

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP50: Ymateb gan: Cymdeithas Siartredig Ffisiotherapi | Response from: Chartered Society of Physiotherapy



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Dear Colleague

Re: Inquiry into general practice

Introduction

The CSP welcomes this opportunity to offer comments on the Inquiry into general practice. The consultation and our response compliments the principles in ‘A Healthier Wales’ and, the stated aim of the Welsh Government, to develop a long-term high level workforce strategy in partnership with the NHS and local government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.

Comments from the CSP

Overview

We welcome the inquiry and its overall aims. Our aims are reflective of the aims that are articulated in “Healthier Wales”, and how we can help achieve the aims in the strategy together with the Physiotherapy workforce. We welcome that our aims are covered by the areas you have highlighted. In particular we are interested in workforce developments in Primary Care, sustainability of funding, and the growth of the multidisciplinary team;

Challenges threatening the sustainability of general practice, including:

- the funding model for general practice and current financial pressures,
- the efficacy of different models for managing general practice,
- the suitability and maintenance of general practice estates and access to digital technology;

The general practice workforce, including:

- workforce planning, the recruitment of new staff into general practice,
- the retention of experienced staff, staff workload and wellbeing, training and continuing professional development,

- and the growth of the multidisciplinary team.

Our workforce input has direct effect on the patient experience of general practice, including equitable access to care, effective management of patient demand, the quality of care, and public trust in the services provided;

Our particular interest is in the area of workforce development:

- workforce planning,
- retention staff workload and wellbeing,
- and the growth of the multidisciplinary team.

First Contact Practitioners

Physiotherapists are playing a leading role in the development of First Contact Practitioner role in primary care. FCPs are increasingly part of the team alongside a GP, providing first contact roles and advanced MSK services for patients in primary care. In line with “Healthier Wales” FCPs are already part of the changing primary and community care settings:

“Primary and community care will offer a wider range of professionally-led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists”¹

FCP development has been at a slow pace in recent years, with several issues around sustainability of funding and training opportunities. On a yearly basis we hear of transformation and cluster funding ending, which results in GP clusters and Health Boards entering negotiations to continue FCP services. While all agree FCP services are worthwhile and make savings for the healthcare system overall, the primary and secondary care budgets negotiate to offload these services to each other. This is not sustainable in the long run, and will cause issues in attracting and retaining a skilled workforce who offer a convenient and prudent pathway for patients.

We are hearing that there may be changes to the way FCPs are deployed in pathways, in particular to their “first contact” role. It’s vital we do not lose the skills acquired by these practitioners in any changes made, and that we still offer the same access to their services in any developed system.

We would like to thank the committee for engaging with our FCP colleagues during the private stakeholder session earlier in the year, and hope they can see the value of these colleagues in the primary care system.

The policy behind FCP development

First Contact Practice aligns with the Welsh Governments stated priorities, and meets the projected population needs.

¹ <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf> , page 10

1. The overarching strategy

[A healthier Wales: long term plan for health and social care](#) is the overarching strategy for Health in Wales, which has several aims where FCP complements the Government's goals. These are:

- **A whole system approach to health and social care.** It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health. FCP does this by a preventative service being deployed in primary care, focussed on wellness of an individual rather than the need for referral.
- **An equitable system which achieves equal health outcomes for all.** FCP does this by ensuring equitable access to an MSK service in primary care, in the community, closer to the patient.
- **Services which are seamless, delivered as close to home as possible.** This aim is the key driver for FCP development. The strategy states: *"Primary and community care will offer a wider range of professionally-led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including **physiotherapists**, occupational therapists, paramedics, audiologists and social workers as a seamless health and well-being service focussed on prevention and early intervention...Every contact is an opportunity to support someone to better maintain or improve their own health and wellbeing, which will often mean looking beyond their immediate symptoms or needs."*

2. Strategic [Workforce Plan for Primary Care 2024/25-2029/30](#)

This plan outlines what the Welsh Government and HEIW will action over the next 5 years. Action 8 is: *Embed the new framework for [enhanced, advanced and consultant practice](#) to increase the number of people working in enhanced, advanced and extended roles within primary care settings.* While the plan does not state FCP by name, it supports developing the workforce into enhanced, advances and extended roles, which includes FCP.

The plan also states they will *"ensure a supply of the workforce that is able to meet growing demand within primary care as a result of demographic challenges and the impact of an increase in long-term conditions, support the delivery of a prudent healthcare model by facilitating a growth in extended, advanced and consultant level skills"*

3. Allied Health Professions Framework

[This framework](#) sets out the strategic response to A Healthier Wales (2018) from the Allied Health Professions. It describes the challenges that need to be addressed, the value that Allied Health Professionals (AHPs) offer and the actions needed to help maximise their value and impact. This AHP framework mirrors A Healthier Wales (2018) and uses the internationally recognised Quadruple Aim as an organising concept to describe the changes required based on these principles. This will result in AHPs working in partnership with citizens to achieve longer, healthier and happier lives through: 1. Improving population health outcomes 2. Enhancing the quality of

and access to AHPs 3. Securing higher value from AHPs through transformation 4. Inspiring a vibrant AHP workforce

The AHP framework states: *AHPs' person-directed, enabling and recovery-focused interventions will need to be more widely available in public health, primary and community care. Direct access, self-referral and **First Contact Practitioner models require development to meet demand.***

The Core principles in the document include **Accessibility and responsiveness**. The document states: *Being **first contact practitioners** with a strong presence in health and social care, the independent and third sector; easily accessible 24/7 where appropriate and working outside traditional professional boundaries; being flexible, responsive and collaborative responding to people's needs over the whole life course.*

The Primary Care Model for Wales sets the agenda for deploying the AHP workforce in multi-professional teams that integrate health and social care services. It also provides the structure for AHPs to be accessible via direct self-referral or as First Contact Practitioners and to act as Advanced Practitioners.

Under Securing higher value from AHPs through transformation, the document states:

AHPs in Wales are committed to delivering value based health and care to citizens, and ensuring that they continually develop and work to the top of their personal professional license. This includes: Acting as First Contact Practitioners where this is most appropriate.

4. Primary Care Model for Wales

The Primary Care Model for Wales (PCMW) is a model for Primary and Community Care, developed as a whole system approach to sustainable and accessible local health and wellbeing care. Focusing on place-based care, care closer to home and multi-professional working. It describes how care will be delivered locally, now and in the future, as part of a whole-system approach to deliver *A healthier Wales*.

The Primary Care model focuses on accelerated primary care cluster development (ACD)s. Included in this are a range of desired "outcomes". ACD2 is "a wider range of services delivered across a cluster, meeting population priorities and need".

5. MSK Framework

The MSK framework outlines the work of the MSK clinical network for Wales. While FCP is not directly mentioned, advanced roles and principles are outlined which FCP fits. **The principles for MSK Care are:**

• **Partnership working** • **Prevention and public health** • **Personalised care** • **Pathways of care (see dedicated section)** • **Productivity and performance**

Under training, the framework reads:

There is a need to prepare the multiprofessional workforce to meet both current and future clinical demand. Whilst training programmes and career pathways are clearly mapped out in secondary care subspecialties and general practice, the multiprofessional team in primary and community

care currently has no formal established programmes and pathways. The establishment of these, aligned to the enhanced, advanced and consultant practice framework, in partnership with HEIW will be a priority for the Strategic Clinical Network. These programmes will need to consider the changing needs of the person living with a MSK condition and be focussed on the principles outlined in this framework.

6. Other policies where FCP aligns with Government priorities.

Value Based Care

In Wales, [value-based care is underpinned by Prudent Healthcare](#), first launched as a philosophy and a policy in January 2014. Its key principles of coproduction, equity, intervening gently effectively (and only as much as we need to) and reducing unwarranted variation (including under and over-treatment) are all key to achieving value for our patients and citizens across a whole system of health and social care.

Under the [Prevention Based Health and Care Framework](#) FCP can be described as a preventative measure in primary care.

Our challenges in General Practice

Having outlined the policy supporting FCP roles in General Practice/Primary Care, it's clear they play a role in developing preventative, accessible, and value based services alongside GPs. However, they face challenges in sustainability of funding.

When transformation or cluster funding ends, FCPs find themselves in the middle of budget negotiations between health boards and GP clusters. While GPs value FCPs in their surgery, the external funding for the FCP roles.

There are strong business cases for FCP retention, however short term funding cycles has created a stall in investment in these services. We would recommend the committee explore this role as part of making a recommendation for a wider MDT investment strategy in primary care. We want to ensure the skills quired by FCPs are not lost by a lack clarity about their future or funding.

About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 58,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,400 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost effective ways.

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