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Paving the way for AHPs as leaders of the future

At-a-glance

- CHPO conference
- focus on 'National Support for Local Leadership'
- Secretary of State, the Rt Hon Alan Johnson MP announces new and improved AHP service offer.

On Tuesday 21 October, 300 AHP leaders and aspiring leaders gathered at the London Hilton Metropole for the annual Chief

Health Professions Officer's conference (CHPO). They heard announcements by Secretary of State Alan Johnson, the Chief Health Professions Officer Karen Middleton and Professor Laurie McMahon from Loop 2 Consultancy.

The event, 'National Support for Local Leadership', focused on how AHPs can be supported to maximise their potential leadership capacity and capability. There were lively interactive discussions on the topic, all facilitated by BBC Broadcaster Sara Coburn.

Dynamic approach

The conference had a new and dynamic feel thanks to an innovative, interactive format. The line-up included the 'biggest action learning set you've ever been to' and 'marketplace' sessions held by national organisations offering support for local leadership.

Announcements

Keynote speaker Alan Johnson MP made several announcements at the event. He launched a new and improved AHP service offer to the public outlined in 'Framing the contribution of allied health professionals: delivering high-quality healthcare' (see page 4) and a new report, 'Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services' (see page 5-6).

His speech reinforced the message given by Karen Middleton that AHPs have the skills required by leaders of the future.

"Health inequalities, finding more effective ways to support our ageing



Delegates discussed the implications of the announcements in an action learning set and fed back their ideas using interactive technology

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population and preventing lifestyle diseases such as obesity are new and very different challenges," he said.

"AHPs hold the key to tackling these challenges. Karen puts it very well when she talks about your ability to understand complexity – the complexity of supporting people with multiple health and care needs and the sometimes unnecessary complexity of marshalling the many different services they require. And above all, your ability to make sense of that complexity on behalf of the patients you work so hard for."

AHPs in the spotlight

Karen Middleton spoke about the recent success of AHP services and highlighted that AHPs' skills already equip them to become leaders of the future. She emphasised the need for AHPs to adapt to change and prepare for the spotlight that will be thrown on them as a result of the new improved service offer. Finally, Karen brought delegates back to the reason for it all – improving the quality of care for patients.

"We must remember that all of this work is not for our professions, not for ourselves, but for our patients," she said. "AHPs are known for talking more about

their patients than about themselves – I want that trend to continue."

Continuing the leadership theme, Prof Laurie MacMahon talked to delegates about positioning themselves to take advantage of future changes. "Don't just wait for leaders - lead yourselves!" he said. His talk summarised the findings of 'Reading the Compass,' a report on the leadership needs of AHPs.

OVER TO YOU

"Alan Johnson's speech really brought AHPs into the limelight - making national headlines too. I particularly enjoyed the interactive session in the morning. It was good to learn what other AHP colleagues are thinking overall, whilst having the opportunity to be heard as an individual."

Wendy Osborn, Allied Health Consultant, Berkshire Healthcare NHS Foundation Trust



Secretary of State Alan Johnson MP and Chief Health Professions Officer, Karen Middleton discuss the AHP service offer

Links and info

- Read Alan Johnson's speech
- Read the framing document
- Read the self-referral report
- Read the Compass report

Voicepiece

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This autumn has seen AHPs thrown into the spotlight with the improved service offer and with the recognition that AHPs have the competences that we will need from leaders in the future, says Chief Health Professions Officer, Karen Middleton.

The 21 October 2008 may stand out as a notable date for people for a number of reasons. For me, it marked significant progress in signalling the contribution allied health professionals and our services are making to transforming health and social care – this is the date that the Secretary of State Alan Johnson announced an improved AHP service offer for the public. He did this at the Chief Health Professions Officer’s conference – which, in itself, marked a meaningful shift in the way we do business.

Framing our contribution

The improved AHP service offer (see page 4) is described in detail in ‘Framing the contribution of allied health professionals – delivering high quality care’, which is essential reading for all AHPs. The report explains how quality will now be the organising principle for the NHS, what this means for AHPs, and the opportunities it brings. It also describes the specific areas of work we are focusing

on in partnership with the service.

The service offer has three strands: Firstly, data collection for AHP service will be mandated from April 2010. This, as well as support for service redesign, should bring real improvements to waiting times where there are still problems. Secondly, self-referral as a means of accessing physiotherapy and other AHP services will be actively promoted. Through this, the system can maximise the potential of AHPs as first contact practitioners. Lastly, there will be considerable focus on the quality of care provided through informing the quality metrics work and through empowering patients.

Clinicians shaping services

The improved service offer will be taken forward through the work of the Transforming Community Services Programme, but in the true spirit of co-production, you need to appreciate that this is not about top-down action. This is about clinical leaders shaping services locally to ensure ease of access

and high-quality care for patients. We have provided a framework and some visibility for action – now it is down to you to make the changes a reality.

I met many of you at the CHPO conference this year – and have exchanged business cards with many more. It was a different conference this year; it was much more interactive and there was much greater opportunity to learn from each other’s expertise. You attended career surgeries, had conversations with national organisations that can support you in your work and you met with AHPs from across your SHA.

The informal feedback has been excellent and we will learn from the formal evaluation in due course. In the meantime, as I promised at the conference, we will collate and analyse the wealth of information from the interactive sessions and will endeavour to respond to the issues raised in future bulletins.

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Alan Johnson announces improved AHPs' service offer

At-a-glance

- data collection for AHP services will be mandated
- self-referral to be encouraged
- focus on quality and quality metrics.

At the Chief Health Professions Officer's Conference on 21 October, Secretary of State Alan Johnson made a new offer to the public to improve AHP services. The offer provides AHPs with an opportunity to drive up the quality of patient care by improving access to their services and the quality of care itself. The three strands of the service offer are:

Mandating data collection

By collecting data about the time a patient takes to go from referral to treatment, AHP services and practitioners will be able to understand how well they perform. This will allow them to improve their services for patients. National mandatory data collection for referral to treatment times will commence in 2010.

Improving access

This will be done by promoting the benefits of self-referral to physiotherapy services and encouraging local extension of self-referral to other AHP services (see pages 5-6).

Improving quality and empowering patients

This will be done by ensuring that the work to develop an integrated set of quality metrics has a clear focus on services provided by clinical teams, including AHPs. Stakeholder engagement is underway to ensure that the development of quality metrics is driven by clinicians and clinical teams. There will be more about this in future bulletins. The work to improve quality and empower patients will include pilots for personal health budgets and integrated care, both of which will be launched in 2009. Information prescriptions are also being developed as a way of providing information to users and carers that will help them to better manage their own care and keep healthy. In particular, they will guide people with long-term conditions, and their carers, to relevant and reliable sources of information and

support on health, lifestyle, social care, financial support, getting back to work and the range of local services available. Overall, there will be a focus on empowering patients by giving them more choice and more control.

Making the offer a reality

Commenting on the exciting announcements Karen Middleton said: "This improved service offer to the public is a significant milestone in raising the visibility of AHP services and the difference they make to the public and patients. But AHPs have to now turn the offer into reality. This is not something we at DH can do. It is now down to you and your leadership skills."

Links and info

- Read 'Framing the contribution of allied health professionals: delivering high-quality healthcare'

SELF-REFERRAL

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Self-referral improves access to AHP services

At-a-glance

- green light for self-referral to AHP services
- pilots for MSK physiotherapy services a success
- benefits for patients are clear.

Improving ease of access was one of the key strands of the improved AHP service offer to patients and the public announced by the Secretary of State, Alan Johnson in October. He also launched the report of the self referral to physiotherapy pilots.

Self-referral to AHP services is not a new concept. AHPs have been able to act as first contact practitioners since 1978. The definition of self-referral is that “patients are able to refer themselves to a therapist without having to see anyone else first, or without being told to refer themselves by a health professional. This can relate to telephone, IT or face-to-face services.”

Self-referral has the potential to support PCTs to meet their ambitions in world class commissioning. With the

shift of focus from secondary to primary care services, including both prevention of ill health and promotion of health and well-being, PCTs and increasingly practice based commissioners will be looking for new ways of delivering services to meet these challenges.

The Department of Health worked in partnership with six pilot sites and the Chartered Society of Physiotherapy (CSP) to pilot self-referral to musculoskeletal physiotherapy. Building on research undertaken in Scotland, six pilot sites were selected

in England. Data was collected from December 2006 to December 2007.

The benefits of self-referral identified within the report include:

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

A workshop attended by the AHP professional bodies and strategic health authorities’ AHP leads in March 2008 concluded that self-referral is just as relevant for the majority of AHP services as for Musculoskeletal Physiotherapy and has the potential to be used in services for children, adults, older people and across all clinical specialities.



Links and info

- Read the self-referral report
- Read the research from Scotland

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“This system benefits everyone”

Barbara Stead is Deputy Head of Therapies and a practicing physiotherapist at Barnet and Chase Farm Hospitals NHS Trust. She recently led a self-referral pilot for the local physiotherapy services.

Barbara’s pilot scheme was one of six in the UK. It was commissioned by the Department of Health and the Chartered Society of Physiotherapy provided support.

What was your first challenge as host of one of the self-referral pilots?

We were very excited about the opportunity, and we knew it would be attractive to commissioners, but the issue of resources was a bit worrying at first. The potential problem which the pilot was designed to test was giving patients more control over referrals and the risk of creating a higher demand for services than is manageable.

Did resource capacity turn out to be a significant problem?

No. The pilot showed there was no significant increase in demand. Patients are generally pretty good at knowing when they need an AHP. However, I’m not saying that resources would never be a problem.

A similar study in Scotland found an increase in referral rate only occurred when there was a history of under-provision. We did a lot of work on demand and capacity issues before the pilot started. We also tried to ensure that our services were as efficient as possible to begin with.

How does the system work?

Often patients are informed about the service by their GP. It’s sometimes a case of ‘if you don’t feel better after a week, use this form to refer yourself to a physiotherapist’. But patients also picked up forms independently in other outlets such as pharmacists.

What should AHPs do to make a wider self-referral system work?

The first thing AHPs can do is to identify particular groups of patients in their local community that would benefit. From there, they will need to approach their managers and make a case for it. If managers are unsure about making a major commitment then a pilot site could be a starting point.

What are the benefits?

The great thing about this system is that it benefits everyone. In terms of AHPs, it gives them a very valuable opportunity to work truly autonomously and develop

their career skills. It shows that AHPs are a vital part of the solution for wider health problems and capable of leading modern, efficient, patient-centred services. It also frees up GP time. All our GPs are extremely supportive of the service, even those who were sceptical at first. The patients are given far more control, which generally means they are more compliant and the outcomes are better.

What does the government’s recent backing of AHP self-referral mean in practice?

Prior to the government’s announcement, self-referral services were centred on physiotherapy only. There are examples of self-referral schemes in other AHP services. The focus has only really been on physio as a result of the pilot. Now, there’s a green light for all AHP disciplines to get involved. Government backing really strengthens the case for change and opens up the door for AHPs to take the lead.

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Take the leadership challenge

In the spirit of co-production and national support for local leadership, a workshop was held in March 2008 to consider AHPs' leadership needs in the modern NHS and social care system.

What emerged was the idea of a leadership challenge – a business game based on fictional but realistic scenarios in a variety of health and social care settings to identify existing qualities and those to be developed in the leaders of the future.

The vision is that teams of AHPs will work together in a multi-disciplinary way to promote creativity to solve challenges. The best performers in each of the 10 regional events to be held in March/April 2009 will go forward to a national event in June 2009.

They will subsequently become embedded in the SHA leadership and development cycle, and, in time, become part of a multi-disciplinary leadership challenge.

The objectives include the following:

- AHPs will use, understand and acknowledge their skills transferable to other health and social care economies, using role play and collaborative working
- AHPs will further understand what it is like to work in a patient-led, evidence-based, contestable system purchased by informed commissioners from many providers
- AHPs will use the events to identify further training and development needs in their leadership careers. This is aimed at the broad spectrum of both qualified and unqualified AHPs, and is not aimed solely at bands 7 and 8.
- regionally, through co-production with the SHA AHP and leadership leads, key decision makers and influencers will be identified to judge the events and understand the skills AHPs can bring to health and social

- care, improving services, patient pathways and patient experience
- regionally, this will also promote the role of the leadership academies in each of the SHAs and their role in developing local AHPs
- nationally, it will raise the profile of AHPs, in general, and AHPs as leaders of teams, services, departments, divisions, directorates, and organisations, and ensure senior decision makers know of the role AHPs have in 'adding years to life and life to years'.

The journey has just begun. As leaders of the future, keep your eyes and ears open for the regional events, coming to an SHA near you. You could have the opportunity to shine at the national event, and prove that AHPs can rise to the leadership challenge and set the direction of future improvements.

"The vision is that teams of AHPs will work together in a multi-disciplinary way to promote creativity to solve challenges"

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Going local – PCTs lead the way in service transformation

The feedback we get from patients is that they want to see one NHS, not 20 different services,” says Sandra Mellors at Tower Hamlet PCT.

She and a team in adult, primary and urgent care services have been working hard to create more integrated care pathways in an effort to improve patient outcomes and minimise the problems that can occur when patients are transferred between services.

Sandra, an interim associate director, has recently led work with consultancy McKinsey to review community services and care pathways. The review’s themes are very closely aligned with the Department of Health’s wider transforming community services programme, and proof that PCTs can lead the way in local service transformation.

“We are looking at how we can bring about a culture change,” she says, “getting the focus of delivery on the patient, making us fit the patient rather than expecting the patient to fit the system.”

The review involves four work streams:

1. re-structuring to ensure a more

equitable distribution of resources across the PCT addressing team size, skill mix and deployment of staff to maximise efficiency and effectiveness in a network model of care

2. maximising the potential of staff through training and development and effective management and leadership
3. ensuring best practice, consistency and high standards through the development and adoption of clear care pathways
4. developing more positive collaborative relationships with key stakeholders, including general practice, social care and patients themselves.

“A lot of issues are around IT and communication,” she says. “Teams often work best when you have those corridor moments. We need to find out how we reproduce that culture of ad hoc communication. One of our locality teams of community nurses and social work colleagues are now in the same building, so we are doing work to assess what benefits we’ll get from that. Co-locality is really important.”

There is also a challenge to integrate AHP services. “The AHP services often aren’t big enough to break up into separate groups; so we are looking

at how the smaller services can work in the network model but maintain their credibility as a service.”

How is the review progressing?

“We’ve made great strides with the community nursing service, we’ve got a vision document and briefed GPs, and got their feedback. We’ll soon be talking to AHP services about how they’ll start their transformation programme.”

Integrated care pilots launched

A pilot programme has been launched to encourage AHPs and other clinicians to test new models of integrated care. The programme has the potential to lead to better outcomes for patients, carers and users. The pilots will explore and evaluate new ways in which PCTs can commission more integrated care.

They will enable appropriate risk-taking, in order to achieve a step-change in quality and improved outcomes. Better integrated care was one of the recommendations in the Next Stage Review and a vital component of the Primary and Community Care Strategy. There are likely to be around 20 pilots, selected by March 2009.

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How AHPs in the North West are improving patient care closer to home

AHP Louise Stuart says: “As AHPs we all strive to be confident, skilled autonomous practitioners providing optimum care for patients when and where they need it. We are often the first point of contact for patients and are well placed to manage long-term chronic conditions.

In 2005, supplementary prescribing became available to AHPs. Three years on, there are approximately 176 AHP prescribers registered with the Health Professions Council. Of these 96 are physiotherapists, 64 are podiatrists and 16 are radiographers. More than a third of us are working in the North West. Why is this?

It is critical that non-medical prescribing (NMP) is supported by an active network which provides leadership to NMP and engages with the key stakeholder groups. In October 2007, the North West SHA non-medical prescribing Lead Sam Sherrington committed to the development of an AHP non-medical prescribing network led by me.

The network has been instrumental to getting its members on the road to successfully using their non-medical

prescribing qualification. AHP prescribers across the North West have had access to support and advice on successfully putting prescribing into practice. To the best of our knowledge, the North West provides the first evidence of successfully using supplementary prescribing (SP) across a number of PCTs. The network has been able to support best practice, putting prescribing to work across both hospital and community based settings with a strong local governance structure.

The network has promoted the clinical advantages of NMP at a local and national level. It has published in peer reviewed journals, and presented both nationally and locally. We have audited the impact of our practice on patient care and can provide compelling evidence, demonstrating multiple benefits which far exceed the writing of a prescription.

Preliminary findings and clinical experience show that NMP improves concordance with medicines, and improves patient safety, providing medicines management in a timely manner. Examples of services include a community musculo-skeletal clinic where NMP has contributed to the delivery of the 18 week pathway; also a community



Championing AHP prescribing – podiatrist Louise Stuart

AHP-led vascular triage service where medicines management is a requirement.

The North West has gained a critical mass of AHP prescribers who are now trailblazing the NMP agenda. If you are not yet a prescriber, we would urge you to think again.”

Louise Stuart is a Consultant Podiatrist and Lecturer in NHS Manchester and The University of Salford. She is committed to improving the delivery of care for people with long-term chronic conditions such as diabetes and vascular disease. In 2008 Louise was awarded an MBE in the Queens Honours list and was also made a Fellow of the College of Podiatric Medicine.

Contact louise.stuart@manchester.nhs.uk or sam.sherrington@bolton.nhs.uk for more information.

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People welcome power of individual budgets

At-a-glance

- IBs offer more cost-effective care
- mental health-service users and younger disabled people benefit most
- IBs offer greater choice and control for patients.

Individual budgets (IBs) can give people more choice, flexibility and control over their personal care, as well as a better quality of life, according to a pilot scheme evaluation report launched by Care Services Minister Phil Hope.

The independent 'Evaluation of the Individual Budget Pilot Projects' report of more than 950 people using individual budgets highlighted particular benefits for mental health-service users and younger disabled people.

It showed little difference in cost: on average, IBs cost about £280 compared with £300 for standard mainstream services. But indications are IBs have the potential to offer greater value for money.

"This report is invaluable in helping us understand the benefits of individual budgets, as well as the action we need to take so that everyone can benefit from them"

Phil Hope

IBs mean people who have care needs can decide on the support that fits in with their lifestyle and the report showed that most groups liked this.

Mental health-service users reported a significantly higher quality of care, more satisfaction with the help they received, and with the choice and control they experienced. They felt they had the opportunity to build better quality support networks. People with learning disabilities were more likely to feel in control of their lives.

However, the report found that older people did not find the pilot's IB system as easy to use as the other groups. They did not appear to like the idea of managing their own support.

Phil Hope said: "This report is invaluable in helping us understand the benefits of individual budgets, as well as the action we need to take so that everyone can benefit from them."

He added that further support is on offer for older people and early signs are that they were happier with the system. Further research is planned. He said that it was important for people to know that they did not have to manage an IB.

Links and info

- [Read the report](#)

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Improving care for children with long-term health needs

At-a-glance

- AHPs urged to contribute to consultation
- care packages available for children with long-term care needs
- new framework aims to make services more consistent.



AHP views are sought for a consultation on a national framework for assessing children and young people's continuing care needs.

The term 'continuing care' refers to a tailor-made package of care for each child or young person who requires care over an extended period of time due to disability, accident or illness.

Currently, there is no single tool for assessing children and young people's continuing care needs. PCTs have adopted different procedures and eligibility criteria vary from region to region. The Government is proposing to use this consultation to develop a transparent and consistent national assessment process.

The aim of a national framework is to support the child/young person's parents or carers to manage their child/young person's care at home and/or in other settings.

The framework consists of:

- a tool to help health professionals identify continuing care needs and assess eligibility
- a continuing care pathway to help plan, design and deliver services

- a brief summary of a recent legal case which determined the criteria a local authority or PCT should use to determine whether it should provide the required services.

Application of the framework will ensure that all PCTs apply the same assessment criteria to reach a decision about the care a child receives. It will also give families a better understanding of the level of care they can expect for their child. It's proposed that a multi-disciplinary team undertakes all assessments.

Consultation questions on the framework include:

- do you agree that a national assessment process is necessary to ensure transparency and consistency?
- is there anything missing from the national framework?
- are there any specific equality issues that have not been considered?

The closing date for contributions to the consultation is 31 December.

Links and info

- [Download the consultation document](#)

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Health and social care integration: developing the OT workforce



Targeted occupational therapist (OT) skills are vital for helping people to stay independent and for preventing dependency on health and social care services, says a new report.

‘Occupational Therapy in Adult Social Care in England: Sustaining a high quality workforce for the future’ emphasises the particular benefits of OT services for people who use adult social care services and highlights the potential financial gains for relevant organisations.

The report indicates that OTs have skills in problem solving, prevention and adaptability that will help to

deliver the modern, personalised and integrated adult social care services outlined in ‘Putting People First’ – the Government’s vision for a radical transformation of social care services.

A predicted increase in the number of older people and people with complex long-term needs means that OT skills will remain crucial in supporting people to maintain independence as well as promoting health and well-being. OTs will also prevent dependency on health and social care services and thereby reduce the financial burden on local and national government expenditure. The aim of the report is to build on a

recognised need to develop the OT workforce in such ways as improving opportunities for student placements and supporting newly qualified staff.

It outlines the key findings from an online survey and focus groups investigating workforce sustainability and practice development in adult social care OT services in England.

It identifies:

- best practice in recruitment and retention to ensure a sustainable workforce for the future
- practice developments that demonstrate the cost benefit of OT interventions
- the increased need for OT student placements within social care

The Department of Health has committed to using the findings from the report to help develop its adult social care workforce strategy.

The report was jointly produced by the Department of Health and the College of Occupational Therapists.

[Download the report](#)
[Read more about Putting People First](#)

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The future's bright: funding secured for AHP clinical academic careers

At-a-glance

- clinical academic training programme to launch
- AHPs to benefit from four levels of teaching
- application process in development.

A major initiative to boost clinical academic careers for AHPs, nurses and midwives will be launched by the National Institute for Health Research (NIHR) and Chief Nursing Officer for England.

This work offers a real opportunity for allied health professionals to improve the effectiveness of patient care and develop their competence along the research career pathway.

Four levels of integrated training will be available:

- Masters in Research (MRes) or Masters in Clinical Research
- Doctorate by Research (not professional doctorate)
- Clinical Lectureships
- Senior Academic Clinical Lectureships.

An implementation group has been established to develop a clear and fair application process.

The new programme is being introduced this autumn and successful candidates will take up posts from September 2009.

The National Co-ordinating Centre for Research Capacity Development will administer the scheme, on behalf of the NIHR. The initiative was developed in collaboration with the Economic and Social Research Council (ESRC) and Higher Education Funding Council for England (HEFCE).

Further information will soon be available on the NINR website.

Invitation to Tender for Funding for Masters Degree Places in Clinical Research

Following the launch of the Clinical Academic Training Pathway, NIHR and the CNO are inviting tenders for funding to deliver Masters Degree places in Clinical Research. Tenders are invited from organisations hosting Masters courses that enable graduates to manage and deliver research in a clinical setting. More details are available on the website of the NIHR Co-ordinating Centre for Research Capacity Development (NIHR CCRCD: <http://www.nccrcd.nhs.uk>). The deadline for submission of tenders is 13.00 on 21 January 2009.

Links and info

- Go to the NIHR website

"Funding has been secured to implement a number of clinical academic training schemes. Together they will make up the Clinical Academic Training Pathway"

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Consultation on end of life care

AHP responses are invited on a set of quality markers for end of life care. The NHS Next Stage Review found that commissioners and providers need support in delivering improvements in care. The Government aims to develop a unified national approach to quality standards for care provided to people at the end of life. A draft document is out for consultation until February 2009. The development of quality markers was a commitment in the End of Life Care Strategy published in July.

- [Share your views](#)

NHS Choices and NHS Direct join forces online

People can now access all NHS online health information at one website, www.nhs.uk. The two primary national NHS websites, NHS Choices (www.nhs.uk) and NHS Direct (www.nhsdirect.nhs.uk) are coming together to provide a single online resource for health information and services. This will end any confusion between their two offerings. NHS

Direct will continue to provide a telephone service on 0845 4647.

- [Read more](#)

Applying human rights to healthcare

New online resources are available to NHS trusts on how best to apply human rights to healthcare provision. 'Human Rights in Healthcare – a framework for local action' and 'Human Rights in Healthcare – a short introduction' were produced in conjunction with the British Institute of Human Rights. They come with a CD of resources, including examples of good practice and an e-learning tool, designed to help users understand human rights principles and apply them in their trusts.

- [Download Human Rights in Healthcare](#)

Carbon monoxide campaign

As part of the Department of Health's 'Think CO' campaign to increase awareness of the dangers and symptoms of carbon monoxide poisoning, a revised CMO/CNO letter together

with an updated public information leaflet ('Carbon monoxide: Are you at risk?') is available on the DH website from 13 November 2008.

- [Download the leaflet](#)

Calling all enterprising AHPs

New guidance on how front-line PCT staff can set up social enterprises to deliver services was published on 20 November. The right to request to set up social enterprises is a commitment within the NHS Next Stage Review and with Social Enterprise – Making a difference. Supported by Karen Middleton, the guidance document will be followed by regional workshops in early 2009 to help AHPs understand social enterprise and find out more. Workshop details will be circulated shortly.

- [Read Social Enterprise – Making a difference](#)
- [More information](#)

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NICE public health guidance

Public health guidance relevant for AHPs was published by NICE on 22 October. The document on occupational therapy interventions and physical activity interventions to promote the mental well-being of older people in primary care and residential care refers to occupational therapists and physiotherapists.

- [View the guidance](#)

Parliamentary questions

The following questions all relate to AHPs. Click the links for details

AHPs

- 229837 - 29/10/08
- 23169/70/71/72/73 - 29/10/08
- 230906 - 30/10/08

Chiropodists/Podiatrists

- 222475/77/83 - 6/10/08
- 223850 - 6/10/08
- 226276 - 16/10/08

Paramedics

- 221315 - 1/9/08
- 232137/38 - 3/11/08

Physiotherapists

- 220629 - 21/7/08
- 225482 - 20/10/08
- HL5781 - 29/10/08

Occupational therapists

- 220631 - 21/7/08
- 232535 - 4/11/08

Radiographers

- 221648 - 1/9/08
- 221649 - 1/9/08
- 223637 - 15/9/08

Speech and language therapists

- 220630 - 21/7/08
- 220342 - 22/7/08
- 227237 - 20/10/08
- 231714 - 3/11/08

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