify an ethically correct action to take but are constrained in their ability to take that action. Moral injury being sustained moral distress, leading to impaired function or longer-term psychological harm

Respondents reported how this distress and injury led to “low team morale” and recruitment and retention issues.

We seek robust, up-to-date data, levels and rates, on: i. recruitment; ii. vacancies; and iii. retention/leavers.

The physiotherapy workforce is essential to achieve the government’s ambitions of transforming services including moving healthcare from hospital to community. Not having adequate physiotherapy staffing is a huge own goal for NHS healthcare systems. It creates a false economy and puts patients at active risk of harm and insufficient recovery from stroke, cardiovascular disease, traumatic injury and managing long-term conditions like arthritis.

Physiotherapy continues to be a popular career choice for people who want to make a positive difference to the lives of others and represents a good return on investment. There has been sustained growth in physiotherapy graduate numbers for the last decade. Demand for physiotherapy university courses is growing in England; and course attrition rates are extremely low compared to other health subjects.

² Minns Lowe C J , Newman M , Herbland A , Donovan M, Heneghan N , Moulson A, Owusu N , Beeton K. Work related well-being in the UK physiotherapy workforce: the YOURvieWS Study. Conference Presentation; Chartered Society of Physiotherapy Annual Conference 10-12th October 2024. Note, sample included both NHS and non-NHS respondents.

However, this has not been fully capitalised on by the NHS despite obvious need to deliver its strategic priorities.

- Only 27 per cent of physios in the 2023 NHS survey said that they had sufficient staffing on their team to do their job properly. This is lower than the NHS-wide average.
- 93 per cent of NHS physiotherapy managers say that they do not have sufficient staff to meet need or provide services within NHS guidelines.³

Insufficient registered physiotherapy numbers within teams inhibits the potential to grow the valuable non-registered physiotherapy workforce who are delegated duties by the registered workforce.

Insufficient staffing in physiotherapy and rehabilitation teams has become part of a vicious cycle, as it is a significant driver for physiotherapy staff leaving the NHS to work in other sectors where they feel they can deliver better quality of care.

Evidencing these high-level observations, the CSP has launched our [physiotherapy workforce data dashboard](#). The interactive dashboard provides insights and analytics of the physiotherapy workforce across all four nations of the UK. For the first time, it brings together robust data from: Universities and Colleges Admissions Service (UCAS); Higher Education Statistics Agency (HESA); Health and Care Professions Council (HCPC); NHS England

In an accompanying physiotherapy workforce review, the CSP conducted high-level analysis of the latest data in our portal. We direct the PRB to review our nation-level commentary in full as part of our 2025/26 pay round evidence:

- [England](#)
- [Wales](#)
- [Northern Ireland](#) (Note – analysis predates settlement of 2023/24 pay dispute)

Looking to the future of NHS workforce planning across the UK: the following measures, taken together, would harness the potential of the growing physiotherapy profession, ensuring a healthy pipeline going into the NHS:

- Guarantee an NHS contract to all newly qualified physios who want one;
- Investment in advanced practice and consultant physiotherapy to allow physios to work to the top of their scope of practice to meet changing healthcare needs;
- Growth will be threatened if visa arrangements for overseas physios and support workers are not reformed. 15 per cent of physios are from overseas.

³ North of England Commissioning Unit. Physiotherapy workforce review: unpublished but available on request. London: The Chartered Society of Physiotherapy; 2023

On apprenticeships, we would welcome data on: i. numbers of apprentices over time, by occupational group/apprenticeship framework; ii. the extent to which apprentices have been pre-existing employees or new recruits; iii. completion/drop-out rates during training; iv. retention rates post-training/qualification.

We would welcome parties' insights on the barriers to greater use of apprenticeships and how these might be overcome. We would welcome well-supported case studies of the use of apprenticeships, both successful and unsuccessful.

The apprentice landscape

The apprenticeship standards utilised by physiotherapy staff in England are:

- L3 higher level support worker
- L5 assistant practitioner
- L6 physiotherapist integrated degree
- L6 enhanced clinical practitioner (ECP; recommended by CSP for delivery at L7) and
- L7 advanced clinical practitioner (ACP).

The vast majority of those undertaking L3 and L5 apprenticeships through a physiotherapy lens will be for existing employees, to develop skills and capability within their roles.

Historically, the L6 degree apprenticeship has been offered to support workers who would like to progress into a registered physiotherapy role. However, in some areas this has reached saturation (i.e. all the support workers who wish to and are eligible for the degree apprenticeship have done so) and external recruitment into physiotherapy apprentice posts is now happening in places.

Many L7 apprenticeships will also be supporting employees to develop internally, although external recruitment into these trainee Advanced Clinical Practice roles does occur.

Profession-specific data for L3, L5 and L7 has not been made available to the CSP. Programmes to establish AHP-specific L6 enhanced clinical practitioner programmes are currently under development, following the recent publication of guidance for HEIs from NHSE. L6 physiotherapist integrated degree start data is described in Table 1:

Table 1 Physiotherapist (Integrated Degree) Starts

	Starts
2018/19	6
2019/20	35
2020/21	88
2021/22	170
2022/23	266
2023/24 to date	291

Source: DfE apprenticeship data

2021/22 completion data shows achievement rates are very strong: 94 per cent, in comparison with an overall achievement rate of 51 per cent across all sectors.⁴

⁴ Achievement Rates Subjects - Volumes and Rates by Std-fwk flag, STEM, SSA T1 and 2, Standard-framework name, Level, Detailed Level, Age, Funding Type' from 'Apprenticeships', Permanent data table - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)

Employment retention data is not available. This is in part due to the lack of ability to record training routes in the NHS Electronic Staff Record so it is not possible to track career trajectories. Anecdotally, apprenticeships support retention in physiotherapy services through offering a sense of value and career progression.

Barriers

Barriers to the uptake of apprenticeships vary across the different levels.

We believe there is poor awareness of the L3/5 apprenticeships amongst employers and support worker staff. These may also not be at the right academic level for some staff who have previously studied at a higher level. However, conversely, confidence and the basic academic skills required to undertake formal study may also be a barrier for some.

For all apprenticeships, funding for backfill for the off the job training aspect is a reported barrier from employers. In addition, the lack of tariff payment for degree apprenticeship placements is an issue. The announcement of a promised new funding model for apprenticeships with enhanced employer funding support has been anticipated for much of this year but has been delayed repeatedly. The CSP is currently calling for this to be published.

Level 7 apprenticeships have very recently been defunded to divert investment into lower apprenticeship levels. This is a risk to the development of our enhanced and advanced practice workforce, needed to meet population health needs, and could create unequitable barriers to career progression for physiotherapists. The CSP is calling for an exemption of this defunding for Level 7 apprenticeships.

The CSP has commissioned Skills for Health to conduct a review of the degree apprenticeship, with a view to developing recommendations to support the sustainability and quality of this model. The findings will be available March 2025.

The PRB has received anecdotal evidence in recent years about the purported effects of differing pay levels in the four nations of the UK and in the Republic of Ireland on flows of staff and students across these borders. We would welcome robust, quantitative evidence, or well supported case studies that shed light on any such flows, especially between (i) Northern Ireland and both the Republic of Ireland and the rest of the UK and (ii) the rest of the UK and Scotland.

CSP stewards routinely inform us that pay differentials between Health & Social Care Northern Ireland and the Republic of Ireland's Health Service Executive (HSE) leads to a flow of staff to the Republic:

“There is little argument to be made by senior management in the trusts of Northern Ireland when we are unable to match these pay differences, making recruitment and retention a constant battle especially in the western trust.” – CSP Steward, Western Trust

Pull factors for UK staff include the [Republic's wage levels](#) – with physiotherapy starting salaries of €43122 exceeding the equivalent (Band 5) starting salaries for Northern Ireland, England and Wales. Wages for senior physiotherapist and physiotherapy managers likewise exceed equivalent Agenda for Change roles.

The structure of the Republic's physiotherapy pay spine also serves as a pull factor, with starting-level physiotherapists able to work through 14 years of increments to reach a salary of €61916 without moving role – a similar career path in the UK would require promotion to a Band 6 role.

Of concern for the 2025/2026 pay round: the CSP has an expectation that this flow of staff will likely increase in volume in the next year. The HSE had a recruitment freeze in place between October 2023 to July 2024, covering all staff save for consultants. This freeze has now been lifted, with service managers are now able to turn to the UK – particularly Northern Ireland – for a recruitment pool. Given domestic recruitment pressures in Ireland - the Irish Society of Chartered Physiotherapy conducted a survey of managers in 2024, giving an estimated physio staffing vacancy rate of 40 per cent in public services nationally – we expect an uptick in the transnational flow of staff.

We would welcome evidence on any areas in which conditions in adjacent labour markets have given rise to recruitment and/or retention difficulties, either in general or with respect to specific occupations.

The CSP has previously warned that local decision making regarding the application of the High Cost Area supplement can lead to dissatisfaction and increased turnover within the NHS staff group.

This is particularly the case where trust mergers and the transfer of services between employer causes staff to predominately work out of the same worksite, but on differentiated pay rates. A CSP steward provides a case study of Surrey Downs Health and Care Partnership:

- When Epsom and St Helier University Hospital (ESTH) took on lead responsibility for the Partnership - this which provides community health care to patients in Surrey - there was an expectation among staff that Partnership staff working out of Epsom Hospital would be paid on the same terms and conditions as other staff in the site, who receives the outer London weighting.
- However, during the TUPE process, employment was regarded as sitting with the organisationally distinct Partnership – despite staff working under ESTH policies, procedures, and having their pay processed through their payroll.
- Our Steward describes the experiential impact of this discrepancy:

“We’re told we’re not entitled to the 15 per cent greater pay our colleagues in the office next door get, in some cases literally doing the same jobs... this is really frustrating for staff... Its been the final nail in the coffin.... It has caused problems with the on-call rota as some staff have refused to be on call if they are not paid the same... [Staff] have gone private, they’ve moved trust. The pay is demoralising and we’ve seen this ripple effect of staff leaving”.

We invite other parties' views on the funds available for AfC pay as well as the appropriate level of a pay award.

Retention of staff is worsening due to lack of pay rises to match inflation. People do not feel as valued anymore in their role. It's difficult to employ new staff members. This is causing increase in waiting lists and further pressure on the service. These issues were apparent last year but have worsened. Patients are spending more time on waiting lists – CSP Steward, England

Low salaries therefore jobs are unattractive. Staff leaving the NHS as they can do less demanding work for better pay elsewhere – CSP Safety Representative, England

The PRB's terms of reference require it to regard the need to recruit, retain and motivate suitably able and qualified staff alongside other considerations – including Government's Departmental Expenditure Limits and Inflation Targets. However, when making recommendations on an 'appropriate' pay award, the PRB needs to put most weight in the NHS' ability to recruit and retain staff.

NHS pay awards have a disproportional impact on NHS recruitment and retention: whereas governments are able to flex Departmental Expenditure Limits, which are subject to political considerations beyond the scope of the PRB; while the Bank of England has a range of levers to influence inflation.

To secure adequate recruitment and retention of physiotherapy staff, the government should pursue pay restoration over subsequent NHS pay rounds. 'Restoration' should be defined in two related ways:

- 1) Successive previous governments' policy of austerity – delivering sub-inflationary pay awards for NHS staff – has eroded the real term purchasing power of many NHS staff.

In England, following the implementation of the 2024/25 NHS pay award, staff at the top of Band 5 earned 90 per cent of what they would have if pay had risen with CPIH inflation from 2008/09 onwards. Staff at the top of Band 6 and 7 each earned, in real terms, 89 per cent of 2008/09-equivalent pay. This loss in pay needs to be restored.

- 2) The past decade has likewise seen a decline in the relative income of NHS staff when compared to other roles in the economy. NHS pay has become less competitive against the economy as a whole.

NHS physiotherapy staff can be recruited into other private healthcare roles, or indeed non healthcare roles across the economy. When NHS physiotherapy staff's earning potential declines compared to other roles, jobs outside of the NHS – and healthcare - offer a greater pull factor to staff: harming retention initiatives.

Table 2 uses data from the Survey of Personal Income, 2008/08 & 2021/22. It demonstrates, that a full-time equivalent NHS physiotherapy associate working at the top of Band 4 had a pre-tax salary exceeding 55 per cent of all other UK workers in 2007–08 (regardless of their working hours). In 2021/22 however, their salary exceeded only 43 per cent of UK workers – a drop of 12 percentile points.

As demonstrated in Table 2, this decline in the relative economic position of NHS physiotherapy staff – and other healthcare workers – is found across the Agenda for Change pay scale. NHS staff Wales and Northern Ireland have likewise seen their relative income fall compared to other all-economy roles.

Pay recommendations attuned to the need for the NHS to recruit and retain economically mobile professionals needs to prioritise a restoration of this relative earning potential.

Table 2: NHS Staff (England)' salaries (Agenda for Change, 1.0 FTE), mapped against tall UK taxpayers' pre-tax salaries – percentile point

	2007/08	2021/22	Percentile point difference
Band 4, bottom	41	36	-5
Band 4, top	55	43	-12
Band 5, bottom	49	45	-4
Band 5, top	67	59	-8
Band 6, bottom	61	61	0
Band 6, top	78	73	-5
Band 7, bottom	70	73	3
Band 7, top	84	79	-5
Band 8a, bottom	81	80	-1
Band 8a, top	89	86	-3
Band 8b, bottom	87	86	-1
Band 8b, top	92	90	-2

Source: Survey of Personal Incomes (SPI) for the tax year 2021 to 2022 (2004); NHS Staff Handbook (2007, 2021)

We invite parties to explain how achievement of the inflation target affects their view about appropriate pay recommendations.

Public sector pay [does not represent a significant inflationary pressure](#). Private sector pay awards outpaced public sector settlements for the past four years, and the Bank of England's Governor expects 2024's above inflation pay awards to have "[very small](#)" impact on inflation.

While the Bank of England has not published detailed analysis of the public sector's 2024/2 pay settlements, earlier analysis - conducted in 2022 by the [Bank for International Settlements](#) - found little evidence of advanced economies entering into a wage-price spiral as public sector wages increased following the Covid19 pandemic.

We wish to understand the role played by the application of the Job Evaluation Scheme and parties' views on its operation.

The CSP supported the Staff Council-led workstream charged with developing recommendations to support the fair and consistent application of the NHS job evaluation scheme. This workstream has submitted its recommendations to government to consider, stressing that the recommendations need to be considered as a combined package.

We have received submissions that some parties wish there to be greater flexibility in pension arrangements for AfC staff. However, we have received little specific detail on the types of flexibility and on the costs and benefits of flexible pension arrangements. It would be helpful if parties were able to supply such details.

NHS pension arrangements are the purview of the multipartite Scheme Advisory Board. The CSP does not recognise the PRB's interest in pension flexibilities, and declines to submit evidence on the matter.

Non-pay aspects of terms and conditions: what role do, for example, flexible working, pensions and learning and development play in recruitment, retention and motivation? What specific evidence is there about the effects of these and other aspects of non-pay terms and conditions?

Flexibility is still not the norm for NHS staff on substantive contracts. Despite changes being introduced in September 2021 to enhance rights for flexible working, there are gaps in both staff and managers' awareness of rights and policy, areas of poor practice, and lingering barriers and misperceptions.

A lack of flexibility can drive out staff who would otherwise stay – [last year over 30,000 staff left their NHS role due to work-life balance.](#)

To overcome these issues, national and local partnership initiatives need to extol the service benefits of flexible working, and encourage more service managers and staff to explore flexible working arrangements.

Ends

Jim Fahie, Assistant Director, CSP Employment Relations and Union Services.