

Report by the Chief Executive

THE POLICE TREATMENT CENTRES

Background

This Authority, along with its counterparts in the north west, has received a request from the Chief Executive of the charity known as 'The Police Treatment Centres' for assistance with an ongoing capital programme of improvements.

Recommendation: That, Members **decide** upon the Authority's proper response to a request for financial assistance from this police charity.

Detail

'The Police Treatment Centres' (PTC) is the working title of the Northern Police Convalescent and Treatment Centre, originally founded in the late nineteenth century. From two treatment centres, St Andrews (Harrogate) and Auchterarder (Perthshire) it provides intensive physiotherapy treatment and care for ill police officers who are weekly subscribers. As such, its important contribution towards returning such officers to duty earlier than they might do otherwise is valuable to all northern police forces and helps their effectiveness. (The Chief Constable in his advice to today's meeting will be able to enlarge on that practical benefit).

The Charity has embarked on a fundraising programme to improve the standard of its built facilities. This will maintain and improve its attractiveness to police officer members. (NB: Police staff are ineligible for membership of this charity or for treatment. The charity is currently registered on that basis. At its last AGM, the Charity voted to maintain that rule in order to ensure enough places remain available to warranted officers). The total capital amount sought to be raised for this major programme of works is £6 million; £500,000 of which has come from the charity's own earmarked reserves; £250,000 from another charity's grant (Police Dependant's Trust) and £1,300,000 in grant from the Home Office.

In pursuit of the £4 million balance remaining, the PTC's Chief Executive, Mr Michael Baxter (who is of course former Chief Constable of Cumbria) made a presentation in November 2009 to the North West Joint Committee of police authorities on the work of the centres, in support of their request for financial contributions. This request was in the form of a suggested 'one-off' grant of £40 per police officer, per force. In the case of Cumbria, that would equal £49,720.

A copy of the Business Case provided in support of that request is attached in **Appendix 1**. Subsequent to that meeting, the Authority Chairman received a formal letter from the PTC Chief Executive, based at Harrogate, renewing his invitation for authority members to visit and inspect this facility. (Also copied)

During the presentation, the following extra points were made by Mr Baxter:

- Although a one-off grant was being requested, this need not be paid all at once: over a term of years would suffice; and

- If these sums for investment are not forthcoming, it is likely over the short to medium term that these facilities would become run-down. This decline would reduce their attractiveness to officers and, as donors, their willingness to subscribe. In the long term, the charity could then fail.

Considerations

Although this request is (quite correctly) made directly of the Police Authority as the funding body, it is clearly important to Members' decision-making that they receive advice and guidance from their current Chief Constable, including about the benefits and overall value in treatment made available to Cumbrian officers.

The charity's decision not to allow police staff either to join or to use the facilities available has attracted attention. As other distinctions between warranted and unwarranted officers in the line of duty become moderated; and when counter staff, custody staff, PCSOs, and Crime Scene Investigation officers all become as exposed to injury as their warranted counterparts; the charity's position in preserving its resources for warranted officers, only, has been questioned. Nor was there reason to believe that, if the charity did agree to change its definition of a permitted member, it would be prevented by the Charity Commission.

The initial response of the NW Joint Committee to the presentation on 16th November 2009 was recorded in its minuted resolution of the day:

- (i) "That Mr Baxter will supply additional information relating to research undertaken by Glasgow Caledonian University; and
- (ii) That each Authority will use the information supplied by the Police Treatment Centres to take local decisions as to whether to make a grant amounting to £40 per officer to the Charity."

Since then, the northwest authorities recognised more importance in adopting a consistent position. The matter was therefore listed for review at their Joint Committee meeting on 26th February 2010, where the exclusion of police staff was formative. Potential for setting a wider precedent was also mentioned since not all officers donate to PCT, while many give to the Police Benevolent Fund instead. Finally, it was established that no police authority in the region has to date approved such a PCT donation, or seems likely in the short term to do so.

Clive Alcock
Chief Executive.

5th March 2010

Race, Diversity and Gender Implications: None known, but drawing any distinction between people in access to services will always risk some unexpected issue of indirect discrimination potentially arising.

Human Rights Act Implications: None known or specifically identified here.

VFM and Financial implications: In terms of the cost and value of services provided by the charity to its donors; as compared with equivalent services obtainable elsewhere by Authorities.

Background documents: Report summary - Glasgow Caledonian University; PTC Business Plan 2009; 5 Patient Case Studies.



The Police Treatment Centres

Report by: Michael Baxter, QPM, Chief Executive

To: Cheshire Police Authority
Cumbria Police Authority
Greater Manchester Police Authority
Lancashire Police Authority
Merseyside Police Authority

Subject: The Police Treatment Centres - Application for a Grant to support The Police Treatment Centres Capital Improvement Programme

Summary:

The Police Treatment Centres (PTC & the Charity) provides intensive physiotherapy, treatment and care for ill and injured police officers with the aim of returning them to better health and wellbeing and, as a consequence, an earlier return to duty protecting communities. The Charity operates two Treatment Centres; St Andrews, Harrogate, North Yorkshire and Castlebrae, Auchterader, Perthshire.

The Charity has embarked on a programme across the two Treatment Centres to refurbish and extend the facilities (some of which are 25-30 years old), to ensure that they are improved and remain well maintained, and there is also planned equipment replacement.

The Capital Programme has been estimated at a total cost of £6 million of which £2 million has already been raised and committed to the greatest need; the partial refurbishment of St Andrews, Harrogate, which is largely now complete.

In November 2008 Trustees approved a Charity Fundraising Strategy to raise the £6 million necessary to accomplish this programme. This Fundraising Strategy includes an objective to encourage government; police authorities in England & Wales and police boards in Scotland and Northern Ireland to provide capital grants to contribute towards achieving the total sum required.

Around 80% of patients attend the Treatment Centres in relation to musculo-skeletal problems which fall within the remit of the physiotherapy provision. In view of this the Trustees commissioned a Physiotherapy Business Benefits Review which was undertaken by Glasgow Caledonian University, School of Health. The review confirmed that substantial business benefit is achieved from the attendance of officers at the Treatment Centres and in turn their earlier return to work. The Executive Summary and findings of that Business Benefits Review are attached to this Report

Application is made to each of the five North West Police Authorities for a Capital Grant amounting to a 'one-off' sum of £40 per officer to support the PTC Capital Programme.

Detail:

The Police Treatment Centres (PTC) is a charity registered with the Charity Commission of England & Wales and the Office of the Charity Regulator (OSCR) in Scotland. The Charity provides two Treatment Centres:

- St Andrews, Harrogate, North Yorkshire
- Castlebrae, Auchterader, Perthshire

St Andrews was first opened in 1902 and several accommodation and treatment facility extensions have been undertaken since that time. Castlebrae was opened in 1996 and one further accommodation extension has been undertaken since that time.

Police officers attend either of the Charity's centres, regardless of where their force is located, for rest recuperation and a range of treatment to assist their return to better health and wellbeing and in turn expedite their return to duty as operational police officers serving the community.

The Charity is funded mainly by a weekly voluntary donation contributed by serving police officers in the northern forces of England & Wales, Scotland and Northern Ireland; 27 police forces in all. The annual income of the charity is approximately £4 million per annum and the annual Revenue expenditure is approximately £4 million per annum.

The Charity's reserves have been depleted over several years in maintaining and improving the service provision and also the Estate and infrastructure to support that service provision.

In November 2007 the Trustees approved the development of a six year Estates Strategy to improve and refurbish facilities at the charity's two Treatment Centres. In May 2008 the Trustees also approved the development of an Asset Management Plan. The aim was to bring together all current property and estate issues, along with those associated with future service provision, to produce a coherent and co-ordinated view of the future rather than the incremental approach to estate development that had been undertaken previously.

The first phase of the six year programme has been work at St Andrews, Harrogate to replace and improve clinical facilities that were established 30 years ago and which needed bringing up to modern standards, as well as addressing much needed improvements in disabled persons capacity and other patient social and relaxation facilities:

- Physiotherapy facilities: including enlarged and improved rehab exercise gym, new physiotherapy department, patient changing rooms (including improved disabled access), and physio staff facilities. This has been achieved by partly utilising and converting existing space within the building with the addition of a small extension.
- Nursing facilities: coordination and co-location of services into extended and refurbished nursing facility utilising and converting existing space within the building.
- Patient facilities: additional patient lounge/café area, and also improvement in staff facilities by utilising and converting existing space within the building.

This work is now largely completed and the final stages of replacing swimming pool surround tiling and sports hall floor will be completed by the end of 2009.

This first phase required funding amounting to £2 million and sufficient monies were raised to undertake this work as follows:

• PTC earmarked reserves	£ 500,000
• Police Dependants Trust Grant	£ 250,000
• Home Office Grant	£1,300,000
Total at September 2008	£2,050,000

A further £4 million is now required to complete the delivery of the Estates Strategy Capital Programme and the Asses Management Plan.

There are 77,000 police officers serving in the forces covered by the PTC and based on an amount of £40 per head this could raise £3,080,000 with the target shortfall being raised from other fundraising streams.

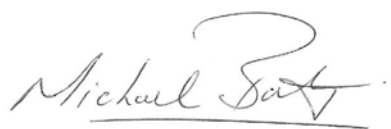
North West Police Authority Support

From data provided by forces as at 31 August 2009 the following table sets out the headcount in each force:

Police Authority	Number of Officers	@ £40 per head
Cumbria	1243	49,720
Cheshire	2123	84,920
Greater Manchester	8253	330,120
Lancashire	3737	149,480
Merseyside	4462	178,480
Total	19818	792,720

Conclusion:

The PTC Trustees would invite, and encourage, the North West Police Authorities to make a grant amounting to £40 per officer which would support the achievement of The Police Treatment Centres Estate Strategy and Asset Management Plan.



Michael Baxter, QPM
Chief Executive
20 October 2009

Documents Attached:

- Glasgow Caledonian University - School of Health and Social Care Business Benefits Review - Executive Summary & Findings
The Police Treatment Centres – Physiotherapy provision
- Patient Case Studies
- PTC Annual Report and Accounts 2007
- PTC Annual Report and Accounts 2008

**Subject: The Police Treatment Centres
Physiotherapy provision – Business Benefits Review**

Report Headlines:

1. The literature highlighted that there was strong evidence for the benefits of vocational rehabilitation from the point of view of minimising work absence and that this practice can be cost-effective. *(Item 5.1a in the Summary of Findings and Recommendations)*
2. The literature supports the role and impact of physiotherapy in working with musculoskeletal injury, (including back injury) and the importance of early intervention whenever possible. *(Item 5.1a)*
3. Approximately 70% of patients reported that their stay at the PTC had been very beneficial, with 66% of the patients reporting that they believed that this benefit had been fully or 'almost' fully maintained six weeks later. *(Item 5.1d)*
4. Over 70% of patients reported that they had returned to their normal level of daily activity after six weeks. *(Item 5.1d)*
5. This apparent 'success' was further supported by the physiotherapists' perception of the patient outcome on discharge whereby approximately 80% of the sample were considered to be either resolving or improving. *(Item 5.1d)*
6. [The] results represented an increase of 50% in officers on full duties and a decrease of 61% in officers off duties/work. *(Item 5.1e)*
7. The analysis suggested that PTC attendance can lead to a reduction in forecasted injury related absence cost over a twelve month period of between approximately £3,000 (acute condition) to £26,000 (chronic condition) per constable with a back related injury who attended the PTC. *(Item 5.1g)*
8. For 'chronic' patients this equates to a cost benefit analysis ratio of 3:1 achieved by attendance at the PTC. *(Item 5.1g)*
9. The cost benefit ratio identified is similar to the lower ratios reported within the literature and as such the authors would suggest this adds a degree of confidence to the finding. *(Item 5.1g)*

5. Summary of Findings and Recommendations

The primary aim of this study was to explore the physiotherapy service currently offered by the Police Treatment Centres to establish what evidence existed, if any, with the potential to be used to support the creation of a funding business case by the Centres. The main findings and recommendations arising from the study are highlighted below:

5.1 Main Findings

- a. Using high quality evidence such as systematic reviews combined with other academically rigorous publications, an informed snapshot of current and relevant literature was presented. The literature highlighted that there was strong evidence for the benefits of vocational rehabilitation from the point of view of minimising work absence and that this practice can be cost-effective. Similarly, the literature supports the role and impact of physiotherapy in working with musculoskeletal injury, (including back injury) and the importance of early intervention whenever possible. However, the evidence base relating to vocational rehabilitation and the specific role of physiotherapy in this area is still in its relative infancy. Consequently, there is limited literature available on this specific area and varying methodologies are being utilised to investigate and contribute to the body of knowledge. As a result, it was difficult to fully quantify the magnitude of the effect and the cost effectiveness of physiotherapy specifically within the realm of vocational rehabilitation. Nevertheless, notwithstanding this latter issue, as previously indicated, the available research did indicate that physiotherapy makes a significant contribution to the treatment of musculoskeletal injury which in turn has an indirect impact on return-to-work. Furthermore, when delivered as part of a vocational rehabilitation program, physiotherapy contributes to decreasing work absence in a cost effective manner.
- b. A combined (St. Andrews and Castlebrae) PTC primary sample of n=211 participants (active officers) was realised of patients who had both received and returned the Centres 'six week follow-up' questionnaire. The sample comprised of n=157 males and n=54 females with a mean age of 42yrs (SD±8). The majority of patients (63%, n=132) attended with a 'soft tissue injury' with 'backs' and 'knees' accounting for approximately 50% of the 'injury locations'. Consequently, the sample was considered to be reflective of the general physiotherapy service population. The most commonly reported cause of injury was found to be insidious onset (23%) and the average number of physiotherapy treatments (10) was similar at both sites.
- c. On comparing the number of patients on/off duties at the point of initial attendance at either Centre, it was found that there was a statistically significant difference ($p<0.02$) between the two sites where St. Andrews had a greater percentage of its 'sub-sample' on full duties (55% v 41%) and fewer off duties (18% v 35%). In the combined sample, 48% of patients were at work, 25% on light duties and 27% off work. With this exception, there were no statistically significant differences found

between the 'sub samples' from each PTC site and consequently the researchers were able to comment on findings based on the combined PTC primary sample.

- d. Approximately 70% (n=146) of patients reported that their stay at the PTC had been very beneficial, with 66% (n=139) of the patients reporting that they believed that this benefit had been fully or 'almost' fully maintained six weeks later. Over 70% (n=152) of patients reported that they had returned to their normal level of daily activity after six weeks. This apparent 'success' was further supported by the physiotherapists' perception of the patient outcome on discharge whereby approximately 80% (n=169) of the sample were considered to be either resolving or improving.
- e. On considering the impact on return-to-work, it was noted that at the six week follow up point there were n=152 officers on full duties and n=22 still off work. When compared to reported work status at the point of initial physiotherapy assessment, these results represented an increase of n=51 (50%) in officers on full duties and a decrease of n=35 (61%) in officers off duties/work.

For those off work at the point of the initial physiotherapy assessment (n=57), the average time taken to return-to-work (light or full duties) from the date of physiotherapy assessment was found to be 36 days. On comparison to related literature published from the Cochrane Review Group this was found to be lower (faster) than those figures suggested by the literature (172 days absence over 12 months for chronic patients and 56 days for acute patients). However, the researchers were unable to differentiate between acute and chronic patients within the PTC sample and had no information on any additional services that may have been provided pre/post PTC attendance and therefore advise caution in generalising this finding.

- f. Analysis of the data relating to the Castlebrae Back Exercise Class found that function was significantly better post treatment (12.5/100) compared to pre treatment (25/100). This decrease of approximately 13 points was found to be statistically significant ($Z = -9.3$, $p < 0.01$) and was approaching clinical significance (15 points). Six week follow-up data was available for 11 of the patients. On analysis of these 11 patients, it appeared that the original improvement was being maintained at the six week follow-up stage (14/100) although caution should be used with this finding due to small sample size in comparison to original n=154.
- g. Using acute and chronic back related injury as an example, a rudimentary cost benefit analysis was carried out combining related evidence from the literature and an identified set of assumptions as the basis to underpin the calculations. When comparing 'usual care' (non-PTC attendance) to PTC attendance, the analysis suggested that PTC attendance can lead to a reduction in forecasted injury related absence cost over a twelve month period of between approximately £3,000 (acute condition) - £26,000 (chronic condition) per constable with a back related injury who attended the PTC, and was 'off-work/duties' at point of initial PTC physiotherapy. For 'chronic' patients this equates to a cost benefit analysis ratio of 3:1 achieved by attendance at the PTC.

In addition to the direct financial cost, the report also highlighted that consideration should also be given to the fact that the officer may be available for duties on additional days (n=20days for 'acute' back condition and n=136 days for 'chronic' back condition) that may well otherwise have been absence days. It is proposed that this will also have a potentially positive effect on more intangible costs such as workload and well-being of colleagues. Furthermore, whilst the potential financial saving appears relatively low in relation to the 'acute' condition, as highlighted within the literature, in addressing the acute condition at an early stage it is anticipated that this may minimise the potential of chronicity developing and its associated personal, financial and productivity/service costs.

When considering findings relating to cost benefit, it is important to highlight that the researchers were unable to gain access to data concerning potential pre and post PTC attendance confounding variables such as other rehabilitation services officers may have received and the officer's pre and post PTC attendance employment pattern (nature of duties, any further absences). Consequently, caution is required in generalising the findings within a wider context. However, on comparison to the literature, the cost benefit ratio identified is similar to the lower ratios reported within the literature and as such the authors would suggest this adds a degree of confidence to the finding.

5.2 Recommendations

- a. Reflecting on the autonomous nature and operation of the PTC, the only readily available physiotherapy data upon which efficiency and effectiveness decisions can be made is that which is currently collected by the PTC physiotherapy staff. If the current system is to remain, it is suggested that there is need for staff development between the physiotherapists at both sites to ensure consistent understanding, interpretation and usage of the relevant outcome terminology being used.

- b. In recognising that standard six week follow-up data is only gathered on a sample of patients (n=10 per PTC site) per month, it is suggested that such small sample data does not provide a robust platform upon which to carry out future planning. Consequently, it is strongly recommended that a robust single evaluation system that addresses both pre and post treatment data and outcome measurement is implemented as an integral component of the physiotherapy system and is administered to all patients. This would be in line with current best practice and would facilitate the provision of more robust data upon which to reflect on the service and in turn inform quality enhancement and development of the service where needed. It is proposed that this does not necessarily have to be undertaken by a physiotherapist although their involvement would be seen as good practice in terms of continuity of care.

- c. On reflecting on the relatively poor quality of data available upon which to carry out this investigation, the researchers would recommend that a further evaluation is carried out using a prospective methodology. Such methodology would enable new and 'live' longitudinal data to be

gathered as a robust platform for interrogation. Whilst such a study would require substantially longer time frames for data collection and subsequent analysis, the benefits of having more robust, reliable and meaningful data upon which to base findings cannot be underestimated.

- d. Finally, whilst this exploration took place within the context of return-to-work and vocational rehabilitation (as per the brief for the commission), it was highlighted that the current philosophy and nature of service provided by the PTC is not primarily focussed nor structured for vocational rehabilitation. It is proposed, therefore, that the PTC may wish to review their philosophy and decide if they wish to strengthen the vocational rehabilitation nature of their provision. If vocational rehabilitation is deemed to be a priority for the PTC, it is also recommended that the relationship and respective communication pathways between the PTC and the respective police forces requires to be visited as a matter of priority.

Police Treatment Centres Case Studies

CASE STUDY ONE – Helen Langrish from Cheshire

Helen Langrish received treatment at St Andrews in Harrogate after being involved in a head-on collision while on duty. Helen was left with a hip injury and whiplash as a result of the RTA.

Now back at work on full duties, Helen has received treatment for her injuries on three occasions in the last year. The force initially organised physiotherapy for Helen on a weekly basis but it was decided more intensive treatment was required and she was referred to the Police Treatment Centres.

Helen said: “The treatment [at St Andrews] certainly sped up my recovery and I noticed such a difference particularly in respect of the movement I had. The physio, acupuncture and hydrotherapy were great and classes like Pilates really helped with my hip injury.”

So far this year 110 officers from Cheshire have received treatment at the Police Treatment Centres. Last year 106 officers attended for treatment.

CASE STUDY TWO – Jon Sherlock from Cumbria

Jon Sherlock was struck by a stolen car in October 2007. He suffered serious injuries resulting in him losing the use of his right arm but despite this Jon was able to return to work within a year of the incident and credits the Police Treatment Centres with putting him firmly back on the route to recovery.

After six weeks in hospital Jon was discharged on a Friday and the following Monday began his treatment at Castlebrae in Auchterarder. He said: “It was critically important to me to get to Castlebrae so soon after leaving hospital. Had that not been possible I know my recovery would have been set back.”

He continued: “For instance, it took more than two months for the hospital to arrange hydrotherapy for me, but this was one of the first treatments I received at Castlebrae. Doing daily weight-bearing exercises in the pool helped to speed up my recovery as in water my arm is weightless and almost feels normal.”

The treatment Jon received at the Police Treatment Centres, along with his own commitment to his recovery meant he was able to return to work within twelve months of suffering his injuries.

So far this year 77 officers from Cumbria have received treatment at the Police Treatment Centres. Last year 62 officers attended the centres for treatment.



The Police Treatment Centres

The Police Treatment Centres is the working title of the Northern Police Convalescent and Treatment Centre
Charity Commission registration number 220956 – OSCR registration number SC039749

CASE STUDY THREE – Maria Fox from Greater Manchester

Maria Fox received treatment at the Police Treatment Centres after she broke her leg and suffered serious ligament damage as a result of a skiing accident. Her problems were compounded when shortly after the incident Maria suffered Deep Vein Thrombosis.

Maria said: “Without having had the opportunities to make full use of the treatment and facilities, I would probably have ended up on half pay; I would not have recovered as quickly; I would not have been able to ski again so quickly and perhaps not at all; and most importantly I probably would not have been fully able to undertake all operational policing duties.”

She said: “I am really grateful for the investment of the charity and certainly would not be as far on the road to full recovery from my injuries if I had not seized the opportunities to attend and make use of all the facilities and treatment.”

Maria is one of almost 339 officers from Greater Manchester who have received inpatient treatment at the Police Treatment Centres so far this year. Last year 404 officers attended the centres for treatment.

CASE STUDY FOUR – Kim Page from Merseyside

Having previously received physiotherapy on the NHS for a series of four injuries sustained on duty, Kim Page considers the care she received at St Andrews to be ‘probably the most significant period of treatment I have had’.

Kim has spinal injuries and benefited from a period of intensive treatment at the centre earlier this year. She received hands-on physio treatment and educational inputs relating to her injuries. Kim also received complementary therapies and took part in relaxation classes.

She said: “The regular physio not only assisted me with pain management issues but gave me a greater understanding of how my condition impacts on my general health and wellbeing.”

So far this year 192 officers from Merseyside have received treatment at the Police Treatment Centres. Last year 208 officers attended the centres for treatment.



The Police Treatment Centres

CASE STUDY FIVE – Darren West from Lancashire

Fewer than three weeks into his police training, Darren West was knocked off his bike by a car as he cycled home from work. Having suffered a dislocated shoulder and deep tissue damage to his back, he feared his new career would be over before it had started.

Darren was referred to St Andrews in Harrogate and during his two week treatment programme his physio undertook deep manipulation of his shoulder and Darren took part in stretch classes, gym work and exercises in the hydrotherapy pool, all with the aim of improving his posture and mobility.

He said: “When I had the accident one of my first thoughts was ‘what happens now?’ but after my treatment I was able to start back on my training course and now have nearly 100% movement in my shoulder.”

So far this year 220 officers from Lancashire have received treatment at the Police Treatment Centres. Last year 213 officers attended for treatment.

- Ends -



The Police Treatment Centres