Delivering care, enabling health
Harnessing the nursing, midwifery and allied health professions’ contribution to implementing Delivering for Health in Scotland

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Foreword by the Minister for Health and Community Care

The vision set out in Scotland’s health care policy, Delivering for Health, offers nurses, midwives and allied health professionals (NMAHPs) an unprecedented opportunity to increase their capacity to influence, shape and deliver services that meet the needs of the people of Scotland. I am delighted that NMAHPs are responding so positively to the new policy agenda, as this document clearly shows.

Delivering Care, Enabling Health builds on the national strategy for nursing and midwifery, Caring for Scotland, and the strategy for AHPs, Building on Success, to show how NMAHPs will work to enable continuing improvements in the experiences and outcomes of care for patients, the public, families and carers.

It considers NMAHPs’ contribution to health care policy across three crucial areas: culture, capability and capacity.

NMAHP culture is defined as one that is firmly embedded in caring, the heart of good nursing and midwifery practice, and enablement, which is the cornerstone of AHP services. But as the document emphasises, good care is also dependent on having the right education and research base to support practice, on working as part of multi-disciplinary, multi-agency teams, and on respecting people’s rights and diversity.

Capability is about rising to the health challenges of an ageing population with growing numbers of long-term conditions, about the need to protect children and adults who may be vulnerable, about the need to reduce health inequalities in all Scotland’s communities, and about the need to take a health-improvement, enabling focus in delivering NMAHP services.

And capacity is about getting the right number of NMAHPs, educated to the right level and performing the right roles, to meet the current and future needs of the people of Scotland.

This briefest of résumés only skims the surface of this exciting document. I’m sure you will find on reading it, as I did, that NMAHPs extend their influence into all aspects of the design, delivery and evaluation of health care in Scotland. I find this a very reassuring message, for not only do NMAHPs stand for what is best in our NHS, they also increasingly represent the patient’s view.

The document was produced through an inclusive process involving professionals and patient and public representatives. I am grateful to all those who took part, and congratulate them on their achievement.
Delivering Care, Enabling Health doesn’t shirk from awkward questions about the challenges NMAHPs face, nor does it shy away from proposing innovative solutions. In adopting a bold and positive stance, it positions NMAHPs as key players in taking forward the progressive health care agenda we have created in Scotland, truly harnessing their contribution to implementing Delivering for Health.

Andy Kerr, MSP
Minister for Health and Community Care
Foreword by Olivia Giles

I had a sudden and intense encounter with the Scottish NHS in 2002. I had to have my hands and feet amputated as a result of septicaemia. I was operated on extensively, resuscitated from a medical coma, cared for through my recovery from illness and rehabilitated – all over an eight-month period of concentrated care and therapy of many different kinds. Then, patched and re-treaded for the road, I was returned to my independent life. The NHS and I are still in touch but thanks to the person-centred and empowering philosophy of my carers, it is just for periodic support from some of the allied health professions (AHPs).

I am delighted to offer a foreword to this policy document for nurses, midwives and allied health professionals (NMAHPs) partly as a means of expressing my gratitude for the strengths of our existing NHS systems and practices, partly because I endorse wholeheartedly the future aims of Delivering Care, Enabling Health, and partly because this policy recognises that patients themselves can make a meaningful contribution to the future design and delivery of health services in Scotland.

Care is the key. Enablement is the aspiration. Good health care is about caring for people – with the emphasis on ‘people’ – to enable them as much as possible. I am heartened to see that this principle is the linchpin of Delivering Care, Enabling Health.

Especially in nursing and midwifery, effective care simply means putting the patient and the patient’s best interests first – ‘patient-centred care’. How does a health professional know what is in a patient’s best interests? Nobody can expect perfect insight or unrealistic foresight, but we are all human and capable of empathy and communication. We can all understand basic human comfort and dignity and we can all ask and listen. When any NMAHP takes the time genuinely to try to put him or herself in the patient’s circumstances – and really imagine how he or she would feel in that situation (and consequently, how he or she would like to be engaged with, listened to, spoken to and handled and what information and advice he or she would like to receive) – and then acts accordingly, that NMAHP automatically cares for his or her patient as well as he or she can. Caring is about seeing the human being – not the patient number.

Why care? There are two distinct aspects to being ill or having a long-term condition – yes, the disease or medical disorder has to be treated and the disability compensated for, but a patient’s individual emotional experience of being ill or incapacitated and of coping with the symptoms or the long-term condition is also a major consideration. Both aspects have to be looked after and respected equally. I firmly believe that, both in hospitals and in the community, any NMAHP’s ability to recognise and care for the person beyond the patient will assist the patient’s physiological recovery, maximise his or her ability to cope physically and psychologically with symptoms and limitations and comfort the dying. It will also enable and sustain a patient’s innate capacity to motivate him or herself to make the best out of his or her situation – simply because the patient feels valued, cared for and worthwhile.
Enablement must be the overriding goal of all the services which NMAHPs, and particularly AHPs, offer to their patients. Although it is often masked by institutionalism, laziness, low self esteem and loss of confidence, human beings instinctively want to be as self sufficient and independent as possible and to maximise their physical potential. If you can show them how to do that, they will thank you in the end. Patients are their own best carers; you are missing an obvious trick if you do not enable and encourage them to contribute their own ideas and insights and take ownership of their care plan.

But caring for and enabling patients can be so much more than simply the supportive and positive ethos surrounding the way in which NMAHPs relate to patients in their treatment. What really excites me about Delivering Care, Enabling Health is that it acknowledges that care for and enablement of patients must also underpin the way in which services are designed, accessed and delivered and the way in which students of the NMAHP professions are taught. For example, we should be asking: How do rota structures in hospitals affect patients? What process for accessing therapies in the community will be most enabling for patients? What core skills should we be testing in our education courses?

Patient-centred care demands co-operation among NMAHPs and the other agencies and disciplines that could potentially improve a patient’s chances of making the best recovery and of leading as fulfilling a life as possible. The emphasis must be on the net effect of a patient’s whole package of care, rather than blinkered delivery of isolated services – however good they might be. Delivering Care, Enabling Health recognises that NMAHPs will be more effective if they are always alive to the increased potency of their core skills when combined creatively and sympathetically with care from other NMAHPs and other kinds of providers such as social services – and, of course, with insight from patients themselves and their carers.

Human beings are truly amazing. Their ability to bounce back and heal themselves after trauma or illness or to cope with a raw deal in life, physically, emotionally and psychologically, is astounding. If you find the right ways to tap into and maximise their inner strength and self motivation through a genuine ethos of promoting patient empowerment and self sufficiency and through a person-centred network of joined-up, well-informed services which are easy for patients to access autonomously, you will truly care for and enable the sick and disabled. That’s what Delivering Care, Enabling Health is about. I commend it to you.

Olivia Giles
Meningitis Awareness Campaigner
Introduction by the Chief Nursing Officer and the Chief Health Professions Officer

The new plan for the NHS, *Delivering for Health* (SEHD, 2005a), is a major policy statement setting out the structures for delivery of NHS services in Scotland for the next 10-15 years.

With its express emphasis on managing long-term conditions, caring for older people, encouraging self care and delivering services in people’s communities, it offers nurses, midwives and allied health professionals (NMAHPs) an unprecedented opportunity to increase their capacity to meet the needs of the people of Scotland.

It is vital that NMAHPs make the most of the opportunities the new policy gives them. To ensure this happens, we must be clear that our direction of travel matches exactly that set out in *Delivering for Health*.

*Delivering Care, Enabling Health* builds on the vision described in *Caring for Scotland* (SEHD, 2001a), the strategy for nursing and midwifery published in 2001, and *Building on Success* (SEHD, 2002), the strategy for AHPs, to set out new actions that will drive the delivery of high-quality, patient-centred services to the people of Scotland and support the policy agenda for the NHS.

The process of developing the document gave us clear messages about how NMAHPs are perceived, and how we must change to better meet the needs of individuals, families and communities.

We have received strong confirmation that the people of Scotland value NMAHPs. The core principles of our professions – caring about people, enabling their self-care skills and protecting their safety and rights – are prized highly by the people who use our services, and must continue to underpin our practice.

But we have to learn that rather than doing things to people, we must work with individuals, families and communities, using the principles of care negotiation to enable them to feel empowered to take control over their own care and their own lives.

NMAHPs’ core values and principles are still valid, and are still valued. We make a significant contribution to health services and are key elements in determining the quality of patients’ experiences. It would not be an exaggeration to claim that in many ways, NMAHPs are champions of the patient’s experience, acting as advocates for patients first, and our professions second. This is what patients expect of us, and it is what we must commit to delivering.

This takes us to what might at first glance be considered a contradictory position for NMAHPs, in that we will be practising from a platform of ‘modern traditionalism’. It is ‘modern’ in that NMAHPs are preparing themselves for the challenges they face now and in the future, and it is ‘traditional’ because in doing so, we must never lose sight of the principles and values that have served the people of Scotland so well for generations.
The position we set out in Delivering Care, Enabling Health is therefore about taking traditional values forward and applying them in a modern context.

The document is presented in three distinct sections:

- Culture and context – setting Delivering for Health as the new policy for health care in Scotland and defining the underlining principles of NMAHP practice
- Capability – describing the NMAHP contribution to meeting the needs of Scotland’s population
- Capacity – considering the extent and competency requirements of the NMAHP workforce necessary to meet the challenges of the future.

It identifies a series of key messages that are crucial to taking the NMAHP contribution forward. These key messages set the scene for the action plan, signposting areas in which NMAHP action is essential.

We adopted an inclusive methodology and followed a consultative process. National workshops were held to analyse, debate and decide the key actions needed to meet the people’s agenda and take Delivering for Health forward from a NMAHP perspective. The CNO’s Policy Forum, consisting of NMAHPs and policy makers, also debated the issues and influenced the subsequent process and decisions taken. The Policy Forum provides a good example of how NMAHPs can come together in common purpose and create positive responses to meeting patients’ needs.

The challenge we faced in producing this document was to ensure we kept the needs and wishes of patients at the forefront, didn’t exclude any members of the NMAHP ‘family’, and didn’t undermine in any way the core principles of professional practice which are so valued by the people of Scotland. Most important, it was vital that we didn’t lose sight of the reason NMAHPs are here – to care for, enable, support and comfort the people who use our services.

What we found was a perfect fit between people’s expectations of NMAHP services in particular and health services in general, the policy agenda set by Delivering for Health, and the aspirations of individual NMAHPs to work as part of multi-disciplinary, multi-agency teams delivering services that really make a difference.

Great things are happening in our health services, things that are often ignored. Many of them are driven by dedicated NMAHPs who are reaching beyond the bounds of the ordinary to deliver the exceptional. Delivering Care, Enabling Health sets out the practice priorities, the education and training requirements, the research and development imperatives and the leadership and technological challenges that sit before us. It is now up to each and every one of us – leaders, managers, practitioners, educators and researchers – to engage with the ideas it sets out and play our part in creating the transformational change in health care that will meet the needs of Scotland’s population now and in the future.

Paul Martin
Chief Nursing Officer

Jacqui Lunday
Chief Health Professions Officer
Section 1

Context and culture
Context

People in Scotland are living longer. While this is something to be celebrated, it also presents challenges to health services.

The proportion of older people in Scotland is expected to rise to 1 in 4 over the next 25 years, with 1 in 12 being over 80. This means people are more likely to need hospitalisation for multiple episodes of care and will tend to have longer stays when in hospital. In addition, a falling birth rate and declining population raise implications for employing the health and social care professionals of the future. This combined picture shows how urgent is the need for change in our health care systems.

NHSScotland now, more than ever, needs to be flexible, creative and responsive. It needs to design services where patients want them, and deliver when they want them. This is the agenda pursued by Delivering for Health.

Delivering for Health builds on the rich policy and legislative context that has developed in Scotland in recent years in areas such as public health, mental health, children’s health, cancer, CHD/stroke, diabetes, maternity services and in the structure and organisation of the NHS itself.

It takes this considerable momentum forward in calling for:

- a fundamental shift in the way the NHS works, from an acute, hospital-driven service to one that is community based
- a focus on meeting the twin challenges of an ageing population and the rising incidence of long-term conditions
- a concentration on preventing ill-health by equipping the health service to encourage and secure health improvement and ‘wellness’, rather than just treating illness
- a drive to treat people faster and closer to home
- a determination to develop services that are proactive, modern, safe and embedded in communities.

That is why it is so important now to identify how NMAHPs can contribute to the policy agenda by developing a new delivery action plan for NMAHPs explicitly driven by Delivering for Health.

Policy analysis is the central driver of the delivery action plan, ensuring alignment not only with Delivering for Health, but also with other important policies and initiatives. Policy was the starting point, and the action plan sets out how NMAHPs can contribute to taking policy forward in practice.

The action plan takes its place as one of a number of initiatives that should contribute to the delivery of the policy agenda, including the Review of Nursing in the Community, the Draft Rehabilitation Framework, Rights, Relationships and Recovery – the Review of Mental Health Nursing in Scotland (SEHD, 2006a), Changing Lives: the 21st Century Social Work Review (Scottish Executive, 2006) and the Review of the Role of the Senior Charge Nurse/Midwife in Scotland. It also builds on established NMAHP national policy, including Caring for Scotland, Building on Success, Nursing
NMAHPs across Scotland have been very active in recent years, responding creatively to the Scottish Executive’s policy agenda and striving to meet service users’ needs and demands. Along with their multi-disciplinary, multi-agency team colleagues, they are driving the health service response to the challenges it faces across all fronts – in promoting healthy lifestyles and adopting a public health focus, in caring for older people, in meeting the needs of the acutely ill at home and in hospital, in working with people with long-term conditions as they learn to manage day-to-day living, and in delivering services in new and better ways.

Caring for Scotland presented a bold and ambitious vision for nursing and midwifery. It set out a series of recommendations covering areas such as role development, supporting vulnerable patient groups, improving services for people with long-term conditions and developing leadership that not only aimed to maximise the potential of the nursing and midwifery professions, but also complemented and supported the wider NHS agenda in Scotland.

Building on Success set out how AHPs, working from the strong foundation of a health promotion, public health focus and with a commitment to developing their contribution to the care of children, older adults and people of all ages who experience illness, disease and disability or have special needs, make particularly valuable contributions that bolster people’s recovery and improve their quality of life. It recounted how AHPs were reducing waiting times through new ways of working, providing early interventions to help avoid hospital admissions and enabling individuals to live independently, reducing dependency on care services within the community.

Most significantly, Caring for Scotland and Building on Success put NMAHPs in the right direction of travel to enable the professions to play their full part in delivering the policy for NHSScotland that has been set out in Delivering for Health.

The introduction of Delivering for Health presents the opportunity for NMAHPs to build on traditional values and culture to develop services fit for 21st Century Scotland. To do this, NMAHPs need to take stock and respond appropriately.

Delivering Care, Enabling Health and its action plan have been developed within this context. They will be central to the development of NMAHP services in Scotland across a range of areas, including public health, disease management, rehabilitation and research and development.

Each nurse, midwife and allied health professional, regardless of where they work and at what level they practice, must take personal responsibility for contributing to the exciting new policy agenda in Scotland. It is crucial that all of us play our part.
Culture – underpinning principles of nursing, midwifery and the allied health professions

The quality of patients’ experiences of health care services is, to a large extent, dependent on how NMAHPs and other professionals relate to and engage with them on an individual basis. People who use services assume that all professionals’ clinical skills and knowledge are up to date and fit for purpose. Their perception of the unique benefits individual practitioners bring to their care and treatment is consequently heavily influenced by their experience of how the individual practitioner relates to them. Approachability, kindness, courtesy, empathy and an obvious willingness to respect and listen to the person all score high among the qualities patients value most in health professionals. The importance of these qualities has been confirmed in numerous consultation events with people who use health services.

Consequently, the underpinning principles governing NMAHP practice must reflect what patients look for from health professionals.

A caring base for nursing and midwifery practice

Caring is fundamental to nursing and midwifery services and remains core to all nursing and midwifery functions. It can and should describe both the act of providing care and the way in which it is delivered. Individual nurses and midwives at all levels must acknowledge caring as the central essence of their practice and endeavour to ensure it is underpinned by a caring ethos.

It is important to emphasise that caring for someone doesn’t necessarily mean doing for the person. There will always be a need for nurses and midwives to ‘do’ for people who are acutely ill or chronically disabled. But Delivering for Health places a strong emphasis on promoting self care and enabling people with long-term conditions to live as independently as possible in their communities, managing their conditions to the best of their ability and directing services in providing the support they need. Nurses and midwives have strong communication, facilitation and organisational skills that lend themselves well to helping people achieve these aims. Caring in a nursing and midwifery sense therefore has much to do with enabling.

Many exciting opportunities for nurses and midwives to extend and develop their functions are being introduced in NHSScotland through Delivering for Health across the whole spectrum of practice, with many opting to use the Knowledge and Skills Framework of Agenda for Change to develop their roles and competencies to meet patient and service need. Consultant-level posts are being developed and new nursing and midwifery posts are being created in specific areas. All such opportunities are being, and must continue to be, underpinned by a caring approach that reflects nursing and midwifery’s core values.

Role development and extension opportunities are to be welcomed. They are pushing the boundaries of nursing and midwifery practice to deliver modern, patient-focused services that meet defined needs. Delivering for Health particularly highlights the need for developed roles for nurses to support the delivery of actions on unscheduled care, long-term conditions, out-of-hours and emergency services, orthopaedic services and diagnostic waiting times.
But there are risks that people within and outwith the professions may assume that role
development and extension signal an intention for nursing and midwifery to move away from
traditional areas of practice (such as caring for older people, protecting the public and promoting
health among the population) towards a ‘high-tech’ orientation. This assumption must be
challenged, in word and deed.

Nurses’ and midwives’ engagement with role development opportunities that involve adopting a
newer, technically-focused function will be supported by a strengthening of nursing and
midwifery’s traditional practice base.

Nursing and midwifery’s fundamental core is about supporting, educating, enabling, comforting
and encouraging people to live fulfilling, healthy lives. It is about ensuring hygienic and safe
environments within which patients can receive safe and effective services, and about co-ordinating
service delivery to meet individual and community needs. When illness strikes, nurses and midwives
aim to help the person back to health as quickly as possible. If full recovery is not possible, they
support the person in living a full and productive life with a long-term condition. For those patients
with terminal illness, they strive to ensure a comfortable and dignified death, with full support for
the person and his or her family and carers.

Skills previously the domain of other professions are welcome additions to the nursing and
midwifery repertoire, but they are complementary to, and will not usurp or replace, traditional skills.

The reason for this is very straightforward. The changing health picture of Scotland set out in
Delivering for Health, with older people comprising greater proportions of the population, will
require the development of technical skills to offer short, focused, effective interventions. But
there will also be an increasing need for the more traditional elements of the nursing and
midwifery role, particularly in relation to helping people stay healthy and in supporting and
enabling those with long-term conditions to live positive lives in their communities. This will
call for core assessment, communication, relationship and leadership skills in nursing and
midwifery to be promoted and sustained.

The family of nursing and midwifery is sufficiently wide to embrace new technically focused functions
while sustaining and nurturing core fundamental skills and values. It is those skills and values that
patients and the public most respect, and most cherish.
An enabling base for allied health professional practice

Enabling is fundamental to AHP services. It can and should describe the way in which service users are enabled to have rapid access to diagnostic, assessment or treatment interventions, and also reflect the caring way they are supported to achieve their full health or rehabilitation potential. In consultations, service users have consistently identified emotional support and empathy from practitioners as being essential ingredients of a positive, enabling health care experience.

AHPs support people of all ages in their recovery, helping them to regain movement or mobility, overcome visual problems, improve nutritional status, develop communication abilities and restore confidence in everyday living skills, consequently helping them to enjoy quality of life even when faced with life-limiting conditions. They work as key members of multi-disciplinary, multi-agency teams, bringing their rehabilitation focus and specialist expertise to the wider skills pool.

This is a strong foundation from which to achieve the transformational change necessary to underpin an ‘enabling’ health system, one which encourages and supports individuals, wherever possible, to be self sufficient in managing their own condition, using professional and health intervention as a resource when needed.

As demand for AHP skills within health, social care and education teams grows, a vast array of opportunities has opened up to this varied group of professions in supporting service improvement and promoting public health, providing better access to the right health professional and, ultimately, securing improved health outcomes. Making the most of such opportunities requires AHPs to become enablers not just of patients, but also of other professionals, parents, carers and service providers in the voluntary and independent sectors.

Practitioners and managers of AHP services need to develop flexible and responsive services that enable early access to the right health care professional or support service. Such changes will require openness to the potential technology presents in advancing communication, patient information, self-managed care and evaluation. This may also mean enablement will be facilitated in new and varied ways in locations such as leisure centres and community pharmacies.

Treatment options will build on existing developments in drop-in services, self assessment, group interventions and expert patient support as well as traditional one-to-one interventions. These should be explored in partnership with patients and should be seen as being integral to our drive to improve services.

KEY MESSAGE

Caring is the essence of nursing and midwifery practice, and enabling is at the heart of allied health professionals’ practice.
A rights base for practice
A rights-based approach to care, as described in a plethora of health-related legislation and initiatives in Scotland, sits very well with traditional NMAHP values. It promotes people’s rights to be respected and valued by services, and calls for:

- the provision of effective care and treatment
- promotion of social inclusion and a wider citizenship agenda, including the adoption of community development approaches that enable NMAHPs and communities to work and learn together
- respect for families and carers and the contribution they make to patient care
- non-discrimination
- equality
- respect for diversity
- access to appropriate sources of information and support to ensure patients’ and carers’ rights are respected.

A rights-based approach needs to be underpinned by a values base for practice. A values base must reflect what patients, families and carers are asking for, which is to:

- be treated with dignity and respect
- have their emotional, social, spiritual and physical welfare promoted and their safety assured
- have NMAHPs spend time with them and listen to them with empathy
- be considered as a partner in care and management and not as a passive recipient of services
- be provided with information that will help them reach informed, confident and safe decisions
- be cared for by professionals whose practice is competent, safe and effective, who care about them and who enable their recovery and self-care skills.

Respect for diversity is a key principle underpinning NMAHP practice. The focus on promoting equality in health was reinforced in *Fair for All: Towards Culturally Competent Services* (Scottish Executive, 2002). Following the publication of *Fair for All*, the National Resource Centre for Ethnic Minority Health (NRCEMH) was established in 2002 to work with NHSScotland to promote the race equality agenda.

Recognising and respecting diversity, however, stretches beyond ethnic and racial boundaries. People also suffer discrimination and inadequate services as a result of prejudice based on age, gender, sexual orientation and social status. NMAHPs need to challenge negative attitudes and behaviours and promote a positive approach to diversity in their engagement with patients, families, carers, the public, and with colleagues.
A team base for practice

Multi-disciplinary, multi-agency teams are a cornerstone of Delivering for Health, which states:

‘The emphasis on integrating care will require multi-disciplinary team working. It will require collaboration and co-ordination between professionals and across organisational boundaries – in fact, a partnership approach at all levels to achieve continual improvements in quality and value for money.’

NMAHPs work as part of multi-disciplinary, multi-agency teams. Team-working is integral to the effective operation of services, and the multi-disciplinary, multi-agency team is at the core of service delivery. Good team-working is about harnessing what individual professions do in common purpose. The contributions individual professions make to the team are therefore central to teams’ overall performance.

The success of service redesign and the Delivering for Health agenda will to a large extent be determined by how effectively health care workers work together in teams – communicating with each other, planning jointly and adopting a teamwork ethos that places patients, families and carers at the centre of service planning, delivery and evaluation.

Patients, families and carers comprise a central component of this team-based approach to care. There are numerous areas of service in which patients and carers are playing key roles in delivering care and treatment. It is crucial that they are also involved in planning and evaluating care decisions, and that including patients and carers as a part of teams, to the extent to which they wish to be involved, becomes the norm in multi-disciplinary, multi-agency team practice.

NMAHPs work not only as members of multi-disciplinary, multi-agency teams, but also as members of their own uni-disciplinary teams. The foundation for contributing effectively to multi-disciplinary, multi-agency teams is a sense of valuing the unique contribution each profession makes to the team. Through this, responsibility for the welfare of fellow team members, including support workers and bank staff, develops and team spirit can grow. Working in effective teams gives team members the confidence to share skills and knowledge and work flexibly to meet defined patient needs.

**KEY MESSAGE**

The core values of nursing, midwifery and the allied health professions must underpin the practice of every NMAHP and should drive models of care that promote positive and equitable engagement with patients, families and carers as the central focus for practice.
Core elements of establishing cogent teams have been defined. They include:

- recognition of the contributions of all in the team
- acknowledgement of, and support for, the contribution of all who deliver services, including families, carers and volunteers
- recognition of the need for members to work in and across a wide range of teams.

The development of these core elements requires:

- clear working relationships and mutual respect within teams and with others who provide services
- support networks and learning opportunities
- development of team leadership qualities (RCN, 2004).

Services in remote and rural areas of Scotland provide positive examples of models of team working that are worthy of consideration and adoption by more urban-based services.

Multi-disciplinary education is a strong underpinning element that supports the development of effective, capable teams, and the benefits of multi-disciplinary education and training are well recognised. NMAHPs should learn not only alongside fellow health professionals, but also with social services and local authority staff, people from the voluntary sector, service users, families and carers.

There will be occasions when uni-disciplinary education activity will be more appropriate for NMAHPs, but a strong focus on multi-disciplinary, multi-agency education should pervade education curricula and continuing professional development activities, with service users, families and carers also being involved more actively in educating NMAHPs in classroom and practice situations.

**KEY MESSAGE**

Multi-disciplinary, multi-agency teams are a cornerstone of the new health policy agenda.
An education and research base for practice

The vision set out in Delivering for Health of effective, integrated, patient-focused services depends to a large extent on the delivery of evidence-based care. Education and research evidence provides the foundation from which safe and effective care is built.

Education at pre- and post-registration levels plays a major part in preparing NMAHPs to deliver safe and effective services. It is the gateway through which professionals can acquire positive attitudes and the competencies and proficiencies required for registration, then subsequently develop their knowledge and skills to improve performance, achieve personal aspirations and meet ongoing professional standards and requirements.

Professional self regulation is the means through which the public is assured that NMAHPs are competent and fit to practice in a safe and effective manner. Following the final report of the Shipman Inquiry (Cabinet Office, 2005), the Department of Health in England led reviews of both medical and non-medical professional regulation, the latter of which has explored the need for regulation of health care support workers.

The outcomes of both reviews will be considered by Scottish Ministers with a view to being implemented across the UK. Scotland, on behalf of the UK, will test the viability of a model for the regulation of health care support workers based on a system of national standards and a central list.

NMAHPs have a long history in practice development as a means of promoting increased effectiveness in the provision of safe, effective, evidence-based, patient-focused care. Activity in relation to practice development is now supported by the NHS Quality Improvement Scotland Practice Development Unit (PDU) (Box 1.1).

Box 1.1 NHS Quality Improvement Scotland Practice Development Unit

The NHS Quality Improvement Scotland Practice Development Unit (PDU) utilises a range of approaches to enable individuals, teams and organisations to improve the quality of health care and the patient experience in a modernising NHS. The PDU aims to influence the culture of practice by:

- promoting and facilitating knowledge transfer
- translating evidence into practice
- responding to national and local health care priorities
- ensuring best practice is recognised and shared across the country.

For further information, access: http://www.nhshealthquality.org
Practice development is the vehicle through which knowledge can be translated into practice to benefit patient outcomes. Collaboration and partnerships are essential to maximising the potential offered by the PDU and the enormous capacity of the NHSScotland e-library; working in tandem, these two valuable resources can make a significant impact on the practice of NMAHPs.

NMAHPs have a significant role to play not only in delivering evidence-based interventions, but also in generating the research from which effective interventions can be identified. They commonly focus their research efforts on issues that are important to patients – effective care for long-term conditions, palliative care interventions and research into quality issues in service delivery, for instance. Advancing NMAHP research therefore goes hand-in-hand with advancing a patient-led research agenda.

Supported by significant funding from the Scottish Executive, the Scottish Funding Council and NHS Education for Scotland, the national strategy for research and development in nursing and midwifery, *Choices and Challenges*, and the *AHP Research and Development Action Plan* have driven the creation of three regional research consortia in Scotland (see Box 1.2) to oversee and develop NMAHP research within a multi-disciplinary context. These consortia are building on the ethos adopted by the Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP Research Unit) (see Box 1.3) to encourage a programme-focused approach built on collaborative relationships to develop the evidence base to underpin NMAHP practice.

**Box 1.2 Regional Research Consortia**

Three regional research consortia have been set up to bring a multi-disciplinary focus to developing an evidence base that underpins interventions from nurses, midwives and allied health professionals.

The programme areas these consortia have taken as their foci sit well with the agenda set out in *Delivering for Health*. They are:

- children and young people; managing enduring conditions; maximising recovery from trauma and acute illness (East Consortium)
- decision making; function for living; gerontology (HealthQWest Consortium)
Choices and Challenges and the AHP Research and Development Action Plan also strongly promoted the concept of the clinical collaborator, which was defined as:

‘experienced individuals with clinical and/or management commitments who are able to secure and facilitate access to service users or staff. They may be involved in research at different levels, but do not necessarily have to be part of the research team.’

The clinical collaborator model enables practitioners to be engaged in the research agenda while continuing to be clinically active.

**KEY MESSAGE**

NMAHPs, in collaboration with partners, are actively building an evidence base that will support the plan for the NHS set out in *Delivering for Health*. This must continue into the future.

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### Box 1.3 The Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP Research Unit)

The NMAHP Research Unit, co-hosted by Glasgow Caledonian and Stirling universities, is core funded by the Chief Scientist Office. It fulfils its national remit by operating at international levels of excellence in focusing on three programmes of research:

- stroke
- decision making
- urogenital disorders.

It aims to promote rigorous research to underpin NMAHP practice that reflects the needs of the people of Scotland and the NHS. The foundations for an extensive evidence base have already been established, mainly built on quantitative studies.

The unit has a strong focus on NMAHP-led research, with NMAHPs not only involved in research, but also leading projects. It has considerable experience in running NMAHP trials which promote the involvement of NMAHP staff in trial sites.

For further information, access: [http://www.nris.gcal.ac.uk/index.html](http://www.nris.gcal.ac.uk/index.html)
A base for safe and effective practice

NHS Boards are responsible for delivering patient-focused care that is high quality, safe and effective. Patient safety is an increasing priority at the heart of clinical and non-clinical activity across NHSScotland. It calls for a commitment from all levels of service to develop an organisational patient-safety culture based on risk assessment and risk management and which is built on:

- strong leadership (managerial and clinical)
- organisational commitment to patient safety
- clinical data management systems
- openness to learning from patient safety issues
- engagement with clinicians.

Clinical quality measures – measures derived from routine data sets that relate to processes and outcomes of clinical care – can contribute to the achievement of this aim. Audit Scotland published Planning Ward Nursing – Legacy or Design? in December 2002 (Audit Scotland, 2002). It presented the results of a performance audit carried out on behalf of the Auditor General, recommending that:

- NHSScotland should develop and agree clinical quality measures that focus on continuous improvement
- NHS Boards should review the quality indicators regularly and take action when problems arise.

In response to the report, the Scottish Executive Health Department commissioned NHS Quality Improvement Scotland (NHS QIS) to undertake a pilot study to investigate the feasibility of defining, developing and piloting clinical quality indicators for nursing and midwifery in NHSScotland.\(^2\) NHS QIS’ final report from the project (NHS QIS, 2005) stressed the necessity to progress work in this area. There is a need to:

- assure the public, patients, families and carers about the quality of care
- improve patients’ experience in relation to the fundamental and essential elements of care that matter to them
- foster a culture that moves the professions from being perceived primarily as data collectors to a position where they are acknowledged as meaningful users of comparative clinical data
- promote and develop a culture of safe and effective care within the professions and in multi-disciplinary, multi-agency teams
- maximise opportunities presented to the professions by the eHealth agenda.

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\(^2\) Phase 2 of this work will involve allied health professionals.
The NHS QIS project highlighted the substantial challenges posed to practitioners by the lack of routine systems for collecting clinical data. It nevertheless generated enthusiasm among leaders and practitioners to create a culture in which individuals have appropriate systems in place to support them to:

- take responsibility for patient safety and effectiveness
- be accountable for their actions in the delivery of improved patient experiences and outcomes.

To progress the recommendations in the NHS QIS report, the Chief Nursing Officer and NHS Board Nurse Directors have committed to developing and agreeing a core set of Clinical Quality Indicators (CQIs) for nursing and midwifery in collaboration with NHSScotland and NHS QIS. The CQIs will:

- provide senior charge nurses/midwives with information to support the development of practice
- be integrated into national clinical data sets to assess and support the delivery of safe and effective practice
- provide NHS Board Nurse Directors with information that informs performance management and organisational governance.

The development of CQIs has been recognised as a need among AHPs, and a recommendation for action has been set out in *Allied Health Professions Workload Measurement and Management* (SEHD, 2006b). Previous work carried out through the establishment of the AHP Clinical Effectiveness and Practice Development Network (AHP CEPD Network) has positioned the AHPs to take forward CQI-related initiatives.

The AHP CEPD Network arose from a national project in 2001 which aimed to co-ordinate, implement and evaluate multi-professional AHP support mechanisms for the successful implementation of clinical effectiveness throughout the country. The final evaluation of the project (Holdsworth and Blair, 2004) highlighted significant success in building a clinical effectiveness, evidence-based culture among AHPs. Since completion of the project in March 2004, clinical effectiveness for AHPs has been supported by NHS QIS PDU and has expanded to include all nine allied health professions in a single, national, clinical effectiveness and practice development network that will focus on a number of national topics that are care-group specific.

**KEY MESSAGE**

Service users and the public are entitled to expect the care they receive to be safe, effective and assured.

An example of an area in which safe and effective practice is central is shown in Box 1.4.
Box 1.4 Safe and effective practice

A key element of providing safe and effective practice is protecting patients, families and carers from health care associated infections (HAI). A broad estimate of the cost of HAI in Scotland is up to £180m per annum, or 380,000 bed days lost. Tackling HAI is a key priority for the Scottish Executive and NHSScotland. The Ministerial HAI Task Force has adopted a coherent national approach across a wide range of HAI issues, including surveillance, cleaning and hygiene, education and training and management, to develop a raft of national policies, guidance and best practice.

The key message across all these strands of work is that ‘infection control is everybody’s business.’ We can only reduce the risk of HAI by ensuring that everyone working in, being treated by and visiting NHSScotland is aware of and follows best practice.

The HAI Task Force embarked upon a new phase of work in 2006 with the focus very much on implementation and monitoring of compliance with infection control measures to ensure they are firmly embedded into everyday practice across NHSScotland. NHS Boards and their staff will have a leading role to play in local implementation.
It is essential that the capability of the NMAHP workforce is considered in relation to delivering on the key policy aims of Delivering for Health. The vision of NMAHP services in multi-disciplinary, multi-agency teams, firmly embedded in traditional values of caring and enablement and practising from an education and research base that promotes safe and effective care, must be central to this endeavour.

**Delivering services closer to home**

*Delivering for Health* makes a pledge to bring services closer to patients’ homes – taking services to them rather than requiring them to go to services – and to ensuring the people in society most vulnerable to ill-health (often those who have least access to services) are recognised and engaged.

*Delivering for Health* recognises that there is much variability across communities in terms of population health needs. Communities also have different strengths and resources that come into play in addressing population health needs. This is a particular issue in remote and rural areas of Scotland.

All this essentially points to a transformational shift in the NHS towards developing community services, using available technology to create locally responsive services that ensure people get the care and treatment they need closer to home when that is the most clinically effective option. It means:

- taking services into those areas where uptake has been lacking
- ensuring prompt access to specialised services when necessary
- recognising family members and carers as a vital part of effective delivery of care closer to home, identifying their needs and enabling families and carers to access appropriate support for their caring role
- engaging with new ways of working in new types of organisations with new multi-disciplinary, multi-agency teams
- optimising the use of technology to support the provision of care to patients and carers.

NMAHPs are already practising flexibly across traditional service boundaries, finding new ways of working that retain and build upon the unique characteristics of nursing, midwifery and allied health professional practice. They make an important contribution to developing community services and delivering services closer to home through creative and flexible responses to patient need. The Review of Nursing in the Community in Scotland and the Draft Rehabilitation Framework will further promote this agenda (Box 2.1), and *Delivering for Health* now gives NMAHPs the opportunity to make their contribution even more telling.
Support and protection of the public

NMAHPs, like all health and social care professionals, have a duty of care and responsibility to service users, families, carers and the public, and accordingly need to act in their best interests. Providing support and protection has always been a cornerstone of good nursing and AHP practice and is a central tenet of statutory midwifery supervision.

As front-line clinical workers, NMAHPs are often in a strong position to identify signs of abuse and neglect in people across the age spectrum and to trigger appropriate responses from services. They are well-placed to advocate for people, ensuring their rights are upheld and their safety is assured as part of their contribution to fostering a public health approach to service delivery.

Currently, protection of children and young people has been identified as a national priority. This is an issue for all NMAHPs, not just those who have specialised in the care of children and young people. Most NMAHPs engage with children and young people as service users or family group members as part of their normal practice.
Embedding issues of protection of children and young people in the practice of all NMAHPs is necessary not only in relation to ensuring their safety, but also because the principles of protection of children and young people can be applied to the support and protection of all people. Adults can be vulnerable at specific times of their lives due to a number of causes, such as emotional, intellectual or physical incapacity, serious or long-term illness, economic and social disadvantage, inability to communicate effectively, or as a result of prejudice. They require NMAHPs to place a high premium on their support and protection.

NMAHPs have a clear responsibility to remain vigilant to the possibility of protection-related issues arising with patients, families, carers and the public and to initiate appropriate supportive and protective measures. This may, on occasion, require them to share patient information with appropriate authorities in the interests of public protection. Specific legal stipulations apply to this practice, and all NMAHPs should be aware of their legal responsibilities in this regard.

**KEY MESSAGE**

Providing support and protection is an integral part of the public health role of all NMAHPs and must be reflected in their practice within the context of multi-disciplinary, multi-agency team working.

**Supporting older people**

The demographic picture in Scotland, as set out in *Delivering for Health*, shows a rising number of older people in the population over the next 20-30 years. This is likely to lead to two consequences:

- increasing numbers of frail older people needing hospitalisation for multiple episodes of care, with longer stays when in hospital
- many more people living with long-term conditions in the community.

More needs to be done within nursing and the allied health professions to promote supporting older people as an attractive career option. Supporting older people, whether they be patients, family members or carers, is part of every nurse and AHP’s role. There are increasing numbers of older people accessing services across the spectrum, or who are supporting patients in acute hospitals, intensive care settings, mental health and learning disability services, and in the community.

Supporting older people is therefore ‘core business’ for nurses and AHPs, regardless of their service setting. Yet for far too long, providing services to older people hasn’t been accorded the value it deserves within the professions, with higher status being conferred on other areas of practice. *Delivering for Health* changes all that by placing the needs of older people and people with long-term conditions at the centre of attention.
The new NHS will be a service primarily focused on helping older people to stay well and remain engaged with their communities and, if they fall ill, providing them with appropriate access to services locally or in specialist centres. Nurses and AHPs in all areas of service – not just those specialising in supporting older people – have a great opportunity to help achieve this policy aim by designing, delivering and evaluating services that focus on improving older people’s health and well-being, developing their self-management skills, and providing quick and effective responses to health changes.

This is a responsibility that all nurses and AHPs who provide services to older people in the line of their work should accept with enthusiasm and apply with vigour. Clinical leadership will be necessary to show the way, promoting a high sense of value in supporting older people and ensuring older people’s needs are addressed through service redesign and delivery of care.

**KEY MESSAGE**

The benefits and value of supporting older people must be promoted within the professions, emphasising the opportunities it creates for nurses and AHPs to put the professions’ fundamental values of caring and enablement into practice and to make a significant contribution to delivering the new health policy agenda.

**Unscheduled care and planned care**

Developing unscheduled care and out-of-hours services is a key element of *Delivering for Health*. NMAHPs are helping to take this agenda forward throughout the country in a range of initiatives, some of which are nurse or AHP-led, and which include the implementation of the Unscheduled Care Collaborative programme set up to reduce waits and delays and improve the patient and carer experience of emergency care.

The largest number of new or developed roles in this service involve nursing staff, but there are now education programmes and service roles across NHSScotland in which nurses, AHPs and paramedics are learning and working together in new and exciting ways. For example, work is being taken forward to enhance AHP input to unscheduled care/out-of-hours services, both in terms of ensuring availability of specialist skills and in enhancing generalist skills.

It has become apparent that there is a need to develop the following to support NMAHPs’ further contributions to these vital services:

- education programmes and competency frameworks to support NMAHPs in developing flexible and sustainable unscheduled and out-of-hours services and enable transferability of roles
- role development opportunities to enable NMAHPs to assess, diagnose and treat patients with defined problems, so avoiding the need for them to attend hospital, and to ensure patients are referred appropriately to hospital when necessary
• structured career pathways in unscheduled care/out-of-hours services
• greater multi-disciplinary, multi-agency working to develop unscheduled care/out-of-hours services
• structured supervision and support for practitioners
• greater use of information technology (IT) within practice to support patient progression through services.

Investment and support work put in place by NHS Education for Scotland is already enabling much of this agenda to take shape in practice (Box 2.2).

**Box 2.2 NHS Education for Scotland Education Framework for Nursing and AHP Role Development in Unscheduled Care/Out-of-Hours**

- Development of competency framework for unscheduled care/out-of-hours to describe nursing, AHP and other health professions’ contribution to service.
- Mapping of nursing and AHP roles against the framework using three-stage model to support service planning.
- Direct pump-priming education investment to NHS Boards to support nursing and AHP role development for primary care unscheduled care/out-of-hours and hospital at night services.
- Mapping of higher education institutions’ (HEI) programmes and skills development provision against competency framework to ensure appropriate provision/purchasing.
- Funding support for new online programme provision for unscheduled care/out-of-hours.
- Partnership working with Scottish Ambulance Service and NHS 24 to encouraged service integration.
- Piloting of standard for assessment and supervision of unscheduled care practitioners in partnership with NHS Boards and HEIs.

For further information, access: www.nes.scot.nhs.uk/ooh

**KEY MESSAGE**

The right education, service and support infrastructure must be in place to support NMAHPs’ contributions to unscheduled care and out-of-hours services.

*Delivering for Health* emphasises the need to manage acute admissions to hospital to meet patient needs in new and better ways and to adhere to waiting times targets. Programmes of work are under way to re-profile accident and emergency service provision to ensure that:

- patients with minor illnesses and injuries can receive more appropriate care and treatment closer to home
- specialist accident and emergency services are focused on managing patients with serious and life-threatening conditions who are likely to require hospital admission.

This re-profiling activity is presenting many opportunities for professionals working in multi-disciplinary, multi-agency teams in settings such as community hospitals, general practices and accident and emergency departments to redefine their roles in assessing, diagnosing and treating patients with a wide range of minor and serious conditions.
KEY MESSAGE

NMAHPs should seize the opportunity Delivering for Health presents to develop their emergency care roles and practice in a range of settings.

At the same time, it is important to ensure that the NHS works toward reducing planned admissions to hospital. Delivering for Health sets out five simple changes that will help NHS Boards to achieve reductions in planned admissions:

- treat day surgery as the norm for planned procedures
- improve referral and diagnostic pathways
- actively manage admissions to hospital
- actively manage discharge and length of stay
- actively manage follow up.

A range of initiatives has been launched to ensure progress on each of these changes, with the combined aim of reducing planned admissions by managing patients more appropriately in alternative settings and, consequently, reducing waiting times.

NMAHPs are playing key roles in these initiatives. They are taking their places within new systems to ensure that patients:

- have easy access to hospital services (either unscheduled or planned) when they need it
- receive care from integrated teams practising according to defined care pathways (where they currently exist)
- are being discharged promptly when safe to do so (without the need for unnecessary delays).

NMAHP actions in relation to initiatives on managing planned hospital admissions must improve patient experience and outcomes by ensuring patients receive the right care, from the right person, in the right place, at the right time.

Almost without exception, an admission to hospital marks an interruption and a disruption in a person’s life. He or she has to put ‘on hold’ normal family, social, employment and education activities. Offering patients alternatives to hospital admission when appropriate to their health needs and trying to make necessary admissions as brief as possible are therefore not only markers of a high-quality, integrated service, but are also liable to make the patient’s experience of services much more positive, and enable him or her to get back to normal life as quickly as possible. Managing planned admissions is, first and foremost, a quality of care issue.
Charge nurses and senior nursing staff in hospital wards and hospital-based AHP leaders have a clear responsibility to ensure that patients admitted to their units have been placed in the environment that is best suited to providing them with maximum health benefits, and to act appropriately when they feel this is not the case. They must also ensure that all appropriate arrangements are in place to guarantee a safe discharge for the patient when the time is right.

Increasingly, AHPs are providing services to accident and emergency departments and admission units that support the prevention of unnecessary admissions to hospital. Rapid response teams and early supported discharge teams – often therapist or nurse-led – are facilitating smooth transitions from hospital to home and providing home-based rehabilitation or support as required. AHPs and nurses are also jointly leading the development of rehabilitation wards within acute settings which reflect the rehabilitation/enablement philosophy of care and support effective discharge management and transitions between care settings and home.

Midwives have a similar responsibility to promote early discharge from hospital of women who have had a normal birth. This calls for strong leadership and decision-making skills.

**KEY MESSAGE**

The length of stay of patients admitted to hospital should be as short as possible consistent with maximum health benefits for the individual, and discharge must be appropriately planned.

**Anticipatory care, improving health, public health and reducing inequalities**

*Delivering for Health* calls for greater emphasis to be given to preventive health care and earlier intervention, particularly in areas where health is poorest. It states:

‘We believe the most significant thing we can do to tackle health inequalities is to target and enhance primary care services in deprived areas. Strengthening primary care teams and promoting anticipatory care in disadvantaged areas will reduce health inequalities by:

- targeting health improvement action and resources at the most disadvantaged areas
- building capacity in primary care to deliver proactive, preventative care
- providing early interventions to prevent escalation of health care needs.’

This is the essence of anticipatory care. It is an agenda NMAHPs have sought to address since the launch of *Nursing for Health – a Review of the Contribution of Nurses, Midwives and Health Visitors to Improving the Public’s Health in Scotland* in 2001, and from the publication of *Building on Success*. 

Nursing for Health highlighted the principles of needs assessment, care management, building health programmes to meet population needs and developing health co-ordination roles across a range of settings as being central to nursing and midwifery practice.

Building on Success stated:

‘Empowering individuals and communities to achieve better health in partnership with social care, education, housing and voluntary agencies is central to improving health … Allied health professionals are committed to health improvement, which is often integral to their specific clinical role. Many are involved in health screening, health promotion, public health, social inclusion and participation initiatives and in advising individual people who access their services.’

It then went on to set out a series of actions focusing on AHPs’ contributions to improving health and well-being and to exploring opportunities for a preventative or pre-habilitative approach, such as falls prevention and early interventions for mild to moderate mental health problems.

NMAHPs are forces in ensuring a change in NHS culture from one of illness and treatment to one of promoting public health, health promotion and illness prevention, even though they have yet to realise their full potential in this regard. They should consider every health care contact as an opportunity to promote and encourage health improvement.

NMAHPs are also adept at working with disadvantaged individuals and communities, addressing inequalities and promoting equity by reaching out to members of the population who traditionally have poor access to services, such as homeless and travelling people, older people, those with mental health problems or learning disabilities, people who are being abused physically, sexually, emotionally or financially, and those who are marginalised through poverty, prejudice or incapacity. Like other health professionals, however, NMAHPs need to develop confidence in the positive outcomes that can be achieved by moving from an ill-health model to one of health promotion.

To develop this confidence, they need an organisational context which systematically identifies and provides enhanced services for those at risk through disadvantage and other life circumstances. Delivering for Health sets the policy agenda from which this confidence can grow; it will lead to new ways of working in redesigned services which tackle disadvantage and promote greater equality of access and outcomes.

**KEY MESSAGE**

Delivering for Health’s identification of anticipatory care as a central element of NHS services opens the door to NMAHPs carrying out more of this vital work.
Improving Health in Scotland – The Challenge (SEHD, 2003a) recognises that different policy strands and action programmes for improving health need to be linked and, where possible, integrated. Links among health service, local authority, social services, education, social justice, environment, employment, recreation and sports services are also important. The report sets out to build upon existing programmes focusing on health improvement to describe four key ‘themes’ for action – early years, teenage transitions, the workplace and the community.

Delivering for Health notes the significant advances that have already been made in areas such as tobacco and alcohol use, children’s health, oral health and mental health, in healthy life expectancy and in coronary heart disease mortality. Inequalities persist in the most deprived areas of Scotland, however, and new challenges have emerged, such as the increasing incidence of obesity.

Building on Success identified the need for a collective multi-disciplinary, multi-agency approach to improving health, promoting public health and reducing inequalities. AHPs acknowledge that they could contribute more effectively to this goal and recognise that they need to work more closely together and with other professional colleagues. Shifting the focus of existing services from being reactive to ill health to being proactive in improving health, as advocated by Delivering for Health, calls for AHP leaders and employers to recognise and define specific contributions to health improvement when reviewing job descriptions and ensure that AHPs get the opportunity to contribute to local health improvement initiatives.

There are likely to be significant opportunities for AHPs in the field of vocational rehabilitation, supporting individuals to return to the work place, improving their health status and helping them to avoid dependency on benefits. This is a key strand of the Draft Framework for Rehabilitation currently out for consultation, and also reflects a UK-wide commitment from the Department of Work and Pensions.

Nursing for Health describes measures to re-establish nursing and midwifery’s expertise in the vital areas of improving health and public health, including:

- positioning nursing and midwifery in the mainstream of health improvement
- developing nursing and midwifery’s contribution to public health as full and legitimate partners in the health improvement process
- adopting public health approaches in nursing and midwifery work
- working in multi-disciplinary, multi-agency partnerships.

Public health nurses are seen to focus on health and social needs, working in collaboration with other disciplines to develop evidence-based services. This includes mapping needs evaluations of services and demonstrating positive outcomes. In addition, Scotland has growing numbers of public health practitioners, many of whom have nursing, midwifery and allied health professional backgrounds.
But while these professionals provide a specialist public-health focused service, public health is the concern of all NMAHPs, regardless of specialty or area of practice. All NMAHPs in hospital and community settings must consider how public health and health improvement approaches sit with their current roles and how they can creatively be integrated into their practice.

**KEY MESSAGE**

Public health approaches and awareness must be integrated into all NMAHP roles and practice.

**Supported self-care, patient empowerment and managing long-term conditions**

One of the most powerful means of preventing unscheduled hospital admissions – a key objective of Delivering for Health – is to promote supported self care among patients and empower them to access and use health service resources in their community.

Promoting supported self care is an established function of nurses and AHPs across children’s, adults, older people, mental health and learning disability services, and in midwifery. It draws upon existing approaches to practice in which NMAHPs work as partners with patients, families and carers, sharing expertise and experience with the goal of increasing self-management skills. There is, however, a pressing need for a model that will enable NMAHPs to support patient self care and empowerment and help patients effectively to manage their own care. The model should be evidence based and should be evaluated in a range of different settings. Excellent examples of such models exist in the mental health and learning disability literature, and these may be transferable to other contexts with suitable adaptations.

**KEY MESSAGE**

Models of practice are needed to enable NMAHPs to support patient self care and enable patients effectively to manage their own care.

Working with patients and carers in a way that enables supported self care calls for NMAHPs to possess abilities in creating positive, therapeutic relationships with service users, applying significant levels of self awareness, engagement skills and advanced interpersonal skills in their practice.

The accent is on enabling patients to be as independent as possible, supporting them to recognise their own signs and symptoms and knowing how to manage them. This will require NMAHPs to share skills directly with patients and to develop thinking on identifying individual needs from the patient’s perspective.
It is recognised that patients may be dependent on others for care during the course of an acute illness or long-term condition, but they should be encouraged and supported to become more actively involved in self care as they are able. Each patient requires an individual approach.

In the past, nursing and midwifery practice has not tended to focus on developing self care. Rather, it has emphasised how nurses and midwives can manage care and exert control over service users’ experiences of services. Truly enabling and supporting service users’ empowerment calls for nurses and midwives to practice in a different way.

This change of direction will not be easy for some nurses and midwives to accomplish. Those who value their roles as ‘helpers’ will have to step back and begin to see themselves as ‘enablers’, reaching decisions on how they can really help service users by enabling them to help themselves. This might be difficult for some, but it is absolutely essential in ensuring nurses’ and midwives’ contributions to services are best placed to secure the future health and well-being of the people of Scotland. There is much nurses and midwives can learn from AHPs in adopting this kind of enabling approach.

**KEY MESSAGE**

Nurses and midwives, working in partnership with AHP colleagues, must undergo transformational change in delivering the new health agenda by becoming, first and foremost, enablers and supporters of service users’ self-care and self-management abilities.

**Leadership**

*Delivering for Health* recognises that for the transformational changes it sets out to happen in practice, the culture and climate of change in the NHS needs to be further developed. Clinical leadership will be vital to achieving this aim.

Much has been achieved in promoting clinical leadership in NHSScotland in recent years. *Delivery through Leadership* (SEHD, 2005b), the NHSScotland leadership development framework, was published in June 2005. The framework and its supporting implementation plan aim to build leadership capacity and capability in NHSScotland and grow new leaders to meet the service change agenda. It represents a single, national approach to leadership development in NHSScotland focused on the needs of the service, teams and individuals.

Significantly, the framework places great emphasis on the importance of personal qualities, service priorities and organisational culture in developing leadership capacity, and much less on seniority and hierarchy. Developing leadership potential is recognised as appropriate for people throughout the service, from support workers to senior managers. All can learn, and all can contribute.
The importance of leadership in developing NMAHP services and in strengthening clinical teams is widely acknowledged. A raft of initiatives has taken forward leadership development for NMAHPs, including:

- Scottish Executive funding support for practitioners to undertake the RCN’s clinical leadership programme
- the NES-sponsored midwifery leadership framework and subsequent development centre activity
- the Scottish Executive AHP leadership programme, ‘Change Weavers’ (see Box 2.3).

**Box 2.3 Change Weavers**

The success of Change Weavers is evidenced by the programme evaluation:

- 78% of those surveyed rated their learning as highly sustainable and making an ongoing impact on their leadership development in NHSScotland
- 94% indicated they had a significant impact on their team and its performance as a result of their learning experience, with 87% strengthening their capacity to develop the team-based culture
- significantly, 72% felt they were better prepared to work with patients and carers as partners in their care.

Capturing the vital role NMAHP clinical and strategic leads can play in driving service improvement, delivering better care and enablement and enhancing health outcomes is now critical. NMAHPs make up 72% of the clinical workforce of NHSScotland. Strong and vibrant leadership is necessary to release the potential of this workforce and to support the significant contribution each individual practitioner and support worker can make to enhancing the patient’s experience of services.

The development of consultant nurse, midwife and AHP posts, each of which has a defined leadership function and responsibility, also marks a significant benchmark in taking clinical leadership forward.

The Scottish Executive Health Department is launching a Review of the Role of the Senior Charge Nurse/Midwife in NHSScotland, which will focus on creating modern roles that will enable frontline clinical leaders to maximise their contribution to delivering safe and effective care (see Box 2.4).
Box 2.4 Review of the Role of the Senior Charge Nurse/Midwife in NHSScotland

The review includes all senior nurses and midwives who lead a team providing care to patients within NHS settings. It does not include nurses or midwives who predominantly provide care to patients within their own home, but key links will be made with the Review of Nursing in the Community in Scotland.

The objectives of the review are to:

- provide a framework that will identify the potential for change and determine future requirements of the role to ensure a visible, authoritative, credible and accessible presence for patients and families
- provide mechanisms that will give assurance to patients and the public that senior charge nurses/midwives are accountable leaders and managers of safe and effective care
- describe the clinical co-ordination, leadership and management functions of senior charge nurses/midwives to the wider multi-disciplinary team, highlighting their role as key decision makers who impact significantly on the delivery of safe and effective care to patients and carers
- provide guidance for NHS Boards on developing the roles of senior charge nurses/midwives in the context of local organisational change
- test the implementation of recommendations in a number of pilot sites through facilitated action, with senior charge nurses/midwives using the agreed set of Clinical Quality Indicators to demonstrate the impact of the nursing/midwifery team on the delivery of safe, effective and assured patient-centred care.

Communications with key stakeholders and frontline nurses and midwives are acknowledged as being important to the success of the project. An inclusive, collaborative model has been developed that will allow patients, the public, frontline nurses and midwives and other stakeholders the opportunity to inform the outcome of the review.

In maternity services, a nationally co-ordinated programme of work will be launched to identify how midwives can develop the culture, competencies and capabilities to assume leading roles in caring for women during pregnancy episodes (see Box 2.5).

Box 2.5 Nationally Co-ordinated Midwifery Programme of Work

The programme will link with NHS Quality Improvement Scotland, NHS Education for Scotland, the Royal College of Midwives (Scotland) and other stakeholders and will have a number of defined streams:

- developing midwifery leadership capability
- supporting a national evidenced-based practice development programme for midwives
- maximising informed choice for women throughout the pregnancy episode
- exploring the potential for a defined pathway of care for low-risk women.

KEY MESSAGE

Clinical leadership is critical in ensuring the transformational change necessary to implement the Delivering for Health vision. Initiatives and role developments aimed at promoting NMAHP leadership must be progressed.
Professional leaders need support across management, education and research spheres. There is a significant pool of talent among the NMAHP workforce from which NHS Board Nurse Directors and AHP Leads, working in partnership, can identify and nurture potential leaders in preparation for assuming strategic leadership roles. Any exercise in growing leaders needs to consider succession planning and development of leaders of the future, and the Scottish Executive Health Department has commissioned NHS Education for Scotland to develop a succession development programme for nurse, midwife and AHP consultants.

**KEY MESSAGE**

Potential strategic NMAHP leaders of the future must be identified, with support and development mechanisms set in place to ensure the cadre of potential leaders in the workforce continues to grow.

**eHealth**

*Delivering for Health* sets out a two-pronged strategy for developing eHealth (see Box 2.6) in NHSScotland.

**Box 2.6 eHealth**

The expression ‘eHealth’ reflects the need to address a broader agenda than is implied by the term ‘information and management technology’ (sometimes referred to as information and communications technologies).

**Information management and technology** is about the information NHSScotland needs to deliver effective health care, the technology needed to deliver that information to the right person at the right time, and the range of processes (such as training and support services) needed to make it happen.

**eHealth** encompasses much more than the deployment of computer technology. It conveys the message of electronics in support of health and stimulates debate about the broad range of issues and opportunities technology offers in health care settings to professionals and patients.

eHealth includes the development, application and implementation of technology to improve effectiveness in health care, but just as important, it is focused on taking technology out to the people who will most benefit from its use. It’s about making it happen across the service.

eHealth includes the use of telemedicine and clinical systems used for diagnosis and care pathways and relates to policies and protocols that assure the confidentiality and security of sensitive data. More than anything, it includes those elements that support major change in working practices – training, support and organisational development.

The first part of the strategy concentrates on developing core strands such as:

- the Community Health Index (CHI) number uptake
- a national Picture Archiving and Communication System (PACS)
- a single, national, computerised Emergency Care Summary (ECS)
- a national software system to support patients’ journeys within accident and emergency settings.
The second aims to develop a single, electronic health record (EHR), which is seen as a central element of the entire *Delivering for Health* policy agenda.

The EHR will be much more than a patient care and treatment record. It will also offer the capacity to engage with other core elements of patient care, such as scheduling appointments, requesting investigations and collecting epidemiological data.

*Delivering for Health* states that a common information and communications technology (ICT) system is essential if NHSScotland is to deliver the integrated care services the Scottish Executive is calling for. It acknowledges the fact that health care providers around the world recognise the opportunity for ‘faster, safer, more efficient and more patient-centred services that ICT offers’.

This doesn’t necessarily mean that all NHSScotland organisations will need to use the same ICT system. Rather, it is envisioned that a suite of ICT systems will emerge, complying with clinical and technical standards.

Not only will it be necessary to communicate between systems in NHSScotland, but a certain level of interoperability across the UK will also be necessary. This will limit freedom to procure and develop systems locally without reference to national requirements and strategy, and will be achieved through collaboration across Scotland and the UK and with the involvement of clinicians, including NMAHPs.

The current eHealth Programme in Scotland was set up following a commitment given in the White Paper on the NHS, *Partnership for Care* (SEHD, 2003b). It emphasised the urgent need to establish an eHealth culture that would be driven by clinical leaders.

The eHealth Programme Board co-ordinates the diverse elements necessary for a successful programme, including:

- ensuring patients’ needs and interests come first
- accessing appropriate technology closer to (or within) people’s homes
- developing a strong eHealth culture
- encouraging engagement with clinical practitioners.

It is recognised that delivering the eHealth Programme will call for many changes in the way NMAHPs and other professionals work. Record-keeping standards will be more rigorous to ensure clinical information can be shared effectively in an electronic environment while ensuring data confidentiality, security and integrity. NMAHPs and others will be recording their interventions directly into EHRs as the norm, with only occasional reversion to handwritten records in particular circumstances.
This transformational change will have profound implications for NMAHPs working in Scotland. The changes, however, are likely to reduce, and not increase, the time and effort they make in recording data. Indeed, they will provide the opportunity for NMAHPs to adopt the culture of data collection and data recording, which will better help them to plan and deliver safe and effective care and evaluate the outcomes of their interventions in partnership with the multi-disciplinary team and patients, families and carers.

The revolution in data collection, analysis and use that Delivering for Health and the eHealth Programme sets in train will provide NMAHPs with the information they need to support decision making, benchmark practice against quality indicators and compare performance with peers. Significantly, it will also increase patient access to information, increasing their understanding of their conditions and progress and enhancing their capacity for self care.

NMAHPs’ engagement with the eHealth Programme is therefore crucial to ensure workable solutions that support the NMAHP contribution required to deliver patient-centred care. Increasing amounts of health care activity at the point of access is being delivered by NMAHPs. They also tend to record different types of information from medical colleagues, with the focus very much on problem-solving and finding solutions. They must take a lead in developing new and better systems for integrating service delivery and ensuring the NMAHP perspective is central to all eHealth developments.

Data will become a core element of driving service and quality improvement, enabling NMAHPs and multi-disciplinary, multi-agency colleagues to highlight effective practice and identify areas where change is required. Creating, analysing and acting on data will become part of NMAHPs’ everyday practice.

**KEY MESSAGE**

NMAHPs must use information to highlight, maintain and develop practice to improve patients’ experience of health services and health outcomes.

The Scottish Executive is committed to facilitating NMAHPs’ involvement with the eHealth Programme through promoting leadership, addressing information needs and developing technical and information management competencies. In addition, the NHSScotland e-library, managed knowledge networks, communities of practice and other e-based networks offer a range of support for practitioners to support knowledge into practice.

**KEY MESSAGE**

NMAHP leaders and clinicians must engage with the eHealth agenda.
Section 3

Capacity
Growing the workforce

The Delivering for Health agenda requires adequate and flexible capacity among the NMAHP workforce. It needs nurses, midwives, AHPs and their leaders to look closely at those areas of service where NMAHPs add value from the patient’s perspective, and those areas where tasks and functions could equally well be carried out by other health care workers under supervision. This is particularly the case across areas such as managing long-term conditions, rehabilitation and encouraging self care, which are core elements of the Delivering for Health plan.

The National Workforce Planning Framework (SEHD, 2005c), published in August 2005, has been developed to ensure that NHSScotland maximises the efficiency and effectiveness of its use of the workforce. It introduces a cycle for workforce planning which allows assessment of the number and type of staff required for the future, closely aligned to service, financial and education planning arrangements. It takes account of a number of factors, including service redesign and changes in education, training and regulation, which in turn will help inform national decisions on overall supply and future training numbers.

The framework will be complemented by a Model Careers Framework for NHSScotland, currently under development, which will be competency based and linked to the Scottish Credit and Qualifications Framework (SQA et al., 2001), allowing a ‘building block’ approach to learning and development to be facilitated. This will ensure the recognition of all kinds of learning, including work-based learning. Links will also be made to the Knowledge and Skills Framework and to the changing needs of NHSScotland.

The Model Careers Framework for NHSScotland will:

- aim to find the best ‘fit’ between an organisation’s needs and the individual’s perspective on careers
- promote principles of consistency, proactivity, dynamism and collaboration
- meet the expectations of staff transferring across national boundaries
- support the implementation of Modernising Medical Careers (see: http://www.mmc.nhs.uk/pages/home) and other workforce initiatives.

Promoting workforce diversity

NHSScotland must be able to draw on the widest pool of talent to deliver services. Access to employment opportunities must be widened to greater proportions of the population, with measures taken to ensure potential recruits’ particular needs are addressed to enhance employment prospects. This necessarily means there can be no place for exclusive, discriminatory and prejudicial thinking in developing the NHSScotland workforce.
Tomorrow’s NMAHPs

There are challenges in both attracting and retaining students to nursing, midwifery and AHP programmes, with attrition rates causing concern in some areas.

Recruitment and retention of students is a key quality issue for higher education institutions (HEIs) and their partner NHS Boards. Continuing efforts are being made to:

• promote nursing, midwifery and the allied health professions to all parts of the community as positive, exciting career options
• properly select, educate, supervise and support students
• ensure that students feel valued and included as part of clinical teams and gain maximum support and encouragement in clinical areas
• promote non-traditional routes into pre-registration/undergraduate nursing, midwifery and AHP courses by widening the entry gate through, for instance, the Higher National Certificate (HNC) in Health Care qualification, which allows entry into Year 2 of the pre-registration nursing programme, and the Open University work-based pre-registration nursing programme being rolled out in remote and rural parts of Scotland
• promote NHSScotland as a career option for NMAHPs from other parts of the UK
• pursue an ethical policy of recruitment of NMAHPs from overseas.

A ‘Facing the Future’ sub-group is currently looking at the causes of student attrition in nursing and midwifery. Work is being taken forward on pre-course preparation and student selection, mentoring and practice learning, pastoral support and the development of a code of conduct for students.

KEY MESSAGE

The development of the future NMAHP workforce is the business of a partnership involving education providers and NHS Boards.
The Nursing & Midwifery Council (NMC) is carrying out an ongoing review of the fitness for practice of registrants at the point of registration. The review addresses a number of key issues such as selection criteria, clinical competence and sound practice assessment processes. The ‘Facing the Future’ sub-group on student attrition will take account of the NMC’s recommendations. Phase 1 principles, standards and guidelines have been published for implementation in 2007/08.

The Health Professions Council (HPC) has recently pledged to carry out a review of standards of conduct, performance and ethics, describing what is expected of registrants in terms of professional behaviour. The review will be undertaken by the Conduct and Competence Committee.

**KEY MESSAGE**

The professional education students undertake should prepare them appropriately to contribute safely and effectively to implementing core issues at the heart of health care policy in Scotland and meet the agenda set out in *Delivering for Health*.
Developing the workforce

Initiatives aimed at growing the workforce are under pressure from a number of factors. As Delivering for Health emphasises, the Scottish population is ageing, which has implications not only for the kinds of services that will be required in future, but also for the size of the ‘pool’ from which the NMAHP workforce will be drawn. Nursing, midwifery and the allied health professions are also competing for students with other university courses which offer the potential for attractive career options in future.

The Scottish Executive is committed to improving the current position on the recruitment and retention of NMAHPs across Scotland. The AHP Ministerial Implementation Group set up to take forward actions from Building on Success has addressed a wide range of recruitment and retention issues, some of which are ongoing, and a range of initiatives is being progressed under the ‘Facing the Future’ banner for nursing and midwifery. These aim to promote nursing, midwifery and the allied health professions as highly attractive career options and to ensure that NHSScotland has the appropriate quality and quantity of NMAHPs to meet the growing demands of local communities, for now and in the future.

NHSScotland is keen to attract NMAHPs back into the NHS. A range of return-to-practice programmes for NMAHPs has been introduced across Scotland, supported by funding from the Scottish Executive Health Department in partnership with NHS Education for Scotland. Several NHS Boards have implemented the concept of ‘Health Care Academies’, structured programmes aimed at attracting a diverse workforce into NHSScotland. The changing demography of Scotland suggests that approaches such as these will be increasingly important over the next few years.

An individual’s first experience of working with NHSScotland is likely to have a big influence on future career plans and, ultimately, the stability of the entire workforce. To this end, the ‘Flying Start NHS’ programme (see Box 3.2), commissioned by the Scottish Executive and taken forward by NHS Education for Scotland, aims to help newly qualified nurses, midwives and AHPs to develop the skills they need to feel competent and confident.

Box 3.2 Flying Start NHS

Flying Start NHS has been developed as a national programme focusing on common issues for newly qualified practitioners and providing support for their first year in NHSScotland. The programme is delivered through a dedicated website supported by work-based learning and aims to support the individual’s progression, build his or her confidence, and assist him or her in making choices about career development.

Work is also being progressed to implement the recommendations of the Nursing and Midwifery Workload and Workforce Planning Project (SEHD, 2004b), and will soon begin in relation to the publication of a similar report for AHPs. Three nursing and midwifery advisors have been appointed within regional workforce planning structures, and similar plans are being considered for AHPs.
There are particular workforce issues associated with delivery of services in specialist centres, such as clinical neurosciences. *Delivering for Health* emphasises that maintaining the skills and competency base of clinicians in such units depends to a large degree on receiving sufficient volumes of patients. Nurses and AHPs working in specialist centres will need to ensure they have access to sufficient numbers of patients regularly to maintain and develop their clinical expertise to deliver safe and effective care. They will also need access to appropriate education, training and continuing professional development opportunities on an ongoing basis. There are similar workforce issues for midwives across the range of maternity services.

It will also be important to provide NMAHPs with ongoing support through, for example, clinical supervision based on reflective practice, personal/professional development planning, individual performance review, clinical debriefing, critical incident analysis and education and training needs analyses.

Clinical supervision is particularly important in this regard. Needs will be different in different areas, as will the relative advantages of focusing on individual or team approaches, but clinical supervision is sufficiently flexible to allow delivery through a variety of means to underpin different approaches to supporting practitioners.

There are particular challenges, and particular imperatives, in developing the workforce for people living in remote and rural areas of Scotland. Issues of staffing and providing training for NHS services in remote and rural areas are addressed by *Delivering for Health*. It commits to establishing a ‘virtual’ School of Rural Health Care to build on existing initiatives and develop world class approaches to the development and training of the rural workforce. It also pledges to bring together a group involving NHS Education for Scotland, Scottish Medical Royal Colleges, NHS Boards and other partners to:

- consider the evidence around standards of care in remote and rural areas
- consider operational issues associated with the delivery of health care in remote and rural areas, including how staffing can be assured and clinicians’ skills maintained in low-volume procedures
- develop appropriate training for remote and rural practitioners
- consider how training can best be incorporated into posts in these areas.

These initiatives are likely to have significant positive impacts on the work of NMAHPs in remote and rural areas of Scotland.

**KEY MESSAGE**

The right number of NMAHPs and support workers, with the right skills and the right support to maintain and develop their competencies, are needed to deliver the services anticipated in *Delivering for Health*. 
Developing health care support workers’ roles
As was set out in the ‘Context and Culture’ section of this document, caring and enablement are at the core of NMAHP practice, and traditional skills bases and values should be honoured and nurtured. This does not mean, however, that NMAHPs should be ‘precious’ or possessive about traditional elements of the role that can equally effectively be provided by other appropriately trained health and social care workers.

The future health care demands of the people of Scotland will require all NHSScotland staff to practice in a way that promotes maximum positive outcomes for patients and carers. This may mean releasing NMAHP time and energy for specific interventions by devolving some core functions to support workers and others.

Health care support workers, in particular, can very effectively carry out a range of skilled patient tasks following appropriate preparation and under experienced supervision. NMAHPs need to have the confidence to allow support workers to take on those tasks once competent to do so. This will call on them to further develop the effectiveness of their delegation and supervisory skills.

Re-education on nursing, midwifery and AHP roles will be required not only for NMAHPs, but also for the general public. The quality guarantee that must be offered to the people of Scotland is that all elements of the NMAHP service will continue to be delivered under the supervision of nurses, midwives and AHPs in accordance with traditional core values and standards, even when some aspects of care may not be provided directly by NMAHPs.

NMAHPs must be proactive in leading their teams to ensure high standards of care are maintained, accountability is clear, and that support staff are assisted to maximise their skills and competence. A national education and training framework for support workers is being developed and work is under way to ensure the Model Careers Framework for Scotland is relevant to support workers.

**KEY MESSAGE**

Support workers must be valued as important members of uni-disciplinary and multi-disciplinary, multi-agency teams who have an important contribution to make.

Developing clinical careers
In recognition of the need to modernise health care careers, a UK-wide initiative to develop a consistent approach across a wide range of health professions has resulted in the development of specific career frameworks for nurses, midwives, AHPs and health care scientists. The first to be published is Modernising Nursing Careers (DHSSPS et al, 2006), a UK-wide project chaired by the Chief Nursing Officer for England. It reflects the tremendous changes that have taken place in nursing and health care and how the nursing workforce has responded to them by setting out a modern career framework for nursing. An AHP Career Framework is also being developed at UK level.
The range of frameworks will support the concept of a patient-led NHS by improving quality and productivity and promoting team working. They complement the work of Skills for Health and wider initiatives such as Agenda for Change and the review of non-medical regulation. Scotland is a full partner in this work and will make maximum use of the reports to energise NMAHP careers in Scotland.

More generally, there are rich opportunities for NMAHPs in pursuing new roles and new posts. There is, however, a perception among NMAHPs of a lack of a defined career structure through which to map career progression over time, set aspirations and targets and guide changes in direction in response to changing service design and patient needs. This makes it more difficult for individuals to identify the experience, education and competencies they will require to pursue their careers in defined ways to meet personal and professional aspirations.

It seems very likely that the health service career frameworks NMAHPs will pursue in the future are going to be based on competency acquisition to meet defined patient needs (see discussion of the Model Careers Framework for NHSScotland currently under development, above), rather than on focusing on the needs of particular professional groups. This will call for career progression to be explored from a patient care group perspective rather than a health professional perspective. An example of how this may work in practice can be found in non-medical prescribing (see Box 3.3).

**Box 3.3 Non-Medical Prescribing**

*Delivering for Health* points out that prescribing by health professionals such as nurses, midwives, pharmacists and AHPs improves patients’ access to the right level of care first time. This particular element of career progression has therefore been driven by the need to improve services for groups of patients.

The policy to extend prescribing responsibilities to non-medical professions will:

- improve the quality of service to patients without compromising patient safety
- make it easier for patients to get the medicines they need
- increase patient choice in accessing medicines
- make better use of the skills of health professionals
- contribute to the introduction of more flexible teamwork across the NHS.

*Delivering for Health* sets out a plan to increase by 50% the number of non-medical prescribers in Scotland by Spring 2008 through the provision of education and training programmes. The Scottish Executive Health Department will issue new guidance in response to UK legislative changes on non-medical prescribing.

A recent national audit of nurse prescribing in Scotland indicated that where independent prescribing has been most successful, a number of prerequisites are in place. Importantly, one of these is effective co-operation among prescribers from medicine, pharmacy and nursing. Mechanisms that allow clinical governance issues to be actively addressed as they arise are also important.

**KEY MESSAGE**

NMAHPs should make the best use of their skills, knowledge and expertise to provide patients with quicker and more efficient access to medicines.
The possibility of accelerated development programmes to ‘fast-track’ career development of individuals with high potential will be explored, along with ways to speed up the provision of skilled individuals for hard-to-fill vacancies where they exist.

It is important to recognise, however, that careers are no longer perceived as uni-dimensional concepts in which the only direction of travel is ‘up’. NMAHPs in modern services are very aware of the satisfaction gained by developing their knowledge base and acquiring new skills and competencies to deliver better services, without necessarily taking on a new role or moving to a different setting. These professionals have a key part to play in taking forward the new health policy agenda, and should be recognised for their contribution.

Modernising NMAHP roles
Nursing, midwifery and the allied health professions must contribute to the successful implementation of the new policy agenda through redesigning the workforce and maximising the unique contribution they bring to the multi-disciplinary, multi-agency team.

Delivering for Health states that one of the key elements in enhancing primary care services to deliver the services patients want and need in their own communities is the extension and development of health workers’ roles. This provides myriad opportunities for nurses, midwives, AHPs and others to carve out new roles in response to patient demand and need.

The effects of working time regulations and pay modernisation within the NHS are changing fundamentally the way services are offered and the way professionals work. Pay modernisation initiatives, particularly Agenda for Change and the associated Knowledge and Skills Framework (KSF), provide the foundation for describing and redesigning future roles in nursing, midwifery, the allied health professions and others.

Significant changes to the way the medical workforce is prepared for practice are opening doors to innovative role development opportunities and the creation of new roles for other professionals, such as nurses, midwives and AHPs. They are also driving the creation of new health practitioner roles to support the delivery of medical services, such as Anaesthesia Practitioner and Physician Assistant developments.

NHSScotland needs to look at new options and new opportunities to meet the needs of the population now and for the future. Radical thinking is called for, in particular to look at the contribution new roles or new ways of working could make.

This is an area in which NMAHPs have already been very active, with some very positive effects. Elements of confusion about role development in some areas persist, however. There is inconsistency, for instance, in the nature and scope of individual advanced practice nursing roles in Scotland, including specialist nurse and nurse practitioner roles. While excellent examples of good practice exist, some roles seem to closely follow models of traditional specialisation that may no longer fit the demands placed on nursing by the new health policy agenda. Similar instances can be found within the allied health professions.
There is increasing demand for advanced nursing skills such as those provided by advanced nurse practitioners, clinical nurse specialists and nurse consultants. A group has been set up as part of the 'Facing the Future' work stream to develop a national framework for advanced nursing practice that will help to:

- clarify the skills, competencies and capabilities of these practitioners
- explore education routes to support the roles
- provide advice about developing and sustaining such roles within the workforce.

This work will build upon the Advanced Cancer Practice Nurse Specialist Framework currently being developed. This clearly identifies that in addition to advancing the skills base for professional practice, advanced practitioners also have a key role in promoting team-working as a core element of developing sustainable services that meet patients’ changing needs.

NMAHPs must continue to expand existing roles and develop new roles, but the focus must be on meeting changing patient and service needs and filling perceived gaps in service delivery. The Framework for Developing Nursing Roles (SEHD, 2005d) and the Framework for Role Development in the Allied Health Professions (SEHD, 2005e) should be used to provide the rationale and to underpin the implementation of such developments (see Box 3.4). Delivering for Health has committed to ensuring that the nursing and AHP role development frameworks will support the development of new and extended roles for working in the community.

**Box 3.4 Frameworks for developing roles in nursing and the allied health professions**

The Framework for Developing Nursing Roles was launched alongside its sister document, Framework for Role Development in the Allied Health Professions, in July 2005. The frameworks were developed through joint working between nurses and allied health professionals. The two groups found they shared an interest and faced common issues in developing tools that would assist nurses and AHPs to realise their true potential in meeting patients’ needs.

The frameworks set out the key elements nurses, AHPs and their employers will need to take into account when considering role development. Specifically, they look at:

- drivers for change, examining how role development will benefit patients
- stakeholder involvement, ensuring that all those affected by (or who can exert influence on) new roles are involved in their development
- governance issues, with needs to guarantee patient safety, professional accountability and adequate resources being uppermost
- education and training support, focusing on developing competencies to meet the demands of role development
- evaluation and planning for the future, building mechanisms to ensure ongoing development of roles.

National support and co-ordination for education to support role development will continue to be provided by NHS Education for Scotland and Skills for Health, and the recognised deficit of evidence on the effectiveness of new and developed roles needs to be remedied.
Central to all activity in role development, however, is the understanding that the key values of caring, enablement, rights-based care and promoting safe and effective patient care are the underpinning elements that set the benchmarks for role development.

**KEY MESSAGE**

New NMAHP roles developed to meet patient and carer needs must be underpinned by a caring and enabling approach that reflects professional core values.

Continuing professional development and lifelong learning

Education is a key underpinning of career development for nurses, midwives, AHPs and support workers. Modern education is about much more than studying courses in higher and further education institutions, with the workplace becoming increasingly recognised as a core setting in which learning takes place.

There are many resources through which individual professionals can update their knowledge and skills – accessing journals, online sources, libraries and open learning centres, meeting and discussing issues with colleagues, participating in in-service training activities and learning experientially through day-to-day practice, for instance. In addition, national competency frameworks are emerging in relation to specific areas of work, and these may act as benchmarks against which staff can assess their current performance and education and training needs.

A number of organisations and resources has been introduced in recent years to support health care workers and students in keeping up-to-date with current knowledge and developing their practice in a range of subjects through the application of reliable research evidence, including:

- knowledge-sharing technologies within the NHSScotland e-Library (see Box 3.5)
- the NHS Education for Scotland website ([http://www.nes.scot.nhs.uk/](http://www.nes.scot.nhs.uk/))
- the RCN Scotland Learning Zone
- the NHS Quality Improvement Scotland Practice Development Unit
- the Nursing, Midwifery and Allied Health Professions Research Unit
- the Scottish Intercollegiate Guidelines Network (SIGN)
- Managed Knowledge Networks within managed clinical networks
- Practice Education Facilitators (see Box 3.6).
Box 3.5 Knowledge Sharing, Knowledge Management

NHS Education for Scotland has published its implementation plan, *From Knowing to Doing* (NES, 2006). The aim of the plan is to integrate the acquisition of knowledge by NHS workers with the real-life, day-to-day process of delivering health and health care. The plan sets out a new model for managing knowledge which will be delivered through:

- the NHSScotland e-Library
- evolving managed knowledge networks (MKNs)
- partnership working with NHS library services, eHealth initiatives and workforce and organisational development departments.

Implementation will be based on four inter-dependent themes:

- applying knowledge to patient care
- health inequalities and patient/public involvement
- sharing knowledge
- creating a knowledge-competent workforce.

Box 3.6 Practice Education Facilitators

As part of the commitment to improving the learning experience of NMAHP students and mentors, the Scottish Executive Health Department, NHS Education for Scotland, higher education institutions and NHS Boards have invested in the introduction of Practice Education Facilitator (PEF) roles. These posts are designed to contribute to the clinical learning environment by providing co-ordination, facilitation and support for mentors, students and staff. Within nursing and midwifery, the emphasis has been on recruiting and retaining more students, while the emphasis in the AHPs has been building clinical placement capacity and promoting multi-professional learning environments.

PEFs are clinical staff who are committed to education and continuing professional development of students and staff, and who wish to further develop expertise in this area.

For further information, access: [http://www.nes.scot.nhs.uk/nursing/Practice_Education/default.asp](http://www.nes.scot.nhs.uk/nursing/Practice_Education/default.asp)

Personal/professional development planning (PDP) is the key means through which NMAHPs in NHSScotland can reflect on their education and training needs with their line managers and supervisors and also focus on organisational objectives. A significant part of the PDP process focuses on individuals’ perceptions of their own education needs and how they relate to team, local, area, regional and national needs and priorities. Education and training opportunities must be made available to NMAHPs in all locations, based on an overall ethos that promotes:

- increased access to education and training opportunities
- equal opportunities for all
- recognition of the individual learning needs of people with disabilities and the implications of promoting education and training to staff from diverse social and education backgrounds
- the development of NMAHPs to their full potential
- the delivery of quality education and training.
Developing clinical/academic careers
Capacity and capability in research and development will be enhanced by NMAHPs working in partnerships with the best, regardless of their professional background. For instance, they can extend the scope of their contribution to this agenda by working in partnership with expert statisticians, psychologists, health economists, social scientists, trial managers, organisational specialists and others.

KEY MESSAGE
NMAHPs should always be open to working in clinical/education partnerships with colleagues from other disciplines.

The direction of travel for the short term is to develop a model for clinical/academic careers in nursing, midwifery and the allied health professions in line with the UK Clinical Research Collaboration agenda, with the aim of increasing capacity and capability for research and development. The model will need to fit with Modernising Nursing Careers and the AHP Competence-based Career Management Framework, and be supported by the Model Careers Framework for NHS Scotland.

It is important to acknowledge, however, that the clinical and academic elements of nursing, midwifery and the allied health professions have not always steered the same course. Negative attitudes and insecurities exist among each group, having the effect of stifling innovation in role development and decreasing flexibility in integrated working practices. These are imposing unnecessary restrictions on experienced clinicians expanding their research functions and on experienced researchers developing their clinical contribution. Committed clinical and academic staff have overcome the barriers to developing innovative clinical/academic roles, but the tendency has been for this to happen despite, and not with the support of, formal professional structures.

The professions need to free themselves from restrictive attitudes and insecurities. They need to create clinical/academic roles that are genuinely integrated and which pave the way for clinicians to pursue academic work and academics to make contributions to clinical work.

KEY MESSAGE
Opportunities for integrated clinical, education and research roles rely on changing the cultural context of nursing, midwifery and the allied health professions to ensure that practice, education and research are equally valued within the professions.
Section 4

Delivery Action Plan
Implementing the delivery action plan

The preceding sections have set out the cultural, capability and capacity issues that will underpin harnessing the NMAHP contribution to implementing Delivering for Health. What follows is a detailed action plan setting out actions and deliverables across a range of key issues identified within the main text.

Legend

- CSO: Chief Scientist Office
- HEIs: Higher education institutions
- ISD: NHSScotland Information and Statistics Division
- NES: NHS Education for Scotland
- NHS QIS: NHS Quality Improvement Scotland
- NHS QIS PDU: NHS Quality Improvement Scotland Practice Development Unit
- NMAHP Research Unit: Nursing, Midwifery and Allied Health Professions Research Unit
- NMC: Nursing and Midwifery Council
- RCM: Royal College of Midwives
- SEHD: Scottish Executive Health Department
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<td><strong>1. Caring is the essence of nursing and midwifery practice, and enabling is at the heart of allied health professionals’ practice.</strong></td>
<td>• Caring and enabling must be valued equally with technical competence within NHS Boards. • Evidence-based principles of caring must be embedded in pre- and post-registration nursing and midwifery programmes. • Evidence should be provided that caring has been embedded in pre- and post-registration education programmes.</td>
<td>• Job profiles for nursing, midwifery and AHP posts reflect caring, enabling and technical competence requirements. • Patient satisfaction with caring and enabling elements of NMAHP services consistently demonstrated through formal and informal surveys. • Caring is demonstrated explicitly as a theme in nursing and midwifery education programmes. • Quality assurance processes demonstrate caring component of courses.</td>
<td>NHS Board Nurse Directors NHS Board Lead AHPs</td>
<td>NHS Board human resources departments</td>
<td>2007</td>
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<td>HEIs</td>
<td>NHS Boards</td>
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</table>
| 2. The core values of nursing, midwifery and allied health professions must underpin the practice of every NMAHP and should drive models of care that promote positive and equitable engagement with patients, families and carers as the central focus for practice. | • A values-based approach must be central to the delivery of nursing, midwifery and AHP services.  
• A values-based approach should be evident in nursing, midwifery and AHP practice.  
• A values-based approach to care should be integrated into all pre- and post-registration nursing, midwifery and AHP programmes.  
• A values-based approach to care is embedded within the national practice development strategy to be developed by NHS QIS PDU. | • NHS Board strategies for service delivery and workforce development reflect a values-based approach.  
• Patient satisfaction with values-based elements of nursing, midwifery and AHP services consistently demonstrated through formal and informal surveys.  
• Recording of values-based activity in individuals' professional portfolios and personal development plans.  
• Recognition of values-based practice through performance appraisal.  
• A values-based approach is demonstrated explicitly as a theme in nursing, midwifery and AHP programmes.  
• National practice development strategy in place, reflecting a values-based approach. | NHS Board Nurse Directors  
NHS Board Lead AHPs | NHS Boards  
Local education providers  
Line managers and professional leads  
HEIs | 2008  
2006 ongoing  
2007  
2008  
2008 |
3. Multi-disciplinary, multi-agency teams are a cornerstone of the new health policy agenda.

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<tr>
<td>• Clinical team-working and joint working among agencies should be supported by education and training initiatives.</td>
<td>• A culture of team-working should be developed and sustained within NHS organisations as the foundation for delivery of services.</td>
<td>• Appropriate education programmes are available to NHS Boards.</td>
<td>NES/HEIs</td>
<td>NHS Boards Local authorities</td>
<td>2007</td>
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<tr>
<td>• Clinical teams should use the role development framework to underpin the development of new AHP specialist practitioner roles and the contribution they make to clinical teams.</td>
<td>• Specialist nursing contributions to sustainable clinical teams should be informed by focused profiles.</td>
<td>• Shared processes and systems in place in NHS organisations to enhance and support team-working.</td>
<td>Clinical team leaders</td>
<td>NHS Boards</td>
<td>2006 ongoing</td>
</tr>
<tr>
<td>• Specialist nursing contributions to sustainable clinical teams should be informed by focused profiles.</td>
<td>• The cancer clinical nurse specialist profile should be used to review specialist nursing roles and the contribution they make to clinical teams.</td>
<td>• Patients demonstrate appreciation of a team-working ethos through a range of initiatives designed to monitor patient experience.</td>
<td>NHS Boards</td>
<td>NHS QIS</td>
<td>2007</td>
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<tr>
<td>• The cancer clinical nurse specialist profile should be used to review specialist nursing roles and the contribution they make to clinical teams.</td>
<td>• The cancer clinical nurse specialist profile should serve as a template for a National Advanced Nursing Practice Framework.</td>
<td>• Specialist practitioner roles are integral to new patient pathways supported by clinical teams.</td>
<td>Clinical team leaders</td>
<td>NHS Boards</td>
<td>Ongoing</td>
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<tr>
<td>• The cancer clinical nurse specialist profile should serve as a template for a National Advanced Nursing Practice Framework.</td>
<td>• A cancer clinical nurse specialist profile published and disseminated as a template for other specialties.</td>
<td>• A cancer clinical nurse specialist profile published and disseminated as a template for other specialties.</td>
<td>SEHD</td>
<td>NHS Boards</td>
<td>2007</td>
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<tr>
<td>• A cancer clinical nurse specialist profile published and disseminated as a template for other specialties.</td>
<td>• Strong clinical team model demonstrated in practice.</td>
<td>• A cancer clinical nurse specialist profile published and disseminated as a template for other specialties.</td>
<td>NHS Board Nurse Directors</td>
<td>Clinical teams</td>
<td>2007</td>
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<tr>
<td>• Strong clinical team model demonstrated in practice.</td>
<td>• National Advanced Nursing Practice Framework in place.</td>
<td>• A cancer clinical nurse specialist profile published and disseminated as a template for other specialties.</td>
<td>SEHD</td>
<td>NHS Boards NES</td>
<td>2008</td>
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| 4. NMAHPs, in collaboration with partners, are actively building an evidence base that will support the plan for the NHS set out in Delivering for Health. This must continue into the future. | • A programme-focused approach to developing the evidence base that underpins nursing, midwifery and AHP practice must continue.  
• Nursing, midwifery and AHP research effort and expertise across Scotland must be integrated. | • Research programmes relevant to nursing, midwifery and AHP practice are available.  
• Nursing, midwifery and AHP research effort demonstrates improvement in quality and focus. | NMAHP Research Unit  
Departments of nursing, midwifery and AHP in HEIs  
Regional Research Consortia  
NMAHP Research Unit  
HEIs  
Regional Research Consortia | NHS Boards  
CSO  
NHS Boards | 2006 ongoing |
| 5. Service users and the public are entitled to expect the care they receive to be safe, effective and assured. | • A culture in which individual nursing, midwifery and AHP staff take responsibility for delivering safe, effective and assured care, assuming accountability for their actions and ensuring delivery of improved patient experiences and outcomes, must be cultivated in NHS Boards.  
• Excellence in delivering safe, effective and assured care should be recognised at national level. | • NHS Board strategies for risk management, service delivery and workforce development are based upon the need to deliver safe, effective and assured care.  
• Patient satisfaction with nursing, midwifery and AHP services consistently demonstrated through formal and informal surveys. | NHS Board Nurse Directors  
Scottish Health Council  
SEHD | NHS Boards  
NHS QIS  
Professional organisations and trade unions  
Individual nurses, midwives and AHPs  
NHS QIS | 2006 ongoing  
2007 ongoing |
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<th>Lead responsibility</th>
<th>Working with</th>
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</table>
| 5. Service users – continued. | • Systems must be in place to ensure that the delivery of safe and effective care underpins all aspects of nursing, midwifery and AHP practice. | • A core set of Clinical Quality Indicators for Nursing and Midwifery are agreed, demonstrating the nursing contribution to care that is safe, effective, efficient, patient-centred, timely and equitable.  
• Demonstrable quality systems are in place and are reported on within NHS Boards.  
• Nationally agreed clinical data sets implemented, informing NHS Boards’ performance management and governance arrangements.  
• The recommendation for action related to CQIs in AHP Workload Measurement and Management has been implemented.  
• Safe, effective and assured practice is demonstrated explicitly as a core theme in nursing, midwifery and AHP programmes.  
• Quality assurance processes demonstrate the safe, effective and assured practice component of courses. | NHS QIS  
NHS Board Nurse Directors  
ISD  
NHS Board Lead AHPs  
HEIs  
NHS QIS  
NHS Boards | SEHD  
Professional organisations and trade unions  
NHS QIS  
ISD  
NHS QIS  
NHS QIS  
NES | 2007  
2008  
2008  
2008 |
### Key message

6. Providing support and protection is an integral part of the public health role of all NMAHPs and must be reflected in their practice within the context of multi-disciplinary, multi-agency team working.

### Related actions

- Health care assessments performed by nurses, midwives and AHPs must include consideration of the risk of abuse of patients, families, carers and the public, based on knowledge of legislation and local and national guidelines.
- Nurses, midwives and AHPs must be enabled to realise their public health responsibilities in respect of protection of the public.
- Education opportunities in child protection should be made available for all nurses, midwives and AHPs in proportion to their level of contact and intervention with children and young people.
- Nurses, midwives and AHPs should have access to expert support and advice in relation to their work with children, young people and adults in need of additional support and protection.
- Pre- and post-registration nursing, midwifery and AHP programmes must emphasise the public health responsibility of nurses and midwives for protection of the public.

### Deliverables

- Nurses’, midwives’ and AHPs’ records of assessments indicate that abuse has been considered as part of the assessment undertaken.
- NHS Board strategies for service delivery and workforce development reflect the need to integrate a public safety approach to practice.
- Nurses, midwives and AHPs accessing appropriate education.
- Effective support mechanisms in place in NHS Boards.
- Protection of the public is demonstrated explicitly as a theme in nursing, midwifery and AHP programmes.
- Quality assurance processes demonstrate protection of the public component of courses.

### Lead responsibility

- Individual nurses, midwives and AHPs
- NHS Board Nurse Directors
- NHS Board Lead AHPs
- NHS Board Nurse Directors
- Individual nurses and midwives
- NHS Board Lead AHPs
- NHS Board Nurse Directors
- NHS Board Lead AHPs
- HEIs
- NHS Boards
- Local authorities
- HEIs
- NES
- NHS Boards
- Local authorities
- NHS Boards
- NES
- NHS Boards

### Working with

- NHS Boards
- NHS Boards
- NHS Boards
- HEIs
- NES
- NHS Boards
- Local authorities
- NES
- NHS Boards

### Timescale: by end of

- 2007
- 2006
- 2008
- 2007
- 2008
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| 7. The benefits and value of working with older people must be promoted within the professions, emphasising the opportunities it creates for nurses and AHPs to put the professions’ fundamental values of caring and enablement into practice and to make a significant contribution to delivering the new health policy agenda. | • Working with older people should be promoted as an attractive career option for nurses and AHPs.  
• NMAHP leadership in supporting older people must be developed to drive service improvement and enhance care pathways.  
• Practice development models related to working with older people should be in place to underpin service improvement. | • Increased recruitment of nurses and AHPs seeking to work with older people.  
• Nurse consultant posts in place in NHS Boards in Scotland.  
• AHP consultant posts in place in NHS Boards in Scotland.  
• Appropriate models are in place for use by NHS, care homes and HEIs. | NHS Board Nurse Directors  
NHS Board Lead AHPs  
SEHD  
NHS QIS PDU  
NES | Older people and their representative organisations  
HEIs  
NHS Boards  
Professional organisations and trade unions  
NHS Boards  
HEIs  
Care Commission | 2008  
2008  
2008 |
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| 8. The right education, service and support infrastructure must be in place | - The organisational infrastructure that underpins the continued development of unscheduled care and out-of-hours NMAHP services should be reviewed to ensure fitness for purpose.  
- Education programmes and competency frameworks to support NMAHPs in developing unscheduled care and out-of-hours services, and which enable transferability of roles, should be developed. | • Appropriate infrastructures to support the delivery of unscheduled care and out-of-hours NMAHP services are in place.  
• Appropriate education programmes and competency frameworks are in place.  
• Sustainable role development opportunities that challenge traditional models of nursing and AHPs within the community are in place.  
• Quality assurance systems for unscheduled care and out-of-hours services are in place. | NHS Board Nurse Directors  
NHS Board Lead AHPs  
NHS QIS | NHS Boards  
HEIs  
NHS Boards  
Unscheduled Care Collaborative | 2007 |
| to support NMAHPs' contributions to unscheduled care and out-of-hours services. |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                           |                                                         |                                                                                                                                                                                                                           |                     |
| 9. NMAHPs should seize the opportunity Delivering for Health presents to develop their emergency care roles and practice in a range of settings. | - The potential for NMAHPs to work in different settings across the emergency care spectrum should be promoted.  
- Clinical governance frameworks and other structures must be in place to support NMAHPs to develop and maintain their skills and competencies in these areas. | • Workforce development plans reflecting positive NMAHP migration across settings.  
• Structured mechanisms in place to support NMAHPs' education and practice development. | NHS Regional Workforce Centres  
NHS Boards | NHS Boards  
NHS Board Nurse Directors  
NHS Board Lead AHPs  
NHS QIS | 2007 |
<p>| to do this.                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |                                                                                                                                                                                                           |                                                         |                                                                                                                                                                                                                           |                     |</p>
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<td>10. The length of stay of patients admitted to hospital should be as short as possible consistent with maximum health benefits for the individual, and discharge must be appropriately planned.</td>
<td>• Models of decision making appropriate for nurses, midwives and AHPs should be developed to support them in ensuring patients’ hospital stays are managed effectively.</td>
<td>• Nursing, midwifery and AHP decision-making practice is underpinned by appropriate models. • Evidence of proactive management of patient hospital stays by nurses, midwives and AHPs.</td>
<td>HEIs NHS Board Nurse Directors NHS Board Lead AHPs ISD</td>
<td>NHS Boards</td>
<td>2007</td>
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<tr>
<td>11. <em>Delivering for Health’s</em> identification of anticipatory care as a central element of NHS services opens the door to NMAHPs carrying out more of this vital work.</td>
<td>• Community profiles and public health nurse staffing models should be examined with a view to realigning resources to address anticipatory care needs, in particular focusing on inequality gaps. • Education support to promote anticipatory care services should be commissioned. • Good practice examples should be developed and shared across the health and social care system to illustrate the essence of anticipatory care.</td>
<td>• New staffing profiles that address the inequality gap are in place. • Appropriate education programmes in place. • Good practice examples informing activity across health and social care systems available.</td>
<td>NHS Boards HEIs/NES NHS QIS Joint Improvement Team</td>
<td>NHS Board Nurse Directors HEIs NHS Boards Health Protection Scotland Improvement and Support Team</td>
<td>2007 2008 2007</td>
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<td>12. Public health approaches and awareness must be integrated into all NMAHP roles and practice.</td>
<td>• Nurses’, midwives’ and AHPs’ health promotion roles must be recognised and promoted within national health improvement initiatives.</td>
<td>• National scoping exercise of AHP public health function undertaken and published.</td>
<td>SEHD</td>
<td>NHS Health Scotland</td>
<td>2008</td>
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<tr>
<td></td>
<td>• Nurses, midwives and AHPs must be supported and facilitated to influence public health improvement plans.</td>
<td>• Nationally funded health improvement schemes demonstrate NMAHP contributions.</td>
<td>SEHD</td>
<td>NHS Boards NHS Health Scotland</td>
<td>2006</td>
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<td></td>
<td>• Nurses, midwives and AHPs must be proactive, within a multi-disciplinary, multi-agency context, in identifying and responding to patients’ unmet health and social care needs.</td>
<td>• Processes and systems in place to support NMAHPs to adopt public health approaches.</td>
<td>NHS Board Lead AHPs NHS Board Nurse Directors Public health practitioners</td>
<td>NHS Boards NHS Health Scotland</td>
<td>2006</td>
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<td>• The education provision required to ensure public health approaches are integral to all nursing, midwifery and AHP roles must be reviewed.</td>
<td>• Nurses’, midwives’ and AHPs’ records of assessment indicate that patients’ unmet health and social needs have been considered.</td>
<td>Individual nurses, midwives and AHPs</td>
<td>Public health practitioners NHS Boards</td>
<td>2007</td>
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<td></td>
<td>• Appropriate education programmes are in place.</td>
<td>• Appropriate education programmes are in place.</td>
<td>HEIs</td>
<td>NES NHS Boards NHS Health Scotland</td>
<td>2008</td>
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<td>13. Models of practice are needed to enable NMAHPs to support patient self care and enable patients effectively to manage their own care.</td>
<td>• A National Model of Supported Self-care Management and Rehabilitation across the pathway of care in cancer should be developed to serve as a template for other conditions.</td>
<td>• Model of supportive self-care management and rehabilitation in cancer is published and disseminated.</td>
<td>SEHD</td>
<td>NHS Boards Regional Cancer Networks</td>
<td>2006</td>
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<td></td>
<td>• Tools should be developed to enable evaluation of supported self-care management and rehabilitation along the patient pathway and across the spectrum of care.</td>
<td>• Tools developed and published.</td>
<td>NHS QIS</td>
<td>NHS Boards Regional Cancer Networks SEHD</td>
<td>2008</td>
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<td></td>
<td>• The evidence base for supported self-care/self-management and rehabilitation practice should be further developed.</td>
<td>• A growing body of evidence to support self care, self management and rehabilitation is available.</td>
<td>NMAHP Research Unit Regional Research Consortia</td>
<td>NHS Boards HEIs SEHD</td>
<td>2006 ongoing</td>
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| 14. Nurses and midwives, working in partnership with AHP colleagues, must undergo transformational change in delivering the new health agenda by becoming, first and foremost, enablers and supporters of service users’ self-care and self-management abilities. | • A culture that sets the foundation for nurses, midwives and AHPs as enablers and supporters of service users’ empowerment and self-care and self-management abilities must be cultivated within NHS Boards.  
• Supported self-care/self-management should be integrated into pre- and post-registration nursing, midwifery and AHP programmes. | • Strategies for service delivery and workforce development promote a culture of self care and self management.  
• Self care and self management is demonstrated explicitly as a theme in nursing, midwifery and AHP programmes.  
• Quality assurance processes demonstrate the self-care, self-management component of courses. | NHS Board Nurse Directors  
NHS Board Lead AHPs | NHS Boards  
Patients and the public | 2006 ongoing |
| 15. Clinical leadership is critical in ensuring the transformational change necessary to implement the Delivering for Health vision. Initiatives and role developments aimed at promoting NMAHP leadership must be progressed. | • A review of AHP strategic leadership must be undertaken with the aim of ensuring a consistent approach to the appointment of NHS Board Lead AHPs.  
• Clinical nursing, midwifery and AHP leaders must have access to leadership programmes.  
• A review of the role of the senior charge nurse/midwife in NHSScotland, which will produce recommendations for action, will be launched. | • Lead AHPs for NHS Boards appointed across NHSScotland.  
• Workforce development strategies demonstrate a commitment to leadership training for nursing, midwifery and AHP leaders.  
• Final report published and disseminated.  
• Recommendations from review of the senior charge nurse/midwife tested in a number of pilot sites utilising the agreed set of CQIs. | SEHD | NHS Boards  
NES  
HEIs  
NHS Boards | 2006  
2006 ongoing  
2007  
2008 |
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<td>15. Clinical leadership – continued.</td>
<td>• A national programme of work will be launched to identify how midwives can develop the culture, competencies and capabilities to assume leading roles in caring for women during pregnancy episodes.</td>
<td>• Women at the centre of maternity services, exercising informed choice at all stages of the pregnancy episode. • Midwives assuming lead professional roles for all low-risk pregnant women.</td>
<td>SEHD NHS Boards</td>
<td>NHS QIS NES RCM Service users Medical Royal Colleges</td>
<td>2009</td>
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<tr>
<td>16. Potential strategic NMAHP leaders of the future must be identified, with support and development mechanisms set in place to ensure the cadre of potential leaders in the workforce continues to grow.</td>
<td>• A model of succession development for NMAHPs should be devised.</td>
<td>• Process is informed by results of pilot programme NES conducted with nurse, midwife and AHP consultants.</td>
<td>NES SEHD</td>
<td>NHS Boards Professional organisations and trade unions Other relevant stakeholders</td>
<td>2008</td>
</tr>
<tr>
<td>17. NMAHPS must use data to highlight, maintain and develop practice to improve patients’ experience of health services and health outcomes.</td>
<td>• National clinical data sets should be developed to support the practice of NMAHPs.</td>
<td>• NMAHPS have access to clinical data that improve the quality of care they deliver.</td>
<td>SEHD NHS Boards</td>
<td>ISD</td>
<td>2007</td>
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<td>Key message</td>
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<td>Deliverables</td>
<td>Lead responsibility</td>
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<td>18. NMAHP leaders and clinicians must engage with the eHealth agenda.</td>
<td>• National e-Health initiatives aimed at developing consistent approaches to planning care and record keeping must be supported. • NMAHPs must be appropriately trained and equipped to use electronic health information systems for recording and using information to improve the patient experience and health outcomes. • NMAHPs must have appropriate and adequate access to ICT to support clinical decision making and communication at the point of care. • NMAHP involvement in the e-Health agenda must be encouraged.</td>
<td>• NHS Board strategies for service delivery and workforce development demonstrate a strong commitment to developing consistent approaches to planning care and record keeping. • Workforce development strategies demonstrate a commitment to developing training and systems to support electronic systems for recording. • NMAHPs have access to ICT. • There is demonstrable NMAHP involvement in e-Health initiatives. • NHS Board strategy, investment and implementation plans are informed by, and reflect the needs of, the nursing, midwifery and AHP workforce in responding positively to the e-Health agenda.</td>
<td>NHS Board Nurse Directors NHS Board Lead AHPs</td>
<td>SEHD NHS Board IT departments National Services Scotland</td>
<td>2007</td>
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SEHD NHS Board IT departments National Services Scotland | NHS Boards | 2007 |

SEHD NHS Board IT departments National Services Scotland | NHS Boards | 2007 |

SEHD NHS Board IT departments National Services Scotland | NHS Board Nurse Directors NHS Board Lead AHPs | NHS Boards | 2007 |

SEHD NHS Boards National Services Scotland |
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<td>18. NMAHP leaders – continued.</td>
<td>• Pre-registration nursing, midwifery and AHP curricula should reflect the eHealth agenda. • Post-registration education development opportunities in IT for nurses, midwives and AHPs should be reviewed. • Good practice and innovation in using information from a national and international perspective should be shared to support local work.</td>
<td>• Newly-qualified staff have the appropriate skills to use technology to support their clinical practice and the delivery of integrated, patient-focused care. • Appropriate post-registration education programmes in IT are in place. • A report on good practice is published and disseminated.</td>
<td>HEIs</td>
<td>NES NHS Boards National Services Scotland</td>
<td>2007</td>
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| 19. The development of the future NMAHP workforce is the business of a partnership involving education providers and NHS Boards. | • Current partnerships between HEIs and NHS Boards at local and regional levels should be further strengthened to promote nursing, midwifery and the AHPs as career options. • A strong uptake of the HNC in Health Care and AHP HNC support programmes should be encouraged. • The Open University work-based pre-registration nursing programme in remote and rural areas of Scotland should continue to be supported. • Ways of maximising clinical placements for students in community settings should be explored. | • Recruitment and selection of nursing and midwifery students jointly carried out by HEIs and NHS Boards. • HEIs and NHS Boards working in partnership to promote careers in the AHPs. • Increased recruitment to HNC in Health Care and AHP HNC programmes. • Increased recruitment to Open University work-based pre-registration nursing programme in remote and rural areas of Scotland. • Student clinical placements reflect the strong community focus of the new health policy agenda. | HEIs/NHS Boards | NES NHS Boards NHS Boards/SEHD NHS Boards HEIs | 2008 2006 ongoing 2006 ongoing 2006 ongoing
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<td>20. The professional education NMAHPs undertake should prepare them appropriately to contribute safely and effectively to implementing core issues at the heart of health care policy in Scotland and meet the agenda set out in Delivering for Health.</td>
<td>• Current pre-registration/undergraduate NMAHP programmes should be mapped to identify how effectively they are addressing core issues at the heart of health care policy in Scotland and meet the agenda set out in Delivering for Health. • The core issues for pre-registration/undergraduate NMAHP programmes set out in Box 3.1, page 42, must be central to the design of programmes. • NMC standards for student entry must be implemented when published.</td>
<td>• Pre-registration programme curricula are reviewed.</td>
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<td>• The core issues are integral to pre-registration/undergraduate NMAHP programme curricula. • Quality assurance processes demonstrate the inclusion of core issues. • Improvement in student recruitment processes in HEIs.</td>
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<td>21. The right number of NMAHPs and support workers, with the right skills and the right support to maintain and develop their competencies, are needed to deliver the services anticipated in Delivering for Health.</td>
<td>• The Flying Start NHS programme should be actively supported to ensure that new graduates are given the best start to their careers. • NHS Boards should employ newly qualified nurses and AHPs into primary care posts. • Flexible career pathways based on competency development underpinned by education and training and with ‘stepping on and off’ points should be developed.</td>
<td>• NHS Board workforce development strategies demonstrate a commitment to the Flying Start NHS programme for new graduates. • Increased number of newly qualified nurses and AHPs employed into primary care posts. • SEHD has delivered the Model Career Framework for NHS Scotland.</td>
<td>NHS Board Nurse Directors NHS Board Lead AHPs</td>
<td>NHS Board Nurse Directors</td>
<td>NES Professional organisations and trade unions</td>
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21. The right number of NMAHPs – continued

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<td>• Best practice in the recruitment and retention of nurses, midwives and AHPs should be supported to assist NHSScotland to ensure a workforce fit for purpose.</td>
<td>• NHS Boards have succession planning in place, including fast-track programmes within nursing, midwifery and AHPs.</td>
<td>SEHD</td>
<td>NES NHS Boards HEIs Professional organisations and trade unions</td>
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<td>• Recommendations of the Nationally co-ordinated Nurse Bank Project and mandatory guidance on the use of national procurement contracts are fully implemented within NHS Boards.</td>
<td>NHS Boards</td>
<td>HEIs Professional organisations and trade unions</td>
<td>2006 ongoing</td>
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<td>• NHS Boards are running effective return-to-practice programmes for nurses and midwives.</td>
<td>NHS Boards</td>
<td>NHS Boards Regional workforce planners Professional organisations and trade unions</td>
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<td>• A return to work programme is in place for AHPs.</td>
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<td>SEHD NHS Boards</td>
<td>2006 ongoing</td>
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<td>• NHS Board Nurse Directors and NHS Board Lead AHPs are working with local and regional workforce planners to ensure their NHS Board has the nursing, midwifery and AHP workforce it needs for the future.</td>
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<td>Regional Workforce Advisors Professional organisations and trade unions</td>
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<td>21. The right number of NMAHPs – continued</td>
<td>• Education and training opportunities for NMAHPs at national and local level must reflect the priorities of Delivering for Health and the development of sustainable multi-disciplinary, multi-agency teams.</td>
<td>• Recommendations of the Nursing and Midwifery Workload and Workforce Planning Project and the AHP Workload Measurement and Management Project are fully implemented within NHS Boards.</td>
<td>NHS Boards SEHD</td>
<td>Regional Workforce Advisors Professional organisations and trade unions</td>
<td>2006 ongoing</td>
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<td>22. Support workers must be valued as important members of uni-disciplinary and multi-disciplinary, multi-agency teams who have an important contribution to make.</td>
<td>• Efforts to maximise the contribution support workers can make to nursing and midwifery teams, AHP teams and multi-disciplinary, multi-agency teams should be continued.</td>
<td>• A ‘Facing the Future’ sub-group exploring maximising support worker contributions is in place.</td>
<td>SEHD</td>
<td>NHS Boards Scotland’s Colleges HEIs Professional organisations and trade unions Skills for Health</td>
<td>2006 ongoing</td>
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<td>• Career pathways for health care support workers should be developed, supported by education and training and competency development.</td>
<td>• A national education and training framework for support workers is in place.</td>
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<td>Skills for Health NES NHS Boards HEIs Scottish Colleges</td>
<td>2006 ongoing</td>
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<td>• Support worker recruitment and selection processes must be rigorously conducted.</td>
<td>• Model Careers Framework for Scotland is relevant to careers of support workers.</td>
<td>SEHD</td>
<td>NHS Boards Scotland’s Colleges HEIs</td>
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<td>• The potential for further development of Health Care Academies to support the development of a diverse support worker workforce in the NHS should be explored.</td>
<td>• Appropriate career pathways adopted by NHS Boards.</td>
<td>NHS Boards</td>
<td>NHS Boards Scotland’s Colleges HEIs Professional organisations and trade unions Skills for Health</td>
<td>2008</td>
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<td>• The potential pool of suitable applicants for entry into employment in NHSScotland is maximised.</td>
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<td>• Guidance to support nurse and midwife independent prescribing and AHP prescribing should be developed.</td>
<td>• Independent nurse and midwife prescribing roles within acute hospitals and primary care are developed, taking account of patient benefit, expertise and patient safety.</td>
<td>23. NMAHPs should make the best use of their skills, knowledge and expertise to provide patients with quicker and more efficient access to medicines.</td>
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<td>• Independent prescribing and AHP prescribing roles within acute hospitals and primary care are defined.</td>
<td>• An evaluation toolkit to measure the effectiveness of role development in nursing and midwifery is developed.</td>
<td>24. New NMAHP roles developed to meet patient and carer needs must be underpinned by a caring and enabling approach that reflects professional core values.</td>
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<td>• An evaluation toolkit to measure the effectiveness of role development in nursing and midwifery is published and disseminated.</td>
<td>• A mapping exercise should be conducted to identify where national training and education is necessary to support role development.</td>
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<td>• Guidance to support nurse and midwife independent prescribing and AHP prescribing is published and disseminated.</td>
<td>• A scoping of role development in the AHPs should be carried out, building on existing work undertaken within radiography.</td>
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<td>25. NMAHPs should always be open to working in clinical/education partnerships with colleagues from other disciplines.</td>
<td>• Nurses, midwives and AHPs should have access to high-quality research environments that expose them to the skills and experience of a range of health, social scientist and other disciplines in clinical collaborative partnerships.</td>
<td>• Nurse, midwife and AHP researchers develop a broad range of research skills and experience across disciplines.</td>
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<td>26. Opportunities for integrated clinical, education and research roles rely on changing the cultural context of nursing, midwifery and the allied health professions to ensure that practice, education and research are equally valued within the professions.</td>
<td>• A strategic commitment to developing clinical/academic career opportunities should be demonstrated nationally. • A national scoping exercise should be launched to assess the impact to date of concerted capacity and infrastructure-building developments in nursing and midwifery research. • A Scottish response to the UK Clinical Research Collaboration report on how to support clinical/academic careers in nursing and midwifery should be formulated.</td>
<td>• Clarity about clinical/academic pathway within the Model Clinical Careers Framework. • Up-to-date data on current research capacity and capability available to inform Scottish response to UK Clinical Research Collaboration report on how to support clinical/academic careers in nursing and midwifery. • A response is published and disseminated. • Clinical/academic roles developed in line with Scottish response to the UK Clinical Research Collaboration report.</td>
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Scottish Qualifications Authority; Scottish Executive; The Quality Assurance Agency for Higher Education; Universities Scotland (2001) *An Introduction to the Scottish Credit and Qualifications Framework*. Glasgow: QAA.
Delivering care, enabling health
Harnessing the nursing, midwifery and allied health professions’ contribution to implementing Delivering for Health in Scotland

Scottish Executive, November 2006