

Information paper

Concurrent and subsequent treatment Advice to physiotherapists working in the NHS and other sectors

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Concurrent and subsequent treatment

Advice to physiotherapists working in the NHS and other sectors

Introduction

Patients who choose to be treated in the independent sector are entitled to NHS services on exactly the same basis of clinical need as any other patient and should not have NHS treatment withdrawn or refused because they have sought treatment elsewhere. Patients have a right to choose where they seek treatment, and in some cases this can result in patients seeking and receiving concurrent treatment in different sectors at the same time (1).

As with any other patient who moves between sectors, patients who pay for private physiotherapy care should not be put at any advantage or disadvantage in relation to the NHS care they receive. They are entitled to NHS services on exactly the same basis of clinical need as any other patient and this can result in patients seeking and receiving concurrent treatment in both the NHS and the independent sector at the same time.

Concurrent treatment can only be refused on grounds of the best available clinical evidence, e.g. when it is clear that the effects of two simultaneous treatments will be detrimental to that patient..

The patient should bear the full costs of any additional services. NHS resources should never be used to subsidise the use of additional care in the independent sector.

The arrangements put in place to deliver additional care should be designed to ensure as clear a separation as possible of funding, legal status, liability and accountability between sectors.

In principle the choice that a patient makes in having additional treatment should not cause a problem, but from time to time it does, and for a number of different reasons. This information paper includes:

- Information to support physiotherapists to manage their responsibilities in the event of a patient seeking concurrent treatment
- Advice to managers and employers as to how they can manage their staff, in the event of patients seeking concurrent treatment
- Examples treatment of good practice to assist in the management of commonly expressed concerns, related to either concurrent or subsequent treatment.

The CSP's Professional Advice Service receives a large number of enquiries from members regarding situations when patients seek clinical management from two or more practitioners either concurrently or subsequently. Examples of these queries relate to:

- Two physiotherapists working with the same patient from different organisations e.g. the NHS and independent sector
- A physiotherapist and another health practitioner such as an osteopath, chiropractor, or sports therapist in another sector being engaged by the same patient
- A physiotherapist working with, for example, a child with a long term condition, who is also receiving care from an agency such as a Conductive Education Institute.

There are also particular problems which have arisen as a result of concurrent and subsequent treatment, such as:

- Confusion for patients and carers if conflicting advice is given by different therapists, e.g. if carers and patients carry out therapeutic handling or exercise programmes on the basis of training provided by both treating practitioners
- Failure of all treating therapists to agree a coherent intervention plan
- Difficulties in evaluating the outcome of a specific clinical intervention if more than one approach is taken
- Identifying the relevant practitioner where an allegation of clinical negligence is made Clarifying the employment position when an NHS physiotherapist is asked to continue providing ongoing care on a private basis.

Principles underpinning good practice in concurrent or subsequent treatment

A number of principles have been developed to enable issues related to concurrent and subsequent treatment to be addressed in a pragmatic and consistent manner. Each principle is explained below and, where appropriate, supported by an example from physiotherapy practice, to provide profession specific context and to inform and support individual decision making.

Clinical governance

Concurrent treatment

Any situation where a patient receives additional care alongside NHS care should be handled with the highest standards of professional practice and clinical governance.

Transferring between independent and NHS care should be carried out in a way which avoids putting patients at any unnecessary risk.

Practitioners should work collaboratively to ensure:

- Effective risk management
- Timely sharing of information
- Continuity of care
- Coordination between sectors at all times.
- Appropriate safeguarding

Concurrent employment

There is usually no reason why a physiotherapist cannot work in different sectors simultaneously. If the physiotherapist is employed in one or both sectors in which they choose to work simultaneously, they should review their contract and check for any clauses relating to how potential conflicts of interest should be managed. If the manager confirms that working in a different sector would not breach the individual's contract of employment, it is important to discuss and agree how this will be taken forward in the most appropriate way.

In rare circumstances a conflict in approach may be difficult to resolve, e.g. one therapist not communicating with the other. The physiotherapist should first try all means of resolving this through good communication (see Communication below). If, after explanation of the situation, the patient wishes to continue with both therapists, all three parties will need to decide how best to work together, which may require one therapist to take the lead.

If the patient chooses only to continue with the independent sector, the NHS physiotherapist should make it clear to the patient that they can if necessary re-start NHS treatment if required. The patient should be given details as to how to refer themselves back to the NHS service should they choose.

Duty to Report

Standard 1 of the Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics (2), requires registrants to act in the best interests of service users, including protecting them from any danger that may arise from the conduct, performance or health of a colleague. Safety of patients comes before professional and personal loyalties at all times.

Physiotherapists also have a duty to report concerns about another health professional's practice or activity that may put an individual patient or service user at risk. You will find further guidance on this in our Duty to Report paper (3) .

Information giving

In the course of their NHS duties and responsibilities NHS physiotherapists should not initiate discussions about providing additional paid for treatment for NHS patients.

Where a physiotherapist is, in the course of their NHS duties, approached by a patient and asked about the provision of additional, paid for services, the physiotherapist should provide only such standard advice as has been agreed with the NHS employer for such circumstances.

Example: The Health and Care Professions Council (HCPC) may take action against a registrant if it receives a complaint that the health professional has utilised patient information to profit their own private practice. A physiotherapist was suspended for six months for circulating information about her new business to patients of an NHS Trust. The physiotherapist had accessed the Trust patient records and sent out promotional material to patients' home addresses. The HCPC focused on breaches of the Data Protection Act to enforce violation of patients' rights. It was a patient who made the complaint rather than the Trust.

NHS services should have a process in place to signpost patients to additional independent sector physiotherapists, should they be asked. The information provided should not include specific recommendations.

In some circumstances patients will have contacted a physiotherapist in the independent sector before exploring any potential service available via the NHS. In this scenario it would be good practice for the private practitioner or organisation to advise these patients to contact their GP and/or local NHS physiotherapy services to find out whether they could access a free NHS resource.

Communication

The HCPC standards of proficiency for physiotherapists highlight the importance for physiotherapists to understand the principles of information governance - being aware of the safe and effective use of health and social care information (4). This is particularly important with the move to a more digital age, where information can be shared more easily, and across many more types of organisation.

Physiotherapists should keep abreast of developments such as the review of the Caldicott principles, which recommend a balance between protecting patient information and sharing it, to improve patient care (5).

If patients are being treated by more than one therapist concurrently there should be open, honest and regular communication in the interests of, and with the consent of, the patient; criticism of other service providers should be avoided.

Physiotherapists are expected to work closely with other colleagues, regardless of the sector of employment. It is the responsibility of each individual physiotherapist to communicate fully with other professionals involved in the care of a particular patient. For example, if a patient has been receiving treatment from a chiropractor but reaches the top of the NHS waiting list and attends for physiotherapy treatment, it may be appropriate for the physiotherapist to speak with the chiropractor to ascertain the treatment and outcome of treatment to date.

Recommendations for communication within reasonable and practical limits

Recommendations for communication between professionals of the same or different professions

- Each therapist should obtain consent from the patient to liaise with the other therapist(s)
- Each therapist should be sure that there is a clear clinical need for intervention in that setting and from that individual team/provider
- Any potential risks in concurrent physiotherapy intervention should be explored collaboratively with the therapists and patient
- A clear agreement should be reached between the providers that it is beneficial for the patient to receive both elements of intervention and concurrent treatment
- Treatment plans and goals of intervention should be discussed and agreed by all parties involved in the intervention, including the patient

- Each therapist should consider and seek agreement as to the most effective way to evaluate the outcome of each specific clinical intervention during any concurrent treatment period
- A clear communication strategy needs to be identified and agreed, ensuring that the patient does not suffer as a result of lack of communication between treating individuals or organisations (This may require additional actions over and above the usual communication with the referrer)
- Consider agreeing to identify one therapist as the lead, and the indications for a multidisciplinary team (MDT) meeting if intervention is anticipated to continue from two providers over a long period of time; or alternative monitoring processes such as scheduled telephone calls to the patient or their parent/ guardian.

Example: Good working practices between local private practitioners and NHS physiotherapists will allow complementary treatment plans to be developed: for example, the private independent practitioner may use manipulation/mobilisation techniques while the hospital supplies hydrotherapy.

It is the responsibility of the physiotherapist(s) to ensure that an effective system for communication and sharing of information is put in place, with the patient's consent.

Non-disclosure by the patient

On occasions a patient may choose not to declare to the treating therapist that another physiotherapist is treating them.

However, if the physiotherapist suspects that there is another practitioner involved in the patient's care, then they should explore this with the patient.

This concern and the patient's response should be documented. This is so that the best clinical management for the patient can be planned.

Service Provision

A patient may ask their NHS therapist about a specific treatment, or request that a specific treatment is used. Occasionally these treatments may not be available by the NHS provider.:

In such circumstances, the specific treatment should be discussed with the patient to acknowledge the reason why this is not currently being offered.

Where the physiotherapist is able to, support should be offered to the patient to enable them to make an informed choice about pursuing additional treatment elsewhere, which may include a different sector.

Example: In the paediatric field it may be that parents or carers wish to explore treatment options for their child provided outside the NHS or outside the UK. Some of these approaches may be of concern to the physiotherapist.

It may therefore be more appropriate, in terms of patient benefit, for that physiotherapist to put their patient and family in touch with another family who has been through a similar experience. This will guard against the family's perception of bias from the therapist.

Should there be further concerns on the part of the physiotherapist, these should be shared with the multidisciplinary team.

Resource management

Resource management impacts on the provision of physiotherapy.

For example, an inpatient in the NHS may feel they are not receiving as much rehabilitation as they would like, and may seek to supplement their treatment by asking a private physiotherapist to visit them during their stay.

In this case the NHS Trust becomes responsible for any activity being carried out on its premises, as the Trust holds a duty of care towards its patients.

It is good practice on the part of the Trust to have a clear and well-communicated policy as to how these matters should be dealt with at local level. This may include issuing an honorary contract to the visiting practitioner, so that matters regarding health and safety and clinical risk management are dealt with clearly by the organisation.

If an NHS employed physiotherapist has concerns regarding the quality of service patients are receiving and any potential harm that patients may be exposed to, their duty of care includes the requirement on them to communicate concerns regarding observed poor practice and care delivered by other care providers or practitioners.

Any service rationing, restrictions, redesign or excessive workloads which may risk the safety of patients, employees or the public require immediate attention.

The CSP information papers Duty of Care (PD101) and Duty to Report (PD106) (6) , sets out the responsibility of the physiotherapist in more detail

Conclusion

Patients who choose to be treated in more than one sector at the same time can access NHS services on exactly the same basis of clinical need as any other patient. Patients should not have NHS treatment withdrawn or refused because they also have private care.

Patients have a right to choose where they seek treatment, and in some cases this can result in patients seeking and receiving concurrent treatment.

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