CHARTERED SOCIETY OF PHYSIOTHERAPY

NHS Legislation Engagement Survey
Quarry House
Quarry Hill
Leeds
West Yorkshire
LS2 7UE

26 April 2019

Dear Sir/ Madam,

I am responding on behalf of the Chartered Society of Physiotherapy to the proposed possible changes to legislation in development by NHS England and NHS Improvement.

The CSP is the professional, educational and trade union body for the UK's 58,000 chartered physiotherapists, physiotherapy students and support workers.

In summary, the CSP is extremely supportive of these proposals being developed into legislation as necessary to deliver the Long Term Plan, and the transformation needed to achieve long-term sustainability of the healthcare system.

The proposed changes to legislation would support a welcome policy shift away from competition to allow for a new focus on co-operation and integration.

Below I have set out brief comments and suggestions from the CSP for how we think it can be strengthened in places. The CSP is also a signatory to the joint contributions being submitted by the TUC and the Allied Health Professions Federation.

We would welcome an opportunity to help shape the proposals further once they have been agreed in principle.

Yours sincerely

Karen Middleton
Chief Executive
Chartered Society of Physiotherapy

CSP response to '*Implementing the NHS Long Term Plan – proposals for possible changes to legislation'*

1. Promoting collaboration

1.1 The CSP strongly support the concept of joint commissioning. In recent years we have been working hard with colleagues in other professions and NHS England to modernise access and improve support in primary and community care for people to manage musculoskeletal health issues and a range of long term conditions. Our experience is that innovation is held back by disjointed and fragmented commissioning.

2. Getting better value for the NHS

2.1 The CSP strongly welcomes the repeal of Section 75 of the Health and Social Care Act.

2.2 In our experience, the current competition regulations are a costly distraction from the business of improving patient care and making the NHS fit for the future. At worst it has acted as an impediment to making those improvements, fragmenting pathways, and activing as a barrier to integration.

2.3 The CSP suggests that term 'Best Value' is negatively associated with previous policies. We support the use of the term 'Public Value' that better conveys the purpose, with a wider concept of public good, which includes financial value but is much broader than this.

2.4 The CSP would like to see a Public Value Test based on patient outcomes and the impact of services on patients/service users. We also suggest that it needs to include some measure of contribution to the local community. Given the direct and proven link with the quality of services, we would also propose the test covers core aspects of quality employment.

2.3 The details of the Best Value/Public Value Test are critically important and the CSP suggests need to be developed further through a range of NHS stakeholders, including patients, professional bodies/unions, charities and the Social Partnership Forum.

3 Increasing the flexibility of the national payment systems

3.1 The CSP welcomes the proposal to allow national prices to be set (where appropriate) as formula rather than fixed value, as long as the formula is consulted on and tested to ensure that it gives the appropriate flexibility to local areas.

3.2 One area for consideration in the formula is meeting the needs of people with multiple (and often related) long-term conditions.

3.3 The CSP welcomes the proposal to allow national prices to be applied only in specified circumstances. In the past the national tariff has not supported the local context and transformation and innovation has often been held back due to the rigid funding system set by the National Tariff. The CSP believes this proposed change supports emerging practice where local tariffs have already been created and the model of Aligned Incentive Payments, introduced to get around the inflexibility of the national tariff system.

3.4 The CSP welcomes the proposals to allow adjustments to specific tariff provisions (subject to consultation) within a tariff period. In our view it allows real conversations to be had between commissioners and providers and gives the system the ability to take account of new or particular local circumstances.

3.5 The CSP welcomes the proposals to remove the power currently held by NHS Improvement (Monitor) to make local price modifications. Responsibility for setting prices should be with the local system, who have the necessary knowledge of the local environment.

4 Integrating care provision

4.1 The CSP would support the creation of powers for the Secretary of State to create new "integrated care trusts" if it were made clearer in the proposals that only public/NHS bodies could be Lead Integrated Care Providers, as is the "expect[ation] of NHS England as articulated in the Long Term Plan (para 1.54). This provision would give a statutory basis to the expectation expressed in the Long Term Plan. It would also negate one of the strongest points of public concern in an otherwise positive integration agenda.

4.2 Boards of integrated care trusts need to be modernised to include Allied Health Profession representation as the 3rd largest sector in the NHS (please also see our response to question 7).

5 Managing the NHS's resources better

5.1 The CSP suggests that consideration needs to be given in the development of the proposals on how "clear patient benefits" are to be tested in this merger and acquisition process, and the workforce required to deliver quality services.

5.2 The CSP believes clarification of the staffing implications (including maintenance of service workforce numbers, training and development budgets, TUPE of transferred staff) is required if the proposal for NHS Improvement to have "targeted powers to direct mergers and acquisitions for NHS Foundation Trusts" is to receive broad support from NHS stakeholders.

6 Every part of the NHS working together

6.1 The CSP strongly welcomes giving organisations the ability to create joint committees of commissioners and providers.

6.2 The CSP suggests that this is an opportunity to revoke the statutory requirement that only doctors and nurses can become Medical and Nursing Directors in Foundation Trust Boards. This requirement excludes Allied Health Profession leaders and is out of date with the current multi-disciplinary leadership of local systems. The Allied Health Professions Federation recently laid an Early Day Motion in Parliament to this effect (please see EDM no. 52618).

7 Shared responsibility for the NHS

7.1 The CSP supports the proposal for a statutory "triple aim" for NHS bodies, but would suggest that this needs to be extended to include all providers of NHS services, regardless of sector.

7.2 We also propose that the triple aim be expanded to be a 'quadruple aim', requiring all NHS bodies/providers to have a statutory obligation to develop the workforce required to deliver quality patient care, as proposed by the RCGP in their evidence to the Health and Care Select Committee.

8 Planning our services together

8.1 The CSP supports enabling groups of CCGs to collaborate and use joint and lead commissioner arrangements to make decisions and pool funds.

9 Joined up national leadership

9.1 The CSP welcomes both proposals to bring NHS England and NHS Improvement closer together, and a clarification of accountabilities, including to the Secretary of State and Parliament.

9.2 The CSP suggests that in clarifying accountability, it also needs to clarify where accountability sits for workforce supply and development.

- ends –

For further information on anything contained in this response, please contact:
Rachel Newton
Head of Policy
The Chartered Society of Physiotherapy
Telephone: 0207 306 6624
Email: newtonr@csp.org.uk
Website: www.csp.org.uk

.