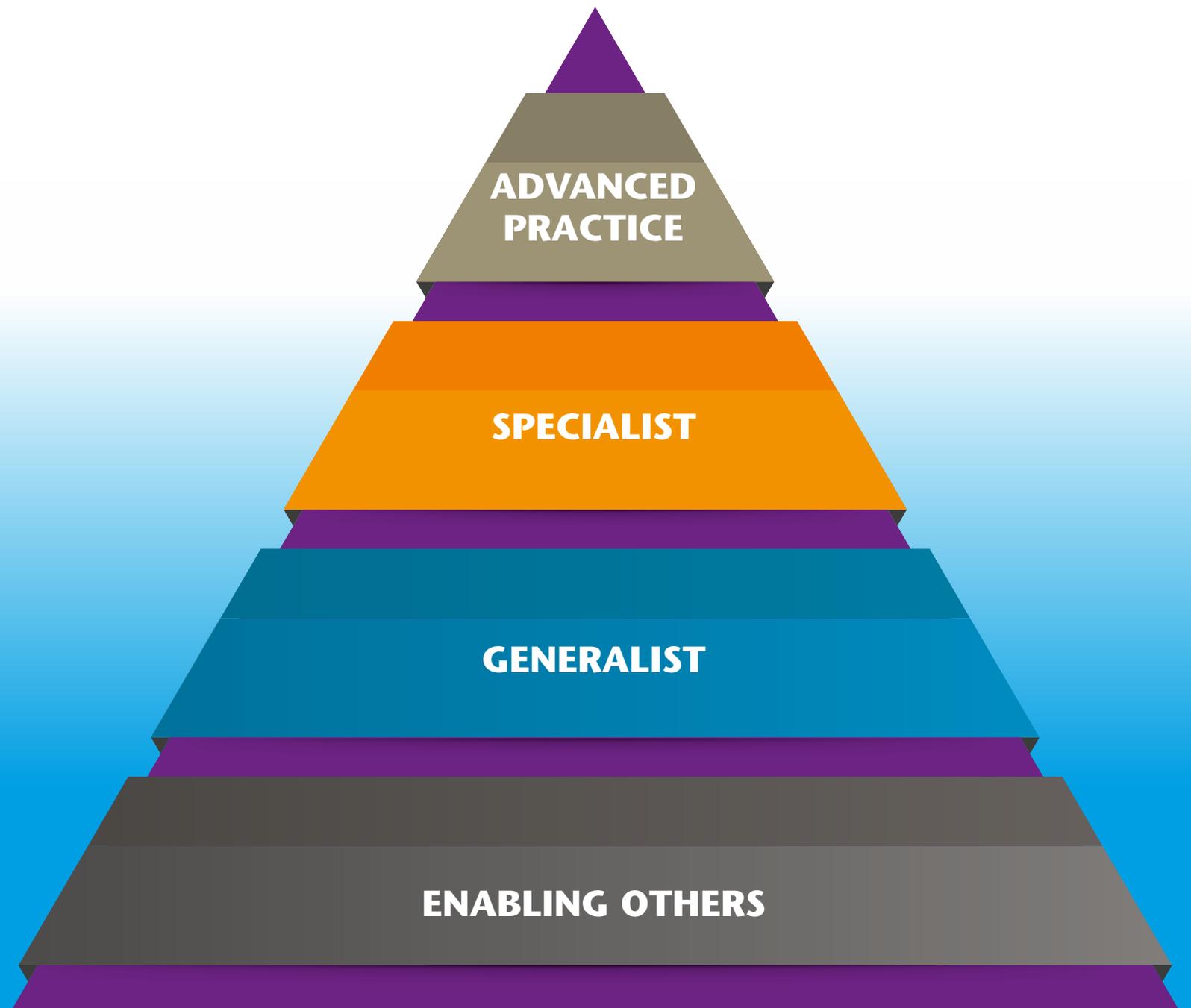


ASPIRE

**Allied Health Professions
Supporting and Promoting Improvement,
Rehabilitation and Enabling Others**



AHP Strategy 2017 – 2021

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INTRODUCTION

Shaping the Future, the NHS Forth Valley Healthcare Strategy 2016-2021 sets out a vision for the way services will be delivered over the next few years and beyond.

It focuses on care being provided closer to home, working in partnership with staff, patients, local authorities and community organisations to avoid emergency admissions and reduce A & E attendances. The focus is on person centred care, recognising that people have differing needs, circumstances and expectations of care. It also encourages and supports people to take personal responsibility for managing their own health and health conditions.

Against this backdrop, the allied health professions (AHPs) explored the contribution they make in respect of *Shaping the Future*, *Active and Independent Living Programme* (AILP) the national strategy for AHPs, and the *Strategic Plans* of each Health and Social Care Partnership. AHPs have subsequently developed a generic framework that can be used by all services to describe delivery models for the future.

The challenge now is to use this document to explore the opportunities that exist to optimise the role that AHPs play in prevention and early intervention as well as diagnosis, treatment and the rehabilitation of people of all ages across health, education and social care.



Allied Health Professions: Who are they and what do they do?

Within NHSFV - 550 AHPs (452 wte)

- Arts therapies(2.8wte)
- Dietetics (31.5 wte)
- Occupational therapy (101.3 wte)
- Orthoptics (4.2 wte)
- Orthotics (2.8 wte)
- Physiotherapy (132.3 wte)
- Podiatry (30.6 wte)
- Radiography (75.5 wte)
- Speech & Language Therapy (57.2 wte)
- AHP Multi-skilled (13.8 wte)

And a number of occupational therapists within the three Local Authorities

Managed within:

- Acute care group
- Children’s care group
- Outpatient care group
- Mental Health care group
- Rehabilitation care group
- Imaging Services (Radiography)
- Ophthalmology services (Orthoptics)
- Psychological Therapies (Arts therapies)

Each year:

- New patients: 73,000
- Total contacts: 406,000
- 157 000 radiography attendances

Working in:

- Hospitals
- Health centres
- GP practice
- Patient’s own homes
- Care homes
- Schools and Nurseries
- Colleges / university
- Prisons x3
- Hostels
- Workplaces
- Leisure Centres & Gyms
- Community Centres
- Day centres
- Third sector establishments

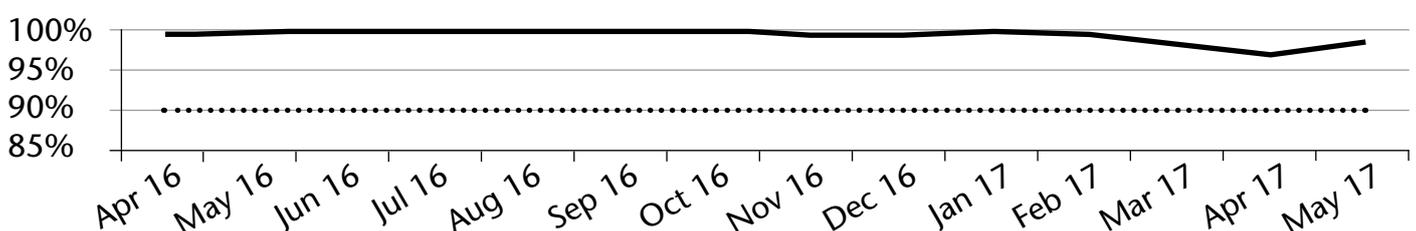
Working with:

- Social work
- Integrated Teams
- Education colleagues
- 3rd sector organisations
- Carer centres
- MECS services
- Looked after children
- Criminal justice
- Carers
- Police Scotland
- Scottish Ambulance Service
- Housing
- National Organisations
- Scottish Fire & Rescue



Performance area	Performance
Sickness absence	average 2.7% against 4% target
eKSF	Ave performance of 80% against and 80% target

Waiting times performance: % of patients waiting for an AHP first appointment at 18 weeks or less (Community Services Directorate) against 90% target:



AHP Contribution to Local and National Priorities

A number of national strategies and delivery plans emphasise the 2020 vision of care closer to home, focussing on prevention, early intervention and self management.

The contribution made by AHPs to these local and national priorities can be seen in the table below. All services are already working to fulfil most if not all of the objectives.

Main Priorities	Outpatient Care Group				Mental Health Care Group			Children's Care Group				Rehab Care Group		Acute Care Group		
	Physiotherapy	Podiatry	Dietetics	Orthotics	Old Age Psychiatry	Learning Disability	Mental Health	Speech & Language Therapy	Occupational Therapy	Physiotherapy	Orthotics	Speech & Language Therapy Adult	Community teams including in-patient community settings	Physiotherapy	Occupational Therapy	Dietetics
Focus on prevention, early intervention and planning ahead	+	++	+++	+	+	++	+	++	+	+	+	++	++	+	+	+
Patient experience	+	+	++	++	+	+	+	+	+	+	+	++	++	+	+	+
Person centred care, working towards personal outcomes	++	++	+++	++	+++	+++	+++	++	++	++	+	+++	+++	+	+	+
Tackling inequalities			+++		++	+	+++	++	+			++	+	+	+	+
Taking personal responsibility, autonomy, self management	+++	++	++	++	++	+	+	++	++	++	+	++	++	+	+	+
Working in partnership	+	++	+++		+	+++	+++	++	++	++		++	+++	++	++	++
Working closer to home, - focus on functional improvement	++	+	+	+	+	+	++		++	+	+	+	+++	+	+	+
Reducing variation, minimising delays	+++	++	++	+++	+	+	++	++	++	++	+	+++	+++	++	++	++
Improving access to services	++	++	++	+++	+	++	+	++	++	++	+	+++	+++	+	+	+
Having leadership to support quality improvement	+	+	++	+	++	++	++	++	+	+		++	++	+	+	+
Maximising the use of technology where appropriate						++		+	+	+		+++	+++			+

+ - illustrates the extent to which the service focuses on these main priorities (+ has a focus on this priority, ++ has a significant focus on this priority, +++ this priority area is a key focus for the service)

Allied Health Professionals: Service Delivery for the future

In order to capture the diversity of work by allied health professions a generic model of service delivery has been developed. The model is presented as a pyramid and the first aspect, *service delivery*, has been given considerable thought and attention. The remaining three components require further work and form the basis of a workplan for AHPs, currently under way.

The four components of the AHP Model of Service Delivery are:

1. **AHP service delivery**
2. **Measuring impact**
3. **Workforce planning and workforce development**
4. **Care assurance arrangements for safe, effective person centred services supported by contemporary professional leadership**

The model of service delivery is underpinned by a set of principles. AHP services will ensure that:

Interventions:

- Are person-centred, effective, evidence-based with a focus on delivering positive outcomes
- Will enable people to live independently, supporting self-management and the health and wellbeing of both them and their carers.
- Focus on prevention, early intervention and anticipatory care rather than crisis-led interventions
- Are able to work within a clear integrated infrastructure with appropriate protocols and procedures.
- Are able to deliver core and specialist assessment and interventions within clear pathways.
- Maximise use of technology.
- Are outcome focussed, so that impact is clear and measurable

Access to services

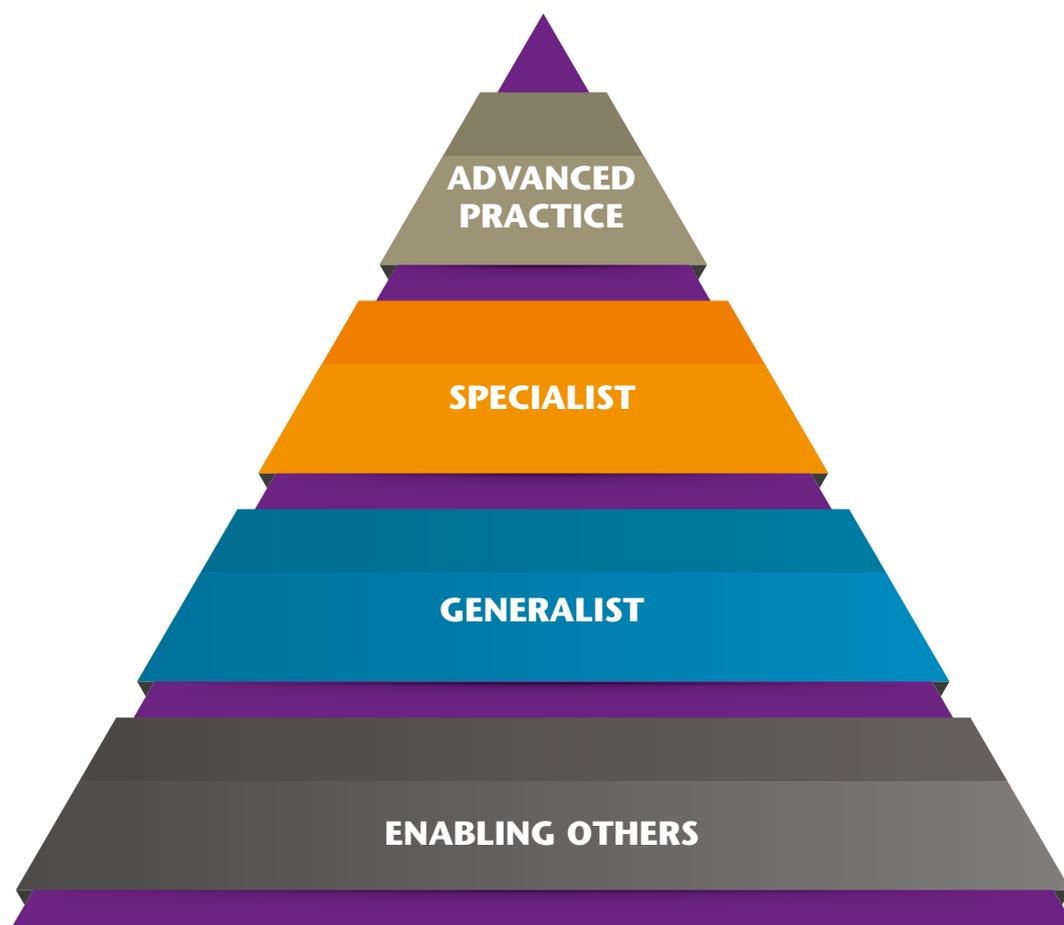
- Is equitable and based on patient need
- Is timely, where and when required eg to facilitate discharge from hospital and prevent admissions
- Ensures appropriate and timely access to specialist services

The AHP workforce

- is flexible enough to ensure that patients are seen by the most appropriate person with the expertise to assess, treat and review them
- is skilled and competent to train and empower others to deliver appropriate interventions.
- has the skills, training and experience to ensure assessment and intervention processes are person-centred and completed with minimum numbers of professionals being involved.
- work closely with health, social care and third sector partners, delivering within available resources.
- has appropriate level of clinical and professional leadership.

1. AHP Model of Service Delivery

Shown as one side of a pyramid, the AHP service delivery model illustrates the tiered work that currently takes place by AHPs in Forth Valley, and also shows where there are opportunities for AHPs to contribute more fully to local and national strategies in future.



Enabling others – Universal approach to sharing knowledge and building capability and capacity in others; training, educating and enabling others to positively impact on the health of the ‘communities’ where they live or work eg milk allergy management sessions for GPs and health visitors, training social care staff in dementia, training volunteers to provide Top Toes (social footcare service); whole school approach to improving children’s spoken language, reablement training to social care support staff

Application of Generalist practice - managing a wide range of clinical presentations using broad professional knowledge and skills across a wide range of settings. For community staff this is likely to be services that are delivered within localities and lends itself to competency based, interdisciplinary working, where staff cross professional boundaries where they have the competencies to do so.

Application of Specialist practice - delivering specialist input to patients with more complex needs

Application of Advanced Practice and beyond - managing the most complex patients, and taking on increasingly skilled work that may have previously been undertaken by medical colleagues eg management of spasticity, diagnosis of learning difficulty; extended scope physiotherapists in GP practice; carrying out video-fluoroscopy;

2. Measuring impact

To deliver the four tiers above requires AHPs to work,

- with named patients directly (face to face, phone)
- with named patients indirectly (liaising with partners, drawing up self-management plans and rehabilitation programmes)
- at a universal /enabling others level, where work cannot be attributed to a named patient.

The extent to which AHPs can record and report data has improved greatly over the past 2 years, with all services now using electronic systems although the data currently captured is mainly activity data and waiting times. It is therefore difficult to demonstrate impact. Also as interventions become more complex and patients are more likely to be seen by teams, it becomes more challenging to determine the impact of any one component, service, profession or intervention.

A national workstream is looking at AHP operational measures to ensure consistent recording of nationally-agreed targets. More work is required locally to ensure that systems are in place to capture these measures and report them in a consistent and meaningful way.

3. Workforce planning and workforce development

In order to deliver new ways of working, the workforce needs to be suitably equipped with affordable workforce plans. This will ensure that the contribution of AHPs to health and social care integration and delivery of the Healthcare Strategy can be maximised. A clear plan of how to prepare, support and develop the workforce through a process of workforce transformation is also required.

These plans will give consideration to the required skill mix and spread of professions across health and social care to meet priorities and resources and will reflect the educational, support and development needs of the workforce to deliver services for the future. This work will be progressed at the earliest opportunity.



4. Assuring safe, effective and person centred care

The range of partners that AHPs work with, the diverse environments in which they work and the different interventions that take place within each of the four tiers demonstrates the increasingly complex ways in which AHPs work. As a result, service delivery is no longer linear. Roles and responsibilities can be shared across organisations, not only public sector organisations, and the need for clear governance arrangements becomes increasingly important to ensure safe patient care and professional practice.

Application of Advanced Practice and beyond - as staff work at the upper limits of practice and at the upper range of their skill set there is a need for strong support to provide assurance for work at this level. Where staff are taking on new and more advanced roles that may have been previously undertaken by medical colleagues, there is also a requirement for specific protocols which may need to be supported by other professionals or by colleagues outwith the Board, especially when working as lone practitioners.

Application of Specialist practice - as staff work with patients with increasingly complex needs, arrangements need to be in place ensure staff are professionally competent and fit to practise.

Application of Generalist practice- service delivery at this level may lend itself to a more competency-based, interdisciplinary approach. Transparent arrangements for care assurance will be required to ensure staff work within their levels of competency and that patients are safe.

Enabling others - the increasing role of AHPs as enablers, facilitators and teachers requires a new approach to governance that not only makes sure staff have the necessary skills and competencies to undertake this role but also to ensure that standards of practice in those they have trained is maintained over time.

This means that care assurance arrangements need to reflect new ways of working and should be supported by professional leadership arrangements that reflect contemporary practice.



Summary

This document highlights outcomes from a programme of work that took place during 2016. As part of this work, a model of service delivery was identified that can be adopted by all allied health professions within Forth Valley, capturing both diversity and commonality. It provides a framework to articulate not only the current contribution to delivery of Shaping the Future, Active and Independent Living Programme and Strategic Plans but also describes future opportunities to maximise the innovation, enthusiasm and drive of AHPs within NHS Forth Valley.



AHP Workplan 2017 – 2021

- Workstreams will be set up to further explore innovative opportunities for AHP service delivery within each tier of the 4 tiered model, including advanced practice.
- Each new service delivery model will be expected to demonstrate how it has incorporated the cross cutting themes (eg personal responsibility, prevention, early intervention, use of technology and improving health and well being)
- Each workstream will ensure that relevant operational measures are in place to support the recording and reporting of consistent and meaningful data
- There will be a requirement to develop contemporary and affordable workforce plans supported by workforce development plans to support delivery of new models
- A specific workstream will consider care assurance for AHPs for safe, effective and person centred service delivery
- Professional leadership arrangements will be strengthened to support the above

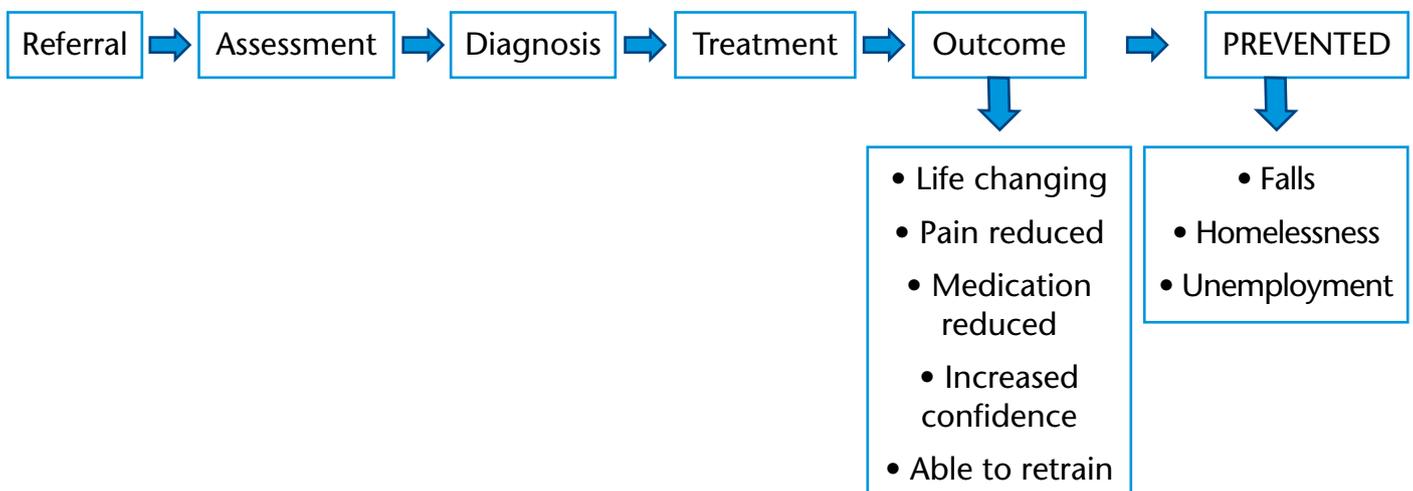
Examples of current AHP practice

All services have used the 4 tier model to describe their current service delivery in Forth Valley and there are also a number of logic models that have been developed that demonstrate both outcomes and impact of the AHP intervention (see example). These can be found using the link

<https://nhsforthvalley.com/wp-content/uploads/2014/06/AHP-Professional-Leadership-Section-2.pdf>

Orthotics

A 34 year old gentleman injured in military service was referred to the orthotic service via his GP. Several operations to both knees had left him in constant pain with his knees constantly giving way causing him to fall. He was on high amounts of medication for the pain, unemployed, considering sitting in a wheelchair permanently and about to be made homeless by the time he accessed the Orthotics Service. He was assessed in clinic and prescribed functional knee braces for both knees. He reported the treatment he had received radically changed his life- his pain was reduced therefore his medication reduced so he could think clearly again. He could walk without pain and instability so the falls reduced. His new mobility and confidence encouraged him to enrol onto a course to train for a new profession to be able to support his family again.





**Clackmannanshire
Council**



Falkirk
Health and Social Care
Partnership