



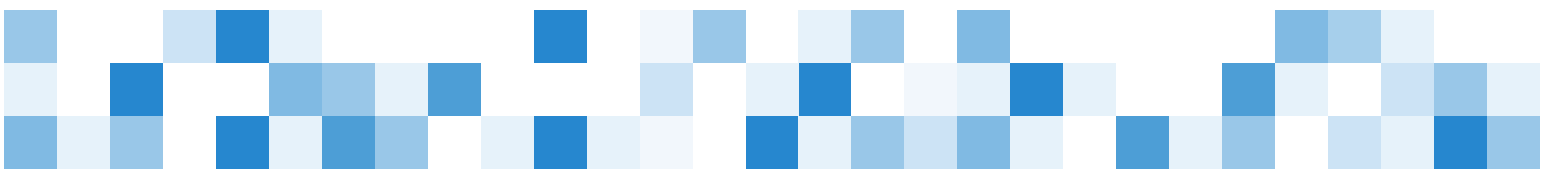
Allied Health Professionals Self-Assessment Tool



NATPACT AHP SIGNIFICANT ISSUES GROUP
FEBRUARY 2003



PCT Competency Framework





NATPACT: SELF-ASSESSMENT TOOL FOR ALLIED HEALTH PROFESSIONALS' SERVICES

Allied Health Professions (AHPs) play a key role in providing the full spectrum of care for patients and carers from primary prevention through to specialist disease management and palliative care. The NHS is no longer a monopoly provider of services or career opportunities for AHPs. Given the competition in recruiting and retaining staff from a relatively small pool of AHPs nationally, a key challenge for PCTs is to be proactive in attracting and retaining AHPs and developing services that maximise the potential contribution of AHPs.

The National Primary and Care Trust Development Programme (NatPaCT) was established following the publication of *Shifting the Balance of Power*¹ to provide organisational development support to Primary and Care Trusts (PCTs).

The Allied Health Professions (AHP) framework has been developed with Primary and Care Trusts as a self-assessment tool to help PCTs deliver the challenging NHS modernisation agenda. It forms an important sub-section of the "generic" competency framework and should be used in conjunction with the "generic" framework. The importance of the AHP Framework is that it attempts to highlight the "significant issues" for the delivery, modernisation and commissioning of AHP services. A likely anticipated benefit is that it will provide AHP services with information to influence the development of AHP services within the PCT.

The framework is a starting point - it does not attempt to provide all the answers, but to ask some challenging questions of PCTs, which may require organisational development initiatives to support organisational development needs across the local health economy. We would seek to build on this framework and see that it will evolve with time. Other professional groups have developed a similar framework to complement the "generic" framework.

AHPs provide care across all settings within health, education and social care, including primary care, community care, mental health, secondary and tertiary care. PCTs have an important role, not only in delivering healthcare in primary care, but also in commissioning care across all settings. The framework has been developed so that it can be used within and across organisations and it is anticipated that it will be used by PCT Executives and AHP Service Leads and staff across all health, education and social care settings. Whilst this framework is primarily a tool for PCTs, it is recognised that many AHPs are working within and/or are employed by other NHS organisations. NatPaCT recommends this framework to all groups of AHPs to enable discussion with PCTs in terms of commissioning and to consider the organisational development needs of AHP services within their organisations.

The Commission for Health Improvement (CHI) (which will become CHAI - Commission for Healthcare Audit and Inspection) was established to improve the quality of patient care in the NHS. It does this by reviewing the care provided by the NHS. It aims to address unacceptable variations in NHS patient care by identifying notable practice, and areas where care can be improved. This framework has been developed with close collaboration from CHI, in order to help PCTs look closely at themselves and the systems they have in place. The demonstrators in section 4 are linked to CHI's 7 'pillars' of clinical governance. Whilst the framework is not intended to duplicate the elements contained within a CHI review, it may help PCTs to prepare for any forthcoming CHI reviews. Similarly, PCTs should aim to make use of guidance from social care organisations, such as the Social Services Inspectorate (SSI) (which will become SCIE - Social Care Institute for Excellence), to inform the development of best practice in integrated services. The framework may also help in the preparation for Social Services Inspections and Joint Reviews.

¹Department of Health (July 2001) '*Shifting the Balance of Power: Securing Delivery*'

The NHS Plan² has set a challenging agenda requiring all health and social care providers to improve, expand and reform the way in which services are provided for people. It sets out a coherent framework of:

- High national standards and clear accountability;
- Devolution of power and resources to the front line to give health professionals who deliver care the freedom to innovate;
- Increased flexibility between services and between staff to cut across outdated organisational and professional barriers; and
- A greater diversity of service providers, and choice for consumers

This plan cannot be delivered without the support of Allied Health Professionals. *Meeting the Challenge*³ sets out, in more detail, the Government's plans for developing and supporting AHPs and the central role they have to play in delivering the NHS Plan's key priorities:

- Providing faster, more accessible care;
- Improving care for those with cancer, heart disease, mental illness, diabetes, children's services
- For older people, developing the skills needed within a inter-professional team approach which supports patients;
- Driving through protocol-based care, care which is centred on the skills needed to support patients and not on traditional professional roles; and
- Rehabilitation and intermediate care - joining up health and social care.

If patients and communities are to benefit from the investments in the NHS announced in the 2002 budget and reforms, AHPs in primary care will need to be at the forefront of change and innovation.

The self-assessment tool describes 8 themes that are considered to be of particular significance for AHP services. Each theme is of equal importance. Each theme is introduced with a descriptor and a variable number of demonstrators. The descriptors describe the reasons why your PCT/Care Trust needs to be competent in a particular area. The demonstrators are what your PCT/Care Trust should have in place to demonstrate competence in a particular area and these indicators will enable you to test how well the PCT is doing. In order to get the most out of the tool, it will be valuable for your PCT to provide evidence to show that the PCT meets each demonstrator.

The Score Cards offer you the option of classifying your PCT's competence e.g.

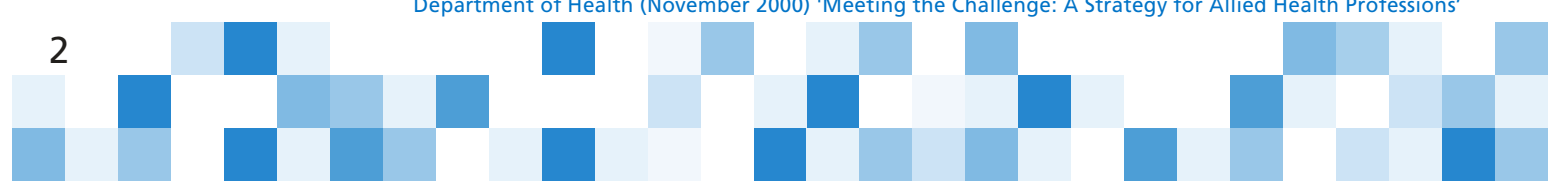
- red ➔ urgent attention needed
- amber ➔ some work needed
- green ➔ doing well

It is recommended that you use this scoring system as a basis for action planning and prioritising the areas for improvement and development. It is intended that the framework can be used flexibly to assess services within your PCT and local health economy - you can use it to assess:

- all AHP services within the PCT;
- all AHP services across the local health economy;
- AHP services as part of an integrated care group delivery model;
- individual services (e.g. podiatry);
- all services that the PCT commissions;
- all services that the PCT hosts etc.

²Department of Health (July 2000) 'The NHS Plan: A plan for investment, A plan for reform'

³Department of Health (November 2000) 'Meeting the Challenge: A Strategy for Allied Health Professions'



Whilst it is recommended that the PCT reviews the AHP services against all the themes, this can be done either by undertaking a comprehensive review of all the themes, or by reviewing one theme at a time over a longer period.

Sources of information have been provided which aim to help a PCT/Care Trust develop its competency as well as some relevant examples of notable practice which aim to provide some useful information /comparison for areas of modernisation or service development.

The following 8 themes have been identified as being particularly significant for the delivery, modernisation and commissioning of AHP services:

1. Leadership
2. Workforce
3. Corporate Governance
4. Clinical Governance
5. Commissioning and Service Development
6. Performance Management
7. Access and Choice
8. Partnership

ACKNOWLEDGEMENTS

Grateful thanks goes to all those who have contributed to the development of this tool. Special thanks go to:

- Ed Tallis and his colleagues at Eden Valley PCT
- Rebecca Lacey and Fran Woodard from the Leadership Centre
- The pilot sites:
 - Barnet PCT - Fiona Jackson and colleagues
 - Castle Point and Rochford PCT - June Lucas, Pam Sabine and colleagues
 - Essex Rivers Healthcare Trust - Jo Hall and colleagues
 - Mansfield PCT - Sue Kellie and colleagues
 - Mid Sussex PCT - Carol Payne, Lesley Strong and colleagues
 - Northumberland Care Trust - Sue Welsh and colleagues
 - Sheffield South West PCT - Veronica Goddard and colleagues
 - South Manchester PCT - Liz Salem, Helen Tyrer and colleagues
 - South Stoke PCT - Lorraine Cook, Marie Lancett and colleagues
 - Sutton and Merton PCT - Pat Burchell and colleagues
 - Torbay PCT - Rachael Campbell, David Harborne, Lyn Hunter and colleagues

All the relevant AHP Professional Bodies and Associations have been actively involved during the development of this framework and endorse the content and use of the framework.

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FEBRUARY 2003

GLOSSARY

AHP and AHPs	<p>Allied Health Professionals</p> <p>These terms are used in the widest sense to cover the range of Allied Health Professions working at different levels for different employers in different settings. The focus is on all AHPs working in healthcare, with predominance in primary and community settings, but recognising that increasingly these roles are cutting across organisations into hospitals, education, social care, the independent sector and independent contractors. Appendix 1 highlights the Allied Health Professions referred to in this document.</p>
AHPswSI	AHPs with Special Interests
DTC	Diagnostic and Treatment Centre
EPR	Electronic Patient Record
GMS	General Medical Services
HIMP	Health Improvement and Modernisation Plan
HPC	Health Professions Council
LDP	Local Delivery Plan
LEA	Local Education Authority
NatPaCT	National Primary and Care Trust Development Programme
PCT and PCTs	<p>Primary Care Trust or Care Trust</p> <p>For ease of reference, the terms 'PCT' and 'PCTs' are used synonymously in this document to describe both Primary Care Trusts and Care Trusts.</p>
PEC	Professional Executive Committee
PMS	Personal Medical Services
SLA	Service Level Agreement
StHA	Strategic Health Authority
WDC	Workforce Development Confederation
WIC	Walk-in Centres

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A.1 Service Leadership

Overall
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Competency Statement

Effective leadership is at the heart of the modernisation agenda for the NHS and is particularly important for the Allied Health Professions given their range and diversity. Successful leadership requires a focus on developing and maintaining effective relationships at all levels within the organisation and with other relevant external partners. It is about empowerment and setting oneself and ones' services up to succeed. It is about leading people through transformational change to develop better services for the local community. There are significant opportunities for AHPs to be more involved in strategic decision-making within PCTs, the local health economy and nationally; to translate strategy into operational delivery; to lead on significant pieces of work, such as Intermediate Care; and to promote the development of integrated teams.

Examples of Evidence

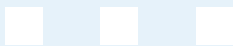


A.1.1 Service leadership

The PCT ensures that services have clear clinical and managerial leadership

The PCT ensures that AHPs are accessing leadership development courses to develop strong clinical leadership and management skills and that the PCT supports AHPs in implementing the skills and tools developed on these courses

The PCT has a clear and timely succession plan for suitable AHP leaders and PEC members



A.1.2 AHP representation in decision making forums

The PCT ensures that there is representation of AHP leaders in decision-making forums and local service delivery implementation groups e.g. Professional Executive Committee (PEC), Trust Board, Workforce Development Confederation (WDC) Forums, Commissioning Forums, Risk Management Committees, Information Management and Technology Committees etc.

The PCT ensures that there is AHP PEC membership

The structure of the PCT and membership of the PEC clearly defines the roles, responsibilities and working relationships of the AHP PEC members and AHP Service Leads

Given the range and number of the AHP professions within the PCT and across the local health economy, the PCT ensures that the AHP PEC member has support and development to function in their role.

The PCT and/or locality has a proactive AHP Forum to ensure that the views and needs of frontline staff are considered by the PCT in service planning and delivery, which is linked to StHA and WDC planning

A.1 Service Leadership

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A.1 Service Leadership

A.1.3 Developing AHPs

A whole systems approach to care pathways is used to support the development of specialist and consultant AHP roles within the clinical team, and there is a process in place for realising the contribution of these roles and supporting their implementation

The PCT ensures that it empowers and engages with frontline staff at all levels to achieve improvements in services

The PCT ensures the development of skills for all AHPs, including negotiating and influencing skills and business planning and service development skills, so that the engagement of all internal and external stakeholders is maximised

A.1 Service Leadership

May 2003

Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk

A.1 Service leadership

References/Sources of Further Information:

- NHS Leadership Qualities Framework: www.nhsgroups.com/excellence
- Managing for Excellence in the NHS:
www.doh.gov.uk/managingforexcellence/managingforexcellence.pdf
- The NHS Modernisation Agency supports NHS clinicians and managers in their efforts to deliver improvements to their services. The Agency has two main roles:
 - to modernise services, ensuring they meet the needs and convenience of patients as outlined in the NHS Plan
 - to develop current and future NHS leaders and managers at all levels in the NHS, and all health professions.
 Find out more about the Modernisation Agency and the useful Improvement Leaders Guides at the following websites: www.modern.nhs.uk and www.modern.nhs.uk/improvementguides
- Emotional Intelligence - Daniel Goleman ISBN 0 7475 2830
- 7 Habits of Highly Effective People - Stephen R Covey ISBN 0-671-70863-5
- Advanced Letter regarding the development of Consultant AHP roles can be found at: [www.info.doh.gov.uk/doh/coin4.nsf/page/AL-PAM\(PTA\)-2-2001?OpenDocument](http://www.info.doh.gov.uk/doh/coin4.nsf/page/AL-PAM(PTA)-2-2001?OpenDocument)
- Find out more about the Changing Workforce Programme at: www.doh.gov.uk/hrinthenhs/changingworkforce.htm
- NHS Joint Unions - Professional Members of PCT Executives - Guidance - October 2002
- Other useful websites include
 - www.wired-gov.co.uk
 - www.llweb.co.uk/llresources.htm
 - www.nelh.nhs.uk/management

Examples of notable practice:

Kingston PCT

The AHPs are developing a leadership framework based on the model of decentralisation recommended in the LEO programme.

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Eden Valley PCT

The heads of the four AHP services have developed an AHP Strategy for the PCT which addresses the NatPaCT generic competency framework, the CHI framework and the PCT's business objectives. It is aimed at improving AHP involvement in primary care provision.

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May 2003

Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk

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A.2 Workforce

Overall
Section
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Competency Statement

Fundamental to the delivery of the commitments in *The NHS Plan* and *Meeting the Challenge* is careful attention to AHP workforce capacity and capability. A key objective to supporting the delivery of NHS priorities is to ensure that there are sufficient numbers of trained, motivated AHPs working in the right locations. NHS staff are the greatest asset and as the NHS Plan says, "NHS staff, at every level are the key to reform". There needs to be active involvement of staff and frontline staff need to have greater control over how local health services are delivered.

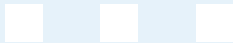
There are challenges and opportunities not only in the recruitment and retention of staff, but also in terms of changing working practices and "liberating the talents and skills of all the workforce so that every patient gets the right care in the right place at the right time"⁴. The shared service, cross-agency and independent contractor arrangements through which many AHP services are delivered pose additional challenges for PCTs. This means accessing high quality training through a variety of routes; ensuring continuing professional development; and developing different skills and skill mix across the range of AHP and support roles e.g. clinical assistants who wish to develop their role need to be encouraged and supported in gaining qualifications in the same way as AHPs wishing to become consultants need to be supported. This requires continuous creativity on the part of AHPs, PCTs, Workforce Development Confederations (WDCs) and Education Providers and work at a strategic level to develop a local delivery plan for the workforce which meets the needs of the local population and ensures the equality and diversity of the AHP workforce.

Examples of Evidence

A.2.1 The PCT has a workforce strategy, informed by population needs analysis, which incorporates planning for AHPs and illustrates how the workforce will develop the skills and knowledge to meet these needs

A.2.2 The PCT provides information on the current AHP workforce and has a system in place to assess future supply and demand.

The PCT works with WDCs, local workforce development groups and other key partners including Local Education Authorities (LEAs), to ensure that there is an integrated approach to AHP workforce planning across the local health economy which is linked to partnership working and new models of care.



⁴Department of Health (April 2002) 'Delivering the NHS Plan: next steps on investment, next steps on reform' - Chapter 9: Changes for the Workforce

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A.2 Workforce

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A.2.3 The PCT delivers on specific AHP policy objectives These include:

Those set out in *Meeting the Challenge*

Guidance on the appointment of AHP Consultants (including meeting the target of 250 by 2004)

A.2.4 The PCT addresses the implications for AHPs of:

Improving Working Lives

- *Agenda for Change*
- *Lifelong Learning : Working Together, Learning Together*
- *And other workforce policies*

Programmes are in place in the PCT for:

- recruiting staff
- retaining staff
- encouraging returners

A.2.5 The PCT links with local initiatives, including regeneration schemes, to create access and retention to AHP careers so that workforce reflects local diversity and ethnicity

A.2.6 A programme is in place to support AHP services in meeting the patient needs

This includes for example:

- increasing skill mix;
- changing the way services are configured and delivered;
- encouraging AHPs and support staff to acquire new and advanced clinical skills and by the extension of scope of practice; safely and effectively using support workers in care delivery.

A.2.7 The PCT actively encourages field work education and supports AHPs to provide high quality practice-based learning for students (pre- and post-registration) and understands the impact of training on activity capacity

A.2.8 The PCT ensures that all AHPs and support workers (whether in generalist, specialist or advanced roles):

- receive specified and appropriate levels of clinical supervision
- have a personal development plan, incorporating evidence of continuing professional development

A.2.9 The PCT facilitates forums or events so that AHP staff, including PEC members, are fully aware of issues in the local health economy

A.2 Workforce

References/Sources of Further Information:

- Recruitment and Retention www.doh.gov.uk/iwl
- NHS Equality and Diversity in Employment www.doh.gov.uk/nhsequality.htm
- "The Vital Connection" An Equalities Framework for the NHS - NHS Executive - includes guidance on Equalities Indicators, which will help to provide valuable workforce planning information to your PCT
- Workforce Planning: The Primary Care Workforce Planning Framework promotes new ways of working and signposts PCTs to other sources of advice www.doh.gov.uk/pricare or www.natpact.nhs.uk
- Meeting the Challenge: www.doh.gov.uk/meetingthechallenge/index.htm
- Allied Health Professions Building Careers: www.doh.gov.uk/pdfs/buildingcareers.pdf
- Working Together - Learning Together - The Framework for Lifelong Learning in the NHS: www.doh.gov.uk/lifelonglearning/workingtogether.pdf
- Changing Workforce Programme: this programme is pioneering work that is helping the NHS and other health and social care organisations to test and implement new ways of working to improve patient services, tackle staff shortages and increase job satisfaction - key areas of the programme include supporting role redesign and removing barriers to change. Find out more at www.modern.nhs.uk
- DN: Statement on PCT PEC AHP members - role and responsibility
- NHS Joint Unions - Professional Members of PCT Executives - Guidance - October 2002
- For information about demonstrating competence through evidence of Continuing Professional Development, a UK-wide project (funded by the DoH) involving all the Allied Health Professions to help practitioners demonstrate continuing competence, find out more at: www.csp.org.uk/lifelonglearning/competence/allied.cfm
- For information about Andrew Foster's Speech at "Building a World Class Workforce in the NHS" HSJ Conference on 25th September 2002 - find out more at: www.doh.gov.uk/conferences/build-world-class-work-sep02.htm - two essential aspects of the NHS Plan were emphasised - reengineering NHS jobs around patient pathways and increasing staff numbers and outlined the four pillars of delivery:
 - The Three Star Trust
 - The Skills Escalator
 - Improving Staff Morale
 - HRM Development

Examples of notable practice:

Cheltenham General Hospital

The problem of excessive hours being worked by radiographers and not meeting the European working time directive has been addressed through giving time off in lieu for additional work and still being able to provide a 24 hour service.

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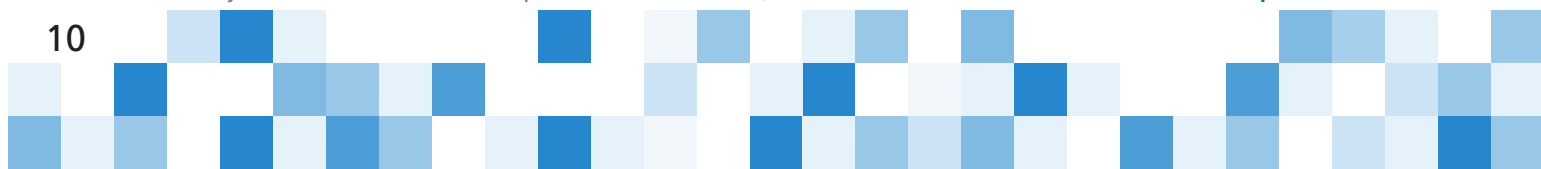
Staffordshire PCT

The Physiotherapy and Occupational Therapy departments are now managed as one, resulting in shared learning and skills development, reduced management costs and greater flexibility in terms of recruitment and the allocation of resources.

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Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk



A.3 Corporate governance

References/Sources of Further Information:

- PCT Corporate Governance Framework www.doh.gov.uk/pct/3rd_edition.htm
- "Managing for Excellence" www.doh.gov.uk/managingforexcellence/index.htm

Examples of notable practice:

Mansfield District PCT

An AHP Modernisation Forum has been set up to develop a strategy and annual action plan including leadership, workforce, clinical governance and public health. All PCT teams are represented and AHPs from the acute trust.

Contact: Sue Kellie

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South Hams and West Devon PCT

The PCT have developed good AHP networks and clear lines of managerial and professional accountability for all AHPs whether managed within the PCT or one of the partner organisations.

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A.4 Clinical governance

Overall
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Competency Statement

Clinical governance is the framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of clinical care by creating an environment in which excellence in care will flourish. It is intended to be an open and transparent process, embracing all members of the clinical team.

Effective clinical governance, along with corporate governance, is essential for a PCT to achieve its clinical and financial objectives. It is about ensuring that the patients receive the highest quality of care possible within the available resources.

AHPs have a responsibility in ensuring that they provide evidence-based clinical services, and that these services have clear professional and managerial accountability structures. In order to exercise their responsibilities, it is vital that AHPs are integral to the communication networks within the PCT, and have equitable access to information systems, clinical supervision and continuing professional development.

Examples of Evidence



A.4.1 The PCT can demonstrate the structures and relationships with partner agencies (health, social care, education etc) and the AHP contribution to these partnerships



A.4.2 Systems are in place for disseminating information from external research and reviews, including CHI, NICE, NSFs and other clinical guidelines, which is then acted on to ensure compliance.



A.4.3 Research and Effectiveness

AHPs demonstrate a commitment to the development of evidence-based clinical services



A.4.4 AHPs demonstrate a commitment to management decision making in light of *Managing for Excellence*



A.4.5 AHPs are actively involved in:

- multi-disciplinary research and outcomes which is integrated into the future planning and provision of services
- clinical and skills audit and learning from audit is implemented in practice care pathway development initiatives



A4.6 A system is in place for the development, dissemination and implementation of clinical policies, procedures and guidelines to AHPs



A.4.7 Use of Information to support Clinical Governance and Healthcare Delivery

AHPs are able to access timely, accurate relevant information and different media to ensure services are safe and reflect current best practice, and to support management and clinical decision-making

A.4 Clinical governance

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A.4 Clinical governance

A.4.8 All AHPs within the PCT have access to, use of and training in, the use of information and IT in line with the standards set out in the European Computer Driving Licence to enable them to:

- access timely and accurate clinical information;
- communicate via email;
- share patient information in line with data protection guidelines;
- develop and maintain care plans; and record clinical interventions and outcomes

A.4.9 AHPs contribute to the IM&T strategy development and delivery within the PCT

A.4.10 The PCT actively supports a mechanism by which all AHPs communicate within and across professions and teams

A.4.11 AHPs have access to specialist Public Health support to enable them to contribute to health needs assessment

A.4.12 Staffing and Staff Management

Services are appropriately configured and staffed to meet the needs of all patients

There is a clear structure of managerial and professional accountability for all AHPs

AHPs can clearly articulate how their roles and services are linked to one another and contribute to the PCT targets reflected in the Local Delivery Plan

Front-line staff can identify and access the individual(s) who take(s) the lead responsibility for AHP services within the PCT and PEC

The PCT has a system of induction, appraisal, clinical supervision and professional support for all AHPs

All AHPs are aware of, and work within, their Professional Code of Practice and Standards and the HPC Regulatory Framework

All AHPs are provided with a practice environment and tools that support the continuous development of high standards of clinical and professional practice including access to Trust information related to Clinical Care

The PCT has a system for verifying compliance with external accreditation and regulation to practice

All AHPs are aware of and are able to contribute to the Clinical Governance strategy within the PCT as part of an integrated clinical governance framework

A.4.13 Education, Training and Continuing Personal and Professional Development

Front-line staff are developing their roles within their scope of Professional Practice, understand their professional and clinical responsibilities and are provided with a safe and supportive practice environment

The PCT has a system for ensuring that AHPs have equitable access to education and training opportunities, comparable with other clinical staff

A.4 Clinical governance

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A.4 Clinical governance



A.4.14 Risk Management

There are systems in place to protect the public and ensure that AHPs deliver high standards of care

Clinical and non-clinical risks associated with the commissioning and delivery of AHP services are understood and managed by assessment, training, documentation and monitoring procedures

AHPs and their patients are aware of the systems in place for:

whistleblowing/raising concerns

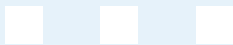
making complaints

reporting adverse incidents

child protection

measuring quality of AHP services

using evidence-based practice



A.4.15 Patient Involvement

Procedures are in place to ensure that patients are involved in AHP services decision making processes, ensuring that staff have access to interpreters to support patient involvement which reflects the diversity of the local community

Patients are empowered to influence both service and personal care issues

There are strategies in place to support consultation and patient involvement

Culturally appropriate and accessible information is available to patients about treatment services and facilities

Patients are involved in their care including consent to treatment

AHP staff have been trained in the handling of complaints

Systems are in place to ensure patients rights to privacy, dignity and confidentiality

A.4 Clinical governance

References/Sources of Further Information:

- Commission for Health Improvement www.chi.nhs.uk
- National Institute for Clinical Excellence (NICE) www.nice.org.uk
- PCT Corporate Governance Framework www.doh.gov.uk/pct/3rd_edition.htm
- Health Professions Council www.hpc-uk.org
- AHP Bulletin www.doh.gov.uk/ahpbulletin/index.htm
- “Managing for Excellence” www.doh.gov.uk/managingforexcellence/index.htm
- For information about demonstrating competence through evidence of Continuing Professional Development, a UK-wide project (funded by the DoH) involving all the Allied Health Professions to help practitioners demonstrate continuing competence, find out more at: www.csp.org.uk/lifelonglearning/competence/allied.cfm
- To find out more about the multi-professional Clinical Effectiveness forum for AHPs, contact cefahp@csp.org.uk or visit the website www.csp.org.uk/effectivepractice/clinicaleffectiveness/multiprofessional.cfm
- To find out more about the multi-professional Research Forum for AHPs, visit the website www.csp.org.uk/effectivepractice/research/multiprofessional.cfm

Examples of notable practice:

Northampton General Hospital

An educational relief rotation will be introduced as part of the Clinical Governance Development Plan for Radiology. Each Radiographer will have an educational component as part of their rotation and rostered duty in order to develop their clinical competency.

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Sherwood Forest Hospitals NHS Trust

The AHPs have signed up to a competency framework which has a clinical and technical skills element. This is measured and monitored through a combination of audit, case study, clinical outcomes and peer review and is linked with CPD and registration.

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Torbay PCT and Teignbridge PCT

AHPs have been involved in the expert patient programme run by the local coalition for disabled people on behalf of the two PCTs. The programme will empower users to manage their own conditions and contribute to service development.

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lyn.hunter@sdevonhc-tr.swest.nhs.uk

Corrie Spencer

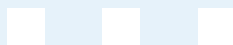
01626 357 298

corrie.hunter@sdevonhc-tr.swest.nhs.uk

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A.5 Commissioning and service development

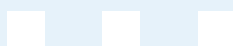
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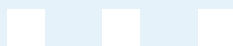
Competency Statement

Commissioning is at the heart of securing the best services to meet local need and it is vital that AHPs are key stakeholders, using their knowledge of the local population to influence the 3-year Local Delivery Plan (LDP). It is vital that they are involved in the commissioning and development of specialist services, particularly for services for more marginalised and hard to reach groups. Patients, particularly children and older people, need all agencies to work together, relying on good integration between them to deliver the care they need, when they need it⁵. As *The NHS Plan* put it "if patients are to receive the best care then the old divisions between health and social care need to be overcome." AHPs work right across the health, social care and education spectrum and it is vital that the Health Act flexibilities are optimised to commission and provide integrated services for clients.

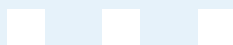
Examples of Evidence



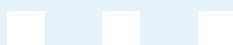
A.5.1 AHP Managers/Service Leads and PEC AHPs can demonstrate knowledge of and involvement in commissioning and an understanding of the implications of decisions and are fully engaged in the Local Delivery Planning (LDP) arrangements and Health Improvement and Modernisation Plan (HIMP)



A.5.2 The PCT can demonstrate in their Service Level Agreements (SLAs) recognition of the training required to deliver the modernisation of service delivery

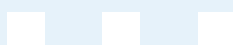


A.5.3 The PCT can clearly articulate a shared vision for AHP services taking into account the needs assessment of the local population and the need to deliver the NSFs and other NHS Plan objectives

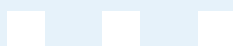


A.5.4 The PCT can provide examples of where it has:

- engaged AHP providers in the commissioning of services
- commissioned AHP and AHP led services where appropriate
- ensured that the needs of AHP services are incorporated in all business case proposals. Particular attention needs to be paid to hard-to-reach-groups, including the needs of statemented children



A.5.5 AHPs work with multi-agency partners, including voluntary and community groups, at locality level to identify needs and plan services



A.5.6 AHPs actively involve all stakeholders e.g. users, carers, partner organisations to inform future service commissioning and delivery

⁵ Department of Health (April 2002) 'Delivering the NHS Plan: next steps on investment, next steps on reform'

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A.5 Commissioning and service development

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A.5.7 Commissioning of AHP services is linked to service planning for the PCT as a whole

A.5.8 Commissioning of AHP services is evidence-based using current research

A.5.9 Service Level Agreements (SLAs) with providers include:

- qualitative and quantitative specifications
- explicit monitoring arrangements
- demonstrating working towards commissioning on the basis of outcome measures, which reflect the patient journey and experience

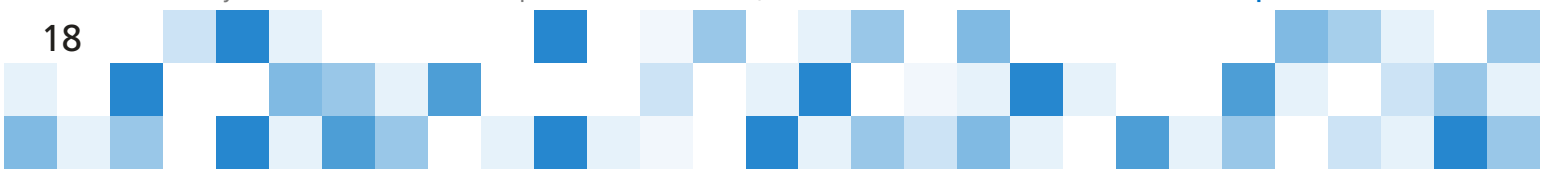
A.5.10 The PCT has considered the implications of integrated care teams within and across health, education and social care.

A.5.11 Where integrated care teams are being or have been developed, the PCT has ensured that there is leadership, clear managerial accountability and professional support for members of the teams

A.5.12 The PCT maximises the opportunities regarding Health Act flexibilities to ensure commissioning and delivery of services across the health, education and social care spectrum, including community equipment

A.5.13 The PCT ensures that when commissioning services from new providers who may be outside the local health economy e.g. international establishments, independent sector, AHP services are integral within the commissioning of the total packages of care

A.5 Commissioning and service development



A.5 Commissioning and service development

References/Sources of Further Information:

- Health Act Section 31 Partnership Arrangements www.doh.gov.uk/jointunit/s31guidance.pdf
- Building Capacity and Partnership in Care www.doh.gov.uk/buildingcapacity
- Priorities and Planning Framework 2003-2006: www.doh.gov.uk/planning2003-2006/improvementexpansionreform.pdf
- National Integrating Community Equipment Services Implementation Support Team (ICES): www.icesdoh.org
- Guide to Integrating Community Equipment Services, March 2001: www.doh.gov.uk/scg/communityequipment.htm
- For more information regarding commissioning from new international establishments, see: www.doh.gov.uk/internationalestablishment/annex.htm

Examples of notable practice:

Southern Derbyshire Health Community (hosted by Amber Valley PCT)

The stroke co-ordinator, on behalf of the local health economy, has developed an ongoing partnership of statutory and voluntary sector agencies in support of stroke survivors and their carers. This has involved a stakeholder conference of health, social services and voluntary sector staff, service users and their carers in order to share current working and facilitate future development of services in terms of the NSF for older people.

Contact: Mary Smith
01332 363371

Central Manchester PCT

The Speech and Language Therapy service have worked with education and the voluntary sector to provide a whole systems approach to improving communication skills within the National Curriculum in the educational setting.

Contact: Denise Ditchfield
0161 248 1208
denise.ditchfield@centralpct.manchester.nwest.nhs.uk

A.6 Performance management

Overall Section Mark

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Competency Statement

PCTs are tasked to hold provider organisations to account for the delivery of services, which they have commissioned and it will be increasingly more important for the PCT to have robust monitoring arrangements in place so that they can amend their plans and take action where necessary. It is important for PCTs to appreciate and harness the contribution AHPs can make to achieve the local and national performance targets set. Furthermore, it is vital that AHPs understand what performance targets they are being measured against and are able to influence these targets to ensure they are outcome-based and meet agreed standards.

Examples of Evidence

A.6.1 AHPs understand the PCT performance targets and recognise the contribution of AHP services in achieving these

A.6.2 AHPs are actively involved in multi-agency and inter-disciplinary teams and initiatives to deliver NSFs, access targets, and other local and national strategic initiatives and targets

A.6.3 The PCT uses AHPs to deliver key national and local targets recognising that some needs may not fit with national targets

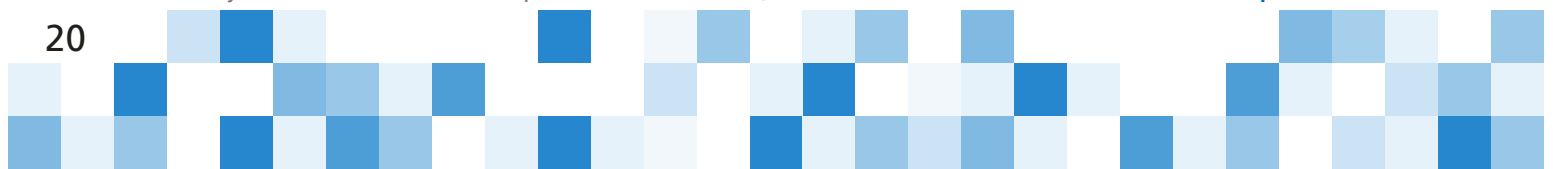
A.6.4 The PCT has a performance management framework that ensures delivery and monitoring of targets, both national and local, and includes waiting times for AHP services which contribute to the patient pathway e.g. wheelchair assessment/delivery, prosthetic limb fitting, community equipment, the needs of statemented children, speech and language therapy assessments for school children

A.6.5 There is a shared understanding of the outcome measures/clinical quality indicators being used by AHPs and what constitutes effective service delivery which can be clearly understood by all in the PCT to ensure improvement in patient experience and clinical outcomes

A.6.6 The PCT can demonstrate how the organisation learns and acts upon staff, service user and carer feedback



A.6 Performance management



A.6 Performance management

References/Sources of Further Information:

- National Service Frameworks - Best practice: a practical aid to implementing NSFs in primary care www.doh.gov.uk/pricare/nsfbestpractice
- NHS Performance Assessment Framework - a useful tool to enable AHPs to consider how they can contribute to national targets and thereby strengthen business case proposals www.doh.gov.uk/pub/docs/doh/paf.pdf
- Social Services Performance Assessment Framework another useful tool to enable AHPs to consider how they can contribute to national targets, which may also strengthen proposals for partnership funding between health and social care and enhance the use of Section 31 Health Act Flexibilities www.doh.gov.uk/paf/index.htm
- For information on Professional Standards, you should contact the relevant Professional Body for each AHP profession (see Appendix 1 for contact details)
- Improvement, Expansion and Reform - Priorities and Planning Framework 2003-2006: www.doh.gov.uk/planning2003-2006/improvementexpansionreform.pdf
- Delivering the NHS Plan: <http://www.doh.gov.uk/deliveringthenhsplan>
- It is recommended that AHP service leads are aware of, and meet regularly with the individual(s) responsible for commissioning services on behalf of the PCT and the individual(s) responsible for performance management

Examples of notable practice:

West Gloucestershire PCT

The Podiatry team went under took extended training in order to develop a multi-disciplinary, seamless service in anticipation of the Diabetes NSF and the targets the PCT would be expected to achieve.

Contact: Pippa Bryans

01452 891496 / 07770 781 042

pippa.bryans@wglospct.nhs.uk

Redbridge PCT

The Podiatry service, through service redesign and changes in working practices, has significantly reduced the waiting times for patients to access the service. This process will be rolled out to other AHP services within the PCT in order to improve the overall performance of the service delivered to patients.

Contact: Kay Matthews

0208 924 6193

kay.matthews@redbridge-pct.nhs.uk

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A.7 Access and choice

Overall Section Mark



Competency Statement

The NHS Plan sets out a commitment that the NHS will provide improved access to services and ambitious plans to create a health service that is more responsive and accountable to the citizens who pay for it and the patients who use it, thereby strengthening patient choice. There is a clear focus on enabling and sustaining improvements and far-reaching modernisation to deliver a service that meets the needs and aspirations of patients, giving them choice and involvement. Central to achieving these plans is the need to expand and develop both the capacity and range of services thus improving the speed and convenience of access to healthcare wherever they use the system. AHP services in primary care are already changing. AHPs are well-placed to contribute to the achievement of the access and choice targets through new and innovative ways of working e.g. Diagnostic and Treatment Centres (DTCs), Walk-in Centres; Intermediate Care Teams; PMS pilots; the possibilities provided by the proposed new GMS contract; AHPs with special interests and the Single Assessment Process.

AHPs are well-placed to highlight and lead the modernisation of some of the hidden blockages in the system, such as waits for community equipment and wheelchairs, which can compromise the service as a whole to a client and be detrimental to their overall experience. Given the variety of services and organisations that AHPs work in, there is enormous scope for them to inform the planning of services that will tackle health inequalities and social exclusion, and promote health improvement as well as provide choices about how and where clients can be seen.

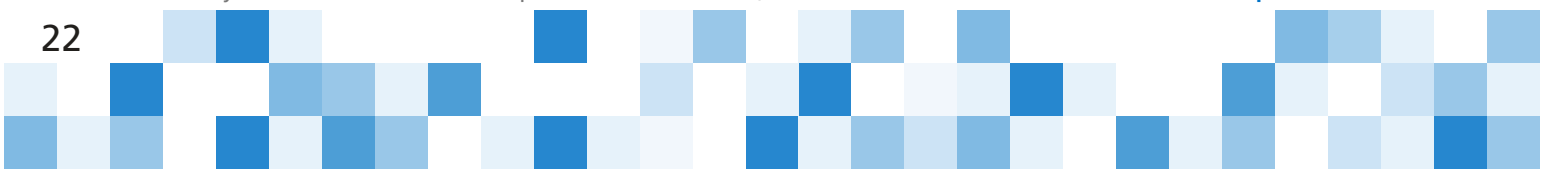
Examples of Evidence

A.7.1 AHPs contribute to delivering access targets, by providing effective first contact services and challenging traditional ways of working across the NHS

A.7.2 A range of AHP staff from assistants/support workers to specialist and consultant AHPs provide and lead programmes of care, public health and preventative programmes to meet PCT priorities and the needs of the local community



⁶ By "first contact services", we mean open referrals/direct access/see & treat services, whereby a patient does not need to be referred to an AHP via a General Practitioner or other Health Professional, but sees the AHP as the first point of contact



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A.7 Access and choice

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A.7.3 AHPs are encouraged and supported to develop better and new ways of working, and are included in PCT developments from initial concept through to delivery e.g. as a result of initiatives such as:

- intermediate care teams
- diagnostic and treatment centres (DTCs)
- opportunities within medicines management programmes and AHP prescribing
- opportunities within PMS pilot sites and the proposed GMS contract
- single assessment processes
- integrated health and social care services and/or teams (across the health and social care spectrum i.e. including primary and secondary care)
- care pathways
- role development including AHPs with Special Interests, Consultant AHP posts, Support Workers
- flexible delivery e.g. 7-day working, evening clinics, plurality of providers including the independent and voluntary sectors

A.7.4 AHPs work as part of a multi-agency, whole systems approach across health, education and social care, focusing on the patient pathway and needs of the local community

A.7.5 AHP service provision ensures inclusion of diverse cultural groups and those at increased risk of exclusion

A.7.6 AHPs are actively involved in planning and delivering health improvement and prevention priorities that contribute to optimising the health of the local population. They are leading an delivering effective preventative programmes to individuals and communities

A.7.7 AHPs have quality data regarding their own services to enable them to plan and deliver services

A.7.8 AHPs have access to specialist public health support and information to enable them to contribute to health needs assessments

A.7.9 AHPs can demonstrate the delivery of effective preventative programmes as part of their work

A.7.10 AHPs are proactive in working with colleagues across the health and social care spectrum to ensure safe and effective transition for patients and carers across sectors (link to "Partnership" section)

A.7.11 AHPs can demonstrate the impact of the involvement of patients and public which will influence the delivery and development of their services

A.7 Access and choice

A.7 Access and choice

References/Sources of Further Information:

- “Achieving and Sustaining Improved Access to Primary Care” is available on the Department of Health website at www.doh.gov.uk/pricare/improvedaccess.htm
- Health & Social Care Change Agent Team - “Discharge from Hospital: a good practice checklist” www.doh.gov.uk/jointunit/changeagentsteam.htm
- Information on Tackling Health Inequalities and Health Inequalities targets can be found at: www.doh.gov.uk/healthinequalities
- Delivering the NHS Plan: www.doh.gov.uk/deliveringthenhsplan
- Local HiMP
- Patient Choice: Delivering the NHS Plan,
- The Single Assessment Process was outlined in the NSF for Older People. Further information regarding local implementation and implications for therapists can be found in the following documents: “Guidance for Local Implementation” at: www.doh.gov.uk/scg/sap/guidance.pdf and in: “Key Implications for Therapists” at: www.doh.gov.uk/scg/sap.therapists.pdf
- Find out more about Diagnostic & Treatment Centres in the Department of Health (December 2002) ‘Growing Capacity: Independent Sector Diagnosis and Treatment Centres’ at: www.doh.gov.uk/growingcapacity/independentsectordtc.pdf

Examples of notable practice:

Gloucestershire Hospitals NHS Trust

The Physiotherapy Department have developed a telephone triage service - Physio. Direct - to manage demand for the musculoskeletal service. 40% of patients have required telephone triage only and 60% have only needed one session of treatment. The service has required no additional funding.

Contact: Julie Shepard

08454 223039

julie.shepard@egnhst.org.uk

Barnet PCT

The wheelchair service, through service redesign and the adoption of the social model of delivery, has dramatically reduced waiting times for clients with mobility needs. This has been achieved without additional staffing resources.

Contact: Liz Francis

0208 343 1537

Liz.francis@barnet-pct.nhs.uk

A.8 Partnership

Overall Section Mark

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Competency Statement

Partnership working and whole systems thinking are fundamental to the modernisation agenda for the NHS. It must be with the mutual objective of providing excellent services that promote independence, self-esteem and social inclusion⁷. AHPs have a long record of working in multi-disciplinary teams, working across organisational boundaries and providing shared services. AHPs should be regarded as a key resource for the PCT in terms of inter-professional learning, involving users and carers in service design and development and in creating effective public/private/independent/voluntary sector partnerships.

Examples of Evidence

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A.8.1 Lead AHPs contribute to local partnership working and interagency planning teams, and have access to AHP networks to ensure their effectiveness

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A.8.2 AHPs are enabled to work across agency and organisational boundaries to ensure a seamless journey for patients

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A.8.3 The PCT uses the AHPs' experience in working across boundaries to further the development of integrated health and social care

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A.8.4 AHPs are involved in, or lead programmes to develop expert patients and self management of health conditions

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A.8.5 Patients and communities are involved in evaluating and shaping AHP services and are able to report that they were given information, choice and felt involved in their own care

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A.8.6 AHPs participate in the delivery and participation of multi-agency and inter-professional education and training and research and development opportunities

⁷ Foreword by Secretary of State for Health in Department of Health (October 2001) 'Building Capacity and Partnership in Care'

A.8 Partnership

References/Sources of Further Information:

- Find out more about Health Act flexibilities in: 'Health Act Section 31 Partnership Arrangements' www.doh.gov.uk/jointunit/s31guidance.pdf
- Find out more about 'Building Capacity and Partnership in Care' at: www.doh.gov.uk/buildingcapacity
- A useful document outlining key issues relating to developing partnerships in adult learning disability services is: 'Keys to Partnership Working Together to Make a Difference in People's Lives' www.doh.gov.uk/learningdisabilities. The content of the document has relevance for all services and providers developing or involved in partnership arrangements.
- Connexions Partnerships - a support service for all young people aged 13-19 (and up to 25 for young people with learning difficulties or disabilities). Find out more at: www.connexions.gov.uk
- The Single Assessment Process was outlined in the NSF for Older People. Further information regarding local implementation and implications for therapists can be found in the following documents: "Guidance for Local Implementation" at: www.doh.gov.uk/scg/sap/guidance.pdf and in: "Key Implications for Therapists" at: www.doh.gov.uk/scg/sap.therapists.pdf
- Common Learning pilot sites for inter-professional education are currently being evaluated (DN: LE to contact Filao Wilson for further information)
- Find out more locally by obtaining a copy of your local Patient and Public Involvement Strategy.
- Public Private Partnerships - find out more at: www.doh.gov.uk/pfi/pdf/overview.pdf
- Expert Patient Programme: www.ohn.gov.uk/ohn/peopleandcommunities/expert/htm
- The Integrated Care Network provides practical assistance to frontline organisations seeking to integrate local authority and NHS services - find out more at: www.integratedcarenetwork.gov.uk

Examples of notable practice:

Amber Valley PCT

There has been a long history of jointly funded SALT specialist posts for therapists to work in mainstream education. Funding from education has recently enabled the development of assistant posts to support the service further.

Contact: Lorrie McCuaig

01629 823721

lorrie.mccuaig@ambervalley-pct.nhs.uk

Worcestershire Acute Hospitals NHS Trust

A Rapid Response Team, funded by social services, has been established in A&E to focus on the prevention of readmission. The team is made up of nursing, AHP and social care staff and was developed through partnership between the acute trust, social services and the two local PCTs.

Contact: Celia Willis

01905 768373

cwillis@worcestershire.gov.uk

or Julie Elliot

01905 760287

julie.elliott@worcsacute.wmids.nhs.uk

May 2003

Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk

Appendix 1

THE ALLIED HEALTH PROFESSIONS

The Allied Health Professions (AHPs) referred to in this document are:

Arts Therapists (Art, Drama and Music Therapists), Chiropodists and Podiatrists, Dietitians, Occupational Therapists, Orthoptists, Paramedics, Physiotherapists, Prosthetists and Orthotists, Diagnostic and Therapeutic Radiographers, and Speech and Language Therapists.

The following provides a brief outline description of the roles that these AHPs provide⁸ and how to contact the Professional Bodies/Associations:

Art Therapists provide a psychotherapeutic intervention, which enables clients to effect change and growth by the use of art materials to gain insight and promote the resolution of difficulties.

address: The British Association of Arts Therapists

Mary Ward House, 5 Tavistock Place, London WC1H 9SN

tel: 020-7383 3774

website: www.baat.org

Drama Therapists encourage clients to experience their physicality, to develop an ability to express the whole range of their emotions and to increase their insight and knowledge of themselves and others.

address: The British Association of Dramatherapists

41 Broomhouse Lane, London SW6 3DP

tel: 020-7731 0160

website: www.badth.ision.co.uk

Music Therapists facilitate interaction and development of insight into clients' behaviour and emotional difficulties through music.

address: The Association of Professional Music Therapists

26 Hamlyn Road, Glastonbury, Somerset BA6 8HT

tel: 01458-843919

website: www.apmt.org.uk

Chiropodists/Podiatrists diagnose and treat abnormalities of the foot. They give professional advice on prevention of foot problems and on proper care of the foot.

address: Society of Chiropodists and Podiatrists

1 Fellmonger's Path, Tower Bridge Road, London SE1 3LY

tel: 020-7234 8620

website: www.scpod.org

⁸ Department of Health (November 2000) 'Meeting the Challenge: A Strategy for Allied Health Professions'

Appendix 1

THE ALLIED HEALTH PROFESSIONS (continued)

Dietitians translate the science of nutrition into practical information about food. They work with people to promote nutritional wellbeing, prevent food-related problems and treat disease.

address: British Dietetic Association

5th Floor, Charles House, 148/9 Great Charles Street, Queensway, Birmingham B3 3HT

tel: 0121-200 8080

website: www.bda.uk.com

Occupational Therapists assess, rehabilitate and treat people using purposeful activity and occupation to prevent disability and promote health and independent function.

address: College of Occupational Therapists

106-114 Borough High Street, London SE1 1LB

tel: 020-7357 6480

website: www.cot.co.uk

Orthoptists diagnose and treat eye movement disorders and defects of binocular vision.

address: British Orthoptic Society

Tavistock House North, Tavistock Square, London WC1H 9HX

tel: 020-7387 7992

website: www.orthoptics.org.uk

Orthotists design and fit orthoses (calipers, braces etc.) which provide support to part of a patient's body, to compensate for paralysed muscles, provide relief from pain or prevent physical deformities from progressing.

Prosthetists provide care and advice on rehabilitation for patients who have lost or who were born without a limb, fitting the best possible artificial replacement.

address: The British Association of Prosthetists and Orthotists

Sir James Clark Building, Abbey Mill Business Centre, Paisley, Renfrewshire PA1 1TJ

tel: 0141-561 7217

website: www.bapo.com

Paramedics provide pre-hospital care including some invasive clinical techniques such as intubation and infusion. They also administer some drugs to patients in emergency conditions.

address: Ambulance Services Association

Friars House, 157-168 Blackfriars Road, London SE1 8EZ

tel: 020-7928 9620

website: www.asa.uk.net

Appendix 1

THE ALLIED HEALTH PROFESSIONS (continued)

Physiotherapists assess and treat people with physical problems caused by accident, ageing, disease or disability, using physical approaches in the alleviation of all aspects of the person's condition.

address: The Chartered Society of Physiotherapy

14 Bedford Row, London WC1R 4ED

tel: 020-7306 6666

website: www.csp.org.uk

Diagnostic Radiographers produce high quality images on film and other recording media, using all kinds of radiations.

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

address: The Society and College of Radiographers

207 Providence Square, Mill Street, London SE1 2EW

tel: 020-7740 7200

website: www.sor.org

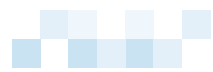
Speech and Language Therapists assess and treat people with communication and/or swallowing difficulties.

address: Royal College of Speech and Language Therapists

2/3 White Hart Yard, London SE1 1NX

tel: 020-7378 1200

website: www.rcslt.org.uk



NHS
Modernisation Agency

www.natpact.nhs.uk

National Primary and Care Trust
Development Programme

