

A Healthier Future



**NORTHERN IRELAND**

**Chartered Society of Physiotherapy Northern Ireland  
response to**

**A Healthier Future: A Twenty Year Vision for Health & Well Being  
in Northern Ireland**

Department of Health and Social Services and Public Safety, March 2005

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## **Introduction**

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 42,000 chartered physiotherapists, physiotherapy students and assistants. Around 98% of qualified practising physiotherapists are CSP members.

Physiotherapists assess, treat and rehabilitate people with physical problems caused by accident, ageing, disease or disability, using physical approaches in the alleviation of all aspects of the person's condition. Physiotherapy is a healthcare profession which emphasises the use of physical approaches in the promotion, maintenance and restoration of an individual's physical, psychological and social well-being. It is an enabling profession, restoring function and activity, and preventing illness and injury, giving people the independence to remain in work and in their own homes.

CSP Northern Ireland welcomes this consultation on the development of a twenty year vision for health & wellbeing in Northern Ireland and is determined to be an integral part of delivering this vision. Physiotherapists have a significant contribution to make in the formation, implementation and ultimate success of a long-term vision for the provision and delivery of high quality, equitable health and social care services throughout Northern Ireland. The CSP believes that this strategy must be committed to achieving the following:-

- *promoting health and social well-being*
- *tackling inequalities in existing service provision*
- *breaking down traditional professional boundaries*
- *developing new and innovative models of service delivery*

A Healthier Future should reflect the healthcare needs of the whole population, and should be sensitive to cultural and ethnic needs and not discriminate on the basis of age. It should also demonstrate a commitment to a modernised health service on the basis of the core principles specified in the NHS plan for England which includes:-

***Universal service based on clinical need***

***Comprehensive range of services***

***Services shaped around patients***

***Responsiveness to the needs of different populations***

***Continuous service improvement***

***Support for staff***

***Public funds devoted to NHS patients***

***Co-operation with others***

***Working to reduce health inequalities, and***

***Open access to information about services and treatments***

## **Public Health & Well-being**

The CSP supports the development of an integrated approach to health and social care services across all government departments, government agencies and the wider community. The development of a strategic vision for a healthier future should provide an opportunity to define more clearly the roles and responsibilities of central government, health boards, trusts, voluntary organisations, communities and most importantly the public. Consequently consideration should be given about the

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allocation of funding across government departments. The CSP believes that a “whole systems approach” to provision and funding of healthcare will become an increasingly important principle in the health service.

Physiotherapists have a significant role to play in the development and implementation of, A Healthier Future and in empowering individuals and communities to protect and improve their own health. Physiotherapists have extensive experience of working across service boundaries and are well placed to contribute the requisite skills and creativity essential for the provision of effective public health services.

The Society believes that action on public health needs to cut across policy areas and that policies must fit together. Public health is multi-factoral and therefore demands an integrated multidisciplinary approach. Public health actions by each government department should be looked at in terms of their impact on public health and given a measurable outcome.

CSP Northern Ireland believes that healthy lives are the product of healthy environments, workplaces, neighbourhoods and schools as well as the individual’s genetics and lifestyle. The Government’s recognition of the health inequalities experienced by the socially excluded and its recognition of the role that it can play in reducing inequalities is welcomed and supported by CSP Northern Ireland.

The CSP believes that there will be increased demand for more preventative and health improvement medicine and agrees that these themes are critical to the development of a successful comprehensive health policy. Issues of inclusivity and tackling the specific needs of certain marginalised sectors within society also need to be addressed as a matter of urgency. Priorities for the future provision of healthcare services will to a large extent be dictated by changing demographics, patient expectations and technological advancements. It is clear for example that the population in Northern Ireland is living longer. As longevity increases, conditions related to ageing (for example, osteoporosis, stroke, dementia etc) will be more prevalent. The CSP believes that one of the keys to success of A Healthier Future for Northern Ireland is through the encouragement of organisations and groups to do more to help people improve their well-being in facilitating the sharing of information on what works well. The CSP agrees that actions to prevent ill health is as important as the diagnosis and treatment of illness.

As the population at large embrace healthier, more active lifestyles the concept of the ‘healthy old’ will gain ground. However, there is a link between the *very* old and increased demand on health services. This pattern is common to all advanced industrial countries where the very old account for about six times the average per capita healthcare resource use. The needs of frail older people highlight the inter-dependency of health and social care. The Royal Commission’s report points out that a one percent decrease in age-specific dependency rates would almost halve the costs of long-term care between 1995 and 2051. Physiotherapy and rehabilitation have pivotal roles in making this a reality.

The public’s perception of health will undoubtedly have an impact on people’s expectations of a healthcare system. A review of studies by Blaxter concludes that,

*'health can be defined negatively as the absence of illness, functionally, as the ability to cope with everyday activities, or positively as fitness and well-being'.*

Given this definition, it could be argued that the public expects healthcare services to manage people through illness, to provide rehabilitation, to improve/maintain function and to promote health and well-being. At the moment the health service in Northern Ireland falls short of patient expectations. Patients expectations of the health service continue to rise with patients increasingly demanding a service which will be safer, of a high quality, accessible, integrated, be more patient-centred, offer equity of access, include services which actively promote self-care and enable people to access care from their own homes.

The future patient will also be more aware of the advantages of immediate access to active rehabilitation following accidents at home or work. Early access to physiotherapy services can greatly reduce the cost of absence from work. Each week throughout the UK, some 3,000 people are forced to give up work because of prolonged illness or disability. 90% never return to work, risking poverty and social exclusion. Employers lose employees with expertise and experience who have to be replaced, often at considerable cost. Back pain alone accounts for 119 million days of certified incapacity annually, consuming 12 million GP consultations and 800,000 in-patient days of hospital care, at a cost to the state of almost half a billion pounds each year. Consequently the CSP believes it is in the states interest to invest in rehabilitation services.

The CSP believes the Department of Health will need to change the way people view health and healthcare services. This will require an enormous public awareness campaign and 'engagement' with the Government by all sectors of society. The Government must lead and encourage all its partners, across all sectors, to become involved and play their part. From a user perspective, greater integration of health and social care is vital to ensure a common ethos and approach to care. However, the CSP believes it is crucial that access to physiotherapy and rehabilitation remains free at the point of delivery regardless of where it is provided (hospital, residential/nursing home/client's own home). In addition the CSP is anxious that the profession is not fragmented on the ground. In a small profession like physiotherapy it is important that local teams are not divided up into teams that are too small to support continuing professional development, peer review and support and flexible working.

### **Resources**

A variety of factors continue to have a detrimental impact on the provision of services in Northern Ireland and inhibit the ability of practitioners to develop new models of service delivery. Northern Irelands waiting lists are the longest in the UK. Many of the problems relate to capacity within the system and the persistent issue delayed discharges. Greater investment is required in the health service overall but in particular in primary care so as to lessen the burden on acute services and thus release beds. The current system is slow to respond and financial mechanisms make it almost impossible to deliver proven new efficient methods quickly.

There needs to be appropriate evaluation of existing structures and interventions in order to properly assess the efficient and effective use of resources. Northern Ireland

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like other parts of the UK is experiencing significant reform and structural change to its health service. Time is needed for those changes to bed down and establish effective working arrangements. Then a full evaluation will be required which will also include comparisons with other models of service delivery elsewhere in the UK.

Other issues which impair the efficient and effective use of existing resources include existing barriers to successful interagency working between and across health and social care sectors, limited and ineffective workforce planning and a very obvious failure to include the patient/client in the whole process.

The government in Northern Ireland will continue to have to grapple with the problem of where to invest current and new money. Achieving the effective balance between primary, secondary and community and social care holds the key to many of the problems in the health service in Northern Ireland. Patients should only go into hospital if absolutely necessary. They should be able to be treated at home, or as close to home as possible, have services delivered in their homes to prevent admission to hospital and have full support on discharge from hospital.

CSP Northern Ireland believes that in order for a regional health strategy to be successful there must be a properly resourced and co-ordinated cross-departmental cross-sectoral approach. There is a need for greater multidisciplinary working and for traditional boundaries and barriers between health and other organisations to be broken down. There must be an integrated assessment of service priorities and models for delivering these services. Health service professions must be given the opportunity to input into the decision making process and be fully involved in priority setting at a regional, health board and local level. CSP Northern Ireland is keen to ensure that the benefits of physiotherapy are recognised and that physiotherapists are given the opportunity to input positively and proactively into initiatives and priorities at all levels.

For a successful health and social care system there needs to be customer satisfaction and delivery of services against a set of measures and targets. These need to be able to demonstrate health gain for the population. Measures and targets must be right, data collection systems must be right, the evidence base for interventions must be right and planning for the future must be right.

Pressures on the system currently mean that it is difficult to plan investment for the future. Services at the moment continue to be crisis managed. Consequently it is not possible to disinvest in the secondary care sector to reinvest in primary and community services. Investment is needed now in primary and community services to begin to affect change and relieve the burden on acute services. The need to meet short-term pressures impacts on investment plans. The wider picture of investing in resources in tackling the causes of ill-health for much longer term health gains is also lost in the short-term approach to financial management.

Resources need to be used differently and demonstrate improvement in the quality of health and social care services. Service commissioners, users and providers need to come together to determine the most appropriate measures and targets. Effective care must be measurable by the user. At present services are not always patient/client

centred or have in place systems for users to measure satisfaction with either the commissioning process or the provision of services.

### **Information Communications & Technology**

The development of a comprehensive and immediate communications and information management technology strategy is crucial to the success of a regional health and well being strategy so that:

- good practice can be shared across Northern Ireland and indeed across profession at large
- access to evidence based research is available
- patients can access services and be treated more efficiently

The major strategic objective should be to put in place systems that support the clinicians in their day to day work. The CSP in particular welcomes the development of the ICT strategy announced by the Department of Health as a means of empowering care professionals in undertaking their work. The development of a comprehensive ICT strategy would allow physiotherapists the opportunity to contribute to the provision of better, more efficient, service delivery, facilitate innovative practice, increase cross-sectoral and professional co-operation and support the development of clinical and social care governance.

The Wanless Report stated that “Current use of communications and information technology (within the NHS) is extremely poor. Within the NHS, hospitals and Trusts have followed their own paths when it comes to using ICT. While there are many examples of systems that work well for particular hospitals or GP’s, the systems are not integrated across organisations and indeed sometimes not across single hospitals”. The situation in Northern Ireland in regard to the provision and proliferation of ICT amongst care professionals and organisations is consistent with the observations made in the Wanless Report. Consequently, the CSP welcomes the two main strategic components of the ICT strategy to develop **Electronic Care Records** and **Electronic Care Communications**.

Reforms to the structure and delivery of health and social care services, will require a greater need for sharing patient information, where care is provided through managed clinical networks involving a range of professionals, different locations and different organisations. The CSP supports the development of Electronic Care Communications as a means of improving communication between professionals, HPSS organisations and patients. However, for this to be effective there will need to be more widespread access to ICT for all professionals and in particular the allied health professions. The development of an integrated ICT strategy stretching across primary, secondary and tertiary care boundaries will be essential for health professionals to successfully share information across those settings. CSP Northern Ireland would also stress that there needs to be equity of access to Electronic Care Records for allied health professionals to ensure that the requirements of the Freedom Information Act 2000 are fully complied with.

To take full advantage of the information age physiotherapists and other allied health professionals must harness information in a way that adds value to clinical practice,

education, management and research. Information management is a key component in developing high quality, cost effective services. There are, however, many barriers to achieving the vision outlined in the ICT strategy for the HPSS. These include the diversity and compatibility of Information Technology (IT) systems, the lack of requisite skills and knowledge at pre and post registration level and the information barriers between different health care sectors, organisations and professionals. There needs to be a radical culture change within the health service and this will require winning, “the hearts and minds” of the staff who work there in addition to training, a significant increase in IT support staff and a management commitment at every level.

In relation to the development and implementation of the ICT within the A Healthier Future for the HPSS, the CSP would draw to the attention of the Department the recommendations made in the Garner Report 2000. This was a project between the Chartered Society of Physiotherapy and the College of Occupational Therapists which looked at the collaboration of these professional groups in the development of information technology within the health service. The report highlights the importance of effective two-way communication between policy makers, the professional bodies and practitioners and states, “This is essential if technological developments are to support clinical governance, best value and seamless services across, acute, primary and community care.”

### **Tackling Social Exclusion and Inequality**

A Healthier Future must ensure that services are appropriate to the needs of all sections of the community. It is arguable that targeting specific groups within a community will disadvantage others, in reality, however, changes to service delivery may benefit individuals other than those targeted.

By enabling people to attain their optimum level of functions in a social and community environment, physiotherapy is an important component in preventing social exclusion for many groups in society. Physiotherapists work with people with disabilities to maintain their independence to participate in employment, sport and in community life. In addition the elderly are one of the most socially and economically disadvantaged often living in poor housing or social care. They suffer from isolation due to poor mobility and a failure to consider their needs by the various agencies involved in their care.

If the aims and objectives of the A Healthier Future with regard to reducing inequalities in health provision are to be met then physiotherapy should be given an enhanced role in supporting the health of older people. The CSP believes that for future generations of older people in hospital, the first aim of the health care team will be to rehabilitate them with the opportunity to return home or remain at home for as long as possible. The CSP argues that physiotherapists are key to the cross professional teams needed to bridge the care gap between hospital and home.

Physiotherapists have a unique role to play in ensuring equality of opportunity for people of different groups. Fundamental to the physiotherapist's approach is an appreciation of the psychological, cultural and social factors which influence their clients and the patient's own active role in helping themselves. Physiotherapists play a key role in preventative health care and preventing social exclusion. The CSP as a health organisation is committed to tackling issues of equality of access to health

services by providing examples and sharing evidence of good practice and health programmes that have worked to address such issues. Given Northern Ireland's rurality careful consideration needs to be given to how health services can be accessible and equitable for those living in more remote areas.

### **Public Engagement**

The Society believes that the government must demonstrate leadership in developing and promoting a regional health strategy. The vicious cycle poverty, social exclusion, education and ill health need to be broken down. One significant challenge posed by the implementation of a regional health strategy will be ensuring that community groups and service users are empowered to participate in decision-making processes around how services are structured and delivered. Every possible avenue for involving the public must be taken using all media available. Services must be needs led and must outcomes must satisfy users.

The development of physiotherapy services in the community will be crucial for the success of A Healthier Future. Physiotherapy intervention is a key element in health promotion because the main purpose of physiotherapy is to enable patients to be as socially and economically active as they are able. Physiotherapists work across social care boundaries and offer skills which contribute to the development of integrated care provision and the promotion of public health.

Successful physiotherapy interventions are dependent on high levels of patient involvement; physiotherapy is not something that is 'done to' patients rather physiotherapists are 'enablers'. The 'holistic' approach taken by physiotherapists mean they have an important role to play in the prevention of illness and in lifestyle improvement.

CSP Northern Ireland welcomes moves by government to encourage wider participation in deciding priorities and allocating funds for the delivery and design of health and social care. It is only by involving communities directly in this process that local services can be properly targeted at those who need them most. The CSP envisages greater public demand for walk-in physiotherapy services. Studies show that self-referral to physiotherapists can significantly reduce GP workloads.

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The CSP considers that partnership working is crucial to the delivery of a regional health and well being strategy for Northern Ireland. However we acknowledge that this is one of the hardest philosophies to develop. Change management initiatives and

projects to break down barriers are required. Clear guidance on lines of accountability, responsibility for financial control are pre-requisites to ensure a culture of mistrust does not develop. The benefits of partnership working must be clearly spelled out to all partners and to the public.

The CSP would like to see the development of an Expert Patients Programme in Northern Ireland. The Society believes that the development of powerful patient advocacy groups will help create significant benefits for patients in the future by encouraging patients to take on more responsibility for their own health and well being and help foster a genuine partnership between patient and practitioner. In turn better informed patients will help reduce the incidence of chronic disease and promote preventative medicine and create the circumstance where patients stand a better chance of getting the treatment which is really best for them.

### **Workforce Issues & Equality of Representation**

If Northern Ireland is to have a modern, efficient, patient-centred health service then the role of physiotherapists must be given equity with their nursing and medical colleagues. The CSP is committed to ensuring that the physiotherapists skills are used in the most appropriate way to treat and care for people.

It is essential that physiotherapy is represented on an equal basis at all levels within the health and social services. Physiotherapists and other allied health care professionals must be fully involved in the strategic planning, policy formation and commissioning processes within health and social services. Without this the scope for physiotherapy to prevent ill health, positively promote health and to limit the impact of disease and disability will not be fully realised.

Physiotherapists have a role to play in the development of a regional healthcare strategy particularly in relation to having a greater involvement in:-

- commissioning, including needs assessment, quality specification and evaluation of services;
- health promotion;
- clinical effectiveness and evidence-based practice;
- the involvement of lay people in health issues.

The health service in Northern Ireland will require a major expansion in the number of health professionals across all disciplines. Physiotherapists along with other allied health professionals are chronically understaffed and there has been historic underfunding of physiotherapy services in Northern Ireland. A recent review of the physiotherapy workforce in Northern Ireland has predicted "*a significant shortfall in the HPSS physiotherapy workforce over the next five years*". Workforce planning reviews in England, Wales and the Republic of Ireland recommended increases of, 59%, 51% and 100% respectively. The review of acute hospital services, has recommended a 25% increase in the number of therapists. The CSP believes that significantly increased numbers of physiotherapists are required to ensure that patients get rapid access to vital rehabilitation and recovery. Increased numbers of physiotherapists will help produce shorter stays in hospital, reduce waiting lists and provide more community based support.

Organisational changes within the health service over the past decade have provided opportunities for physiotherapists to develop skills beyond their traditional role. A growing number of highly experienced physiotherapists are now working at the frontline of healthcare. The CSP believes that the establishment of Extended Scope Practitioner (ESP) and Clinical Specialist posts throughout Northern Ireland will provide more timely care for patients and enable the health service to work more effectively. The development of these roles will also help tackle problems of recruitment and retention in physiotherapy by providing an incentive for highly skilled and experienced physiotherapists to remain within the health service.

The CSP is calling for the provision of adequate resources for training and development opportunities for physiotherapists similar to the arrangements currently enjoyed by other health professionals. The CSP is committed to providing high quality health care services for patients in Northern Ireland no matter where they live. The current training budget for physiotherapists is inadequate and dependent to a large extent on location. The CSP believes that significantly increased opportunities for continuing professional development are essential for physiotherapists to improve the quality of their practice and to guarantee standards of clinical and social care services across Northern Ireland.

### **Quality & Governance**

The CSP is calling for introduction of Service Development Frameworks in developing regional standards for the delivery of care for particular services. This will contribute significantly to the Department's drive for consistency in access to and the delivery of health care. A broad range of interests and expertise will be needed in developing service frameworks. The CSP would ask that the Department ensure that relevant parties, such as physiotherapists, are fully involved in their development. We would argue that, in order for service frameworks to be credible, and to facilitate effective local implementation, the physiotherapy profession needs to be seen to have made a positive and constructive contribution to those Frameworks.

In addition, Service Development Frameworks should provide definitive standards for staffing and skill mix. Without broad involvement, future services could be jeopardised, with a workforce that is not fit for purpose. If physiotherapists are not adequately represented, and inappropriate recommendations made, there could be significant difficulties in developing relevant professional development programmes, and delivering effective care to patients in the future.

The CSP would like to see professional groups, patients and managers sitting around the same table, to establish genuine priorities for Service Development Frameworks. Such decisions should not be influenced by the power of any one organisation, but reached by a genuine consensus. With all parties meeting together, it should be possible to establish a more systematic process for identifying the partnerships necessary for the development of service frameworks. This will provide a far stronger basis for such work, with the inclusion of all interested parties as genuine partners enriching projects, and adding to the commitment to and acceptability of the end-product to professionals and patients.

The selection of services for development should be based on:-

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- the Department's Priorities for Action,
- patients' priorities,
- the Executive's Programme for Government,
- the priorities identified in the public health strategy, "Investing for Health",
- the Chief Medical Officer's report which identifies services needing attention,
- and priorities based on an estimate of maximising benefit to patients.

The Society acknowledges the need for monitoring health service standards to reduce the unacceptable variations in healthcare provision. The role of the Health and Social Services Improvement Authority to review clinical and social care governance arrangements will need to be carried out by those with some standing within their professional organisation, and a track record in continuous improvement themselves, whose values and philosophy are close to that of the service being reviewed. A reviewer with a therapy background, looking at physiotherapy services, will know what to look for, therefore being more efficient, will be able to ask more relevant, in-depth questions, and will be able to make more informed judgements about clinical governance as it relates to physiotherapists. It will be important that outcomes for patients are included in the review process.

Health care professionals, such as physiotherapists, have always had an ethical responsibility for delivering high quality services. We acknowledge there are always opportunities for improvement, which physiotherapists should pro-actively seek, as a fundamental part of their personal, as well as organisational, duty of care to patients. Some aspects of quality, however, are dependent on adequate resources and appropriate skill levels with which to deliver services. Physiotherapists need adequate opportunities for professional development in order to develop skills which will enhance the effectiveness of interventions.

The quality of services provided are too often compromised by staff recruitment and retention difficulties due to the inadequate rewards of working in the health service. Clearly, getting the right staffing level and skill mix is an essential component of risk management, including the need to have agreed, defined staffing limits, beyond which safety and effectiveness could be compromised. Clinical governance, if implemented successfully, will ensure that physiotherapists contribute to major successes in patient care.

Clinical and Social Care governance will only work with effective clinical teams. There must be a genuine acknowledgement of the role of all parties within teams. Employers organisations will need support, and need to be able to offer training for staff in developing an effective team culture, with genuine partnerships and power-sharing, to make this a reality. Similarly, the ethos at Board and Trust management level must be that all professional groups are represented in structures that will support the implementation of clinical and social care governance. Physiotherapists and other allied health professionals have at least as much to contribute as doctors and nurses, through the important part they play in ensuring patients regain their physical independence and quality of life as soon as possible, in order to avoid the need for further health care.

Partnerships need to be constructed between health professionals and managers, within and across sectors, based on mutual trust and on equal terms. They must be

built on shared understanding of values and respect for each others contribution to meeting the need of patients.

It is less clear how clinical governance will work in primary care settings and through the proposed new structures for delivering primary care services. A mechanism will be needed to ensure physiotherapists (and other health professionals working in professionally isolated settings) have appropriate professional support through physiotherapy managers or advisers, whose role will be to ensure the individual is

- professionally competent
- is adequately involved in CPD activities
- involved in clinical audit or benchmarking, to compare their quality against that of their peers, and making changes to their practice where appropriate to the needs of patients

Without such professional support and monitoring, there is a real danger that professionals could be working inappropriately and incompetently, without anyone being aware of this, until it is too late, with possible damage to patients, and to the trust of the population. Physiotherapists are well placed to contribute to the establishment of clinical governance arrangements in primary care and to lead the development of peer review, audit and spread of best practice, as the use of standards and quality assurance tools are common within the profession.

### **Smoking Cessation**

In relation to the need to reduce smoking as a key element in improving the health of people in Northern Ireland the **CSP fully supports option 5c** calling for a ban on smoking in all enclosed public places and work places including bars and restaurants. The CSP would also make the following points in relation to this.

Health promotion remains a crucial aspect of the work of chartered physiotherapists. In addition, chartered physiotherapists have a primary interest in the cessation of smoking and reduction in exposure to cigarette smoke, as so many come in to direct contact with the harmful effects of smoking in patients. This is particularly true for chartered physiotherapists working in oncology and in respiratory care in Northern Ireland.

No one should have to compromise their health in order to participate in the social life of Northern Ireland's bars and restaurants. In addition, many who suffer allergies are currently excluded, and must avoid such places, while many others wish to avoid the discomfort and bad health environment of a smoky atmosphere. It should not be the case that those that choose a healthier lifestyle should be excluded if public health is to improve. Smoking is routinely barred in shops, offices, work places and public buildings, and the increasing evidence of the harm of cigarette smoke for non-smokers means that licensed premises should be no different.

### **Physiotherapy and the treatment of tobacco related diseases**

The Physiotherapy profession is heavily involved in the treatment of patients suffering diseases caused by tobacco inhalation, and has a primary interest in supporting moves to ban smoking in public places. The CSP is set to campaign for restrictions throughout the UK, and a ban in Northern Ireland would be a progressive

step for the health of people in Northern Ireland and would also set the example for extension across the UK. Physiotherapists report seeing an increasing number of people suffering from the effects of passive smoking which can lead to lifelong breathing difficulties. Physiotherapists report that exposure to other people's tobacco smoke can cause reduced lung function in adults with no previous respiratory problems and can be especially dangerous for people with asthma.

The CSP's Annual Representative Conference voted to support calls to ban smoking in public places in May 2004.

### **Physiotherapy and Chronic Obstructive Pulmonary Disease (COPD)**

Chartered physiotherapists come across the effects of smoking in many areas of work, most notable in oncology, respiratory care. One disease that is commonly treated by physiotherapists, but which receives less publicity, is Chronic Obstructive Pulmonary Disease (COPD). A survey by the Chartered Society of Physiotherapy among physiotherapists specialising in respiratory care revealed that a staggering 83 per cent of have cited smoking as the cause of COPD (chronic obstructive pulmonary disease) in patients. COPD is a frightening disease, characterised by airflow obstruction - a disorder that persistently obstructs breathing. The condition is usually progressive and not fully reversible or likely to change. Smoking makes a huge contribution, resulting in 95 per cent of cases, and leads to circulatory and lung problems. This condition receives far less publicity attention than other smoking related disorders such as lung cancer.

The survey of members of the CSP clinical interest group, the *Association of Chartered Physiotherapists in Respiratory Care* (ACPRC) also revealed that physiotherapists spend over 50 per cent of their workload treating patients with the disease.

The number of acute cases presented to hospital represent only a fraction of the cases in the population and people suffering from mild to moderate symptoms of COPD often go unidentified. Chartered Physiotherapists report that people who have been smoking for as little as five years could start to suffers symptoms of COPD, and the effects of passive smoking must be researched in this context.

Physiotherapists working in this area tend to see patients at the severe end of the spectrum. Some patients may also have secondary diseases such as heart failure, vascular disease or circulatory problems, and lung cancer. Not all COPD patients present with same symptoms. Some patients may also suffer from anxiety, which could lead to depression because they are physically limited due to breathlessness and have a poor quality of life.

Early detection of the condition is key so that physiotherapists can employ a proactive approach - it is estimated only 25 per cent of cases are currently being diagnosed.

Physiotherapists can treat COPD through management strategies that can prevent the condition progressing to the severe category. They can also promote disease mastery, develop coping strategies for breathlessness, reduce work of breathing and teach patients to clear secretions and manage anxiety through relaxation techniques.

**Conclusion**

Chartered Physiotherapists have a primary interest in reducing the harmful effects of tobacco smoke. Health promotion remains central to practice of physiotherapy, and in the profession is engaged in the treatment of tobacco related diseases. The Chartered Society of Physiotherapy in Northern Ireland fully supports the campaign to ban smoking in public places. A ban on smoking would contribute to the health of society, assist the aim of reducing smoking among the population in Northern Ireland, and lead the way to a healthier environment promoting healthier lives.