

AHP National Delivery Plan

A Consultation

AHP National Delivery Plan

A Consultation

© Crown copyright 2012

You may re-use this information (excluding logos and images) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or e-mail: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This document is available from our website at www.scotland.gov.uk.

ISBN: 978-1-78045-652-2 (web only)

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Government by APS Group Scotland
DPPAS12571 (02/12)

Published by the Scottish Government, February 2012

Contents

Ministerial foreword	3
Executive summary.....	5
Introduction	7
The role of AHPs	8
The National AHP Delivery Plan	9
This consultation.....	9
Responding to this Consultation	10
Handling your response.....	10
What happens next?.....	11
AHP strategic vision.....	12
1. Professional leadership for the new agenda : visibility, accountability and impact.....	13
Proposals.....	13
2. Delivering integrated outcomes: reshaping care and enabling independent living.....	15
Proposals.....	16
3. Improving health and well-being: strengthening partnerships and promoting resilience.....	18
Proposals.....	18
4. Workforce engagement: maximising our people resource and realising potential	20
Proposals.....	20
5. Delivering sustainable quality: preventative spending strengthened and user and carer experience enhanced.....	22
Proposals.....	23
6. Driving Improvement: transforming services	24
Proposals.....	25
RESPONDENT INFORMATION FORM.....	26

Ministerial foreword

Scotland's health and social care services are entering a period of unprecedented change that will underpin our vision of enhanced quality, improved efficiency and financial sustainability as we strive to address the challenges of demographic change and rising demands on public services. Our plans for integration of planning and delivery of services can provide real and tangible benefits for providers and users of services as we strengthen our commitment to person- and family-centred services and enhance support for carers.

The achievement of our ambitions will largely depend on leaders and practitioners working together and employing strategies to manage demand, prevent dependency and support individuals and their families to live healthy fulfilling lives at home, or in a homely setting, for as long as possible. Rehabilitation, enablement and self-management approaches will play a central role in underpinning this transformation, which will be realised in the way we support individuals and communities to be strong, resilient and in so doing shift the paradigm away from over-reliance on hospitals and professional interventions.

Allied Health Professionals (AHPs) are a vital part of this paradigmatic shift. They are the only professions expert in rehabilitation at the point of registration and bring a different perspective to the planning and delivery of services. They are uniquely placed to exploit their expertise in rehabilitation/enablement and leadership across health and social care and to drive integration at the point of care.

While I am aware that AHPs practice across all age groups and specialties, our immediate priorities and challenges focus on meeting the growing needs of the older population, those with long-term conditions and people with dementia, who are among the most frequent users of acute care services. AHPs can make an immediate impact on the lives of these individuals, and also ensure resources are used to best effect, by preventing unnecessary admissions to hospital and providing alternative pathways to secondary care referral.

I would encourage chief executives and leaders across health and social care to utilise AHP expertise to the full as we work to deliver our shared national outcomes, with which the National AHP Delivery Plan will be explicitly aligned. I wholeheartedly believe that raising the visibility,

accountability and impact of AHPs within health and social care partnerships will benefit all concerned.

Much success has already been achieved through the development of AHP strategic leadership in NHSScotland. I now fully expect AHP directors to strengthen their contribution to the planning and delivery of health and social care services, including use of the Change Fund, to bring new solutions and approaches to these challenges and to drive the development of enabling approaches that will help us fully to realise our vision for Scotland's population.

Michael Matheson, MSP
Minister for Public Health

Executive summary

“Our vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting.

“The demands for health care and the circumstances in which it will be delivered will be radically different in future years. We must be bold enough to visualise the NHS that will best meet the needs of the future in a way that is sustainable and make the changes necessary to turn that vision into reality.”

(A 20:20 Vision, Scottish Government 2011)

At September 2011, there were approximately 10,000 AHPs working across Scotland in health and social care settings: 95% were in health care and the 546 practitioners in social care were occupational therapists (OTs) who, despite comprising only 1% of the total social care workforce, addressed 35% of all adult referrals.

Scotland's AHPs are already working at the leading edge of a paradigmatic shift towards enablement, promoting an asset-based approach, self-management, resilience and independent living and preventing over-reliance on hospitals and professional intervention.

AHPs are the only professions expert in rehabilitation at the point of registration. Their expertise in rehabilitation and enablement will be key to supporting the vision of health and social care integration and delivering on the National Outcome Framework.

Reducing inappropriate admissions and unnecessary care costs are key to affordable and sustainable services in the future. AHP interventions can significantly reduce unnecessary admissions to hospital and reduce dependency on care services, resulting in significant savings in health and social care.

As first-point-of-contact practitioners, AHPs also make a vital contribution to faster diagnostics and earlier interventions in primary care. They work closely with GPs and community teams to provide alternative pathways to secondary care referral and prevent admissions in areas such as falls prevention and musculoskeletal services.

AHP directors and leaders, working across health and social care, will be key to enhancing the AHP contribution to the joint planning and

delivery of services, particularly for those with complex needs, long-term conditions, dementia and for children and young people.

The National AHP Delivery Plan will call for AHPs to be more visible, accountable and impact orientated. It will align the AHP focus on activity with the National Outcome Framework currently in development and will reflect the context of health and social care integration.

Better measurement and data collection will be required to support AHPs in contributing to the delivery of these national outcomes, to underpin improvement and to strengthen efficiency and productivity.

Modern and flexible working practices (including exploiting technology) and implementation of *Releasing Time to Care* will be key to efficient and effective service delivery built around the needs of people who use services and to realising capacity within existing resources.

Introduction

In November 2011, the Scottish Parliament debated the importance of rehabilitation and enablement to the health and social well-being of the population of Scotland. MSPs acknowledged rehabilitation and enablement as core elements in ensuring individuals can live meaningful and productive lives and paid tribute to the crucial roles allied health professionals (AHPs) play in their promotion. They recognised the importance of rehabilitation and enabling approaches in underpinning safe, effective, affordable and sustainable health and social care services and declared universal support for the development of a National AHP Delivery Plan.

The National AHP Delivery Plan was subsequently commissioned by the Minister for Public Health with the support of the Cabinet Secretary. It is the first of its kind in Scotland and, indeed, the UK and provides a unique opportunity to align the contribution of AHPs to a National Outcome Framework for Health and Social Care currently in development, the *Healthcare Quality Strategy for NHSScotland* (Scottish Government, 2010) and the *20:20 Vision for Sustainable Quality in Scotland's Healthcare* (Scottish Government, September 2011).

Scotland's AHPs serve a population of 5.2 million people through partnerships across health, local authority, voluntary and independent sectors. Demographic changes mean that the number of people over 60 will increase by 50% by 2033 and the rise in the over-85 population will be an incredible 144%: this is especially significant given the high prevalence of dementia among this age group.

Almost a third of total annual spend on older people's services is accounted for by unplanned admissions; this is more than is spent on social care for older people. Delayed discharges of less than six weeks account for around £54m per annum in bed days lost, to say nothing of the cost to individuals, and their carers, of remaining in an environment not appropriately reflecting their needs.

The Scottish Government established the **Change Fund** in 2011 to enable health and social care partners to make better use of their combined resources in implementing local plans for older people. It provides bridging finance to facilitate shifts in the balance of care from institutional environments to primary and community settings and

enable a refocus on anticipatory care and prevention of unplanned admissions to hospital or long-term care.

The role of AHPs

“The demands for health care and the circumstances in which it will be delivered will be radically different in future years. We must be bold enough to visualise the NHS that will best meet the needs of the future in a way that is sustainable and make the changes necessary to turn that vision into reality.”

(A 20:20 Vision, Scottish Government 2011)

AHPs are a distinct group of practitioners who apply their expertise to diagnose, treat and rehabilitate people across health, education and social care. They work with a range of technical and support staff to deliver direct patient care and provide rehabilitation, self-management, enabling and health improvement interventions. In Scotland, the AHP group includes physiotherapists, occupational therapists (OTs), dietitians, speech and language therapists, radiographers, podiatrists, prosthetists and orthotists, orthoptists and arts therapists.

AHPs are the only professions expert in rehabilitation at the point of registration:¹ their expertise in rehabilitation and enablement will be key to supporting the *20:20 Vision* of everyone being able to live longer, healthier lives at home or in a homely setting and delivering on the NHS quality outcomes and the National Outcome Framework across health and social care.

AHP leadership at strategic and practice levels will play an essential role in transforming services to ensure they are fit for the future. Leaders’ distinctive expertise in supporting an enabling ethos will need to be effectively positioned and strengthened to maximise the added value of the AHP workforce within an integrated health and social care system. The National AHP Delivery Plan will call for AHP leadership to be more visible and accountable at the highest levels within NHS boards and local authorities. Robust leadership from AHP directors and AHP service leaders will be required to bring about and sustain transformational service-level change.

¹ For all other health and social care practitioners, rehabilitation is a postgraduate sub-specialty.

The National AHP Delivery Plan

AHPs work across health, education and social care settings. The National AHP Delivery Plan will therefore apply to all AHPs in Scotland, which will be particularly important as the new health and social care partnerships emerge.

The Delivery Plan will focus on the period 2012–2015 and is intended to provide a strategic platform for future AHP activity. It will demonstrate the contribution AHPs can make and the impact they can have on the delivery of national policy, patient experience and outcomes across health and social care sectors.

The Delivery Plan will fundamentally be about making explicit the alignment of AHP leadership and practice to the delivery of integration and the National Outcome Framework. It will show how better value can be extracted from AHP expertise from strategic to frontline levels and demonstrate the impact for service users and their families.

It will define the future vision for AHPs and the services they deliver. To do this, it will focus specifically on a number of high-level outcomes that AHP services will affect, with key recommendations for change.

NHS boards and local authorities will develop local plans identifying how they intend to implement and evidence the outcomes of the Delivery Plan by a proposed target of Autumn 2012. Annual reviews of progress against local delivery plans will be led by the Chief Health Professions Officer (CHPO) for Scotland.

This consultation

This consultation document has been developed in partnership with AHPs from across health and social care settings. The process of engagement will continue and extend to a broad range of key stakeholders and groups during the consultation period which will run until 30 April 2012.

There has been general consensus among key professional leaders that the broad direction of the plan is right, but we want to consult further on:

- the overall structure and approach of the National AHP Delivery Plan
- the key proposals – are they sufficiently ambitious, are they achievable, and are there any significant gaps that need to be addressed?

- prioritisation to support local implementation.

Responding to this Consultation

We are inviting written responses to this consultation by 30 April 2012. Please send your response with the completed Respondent Information Form (see “Handling your Response” below) to:

CNOPPPAdmin@scotland.gsi.gov.uk

Or by post to:

Angela Worth

Scottish Government Health Directorate

Directorate for Chief Nursing Officer, Patients, Public and Health Professions

GE19, St Andrew’s House

Regent Road

Edinburgh

EH1 3DG

If you have any queries please contact Angela Worth on 0131 244 3739. This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at

<http://www.scotland.gov.uk/consultations>

Handling your response

We need to know how you wish your response to be handled, and, in particular, whether you are happy for your response to be made public. Please complete and return the Respondent Information Form which is attached as an annex to this paper as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would have to consider any request made to it under the Act for information relating to responses made to this consultation.

Where respondents have given permission for their responses to be made public and after we have checked that they contain no potentially defamatory material, responses will be made available to the public in the Scottish Government Library (see attached Respondent Information Form). These will be made available to the public in the Scottish

Government Library by 31 May 2012. You can make arrangements to view responses by contacting the library on 0131 244 4556. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us to reach a decision on the content of the final Delivery Plan which will be published in Spring 2012.

AHP strategic vision

The vision for delivering high quality health and social care in Scotland is focused on a joint commissioning strategy to enable integrated care. The delivery of more enabling services, shifting the focus away from professional dependency and towards supported self-management and resilience, will also be central to achieving key elements of shared commitments across health and social care towards effective, sustainable and affordable service provision for the future.

Re-ablement is a key deliverable for local authorities, with the focus on maintaining independence and reducing reliance on home care support. A shift towards a more enabling ethos can release capacity and facilitate provision of a more flexible, personalised service. This kind of shift needs to be replicated and integrated across sectors to reduce unnecessary duplication of assessments. AHPs, particularly local authority-based OTs, are core to defining, developing and reviewing person-centred goals for delivery by homecare teams: there is strong evidence that a partnership-based approach can reduce homecare hours by around 30%, with true integration of community rehabilitation teams.

AHP leadership and expertise in strategic planning and practice are needed now more than ever. Elevating AHP leadership influence and impact will be vital to the successful delivery of the quality outcomes for the NHS and the National Outcome Framework and to initiatives focused on reshaping care for older people and those with long-term conditions.

AHPs will maximise their contribution and effectiveness by:

- empowering the delivery of strong professional leadership
- working in integrated teams across health and social care to support continuous improvement
- developing innovative new models of care and fully utilising innovation in health technology
- creating added value beyond health and deliver excellent outcomes for users and carers
- providing effective, efficient solutions to the challenges of delivering national policies within a reducing financial envelope.

1. Professional leadership for the new agenda : visibility, accountability and impact

“The integration of services needs to be improved to deliver better health and social care services: services should be characterised by strong and committed clinical and care professional leadership.”

(Nicola Sturgeon, Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy, 12 December 2011)

AHPs have a significant leadership role to play in the integration of health and social care service delivery. New health and social care partnerships will need innovative thinking and solutions to underpin their development and to support the transformation of services to be fit for the future.

AHP leaders' influence is already high in a number of NHS boards, but not all AHP directors are sufficiently well positioned to impact on local decision making or to influence future planning for integration. Their visibility and accountability for delivery of organisational priorities needs to be strengthened through a new and innovative approach to leadership that supports AHP Directors and designated leads of AHPs to have a locus of influence across health and social care partnerships and to drive key elements of the National Outcome Framework.

AHPs, with their expertise in enablement and rehabilitation, can bring a fresh perspective to the integration agenda. They need to be working alongside their social work, nursing and medical director colleagues as equal partners, influencing and bringing new thinking and solutions to the challenges of demographic change, sustainability and affordability of services and to the delivery of more enabling, rehabilitation and intermediate care services.

Our question is – How might we strengthen AHP leadership, at strategic and operational levels, to support integration and deliver the added value that AHPs bring to current challenges and priorities?

Our proposals are set out below. Are these the right actions? What else could we do?

Proposals

- AHP directors, in partnership with AHPs in social care, will develop a work programme to support reshaping care and evaluation of high quality, best value interventions to support the effective use of the Change Fund.

- AHP directors and leads in the new community health and social care partnerships will be ideally placed to lead the development of rehabilitation and re-ablement services across health and social care.
- AHP leaders of health and social care teams will drive improvement locally, strengthening the connection between quality improvement for people who use services and the collection of data to demonstrate outcomes and service impact.
- AHP directors should explore opportunities to adopt corporate leadership roles in clinical engagement and interprofessional working.
- AHP directors and leaders across health and social care will consider how to strengthen AHP leadership within and across agencies, including succession planning.
- AHP leads within Health and Social Care Partnerships should be full participants in locality planning processes as outlined in the Scottish Government's proposals for integration.

2. Delivering integrated outcomes: reshaping care and enabling independent living

Scotland has committed to establishing an integrated approach to planning and delivering health and social care. Scottish Government, COSLA and other key stakeholders are working together to develop a set of shared outcomes which will form the National Performance Framework. This will enable partners to jointly drive and track progress towards delivery of agreed outcomes through better integration.

Scotland's AHPs are already working at the leading edge of a paradigmatic shift towards enablement, promoting an asset-based approach and supporting self-management, resilience and independent living. Their work can and should make a significant contribution to reducing unnecessary hospital referrals and admissions and to preventing over-reliance on professional interventions in the future.

Reducing inappropriate admissions and unnecessary care costs are key to affordable and sustainable services in the future. AHP interventions can significantly reduce unnecessary admissions to hospital (through OT and physiotherapy services being based in accident and emergency departments, for instance) and reduce dependency on care services (through integration of rehabilitation and homecare services) all of which have already resulted in significant savings to health and social care.

AHPs have always worked across health and social care and organisational boundaries to focus on the needs of service users and their families. However, they have sometimes mistakenly been characterised as “support services” other than ‘care’, which in turn has inhibited their respective organisations from making best use of the professional capabilities of the collective AHP resource. Their expertise and that of AHP leaders is going to be vital in reshaping care for older people, supporting people with dementia and their families and, crucially, preventing current and future dependency on health and social care services.

AHP directors and leaders working across health and social care will be key to enhancing the AHP contribution to the joint planning and delivery of services, particularly for those with complex needs, long-term conditions, dementia and for children and young people. A significant proportion of the Change Fund has already been invested in services led

and delivered by AHPs. Further work is required to evaluate the impact of this work to determine which services have the greatest impact on service delivery.

Our question is – Are these the right priorities for action? Are there any significant gaps in our proposals?

Proposals

- AHP directors will work towards ensuring that emergency admission services have dedicated access to physiotherapy and OT services to prevent unnecessary admissions to hospital and coordinate appropriate support/team interventions to individual patients at risk of future readmissions or falls.
- AHP directors will work in partnership with colleagues in the Scottish Ambulance Service, community alarms/telecare services and NHS 24 to ensure older people who fall and present with frailty syndromes have timely access to AHP services to prevent unnecessary admissions to hospital and further falls.
- Falls leads within each CHP/community health and social care partnership will lead implementation of the Falls Care Bundles approach by 2013 and will work within multi-professional teams and partners to integrate falls prevention, management and monitoring; reduction of falls within hospital settings should be integrated as part of systematic approaches to care improvement.
- AHP directors will work collaboratively with colleagues in social care to maximise the AHP contribution to achieving delayed discharge targets by 2013.
- AHPs from across health and social care will work to actively reduce length of hospital stay and improve patient flow through interventions to enhance recovery and early supported discharge.
- AHPs from across health and social care will actively support older people and those with complex needs to live independently in their own homes or in a homely setting for as long as possible, preventing or delaying admission into institutional care wherever possible.
- AHP directors will work in partnership with nursing and medical directors to drive improvements in the care of older people in hospitals.
- Seventy per cent of NHS AHP resource and activity will be sited within the community by 2015, and NHS rehabilitation activity in the community will increase by 50% by 2015.

- AHPs will continue to deliver faster access to diagnostics as part of the redesign of community pathways and contribute to the achievement of existing targets.

3. Improving health and well-being: strengthening partnerships and promoting resilience

AHPs are strongly placed to support self-management and rehabilitation and drive integration at the point of care. They have an enabling ethos that is rooted in a person-centred approach and sits in the spectrum between a “treatment-based” approach and a “care-based” model. They can be pivotal in creating a paradigm shift away from professional dependency towards resilience and an asset-based approach that strengthens the engagement of GPs and other community-based practitioners in the integration agenda.

Much has been achieved since the publication of the *Delivery Framework for Adult Rehabilitation* in 2007 and the AHP action plan for mental health, *Realising Potential*, published in 2010. A significant amount of work still has to be done, however, in strengthening partnership working at community level to enhance access to, and delivery of, enabling services and intermediate care. This will include interventions aimed at improving the health and wellbeing of adults of working age who have health conditions.

National guidance, *Maximising Recovery & Promoting Independence: Intermediate Care's Contribution to Reshaping Care, A Framework for Scotland*, has been developed through a partnership between the Joint Improvement Team, the CHPO and key stakeholders in rehabilitation and re-ablement across health and social care.

Our questions are – Are these the right proposals? What support might AHP's need to deliver these actions?

Proposals

- AHPs will work in partnership with GPs to ensure that the pathways developed to meet the Quality & Productivity Indicators (Quality Outcomes Framework (QOF) section of the GMS contract) include early and direct access to AHP services to prevent/reduce unscheduled admissions to hospital or long term care by 2014.
- AHP directors and local authority based lead OTs will work to ensure the multi-sectoral delivery of early intervention and post-diagnosis support for people with dementia and their families and carers in line with the national commitment, effective from 2013 onwards.
- AHPs will work within an ASSET-based model to develop partnerships with agencies, including those in the leisure and

voluntary sectors, to enhance community capacity building; these will be integrated as components within new models of rehabilitation by the end of the end of 2012.

- AHPs from across health and social care will work with partners in care organisations, the voluntary sector and older people's groups to support community developments and enhance pathways through, for example, implementing the footcare guidelines within health and social care by 2013.
- AHPs from across health and social care will ask patients and service users about their work status as an essential component within their initial assessment and will initiate support to individuals to enable them to remain or return to work (to be implemented by 2012).
- AHP directors will continue to ensure redesigned musculoskeletal pathways are implemented within NHS boards.
- AHP directors will continue to ensure delivery of the 12 recommendations from *Realising Potential*, which support the change agenda in mental health and enable AHPs to contribute to the modernisation of mental health services in Scotland.
- The lead AHPs for children's services in NHS Boards will work in partnership with colleagues in education and with AHPs in social care to continue the implementation of the Getting it Right for Every Child programme (GIRFEC).

4. Workforce engagement: maximising our people resource and realising potential

At September 2011, there were approximately 10,000 AHPs working across Scotland in health and social care settings: 95% were in health care and the 546 practitioners in social care were OTs who, despite comprising only 1% of the total social care workforce, addressed 35% of all adult referrals.

AHPs in Scotland have experienced significant review and restructuring of their services in recent months. AHP directors have worked in partnership with staff side and professional leaders to plan and deliver sustainable and affordable services for the future. While there has been a slowing down in the growth AHPs have experienced over the last 10 years, there has always been recognition of the value AHPs bring to reshaping care for older people; consequently, significant resource has been made available from the Change Fund to support AHP developments targeted at enabling people to live independently at home and prevent or delay admissions to hospital or care settings.

AHPs are using the capacity and capability created through the development of consultant and advanced practitioner roles to provide clinical leadership, enhance patient pathways and improve the quality of service delivery.

Our questions are – what are the other priorities for workforce planning and development over the next three years? What is needed to support this?

Proposals

- An AHP data platform should be established to provide ongoing analysis and intelligence on the AHP workforce and assist AHP directors to undertake annual workforce modelling with key stakeholders from higher education institutions and health and social care. This will enable the projection of AHP workforce requirements to meet service needs.
- AHP directors will initiate a review of AHP working practices in NHSScotland to maximise efficiency and productivity, introducing different working patterns in partnership with staff side. *Releasing Time to Care* will be integrated into all AHP service improvement systems and will be delivered by 2013.

- AHPs in social care should explore how improvements in productive working can be delivered, building on the achievements so far delivered through the implementation of the Guidance for the Provision of Equipment and Adaptations.

5. Delivering sustainable quality: preventative spending strengthened and user and carer experience enhanced

Scotland's ambition to become an acknowledged leader in health care quality will be underpinned every day by the consistently person centred, effective and safe clinical encounters delivered by AHPs and their multi-disciplinary colleagues. Partnerships with patients is an acknowledged strength in the way AHPs work and it will be important to build on this in shaping services for the future.

(From Strength to Strength, Scottish Government 2011)

AHPs have a significant contribution to make towards the delivery of high quality, best value services, and this aspect of measuring impact will be key to practice development and the future evolution of high quality services across health and social care.

A key aspect of this is the AHP contribution to preventative spending. Work has already been commissioned to explore the health economic benefits of the falls prevention work being led by AHPs in communities and in the care home setting. In addition a similar approach is being used to explore the impact of increasing access and self referral to MSK services through the use of NHS 24 technology.

Service users and carers consistently tell us that AHP services make a real difference to their health and wellbeing and, importantly to their quality of life. For individuals and their families coping with the challenges of caring for a loved one with increasing complexity, frailty and illness, or confusion, this is a welcome support that enables them to stay resilient and also get support when they need it most.

This approach is fully aligned with the 'personalisation' philosophy promoted in social care. A personalisation approach seeks to promote a focus on personal outcomes so that services can be designed around a person and their family. This individualised approach to service provision will be key to the wider delivery of self directed support for service users. The Self Directed Support Bill will be introduced into the Scottish parliament in February 2012. The Bill is intended to introduce a duty to give each individual as much choice and control as they wish over the support or care services they get. While the Bill does not encompass mainstream NHS care, the principles are reflected in the mutual NHS element of the Quality Strategy. *'Mutually beneficial partnerships which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision*

making’ aligns completely with this personalisation approach. This is one of the three key ambitions of the Quality Strategy for NHS Scotland which supports both ‘Mutuality’ and ‘Personalisation’.

To underpin a better understanding of the healthcare experience for patients ‘*Better Together*’, Scotland’s patient experience programme collects annual data on the experiences of service users in hospitals and in communities. AHPs are also gathering local information on user and carer experiences using ‘*Emotional Touch Points*’ or ‘*Talking Points*’. AHPs across Scotland have also begun to use the Consultation and Relational Empathy (CARE) measure - which has been validated for AHP use and which reflects the presence of empathy and engagement for the user in their consultation/clinical encounter.

Enhancing carer support is also a key strand of the commitment to use the Change Fund effectively across Health and Social Care. AHPs are already doing a lot of work in this area, however, using tools to measure user and carer experience and engagement they will be able to evidence their effectiveness and impact as well as support ongoing service improvement.

Our questions are: How can AHP Directors and leads better engage with the Change Fund initiative? What support might AHPs need to grow their evidence base and data for improvement? What would support better partnerships for quality across health and social care?

Proposals

- AHP directors will work with local authority lead OTs and partners in the Change Fund to drive and evidence improvements in support for carers and families.
- AHP directors will work in partnership with analytic and research colleagues to grow the health economic base for AHP interventions across health and social care.
- AHP services will implement the national data set for NHS Scotland in the form of a dashboard, with full support from e-health to ensure robust data capture to inform reporting by 2013.
- AHP directors will work with AHP partners in local authorities to develop a quality matrix that will underpin the delivery of high quality, best value AHP interventions and ensure positive outcomes for people who use services and their families.

6. Driving Improvement: transforming services

AHPs are integral to delivering rehabilitation and enabling services to support the delivery of reshaping of care for older people. They should therefore lead on developing and testing new models of rehabilitation, which may radically change the way AHP services are delivered. Our work to redesign MSK services using NHS 24 technology is an excellent example of this. We will also need to ensure that access to AHP services is wider, from a user perspective, and that the health and social care AHP resource is considered with regard to deployment, focused around the provision of seamless care.

In order that we maximise the opportunities for the AHP workforce we must continue to work with NHS Education for Scotland (NES). This will ensure that we are fully utilising the skills of AHP staff, working at all levels of the career framework, by providing educational support that connects practice to policy. NES have produced a wide range of tools and supporting educational resources to enable AHPs to transform their skills base, skill mix and services.

The AHP workforce provides the solution to many of the challenges being faced by the NHS workforce and services as a whole. There are many good examples where AHPs have been pivotal to service redesign and the achievement of existing targets. It is now important to develop the workforce at all levels to underpin sustainable and affordable services including strengthening advanced and consultant level practice and, where appropriate, introduce assistant and assistant practitioner roles to enhance the skill mix and ensure best use of AHP resources and expertise.

AHPs now need to strengthen their contribution to quality improvement ; understanding how whole systems work, from a service user perspective, and testing and measuring improvements. AHPs must embrace the opportunity to learn and use skills and techniques around improvement science to identify areas for greater efficiencies to ensure high quality, effective services are delivered. This will include a reduction in unnecessary variation, improved services and a consistent approach to waiting times.

Our question is – How do we grow leaders and practitioners with improvement skills to drive service transformation? What would help grow our use of technology?

Proposals

- AHP leaders of health and social care teams will drive improvement locally, strengthening the connection between quality improvement for service users and the collection of data to demonstrate outcomes and service impact.
- AHP waiting times for NHS services will be implemented in accordance with the New Ways guidance (18 weeks from referral to intervention), inclusive of all professions and specialities, by 2013.
- AHP directors will work with the Quality Hub to develop a cadre of AHP leaders as improvement champions.
- AHP directors will embed NES educational developments such as *Flying Start NHS™*, *Effective Practitioner* and *the Senior AHP Framework* into career development plans for all grades of staff.
- AHP directors will work collaboratively with colleagues in social care to increase the utilisation of technology such as tele-care and tele-rehabilitation by 40% as an integral part of rehabilitation services by 2014.
- AHP directors will work with Directors of Diagnostic Services to drive the roll-out of radiographers undertaking 80% of plain film reporting across NHSScotland by 2013.
- AHP directors will work with strategic planners and clinical leaders to explore the sustainable, integrated development of podiatric surgery within orthopaedic services by 2014.
- Self-referral has been successfully evaluated and introduced in a range of AHP services across Scotland: and is welcomed by people who use services. By 2014, self-referral should be the primary access route into AHP services.



AHP NATIONAL DELIVERY FORM

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation

Organisation Name

Title Mr Ms Mrs Miss Dr *Please tick as appropriate*

Surname

Forename

2. Postal Address

Postcode	Phone	Email

3. Permissions - I am responding as...

Individual / **Group/Organisation**
Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate Yes No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis
Please tick ONE of the following boxes

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate Yes No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate Yes No



**The Scottish
Government**

© Crown copyright 2012

ISBN: 978-1-78045-652-2 (web only)

APS Group Scotland
DPPAS12571 (02/12)

w w w . s c o t l a n d . g o v . u k