healthwatch Gateshead

Working together with the NENC Healthwatch Network

Understanding Physiotherapy Services in Gateshead

Exploring Patient Understanding, Expectations and Experiences of Physiotherapy Services in Gateshead

About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act, 2012.

Healthwatch Gateshead is an independent not-for-profit organisation. We are the local champion for everyone using health and social care services in the borough.

• We help people find out about local health and social care services.

• We listen to what people think of services and feed that back to those planning and running services, and the government, to help them understand what people want.

• We help children, young people, and adults to have a say about social care and health services in Gateshead. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

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Executive Summary

Physiotherapy plays an important role in supporting people in Gateshead to manage pain, recover from injury or surgery, improve mobility and maintain independence. This is particularly important for people living with long-term health conditions, where physiotherapy can support rehabilitation and self-management.

Healthwatch Gateshead carried out this research to understand people's expectations, understanding and experiences of physiotherapy services in Gateshead. The project explored whether patients understood what physiotherapy could provide, whether treatment matched their expectations, and how communication, referral pathways and self-management advice shaped their experience.

Data was collected over a ten-week period through online and paper surveys, alongside in person engagement across Gateshead. This included targeted engagement in waiting areas at Tyneside Integrated Musculoskeletal Service (TIMS) sites, the joint NHS service covering Gateshead and Newcastle which supports and treats muscle, joint, soft tissue and chronic pain conditions. Alongside this, we also set up drop-ins within the physiotherapy department in the Queen Elizabeth Hospital. In total, we received 124 responses from those who had accessed physiotherapy services 79.8% (n=99) reported living with a long-term health condition.

Overall, many people had positive experiences of physiotherapy. Satisfaction was generally high, with respondents describing physiotherapists as knowledgeable, professional, caring and supportive. Many also said physiotherapy helped improve their condition, reduce pain and increase their confidence to self-manage their condition.

However, the findings also highlight a gap between what some patients expected and what they received. Some respondents expected hands-on treatment, regular follow up appointments, or a more detailed diagnosis and treatment plan, but instead received advice, exercises, online resources or a single appointment. While this may have been clinically appropriate based on the physiotherapist's judgement, it led to frustration

for some patients where the reasons for this approach were not clearly explained or where they felt treatment was not tailored to their individual needs or long-term condition.

Communication and expectation-setting were key themes. 33.1% (n=40) of respondents received unclear information or no information before their first appointment, suggesting that some patients may not fully understand what physiotherapy can provide, how many appointments they should receive, or their role in self-management for their recovery.

Waiting times were also outlined as a common challenge, with 25.2% (n=31) of respondents waiting more than 8 weeks for their first appointment. Others raised concerns about limited follow-up, short or infrequent appointments, and uncertainty about what to do if symptoms did not improve.

In response to these findings, Healthwatch Gateshead has made recommendations focused on practical improvements to communication, access and the patients' understanding of what physiotherapy can provide. These include clearer pre-appointment information, better promotion of the TIMS self-referral route for appropriate musculoskeletal (MSK) conditions, clearer follow up and discharge advice, more accessible and personalised exercise rehabilitation guidance, and clearer information about waiting times and support whilst waiting.

In summary, physiotherapy services in Gateshead are valued by many patients, but clearer communication before, during and after appointments would help people better understand what to expect, how to self-manage their condition with more confidence and how to seek further support when needed.

Introduction

This introduction is based on information gathered during the early scoping stages of the project. This included discussions with partners at Gateshead Health NHS Foundation Trust (GHFT), an in-depth conversation with a service user and also conducting our own background research, to better understand the current landscape around physiotherapy treatment across Gateshead. This included reviewing national, regional and local evidence alongside analysing the community feedback we receive through our locality work within the local area. We also held discussions with partners at TIMS and Northumberland Physiotherapy Ltd, who supported the project by helping Healthwatch Gateshead arrange targeted engagement opportunities at different physiotherapy sites across Gateshead.

Physiotherapy plays a pivotal role in supporting people to manage pain, recover from injury or surgery, improve mobility and maintain independence. Across the NHS, physiotherapy services are increasingly expected to shift towards preventative care and community-based rehabilitation in line with the NHS 10-year plan and the wider Allied Health Professions (AHP) Strategy for England 2022-2027, which also recognises the growing role physiotherapists play in supporting prevention and self-management within communities.[1] Rather than focusing only on short-term or hands-on treatment, physiotherapy services now often place greater emphasis on rehabilitation programmes, exercise-based support and helping patients with the self-management of their own conditions.

This is particularly relevant in Gateshead, where many residents are living with one or more long-term health conditions and may access physiotherapy to support ongoing symptoms, mobility or independence. Data from the Gateshead Joint Strategic Needs Assessment (JSNA) estimates that around 1 in 4 people living in Gateshead have one or more long term conditions, which is around 53,000 people. Along with this it is also believed that there are a significant number of individuals who have an undiagnosed long term health condition, meaning the true scale of need

[1] Allied Health Professions (AHPs) Strategy for England (2022) Available here

across Gateshead could be higher.[2] Arthritis, chronic pain, musculoskeletal (MSK) disorders, diabetes and mental health conditions are all long-term conditions that can have a substantial impact on people's mobility, independence, mental wellbeing and overall quality of life. With Gateshead having an ageing population, this means that a greater number of people living in Gateshead are likely to be living with long term conditions in the coming years, in turn leading to a greater demand on both health and social care services.[3]

From a national perspective, NHS England has released community statistics for August 2025 which revealed waiting lists for MSK services such as back and neck pain are continuing to rise, with the current standing of total number of people on a waiting list being 388,076. Of that total, 40.2% (n= 156,130) of patients have been waiting 4-12 weeks to be seen by a physiotherapist[4] showing the current demand and pressure on physiotherapy services across the country. These pressures can contribute to the above mentioned longer waiting times, shorter appointments but also a greater reliance on self-management approaches, which may differ from what some patients expect when referred to physiotherapy services.

For Gateshead at a regional level, additional funding has been allocated to help address the growing pressure on MSK and physiotherapy services. In December 2024, North East and North Cumbria Integrated Care Board (NENC ICB) received £200,000 of government funding to support community MSK provision, with the aim of increasing capacity and helping people access treatment more quickly.[5]

Within Gateshead specifically, local data further demonstrates the importance of physiotherapy services for people living with long-term conditions. Public health profile data from Fingertips, a national tool which brings together health and wellbeing indicators for local areas, reported that 17.7% of residents in Gateshead live with a long-term MSK condition

[2] Gateshead Joint Strategic Needs Assessment (JSNA) (2018) Available here
[3] Gateshead Joint Strategic Needs Assessment (JSNA) (2017) Available here
[4] NHS England, Community Health Services Waiting Lists (2025) Available here
[5] NHS North East and North Cumbria ICB News (2024) Available here

alongside one other long term health condition, compared to the UK national average of 13.4%.[6]

Tyneside Integrated Musculoskeletal Service (TIMS) is a joint service operating across both Gateshead and Newcastle which offers self-care advice and access to physiotherapy for diagnosis and treatments for a variety of muscle, joint and soft tissue conditions. In addition to TIMS, some GP practices and Primary Care Networks (PCN) in Gateshead provide access to First Contact Physiotherapy (FCP) services.

FCP is a primary care-based service which allows patients with suitable MSK concerns to be assessed by a physiotherapist at an earlier point in the pathway. The aim of this is to provide rapid access to assessment, advice, support and treatment where appropriate, and reduce unnecessary GP appointments. FCP is not an alternative to TIMS but can form part of the wider pathway and may refer or feed into TIMS where further support is needed.

The most recent TIMS Monthly Summary Report from January 2026[7] shows continued high demand for physiotherapy and MSK services in Gateshead. Between April 2025 and January 2026, TIMS received just over 15,000 referrals from Gateshead residents. Self-referrals remained a major route into the service, accounting for 42% (n=6,492) of Gateshead referrals during this period. Waiting times are also outlined in this report, with the overall median time from referral to first attendance reported as 47 days in January, which is around 6-7 weeks.

To further understand the current landscape of physiotherapy in the borough, Healthwatch Gateshead held discussions with partners such as the Physiotherapy Lead for Gateshead Health NHS Foundation Trust (GHFT) during the scoping stages of the project. The 2 main difficulties highlighted by them were accessibility to community rehabilitation groups due to issues with mobility, public transport and travel time; also the disconnect between patient understanding and their expectation of what the service

[6] Department of Health & Social Care Fingertips data (2024) Available here
[7] TIMS Monthly Summary Report January (2026) Available here

can provide. Particularly with the community rehabilitation groups, there is an expectation that patients need to do additional work outside of the group session for greater self-management of their condition to enhance their recovery.

Healthwatch Gateshead's local intelligence gathering also suggests that some residents are experiencing challenges when accessing and using physiotherapy services. Feedback gathered through our normal ongoing community engagement has highlighted concerns around long waits for appointments, inconsistent waiting times, short appointment lengths and dissatisfaction with the level of information and treatment provided. Some residents have described expecting more direct or hands-on treatment but instead received brief advice or paper-based exercises, which did not always feel sufficient for their needs.

Alongside this, others have mentioned that after waiting several months to be seen by a physiotherapist they were then referred to another service, such as pain management or a hospital specialist, or waited several months to be provided with a diagnosis. This feedback highlights apparent issues such as delays with treatment, uncertainty around referral pathways and also patient dissatisfaction when physiotherapy does not lead to the outcome they had expected.

Taken together, this feedback suggests there can be a gap between what patients expect physiotherapy to provide and what services are realistically able to offer them. Where expectations are not clearly explained, this can lead to confusion, dissatisfaction, reduced confidence in self-management and patients feeling let down by the pathway. For people living with long term health conditions, delays or limited follow up may also risk worsening symptoms and making it harder to manage their condition effectively. This research therefore aims to explore these patient experiences in more detail and use local voices to better understand how patient expectations and understanding of physiotherapy align with service delivery in Gateshead.

Methodology

To recruit participants for this project, opportunity sampling was utilised, where Healthwatch Gateshead invited anyone who was willing to take part and provide their lived experience. The eligibility criteria to complete the survey were that participants must be a Gateshead resident and have accessed NHS physiotherapy services, with participants asked to confirm when they last used the service through options ranging from within the last month to over 2 years ago. A separate follow-on question was then asked to gather further information around long term health conditions, before moving on to the lived experience questions.

Healthwatch Gateshead designed handouts which were distributed electronically and in paper format during the engagement period. These handouts contained a QR code which when scanned took users to the online survey questions. Electronically, these handouts were shared across our social media platforms, website and newsletter, whilst also being forwarded to a variety of partner organisations, stakeholders and further networks to ensure survey information was distributed to the wider public.

Paper versions of the survey were also made available upon request, with a freepost return option for those who preferred to complete the survey by hand. This gave participants a choice in how they provided feedback and to help support those who may not have been able to access or complete the survey online. This widespread approach was to ensure that participants who would be willing to provide feedback were given the opportunity and would inform the findings of our project.

Alongside this, our team also carried out in person engagement across all the localities of Gateshead via our widespread and well-established community drop-ins and outreach events. We also adopted a more targeted but very widespread approach with drop-ins, basing ourselves in the waiting areas of all the TIMS sites across Gateshead which included Bensham hospital and Blaydon Urgent Treatment Centre, along with the waiting area of the physiotherapy department in the Queen Elizabeth Hospital. By being based in these venues we were able to provide those currently accessing physiotherapy services with an opportunity to share

their views and experiences. Participants were given the option to complete the survey online by scanning the QR code, clicking on the survey link or completing a paper version of the questions with a freepost option for returning them. Participants were given a choice of their preferred method of how to provide feedback. This was all done in addition to our usual offer of doing engagement via telephone, sending out paper copies on request and providing the questions in alternative formats or languages, if requested.

The engagement and data collection period was undertaken in just under 10 weeks from 20th April 2026 to 26th June 2026, which included an internal decision to extend the engagement period which was originally only 6 weeks. This extension allowed for a further opportunity to gather feedback from service users and gather a larger dataset, along with providing partners and stakeholders more time to distribute across any networks.

Once the engagement period had concluded we had received a total of 124 responses to the survey questions. The data analysis used a mixed methods approach where quantitative (statistical – e.g. percentages) and qualitative (thematic e.g. "Advice on managing conditions") were reviewed and explored to help present the findings in the report.

- The research objectives and survey questions provided to participants can be found in the Appendices for a further understanding of what this research investigated.

Results and Discussion

In total we received 124 responses to the survey in which the questions were sorted and organised into the following categories for participants.

- Participant information
- Referral
- Expectations before starting physiotherapy
- Your experience
- Advice and management
- Impact and satisfaction
- Understanding and communication
- Additional feedback

To adhere to good General Data Protection Regulations (GDPR) guidance, demographic data was not directly collected for this research as it was not required to address the aims of the project as the primary focus was around patient expectations, understanding and experiences, especially those with a long-term health condition.

Participant information

The first set of questions gathered demographic data for each of the respondents who completed the survey questions. Of the 124 respondents, 92.4% of them stated they lived in Gateshead.

The survey was completed predominantly by older adults, with almost two thirds of the respondents (63.7%, n=79) aged between 55 and 84 years old. The age group most represented was 55-64, which accounted for 24.2% (n=30) of the total cohort.

The full breakdown of age ranges and percentages can be shown in *Table 1* on the next page:

Age Range	Percentage of respondents	Number of respondents
16-24	0.8%	1
25-34	7.3%	9
35-44	9.7%	12
45-54	16.1%	20
55-64	24.2%	30
65-74	21%	26
75-84	18.5%	23
Over 85	0.8%	1
Prefer not to share	1.6%	2

Table 1. Percentage and number of respondents who completed the survey from different age groups.

The next question asked respondents when they last used NHS physiotherapy services in Gateshead, in which over one third (36.6%, n=45), had used the service within the last month. A further 19.5% (n=24) had used physiotherapy services within the last 6 months, whilst 13% (n=16) had used it within the last year. For the remaining number of participants, 8.1% (n=10) had used the service within the last 2 years, 16.3% (n=20) had last used physiotherapy services over 2 years ago and 8.5% (n=8) weren't sure when they last used the service.

From the 124 respondents, 79.8% (n=99) reported living with a long-term condition, with 13.7% (n=17) reporting they do not live with a long-term condition and the remaining 6.5% (n=8) preferred not to say. This indicates that the responses to this survey largely represents the experiences of people managing ongoing health conditions and also accessing physiotherapy for support.

Among the respondents with a long-term condition, arthritis or joint conditions were the most commonly reported at 62.2% (n=62), which was followed by anxiety and/or depression at 36.4% (n=36), chronic back or neck pain at 24.2% (n=24) and then chronic pain conditions with 18.2%

(n=18). Respondents were able to select more than one condition, indicating that some were living with multiple health conditions.

The full breakdown of long-term conditions recorded by respondents is shown in *Table 2 (continued on page 15)*:

Long term condition	Percentage of respondents	Number of respondents
Anxiety and / or depression	36.4%	36
Arthritis or joint condition	62.6%	62
Chronic back or neck pain	24.2%	24
Chronic pain condition	18.2%	18
COPD or other long-term lung condition	9.1%	9
Diabetes	13.1%	13
Fibromyalgia	5.1%	5
Heart disease	11.1%	11
Learning disability	3%	3
Multiple Sclerosis (MS)	1%	1
Neurological condition	4%	4
Osteoporosis	9.1%	9
Other mental health condition	7.1%	7
Parkinson's disease	0%	0%
Stroke-related condition	7.1%	7

Long term condition	Percentage of respondents	Number of respondents
Prefer not to say	3%	3
Other (please specify):	28.3%	28

Table 2. The breakdown of long-term conditions reported by respondents.

The answers for the 28 respondents who selected "Other (please specify)" can be seen in the appendices.

Referral

The most common route for respondents to be referred to physiotherapy was through their GP (44.7%, n = 55). Around one quarter (26%, n=32) accessed physiotherapy through self-referral, such as the Tyneside Integrated Musculoskeletal Service (TIMS), while 13.8% (n=17) were referred by a hospital consultant. A smaller proportion of respondents were referred following surgery (6.5%, n=8) or through alternative routes (8.9%, n=11).

Those who specified other routes often reported more complex or combined pathways rather than entirely separate referrals routes. For example, some respondents reported being referred following an accident or through occupational health, whilst others described a combination of referral methods such as both hospital consultant and surgery referrals or GP and self-referral. One respondent described that they contacted their GP practice in which the receptionist directly booked them a physiotherapy appointment, illustrating how primary care pathways can facilitate timely access to physiotherapy.

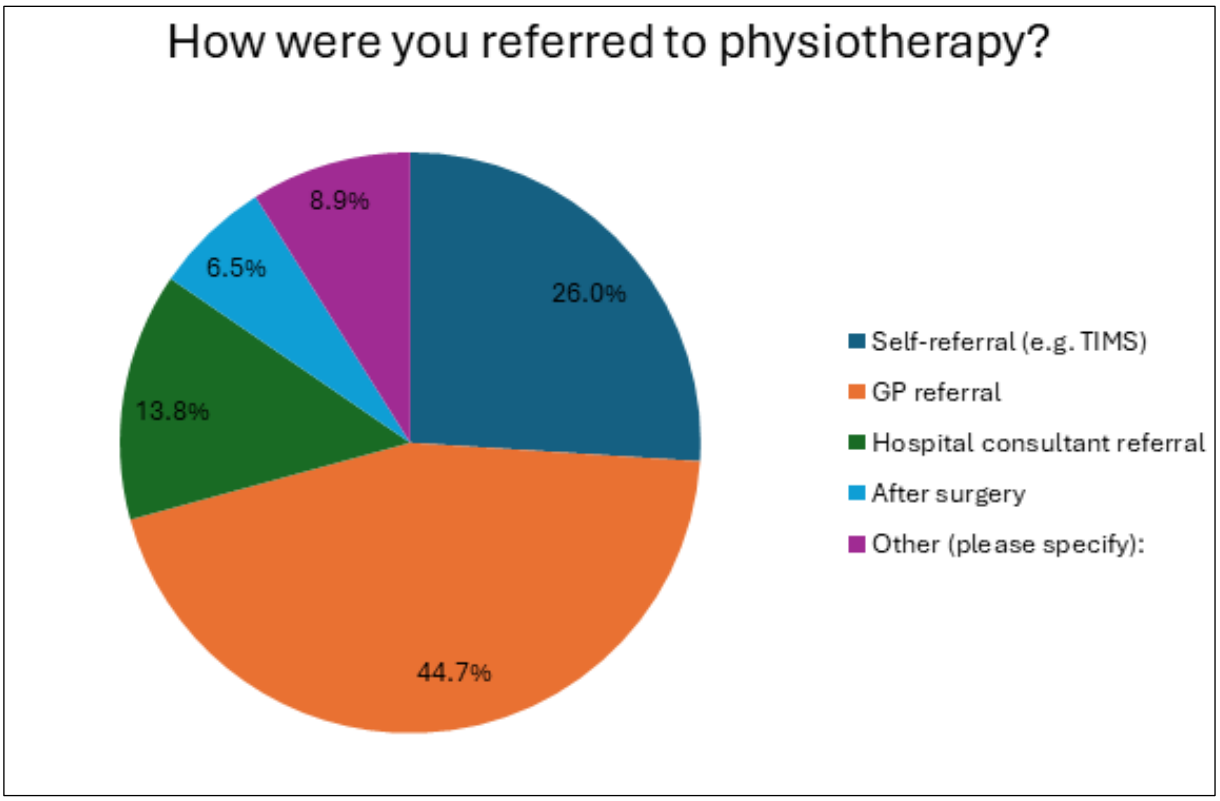

Figure 1. Pie chart displaying the pathways in which respondents were referred into physiotherapy.

Respondents accessed physiotherapy for a wide range of conditions, although the majority were referred for MSK problems. Shoulder problems were the most common reason (15.6%, n=19), followed by back pain (13.9%, n=17), knee problems (12.3%, n=15) and long-term condition management (12.3%, n=15). Referrals relating to arthritis accounted for a further 9% (n=11), with smaller proportions being referred for post-surgery rehabilitation (3.3%, n=4), falls prevention or mobility support (3.3%, n=4) and sports injuries (1.6%, n=2).

Over a quarter of the respondents (28.7%, n=35) selected "Other" and provided further details. These responses were mainly additional MSK conditions including hip, leg, foot, hand and wrist pain, tendon injuries and fractures. There were also referrals for ongoing neurological conditions, respiratory conditions such as Chronic obstructive pulmonary disease (COPD) and asthma, and rehabilitation following injury or surgery. Several respondents also described multiple reasons for referral, such as

experiencing pain in more than one part of the body or requiring support for both arthritis and shoulder or back problems.

Overall, the findings highlight that physiotherapy services are supporting patients with a range of conditions, but MSK issues are the primary reason for referral. The diversity of referral reasons also highlights the role of physiotherapy in managing long-term conditions, supporting recovery following injury or surgery, and helping people maintain mobility, function and independence across a range of health conditions.

Expectations before starting physiotherapy

Following this, respondents were then asked about what their expectations of physiotherapy were before they had their first appointment, in which there were 103 responses.

One of the common themes that emerged was that respondents expected a combination of hands-on treatment, such as massage or manual therapy, alongside advice and exercises to help manage their condition. Patients also anticipated that they would receive regular follow up appointments to monitor their progress and adjust treatment where needed. Another common expectation was that physiotherapy would provide a thorough assessment and diagnosis of their condition, with some respondents hoping for onward referrals for investigations, scans or specialist treatment where appropriate. Those living with long term conditions often expected a more personalised and holistic approach which took into consideration their medical history and provided ongoing support to help manage chronic symptoms.

Several respondents already had previous experience of physiotherapy and therefore had presumptions of what to expect. While some expected an exercise-based approach, many commented that they anticipated hands-on treatment based on their previous experiences. Others also expressed uncertainty about what physiotherapy would involve, particularly if they had not used it before:

"I expected hands on treatment and practical advice on exercises that I could be given to do. I expected some follow up appointments to see how I was getting on with the exercises."

"I thought I'd be examined to diagnose what the problem was, then given advice & exercises to do with regular follow up maybe every 4 weeks."

"Open minded - didn't know what to expect"

"Have been before knew what to expect"

Respondents were also asked how clear the information was before their first physiotherapy appointment:

Clarity of information before 1st appointment	Percentage	Number of respondents
Very clear	34.7%	42
Somewhat clear	32.2%	39
Not very clear	18.2%	22
Not clear at all	3.3%	4
Did not receive any information	11.6%	14

Table 3. *How clear respondents found the information before their 1st appointment.*

Overall, around 33.1% of respondents (n=40) either received unclear information or no information at all before attending their first appointment. This suggests that pre-appointment communication could be improved to help patients better understand what physiotherapy may involve, what treatment could look like, and how expectations can be managed before treatment begins.

This finding is particularly relevant given that many respondents expected hands on treatment and regular appointments, highlighting the importance of providing clear information about their physiotherapy treatment before their first appointment.

We also asked survey participants what their expectations were around the duration and number of physiotherapy sessions, in which we received some mixed feedback. 37% (n=44) respondents felt that the number of sessions they received was what they expected and 37% (n=44) also reported that they did not have clear expectations about the duration or number of sessions before starting their treatment. The remaining 26% of respondents (n=31) said that the duration or number of sessions did not meet their expectation, which suggests that although many people felt their expectations were met, or had no clear expectations beforehand, some experienced a gap between what they expected and what they received.

Your experience

Those who accessed physiotherapy services were then asked, "Approximately how long did you wait for your first appointment?" which produced a diverse range of responses and is shown below in *Table 4.*

Overall, while many service users accessed physiotherapy within a month, longer waits were common, with almost one in four waiting more than 8 weeks for their appointment.

Time until 1st appointment	Percentage	Number of respondents
Less than 2 weeks	19.5%	24
2-4 weeks	19.5%	24
4-8 weeks	23.6%	29
Over 8 weeks	25.2%	31
Can't remember	12.2%	15

Table 4. How long respondents waited for their 1st physiotherapy appointment.

Respondents were asked whether the physiotherapy treatment they received matched what they expected. The majority reported that their treatment broadly matched their expectations, although some respondents felt their experience only partly matched or did not meet what they had expected. Table 5a. shows the breakdown of responses to this question.

Did the treatment received match what you expected?	Percentage	Number of respondents
Yes, completely	29.4%	35
Mostly	30.3%	36
Partly	15.1%	18
No	14.3%	17
I didn't have clear expectations	10.9%	13

Table 5a. *How physiotherapy treatment matched respondents expectations.*

Overall, 59.7% (n=71) of respondents said their treatment completely or mostly met their expectations. However 29.4% (n=35) felt that the treatment only partly met or did not meet their expectations, with a further 10.9% saying they did not have clear expectations beforehand.

A total of 32 respondents provided further comments about how their experience differed from what they expected, the main themes from these comments are outlined in Table 5b (page 21):

Theme from comments	What respondents described
Less treatment or follow-up than expected	50% (n=16) of respondents expected more than one appointment or regular follow ups but instead received a single appointment or were discharged with home exercises.
Expected hands-on treatment	34.4% (n=11) of respondents expected hands-on treatment, such as massage, manual therapy or acupuncture but instead received advice, exercise programmes or online resources.
Anticipated more personalised assessments or referrals	28.1% (n=9) expected a more individualised assessment, diagnosis or specialist referral. Some felt disappointed where advice felt generic or did not fully reflect their circumstances.
Limited exercise demonstration or lacked a review follow-up.	25% (n=8) said they were not shown how to complete their exercises, received only written or online instructions, or did not receive a follow-up to review their progress.

Table 5b. *The key themes highlighted from respondents about how their experience of physiotherapy differed from what they expected.*

These findings suggest that while many people felt their treatment matched expectations, a smaller proportion experienced a gap between what they expected and what they received. It is also important to recognise that advice, exercises, online resources or a single appointment may be clinically appropriate based on the physiotherapist's professional judgement. However, where this is not clearly explained, some respondents may feel that treatment has not met their expectations or has not been tailored to their individual needs.

This was followed by several respondents mentioning that this limited their confidence in carrying out exercises correctly. The following are some quotes we received from service users for this question:

"I expected to attend a series of sessions and only had one. I thought there would be some form of manipulation however the appointment was more of a discussion and demonstration."

"One phone call appointment and sent away with a link to exercises with no help to make sure I'm doing them right"

"I expected there would be a follow up appointment or some kind of contact. It appears that after 6 weeks you are deleted off the system and you have to apply to register again."

Advice and management

This section of questions looked at respondents' experiences on advice and management of their conditions. From the collected responses, most of the participants reported continuing to follow the advice or exercises they were given after their physiotherapy appointment. Just over half (51%, n=60) said they followed their programme regularly, while a further 31.9% (n=37) followed their programme sometimes. Collectively, this means 83.6% (n=97) continued to engage with their physiotherapy advice or exercises to some extent. A smaller proportion reported lower levels of adherence, with 6% (n=7) saying they rarely followed the advice and 4.3% (n=5) stated that they did not follow it at all. 6% (n=7) said they were not provided with any advice or exercises during their treatment.

Overall, most of the participants continued to follow the advice or exercises provided which suggests good engagement with self-management techniques, which are methods that are encouraged by physiotherapy services in Gateshead. However, for the small proportion of patients who reported lower adherence, never followed the advice or didn't receive any

advice, all together highlights the importance of ensuring patients understand their programme, feel confident completing exercises correctly and receive follow up support when needed.

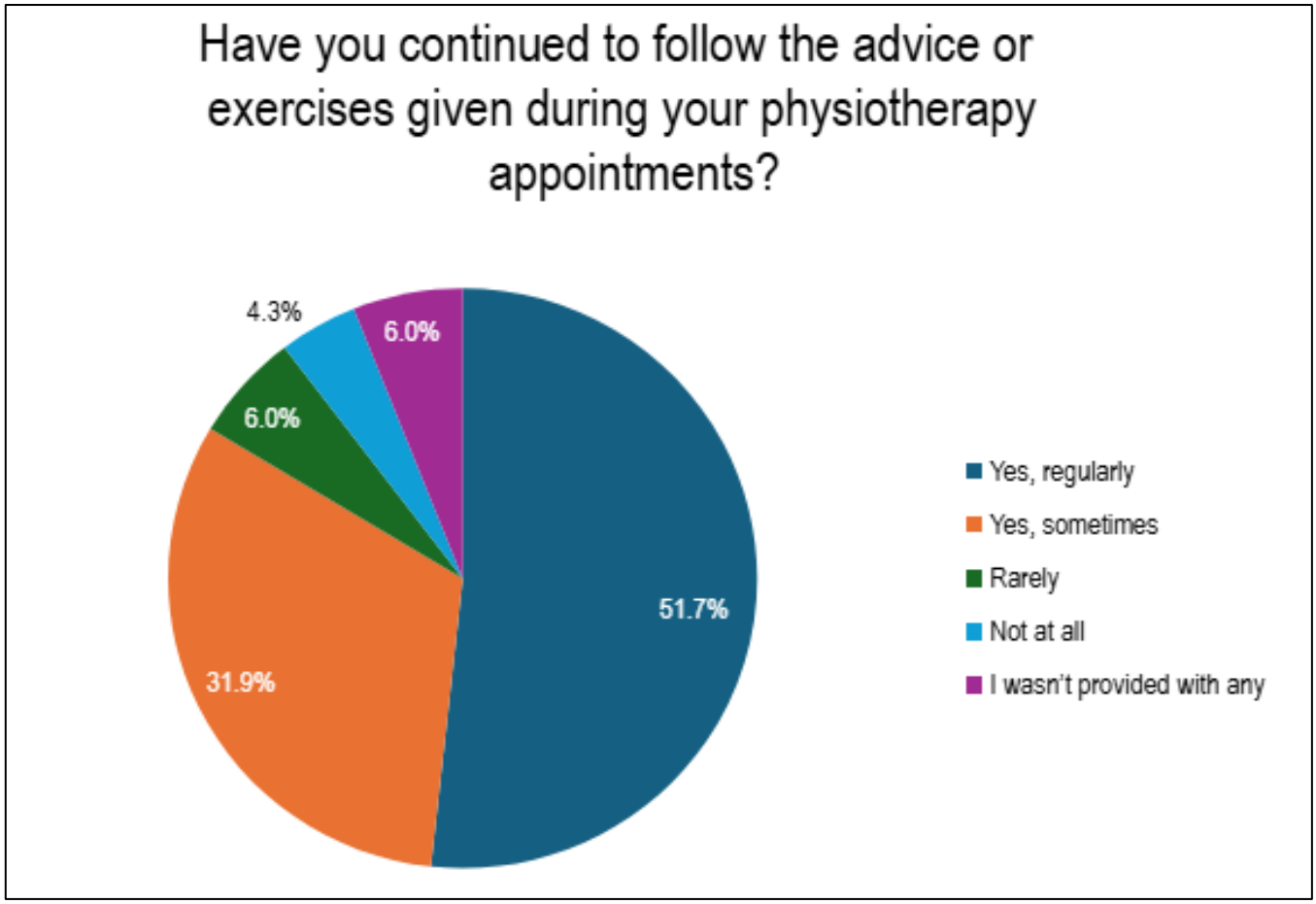

Figure 2. Percentage of patients that continued to follow the advice or exercises given to them.

Participants were then asked "which of the following best describes your physiotherapy sessions" in which respondents most commonly described their physiotherapy sessions as exercise based with 59.7% (n=71) reporting that their sessions mainly focused on advice and exercises.

The full breakdown of responses for this question is as follows:

- 59.7% (n=71) said their sessions mainly focused on advice and exercises

- 20% (n=24) reported having a single appointment with advice only
- 14.3% (n=17) received a combination of hands-on treatment and exercise-based rehabilitation
- 9.2% (n=11) attended group sessions
- 8.4% (n=10) said they received hands-on treatment alone
- 5.9% (n=7) were referred to another service following assessment

Respondents in the survey were provided with a free-text box to further expand on their experiences, in which some described receiving multiple face-to-face appointments or onward referrals following initial treatment, with others mentioning the use of digital tools such as PhysiApp to support home exercises. Other comments suggested dissatisfaction with sessions that were perceived as being limited to advice or discussion, with some respondents feeling their condition required more personalised or hands-on intervention.

Finally, respondents were asked to provide their thoughts on the advice they had received about how to manage their condition outside of physiotherapy appointments. Over three quarters (77.3%, n=92) said they were given self-management advice that they understood well, indicating that the information provided was generally clear and accessible.

However, there was 13.4% (n=16) that reported that although they received self-management advice, they found it unclear, while 5% (n=6) said they did not receive any advice. A further 4.2% (n=5) felt the question was not applicable for their experience.

Whilst understanding the advice provided was high overall, 18.4% (n=22) either found the advice unclear or did not receive it, which reflects comments earlier in the report where some respondents described wanting clearer demonstrations of exercises, written instructions or follow up appointments to ensure they were carrying out exercises correctly. These findings suggest there is an opportunity to strengthen the clarity and consistency of self-management information to improve the patient's confidence in managing their condition independently.

Impact and satisfaction

Survey respondents were then asked how satisfied they were with their experience of using physiotherapy services in which there were 121 responses. From these, the overall satisfaction score was high with 71% (n=86) reporting being very satisfied (35.3%, n=43) or satisfied (35.5%, n=43). A smaller proportion of respondents 11.6% (n=14) reported dissatisfaction with their experience of physiotherapy services, 4 (3.3%) saying they were dissatisfied and 10 (8.3%) reporting they were very dissatisfied in total. 17.4% (n=21) selected neither satisfied nor dissatisfied.

Table 6 below presents respondents' overall satisfaction with physiotherapy, broken down by whether participants reported living with a long-term condition or not.

Long term condition	Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied	Total
Yes	32	36	16	4	9	97
No	11	4	1	0	0	16
Prefer not to share	0	3	4	0	1	8

Table 6. Long term condition by overall satisfaction with physiotherapy.

Most of the respondents (n=97) with a long-term health condition reported a positive experience of physiotherapy with 68 either being very satisfied (n=32) or satisfied (n=36) with their experience. There were also some reports of dissatisfaction with 13 respondents reporting to be either dissatisfied (n=4) or very dissatisfied (n=9).

In comparison, the respondents without a long-term health condition also reported positive experiences. Of the 16 responses, 15 were either very satisfied (n=11) or satisfied (n=4) with none reporting dissatisfaction.

For those who did not disclose whether they had a long-term condition (n=8) they were a mix of responses from being satisfied, very dissatisfied or neither.

The following question asked if their physiotherapy treatment helped improve the problem they were referred for. Overall, most of the respondents, just over three quarters (76.2%, n=83) reported at least some improvement in their condition following physiotherapy treatment. 5 participants (4.6%) said their problem completely improved, 23 (21.1%) said it much improved their problem and 55 (50.5%) said it had slightly improved. The pie chart in *Figure 3* shows the full breakdown of responses

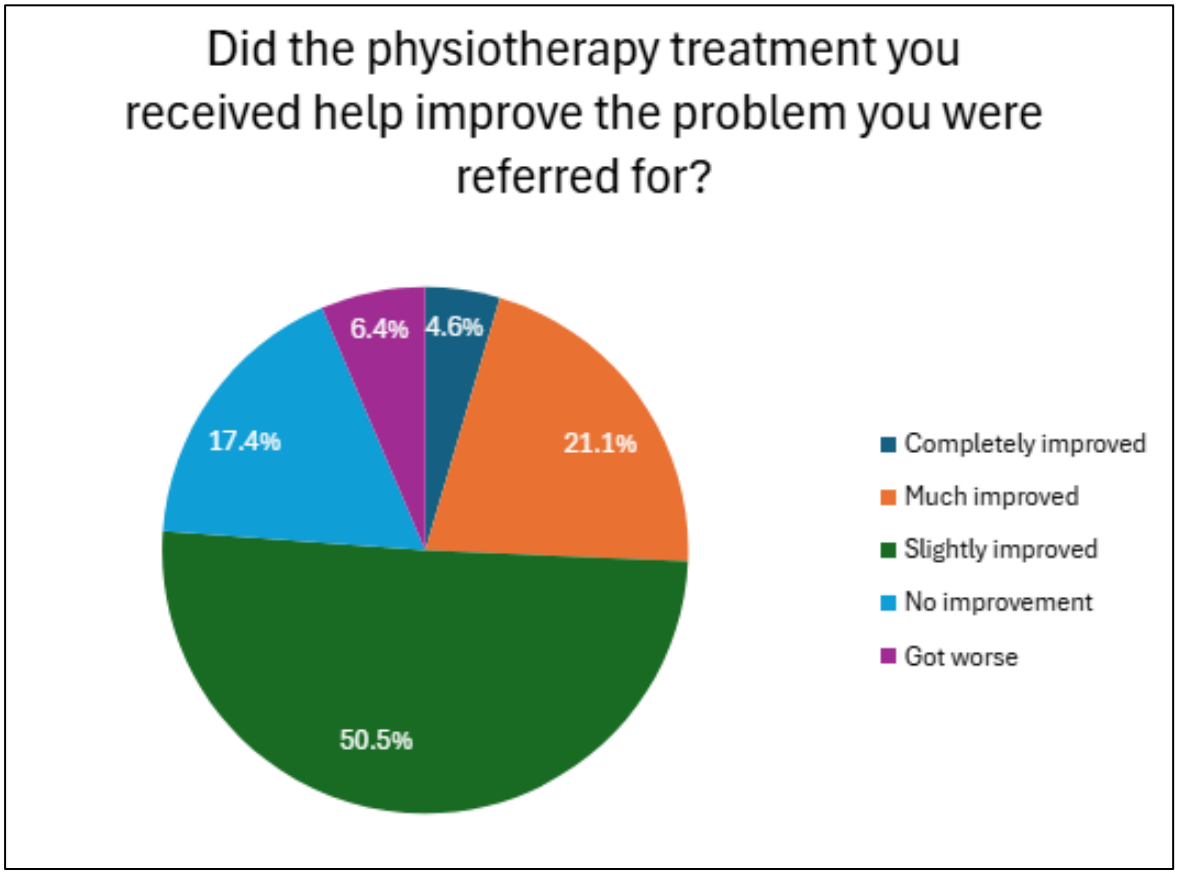

Figure 3. Pie Chart showing if respondents thought physiotherapy treatment improved the problem they were referred for.

For the respondents who reported living with a long-term health condition, they were asked if physiotherapy helped them feel more confident managing their condition, in which 116 respondents answered with mixed

views. Just under half of the respondents (46.5%, n=54) reported a positive impact, with 24.1% (n=28) saying yes and 22.4% (n=26) saying somewhat.

A further 22.4% (n=26) reported that physiotherapy did not help them feel more confident managing their condition. In addition, 31% (n=36) said the question was not applicable, suggesting either they did not feel their condition required ongoing self-management or their physiotherapy treatment was not focused on long-term condition management.

Did physiotherapy help you feel more confident managing your condition?	Response percent	Response total
Yes	24.1%	28
Somewhat	22.4%	26
No	22.4%	26
Not applicable	31%	36

Table 7. Respondents answers for if they felt physiotherapy had made them more confident in managing their condition.

Overall, these findings suggest that physiotherapy has had a moderate but uneven impact on confidence in self-managing long term conditions. Whilst nearly half the respondents reported increased confidence, a considerable proportion did not experience this benefit. This aligns with earlier findings where experiences varied depending on level of follow-up, clarity of advice and how well self-management guidance was understood and supported.

Participants were then asked if they experienced any challenges, in which just over one third (n=38, 35.5%) reported experiencing no challenges during their treatment, suggesting a positive experience.

Amongst those who did experience difficulties, the most commonly reported challenge was long waiting times by 31 respondents (29%). Other commonly reported challenges included appointments feeling too short (15%, n=16), lack of clear communication (12.1%, n=13), appointments being

too infrequent (10.3%, n=11) and the overall length of treatment being too short (9.3%, n=10). Fewer respondents reported inconsistent appointment availability (4.7%), being referred elsewhere after waiting (4.7%), difficulties with transport or accessibility (5.6%) or accessing community rehabilitation groups (2.8%).

Did you experience any of the following challenges	Response percent	Response total
Long waiting time	29%	31
Appointments felt too short	15%	16
Appointments felt too infrequent	10.3%	11
Length of treatment felt too short	9.3%	10
Inconsistent appointment availability	4.7%	5
Referred elsewhere after waiting	4.7%	5
Lack of clear communication	12.1%	13
Difficulty accessing community rehabilitation groups	2.8%	3
Transport / accessibility issues	5.6%	6
None of the above	35.5%	38
Other (please specify)	11.2%	12

Table 8. *List of challenges respondents experienced when accessing physiotherapy treatment.*

The free text responses for "Other" provided additional context to these findings. Several respondents described delays in accessing face to face appointments or receiving appropriate treatment, with some reporting that services or treatments they expected were no longer available through the NHS, leading them to seek private care. Others respondents highlighted concerns about communication, including feeling that their individual knowledge of their long-term condition was not fully recognised, or that they would have benefited from clearer guidance on what to do if symptoms did not improve. A small number of respondents also described positive experiences within this, noting that their recent care has been timely and effective.

Understanding and communication

Survey participants were also asked how easy it was to understand the physiotherapy advice and exercises provided to them.

- 55.6% (n=65) said the information was very easy to understand
- A further 33.3% (n=39) reported it was somewhat easy to understand
- 6% (n=7) reported difficulties with the advice and exercises provided to them
- 5.6% (n=6) said they did not receive any advice or exercises.

Combined, this means that 88.9% (n=104) felt that the advice or exercises given were easy to understand, with only a small minority reporting any difficulties or not receiving any advice or exercises from their physiotherapist at all.

Respondents were then asked to provide what type of information they received from a physiotherapist during their appointments in which the breakdown can be shown in *Table 9.*

What type of information did you receive during your appointment?	Response percent	Response total
Verbal explanation	82.1%	96
Printed exercise sheet	45.3%	53
Online resources	23.1%	27
Self-management advice	29.1%	34
Referral to another service	8.5%	10
Other	7.7%	9

Table 9. Types of information respondents received during their physiotherapy appointment.

The free text responses suggest that the information provided was in a variety of formats, including digital platforms such as PhysiApp, emails containing exercise programmes, demonstrations of exercises, information written on paper and the provision of equipment such as resistance bands. Some respondents also reported being referred to specialist services, including pain psychology and fall prevention services. However, a small number of comments highlighted less positive experiences, with one respondent recalling being told there was little that could be done to improve their condition, while others felt the information or home exercise advice was insufficient.

Overall, the findings indicate that physiotherapy appointments were primarily centred on providing verbal information and exercise-based advice, supported by printed or digital resources.

The next question asked respondents if they had a better understanding of what physiotherapy could and could not provide following their treatment or appointment. Most respondents, over three quarters (76.4%, n=84) said

they now have a better understanding of what physiotherapy can and cannot provide, while 23.6% (n=26) said they did not.

These findings suggest that physiotherapy appointments are generally effective in helping patients understand the provision of physiotherapy services, which includes a focus on assessment, advice, exercise-based rehabilitation and self-management techniques, rather than solely hands-on treatment.

However, the fact that nearly one in four respondents did not feel their understanding improved would suggest that there is still room to strengthen communication between physiotherapist and patient. Providing clearer explanations at the start of treatment of what to realistically achieve, and reinforcing this during appointments, could help ensure expectations are consistently aligned with the service model and improve patients' experience.

In relation to managing expectations, respondents were given the opportunity to say what would have helped them better manage their expectations, in which 62 answers were given. The responses highlighted that expectations could have been managed better through clearer communication before and after their treatment. 32.2% (n=20) of respondents felt they would have benefited from more information about what physiotherapy could realistically provide, including the likely number of appointments, waiting times and that there is an emphasis on exercise-based rehabilitation, rather than hands-on treatment, which is anticipated by some patients.

Following that, 22.6% (n=14) of respondents said they would have liked more follow up appointments or an ongoing review, while a similar proportion, 25.8% (n=16), felt that clearer written information or personalised treatment plans would have helped them understand how to carry out exercises more confidently.

Several respondents also highlighted the importance of receiving a clearer explanation of their diagnosis, treatment plan and onward referral pathway, including when further investigations or specialist services might be appropriate. Others suggested that more information about waiting times

and what to expect from the service before their first appointment would have helped reduce uncertainty.

Alongside these suggestions, 25.8% (n=16) of respondents then stated that nothing could have better managed their expectations, reporting they were satisfied with the information, treatment and support they received. The following are some quotes that service users had provided for this question when asked what would help better manage their expectations.

"If I knew in advance the appointment was a one off and the importance of needing to follow the advised exercises regularly"

"I would like to have had a 2nd appointment to check if I was improving"

"I was very pleased with the service"

"More information about what would happen and how long I would wait"

Additional feedback

Finally, participants were asked to share anything else about their physiotherapy experiences in Gateshead that they think is important to be noted. The final comments reflected a wide range of experiences, with respondents describing both positive aspects of physiotherapy services and areas where improvements could be made.

43.1% (n=25) of respondents who answered this question shared their positive experiences, praising physiotherapists for being knowledgeable, professional, caring and supportive. Several respondents reported that physiotherapy had improved their confidence, reduced pain, enhanced their quality of life or ensured they were referred appropriately for further treatment when physiotherapy alone was not suitable. Others highlighted

positive experiences of timely appointments, clear explanations and personalised exercise programmes.

However, 20.7% (n=12) of respondents expressed concerns about long waiting times, particularly for initial face-to-face appointments, follow up appointments and specialist services such as bladder physiotherapy or MRI investigations. Many felt that delays affected their recovery, quality of life and overall experience of care.

24.1% (n=14) of survey participants highlighted concerns about the level of ongoing support, including limited follow up appointments, insufficient opportunity for a face-to-face review and greater reliance on exercise leaflets or self-management than they had expected. Some respondents expressed that additional review appointments would have improved their confidence and recovery.

A slightly smaller proportion of respondents 20.7% (n=12), commented on communication and service coordination, suggesting that referral pathways between services could be clearer and that patients would benefit from better communication about waiting times, investigations and onward referrals. Some also raised concerns about privacy during appointments or felt their individual circumstances and long-term conditions were not fully understood.

Despite these concerns, many respondents recognised the dedication and professionalism of physiotherapy staff, with several naming individual physiotherapists who made a significant positive difference to their care.

Conclusion and Recommendations

Conclusion

Together, the findings demonstrate that many people who used physiotherapy services in Gateshead had positive experiences. Respondents frequently described physiotherapists as professional, knowledgeable, supportive and caring, with many reporting that the advice and exercises they received helped improve their condition or felt more confident in managing their symptoms. Satisfaction with physiotherapy was generally high, and many participants found the advice and exercises easy to understand. A large proportion also continued to follow the guidance they were given, suggesting that physiotherapy services are providing valuable support through assessment, advice, exercise-based rehabilitation and self-management.

However, the findings also highlight gaps between what some patients expected physiotherapy to involve and what they received for their treatment. Some participants expected hands-on treatment, regular follow up appointments or a more detailed diagnosis and treatment plan, but instead received advice, exercises, online resources or a single appointment. While this may have been clinically appropriate based on the physiotherapist's professional judgement and the patient's presenting condition, it led to frustration for some patients where the reasons for this approach were not clearly explained or where they felt treatment was not tailored to their individual needs or long-term condition.

Communication and expectation setting were prevalent themes. Whilst many people felt the information before their first appointment was clear, others received unclear information or no information at all. This may have contributed to uncertainty about what physiotherapy could provide, how many appointments they may receive, and the role of self-management in their recovery.

Waiting times were also a common concern, with some participants waiting several weeks or more than eight weeks for their first appointment. Other challenges included appointments feeling too short or infrequent,

limited follow up, lack of clear communication and uncertainty about what to do if symptoms did not improve.

It is important to recognise that most people who have completed the survey reported living with a long-term health condition. While many shared positive experiences, confidence in self-management was mixed, suggesting some patients may benefit from clearer advice, more personalised support and better follow up information.

An observation made by Healthwatch Gateshead during the engagement period was the positive feedback about First Contact Physiotherapy (FCP). As mentioned earlier in the report, FCP is a primary care-based service which is separate from TIMS, but not intended to be an alternative and can feed into TIMS where further treatment or support is required. FCP services aim to provide rapid access to physiotherapy assessment, advice and treatment and therefore reduce unnecessary GP appointments. This approach was seen as helpful because some patients could be assessed and treated at the first point of contact, whilst also receiving digital support such as exercise videos and progress tracking.

Healthwatch Gateshead understands that FCP provision is commissioned locally by individual Primary Care Networks (PCNs) through the Additional Roles Reimbursement Scheme (ARRS). This funding is available to PCNs nationally and allows them to employ staff or commission services that are tailored to the needs of their local population.[8]

While some feedback relating to FCP was gathered during this project, the engagement did not capture all FCP services operating across Gateshead. Whilst this does offer an example of how timely access can improve patient experience, these findings should be understood as an observation of positive practice and not a full evaluation of FCP provision across the borough.

Overall, physiotherapy services in Gateshead are valued by many patients, but there are opportunities to improve patient experience through clearer communication, better expectation setting and more consistent and

[8] NHS England, Additional Roles Summary (2026) Available here

clearer advice before, during and after appointments. The following recommendations set out practical steps to support these improvements.

Recommendations

The findings and outcomes of this research have allowed Healthwatch Gateshead to propose recommendations. These recommendations are based on what we have learnt during the scoping and development stage of the project, the 124 responses to the survey questions and internal discussions within the Healthwatch Gateshead Research and Engagement Team and external partners including TIMS and Northumberland Physiotherapy Ltd, that were also involved in the project.

We present the following evidence-based recommendations below and have matched them with a responsible organisation or service in Gateshead.

Healthwatch Gateshead are asking:

- Tyneside Integrated Musculoskeletal Service (TIMS) and Gateshead Health NHS Foundation Trust to **review the information patients receive before their first physiotherapy appointment.**

  This information should more clearly explain what physiotherapy can and cannot provide, what the first appointment may involve, and that the physiotherapist will assess the patient's condition before agreeing the most appropriate next steps. This should include further explanation that treatment may involve advice, exercises, self-management, onward referral, or in some cases a single appointment with guidance to continue at home. It should also be made clearer that hands-on treatment may not always be offered, depending on the patient's condition.

  Practical details should also be included such as where the appointment will take place, what clothing may be appropriate and whether patients should bring any support aids they are using such as a splint or other protective equipment. This would help patients

attend their appointment with clearer expectations and reduce confusion about the type of treatment they receive.

- TIMS, GP practices, Primary Care Networks and CBC Health Federation to **improve public awareness of the TIMS self-referral route for appropriate musculoskeletal conditions.** The findings showed that GP referral was the most common route into physiotherapy, although TIMS offers self-referral for many muscle, joint, back, neck and soft tissue problems.

  Clearer promotion of this route, particularly on the TIMS website, could help residents access support more directly where appropriate, while also making clear that some specialist physiotherapy services may still require referral from a healthcare professional. This would help reduce confusion, support appropriate access and avoid patients being directed through GP appointments unnecessarily where self-referral is available.

- TIMS and Gateshead Health NHS Foundation Trust to **provide clearer information about follow-up appointments, discharge and how patients can re-access physiotherapy if needed.** Some respondents reported receiving one appointment or advice only, with uncertainty about whether they would receive further support.

  Patients should be better informed of whether follow up appointments are planned, whether one appointment and home-based exercises are considered appropriate for their condition, when they are being discharged, what to do if their symptoms do not improve, how to seek further advice or re-refer into the service. This would help reduce the uncertainty and better support patients to feel more confident managing their condition after their appointment and have a course of action.

- TIMS and physiotherapy providers to **ensure exercise and self-management advice is clearer, more accessible and better tailored to individual patients and their conditions.** 18.4% of respondents found advice unclear or did not receive it, along with just under a quarter of respondents reporting they were not shown how to complete exercises. Where exercises are provided, patients should be shown how to complete them correctly and safely, with opportunities to ask questions and check understanding. Information should be offered in a format that best supports the individual patient's needs which could include verbal explanations, demonstration, printed guidance, digital videos or simplified instructions. Clear guidance should be provided on how often exercises should be completed, what the exercises intend to achieve and what to do if they cause pain or are difficult to follow. This would help improve the patient's confidence with ongoing self-management of their condition, as findings earlier in the report suggested patients lacked this.

- TIMS and North East and North Cumbria Integrated Care Board (NENC ICB) to **provide clearer information about waiting times and support available while patients are waiting for physiotherapy.**

  Waiting times were a common challenge identified in the survey. Patients should be given realistic information about expected waiting times, any potential delays, whether there are differences in waiting times for specialist services, and safe advice on how to manage their symptoms while waiting.

  Where possible, patients should also be informed if being flexible about the location of their appointment as this may help them access support sooner, while still taking into account travel, mobility and accessibility needs.

  This could include giving patients the option to attend different physiotherapy sites across Gateshead, where appropriate. This could also include providing paper-based information to patients at the

end of their appointment, better promotion and provision of the self-help guides on the TIMS website, guidance on when to seek urgent advice and what to do if their condition worsens before an appointment.

Overall, improving the patient experience of physiotherapy in Gateshead should focus on clearer communication, better expectation-setting and ensuring people understand the role of self-management within treatment so physiotherapy services are used effectively. While Healthwatch Gateshead recognises the wider pressures on services along with numerous amounts of positive feedback about physiotherapy, these recommendations focus on practical improvements that could help patients better understand what to expect, how to self-refer, how to complete exercises safely, when follow-ups may happen and how to seek further support when needed.

While Healthwatch Gateshead has provided an evidence base, key findings and recommendations for local partners, we acknowledge that this research reflects only the experiences of those who chose to complete the survey questions. Therefore, the findings should be understood as lived experience insight rather than a statistically representative sample of all physiotherapy service users in Gateshead. However, the 124 responses provide valuable evidence of how patients understand, access and experience local physiotherapy services and highlight practical areas where improvements can be made to make services better.

Acknowledgements

Healthwatch Gateshead would like to extend our thanks to those who participated in this research and dedicated their time to provide us with their lived experiences and feedback. We would also like to acknowledge the following partners and organisations in the list below for providing us with the information and support we needed to complete this piece of work.

Without this support we would not have been able to capture enough valuable data, that helps amplify the voices of the local people in Gateshead, inform the public and help suggest wider system improvements:

- Gateshead Health NHS Foundation Trust, Physiotherapy department
- Tyneside Integrated Musculoskeletal Service (TIMS)
- Northumberland Physiotherapy Ltd
- A local service user who provided detailed feedback on their experiences of physiotherapy in Gateshead

Response Statements

The following statements have been provided by our key partners mentioned in the recommendations of the report. These responses are intended to acknowledge, engage and address the research findings that have been presented by Healthwatch Gateshead.

Gateshead Health NHS Foundation Trust

Sarah Hackett, Physiotherapy Service Lead

"We welcome Healthwatch Gateshead's report and thank the patients, carers and residents who took the time to share their experiences of physiotherapy services.

It is encouraging to see high levels of overall satisfaction, with many people describing staff as professional, knowledgeable, caring and supportive. Respondents also reported improvements in their condition and greater confidence in managing their health.

The report also identifies areas where we need to improve. In particular, patients need clearer information about what to expect from physiotherapy, the different approaches that may form part of their treatment and what happens at each stage of their care, including follow-up and discharge.

Physiotherapy often includes assessment, advice, exercise and rehabilitation alongside other treatment approaches, with the aim of helping people manage their condition and remain as active and independent as possible. The feedback shows that we need to explain this more clearly and make sure information and advice are tailored to individual patients.

We also recognise the concerns raised about waiting times, follow-up arrangements and access to information while people are waiting for care. Demand for musculoskeletal and rehabilitation services remains high, but we will continue to work with relevant partners to improve access and the experience of patients using these services.

We will now review Healthwatch's recommendations in detail. This will include looking at how we improve patient information, make referral routes easier to understand, provide clearer advice about follow-up and discharge and ensure self-management information is accessible and useful.

We value our relationship with Healthwatch Gateshead and will continue to listen to patients and communities as we develop and improve our services."

Tyneside Integrated Musculoskeletal Service (TIMS)

Karen Storey, TIMS Operational Manager

"1. Welcome and Overall Response

Tyneside Integrated Musculoskeletal Service (TIMS) is appreciative of this review conducted by Gateshead Healthwatch. We feel that the feedback provided by patients is invaluable in helping us monitor our service against the expectations of the population we serve. This will ensure that we keep providing a high-quality service by learning and improving on the feedback provided.

We take heart in seeing that the Gateshead public reports 71% satisfaction with the physiotherapy service we provide with 76% reporting some improvement in their symptoms.

We especially appreciate the positive feedback about staff professionalism and expertise since we take pride in our members of staff and their dedication to the public they serve.

We acknowledge that there is always learning to be had and that there are areas where patient experience can be strengthened.

2. Improving Patient Information Before First Appointments

TIMS welcomes this recommendation and recognises the importance of ensuring patients have a clear understanding of what to expect before attending their first physiotherapy appointment.

Patient feedback is routinely collected from individuals who attend face-to-face appointments, as well as those who access self-management resources and choose not to progress to an appointment. This feedback is regularly reviewed and used to inform service improvements. As a result, TIMS has worked closely with Health Literacy teams to review and improve the written information provided to patients, including appointment communications, advice leaflets and digital resources. The aim has been to

make information more accessible, easier to understand and more transparent about the pathway and treatment options available.

We acknowledge the findings of this report, particularly around patient expectations of physiotherapy. Contemporary evidence-based musculoskeletal physiotherapy has increasingly moved away from a predominantly passive or hands-on treatment model towards approaches that empower patients to understand, manage and improve their own condition through education, self-management and tailored exercise programmes. This is especially relevant for people living with long-term conditions, where supporting confidence and self-management can improve long-term outcomes.

We recognise that this shift in practice may not always be widely understood by the public and can differ from previous experiences of physiotherapy. We therefore accept that there is a continued responsibility to ensure our patient-facing information clearly explains:

- What physiotherapy can and cannot provide.
- What patients can expect from their first appointment.
- The role of assessment, education and exercise-based rehabilitation.
- Why hands-on treatments may not always be clinically indicated.
- Practical information about appointment logistics

TIMS will continue to review and refine its patient communications in response to patient feedback and service evaluation to ensure that information remains clear, accessible and consistent, helping patients to attend appointments with realistic expectations and a better understanding of the evidence-based approaches used within modern physiotherapy practice.

3. Promoting Self-Referral Pathways

TIMS welcomes this recommendation and recognises the importance of ensuring patients and healthcare professionals are aware of the self-referral pathway.

Self-referral is already a well-established and widely used access route into TIMS, accounting for approximately 55% of all referrals to the service, equating to around 20,000 referrals per year. This model enables patients to access specialist musculoskeletal advice and support directly, reducing unnecessary delays and potentially avoiding up to 20,000 GP consultations annually. In comparison, approximately 25% of referrals are received via electronic referrals from primary care and 20% from secondary care services.

To support direct access and self-management, the TIMS website was developed as a trusted source of evidence-based information for both patients and clinicians. The website provides condition-specific self-help resources, advice on managing common musculoskeletal problems, and access to the online self-referral pathway. The content has been developed and reviewed by senior clinical staff and is intended to support patients in managing common musculoskeletal conditions while helping them access the right level of care when required.

Since its launch in 2018, use of the TIMS website has increased significantly. While self-referral is already the most common route into TIMS, we acknowledge the report's findings that awareness of this option could be improved further. We will continue to work with GP practices, Primary Care Networks, Gateshead Health and system partners to ensure that clear and consistent information about eligibility, self-referral and available self-help resources is accessible through our website, patient communications and partner organisations. This will help ensure patients are aware of the most appropriate route into the service and can access support as quickly as possible.

4. Follow-Up, Discharge and Re-access Information

TIMS recognises the importance of ensuring patients understand their treatment pathway, follow-up arrangements, discharge process and how to access further support if required.

Once a patient is assessed in TIMS, they undergo a comprehensive individualised clinical assessment which informs a personalised management plan. Shared decision-making is a core principle of service delivery and is embedded throughout the patient pathway. Treatment options are discussed collaboratively, taking account of the best available clinical evidence, the patient's goals, preferences and individual circumstances. Clinical management is informed by the TIMS Clinical Guidance Framework, ensuring patients receive evidence-based and person-centred care.

We acknowledge that some respondents were uncertain about whether follow-up would occur, what discharge meant, or how to re-access the service if symptoms persisted or recurred. Whilst discharge is routinely undertaken through a shared decision-making process, we recognise there is an opportunity to improve how this information is communicated to patients.

Patients discharged from TIMS currently have the option to reactivate their care within six weeks should further support be required. We will review how information regarding follow-up arrangements, discharge planning, self-management expectations and re-access routes is communicated throughout the patient journey to ensure patients feel informed, supported and confident in managing their condition following discharge. This will include ensuring patients have clear information about what to expect after their appointment, when to seek further advice, and how to access appropriate support should their symptoms change or fail to improve.

5. Self-Management Support and Exercise Advice

TIMS agrees that effective self-management support is essential in helping patients achieve the best possible outcomes from physiotherapy care.

Supporting patients to understand and self-manage their condition is a core objective of the TIMS service. In line with current evidence-based musculoskeletal practice, our approach focuses on empowering patients through education, advice and tailored rehabilitation programmes, enabling them to take an active role in managing their symptoms and improving their function.

To support this approach, TIMS has invested significantly in the development of digital self-management resources to include provision of video-based education and exercise content to complement patient management.

We recognise from the Healthwatch findings that while many patients found the advice provided clear and helpful, some reported uncertainty about how to perform exercises correctly or would have valued additional support to reinforce self-management messages. We also acknowledge that patients have different learning preferences and varying levels of confidence with digital resources.

TIMS clinicians routinely provide verbal explanation, demonstration, written guidance and digital resources as appropriate to individual patient needs. However, we will continue to review how self-management advice is communicated and reinforced throughout the patient pathway. This will include ensuring that patients are aware of the range of resources available, have opportunities to ask questions and understand the purpose of their rehabilitation programme, expected outcomes, and appropriate steps to take should symptoms change or exercises prove difficult to follow.

We believe that combining personalised clinical assessment with high-quality self-management support provides patients with the knowledge, skills and confidence needed to achieve sustainable improvements in their musculoskeletal health while promoting long-term independence and self-efficacy.

6. Waiting Times and Support Whilst Waiting

TIMS recognises the impact that waiting times can have on patients' experience, symptoms and expectations of care.

When TIMS was established in 2018, the anticipated annual activity was approximately 40,000 referrals. Demand for musculoskeletal services has continued to increase significantly since that time, and referral numbers are now projected to exceed 46,000 patients during 2026/27. This sustained growth reflects both increasing demand for specialist musculoskeletal care and the success of direct access pathways, including self-referral.

The service works to agreed performance standards, with target waiting times of 2 weeks for priority referrals and up to 6 weeks for routine referrals. Current median waiting times from referral to an appointment are 48 calendar days (16 days for a priority appointment and 62 days for a routine appointment). Whilst we acknowledge that patients would benefit from shorter waiting times, these figures should be considered within the context of increasing demand and wider pressures affecting NHS services nationally.

TIMS continues to review service delivery, workforce utilisation and pathway efficiencies to ensure resources are used as effectively as possible while maintaining the quality and safety of patient care. Alongside this, we recognise the importance of supporting patients whilst they wait for assessment and treatment.

A key principle of the TIMS model is ensuring patients have access to evidence-based advice and support as early as possible. Patients awaiting assessment are provided with self-management resources, condition-specific guidance and access to online educational material designed to help them safely manage their symptoms and remain as active as possible whilst waiting. We acknowledge that awareness of these resources could be improved and will review how they are promoted within referral acknowledgements, patient communications and the TIMS website.

We will continue to work with commissioners, partner organisations and patient representatives to explore opportunities to improve access,

communicate waiting time expectations clearly and ensure patients are aware of the support available to them throughout their care journey.

7. Understanding Expectations of Physiotherapy

TIMS acknowledges that there can be a gap between patient expectations of physiotherapy and the evidence-based approach used within modern musculoskeletal (MSK) services. Contemporary MSK physiotherapy is centred on comprehensive assessment, patient education, exercise therapy and supported self-management, with the aim of helping people develop the knowledge, skills and confidence to manage their condition effectively and achieve sustainable long-term outcomes. We recognise that some patients may continue to associate physiotherapy primarily with hands-on treatments such as massage or manual therapy, often based on previous experiences or perceptions of the profession. Whilst such interventions may be appropriate for some patients, they are not always clinically indicated and are typically used alongside, rather than in place of, active rehabilitation approaches. To help align expectations with current best practice, TIMS will continue to strengthen communication throughout the patient pathway, including reviewing website content, referral information, appointment communications and patient education materials. By providing clearer information earlier in the patient journey about what physiotherapy involves, the likely treatment options available and the important role of self-management, we aim to ensure patients attend their appointments with a better understanding of the service and how it can support their recovery and long-term health.

8. Conclusion and Commitment

TIMS welcomes the findings and recommendations presented within this report and would like to thank all patients who took the time to share their experiences, as well as Healthwatch Gateshead for undertaking this valuable piece of engagement work. We are encouraged that the report identifies high levels of patient satisfaction, positive clinical outcomes and considerable appreciation for the professionalism, knowledge and support

provided by our staff. The findings also reinforce the important role that education, exercise therapy and supported self-management play within modern evidence-based musculoskeletal physiotherapy practice.

We recognise, however, that some patient expectations continue to be influenced by more traditional models of physiotherapy where hands-on treatments were viewed as the primary intervention. The report highlights that the greatest opportunity for improvement lies in helping patients better understand what physiotherapy can offer through clearer communication before, during and after their treatment journey.

TIMS welcomes these recommendations and is committed to working collaboratively with Gateshead Health NHS Foundation Trust, The Newcastle upon Tyne Hospitals NHS Foundation Trust, Healthwatch, local GP practices, Primary Care Networks and the North East and North Cumbria Integrated Care Board to address the areas identified. The findings from this report will be used to inform ongoing service development, patient communications and pathway improvements, ensuring that patients are better informed, supported and empowered throughout their care.

Whilst continuing to respond to increasing demand and the wider pressures facing NHS services, TIMS remains committed to delivering high-quality, patient-centred care across Newcastle and Gateshead. We will continue to work with our partners to ensure that patients receive timely access to evidence-based assessment, advice, treatment and self-management support, while continually seeking opportunities to improve the experience and outcomes of those who access our service."

Limitations

Although Healthwatch Gateshead has gathered valuable insight from 124 people who have accessed physiotherapy services in Gateshead, we acknowledge that this research has certain limitations:

1) Range of physiotherapy pathways:
   Respondents accessed physiotherapy for a wide range of reasons, including MSK problems, long-term condition management, post-surgery rehabilitation, neurological conditions and other health needs. This means experiences may relate to different physiotherapy pathways, referral routes and service models. As a result, some findings may not apply equally to all areas of physiotherapy provision in Gateshead.

2) Limited ability to compare service providers:

   Following on from the above limitation, respondents were referred through different services or pathways, and this survey was not designed to compare individual physiotherapy providers or sites, including differences between patients using TIMS and FCP services. As a result, the report should not be understood as a full evaluation of TIMS or FCP, but rather as wider patient experience insight into physiotherapy services and pathways in Gateshead.

3) Reliance on self-reported experiences:
   The findings are based on participants own recollections of interpretations, meaning their responses may be influenced by how recently they used the service, how well they remembered the information provided and their own individual expectations of what physiotherapy should involve.

4) Overrepresentation of older adults:
   The survey was predominantly completed by older adults, with almost two thirds of respondents aged between 55 and 84 years old. While this provides insight into the experiences of older people accessing physiotherapy, it may mean findings are less reflective of young adults or people accessing physiotherapy at different stages of life.

5) Limited demographic information:
   To adhere to General Data Protection Regulation (GDPR) guidance, demographic information was not directly collected beyond information required for the project aims. This means we were unable to fully explore whether experiences differed by characteristics such as gender, ethnicity, disability, employment status or locality within Gateshead. As a result, some inequalities or barriers may not have been fully identified.

How can we improve future research?

Future research could include more targeted engagement with groups who may have been less represented in this survey, particularly younger adults, people accessing physiotherapy for short term injuries and those using specialist physiotherapy pathways. This would ensure a broader understanding of experiences is collected and how it may differ across different patient groups.

The experiences of those with a long-term health condition could also be explored further in more depth through interviews or focus groups. This would allow Healthwatch Gateshead to better understand how physiotherapy supports long-term self-management, confidence, independence and quality of life over a period of time.

Future engagement work could also seek to gather more detailed demographic information, where appropriate, to better understand whether certain groups face additional barriers when accessing physiotherapy. This could include people with learning disabilities, people

whose first language is not English, people with sensory impairment or those who may experience digital exclusion.

Although discussions with some partners took place during the scoping and engagement planning stages of this project, future research could include more detailed and structured involvement from physiotherapy staff, GP practices, Primary Care Networks, TIMS and commissioners. This would help build on patient feedback gathered and provide a fuller understanding of service pressures, referral pathways, commissioning arrangements and the practical challenges involved in delivering improvements.

Appendices

Research Objectives

a) To explore patients' expectations and understanding of physiotherapy, including their beliefs about treatment content, outcomes, and timelines.

b) To identify where expectations do not align with the scope, resources, and clinical priorities of physiotherapy services.

c) To examine how communication, interactions with physiotherapists and referral pathways shape expectations

d) To understand the experiences of people with long-term conditions, and how unmet expectations affect self-management, confidence, or service engagement.

e) To develop evidence-based recommendations to improve expectation-setting, communication, and support pathways.

Survey Questions

About You

1. Do you live in Gateshead?
2. What is your age range?
3. When did you last use NHS physiotherapy services in Gateshead?
4. Do you currently have a long-term condition?
5. Please select any of the following long-term conditions you live with.

Referral

6. How were you referred to physiotherapy?
7. What was the main reason for your physiotherapy referral?

Expectations Before Starting Physiotherapy

8. Before your first appointment, what were your expectations of what physiotherapy treatment would involve?
   For example, hands-on treatment such as massage/manual therapy, advice on managing conditions, or regular weekly appointments.
9. How clear was the information you received before your first appointment about what physiotherapy would involve?
10. Was the duration or number of sessions in your treatment what you expected?

Your Experience

11. Approximately how long did you wait for your first appointment?
12. Did the treatment you received match what you expected?
13. Please tell us how your experience differed from what you expected.

Advice and Management

14. Have you continued to follow the advice or exercises given during your physiotherapy appointments?
15. Which of the following best describes your physiotherapy sessions?

16. Were you given clear advice about self-management, such as exercises to do at home and what to do outside of appointments?

Impact and Satisfaction

17. Overall, how satisfied were you with your physiotherapy experience?
18. Did the physiotherapy treatment you received help improve the problem you were referred for?
19. If you live with a long-term condition, did physiotherapy help you feel more confident managing your condition?
20. Did you experience any of the following challenges?

Understanding and Communication

21. How easy was it to understand the advice or exercises provided by the physiotherapist?
22. What type of information did you receive during your appointment?
23. Following your physiotherapy treatment/appointment, do you now have a better understanding of what physiotherapy can and cannot provide?
24. What would have helped better manage your expectations?

Additional Feedback

25. Please share anything else about your physiotherapy experience in Gateshead that you think is important.

Participants responses to Question 5 who selected "other" for specifying with long-term condition they have:

Other (please specify):
limited mobility
Congenital degenerative physical disability
May Thurner syndrome
PCOS & ENDOMETRIOSIS
under active thyroid
chronic fatigue
injury
Trochanteric bursitis (of the hip)
Musculoskeletal
High Blood Pressure
M.E.
Carpal tunnel syndrome
Bladder Pain Syndrome, IBS (C)
Vasculitus of the Central Nervous System
Rotator cuff
osteopena
Sciatica (not expected to be long term)
Osteoarthritis
Hypermobility and scoliosis
Autism
knee injury
Extertional Compartment Syndrome
Narcrolepy, HEDS
Bipolar
Osteoarthritis
SLE Lupis
Asthma
Adrenal insufficiency

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