

**Evidence to the NHS Pay Review Body, 2022 pay round**  
The Chartered Society of Physiotherapy

To: Philippa Hird, Chair - NHS Pay Review Body  
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The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 63000 chartered physiotherapists, physiotherapy students and support workers.

The CSP is responding to the independent Pay Review Body's call for evidence in our role as the voice of physiotherapy, and as the trade union that represents physiotherapists, physiotherapy support workers and physiotherapy students working in the NHS.

Over 21000 full time equivalent physiotherapists work in the NHS in England, with a further 4000+ physiotherapy support workers.

Physiotherapists are autonomous practitioners, able to independently assess, diagnose and prescribe medicines.

Physiotherapy maximises mobility, function, independence and quality of life. Physiotherapists and physiotherapy support workers facilitate early intervention, support self-management, provide rehabilitation, and help prevent episodes of ill health and disability developing into chronic conditions.

## **1. Summary of CSP evidence**

1.1 The CSP contributed to - and supports - the joint evidence submitted by the 14 NHS trade unions, and now welcomes the opportunity to provide additional information specific to the physiotherapy profession.

1.2 This submission provides evidence of the issues facing NHS-employed physiotherapists, physiotherapy support workers, and their services.

1.3 This evidence draws on quantitative and qualitative evidence, gathered from

- CSP members employed within the NHS;
- NHS system data, and data from the wider health and social care system; and
- Data aggregated and presented at the level of the 14 Allied Health Professions (AHPs).

1.4 Given the Pay Review Body's remit as of January 2022, our evidence focusses on England unless otherwise stated.

## 2. The 2021 NHS pay award – a failure to meet members’ expectations and costs of living

- 2.1 In Quarter 4 2020, the CSP ran an online census survey of all members employed by an NHS organisation, to inform our evidence submission to the [2021 Pay Review Body \(PRB\) process](#).
- 2.2 This survey found that 66 per cent of members were dissatisfied with their level of NHS pay at the end of the 2018-21 pay round.
- 2.3 Furthermore, six in ten CSP members (58 per cent) reported having - at a minimum - seriously considered moving outside the NHS that year: with pay and other financial considerations the top-ranking motivations causing CSP members to consider working outside the NHS.
- 2.4 An early and significant pay rise was therefore identified as necessary by our NHS-employed members in 2021, required both to:
  - enable CSP members to meet their rising costs of living; and
  - to adequately acknowledge the profession’s contribution to the NHS in general, and its Covid response in particular.
- 2.5 Members had identified the 2021 pay round as an opportunity to redress a ‘lost decade’, which had left members worse off than they were in 2008.
- 2.6 Despite this evidence, the government eventually awarded a real-terms pay cut on NHS physiotherapy staff – and all NHS Agenda for Change employees: with inflation, standing at 5.4 per cent at the time of writing, outpacing the 3 per cent pay rise recommended.
- 2.7 The government’s inability to complete the 2021 pay round in a timely manner further frustrated our NHS-employed members, with one CSP steward describing the backdated pay award as:

*“A clear example of [the government’s] complete disregard for the actual workforce that makes the NHS”*
- 2.8 New and rising cost of living pressures now compound our member’s already negative reactions to this delayed - and eventually missed - opportunity to redress a decade of real terms wage cuts. These include an increase in National Insurance contributions from April 2022 of 1.25 per cent, along with proposals for up to 0.7 per cent increase in members’ NHS pension contribution.
- 2.9 These pressures - and unmet expectations - will further exacerbate the recruitment and retention problems that has hampered the NHS for years, and now pose an existential threat to the NHS service sustainability and patient outcomes. A census survey of NHS-employed CSP members - run in Quarter 3 2021, to gauge NHS-employed members reaction to the NHS’s 2021 pay award - found that 91 per cent found the pay award to be unacceptable.
- 2.10 Considering all respondents, including those that were satisfied by the award:
  - 91 per cent of respondents indicated 2021’s pay award would damage staff moral;
  - 84 per cent expected the pay award to negatively affect recruitment and retention in the NHS; and
  - 53 per cent stated the 2021 award had left them personally more likely to leave NHS employment.

### 3. Push factors against NHS employment

- 3.1 Negative reaction to the 2021 pay award needs to be considered in the context of other workforce pressures facing the profession within the NHS.
- 3.2 Despite – and in part due – to the system’s increasing demand for more physiotherapy input (see Annex 1 & 2 below), physiotherapy staff working across the NHS find themselves at breaking point. In 2021, the Health and Social Care Committee heard [compelling evidence](#) that across the NHS workforce, staff burnout – an issue long before the covid-19 pandemic – rose throughout the pandemic and is now an everyday reality for all NHS staff groups: with anxiety, stress and depression, and post-traumatic stress-type symptoms compounding previous pressures on NHS staff.
- 3.3 NHS system data supports this finding:
- August 2021’s [all-staff sickness rate](#) of 5.1 per cent was over 1 percentage point higher than the previous year (Aug 2020 being 3.9 per cent).
  - Among the scientific, technical and therapeutic workforce (which includes the physiotherapy profession and other AHPs), [NHS statistics from Summer 2021](#) indicate that 27 per cent of all FTE days lost to staff sickness were due to anxiety, stress, depression and other psychiatric illnesses.
  - Data from the latest (2020<sup>1</sup>) NHS staff survey gives an indication of the physical and mental impact of NHS employment on the physiotherapy profession: 44 per cent of respondents reported feeling unwell due to work related stress that year - up from 32 per cent in 2016. Similarly, 26 per cent of physiotherapy respondents indicated that they had experienced a work-related musculoskeletal condition in the previous 12 months, up from 22 per cent in 2016.
- 3.4 The root cause of this work-related ill-health is complex and multifaceted. However, with 66 per cent of physiotherapy respondents to the 2020 NHS staff survey reporting regularly working unpaid overtime in their NHS role - with this figure rising to 71 per cent for physiotherapists based in the community - overwork and unpaid work are important contributing factors.
- 3.5 CSP members – spoken to in Quarter 4 2021 as part of the CSP’s PRB evidence gathering process – describe how the pandemic has exacerbated physiotherapy staff’s fatigue, stress & burnout, with resultant negative impacts on service delivery and patient outcomes:
- An NHS community rehabilitation service lead describes how their “*whole team have [had to]... work through Covid for 2 years nearly and had to adjust to lots of changes, so over-work is a massive issue. Due to their commitment to their patients there has been staff sickness... Staff felt very isolated and this has heightened their stress and burnout. Waiting lists have [therefore] increased dramatically and patients are therefore having to wait longer to be seen and the optimum time to see them has been missed on occasions so they have*

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<sup>1</sup> Data from the 2021 Staff Survey will be available in March 2022, after the submission deadline for written evidence for the 2022 Pay Review Body process. However, the CSP expects the PRB consider 2021 Staff Survey data prior to making its final recommendations.

*not had as good an outcome as they perhaps may have had or it has taken longer to treat them.”*

- Another community rehab service lead states: *“[there has been] reduced resilience of services through the exhaustion of staff and absence from work. Reduced productivity. Reduction of civility leading to reduced ability to problem solve and working together well.”*
- A CSP steward, representing members working in primary care, describes how *“staff sickness as a result of stress, increases waiting lists and means patients are being rebooked several times. Physiotherapy care is therefore intermittently disrupted, sometimes several times in one episode of care, which is frustrating and means [patient’s health conditions] can take longer to sort out”*.
- A service lead working in acute care describes how *“staff resilience and mental health is at an all-time low, causing extreme difficulties in providing appropriate levels of care for our patients and appropriate levels of support for our colleagues”*.

#### **4. An incoming ‘Covid backlog’ of physiotherapy staff leaving NHS employment**

- 4.1 The health system’s reliance on overworked physiotherapy staff and their unpaid labour is not sustainable. An urgent retention package is now needed more than ever to safeguard the NHS’ physiotherapy workforce.
- 4.2 This urgent ‘recovery package’ is needed to tackle the immediate retention issues and reduce the number of staff currently either actively looking for work outside the health service or bringing forward retirement plans.
- 4.3 Otherwise - given that both the failure of the 2021 pay award to meet our members’ expectations and needs, and the above-described working conditions - there is a significant risk of outflows of physiotherapy staff from NHS employment, if not out of the physiotherapy profession altogether.
- 4.4 Data from the latest available NHS staff survey indicated that a high number of physiotherapy staff were preparing to - or considering - leaving the profession as of 2020, with:
- 24 per cent of physiotherapy respondents reporting they often think about leaving their organisation;
  - 20 per cent that they would likely look for alternative roles in the next 12 months; and
  - 11 per cent that they would leave their organisation as soon as they find another job.
- 4.5 In the same survey, 5 per cent of physiotherapy respondents were considering taking roles outside of the NHS; 4 per cent outside of healthcare altogether; and a further 7 per cent considering retirement or a career break.
- 4.6 This intention to leave – coming prior to the imposition of a real terms pay cut in 2021 - would represent a potential loss of several thousand FTE persons from the NHS’s physiotherapy workforce, and will not easily be replaceable by new entrants to the profession: there is currently a shortage of physiotherapists in the NHS, and the wider UK clinical workforce. This is recognised by government in the professions 2021 inclusion onto the [Skilled Worker visa: shortage occupations list](#).

- 4.7 Despite this stated intention to leave, there was relatively limited outflows of physiotherapists from the profession during the pandemic itself. Indeed, both the NHS's all-staff leaver rate, and physiotherapy staff leaver rate declined during the pandemic. NHS Electronic Staff Record data – prepared to support the NHS People Promise – show an average 12-month physiotherapy leaver rate of 6.2 per cent in 2018-19 declining to 5.1 per cent in 2020-21.
- 4.8 However, there are indications that there has been a significant 'covid backlog' of physiotherapy staff minded to leave employment, who are now beginning to actualise this intent. The same NHS Electronic Staff Record data demonstrate that the NHS's physiotherapy leaver rate increased throughout 2021 from a low-point recorded in March, and stood at 6.5 per cent as of December 2021. This leaver rate is back to the levels seen pre-March 2020, and now surpasses both the all-AHP leaver rate, and the aggregated leaver rate for nursing and midwifery staff.
- 4.9 There has been no proportional or concurrent leaver rate of AHPs leaving the HCPC register, indicating this increasing leaver rate is in large part represented by physiotherapists and other AHPs leaving the NHS for private practice employment, whilst remaining within healthcare.
- 4.10 In addition to increasing exit rates, NHS vacancies for AHPs are a growing cause for concern. As shown in Table 1, the NHS' latest available experimental vacancy statistics indicate (through two different proxy measures) that AHP vacancies remained relatively steady in the first year of the pandemic, but then increased in year two.

Table 1: Full time-equivalent vacancies for AHPs within the NHS in England, by month



Source: [NHS Vacancy statistics](#)

- 4.11 Further increases going forward are now likely. One CSP member working in an inpatient service lead position explains *“the pandemic glued us into our NHS roles, but this glue has come unstuck. Even when we wanted to give up, we stayed on the frontline, to protect our patients and the NHS. But this could never go on for ever. As the months added up, more*

*of us revisited our plans for retirement... [or] for changing to less demanding jobs in private practice.*

4.12 A CSP steward - representing members in primary care - likewise observes “staff who were worried about changing jobs during the pandemic are now looking to leave”, with this trend reported elsewhere by further CSP members:

- *“No one left [in 2020] and then we have had a lot of staff leaving [in 2021] and expecting more this year”* - CSP member and community services lead
- *“Lots of staff left as each lockdown eased. We were able to recruit to some of the vacant posts, but there has been an influx of resignations again recently”* - CSP steward, acute services

4.13 Regarding leavers’ end-destinations, CSP members report that the 2021 pay award further incentivised NHS staff to look for comparable clinical work in the private sector:

- *“People are looking for work elsewhere in the hope that working conditions are better.”* - Acute services lead
- *“The NHS is not a desirable place to work and more staff are leaving for private work. Many students that NHS staff are taking time to train have no intention of working in the NHS”* - Community services lead
- *“[the] market is saturated with money, it’s very difficult to keep hold of staff as so many different [private sector] opportunities available to staff, we are all fishing in the same pool of staff across different local organisations, we never feel like we are getting anywhere with recruitment”* - Community services lead

4.14 Others CSP members report NHS staff looking for non-clinical work due to workplace pressures and the perception of low pay for clinical work within the NHS: *“Recruitment and retention a big issue. Many colleagues seeking are non-clinical secondment roles and leaving clinical posts”* - Community services lead

4.15 CSP members below describe the impact of NHS leavers, staff vacancies and high turnover rates on service resilience and patient outcome:

- *“Significant vacancies across all community settings have led to reduction in rehabilitation offered – we can only do priority work, crisis management. There has been a reduction in preventative work and rehabilitation - this will have a longer-term impact on those living with long term conditions, we are already seeing the impact of lack of community services on the patients we treat”* - Community service lead
- *“Significant rise in waiting times for service delivery due to a lack of staff to fulfil all functions”* - Community service lead
- *“[Staff vacancies have resulted in] cancelled and rescheduled appointments - more than ever before. We’ve also reduced follow up appointments with patients, to meet new patient demand”* - Community service lead
- *“[Unfilled positions have caused] increased waiting times, length of stay across community hospitals, reduction in rehabilitation offer in community, increase in complexity of those presenting after long waiting times”* - Community service lead

- An Acute service lead indicates that these issues are not only affecting those services with recorded vacancies: *“at times it’s difficult to maintain effective levels of staffing in ward areas... the team is considered fully staffed, However, there is frequently identified the need for more staff to run a more optimal service in a timely manner which would lead in turn to reduced stress for others who carry the burden.”*
- 4.16 Further compounding potential exits to the profession is the potential impact of Vaccination as a Condition of Deployment. A [CSP survey](#) conducted November 2021 found that NHS physiotherapy services could stand to lose a further seven per cent of physio staff due to the new legislation. In addition 14 per cent of physio students said they would not accept vaccination.
- 4.17 The above evidence demonstrates that – without an urgent Retention Package that places a decent pay rise at its heart – the risks associated with poor recruitment into and retention within the NHS physiotherapy workforce are high and rising.

## 5 An NHS workforce retention package

- 5.1 As detailed in the Annex below, the NHS needs to maintain the physiotherapy workforce group to aid its Covid response and deliver its transformation agenda. However, our evidence in sections 1 to 4 details a healthcare staffing crisis that - without urgent intervention - will become a permanent feature across the NHS.
- 5.2 The most urgent action required by Government is to prevent more immediate workforce losses. An urgent Retention Package, with a decent pay rise at its heart, is needed to stem the tide of staff leaving the health service over the next year
- 5.3 The 2022 NHS pay increase must be set at a level which will retain existing staff within the NHS and recognises and rewards the skills and value of healthcare workers.
- 5.4 In order to do this, the increase must:
1. Deliver an inflation-busting increase so that NHS staff can cope with rising and rapidly fluctuating costs which may change significantly over the pay year
  2. Absorb the impact of increases to pension contributions
  3. Benchmark the bottom of the structure against the Real Living Wage
- 5.5 The value of NHS wages has been held back over a long period of time as a matter of government policy. We therefore seek a commitment that the value of NHS pay scales will be restored over a clear timetable and that the 2022-23 pay rise will be a significant ‘downpayment’ as part of that pay restoration.
- 5.6 We further ask for full use of the Agenda for Change agreement to retain existing staff, giving priority to measures that will:
1. Ensure banding outcomes reflect job content
  2. Reward additional hours fairly
  3. Prevent burnout by limiting excess hours
  4. Support progression and career development



5. Encourage employers to use RRP to retain staff where shortages are a risk to staff wellbeing and quality of care
- 5.7 Alongside the other health trade unions, it is the CSP' view that addressing these issues could – alongside a decent pay rise - reduce preventable resignations from the service over the next 12 months.

- Annex follow -



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For further information on anything contained in this response or any aspect of the Chartered Society of Physiotherapy's work, please contact:

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The following annex provide further details on the physiotherapy professions' current contribution to the NHS's Covid response and recovery, which would be negatively impacted by further exits from the NHS workforce.

The profession has played an essential role throughout the Covid19 pandemic. This requires not only a maintenance, but an expansion, of the physiotherapy workforce.

From intensive care through to community rehabilitation, physiotherapists have been providing care for patients worst affected by Covid19. Physiotherapists and physiotherapy support workers have been critical in enabling non-Covid19 patients' rehabilitation and discharge from hospital. Retired physiotherapists, furloughed & redeployed physiotherapy staff, and physiotherapy students have mobilised during the pandemic. Physiotherapy contributes to the health and wellbeing of healthcare workers, unpaid workers and volunteers, and other key workers.

Across the NHS, demand for physiotherapy service remains high, because:

- people with long-term conditions and frailty have deconditioned and deteriorated during lockdown;
- there is a backlog of elective procedures; and
- there are significant new rehabilitation needs of people recovering from post-Covid syndrome.

The pandemic has seen an increased need for physiotherapy input across NHS services. Physiotherapy staff are recognised as a vital component of the [virtual wards](#), the accelerated role out of the [Discharge to Assess model](#), and identification of patients for acute-hospital discharge to [temporary rehab beds](#): all of which remain a key feature of the NHS's surge planning. With Delayed Transfers of Care [raising by 80 per cent](#) across the system between February and November 2021, system resilience and patient outcomes now require these services to be further bolstered.

Physiotherapy staff are also being [recruited into the NHS's specialist post-Covid recovery clinics](#); and a significant portion of the NHS physiotherapy profession have been redeployed to the national vaccination programme.

**Throughout the pandemic, physiotherapy staff have had to manage patients experiencing a deterioration in their health due to unmet care needs.**

Patients needing rehabilitation - after stroke, brain injury, or because of musculoskeletal conditions, post-surgery or serious illnesses such as cancer, heart disease and COPD - have had limited access to rehabilitation during the pandemic. A Covid-19 survey undertaken by the CSP in Quarter 3 2020, only 15 per cent of NHS-employed members reported that the services they normally offer were fully up and running. Of those services that remained partially closed, over 20 per cent reported that staff shortages was a contributing factor to this loss in the NHS's capacity to care.

In its [Ninth Report of Session 2021-22](#), the House of Commons Health and Social Care Committee reported that prior-existing healthcare workforce shortages were now a key limiting factor in tackling this 'Covid backlog' of unmet care needs.

**The physiotherapy profession's contribution has been unrecognised and under-funded**

The Department of Health and Social Care's Winter Pressure Plans - which sets out the allocation of a £700 million Targeted Investment Fund – [included no enhanced funding or resources for community rehabilitation, nor plans to increase the provision of physiotherapy staff within the NHS.](#)

**These system pressures are contributing to an ongoing deterioration of patient experience and outcomes.**

The latest available data from the NHS staff survey – from 2020 – indicates that 78 per cent of physiotherapist respondents reported being satisfied with the quality of care their service was able to provide to patients and service users in 2020, with this figure dropping to 76 per cent for community based staff. This compares to 83 per cent of respondents reporting satisfaction in 2016. Likewise, in 2020 only 62 per cent of physiotherapist respondents reported being able to deliver the standard of care they aspire to do.

## Annex 2 Demographic change, health system transformation, and additional demand for physiotherapist staff

The following annex provides further details on the physiotherapy profession's contribution to the NHS's transformation agenda, which would be negatively impacted by further exits from the NHS workforce.

### **Wider health and social care transformation requires increases in the size and input of the physiotherapy profession, across all NHS sectors and Agenda for Change Bands**

The physiotherapy profession has played a key role in NHS transformation, providing input to [the multidisciplinary teams that enabled the pivot to seven day services for example](#). Now, NHS England's ongoing transformation plans – as articulated in the Long Term Plan, People Plan, and related policy documents – anticipates the physiotherapy profession being a crucial workforce in improving patients' access to rehabilitation in respiratory, cardiology, stroke, pelvic health/maternity and musculoskeletal care.

The CSP supports these policies - which have the potential to address inequities in access to physiotherapy and rehabilitation, and health outcomes.

NHS services have traditionally been crisis driven, organised around single episodes and events. Support for people with long-term conditions continues to be located in and around secondary care, shaped by narrow targets on admission avoidance or discharge. This also means that the health service is organised in condition-specific medical silos, that don't yet respond effectively to the needs of people with multiple long term conditions.

The Long Term Plan attempts to address these issues. If implemented, it will go a long way towards achieving the step change needed.

However, proper delivery of the Long Term Plan requires an expansion of the physiotherapy workforce within the NHS:

- NHS England & Improvement and Health Education England recognise the necessity of workforce growth. Their shared [NHS People Plan](#) sets a target of a 5000 person increase in the NHS AHP workforce - and a 26000 person expansion of the primary care team including physiotherapists.
- This commitment in the People Plan reflects a Department of Health-[commissioned study](#) conducted in 2015. This forecast that, by 2035, nurses, AHPs, other non-medical professionals and support workers would need to form a larger proportion of the overall health and care workforce.

Other than the inclusion of these above targets, there are no physiotherapy-specific workforce targets attached to the NHS's Long Term Plan and associated policies, nor guidance for workforce planners.

Furthermore, while the NHS system recognises the need for workforce growth, current government workforce planning is inadequate. Looking across the NHS workforce, [the Health Foundation noted concerns that the 2021 Spending Review provided no extra funding or a plan for training the future NHS workforce, for example](#).

The CSP has commissioned an academic project to a credible assessment of the size of the physiotherapy workforce needed to deliver current national policy commitments in England, with initial modelling expected in Summer 2022.

Despite recent growth in the NHS physiotherapy workforce – which has increased by 18 per cent from 18000 to 21300 full time equivalent registered staff [between 2016 and 2021](#); with support staff working specifically to physiotherapists increasing 17 per cent from 3900 to 4500 over the same period – NHS system resilience and patient outcomes requires ongoing improvements in the recruitment and retention of the physiotherapy profession.

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