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Information paper

Concurrent and subsequent treatment

Advice to physiotherapists working in the NHS and private sectors

reference	PD002
issuing function	Practice and Development
date of issue	June 2013

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Advice to physiotherapists working in the NHS and private sectors

Introduction

Patients who choose to be treated privately 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to NHS services on exactly the same basis of clinical need as any other patient and should not have NHS treatment withdrawn or refused because they also have private care.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 in both the NHS and private sectors.[1]

As with any other patient who moves between NHS and private status, 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.

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

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

In principle the choice that a patient makes in having additional private provision 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 of good practice to assist in the management of commonly expressed concerns, related to either concurrent or subsequent treatment.

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This information paper should be used in conjunction with:

- A code of conduct for private practice: guidance for NHS medical staff.[1]; Guidance on NHS patients who wish to pay for additional private treatment
- Chartered Society of Physiotherapy. Quality assurance standards (2012)[2]
- Chartered Society of Physiotherapy. Code of professional values and behaviours[3]
- Health and Care Professions Council (HCPC). Standards of Proficiency for Physiotherapists[4]
- Health and Care Professions Council. Standards of conduct, performance and ethics[5]
- Chartered Society of Physiotherapy. PD101 Duty of Care (2013). [6]

Background

Patients who choose to be treated privately 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 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 in both the NHS and private sectors.

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.

In principle the choice that a patient makes in having additional private provision should not cause a problem, but from time to time it does, for a number of different reasons. 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, Reiki therapist or sports therapist in another sector (private/independent) 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. These are based on the national guidance issued by the Department of Health for medical practitioners working in private practice.[1]

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 private care alongside NHS care should be handled with the highest standards of professional practice and clinical governance.

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

The NHS and the private provider should work collaboratively to ensure:

- Effective risk management
- Timely sharing of information
- Continuity of care
- Coordination between NHS and private care at all times.

Concurrent employment

There is no reason why a physiotherapist cannot work in both the NHS and private sectors simultaneously. The NHS manager and physiotherapist should review the NHS contract and check for any clauses relating to how potential conflicts of interest should be managed. If the manager confirms that working in both the NHS and private 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.

For physiotherapists considering working in private practice, the CSP information paper “Thinking of private practice” (PD074)*(ref)* is helpful as a starting point, as this covers the breadth of issues to consider when starting up in private practice, or when conducting private work to supplement NHS work. These include:

1. **Communication with patients** and how the service will be marketed. Information to clients must be clear regarding what additional service or services are being offered privately and the relationship to their routine care.
   The marketing and communication must enable clients to be in a position to make an informed choice.

2. **Fees and accounting**
   Clarity as to the process of being a provider, for the organisation in which you are working and for the patients, will need to be planned and be part of the information above.

3. **Managing demand**
   Consideration of referral routes and criteria, waiting list management and delegation should be considered in advance of implementing a new service.

4. **Managing patient information**
   Organisations, including self-employed individuals, who obtain and store any information relating to a person must be registered with the Information Commissioner and comply with the Data Protection Act 1998, including Data Protection principles and retention requirements.
   Further detail is available at
   http://www.ico.gov.uk
   An ICO helpline service is also available for tailored advice.
   Particular consideration should be given as to where details of the additional private physiotherapy will be recorded and stored:
   - Ensure that legal and regulatory standards relating to record keeping are maintained.

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This will include appropriate storage whilst in use and retention after the episode has closed.
This could include all entries being contemporaneous, whether private or not.
- All relevant risks must be taken into account, such as access out of hours, communication routes between staff, security of notes, clarity of ownership etc.

Separation

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

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 this cannot be resolved, the patient should be invited by one of the physiotherapists to choose between continuing with the NHS or the private sector.
If the patient chooses the private sector, the NHS physiotherapist should make it clear to the patient that they can if necessary re-start NHS treatment following completion of their therapy with the private sector practitioner. The patient should be given details as to how to refer themselves back to the NHS service should they wish to re-start.
Once the patient is reintroduced to the service, they are reassessed and treated according to their clinical need. If the patient has been referred back into the service by another agency (i.e, not a self referral) the referring practitioner/ agency should be informed of the position.

Information giving

In the course of their NHS duties and responsibilities NHS physiotherapists should not initiate discussions about providing private services for NHS patients.[1]

Where a physiotherapist is, in the course of their NHS duties, approached by a patient and asked about the provision of private 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.[(7)]
> It was a patient who made the complaint rather than the Trust.

It is good practice for a list of local private providers to be held by NHS administrative staff or housed in a central patient information point. This could include:

- An up to date list of local private physiotherapy practitioners, sourced from the Physio First website www.physiofirst.org.uk
- A list including physiotherapy staff within the department who also do private work
- Other sources of information e.g. a local directory, the internet, or the "physio2u" search function available on the CSP website at www.csp.org.uk/your-health/find-physio/physio2u

This information should not include specific recommendations; however, it would be helpful to include advice to patients as to how to assess the suitability of a practitioner, including:

- HCPC registration
- Chartered status (CSP membership)
- Questions to ask regarding compliance with, and audit of:
    - HCPC standards of proficiency for physiotherapists www.hpc-uk.org/publications/standards/index.asp?id=49

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- CSP quality assurance standards for physiotherapy service delivery www.csp.org.uk/professional-union/professionalism/csp-expectations-members/quality-assurance-standards

In some circumstances patients will have contacted a private practitioner 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. This is particularly important with the move to a more electronic 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.

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 physiotherapy 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 are outlined below.

Recommendations for communication between professionals of the same or different professions

- Each therapist must 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 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.

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Non-disclosure by the patient

On occasions a patient may choose not to declare to the treating therapist that another physiotherapist is treating them. There is nothing that can be done if the patient chooses this route.

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 planned.

Indemnity

Provided that the individual physiotherapist holds a full practising category of membership, the CSP's public liability insurance (PLI) scheme covers all activities within the scope of the profession regardless of sector or setting, i.e. NHS, private or voluntary, subject to the terms of the policy.

Insurance is covered in more detail in the CSP paper Thinking of Private Practice.

If developing a service with a new organisation, it is advisable to discuss existing areas of cover for both parties and whether the new service presents any additional issues or requirements for cover.

Full and comprehensive advice regarding insurance can be found on the CSP website
www.csp.org.uk/professional-union/practice/insurance

Scope of practice

It may be the case that patients will ask their NHS therapist about a specific treatment, or request that a specific treatment is used. Occasionally these treatments may not be:

- in the scope of the profession;
- or in the scope of the individual's practice;
- or in the scope of practice of any other practitioner within that organisation; e.g. acupuncture, or the hire of eutrophic stimulation machines.

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 privately.

> ***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 paper Duty of Care (PD101) sets out the responsibility of the physiotherapist in more detail.

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Conclusion

Patients who choose to be treated privately are entitled to 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 in both the NHS and private sectors.

Patients can also choose to continue physiotherapy treatment privately once their NHS treatment has finished.

In considering issues of concurrent or subsequent treatment, physiotherapists should be mindful of the following principles:

Separation	The arrangements put in place to deliver additional private care should be designed to ensure as clear a separation as possible of funding, legal status, liability and accountability between NHS care and any private care that a patient receives.
Information giving	The physiotherapist should provide only such standard advice as has been agreed with the NHS employer for such circumstances.
Communication	There should be open, honest and regular communication in the interests of, and with the consent of, the patient. If another therapist is involved in the patient's care, it remains imperative that there is good communication between them. If this becomes difficult and cannot be resolved, the patient should be asked by the NHS physiotherapist to choose between continuing with the NHS or the private

	sector. If the patient chooses the private sector, the NHS physiotherapist should make it clear to the patient that they can re-start NHS treatment following completion of their therapy with the private sector practitioner. No patient should be penalised for choosing to see an alternative therapist and then seeking NHS care.
Indemnity	Provided that the individual physiotherapist holds a full practising category of membership, the CSP PLI scheme covers all activities within the scope of the profession regardless of the setting.
Scope of practice	It may be the case that patients will ask their NHS therapist about a specific treatment, or request that a specific treatment is used.
Resource management	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.

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References

1. Department of Health. NHS Next Stage Review: Our vision for primary and community care. London: Department of Health; 2008. http://www.nhshistory.net/dhvisionphc.pdf

2. Department of Health. Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services. London: Department of Health; 2008. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089516

3. Department of Health L. Our health, our care, our say: a new direction for community services. London: Department of Health; 2007. http://www.official-documents.gov.uk/document/cm67/6737/6737.pdf

4. Lord Darzi. High quality care for all – NHS Next Stage Review. Final Report. London: Department of Health; 2008. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

5. Department of Health. The NHS in England: The operating framework for 2009/10. London: Department of Health; 2008. http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/Planningframework/index.htm

6. Department of Health. AQP Continence services implementation pack. London: Department of Health; 2012. https://www.supply2health.nhs.uk/AQPResourceCentre/AQPServices/PTP/Pages/CommunityContinence.aspx

7. Haylen B, deRidder D, Freeman R, et al. An International Urogynaecology Association (IUGA) / International Continence Society (ICS) Joint Report on the Terminology for Female Pelvic Floor Dysfunction. Neurourology and Urodynamics,. 2010;29(1):4-20.

8. Hermansen IL, O'Connell BO, Gaskin CJ. Women's explanations for urinary Incontinence, their management strategies, and their quality of life during the postpartum period. Journal of Wound Ostomy & Continence Nursing. 2010;37(2):187-92.

9. McGrother C, Donaldson M, Shaw C, et al. Storage symptoms of the bladder: prevalence, incidence and need for services in the UK. BJU International. 2004 Apr;93(6):763-9.
http://onlinelibrary.wiley.com/doi/10.1111/j.1464-410X.2003.04721.x/pdf

10. Department of Health. Children's and adult's continence services. London: Department of Health; 2011.
http://healthandcare.dh.gov.uk/continence-services/

11. Papanicolaou S, Pons M, Hampel C, et al. Medical resource utilisation and cost of care for women seeking treatment for urinary incontinence in an outpatient setting. Examples from three countries participating in the PURE study. Maturitas. 2005 Nov 30;52 (Suppl 2):S35-47.

12. Koch LH. Help-seeking behaviors of women with urinary incontinence: an integrative literature review. Journal of Midwifery & Women's Health. 2006; 51(6):39-44.

13. National Institute for Health and Clinical Excellence. Urinary incontinence: the management of urinary incontinence in women. CG40. London: National Institute for Health and Clinical Excellence; 2006.
http://guidance.nice.org.uk/CG40

14. National Institute for Health and Clinical Excellence. Ante natal care, CG62. London: National Institute for Health and Clinical Excellence; 2008.
http://guidance.nice.org.uk/CG62

15. Hagen S, Stark D, Glazener C, et al. A multicentre randomised controlled trial of a pelvic floor muscle training intervention for women with pelvic organ prolapse. Neurourology and Urodynamics 2011;30(6):983-4.

16. The Chartered Society of Physiotherapy. Musculoskeletal physiotherapy: patient self-referral. Quality, Innovation, Productivity and Prevention; 2012.
http://arms.evidence.nhs.uk/resources/qipp/29492/attachment

17. The Chartered Society of Physiotherapy. Survey shows major boost in awareness of physiotherapy. Frontline. 2012;18(21):10-1.