

Framing the contribution of allied health professionals

Delivering high-quality healthcare

Report



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Delivering high-quality healthcare

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Foreword



I know that, as allied health professionals, you do not always feel you get the recognition that you deserve. Yet the contribution you make to delivering quality healthcare is immense. You also play a crucial role in delivering on many of the high-profile commitments, not least of which has been the 18-week maximum waiting time.

In this, the 60th year of the NHS, it is only right that, through the Next Stage Review, we refocus our attention even more closely on the quality of care provided as well as care for all, in particular the most disadvantaged and vulnerable in our society. Your services deliver care to many of these people.

This document, *Framing the contribution of allied health professionals – delivering high-quality healthcare*, highlights the particular themes and programmes of work heralded by *High Quality Care For All*, its supporting documents *A High Quality Workforce* and *Our vision for primary and community care*, and the draft NHS Constitution.

It also sets out the improved allied health professions (AHP) service offer. The offer builds on the ambitions in the Next Stage Review, of delivering a world-class service in the context of a changing society. The Next Stage Review is about the role that all clinicians need to play in improving the health and wellbeing of people in this country – in particular through health promotion and bringing care closer to home. We need to make services as accessible as possible and maximise the skills and competences of our workforce, and we need to provide practitioners with tools to measure the quality of service they deliver in order that they can continue to improve those services. This is what the improved AHP service offer does.

We need to build on the excellent work that you and the wider healthcare team have delivered in acute care, and ensure that community services achieve the same excellence.

The offer, along with the work in your professions and services that arises from the Next Stage Review, will provide an excellent platform for you to highlight your contribution to transforming health and social care – your contribution to adding 'life to years' as well as 'years to life'.

A handwritten signature in black ink that reads "Alan Johnson". The signature is written in a cursive, flowing style.

Rt Honourable Alan Johnson MP
Secretary of State for Health

Introduction



High Quality Care For All,¹ the final report of Lord Darzi's NHS Next Stage Review, signals the third stage in the journey of reforming the health service in order to deliver high-quality healthcare to the public. It refocuses our attention on the **quality** of care that patients and the public receive.

This shift in focus is exemplified in the improved AHP service offer for the public announced by the Rt Honourable Alan Johnson MP, Secretary of State for Health, on 21 October 2008. This offer centres on three key aspects for improving the services that allied health professionals deliver.

Firstly, we will mandate the collection of referral to treatment data for AHP services and support service redesign to improve services for patients.

Secondly, we will promote the benefits of self-referral to physiotherapy services, and encourage local extension of self-referral to other AHP services, where appropriate, in order to make them more accessible.

Finally, we will improve the quality of services delivered and empower patients through the

development of quality metrics, by highlighting the benefits of personal health budgets and integrated care organisations, and through the use of information prescriptions for allied health professionals and their services.

This offer is extremely significant because what we do and the service we deliver will come into sharp focus, and allied health professionals will need to be ready to respond. While this offer concentrates on services in primary care and the community, it builds on the work achieved by those in our professions who work in the acute sector. Wherever you work, I feel certain that this improved AHP service offer to the public will provide an unprecedented opportunity for you to demonstrate our unique contribution to delivering high-quality care.

Framing the contribution of allied health professionals – delivering high-quality healthcare sets out the key themes defined in the final report of the NHS Next Stage Review and supporting documents,² and highlights the opportunities for allied health professionals to contribute in a meaningful way to transforming the health and social care system. It describes the national work under way to facilitate this, and the particular implications of the service offer.

Transforming health and social care cannot be done from the centre, but has to be done in partnership with the service. I hope that this document is a useful tool to support you in maximising the contribution that you and your service make to improving the quality of patient care.

A handwritten signature in black ink, appearing to read 'K Middleton'.

Karen Middleton
Chief Health Professions Officer

¹ *High Quality Care For All: NHS Next Stage Review Final Report*, Department of Health, 2008.

² *A High Quality Workforce: NHS Next Stage Review*, Department of Health, 2008; *NHS Next Stage Review: Our vision for primary and community care*, Department of Health, 2008; *A consultation on The NHS Constitution*, Department of Health, 2008.

1. The improved AHP service offer to patients and the public

1.1 On 21 October 2008, the Rt Honourable Alan Johnson MP, Secretary of State for Health, announced an improved AHP service offer to patients and the public. This supports allied health professionals to deliver many of the aspirations of *High Quality Care For All*. The improved AHP service offer described below is part of the next step in the journey to transforming services for patients.

Improved AHP service offer

We will **mandate data collection** so that AHP services and practitioners can understand how well they perform and then improve their services for patients

We will **improve ease of access** by promoting the benefits of self-referral to physiotherapy services and encouraging local extension of self-referral to other AHP services

We will **improve quality** by ensuring that the work to develop an integrated set of quality metrics has a clear focus on metrics related to services provided by clinical teams, including AHPs. By piloting personal health budgets and integrated care pilots and through the use of information prescriptions for allied health professionals and AHP services, we will **empower patients** to have more choice and control

Mandating data collection

- 1.2** Allied health professionals are already playing a key role in improving services for patients; a good example is the reduction of waiting times to below 18 weeks for consultant-led pathways.
- 1.3** To support AHP services in achieving a reduction in waiting times, we published an *Information Management Handbook for AHP Services*, including a minimum dataset, and a Physiotherapy Pathway Improvement Tool.³ Data collection is key to both understanding services and improving them, but we need to ensure a consistent approach across the system.
- 1.4** With this in mind, we will mandate data collection and support service redesign in order for allied health professionals to have the tools to transform their services.
- 1.5** The Department of Health's Transforming Community Services programme is already working with the NHS Information Centre and NHS Connecting for Health to develop a community services data set. This will include services provided by allied health professionals in the community and will encompass the data items needed to record the time taken from referral to treatment. National, mandatory data collection for referral to intervention times will commence in 2010. However, to support those providers that will not be able to measure referral to intervention

³ *Information Management Handbook for AHP Services*, Department of Health, 2007.

times within this timescale, we will explore alternative approaches. In addition, some services may require support to implement service transformation, and we are considering what form that support will take.

Improving ease of access

1.6 The White Paper *Our health, our care, our say*⁴ made a commitment to pilot and evaluate the effectiveness of self-referral to physiotherapy.

1.7 Self-referral to AHP services is defined as where 'patients are able to refer themselves to an allied health professional without having to see anyone else first, or without being told to refer themselves by another health professional. This can relate to telephone, IT or face-to-face services.'

1.8 Self-referral to allied health professionals is not a new concept; it is well established in the independent sector and is used in the NHS, but is not universal.

1.9 The *Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services* report was published on 21 October 2008.⁵ The benefits of self-referral identified within the report include:

- > widening of access for people with acute problems;
- > high levels of patient satisfaction and confidence;
- > a lower level of reported work absence; and
- > increased access for patients with no evidence of an increased demand on the service where services were not already under-resourced.

Reducing waits in the Bolton musculoskeletal clinical and treatment service (CATS)

A one-stop shop has been created for patients referred for an orthopaedic surgical opinion who previously would have waited an average of six months for assessment, followed by a further average of six months on the surgical waiting list.

A triage service (weekdays 8am–7pm), managed by orthopaedic advanced practitioners with extended scope skills (podiatrists and physiotherapists), assesses (including by carrying out X-rays and other clinical tests) and refers patients for surgery or conservative management. If surgery is recommended, the patient is given a 'fitness for surgery' assessment and information to help them decide if they want to proceed on the same day. Those who are offered conservative treatment are linked into Choose and Book, the national electronic referral service, and can see a physiotherapist on the same day. The use of advanced practitioners with extended scope skills has reduced the waiting time for an assessment to less than a week, and the whole patient journey has reduced from an average of one year to below 18 weeks. The one-stop shop offers patients an assessment, test results and an opinion in one appointment, with quicker access to further management.

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⁴ *Our health, our care, our say: a new direction for community services*, Department of Health, 2006.

⁵ *Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services*, Department of Health, 2008.

1.10 We will set out the benefits to the NHS of AHP services being accessed through self-referral by patients where clinically appropriate. The existing Transforming Community Services programme will include a number of initiatives that will support the use of self-referral as a means of access to local AHP services. They will include a toolkit to support World Class Commissioning of community services, which will be published in November 2008. This toolkit will include a best-practice commissioning case study of self-referral to AHP services.

Using self-referral to improve access to podiatry for vulnerable people

Portsmouth City Teaching PCT's podiatry service was commissioned to enable the most vulnerable groups (such as those with long-term conditions, children and adults with a registered disability and people aged over 65) to self-refer. Approximately 35% of all initial contacts are now self-referred.

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Improving quality and empowering patients

1.11 There are four strands of the improved AHP service offer that will support allied health professionals to improve quality and empower patients:

- > We will encourage a local focus on quality metrics for AHP services.
- > We will empower patients to use AHP services through piloting personal budgets.
- > We will encourage the use of information prescriptions by AHP services.
- > We will encourage allied health professionals to engage with the integrated care organisation pilots.

1.12 For patients, this will mean better-quality services through the better understanding of patient need and satisfaction, increased choice of services and providers, and more seamless care pathways.

Self-referral improves access to speech and language therapy

City and Hackney Teaching PCT and The Learning Trust's early years speech and language therapy service for children under five operates 'Talking Walk-in' sessions as the first point of contact. This self-referral method has allowed parents to see a specialist clinician straight away when concerned about their child. There are now no waiting lists for appointments.

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Quality metrics for AHP services

1.13 Allied health professionals already measure the quality of their services in order to improve them. For example:

- > Therapy outcome measures have been developed at the University of Sheffield and are widely used, e.g. by speech and language therapists to evaluate outcomes following a stroke.
- > A self-reported 'quality of wellbeing scale' is used by occupational therapists and physiotherapists to measure their services' ability to relate interventions to the life of the individual.

1.14 However, there is no universal set of clinical outcomes used by AHP services across England. As part of this service offer we will ensure that, as part of the work described in *High Quality Care For All* to develop an integrated set of quality metrics, there is a clear focus on metrics related to services provided by clinical teams inclusive of allied health

professionals. The process will start later this year and will be informed by the work of the Department of Health's professional leadership team.

1.15 Ambulance services have been developing quality measures in response to recommendations in *Taking Healthcare to the Patient*,⁶ and are currently measuring in five areas: cardiac arrest, hypoglycaemia, asthma, stroke and STEMI. They plan to build on quality indicators to measure outcomes.

1.16 The metrics developed through the work to implement *High Quality Care For All* will be shared across the country next year. We will ensure that AHP leaders play a key role in this process.

Personal health budgets

1.17 In *High Quality Care For All*, we made a commitment to extend patient choice and empowerment through the use of personal health budgets.

Hertfordshire dramatherapists work with people who have long-term mental health problems to reduce health inequalities

Dramatherapy provides ways of exploring problems and experiences through stories or role play, for example, and encourages confidence and self-expression through experimenting with different ways of communicating and being. Working with groups of people who have long-term mental health problem, the dramatherapists at Hertfordshire Partnership Foundation Trust have been using Clinical Outcomes in Routine Evaluation (CORE) to evaluate how the group is responding. The clinical outcomes have improved, waiting lists for psychology services have reduced, the incidence of acute inpatient admission or crisis is very low and the need for other secondary mental health services has reduced. Group members have reported increased self-confidence and self-worth and have learnt new ways of dealing with problems in their everyday life.

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⁶ *Taking Healthcare to the Patient: Transforming NHS Ambulance Services*, Department of Health, 2005.

1.18 Personal health budgets are likely to work for patients with fairly stable and predictable conditions who are well placed to make informed choices about their treatment, such as some of those with long-term conditions.

1.19 The launch of the national pilot programme for personal health budgets next year will build on local primary care trust (PCT) initiatives for site selection, and we expect that this will include AHP services. The pilots will consider direct payments where this makes sense for particular patients in certain circumstances.

Information prescriptions

1.20 Information prescriptions are being developed as a way of providing information to users and carers that will help them to better manage their own care and keep healthy. They will guide people with long-term conditions, and their carers, to relevant and reliable sources of information and support on health, lifestyle, social care, financial support, getting back to work and the range of local services available.

1.21 Information prescriptions will be delivered by health and social care staff, including allied health professionals, who will be able to access resources to help them implement the scheme. Information prescriptions are already being used by allied health professionals in some areas, as shown in the following example.

Integrated care organisations

1.22 *High Quality Care For All* describes how we will empower clinicians to provide more integrated services for patients by piloting new integrated care organisations,

bringing together a range of health and social care professionals. The aim of these integrated care organisations will be to achieve more personal, responsive care, and better health outcomes for the local population.

1.23 The forthcoming clinically led integrated care pilots will provide an opportunity to demonstrate how working across all health and social care sectors, and across the whole patient journey, is accepted practice for AHP services.

Tate Britain and Oxleas Mental Health Foundation Trust pilot information prescriptions

Service users with psychoses and their carers worked with an art therapist and educationalist to look at and respond to art pieces at Tate Britain, to develop a way of communicating their experiences to others with similar conditions or experiences. The art therapist facilitated group discussion about the individuals' emotional responses to various art pieces. This discussion, along with the image of the art piece involved, formed the basis for recordings that were turned into podcasts. These were then used as a source of information for people who were entering into mental health services with similar problems for the first time. They were also used to help carers come to terms with their situation. The pilot showed that information produced in this innovative way, by and for people with psychoses, was accessible and relevant.

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Working across services avoids hospital admissions in Hartlepool

An integrated approach to the prevention of avoidable hospital admissions and support in the community has been developed by Hartlepool PCT, working in partnership with North Tees and Hartlepool Foundation Trust and Hartlepool Borough Council. The team was developed with occupational therapists and physiotherapists based in accident and emergency and intermediate care, working with rapid-response nursing and social care staff.

Benefits include a focus on active ageing and helping people return to their own home, which has significantly reduced the need for residential care support. However, if this is required, AHP staff can directly access intermediate care residential beds in a timely manner. Social care services are involved at an early stage to help a person identify their care and support needs, including integration into activities that matter to them, and establish their personal budget.

Avoidable admissions are prevented by accident and emergency practitioners with flexible generic skills providing interim care for up to 72 hours, to allow time for intermediate care to respond. The rehabilitation process is then continued by the intermediate care team.

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2. The allied health professions

2.1 The allied health professions are a diverse group of clinicians who deliver high-quality care to patients and clients across a wide range of care pathways and in a variety of different settings.

2.2 Nearly 77,000 allied health professionals work in the NHS in England. Significant and increasing numbers work in other public services including social care and education, and in the private and charitable sectors.⁷

2.3 Allied health professionals are graduates.⁸ From the point of registration, they are autonomous practitioners.

2.4 The professions and their roles are as follows.

- > **Art therapists** provide a psychotherapeutic intervention that enables clients to effect change and growth by the use of art materials to gain insight and promote the resolution of difficulties.
- > **Chiropodists/Podiatrists** diagnose and treat abnormalities of the foot. They give professional advice on prevention of foot problems and on proper care of the foot.
- > **Diagnostic radiographers** produce high-quality images on film and other recording media, using all kinds of radiation.

- > **Dietitians** translate the science of nutrition into practical information about food. They work with people to promote nutritional wellbeing, prevent food-related problems and treat disease.
- > **Dramatherapists** encourage clients to experience their physicality, to develop an ability to express the whole range of their emotions and to increase their insight and knowledge of themselves and others.
- > **Music therapists** facilitate interaction and development of insight into clients' behaviour and emotional difficulties through music.
- > **Occupational therapists** assess, rehabilitate and treat people using purposeful activity and occupation to prevent disability and promote health and independent function.
- > **Orthoptists** diagnose and treat eye movement disorders and defects of binocular vision.
- > **Paramedics** are ambulance service health professionals who provide urgent and emergency care to patients. They assess and treat patients before transferring or referring them to other services, as appropriate.
- > **Physiotherapists** assess and treat people with physical problems caused by accident, ageing, disease or disability, using physical approaches in the alleviation of all aspects of the person's condition.

⁷ Source: Department of Health Non-Medical Workforce Census, 2007.

⁸ The work to modernise the paramedic career was done separately through the emergency and unscheduled care competence framework – see *Taking Healthcare to the Patient: Transforming NHS Ambulance Services*.

> **Prosthetists and orthotists:**

Prosthetists provide care and advice on rehabilitation for patients who have lost or who were born without a limb, fitting the best possible artificial replacement. Orthotists design and fit orthoses (calipers, braces etc.) which provide support to part of a patient's body, to compensate for paralysed muscles, provide relief from pain or prevent physical deformities from progressing.

> **Speech and language therapists** work with people who have communication and/or swallowing difficulties.

> **Therapeutic radiographers** treat mainly cancer patients, using ionising radiation and, sometimes, drugs. They provide care across the entire spectrum of cancer services.

2.5 All allied health professionals have four common attributes:

- > They are, in the main, first-contact practitioners.
- > They perform essential diagnostic and therapeutic roles.
- > They work across a wide range of locations and sectors within acute, primary and community care.
- > They perform functions of assessment, diagnosis, treatment and discharge throughout the care pathway – from primary prevention through to specialist disease management and rehabilitation.

2.6 These characteristics are essential for transforming health and social care. The knowledge, skills and experience they bring will be crucial if we are to continue to provide a sustainable service that not only 'adds years to life' but also 'adds life to years'.

3. What does the Next Stage Review mean for allied health professionals?

3.1 *High Quality Care For All* sets out the vision for the future of the National Health Service focused on high-quality personalised care that helps people stay healthy. A series of documents provide more detail about how these aspirations will be delivered:

- > *Our vision for primary and community care* describes what we will do to support patients and the public, clinicians and the local NHS to achieve continuous improvements in the quality of services. Aspects of this vision that are the most pertinent to the allied health professions are set out in *Our vision for primary and community care: What it means for nurses, midwives, health visitors and AHPs*.
 - > *A High Quality Workforce* describes a system for workforce planning, education and training that will be sustainable for the long term, to ensure that the NHS continues to have the most talented staff who are fully supported to deliver high-quality care for patients.
 - > The draft NHS Constitution now records in one place what the NHS does, what it stands for and what it should live up to. It sets out the principles to guide how all parts of the NHS should act and make decisions.
- > Each strategic health authority (SHA) in England has published its vision, developed with clinicians including allied health professionals, which describes local models of care for the next decade.⁹

3.2 Quality is the overarching theme of this review, whether it is the quality of clinical care delivered, the quality of evidence available to make clinical decisions or the quality of the workforce fit to deliver the SHA visions.

3.3 It is important to consider the quality of clinical services in terms of them being safe, delivering good clinical outcomes for patients and providing the patient with a positive experience.

3.4 *High Quality Care For All* promotes personal and responsive services that empower individuals and communities to manage their own health and enable them to live healthy lives. This vision will be fulfilled by local clinicians working in partnership with their communities.

⁹ In May and June 2008, England's SHAs published a series of reports describing their locally developed visions for improving health and healthcare over the next decade. These visions can be found at www.nhs.uk

North East Ambulance Service staff and the Northumberland Care Trust community rehabilitation team reduce falls in older people

The Northumberland falls pathway was developed in partnership with statutory and non-statutory agencies. The nationally recognised CRYER tool was used to identify those at risk of falls. It was recognised that ambulance staff were ideally placed to use this tool to identify people prone to falling. The form is faxed to the community rehabilitation team, who then decide what part of the pathway could support the individual. This intervention, facilitated by the ambulance staff identifying those at risk, allows timely access to treatment interventions by AHPs, improving patients' mobility and strength and thus helping to improve the quality of life and independence of vulnerable older people. North East Ambulance Service is involved in similar falls schemes across the North East and has recorded nearly 4,000 fewer falls by older people a year in total – a 23% reduction. This has meant savings for the ambulance service and has reduced bed days and trolley waits for this vulnerable group.

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3.5 The three aspects of quality as described in *High Quality Care For All* are:

- > **High-quality care for patients and the public** – a focus on quality that will translate into quality services that patients and the public will perceive.
- > **Quality at the heart of the NHS** – underpinning services is a need for quality metrics that demonstrate the quality changes expected.
- > **Freedom to focus on quality** – how staff can have a greater voice in providing innovative and responsive personalised care.

3.6 This chapter identifies where these key aspects of quality are pertinent to allied health professionals and AHP services (except where this has already been described in Chapter 1).

High-quality care for patients and the public

3.7 High-quality care is what matters most to patients, the public and staff. In general, the NHS offers a very high standard of care; but there are some aspects of care that we can continue to improve.

Helping people to stay healthy

3.8 *A High Quality Workforce* highlights the need for the NHS and its national and local partners to work together more effectively, making a stronger contribution to promoting health and ensuring easier access to prevention services.

3.9 The following steps will be taken to improve the prevention of ill health:

1. A new Coalition for Better Health aims to achieve better health outcomes for the nation through voluntary agreements between government and private and third sector organisations. It will focus initially on combating obesity and work across sectors to encourage workplaces to invest in the health of their workforce.
2. PCTs will be required to commission services focused on wellbeing and prevention, ensuring that there is information available for people to be able to make healthy choices. The named priority areas are: tackling obesity; reducing alcohol harm; treating drug addiction; reducing smoking rates; improving sexual health; and improving mental health. Allied health professionals already focus on health promotion when working with individuals, carers and families. For instance:
 - > Dietitians often work in deprived communities to develop healthy eating advice in a format that is developed with local people to tackle obesity.
 - > Physiotherapists promote exercise to fit in with people's lifestyles and the prevention of weight gain.
 - > Occupational therapists encourage people to engage in activities that support good mental health.
3. The Reduce Your Risk campaign to raise awareness of vascular disease will be launched during 2009, along with vascular health checks for everyone aged 40–74 to prevent heart attacks, strokes and diabetes.

Dietitians encourage healthy choices to tackle obesity in Peterborough

A team led by a public health dietitian has worked in Peterborough to increase awareness of obesity and its risk factors, and to promote healthy eating and an active lifestyle. Having contacted schools, colleges, catering companies, the local council and voluntary agencies to involve them in the campaign, the team has consulted widely with the public and provided support to many workplaces to take forward a policy of health promotion called Healthy Weight Peterborough.

Support for workplaces to instigate the policy includes a network set up by the dietitians. Each company has worked with its employees to look at what they want to help them achieve a healthy lifestyle, and in each workplace there is a champion for the policy. Currently there are nearly 130 companies involved, with 50 having written policies; these have resulted in changes to the workplace food and the physical environment for over 12,000 working people. The uptake of these options has been high, and the dietitians have held family fun days and involved Peterborough United Football Club and the media to champion the campaign. In March 2009 further evaluation of the impact of the initiative will be available.

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South Devon Stroke Service involves patients and the public

Devon PCT and the South Devon Stroke Service have developed a robust approach to Patient and Public Involvement. The service conducted a research project with users and carers to review their experience of receiving information after a stroke. The project led to the production of a detailed stroke information pack describing the ways of reducing the risk of another stroke as well as giving general information. This pack was developed with particular input from physiotherapy and dietetics regarding exercise and diet after stroke.

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4. *High Quality Care For All* commits to providing integrated 'Fit for Work' services to support people to return to work. It is recognised that those in work are healthier, both mentally and physically, than those out of work. There are also social and financial consequences for the unemployed person. Once someone is long-term unemployed, social exclusion becomes a reality and they do not access appropriate health services.

5. Allied health professionals have a key role in helping individuals stay in or return to work more quickly.¹⁰ They are well placed to be part of the multidisciplinary Fit for Work teams, using their expertise in assessing and

treating musculoskeletal problems and in therapeutic recovery for people with mental health conditions. Allied health professionals use their problem-solving skills to support people with, for instance, neurological conditions to remain in work.

North East London Foundation Trust is getting people back to work

Mental health conditions are a significant cause of unemployment, absence from work and low productivity while in work.

Occupational therapy services in north-east London were redesigned to undertake vocational assessment, facilitate and support attendance at employment agencies, use interventions to build self-confidence and self-esteem, agree work goals and offer support to ensure that individuals stayed in employment for a sustained period of time.

Over 9 months, 44 service users were supported into employment, 50 into education and training and 94 into unpaid employment, e.g. volunteering, through redesigned occupational therapy services.

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Empowering patients

3.10 The new draft NHS Constitution brings together in one place 37 rights and pledges, so that all patients and staff are clear about what they can expect from the NHS. As well as providing clarity

¹⁰ Dame Carol Black's Review of the health of Britain's working age population: Working for a healthier tomorrow, Department for Work and Pensions, 2008.

about existing rights it contains a small number of important new rights, such as the right for patients and the public to choose services that they perceive as best meeting their needs and providing high-quality care. We will empower individuals and communities by increasing the understanding of the NHS through the provision of high-quality information about our services. The consultation on the draft NHS Constitution closed on 17 October 2008. More detail about this can be found in Chapter 6.

Orthotists in Sheffield keep people in employment

Assessment and provision of orthoses by orthotists can have a significant impact on people's ability to function and remain in work. An orthosis can be an adjunct or an alternative to surgery. For instance, in the case of a self-employed painter and decorator, the option of an orthosis rather than surgical fixation of a previously fractured ankle was preferable. It allowed him to remain in work, managing ladders and standing for long periods, and relieved the need for surgery, which would have meant at least six weeks off work without pay. The orthotist's intervention improved the patient's quality of life, allowing him both to remain in work and also to remain active socially.

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3.11 Albeit the NHS Constitution is new and will empower patients, allied health professionals traditionally work in partnership with service users, supporting them to define their own goals and ensuring that treatment plans are personalised. The introduction of personalised care plans will help patients to take a more active role in their healthcare management. This can help patients access services according to their needs and preferences, because the plan is drawn up and 'owned' by the patient with support from clinicians. All people with a long-term condition will be offered a personalised care plan drawn up in partnership with a lead clinician, who may be an allied health professional. The expertise in rehabilitation and working with patients to develop agreed plans to achieve their personal goals already resides with allied health professionals.

3.12 The use of personal health budgets and information in prescriptions, as described in Chapter 1, will also empower – as will the new Patients' Prospectus. This will give patients with long-term conditions the information they need about the choices that should be available to them locally, enabling them to self-care in partnership with health and social care professionals. The Patients' Prospectus is due to be published on the NHS Choices website in October 2008.

Quality at the heart of the NHS

3.13 In order to enshrine quality at the heart of the NHS we will:

Bring clarity to quality

3.14 From 2009, the National Institute for Health and Clinical Excellence (NICE) will expand the number and reach of national quality standards, either by selecting the best available standards (for example, the relevant part of a National Service Framework) or by filling in gaps. The broadening of the role of NICE will include setting up a portal, NHS Evidence, to bring together evidence and best-practice examples. This will be a useful tool for allied health professionals to learn from what works well and share their experiences. There will be a greater emphasis on working with local as well as national clinical groups.

Measure quality

3.15 We are working to produce a national quality framework to support clinical services to measure their success. We have been working to select the national clinical indicators that are currently available, and this work will be broadened to encompass quality metrics currently being used by AHP services. The clinical outcomes for AHP services that are being developed as part of the AHP service offer, together with the community metrics, will form part of this quality framework and allied health professional stakeholders, including the professional bodies, will be engaged in this work.

3.16 We will also develop 'clinical dashboards' which will present the metrics that clinicians have collected in a simple, graphical format. This will help them to make the decisions they need to make to transform their services.

Publish quality performance

3.17 From April 2010, all healthcare providers working for or on behalf of the NHS will have to produce Quality Accounts. These reports to the public on the quality of the services they provide will look at patient safety, patient experience and outcomes. This data will then be presented to the public on the NHS Choices website.

3.18 Allied health professionals will be asked to actively contribute to the production of the clinical outcomes for AHP services that will be so crucial in ensuring that the quality of their services is reported to the public.

Recognise and reward quality

3.19 From April 2009, the payment systems for providers of NHS care will be improved to better reflect clinical practice, recognise the complexity of care and support innovation. The Commissioning for Quality and Innovation (CQUIN) scheme will also support local drives for improvement. In addition, we will be extending payment and pricing systems to cover other services such as mental health services.

Music therapy in Peterborough to be supported by clinical outcome measures

People who are severely disturbed with complex personality disorders are offered music therapy as part of the Complex Case Service in Cambridgeshire and Peterborough NHS Foundation Trust.

The music therapy takes place in the community, in the Music Therapy Clinic at Anglia Ruskin University. The aim is to encourage individuals to interact with each other musically, which in turn encourages improvements in managing their own emotional state and relating to each other. Service users report increased social awareness and interaction and many have integrated back into work or achieve goals they have set on leaving the group. The music therapist who leads the work is employed across the university and trust and will be undertaking research in this area in order that the positive changes observed by both service users and clinicians can be supported by clinical outcome measures.

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3.20 This will provide an opportunity for allied health professionals to demonstrate innovative practice, for example:

Raising standards

3.21 As part of the work to raise standards within the NHS, each SHA will develop a Clinical Advisory Group to support the senior clinical team. To do this we will support clinical teams and directors to develop their practice through peer review, continuing professional development and professional revalidation.

3.22 This work is being driven locally, building on the strategic influence of the SHA AHP leads so that allied health professionals have an opportunity to develop their leadership skills and influence service transformation through clinical effectiveness.

3.23 To ensure that the Department of Health continues to have a role in identifying and planning for national clinical priorities, we have established a National Quality Board. This board will provide strategic oversight and leadership on quality. Its first report will be published by June 2009.

Safeguarding quality

3.24 The new Care Quality Commission will work with the public and the professions to develop a risk-based approach to ensuring compliance with registration requirements for safety and wider quality that all health and adult social care providers will be expected to meet. The work that we are doing to identify quality metrics will support allied health professionals to measure the quality of care they deliver.

Freedom to focus on quality

3.25 *High Quality Care For All* identified that support will be put in place to help clinicians develop their practice and leadership skills. Increased local responsibility will allow clinicians to make better use of their expertise in decision making. However, greater freedom brings more accountability to ensure patient safety. With that in mind, new organisational models that have the potential to help more localised approaches to healthcare will be encouraged, for example through social enterprise.

3.26 For those at a postgraduate or equivalent stage in their careers, we will explore ways to ensure that both the curricula and appraisal processes reflect the importance of learning leadership skills. For those with a particular interest in leadership, we will support SHAs and health innovation and education clusters to establish Clinical Leadership Fellowships so that they have dedicated time to spend on enhancing their leadership skills.

3.27 *Our vision for primary and community care* gives a commitment to the 'right to request' to become a social enterprise with linked pension rights. This provides an opportunity for allied health professionals to demonstrate leadership and collaborate to improve health outcomes and patient satisfaction. Allied health professionals are well placed to understand what local people really want from their services, and social enterprises offer the chance to be innovative and respond to that need.

4. Our vision for primary and community care

4.1 *Our vision for primary and community care* offers many opportunities for allied health professionals to demonstrate their strengths as high-level problem solvers, able to support people to remain as independent as possible.

4.2 This will become increasingly important as a larger proportion of those using health services receive care closer to home and have more complex health needs. Allied health professionals are used to working across many different settings, liaising with a wide range of services to give patients as seamless an overall service as possible. In addition to their core clinical role, allied health professionals can also act as integrators of care, helping people to navigate the journey out of hospital and back to work or home. Allied health professionals encourage positive risk taking towards independence, supporting patients to test their ability to cope with the real situations they will be in at home (such as climbing the stairs or cooking a meal).

4.3 *Our vision for primary and community care* makes clear that practice based commissioning (PBC) is to be reinvigorated to enable multi-professional engagement and the development of integrated care. The World Class Commissioning programme sets out the framework for PCTs to enhance their commissioning skills. There is an expectation within the programme that PCTs are inclusive of clinicians when making strategic decisions concerning commissioning.

4.4 Allied health professionals must engage with commissioners to understand their local population needs and help inform them about how AHP services can contribute to commissioned pathways. This will ensure that local health priorities and pathways benefit from appropriate diagnostic and therapeutic input. AHP services need to provide evidence of the unique benefit that they bring, so allied health professionals have to understand what kind of data commissioners need.

Transforming Community Services programme

4.5 Community services deliver care across a broad spectrum of need, including caring for people when they are at their most vulnerable. Many people rely on the intervention of allied health professionals to function adequately, return to work, remain in their own home despite devastating and limiting illness and disease, avoid admission to hospital or leave hospital earlier.

4.6 There is a view that unwarranted variation in access, delivery and investment exists in these vital services across the country. The Transforming Community Services programme is taking a two-pronged approach: improving business systems and processes, and transforming clinical services.

Partnership working in Suffolk brings radiography services closer to the patient's home

GPs led by Dr Tim Cooke at the Health Clinic in Botesdale, a small town near the Suffolk/Norfolk border, wanted to commission a diagnostic service in their community rather than using one provided some distance away. The possibilities offered by the new digital imaging systems, and the drivers to provide diagnostics closer to home, made this feasible. In partnership with the radiography service at West Suffolk Hospital, a state-of-the-art X-ray unit and a brand new ultrasound unit were set up, staffed by radiographers and sonographers from secondary care. The units are linked to the Picture Archiving and Communications System (PACS) at the acute trust (West Suffolk Hospitals NHS Trust), where radiologists report the images. Patients have been telling the radiographers how delighted they are to be able to be imaged so near to home.

'I saw my GP at 11 and had my X-ray at 3.30pm the same day. I didn't have to wait, the radiographers were friendly and efficient. I was so impressed.'

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Improving business systems and processes

- 4.7** This element of the programme is intended to help strengthen the business processes and capabilities of individuals and organisations. This will in turn enable performance and outcomes to be demonstrated and benchmarked, helping to drive up quality and reduce variation in performance. Five key work streams have been developed which will, by April 2009, deliver guidance documents and tools to support the NHS to achieve transformational change in community services. The products will be:
- > a World Class Commissioning toolkit to help commissioners be 'intelligent clients' for community services;
 - > a national standard contract to improve accountability and performance with autonomous providers;
 - > a framework document to support the local development of new contract currencies and prices;
 - > a guidance document to assist PCTs when considering the options for future arrangements of in-house community provider services; and
 - > a quality framework to support the measurement of the quality of community service commissioning and provision.

Additionally, a comprehensive information model for community services is to be developed and tested by April 2009.

Speech and language therapists in Sandwell improve children's communication skills

Speech and language therapists at Sandwell PCT have developed a screening tool (WellComm) which helps all staff within children's settings to identify children who would benefit from activities that enhance their communication skills at a level that is appropriate for them. The uptake of this tool has been nearly universal in schools and private nursery settings in Sandwell, and approximately 7,000 children have been assessed.

The screening tool helps identify children who need to practice communication skills, and raises awareness of the need to provide a stimulating and communication-rich environment with Early Years practitioners. Those children identified as still having communication difficulties despite these measures are assessed and offered specialist intervention by speech and language therapists. By making sure that children are identified early and managed appropriately, the tool has reduced the number of referrals to speech and language therapy services, and those who require an intervention are seen more quickly.

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Transforming clinical services

- 4.8** Allied health professionals, nurses and staff from the professional leadership team at the Department of Health are working with clinicians in the service to support the transformation of clinical services.
- 4.9** Although work is at an early stage, six clinical areas for improvement have been identified: health, wellbeing and reducing health inequalities; children and families; rehabilitation; acute care in the community; long-term conditions; and end-of-life care. We intend to develop six high-impact changes for each clinical area, and describe six transformational attributes that will help staff deliver change.
- 4.10** The professional leadership team is committed to taking an action-learning approach to the work and to engaging with as much of the workforce as practicable to generate support and enthusiasm for change. The work will be undertaken in collaboration with the NHS Institute to ensure that the transforming clinical services programme and the productive community services programme are working in synergy.
- 4.11** Guides for transformational change will be published by June 2009, and the transformational work is likely to continue into the coming years.

Orthoptists in Birmingham redesign referral routes

Visual field defects and diplopia (double vision) are common after a stroke; a 20.5% incidence of visual defects is reported. Very few acute stroke teams have an orthoptist as part of the team, but correction of diplopia using prisms and identification of visual field defects are vital to help people cope with their visual disability and assist rehabilitation.

Mr A suffered a stroke that left him with severe language and communication difficulties. During rehabilitation, healthcare professionals began to suspect that he had visual problems too. He was referred to the orthoptist, who confirmed that he had an extraocular or eye muscle problem caused by a defect in nerve supply to the eye muscle. This was causing Mr A to experience double vision. The orthoptist gave him a fresnel prism which corrected the double vision – an intervention that proved successful, as he regained three-dimensional vision for the first time since his stroke some six weeks previously. This meant he could judge distances and learn to walk again, and was able to read and communicate by writing – which proved to be the turning point in his rehabilitation.

The service has since been redesigned to ensure earlier referral and assessment by an orthoptist for anyone who is suspected of having a visual defect following a stroke.

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5. A high-quality workforce

- 5.1** The draft NHS Constitution identifies four pledges to NHS staff that reaffirm the commitment that good workplaces should exist for all staff – they should not just be the preserve of high-performing organisations. The pledges are aimed at NHS organisations and their employees, but should apply to all staff commissioning or providing NHS services. More detail about the draft NHS Constitution can be found in Chapter 6.
- 5.2** There are many pressures on a modern health and social care system:
- > The population of the UK is ageing and the proportion of dependents is increasing. Although older people are often healthier than in the past for their age, we are living longer and an ageing population will put increasing pressure on care.
 - > People's expectations are changing. People increasingly want health and social care services with a focus on personal choice, achievement and wellbeing. The public have the right to expect more from public services than we used to deliver, with services tailored to their individual needs.
 - > Our lifestyles are becoming less healthy. We are becoming more obese and less physically active, leading both directly and indirectly to health problems.
 - > Information has become increasingly important to patients and the public. Patients are now less dependent on expert input for their health information, and are more likely than ever to be using the internet as a key health information resource.
- 5.3** To meet these demands, we will need a workforce that is competent, flexible and responsive to change. *A High Quality Workforce* sets out how the NHS workforce will be developed to meet the proposals in *High Quality Care For All*. It aspires to develop a workforce that is patient-centred and focused on quality. There is a commitment to strengthening the links between the eight clinical pathways identified in *High Quality Care For All*, service development and education and workforce planning.
- 5.4** *A High Quality Workforce* identifies that, in the future, every clinician will have the opportunity to be a:
- > **Practitioner:** Clinicians' first and primary duty will always be their clinical practice or service, delivering high-quality care based on patients' individual needs. Allied health professionals work with patients, families and carers across the patient pathway, from cradle to grave and across sectors.
 - > **Partner:** Clinicians must be partners in care delivery, with individual and collective accountability for the performance of health services and the appropriate use of resources in the delivery of care. Allied health professionals are already working as flexible team players, integrating care across boundaries by using skills in complex problem solving.
 - > **Leader:** Clinicians are expected to provide leadership and, where they have appropriate skills, take senior leadership and management posts in

research, education and service delivery. Allied health professionals are well placed to become leaders in all these areas.

- 5.5** The exact balance between practitioner, partner and leader will be different depending on the professional role. This concept is supported by implementation of *Modernising Allied Health Professions (AHP) Careers: A Competence-Based Career Framework*.¹¹

Modernising AHP Careers, phase 1: A competence-based career framework

- 5.6** Our ambitions to ‘add years to life’ and, perhaps more crucially, ‘add life to years’ can only be achieved by a flexible and responsive AHP workforce which has patient-centred and professionally validated career pathways.

- 5.7** Allied health professionals follow four potential career pathways in their personal development into leadership roles:
- > clinical, e.g. consultant AHP;
 - > management, e.g. chief executive of a foundation trust;
 - > academic, e.g. vice-chancellor of a university; and
 - > research, e.g. director of the National Institute for Health Research.

- 5.8** The competence-based career framework is designed to maximise the contribution that allied health professionals can make to transforming healthcare for the benefit of patients, by providing a patient-centred approach to role and service development, career development and education planning, commissioning and delivery.

- 5.9** National workforce competences relevant to the work of allied health professionals and support workers, irrespective of grade, location or sector, have been developed and mapped to the Career Framework for Health. Web-based tools support commissioners to redesign services around the patient; support clinicians to plan flexible careers, ensure employability and meet continuing professional development requirements; and help service managers to build teams around competences to deliver quality clinical care. The framework is based on a substantial database of competences that was extensively field-tested over a 2½-year period.

- 5.10** The competence-based career framework will demonstrate for individuals and commissioners the variety of roles that AHPs can perform in order to contribute to improving the quality of services.

- 5.11** As demographics change, the way in which we provide healthcare will also need to change; this will have implications for how we train and develop health professionals. To underpin the development of new packages of learning, Skills for Health has developed a series of learning design principles which state that all learning should:
- > be fit for purpose;
 - > be linked to national occupational standards;
 - > be designed to be both stand-alone and provided in combination with other packages of learning;

¹¹ *Modernising Allied Health Professions (AHP) Careers: A Competence-Based Career Framework*, Department of Health, 2008.

- > be part of a cohesive framework of awards, qualifications and other ways of recognising achievement;
- > promote horizontal and vertical career progression;
- > recognise attainment via a variety of learning approaches; and
- > meet recognised quality standards in academic and vocational education.

Radiographers in Taunton extend their role

The role of Macmillan radiographer was set up so that radiographers with extended competences can support people in the community undergoing radiotherapy at specialist oncology centres which in some cases are some distance away. They provide a link between specialist centres and community services such as social care and palliative care.

Taking referrals for people with complex psychosocial needs, the radiographers have expert understanding of how radiation can treat cancer – and of the side effects that may occur. They work with everyone that the patient may encounter, helping them to anticipate these issues and managing them in a manner that supports the patient and their family at this difficult time.

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5.12 The work to modernise the paramedic career has started separately through the emergency and unscheduled care competence framework.¹² This progress made in paramedic careers, including the introduction of the emergency care practitioner and the move to higher education for all paramedics, will be built on in phase 2 of the Modernising AHP Careers programme.

Modernising AHP careers, phase 2: Education to support a flexible and responsive AHP workforce

5.13 In relation to the education and training of allied health professionals, *A High Quality Workforce* committed us to:

- > focusing our attention, with key stakeholders, on pre- and post-registration education to ensure that it supports a flexible and responsive approach to AHP careers;
- > sharing best practice regarding the implementation of the competence-based career framework;
- > considering how we might better secure the quality of practice placements across a variety of clinical settings;
- > taking forward the UK Clinical Research Collaboration recommendations¹³ to develop academic careers for allied health professionals; and
- > considering the benefits of preceptorship for newly qualified staff.

¹² See *Taking Healthcare to the Patient: Transforming NHS Ambulance Services*.

¹³ *Developing the best research professionals – Qualified graduate nurses: recommendations for preparing and supporting clinical academic careers of the future*. UK Clinical Research Collaboration, 2007.

5.14 The second phase of the Modernising AHP Careers programme will build on the competence-based career framework to put in place those educational levers necessary to build and maintain a flexible and responsive AHP workforce. We will be working with stakeholders to develop the details of what is required at an accelerated learning event in December 2008.

5.15 The Chief Health Professions Officer will convene a Modernising AHP Careers Oversight Board to share good practice resulting from use of the competence-based career framework.

Leadership

5.16 A *High Quality Workforce* makes a commitment to pay particular attention to the leadership capacity and capability of the AHPs, to ensure that the NHS can benefit from the wide diversity of clinical leaders available.

5.17 The *Reading the Compass* report¹⁴ describes the characteristics and the future development needs of AHP leaders. As a result, we are instigating an 'AHP leadership challenge' in each SHA, followed by a national challenge event.

5.18 The AHP leadership challenge will develop allied health professionals' confidence in respect of their leadership skills in current and future roles, enabling them to realise their potential to lead service transformation. The aim of the challenge is to demonstrate transferable AHP leadership competences from clinical and operational levels to the strategic level, and to identify where there are development needs.

5.19 SHAs will establish NICE Clinical Leadership Fellowships to allow clinicians to focus on enhancing their leadership skills. In addition to local leadership development programmes, we will introduce a national Leadership for Quality certificate which will operate at three levels, from level 1 for clinical and non-clinical team members through to level 3 for senior directors.

5.20 The top 250 clinical and non-clinical leaders in the NHS will be identified and given close support in their personal development, mentoring and active career management.

5.21 An NHS Leadership Council will be responsible for overseeing all matters of leadership across healthcare, including the 250 leaders. It will have a particular focus on standards (including overseeing the new certification, the development of the right curricula and assurance) and will be able to commission development programmes.

5.22 The NICE Clinical Leadership Fellowships and the Leadership for Quality certificate offer development opportunities for allied health professionals. There is also an opportunity for AHPs to be among the top 250 leaders identified.

¹⁴ *Reading the Compass*, Loop2, 2008. This document can be downloaded from www.loop2.co.uk

6. The draft NHS Constitution

6.1 The draft NHS Constitution now records in one place what the NHS does, what it stands for and what it should live up to. It sets out principles to guide how all parts of the NHS should act and make decisions.

6.2 The Constitution renews our commitment to the enduring principles of the NHS. It confirms again the commitment to a service that is for everyone, paid for out of taxes, based on clinical need rather than an individual's ability to pay, and without discrimination of any kind. It offers, for the first time, a set of NHS-wide values created with the help of patients, the public and staff.

6.3 These principles are intended to be the enduring high-level rules that govern the way the NHS operates, and define how it seeks to achieve its purpose.

The seven principles that guide the NHS in all it does

- > **The NHS provides a comprehensive service, available to all**
- > **Access to NHS services is based on clinical need, not an individual's ability to pay**
- > **The NHS aspires to high standards of excellence and professionalism**
- > **NHS services must reflect the needs and preferences of patients, their families and their carers**
- > **The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population**
- > **The NHS is committed to providing best value for taxpayers' money and the most effective and fair use of finite resources**
- > **The NHS is accountable to the public, communities and patients that it serves**

6.4 In addition to the principles, the Constitution also contains the NHS values that were created by over 5,500 patients and members of the public and over 9,000 staff. These NHS-wide values are:

NHS values

- > **Respect and dignity**
- > **Commitment to quality of care**
- > **Compassion**
- > **Improving lives**
- > **Working together for patients**
- > **Everyone counts**

6.5 The aim of having these values is to inspire behaviours that put the needs of patients, the public and health service staff foremost in people's minds in any given situation.

6.6 The following pledges to NHS staff reaffirm the commitment that good workplaces should exist for all staff – they should not just be the preserve of high-performing organisations. The pledges are aimed at NHS organisations and their employees, but should apply to all staff commissioning or providing NHS services.

The staff pledges

- > **The NHS will strive to provide all staff with well-designed and rewarding jobs that make a difference to patients, their families and carers, and communities**
- > **The NHS will strive to provide all staff with personal development, access to appropriate training for their jobs, and line management to support and succeed**

- > **The NHS will strive to provide support and opportunities for staff to keep themselves healthy and safe**
- > **The NHS will strive to engage staff in decisions that affect them and the services they provide, individually and through representatives. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families**

6.7 The consultation on this draft closed on 17 October 2008, and work is under way to produce the final NHS Constitution.

6.8 In the forthcoming NHS Reform Bill, we plan to include a duty on NHS bodies to take account of the Constitution and a duty on the Secretary of State for Health to renew the Constitution every 10 years.

Conclusion

The transformation of health and social care that is necessary to realise the Next Stage Review vision cannot be undertaken by the centre but has to be delivered in partnership with the entire health service.

There are four guiding principles for implementation of the Next Stage Review:

- > **co-production** – implementation of the Next Stage Review must be discussed and decided in partnership with the NHS, local authorities and key stakeholders;
- > **subsidiarity** – where necessary the centre will play an enabling role, but wherever possible the details of implementation will be determined locally;
- > **clinical ownership and leadership** – our staff must continue to be active participants and leaders as we implement the Next Stage Review and make the necessary changes; and
- > **system alignment** – the Next Stage Review and the draft Constitution clarify that the NHS is a system, not an organisation. The wider system needs to be aligned around the same goals, enabling us to use our combined leverage to drive up quality across the system.

Allied health professionals are integral to this implementation. As autonomous practitioners with a key role to play in integrating care, they must take this opportunity to maximise their contribution at a local, a regional and a national level in order to deliver high-quality services for all.

Our intentions

Intention	Actions
<p>1. We will mandate data collection so that AHP services and practitioners can understand how well they perform and then improve their services for patients</p>	<ul style="list-style-type: none"> > We will mandate the collection of referral to treatment data for AHP services from 2010 > Where providers do not have the IT capability, we will consider alternative definitions and pilot alternative measures of success > We will identify improvement support to be called upon by SHAs for use by AHP services
<p>2. We will improve ease of access by promoting the benefits of self-referral to physiotherapy services and encouraging local extension to other AHP services</p>	<ul style="list-style-type: none"> > On 21 October 2008, we published the <i>Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services</i> report > The Transforming Community Services programme will include a number of initiatives that will support the use of self-referral as a means of local AHP services > The Patients' Prospectus, due to be published on the NHS Choices website in October 2008, will outline and advertise directly to patients the opportunity they have to access AHP services via self-referral > In late 2008 we will be holding an event aimed primarily at service commissioners to help them understand the potential for using self-referral to improve the patient experience
<p>3. We will improve quality by ensuring that the work to develop an integrated set of quality metrics has a clear focus on metrics related to services provided by clinical teams, including AHPs. By piloting personal health budgets and</p>	<ul style="list-style-type: none"> > The metrics developed through the work to implement <i>High Quality Care For All</i> will be shared across the country next year. We will ensure that AHP leaders play a key role in this process > The national pilot programme for personal health budgets will be launched in 2009. It will build on local PCT initiatives for pilot sites, and is likely to include AHP services > The prospectus inviting clinically led applications from organisations wishing to become integrated care organisation pilots was published on 16 October 2008

Intention	Actions
<p>3. (continued) integrated care pilots and through the use of information prescriptions for allied health professionals and AHP services, we will empower patients to have more choice and control</p>	<ul style="list-style-type: none"> > NHS and social care organisations are starting to implement information prescriptions. The information for some conditions will be available on NHS Choices and/or through a resource pack, and local directories will be developed
<p>4. We will implement phase 2 of the Modernising AHP Careers programme</p>	<ul style="list-style-type: none"> > The Chief Health Professions Officer will convene a Modernising AHP Careers Oversight Board to share good practice resulting from use of the competence-based career framework tools > We are working to implement the UK Clinical Research Collaboration recommendations for developing a clinical academic training pathway for allied health professionals. The pathway will offer four levels of integrated training; Master's in Research (MRes) or Master's in Clinical Research, Doctorate by Research (not professional doctorate), Clinical Lectureship, and Senior Academic Clinical Lectureship. The scheme will be administered by the National Coordinating Centre for Research Capacity Development on behalf of the National Institute for Health Research > On 4 December 2008, we will hold a stakeholder event to seek views on the way forward regarding our commitment to consider the benefits of preceptorship, and to scope the potential educational enablers and barriers to a flexible AHP workforce > We will continue to work to deliver our commitments to extending placement support to the AHPs
<p>5. We will support allied health professionals to increase their potential leadership capacity</p>	<ul style="list-style-type: none"> > We will deliver a challenge event for allied health professionals in each SHA, followed by a national challenge event in 2009 > Each SHA AHP lead will host a regional AHP leadership conference in 2009, supporting by the professional leadership team at the Department of Health > The Chief Health Professions Officer will continue to hold an annual national conference for AHP leaders

Intention	Actions
<p>6. We will maximise the contribution of allied health professionals to the Transforming Community Services programme</p>	<ul style="list-style-type: none"> > We are working with the NHS Information Centre and NHS Connecting for Health to develop a community services data set > We will hold a second World Class Commissioning Reference Group on 28 November 2008 > We will hold a number of stakeholder events for the six clinical areas of the transforming clinical services programme > We will hold a two-day stakeholder event on the quality framework for community services in November 2008 > We will hold a number of events during autumn 2008 on the national standard contract > We will run a workshop in each SHA on all aspects of the Transforming Community Services programme

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