

**THINK
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The NHS Long Term Plan and Respiratory Care

The NHS Long Term Plan commits to reshaping the NHS over the next decade, with a strong focus on rehabilitation. Physiotherapy has a strong role to play in this.

This briefing highlights the commitments in the Long Term Plan for respiratory health.

The CSP and Association for Chartered Physiotherapists in Respiratory Care (ACPRC) are engaging with NHS England to influence the national direction being taken to put the Plan into practice, and working as members of the Taskforce for Lung Health to support the implementation of the respiratory clinical priority workstream in the Plan.

But the important decisions about what services are funded, and how these will be designed will be made locally, by commissioners and providers organised in Sustainability and Transformation Partnerships (STPs).

During 2019 STPs are required to produce five-year plans setting out how they will do this. To achieve the potential improvements in respiratory health, physiotherapy needs a voice in this.

Long Term Plan commitments on respiratory care

The Long Term Plan promises a radical expansion of pulmonary rehabilitation (PR) services over 10 years through increasing rates of referral of patients eligible for pulmonary rehabilitation, widening eligibility. It also highlights respiratory health within work over the next five years to ramp up support for people to self-manage their own health over the next five years.

The Long Term Plan further states it will test and learn from services which deliver joint cardiac and pulmonary rehabilitation models.

“Pulmonary rehabilitation offers a structured exercise and education programme designed for those with lung disease or breathlessness. 90% of patients who complete the programme experience improved exercise capacity or increased quality of life. However, it is currently only offered to 13% of eligible COPD patients, with a focus on those with more severe COPD. By expanding pulmonary rehabilitation services over 10 years, 500,000 exacerbations can be prevented and 80,000 admissions avoided.

To increase access to pulmonary rehabilitation, a population-management approach will be used in primary care to find eligible patients from existing COPD registers who have not previously been referred to rehabilitation.

New models of providing rehabilitation to those with less severe COPD, including digital tools, will be offered to provide support to a wider group of patients with rehabilitation and self-management support. We will increase the number of patients with COPD who are referred to pulmonary rehabilitation where this is appropriate through the use of the COPD discharge bundle.”

NHS England Long Term Plan para 3.85

Long Term Plan vision for community rehabilitation

The Long Term Plan promises development of integrated community and primary healthcare services nationwide, with multidisciplinary teams operating out of community hubs.

To deliver for people with respiratory care needs, these need to be properly resourced and set up as part of integrated respiratory pathways, with active involvement of respiratory physiotherapists in their design.

Key messages from the CSP and ACPRC on local implementation

- **Pulmonary rehabilitation** should be accessible to all that would benefit from a programme, including those with less severe symptoms
- **Local rehabilitation** systems needs to be considered as a whole – adopting a symptoms and needs based approach to service and pathway design
- **Pulmonary rehabilitation teams** needs to be embedded as part of this overall rehab system
- **Their role includes** assessment of need and directing patients to the most appropriate rehab support for them from community rehab teams, exercise professionals or voluntary sector groups
- **Pulmonary rehabilitation** is similar to other rehabilitation – such as cardiac – and should be brought more together in service design and delivery
- **Ongoing rehabilitation** in the community needs to be continuous from when people leave hospital, with no gaps
- **Community rehab teams** need to have open access to dedicated pulmonary rehab teams to ensure hand over-systems are working, for specialist advice, training and if necessary for referrals back in when complex rehabilitation needs emerge later on.

There are many examples of excellent services and models of rehabilitation pathways that demonstrate all of these features. Members working with such services have a key role to play in communicating the success of these.

Demonstrating population need

To achieve the expansion of rehabilitation services needed, physiotherapy clinicians must be able to show what the need is in their area.

All rehabilitation needs of the population should be part of the local review of national STP plans. This includes needs shown in the national COPD audit (as well as audits for stroke, cardiac rehab and hip fracture).

Assessment of population need should take greater consideration of the fact that much of the population has more than one condition contributing to their rehab needs, and that many of the symptoms rehabilitation is seeking to address are common across a number of conditions.

Demonstrating impact of rehabilitation for people living with COPD

Physiotherapy clinicians also need to demonstrate the impact of their service on people with respiratory care needs, and what the impact would be if they were able to develop and expand.

Priority areas to demonstrate impact will include:

- **Exacerbation** rates
- **Participation** rates
- **Levels** of independence and disability
- **Ability** to manage common co-morbidities – such as depression
- **Time** spent in hospital and readmissions
- **Health** inequality in the population.

Developing the rehabilitation workforce

All STP areas have a Local Workforce Action Board, and they will be developing workforce plans for delivery of the Long Term Plan in your area.

To develop rehabilitation services for people with respiratory care needs, there also needs to be an expansion and development of the rehabilitation workforce. Central to this are physiotherapists and support workers.

Year on year there are growing number of physiotherapy graduates in England. This growth needs to be translated into posts through gradual expansion of the rehabilitation workforce.

Supporting the continuation of growth in physiotherapy education to supply the NHS and expanding posts needs should form part of local workforce plans.

As important is investing in the existing workforce. This includes respiratory physiotherapists in many Clinical Specialist roles where their expertise makes them as effective as nurses who traditionally hold these roles.

It also includes developing advanced practice physiotherapy skills to deploy in community settings, to deal with complexity of multiple conditions.

Another priority is the investment in support workers to take on higher levels of responsibility – for example through training in exercise prescribing and coaching skills.

This growth and development of the physiotherapy workforce to deliver the promised increase in access to pulmonary rehabilitation must be reflected in local workforce plans and staffing decisions by employers.

A more detailed briefing on the physiotherapy workforce requirements to deliver the Long Term Plan will be available at a later date.

What can you do?

- **Get to know** who is leading STP work in your local area, and how Implementation Plans are being developed in the STP
- **Find out** how your employer is feeding into Local Workforce Action Board plans and how to influence this
- **Find out** if AHP clinical leads are part of these planning processes and make contact with them to see how you can work together
- **Where AHP clinicians** are not part of the discussion, **push** for them to be
- **Download** and use the CSP's **[Pulmonary Rehabilitation Impact Model on Exacerbations](#)** (PRIME) tool to demonstrate the potential impact of physiotherapy-led rehabilitation on exacerbations of COPD and healthcare costs
- **Share ideas** with other CSP members through your networks, including **[iCSP](#)**
- **Share case** studies of service design through the CSP's **[Innovations Database](#)**.
- **Read the evidence** briefing **[Physiotherapy Works for COPD](#)**.

If you want more information about taking forward the Long Term Plan contact the CSP's Campaigns and Regional Engagement Team **cre@csp.org.uk** or see the **[CSP's Long Term Plan](#)** member briefing

You can also speak with the **[ACPRC](#)**, and keep an eye on their newsletter and social media for the latest updates.