

The National Delivery Plan for the Allied Health Professions in Scotland 2012 - 2015

**Progress Report
February 2015**

Contents Page

Background	3
Workforce	4
Developing Capacity & Capability	5
Infrastructure, Monitoring & Reporting	6
Progress to Date	6
Celebrating National and International Successes	10
National Delivery Plan: Where we go next	10
Appendix 1: Contact details of AHP Associate Directors	11
Appendix 2: Phased completion status of NDP actions	12
Appendix 3: Identified actions from tables 1 and 2	14
Appendix 4: On-going engagement with partners and stakeholders	16

Background

Underpinned by the 2020 Vision and the Quality Ambitions, the National Delivery Plan for Allied Health Professions (AHPs) in Scotland was commissioned by the Minister for Public Health and launched during 2012.



Supporting the Integration Agenda, this policy document brings together AHPs from across health and social care to demonstrate their capacity and capability to deliver significant service transformation and improve outcomes for people and the communities across Scotland. There are twenty seven actions within the National Delivery Plan (NDP) that fall into six key categories;

- 1) Professional Leadership to Drive Innovation
- 2) Reshaping Care & Enabling Independent Living
- 3) Improving Health & Wellbeing
- 4) Supporting Early Years
- 5) Maximising Workforce Engagement & Development
- 6) Driving Improvement & Delivering Sustainable Quality

The AHP NDP is at: <http://www.scotland.gov.uk/Resource/0038/00387145.pdf>.

A key action from the NDP states that:

“NHS boards and local authorities will develop local implementation plans identifying how they intend to deliver and evidence the outcomes of the National Delivery Plan for the Allied Health Professions in Scotland.”

In response to this national requirement, each board area across Scotland has developed a Local Delivery Plan (LDP), outlining how they will each align the NDP to local priorities and deliver against the twenty seven actions within the NDP. The AHP Associate Directors are accountable for the delivery, spread and sustainability of the NDP requirements across their health and social care areas. Further information on this local activity can be obtained by contacting the appropriate AHP Associate Director of the respective health and social care area. (Appendix 1)

Furthermore other national work streams have been established under the leadership of the Associate Directors from each Health and Social Care Board and supported by appointed National Leads for these identified priority areas:

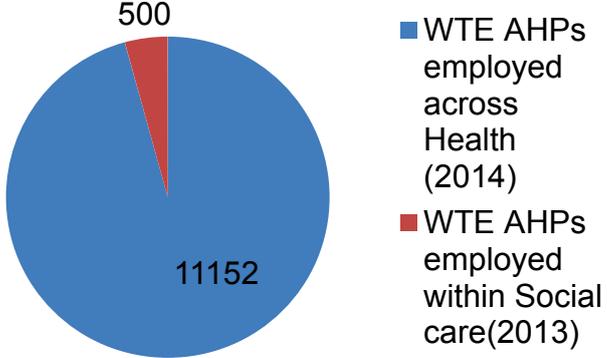
- Children & Young People
- Podiatric Surgery
- Unscheduled care/flexible working
- Falls
- Radiography
- E-health & informatics
- Dementia
- Mental health
- MSK

The AHP NDP has provided an excellent opportunity for AHPs across health, social care and the third sector to work together. This has facilitated leadership development and partnership working across all AHP staff groups, improving the quality of care delivered to our service users. This has maximised the overall contribution that AHPs make as clinical leaders and agents of change, whilst working together to achieve the healthiest life possible for the population of Scotland. In many instances this has resulted in maximising AHP engagement, contribution and leadership within existing multidisciplinary work / projects rather than beginning AHP specific work.

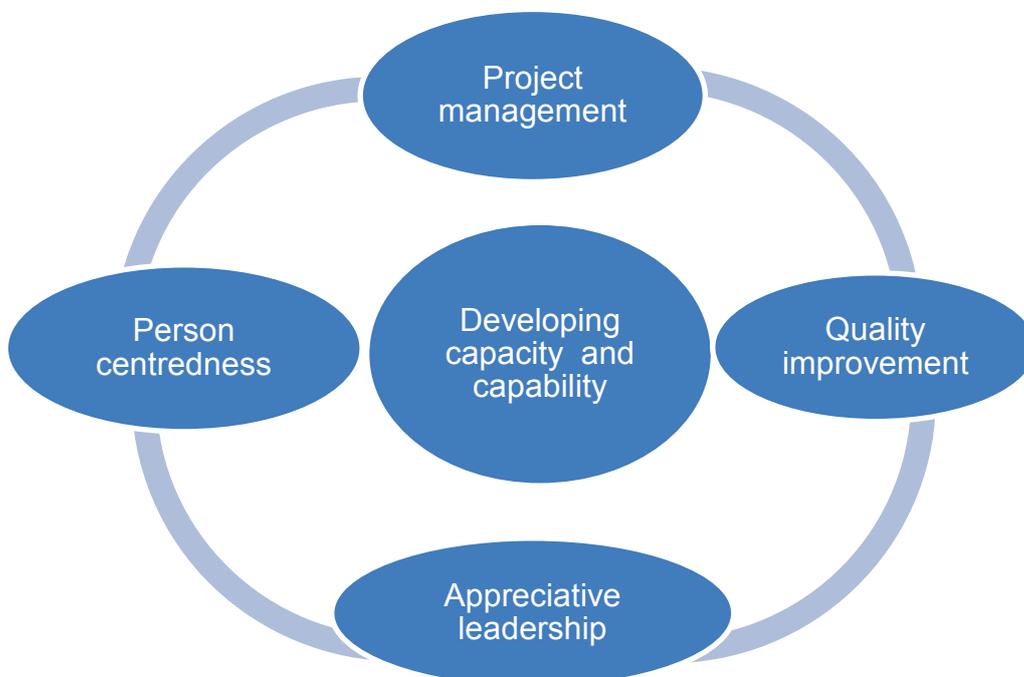
Workforce

AHPs possess a diverse range of specialist skills in rehabilitation, enablement and diagnostics. They work with people of all age groups across a wide range of community and hospital settings. AHPs contribute to health prevention, health improvement, and recovery from illness and injury supporting return to work, enhanced quality of life and independent living.

At present, there are approximately 11,652 AHPs employed across health and social care. The 11,152 staff employed within the health sector is representative of all AHP professions whereas within social care, the majority of AHPs are Occupational Therapists.

AHP Professions	Numbers of AHPs working in Health & Social care						
<ol style="list-style-type: none"> 1) Art Therapy 2) Drama Therapy 3) Music Therapy 4) Nutrition & Dietetics 5) Occupational Therapy 6) Orthoptics 7) Orthotics 8) Physiotherapy 9) Podiatry 10) Prosthetics 11) Radiography- Diagnostic & Therapeutic 12) Speech & Language therapy 13) Paramedics* <p>*classed as AHPs since April 2013</p>	<p style="text-align: center;">WTE AHPs employed within Health & Social Care</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>WTE AHPs employed across Health (2014)</td> <td>11152</td> </tr> <tr> <td>WTE AHPs employed within Social care (2013)</td> <td>500</td> </tr> </tbody> </table>	Category	Value	WTE AHPs employed across Health (2014)	11152	WTE AHPs employed within Social care (2013)	500
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Developing Capacity and Capability

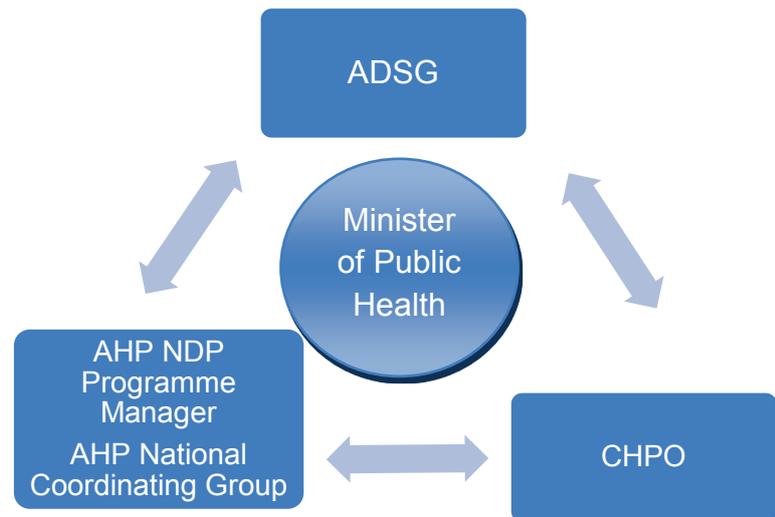


Through the 2020 Vision and Quality Ambitions, we can identify the skills that our AHP workforce requires for future service delivery. Further developing the capacity and capability of our AHP workforce is core to the AHP NDP and there has already been significant investment at both local and national levels to address this.

Underpinned by a person centred approach there has been ongoing development of clinical skills and in addition there has been a renewed focus on further developing the leadership potential, quality improvement and project management skills of our workforce. Such development has enabled AHPs to be integral to local and national projects and initiatives.

Infrastructure, Monitoring & Reporting

The progress and impact of the NDP are reported directly through the Chief Health Professions Officer (CHPO) to the Minister of Public Health. The national activity is coordinated by the AHP NDP Programme Manager and supported by the AHP NDP Coordinating Group. This group includes the AHP Associate Directors and the National Workstream Leads. Through the Associate Directors for Scotland Group (ADSG), local progress and impact from across the board areas is shared and reported.



Activity across each of the twenty seven actions has been ongoing since the launch of the document in June 2012. This has incorporated a phased approach in regard to the expected completion date of each of the twenty seven actions. (Appendix 2).

To ensure consistency across all Health and Social Care Boards, progress is reported using the AHP NDP monitoring and reporting toolkit. Biannually, each board is required to self- assess themselves against the metrics for each NDP action.

Progress to date

The NDP reflects future Scottish demographics and has prompted AHP leaders to proactively review workforce solutions to assure the sustainability of future service delivery. This has included:

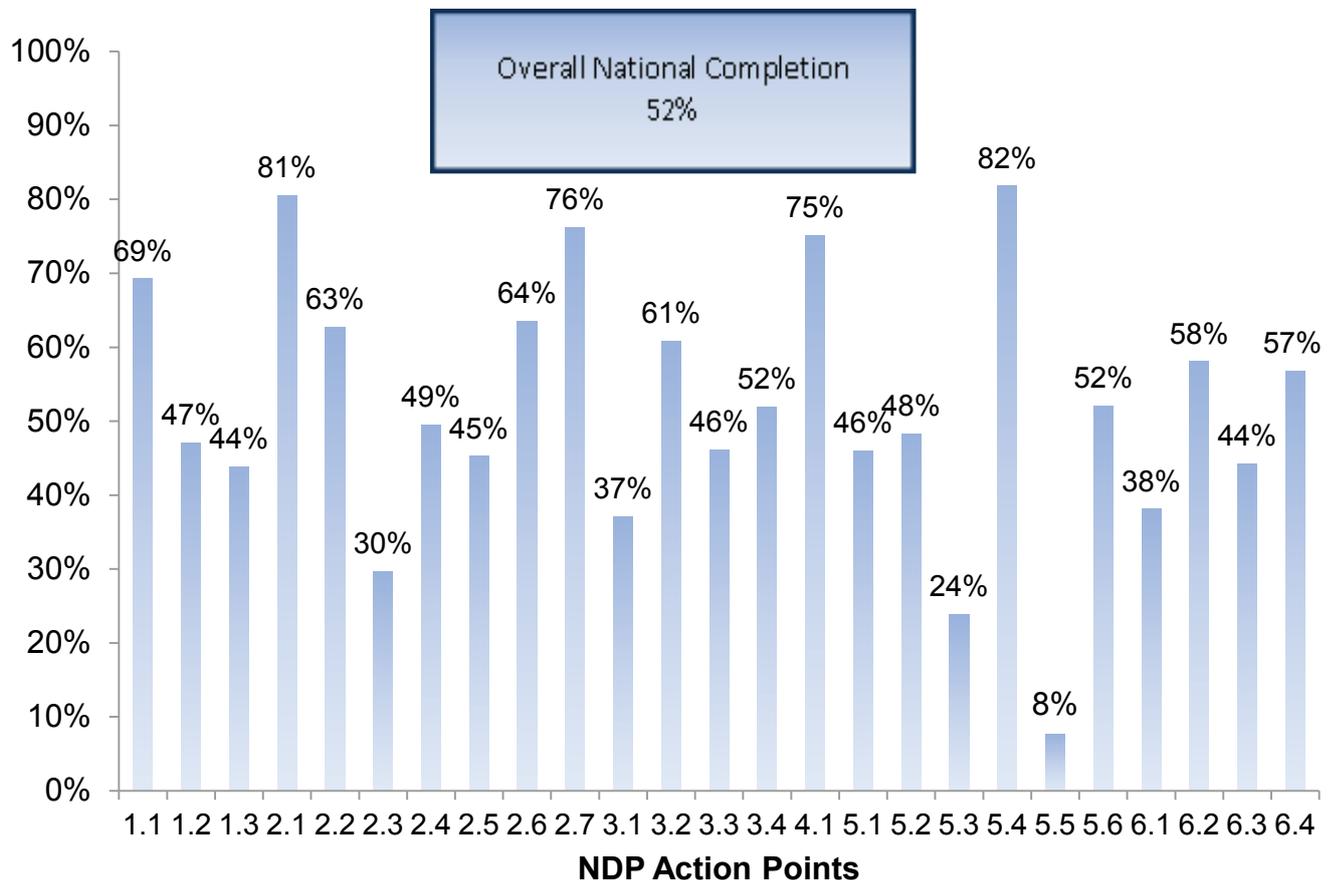
- The development of models of care which support the delivery of AHP Services across seven days and extended hours
- Within each profession: the development of roles across all levels of the career framework including the introduction of advanced level practitioners
- Across professional boundaries: by exploring shared skills and competencies, AHP s are contributing to more efficient and streamlined service delivery

- Development of third sector partnership supporting an asset-based approach

The implementation of the NDP is demonstrating significant impact across Scotland as AHPs contribute to the reduction of unnecessary admissions to hospital with a reduction in the length of stay for those who are acutely ill and for whom admission to hospital is the most appropriate option. Impact is also evident across a range of AHP services where the referral to treatment (RTT) waiting times are being reduced resulting in service users receiving more timely assessments and faster access to appropriate treatments and interventions.

Since the launch of the AHP NDP in June 2012, compelling progress has been made in realising the vision of the NDP resulting in a **52% national completion** at the end of 2014.

Graph 1; overall national completion of NDP actions



The graph clearly illustrates actions which have been very successful and also those that have posed particular challenges. Further details of these achievements and challenges are detailed in the following tables.

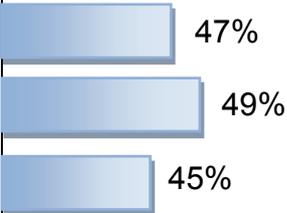
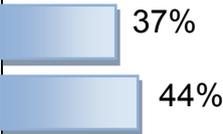
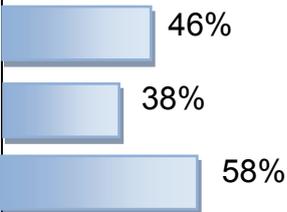
TABLE 1: BUILDING ON NDP ACHIEVEMENTS

ACTION (see Appendix 3 for full action)	NEXT STEPS: BUILDING ON ACHIEVEMENTS 2015 AND BEYOND
Radiography Reporting 5.4  82%	<ul style="list-style-type: none"> Maximise the contribution of radiographers in plain film reporting and radiography led discharge processes
AHPs in A&E 2.1  81%	<ul style="list-style-type: none"> Measure the added value that AHPs bring to front door services by reducing avoidable admissions to hospital Ensure appropriate early rehabilitation and timely discharge for patients who require admission
Foot care Guidelines 2.7  76%	<ul style="list-style-type: none"> Sustain the successful model of delivery across Health, Social Care and Third Sector
Children 4.1  75%	<ul style="list-style-type: none"> Implement the transformational AHP Children & Young Persons Plan Measure the Impact to Children and Young Persons Services
Integration Governance 1.1  69%	<ul style="list-style-type: none"> Measure the impact of having joint working across Health and Social Care for all AHP Services within the new partnerships Drive improvements where identified
Falls 2.2  63%	<ul style="list-style-type: none"> Measure the impact of Falls Prevention and Management using the new Health and Social Care outcomes indicator (in development) Measure the impact of the Framework of Action across all Partnerships Spread the Care Home Falls prevention programme Align Falls and Frailty to the Unscheduled Care Pathway

TABLE 2: ADDRESSING NDP CHALLENGES

A number of the actions within the NDP have proved particularly challenging:

- only a few Boards have embedded the work of the NDP in their Local Development Plans and local performance management arrangements;
- there has been a lack of consistent e-health support across Scotland in recording and management of data to demonstrate impact, including waiting times information;
- in developing the matrix for measurement, the impact data for a number of deliverables was dependant on data from the social care sector which has proved challenging to source.

ACTION (see Appendix 3 for full action)	NEXT STEPS : ADDRESSING OUR CHALLENGES								
<p>Enablement 1.2, 2.4, 2.5</p>  <table border="1"> <caption>Enablement Action Completion Data</caption> <thead> <tr> <th>Action</th> <th>Completion Percentage</th> </tr> </thead> <tbody> <tr> <td>1.2</td> <td>47%</td> </tr> <tr> <td>2.4</td> <td>49%</td> </tr> <tr> <td>2.5</td> <td>45%</td> </tr> </tbody> </table>	Action	Completion Percentage	1.2	47%	2.4	49%	2.5	45%	<ul style="list-style-type: none"> • These actions were developed around the ethos of enablement being aligned to the Integration agenda. It is only now that the contribution of AHPs to this agenda can be fully realised.
Action	Completion Percentage								
1.2	47%								
2.4	49%								
2.5	45%								
<p>AHP First Point of contact 3.1, 6.3</p>  <table border="1"> <caption>AHP First Point of Contact Action Completion Data</caption> <thead> <tr> <th>Action</th> <th>Completion Percentage</th> </tr> </thead> <tbody> <tr> <td>3.1</td> <td>37%</td> </tr> <tr> <td>6.3</td> <td>44%</td> </tr> </tbody> </table>	Action	Completion Percentage	3.1	37%	6.3	44%	<ul style="list-style-type: none"> • With the focus now on integrated working, there is an opportunity to re address this action relating to the first point of contact. • A priority for AHPs is to establish seamless referral and treatment pathways between AHP professions. 		
Action	Completion Percentage								
3.1	37%								
6.3	44%								
<p>AHP E- health infrastructure 5.1, 6.1, 6.2</p>  <table border="1"> <caption>AHP E-health Infrastructure Action Completion Data</caption> <thead> <tr> <th>Action</th> <th>Completion Percentage</th> </tr> </thead> <tbody> <tr> <td>5.1</td> <td>46%</td> </tr> <tr> <td>6.1</td> <td>38%</td> </tr> <tr> <td>6.2</td> <td>58%</td> </tr> </tbody> </table>	Action	Completion Percentage	5.1	46%	6.1	38%	6.2	58%	<ul style="list-style-type: none"> • It is now recognised that the e-health infrastructure for AHPs was inadequate to address these actions. • Support is required to ensure AHP services have adequate e-health infrastructure to deliver solutions and to drive future innovation. • The MSK Programme has demonstrated the importance of having e-health support to deliver improvement.
Action	Completion Percentage								
5.1	46%								
6.1	38%								
6.2	58%								

Celebrating National and International Successes

The AHP NDP has provided a platform on which to showcase and recognise the contributions of AHPs at local, national and international levels. Such successes have included;

- a) AHP finalists at the at the 2014 Advancing Healthcare Awards (with 4 winners and 3 runner ups across the 12 categories) and runner ups at the Health Service Journal Awards
- b) National and International AHP Conference poster presentations from across health and social care
- c) NHS Scotland Conference 26 poster presentations from a range of AHP projects
- d) Attendance at key National and International conferences
- e) Key note speakers at National and International conferences
- f) Publications

Full details of these successes will be published in the Community of practice; <http://www.knowledge.scot.nhs.uk/ahpcommunity.aspx>

The NDP: Where we go next

It is now over two years since the launch of the AHP NDP. Although significant progress has been made, there remains considerable work to be done in the remaining ten months of the NDP. During this period we will continue to work with and support the boards to deliver on the actions, demonstrate impact and importantly to spread, sustain and embed the improvements being made across services. This process will be further facilitated through investing in our AHP staff to further develop their skills in improvement methodologies.

The NDP Coordinating Group and the AD SG have commenced discussions on where our future AHP focus should be beyond 2015. These discussions have incorporated lessons learned from this first innovative AHP National Strategic driver. Consideration has been given to having a Rehabilitation Improvement Collaborative which could deliver real impact whilst ensuring alignment with national policy and maximising the contribution we make to:

- Maximising our workforce
- Rehabilitation
- E-health solutions
- Innovation and improvement
- Older Peoples Services
- Unscheduled Care
- Community Asset Building

A range of communication and engagement methods have been incorporated to facilitate ongoing communication and engagement with staff, partners and service users across Scotland. Details of these can be found within appendix 4.

Appendix 1

Contact Details of AHP Associate Directors

Board Area	Board Director/Lead	E- Mail Contact
Ayrshire & Arran	Billy McClean	billy.mcclean@nhs.net
Borders	Karen McNicoll	karen.mcnicoll@borders.scot.nhs.uk
Dumfries & Galloway		
Fife	Carolyn McDonald	carolyn.mcdonald@nhs.net
Forth Valley	Bette Locke	e.locke@nhs.net
Grampian	Susan Carr	susan.carr2@nhs.net
Greater Glasgow & Clyde	Anne Galbraith	anne.galbraith@ggc.scot.nhs.uk
Highland		
Lanarkshire	Peter McCrossan	peter.mccrossan@lanarkshire.scot.nhs.uk
Lothian	Lynne Douglas	lynne.douglas@nhslothian.scot.nhs.uk
Orkney	Moraig Rollo	mrollo@nhs.net
Shetland	Jo Robinson	jo.robinson@shetland.gov.uk
Tayside	Robert Packham	robertpackham@nhs.net
Western Isles	Sonja Smit	wi-hb.AHPlead@nhs.net

Appendix 2

Phased completion dates of NDP actions

Actions to be Completed in 2013	
1.1 Integrated leadership and governance	✓ 8 actions within the NDP were scheduled to be completed by the end of 2013. ✓ Any outstanding activities relating to these actions are currently being addressed whilst all completed activity should now be embedded within services, mainstreamed and be part of core business.
2.7 Personal Footcare Guidelines	
3.2 Universal community capacity and asset building	
3.3 Work question and signposting	
3.4 Proactively improve health and wellbeing	
5.3 Grow health economic base	
5.4 Effective use of reporting radiographers	
6.1 Monitor and report quality	
Actions to be Completed in 2014	
1.2 Lead enabling services	✓ 13 actions require to be completed by the end of 2014. ✓ Activity is currently in progress to achieve these targets with the aim of this work being embedded, mainstreamed and part of core business by 2015
1.3 Capacity and capability	
2.1 AHPs in emergency admission	
2.2 Integrated falls pathway	
2.3 Contribute to reduced length of stay and admission	
2.6 Dementia early intervention and support	
3.1 AHP first point of contact in primary care pathways	
4.1 Children and young people's service plan	
5.1 Workforce review including "Releasing Time to Care"	
5.5 Podiatric surgery	
5.6 Data collection and demonstrating impact	

6.2 Waiting times target (18 week & 4 week)	
6.4 Increase tele-care and tele-rehabilitation	
Actions to be Completed in 2015	
2.4 Support independent living	✓ 4 actions extend into 2015. ✓ Progress is ongoing towards these actions
2.5 Reconfigure enablement services	
5.2 Shift to community based activity	
6.3 Expand self referral	

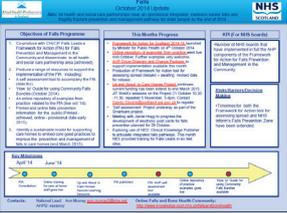
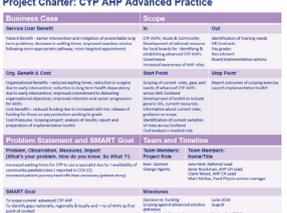
Appendix 3: Identified Actions from tables 1 and 2

(Pages 8 and 9)

Actions	Celebrating NDP Achievement Actions
5.4	AHP directors will work with senior radiology managers to report nationally on a standardised measure of musculoskeletal plain image reporting undertaken by radiographers. They will also work with strategic planners to develop and implement a regional/local plan to ensure effective use of reporting radiographers in their NHS board, driving sustainable multi-professional team delivery of diagnostic imaging services.
2.1	AHP directors will work within their NHS boards to ensure dedicated AHP support is established within emergency admission services, in line with best practice for emergency care (RCP, 2007), to prevent unnecessary admissions to hospital.
2.7	AHP directors will work with AHP leads in health and social care and partners in care organisations voluntary services and older people's groups to implement the National Personal Footcare Guidelines once published in late 2012.
4.1	AHP directors will work with AHP leads for children's services and AHP leads in social care to develop a transformational children and young people's service plan to meet the evolving needs of this care group and to provide an equitable and sustainable national model that reflects the early years agenda and the move towards integration of health and social care.
1.1	AHP directors and directors of social work should work together to strengthen and embed professional leadership and governance infrastructure for AHPs working across health and social care to enhance integrated service delivery and outcomes for people who use services.
2.2	AHP directors will work within their NHS boards to support falls leads within CHCPs (and HSCPs as they emerge) to implement integrated falls and fracture care pathways to reduce falls-related admissions to hospital in the over 65s by 20%.
Actions	Addressing NDP Challenges
1.2	AHP directors and AHP leads within community health care partnerships (CHCPs) (and the new HSCPs as they emerge) will provide professional leadership to strengthen the development of "enabling" services, including rehabilitation and reablement, across health and social care.
2.4	AHP directors will work with directors of social work to support older people and those with disability and complex needs to live independently in their own home/homely setting for as long as possible, delaying or reducing admissions into institutional care.
2.5	AHP directors will work with directors of social work to reconfigure "enabling" services, such as rehabilitation and reablement, to deliver best value and enhance care experiences for people who use services and their families and carers.

3.1	AHP directors will work with primary care leads, general practitioners and across their NHS board to support enhanced pathways in primary care which maximise AHP expertise as first-point-of contact practitioners to improve the care experience and reduce unnecessary referrals to secondary and unscheduled care.
5.1	AHP directors and AHP leads in local authorities will drive modern and productive working practices and undertake a review of existing working practices with a view to promoting efficiency, productivity and flexibility, with implementation of findings. This will include implementation of the recommendations in the Releasing Time to Care Stocktake Report.
6.1	AHPs across health and social care services will monitor the quality of AHP service delivery, including user experience, by implementing the national data set and using quality measures/dashboard agreed for national and local reporting, particularly in relation to the nationally agreed outcomes for integration of health and social care services.
6.2	AHP directors will drive the delivery of AHP waiting times within 18 weeks from referral to treatment inclusive of all AHP professions and specialties (except diagnostic and therapy radiographers) with a target of 90% by December 2014. NHS boards will be expected to deliver a maximum wait of no more than 4 weeks for AHP musculoskeletal treatment within the same period.

Appendix 4: On-going engagement with partners and stakeholders

Communication & Engagement Tool	Description
<p>Community of Practice:</p> 	<p>All information relating to the NDP is available on this community of practice. AHPs can access this utilising their Athens password. http://www.knowledge.scot.nhs.uk/ahpcommunity.aspx</p>
<p>Flash Reports</p> 	<p>A monthly one page visual summary progress report on each of the ten national workstreams providing updates on such things as Key Performance Indicators (KPIs) and key milestones. Some of the boards are also using this format to update on their local delivery plans.</p>
<p>Project Charters</p> 	<p>For each national workstream the Charters set out for each project the; Business case/scope/timelines etc. Some of the boards are also using this format to update on their local delivery plans.</p>
<p>Webex Sessions</p>	<p>A range of webex sessions have been used to assist boards and national leads with consistency of monitoring and reporting across each of the board areas</p>
<p>Service User Stories</p>	<p>Service user stories from the national workstreams and local boards are being used to provide qualitative feedback whilst also informing future improvements and action planning.</p>
<p>CHPO Board Visits</p>	<p>Visits to each of the boards, provides an opportunity for the CHPO to meet the Chief Executives and those instrumental in supporting and progressing the local delivery plans.</p>
<p>AHP Conference 2013</p>	<p>This conference focussed on the AHP NDP, providing an opportunity for AHPs across Scotland to share good practice and showcase the ongoing activity within their Local Delivery Plans.</p>



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