Agenda Item 17

Enclosure 15

Paper ETC 48/02

Education and Training Committee

" WORKING FOR HEALTH " – THE WORKFORCE DEVELOPMENT ACTION PLAN FOR NHS SCOTLAND, AND " BUILDING ON SUCCESS " – FUTURE DIRECTIONS FOR THE ALLIED HEALTH PROFESSIONS IN SCOTLAND

From the Secretary

for information

Executive Summary

These two papers provide the framework and development strategy for the Allied Health Professions in Scotland.

The first paper covers the entire NHS workforce in arrangements for more coherent workforce planning and development. The only specific reference to AHPs is in para. 3.2 in the context of radiographers and audiologists where a new graduate entry route for therapeutic radiography and a new BSc in Audiology are being proposed. (Both would require approval for State Registration from HPC in due course).

The second covers the professions registered at HPC less Biomedical and Clinical Scientists and Paramedics. It is in fact focused on employment issues for staff employed by NHS Scotland. Only Chapter 8 (" Career Pathways and CPD ") engages fully with HPC's remit. Multi-profession education and training will be promoted pre- and post-registration and the commissioning process will be used to support this. The paper explicitly defers to the Allied Health Professions Forum competence project to inform NHS Scotland about CPD for AHPs in its employ.

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1 August 2002

Dear Colleague

Working for Health – The Workforce Development Action Plan for NHS Scotland

Please find enclosed a copy of *Working for Health – The Workforce Development Action Plan for NHS Scotland.* This document follows on from the Executive's response to the report *Planning Together* and the successful Workforce Development Action Day held at Murrayfield on 15 April. It sets out a critical path for achieving our vision for workforce development in NHS Scotland, which includes the establishment of an effective workforce planning function for *all* healthcare staff.

Key elements of this vision are the establishment of a strong and effective process to link service planning and workforce development at local, regional and national levels, and a commitment to ensure that workforce development covers *all* staff in an integrated and transparent way. Mr Trevor Jones, Head of the Scottish Executive Health Department and Chief Executive of NHS Scotland, has written separately to Chief Executives highlighting the importance of this initiative and their leadership of this agenda in the Service.

A Health Department Letter (HDL) will be issued this autumn to confirm and explain further what is expected of local health systems in implementing this plan.

Working for Health can also be found at www.scotland.gov.uk/publications. Further copies are available from Maisie Lithgow at maisie.lithgow@scotland.gsi.gov.uk.

MARK BUTLER
Director of Human Resources

NHS SCOTLAND

Working for Health

The Workforce Development Action Plan for NHSScotland

SCOTTISH EXECUTIVE

Working together for a healthy, caring Scotland

WORKING FOR HEALTH

THE WORKFORCE DEVELOPMENT ACTION PLAN FOR NHS SCOTLAND

August 2002

SCOTTISH EXECUTIVE

NHS SCOTLAND

WORKING FOR HEALTH - EXECUTIVE SUMMARY

Workforce development has a key role to play in the reform of NHSScotland to improve healthcare services for patients. It is about getting the right people with the right skills to be in the right places at the right time.

Working for Health **identifies**:

- the vital role workforce development will play in the reform of health services, the planning of services and the future of NHSScotland;

- the mechanisms for delivery of workforce development at local, regional and national levels;

- investment in dedicated workforce development personnel in each NHS Board area;

- new roles for three Regional Workforce Co-ordinators designed to make sure workforce development moves forward in a way that integrates with service planning at Board and Regional levels;

- the key role for a new National Workforce Committee, serviced by a National Workforce Unit based in the Scottish Executive, to provide national leadership on workforce issues;

- action to tackle priority issues on careers, recruitment and retention with the immediate setting up of a Short-life Working Group;

- steps to create an employment and careers market for health that includes social care, independent contractors, the wider public sector and the private sector;

- plans to drive forward workforce information, planning and employment data in NHSScotland, including investment in improved systems;

- a focus on research and the sharing of best practice on workforce development across Scotland.

Working for Health builds on the detailed and valuable work of the Scottish Integrated Workforce Planning Group (SIWPG), and aims to define clearly the actions required to take forward the recommendations of its report, *Planning Together* and the Scottish Executive Health Department response of January 2002[1], which set out proposals on workforce development. It also reflects the outcomes of the Workforce Development Action Day held on 15 April 2002 (Appendix 1), which helped to define ways of developing the NHSScotland workforce.

[1] *Planning Together - Final Report of the Scottish Integrated Workforce Planning Group and Response by Scottish Executive Health Department*, Scottish Executive, January 2002: www.scotland.gov.uk/library3/health/ptfr-00.asp

The plan is necessarily detailed. And more work will be needed to make sure the arrangements at regional level in particular are set up to succeed and that they form part of a broader commitment to improved planning and reform.

The integration of service planning with workforce planning at all levels is pivotal and must be achieved if *Working for Health* is to be effective. Key to this is the creation of integrated teams with complementary skills and objectives so that the service and workforce remits can be combined.

Working for Health includes a specific commitment to hold regional conventions in autumn 2002, covering the three planning regions, where these issues can be worked through.

It has been designed to be flexible to accommodate any changes in the medium-term that may arise concerning the wider reform agenda and future planning arrangements. It specifically does not add an additional level of bureaucracy, but seeks to ensure there is the right level of professional leadership at all levels to make sure workforce development is driven forward sensibly.

Action, however, needs to be taken now, given the combination of existing "hot" workforce issues already in the system and the absolute need for developing the workforce to make it fit for purpose for the future at a time of unprecedented investment.

Working for Health is directed primarily at managers in NHSScotland as a tool to help them implement the new workforce development arrangements.

However, given the pivotal importance of *Working for Health* to the whole NHSScotland workforce, it will also be of interest to staff and others with an interest in the future of health services in Scotland.

Working for Health is in two parts:

Part 1 The Vision for Workforce Development

This sets out the crucial role of workforce development in NHS Scotland now and in the future, putting workforce planning in a wider context of development of a workforce that is fit for purpose. [Pages 5 - 8]

Part 2 The Action Plan

This sets out the practical steps that will be taken to take this vision forward over the next year at local, regional and national level. [Pages 9 - 24]

WORKING FOR HEALTH – PART 1
THE VISION FOR WORKFORCE DEVELOPMENT

1.1 The Future Role of Workforce Development in NHSScotland

Workforce development is pivotal to the reform of health services in Scotland and to the improvement of patient care. It is concerned with securing the workforce for NHSScotland in the short, medium and long-term.

It is about getting the right people with the right skills to be in the right places at the right time.

Workforce development is therefore about more than just workforce planning and a focus on workforce data and information. It interacts with service planning and service redesign, allowing the future workforce for health to be seen dynamically, directly linked to the future shape of services, local and national employment markets, and the supply and demand that exists now and in future.

It covers related issues including:

- education and training of staff
- recruitment and retention
- new ways of working and job redesign
- changing roles
- career packages and pathways.

Workforce development will act as a key driver of the reform agenda by developing a workforce which can embrace the changes required to sustain and improve services.

It will focus on the attachment of staff to *services* rather than *institutions*; changing skill mix; expansion of roles; and the development of skills and knowledge. In doing so it looks to the further development of Managed Clinical Networks, as outlined in the recently published report *Future Practice*[2]. Workforce Development therefore not only lies at the heart of modern Human Resources in Scotland but is an essential building block for the future of Scotland 's health itself.

The dynamic framework for workforce development is set out at Appendix 2.

1.2 The Need for Action Now

This is a crucial moment to be addressing these issues. Over the next five years, NHSScotland will enjoy the largest ever sustained increase in health spending. That places an onus on everyone involved in healthcare to ensure that resources are properly targeted, and that the future priorities for the workforce - accounting for some 60% of total health board spending - are properly defined and addressed.

[2] *Future Practice – A Review of the Scottish Medical Workforce*, a report by Professor John Temple, July 2002: www.scotland.gov.uk/library5/health/fpmr-00.asp

Everyone with a stake in the future of health services shares a collective responsibility to ensure that the extra investment is used wisely and effectively to bring about the right mix of talent, creativity and expertise to create and sustain a reformed NHSScotland delivering better healthcare for patients.

There are many pressures in the system that require solutions and there is already a large amount of workforce development activity underway in NHSScotland. Some of the key national issues are set out in Appendix 3.

1.3 The Challenge

Meeting the growing challenge of the future in health services demands a change in the priority placed on workforce development and a greater emphasis on skill, drive and leadership at all levels.

To realise the aspirations contained in *Our National Health,* and to deliver reformed health services, we need to develop a much more co-ordinated approach to the creation of a new workforce.

This has to be done at all levels – locally, regionally and nationally. We need to see the workforce as an integrated whole across primary care, community care and acute care, with an emphasis on teamwork and multi-professional practice delivering health and community care to all the citizens of Scotland.

We need to see the employment markets for health workers more broadly, so as to attract and retain the staff needed to deliver services.

And most fundamentally we need to align workforce planning with service planning.

This Plan recognises the challenges involved and the key role played by building workforce planning capacity. Baseline information on the workforce - on numbers, specialties, turnover, retention, attrition, gender, movement, career progression, and so on - is currently patchy, and reflects the lack of dedicated data systems. A powerful underpinning theme running throughout the Action Plan is the need to develop robust data systems and the skills to use information effectively.

The challenge is also to create a workforce development function that embraces the broad family of health services in Scotland, including the independent contractors who deliver general medical services, dental services, ophthalmology services and pharmacy services.

This plan also embraces the need for greater integration of the social care and healthcare sectors embodied in the concept of *Joint Future,* and the major impact which that will have on workforce development in years to come. There is a shift of approach needed to place workforce development in the context of the whole labour market for healthcare, recognising that it reaches beyond the NHS to include the voluntary and independent healthcare sectors, the private sector and the wider public sector market. This includes recognising that the factors governing supply and demand are influenced by services such as agency and bank nursing.

1.4 Workforce Development – Core Functions

The workforce development proposals issued by the Scottish Executive Health Department (SEHD) in January 2002 outlined the core functions, to be delivered at local, regional and national level, that will underpin effective workforce development for NHSScotland. They encompass six key strands:

Capacity - Assessing the future size and shape is the core function of workforce planning and the key building block for workforce development. It is best done locally and regionally and linked to a clear vision for service reform and development, as part of a co-ordinated national approach to matching supply and demand now and in future.

Service delivery - This covers demands arising from the service planning process, and should be integrated with the assessment of capacity made through workforce planning. The clear direction of travel should be towards integration of service planning and workforce development at NHS Board, regional and national levels. Key to this will be the effective integration of the regional workforce arrangements with regional planning groups.

Service redesign - New ways of working are vital to workforce development. They place workforce issues at the heart of service redesign and the wider reform of the NHS. Workforce plans must reflect and support change if they are to keep pace with innovations in service delivery and the changing aspirations and needs of patients.

Training and education - Training can be a key constraint on supply of the professional workforce, but it can also be an agent for enabling staff to deliver better-quality patient care. Many decisions about training and education will need to be taken at national level by the National Workforce Committee, on the basis of advice from NHS Education for Scotland. Close and effective working between the Committee and NHS Boards, NHS Education for Scotland and the regional workforce groups will help to ensure that decisions are based on a thorough assessment of needs and constraints at local and regional levels.

Career development - Closely linked to training and education, this covers areas such as the development of new career pathways, recruitment and retention packages, continuing professional development (CPD), mentoring and flexible approaches to working.

Research and best practice - A well-focused research and evidence base for workforce development is vital. Robust models of workforce development, building on existing expertise and evidence of what works and what does not work, should be accessed, devised and deployed in NHSScotland, working closely with the Health Service and the public sector in other parts of the UK and beyond.

1.5 Workforce Development – New Infrastructure

The Executive's proposals on workforce development were followed by a consultative Workforce Development Action Day with key stakeholders (see Appendix 1). The feedback was broadly supportive of our proposals and the Action Plan now puts in hand the implementation of the infrastructure to support workforce initiatives in NHSScotland. These will consist of:

Three Regional Groups where workforce and service planning come together

These Regional Groups, supported by Regional Workforce Co-ordinators and more locally, Workforce Officers, will:

- be organised to match service planning groups covering the North, East and West;
- develop, promote and maintain joined-up strategies for workforce development in each constituent NHS Board area and, where appropriate, at regional level;
- pull together integrated regional workforce plans;
- work with stakeholders - local authorities, Careers Scotland, Jobcentre Plus, education providers and local enterprise companies, for example - to ensure a comprehensive approach to managing demand and planning the supply of the health workforce.

A key guiding principle will be the integration of service planning with workforce development.

A National Workforce Committee

The committee will:

- report to the Health Department Board, will be chaired by the Director of Human Resources for Scotland and be serviced by a National Workforce Unit;
- set strategic direction for the Regional Workforce Co-ordinators and Regional Groups and define the framework within which workforce development will operate at all levels;
- develop with the National Workforce Unit, the Regional Workforce Co-ordinators and NHS Boards, action that takes account of a number of ongoing workforce initiatives in NHSScotland.

The Regional Workforce Co-ordinators will be accountable to the Chair of the National Workforce Committee.

National Leadership from the Health Department Board and from its Directors and their teams in Human Resources, Service Planning and Performance Management, and the Chief Medical Officer and Chief Nursing Officer.

Local Leadership from NHS and Trust Boards and their executive and non-executive directors, including the medical, nursing, human resources, planning and partnership directors.

More detail on these groups and the relationships on which they depend are set out in detail in the Action Plan that follows and at Appendix 4.

WORKING FOR HEALTH - PART 2
THE ACTION PLAN

2 The Action Plan

The Action Plan sets out how the vision for workforce development will be achieved, in five sections:

- ***Immediate Actions (Section 3)***
- ***National Workforce Development (Section 4)***
- ***Local and Regional Workforce Development (Section 5)***
- ***Workforce Development Links to other national initiatives (Section 6)***
- ***Action Plan Outputs (Section 7)***

This Action Plan is designed to work as a whole with specific actions pulled together in groups by target dates for delivery, and based on four key prerequisites for delivery:

- *it needs to be effective at local, regional and national levels through a strong sense of ownership within NHSScotland and purposeful leadership from the Health Department;*

- *it relies on workforce issues being integrally linked from the earliest stages, to service planning, to service developments and to changing clinical practice;*

- *it requires workforce development to be factored into the planning and policy development business cycles within NHSScotland and SEHD from the earliest stages, to the extent that it becomes as routine and central as, for instance, the consideration of financial implications;*

- *it rests upon the development of robust and comprehensive HR information systems which can provide the evidence base required to allow well-informed decisions to be made.*

The Scottish Executive Health Department (SEHD) is putting considerable financial resource and dedicated human resource behind this Action Plan's delivery. The commitment of a wide range of individuals and organisations, working together with a common purpose, will be needed to move the plan forward.

The Action Plan is not a rigid blueprint. But it does place significant responsibilities on the Health Department, NHS Boards and other partners to act together promptly, positively and proactively in setting up practical and sensible arrangements for workforce development, a key cornerstone in building a reformed health service.

There are a number of detailed issues which will need to be worked through relating to the operation of these regional arrangements and their relationships with individual Boards and with the Department. These will be addressed through a managed process of regional conventions facilitated by SEHD to be held in autumn 2002.

A Health Department Letter (HDL) will be issued this Autumn to confirm and explain further what is expected of local health systems in implementing this plan over the medium-term.

3 Action Plan - Immediate Actions

3.1 Key Issues

A number of urgent workforce pressures have become apparent recently and need to be tackled as soon as possible. This is the focus for the Immediate Action, although real solutions will depend on longer-term action on workforce development.

Many recruitment and retention problems are already being tackled by Trusts and Boards across Scotland. Some however need more co-ordination and national leadership. Some of these will be addressed by a new short-life working group on NHS careers, recruitment and retention. Others are issues that will need to go to the National Workforce Committee as it develops in 2002.

3.2 Action on NHS Careers, Recruitment and Retention - Short-life Working Group

This group will be set up immediately.

It will oversee priority regional and national initiatives on recruitment and retention across the healthcare team, pioneering solutions. It will drive forward the development of careers initiatives and will identify flexible employment packages that can be rolled out locally.

Specifically, it will co-ordinate actions in the following priority areas to set, create and disseminate exemplar practice:

- *Careers:* development of a co-ordinated national approach to NHS and health careers, including creating generic materials that promote and attract professionals to work in Scotland. This will include taking forward the recommendations relating to medical careers set out in the recently published report, *Future Practice*, written by Professor John Temple;

- *Educational priorities:* working with NHS Education for Scotland - work will include: the development of a fast-track graduate entry programme for therapeutic radiographers; establishment of a national project to support skill mix development for radiographers; and service redesign and work to support the development in Scotland of a new BSc course in Audiology;

- *Overseas recruitment*: develop and bring together short-term strategies for recruiting experienced healthcare professionals from abroad, targeted to national priorities. A clear objective will be to make best use of the recently acquired National Waiting Times Centre;

- *Identity of staff groups:* work will seek to create definite identities for staff groups that are attractive to potential employees from school age. This includes supporting the launch phase of *Building on Success*[3] and organisation of a conference this autumn to define workforce strategies for NHSScotland in relation to Healthcare Scientists;

- *Employment and Retention:* accelerate the development of packages to extend the working lives of key healthcare workers and respond to pressure points in current services.

The Short Life Working Group will be chaired by SEHD's Director of Human Resources and will include a core membership drawn from NHSScotland, together with other agencies including NHS Education for Scotland, Careers Scotland, and specialist recruiters. It will seek to draw in further expertise as required for specific initiatives.

3.3 Strategic Leadership - National Workforce Committee

The creation of a National Workforce Committee is an immediate priority. Its full remit is set out in Section 4 below.

Among its first tasks the National Workforce Committee will as a matter of urgency:

- establish processes to assess and address gaps in shortage specialties across the whole healthcare team. These will provide effective short-term assessments of requirements on a case-by-case basis. The Committee will use these processes to assess the number of trained specialists required for the future, set targets for consultant numbers, and gear the numbers of doctors in training accordingly;

- address pressures on the number of medical training-grade posts required to deliver the service and comply with the New Deal for junior doctors;

- prioritise the current recruitment and retention pressures among the Allied Health Professions, in particular in physiotherapy, occupational therapy, radiography and speech and language therapy;

- consider the recruitment and retention issues for nursing staff highlighted by *Facing the Future*[4] in the context of the whole healthcare team;

- develop robust processes to respond to sudden shortages in specific services.

Each of these actions depends in the longer-term on the creation of the rest of the workforce development infrastructure at local and regional levels.

[3] *Building on Success – Future Directions for the Allied Health Professions in Scotland*, Scottish Executive, June 2002: www.scotland.gov.uk/library5/health/bos-00.asp

[4] *Facing the Future*: www.show.scot.nhs.uk/sehd/facingthefuture

3.4 Better HR and Workforce Information

Improving the quality and relevance of key information at all levels of NHSScotland is essential if workforce development is to be effective and to be set up on a sound basis. We will be therefore be taking immediate action to improve the supply of workforce information by:

- appointing a workforce information team to service the Workforce Development Unit and the National Workforce Committee, as well as support the regional co-ordinators;

- systematically reviewing data collection systems at national and local levels to build a new credibility for HR information at the centre of development, planning and delivery;

- commissioning specialist expertise to scope what needs to happen to make NHSScotland's workforce information fit for purpose. This will identify the options for new information and information technology strategies to support workforce development. The work will start immediately and will incorporate existing best practice drawn from outside the healthcare sector as well as within NHSScotland;

- prioritising investment in information management and technology to support workforce development as a core implementation target in local and national strategies;

- developing a best practice database for workforce development and human resources.

4 ACTION PLAN – NATIONAL WORKFORCE DEVELOPMENT

4.1 National Workforce Committee

The National Workforce Committee will provide direction and leadership for the workforce development agenda across NHSScotland, basing its actions and guidance on evidence gleaned from NHSScotland through the Regional Workforce activity.

It will work closely with the Regional Workforce Co-ordinators, NHS Education for Scotland, the Scottish Partnership Forum, the UK Sector Skills Council, the Centre for Change and Innovation, and other key interests.

The National Workforce Committee will also oversee work to develop the capacity for Scotland to take the 'long view', scoping future workforce trends 15-20 years into the future. It is essential to focus on future scenarios to take the right decisions now on building a workforce fit for the next generation.

More specifically, the Committee will:

- oversee the planning of numbers for all the professional staff groups - including those in general practice - agreeing national targets where necessary (for example for consultant numbers) and clearly setting out objectives for training, recruitment and retention across the professional workforce. The Committee will carry out these tasks with a view to managing supply and demand effectively, and in so doing it will be advised by expert groups;

- oversee and promote workforce strategies for all staff groups, taking in careers and recruitment and retention;

- respond to 'hot' issues over staff shortages;

- commission and refresh at regular intervals long-range strategic workforce scenarios, looking at service change 10-15 years ahead;

- help to develop national strategic responses to major external developments that have impact across the whole NHS workforce, such as the Working Time Regulations;

- promote workforce development as a core component of the Performance Assessment Framework and the accountability process;

- maintain a wider interest in the development of workforce issues in Scotland, the UK and internationally, including taking evidence as necessary from key interests so that it can inform its decisions by a thorough examination of the Scottish scene and the context in which it operates.

A key relationship will be between the Committee and NHS Education for Scotland, which will provide the Committee with the necessary supply-side intelligence and information across the NHS workforce.

The Committee will also have a key role to play in overseeing the implementation of a number of recommendations contained in *Future Practice* and will advise the Department on the outcome of the working groups on basic medical education and medical career structures being established in the wake of that report. An important element of this work will be to consider how any future changes to the operation of the SHO grade should be addressed in Scotland, and what knock-on effects these might have on other parts of the healthcare team.

The Committee will be a small group drawn from the following sectors and stakeholders:

- *NHSScotland;*
- *Scottish Enterprise;*
- *Careers Scotland;*
- *NHS Education for Scotland;*
- *Higher and Further Education;*
- *Scottish Partnership Forum;*
- *Other UK Health Departments.*

4.2 National Leadership – Scottish Executive

Overall responsibility for workforce development will rest with the Health Department Board to whom the National Workforce Committee will report through the Director of Human Resources. The Board will have responsibility for the risk management and benefits realisation relating to workforce development for NHSScotland.

All Directors at national level recognise they have a key role to play in workforce development on a collective and an individual basis, and that this requires a new focus on workforce development and its integration into the mainstream of reform.

In addition, the Human Resources Directorate within the Scottish Executive is also being restructured to reflect the challenges of reform, including creating capacity to support workforce development and fitness for purpose of health staff.

The core workforce development function will lie within the Directorate's **Workforce and Policy Division,** which will house the National Workforce Unit. The National Unit will ensure the approach to workforce planning and development is driven at a national level.

The **Learning, Development and Careers Division** will link closely with aspects of career development, fitness for purpose and recruitment and retention. It will also sponsor NHS Education for Scotland and the development of models for continuous professional development, appraisal and mentoring.

The **Partnership and Employment Practice Division** will cover issues such as the further development of partnership in NHSScotland, the *Joint Future* initiative and will develop core employment strategies that support flexibility and new ways of working.

All of these divisions will be headed by Assistant Directors and they will ensure that workforce development is embedded into the business cycles that operate within SEHD and NHSScotland. This will mirror the integration of service planning and workforce development at local level by ensuring that workforce issues are factored in to the preparation of all planning and guidance produced across the Department.

Action Plan – National Workforce Development

By end September 2002
• SEHD to have appointed the Head of the National Workforce Unit and his or her immediate team. • SEHD to have agreed an initial work programme for the National Workforce Unit. • SEHD to have agreed with NHSScotland draft terms of reference for the National Workforce Committee. • SEHD to have co-located with the National Workforce Unit workforce information specialists from ISD to help provide the information base to support the new arrangements. • SEHD to have appointed Assistant Directors to head the Learning, Development and Careers Division and the Partnership and Employment Practice Division. • SEHD to have appointed the members of the National Workforce Committee and first meeting to be held. • National Workforce Committee to have agreed its terms of reference, working methods and how it will link to the National Workforce Unit, Regional Workforce Co-ordinators, NHS Boards, NHS Education for Scotland and the Scottish Partnership Forum.

By end October 2002

- The National Workforce Committee to have devised an initial work programme, to include:
    - Deciding on numbers and allocation of posts of doctors-in-training
    - Deciding on numbers and allocation of medical staff-grade posts
    - Overseeing arrangements for distribution of GPs and wider workforce planning for primary care services, following the abolition of the Scottish Medical Practices Committee
    - Overseeing the implementation of remitted aspects of *Future Practice* and any changes in the operation of the SHO grade
    - Overseeing the development of Student Nurse Intake Planning (SNIP), workforce planning for nurses and midwives, and other aspects of recruitment and retention for nurses and midwives identified as Committee priorities by the *Facing the Future* Group
    - Overseeing the development of workforce strategies for Allied Health Professionals and other staff
    - Giving a strong strategic lead to developing new HR information systems
    - Overseeing the development of a robust capacity to take the 'long view', and reviewing regularly
    - Developing procedures for addressing 'hot' workforce issues
    - Giving a strategic lead to policies on recruitment and retention and career development
    - Linking the items listed above with closely related areas such as: the impact of the working time regulations; the New Deal for junior doctors; new pay systems; service redesign; and new ways of working.

By end December 2002

- The National Workforce Committee to have agreed its methods of working and its working relationship with other relevant bodies.

- The National Workforce Committee to have agreed its priorities for 2003 and identified how it will tackle these through the year.

5 Action Plan – Local and Regional Workforce Development

5.1 Key Issues

The main focus in the medium-term (the next nine months) will be to establish the local, regional and national workforce development infrastructures – the Regional Workforce arrangements, the National Workforce Committee and the National Workforce Unit.

The key relationships and roles within the new structures are set out in Appendix 4. This focus on the importance of workforce development places particular responsibilities on those in leadership positions at Trust and NHS Board levels and within SEHD. This extends beyond the Chief Executives to all Directors and the detail of the infrastructure that follows assumes that commitment will be made, given the clear priority now being placed on workforce development at local and national levels.

5.2 Regional Workforce Arrangements

The Regional Groups are crucial in providing a direct link to service planning, which is already being undertaken at regional level on core services such as cancer, and also in creating cross-employer links into local employment markets.

They will be developed incrementally, allowing the partners to ensure they add value in the way they are set up and operate. Crucial to this process will be regional conventions to be held in the autumn where the integration of service and workforce planning and the detail of implementation can be worked through and refined for each part of Scotland.

The role of the Regional Groups is not to perform the workforce planning or development functions for the NHS Boards in their areas; each Board will continue to lead workforce development for their workforce and will produce their own workforce plans.

These will take a regional perspective, ensuring that where required - for example, in relation to regional-level Managed Clinical Networks and the delivery of new service frameworks - a coherent regional approach to planning the workforce is taken forward.

Each NHS Board will need its own workforce development capacity to look beyond the pressures of everyday fire-fighting and to provide a strategic workforce development function. The Boards will also be able to use this capacity to contribute to the work of the Regional Groups.

Setting-up

NHS Boards will receive core funding from the Health Department (to be topped up by the Boards) to appoint personnel to lead on workforce development for the Trusts/units in their areas. These are referred to as Workforce Officers.

Funding will also be available to fund essential infrastructure costs, for example to cover information technology in each regional group.

The central recurrent funding will vary according to the size and complexity of the health system in each Board area. Monies will be released upon approval by the National Workforce Unit of each Board's proposals on how they intend to invest the funds available to them.

The Role of the Regional Co-ordinators

The Health Department will fund and appoint directors drawn from senior NHS management to head up each Regional Workforce Group as Regional Co-ordinator. They will be accountable to the National Workforce Committee, both financially and in terms of delivering on the strategies agreed by the Committee. They will also have a key role in liaising with the NHS Boards in their regions and ensuring that workforce officers function effectively as a team, to the mutual benefit of the region and their own Boards.

The Role of the Workforce Officers

Workforce Officers will have a dual role. In addition to their local responsibilities within their NHS Board area, they will also help to build workforce development at regional level for their relevant regional group. They will therefore be accountable to a nominated senior Trust manager in their employing NHS Board and, for their regional input, to the director of their regional workforce group.

Workforce Officers are likely to be supported by teams in Trusts drawn from a number of quarters:

- those already working on aspects of workforce development (work on SNIP, *Facing the Future* and HR information systems, for example);
- fresh resource provided by Boards and Trusts to ensure they have sufficient capacity to deliver on workforce development;
- existing service planning staff, who should work increasingly in harness with workforce development personnel to bring together the demand and supply side of the workforce equation.

Regional boundaries for services planned and delivered above NHS Board-level may be different for each service however. Workforce Officers, while being attached to a 'lead' region, may therefore operate in more than one group.

Service Planning and Workforce Planning

The integration of service planning with workforce planning at all levels is a pivotal message from *Planning Together* and must be achieved if this Action Plan is to be effective.

Effective service planning must involve appropriate workforce planning at an early stage - across NHSScotland we need an integrated service planning and workforce development function.

Key to this is the creation of integrated teams with complementary skills and objectives so that the service and workforce remits can be combined and staff are not partitioned into silos. The workforce officers themselves might well combine their workforce role with a wider regional service planning role.

We will drive this process by combining the regional workforce groups with the regional service planning arrangements outlined in HDL(2002)10. We will also put in place a process to facilitate the integration of service planning with workforce development at local level, which we recognise may be a real change management challenge.

Development and Support

In setting up new structures and new roles, development and support will play a crucial role to create a new workforce development capacity that goes beyond the Workforce Co-ordinators and Officers. The National Workforce Unit will ensure that appropriate development programmes and activities are created and delivered.

Remote and Rural Issues

Remote and rural issues arise in all parts of Scotland and straddle the workforce development regions. This suggests an approach that secures a national focus for remote and rural workforce development issues, but also ensures remote and rural issues are articulated effectively through the regional arrangements. This might be done by nominating one or more lead remote and rural workforce officers in each region. These officers could then network through a national co-ordinator, based in the National Workforce Unit, and link back to both the Remote and Rural Areas Resource Initiative (RARARI) programme and the relevant NHS Boards.

Because of their size and geographical constraints it may be that Island NHS Boards will wish to share a dedicated Workforce Officer between them. The Island Boards would, however, need to be fully involved in any regional workforce considerations which touch directly or indirectly on what they do.

Action Plan- Regional Workforce Development

By end August 2002

- NHSScotland to agree on the exact configuration of the three Regional Workforce Groups, tied to Regional Service Planning arrangements. This will be finalised through regional planning conventions.
- SEHD to draw up job descriptions for Regional Workforce Co-ordinators and to agree, in conjunction with NHS Boards, job descriptions for Workforce Officers.
- NHS Boards to be invited to submit proposals for the release of core funding for the appointment of workforce development personnel.
- NHS Board Chief Executives to agree collectively, in conjunction with SEHD, general modes of operation for workforce development in Regional Planning Groups.

By end November 2002

- NHS Boards to have submitted and agreed with the National Workforce Unit their proposals for the appointment of workforce development personnel.

- All regions to have appointed Workforce Officers and Regional Workforce Co-ordinators.

- NHS Boards, in consultation with Workforce Officers, to identify supporting workforce development teams. The teams will be drawn from and shared with existing planning, data, HR or administrative functions within their Trusts.

- HDL to issue clarifying what is required of local health systems to implement the required medium-term actions for workforce development.

- NHS Boards, with facilitation from SEHD, to work through the integration of their service planning and workforce development resource, prior to the 3 regional conventions referred to below.

- NHSScotland, with support from SEHD, to hold three conventions – one in each workforce region. The conventions will aim to define modes of working and initial work programmes for each Regional Planning Group. Local chief executives, HR Directors and other senior managers should participate.

- National Workforce Unit to agree necessary start-up costs and running costs with each Regional Workforce Co-ordinator within the Regional Planning Groups, and to resource accordingly.

- National Workforce Unit to issue guidance to NHS Boards on the operation of workforce development at regional and local levels. The guidance will include advice on integrating with regional planning groups and developing relationships with:
    - NHS Boards
    - The National Workforce Unit
    - The National Workforce Committee
    - The Scottish Partnership Forum and local and area partnership forums
    - NHS Education for Scotland

- Regional Planning Groups, Regional Workforce Groups and the National Workforce Unit to link with the Payroll Steering Group and Information and Statistics Division of NHSScotland to take forward the development of HR information systems for the near and longer-term future. Will also take account of the findings of the Department of Health's Review of Workforce Information Needs (RoWIN).

By end January 2003

- Regional Planning Groups and the National Workforce Unit to agree initial work programmes, which should include:
  - Mapping existing workforce development activity and resource;
  - Identifying local stakeholder forums and establishing mechanisms for engaging with them in each region;
  - Determining national, regional and local approaches to developing workforce strategies across different staff groups;
  - Supporting *Facing the Future* and responding to priorities identified in the Scottish Executive Response to *Future Practice*[5];
  - Taking forward actions from the report *Building on Success*;
  - Taking forward actions from *Caring for Scotland*[6], the nursing and midwifery strategy for NHSScotland.

- The National Workforce Unit, working in partnership with regional teams and consultancy support where necessary, and sharing learning and experience with the Department of Health, to begin work on defining competency frameworks and common skill-sets for workforce development. This should lead to a development programme being rolled out to workforce development teams, Chief Executives and other senior managers from February 2003.

- Regional Workforce Co-ordinators to consult with the National Workforce Unit on particular workforce skills or needs identified.

- Regional Workforce Co-ordinators and the National Workforce Unit to agree timing, format and participation in an initial joint planning event or events to:
  - Build a corporate identity between Workforce Officers and their teams;
  - Share common concerns and successes;
  - Achieve joint agreement on the development of effective and integrated regional and Board-level approaches to workforce development;
  - Determine the focus and priorities for subsequent action across Scotland.

  Similar events would be held on a regular basis.

By end February 2003

- Regional Planning Groups and the National Workforce Unit to agree with the National Workforce Committee and NHS Boards a common approach to workforce planning across the different staff groups. The approach will address the integrated nature of the NHS workforce and the need for consistency in assessing future needs.

By end May 2003

- Regional Planning Groups to agree with constituent NHS Boards and the National Workforce Committee a three-year work programme on the workforce, rolling out regional and local workforce objectives according to agreed targets and initiatives.

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[5] *Future Practice – A Review of the Scottish Medical Workforce, The Response of the Scottish Executive*, Scottish Executive, July 2002: www.scotland.gov.uk/library5/health/fprse-00.asp

[6] *Caring for Scotland – the Strategy for Nursing and Midwifery in Scotland*, Scottish Executive, March 2001: http://www.scotland.gov.uk/library3/health/snms-00.asp

6 Workforce Development Links

Workforce development is central to initiatives designed to deliver many of the commitments outlined in *Our National Health*. This demands a clear, co-ordinated approach across Scottish Executive and NHSScotland to ensure workforce development links fully into ongoing initiatives now and in future.

A description of some of the existing workforce development initiatives already underway in NHSScotland is listed in Appendix 3.

A selection of some of the key links are also set out as follows:

Workforce development links to key NHSScotland initiatives

- Supporting and tracking delivery of Partnership Information Network (PIN) guidelines, and ensuring they are being utilised to maximum effect in developing recruitment and retention, family-friendly and flexible working environments, and health and safety in the workplace;

- Working with RARARI, and others, to follow up initiatives (such as the new consultant and GP contracts and the report for Allied Health Professions *Building on Success*) to develop responses to recruitment and retention pressures in remote and rural areas;

- Linking with those involved in following up the Primary Care Modernisation Group's report, *Making the Connections,* to ensure that workforce development aspects, such as the development of clear positions on 'intermediate care', are addressed;

- Exploring approaches to the training and workforce planning of Allied Health Professionals, developed in the light of the establishment of NHS Education for Scotland and the workforce development arrangements outlined in this Action Plan;

- Co-ordinating action with those involved in taking forward *Caring for Scotland*, the nursing and midwifery strategy for Scotland;

- Supporting policies on redesign and reconfiguration of NHSScotland and on service-wide issues working with, for example, the Chief Executives' Working Time Regulations Solutions Group and the Junior Doctors' New Deal Implementation Support Group;

- Actions to put in place a co-ordinated approach to ensuring all staff in NHSScotland are fit for purpose.

7 Action Plan Outputs

The Action Plan will need to be led and delivered jointly between NHSScotland and SEHD, and will involve many others. All these partners will need to achieve the right balance between 'top down' and 'bottom up' approaches to ensure that the benefits of workforce development are realised.

Partnership lies at the heart of the approach, with the *Joint Future* agenda and the Scottish Partnership Forum and its counterparts at local and area levels playing a key role in ensuring workforce development works. The outputs are clear.

The Action Plan outputs	
• *a co-ordinated approach to workforce development based on agreed common ground, with decisions taken at local, regional and national level*	√
• *leadership at national level to set clear and firm directions within the wider policy framework*	√
• *clear identification of the care groups upon which workforce planning will be based across the country*	√
• *effective mechanisms for undertaking workforce planning for those care groups at local, regional and national level*	√
• *effective mechanisms, based on robust data, for assessing NHSScotland's workforce needs five or more years ahead*	√
• *the production of a Scottish Workforce Plan, which can be regularly reviewed and updated*	√
• *an effective positioning of NHSScotland's workforce issues within the wider context of Scottish labour markets, providing a supply-side model of the workforce developed with the education and employment sectors and integrally linked to the demand-side priorities arising from service planning*	√
• *an approach to the workforce that can support and respond to changing ways of working, developments in service redesign, and the unfolding agenda around* Joint Future*.*	√

The future of NHSScotland and the future of the health workforce in its broadest sense are therefore profoundly intertwined. Ultimately, it is not structures but the people who work in those structures who will be the engines of reform. Real and effective change springs from shifts in the culture and behaviour of staff, flowing from a willingness to embrace new ways of working and more flexible approaches to service delivery. That brings workforce development centre-stage in the reform of NHSScotland, because it demands that we invest in a workforce that can - and will - deliver change.

This Action Plan puts in place a systematic approach to workforce development. At a minimum, it will help NHSScotland to make effective, timely decisions on investing in its workforce and thus assist in the improvement of healthcare services. At most, it promises to be a pivotal engine of change which will be at the heart of driving the creation of an NHSScotland fit for the 21st Century, meeting the health and care needs of all the people in Scotland.

Appendix 1

Workforce Development Action Day, 15 April 2002

A Workforce Development Action Day was held on 15 April 2002 to help define the way forward in Scotland for developing a workforce which can deliver real benefits to match the investment which has been committed.

The event brought together some key stakeholders and focused in a practical way on how to take forward the key messages contained in *Planning Together* (the report of the Scottish Integrated Workforce Planning Group) and SEHD's response. This Action Plan reflects the outcomes of that day's discussions.

The Action Day highlighted common ground covering a number of key themes:

- *the need to integrate workforce planning with service planning, joining up the needs of service demand with those of workforce supply;*

- *endorsement of the concept of workforce development as a whole-systems approach to assessing the workforce needs of NHSScotland – embracing not only core planning of numbers, but also new ways of working, career development, recruitment and retention, impact of the working time regulations and the New Deal for junior doctors, links to service redesign, and education and training;*

- *the need to build dedicated, protected and skilled human resource to carry out strategic workforce development at local, regional and national level;*

- *a recognition that workforce development needs to be led at all levels – by individual Boards, at regional level, and nationally - and of the need to define how each level should relate to the others, while also allowing for local flexibility of approach;*

- *a need to build robust and comprehensive HR information systems which provide the evidence-base required to develop effective workforce strategies.*

The Action Day showed a common agenda among everyone involved in this endeavour - above all, a recognition that for too long NHSScotland has lacked a workforce development function that allows for the effective planning of future needs. This Action Plan provides a template for taking forward that work.

Appendix 2

Defining Workforce Development

Workforce development is about much more than workforce planning. It describes a dynamic approach to delivering staff who are fit for purpose in the right numbers at the right places at the right time.

It looks at the workforce as a whole, rather than one divided into separate employers or professional groups, and looks to create and maintain skills and expertise where they are needed to respond to changing demands for services in creative and innovative ways.

Workforce development involves absorbing a range of changing dynamics, but the important part is that decisions are then made on the basis of risk judgements on this information.

The factors that will influence workforce development decisions are ever changing and include:

- *Technology;*
- *Design and configuration of services;*
- *Patient expectations and their involvement;*
- *Employment and statutory legislation;*
- *Employee expectations and lifestyles;*
- *Educational delivery;*
- *Professional boundaries;*
- *Terms and conditions;*
- *Labour markets;*
- *Expectations for governance;*
- *Drivers for reform;*
- *Targets for delivery.*

Workforce development decisions are therefore complex but are essential to address, systematically, all levels of the NHS in Scotland if the future is to be managed effectively. The key issue is to take rather than avoid the difficult decisions that arise from the complexity.

Workforce development is not just about increasing workforce numbers. It is about linking workforce needs to the redesign of services and new ways of working to provide realistic workforce strategies for delivering the service reform agenda. And it is about more effective deployment of the skills and expertise we have at our disposal and that we can expect to become available over the years to come.

Effective workforce development is not only a crucial sign of good modern Human Resources practice, but also the life blood of professions, organisations and services in Scotland. It looks to a wider vision of the employment and educational market than merely supply and demand in Scotland. It is also built on the principles of partnership, internally and externally put into practice.

Appendix 3

Ongoing Workforce Initiatives in NHSScotland

- *Facing the Future*, the national initiative on recruitment and retention for nurses and midwives across Scotland. The arrangements to be established through this Action Plan will play a pivotal role in ensuring co-ordinated and integrated approaches to nurse and midwife recruitment and retention at all levels in NHSScotland.

- *Future Practice*, the Temple Report on medical workforce planning, which makes a number of recommendations on workforce planning for doctors and addresses related issues on basic medical education, recruitment and retention, education and training, and new career structures. Much of this work will be taken forward through the workforce development arrangements detailed in this Action Plan.

- *The Report on the Modernisation of the SHO grade*, which will be recommending a programme-based approach to the training of Senior House Officers. By increasing the time spent on structured training and thereby reducing the amount of service contribution these doctors-in-training can provide, this report could impact significantly on service capacity, with knock-on effects for other medical grades and on the whole healthcare team.

- *Service Frameworks*. These include strategies such as the Cancer Plan, the Maternity Services Framework, the Mental Health Framework and the forthcoming CHD/Stroke strategy. These will all be supported and facilitated by the actions to be taken on workforce development.

- *The work of the Centre for Change and Innovation*. The Centre will help facilitate the reform agenda by fostering and aiding local initiatives to redesign services, and developing the capacity in the NHS to do so. The workforce development arrangements outlined in this Action Plan will complement the *Centre for Change and Innovation*, helping it take forward the change programme and ensuring that the workforce aspects are fully considered.

- *Regional service planning arrangements*. HDL (2002) 10, circulated in January 2002, outlined new arrangements for regional service planning in NHSScotland. These regional planning mechanisms will need to be integrated with the regional workforce arrangements to ensure that regional workforce considerations are joined up with the planning of regional services.

  The coming together of these two aspects in an energetic and substantive programme of regional service networks is a crucial development.

- *The Report Building on Success – Future Directions for the Allied Health Professions in Scotland*. This will have significant workforce implications, not just in terms of assessing capacity, but also in forging new modes of working, changes in skill mix, and developments in the roles and responsibilities of members of the whole healthcare team.

- *NHS Education for Scotland* will bring a strategic focus to cross-disciplinary approaches to learning and working across the NHSScotland workforce, and will play a key role in bringing education and training perspectives to the assessment of workforce supply and the development of the right skill sets for the future.

- *Workforce strategies for other staff groups, including managerial, administration, scientific, support and ancillary staff*, and the development of careers pathways for these staff, facilitated by the new *Agenda for Change* pay system. These will need to be addressed and incorporated into the workforce development agenda.

- *Consultation Paper on Abolition of the Scottish Medical Practices Committee (SMPC).* Abolition will be effected through provisions in the Public Appointments and Public Bodies Etc (Scotland) Bill. The SMPC's core functions in planning and distribution of the GP workforce will transfer to Primary Care Trusts and NHS Island Boards. Checks and balances to ensure that the needs of - and the opportunities provided by - general practice receive proper consideration will be provided by the three regional groups and the National Workforce Unit. The regional groups will also consider appeals made by GPs against decisions made by Primary Care Trusts and Island NHS Boards.

- *The Development of a UK Sector Skills Council (SSC) for Health*, which will help create a workforce that is fit for purpose by:
    - developing the right skills for the health sector
    - influencing the planning and funding of education and training
    - forging links with the education sector to attract young people into careers
    - working in partnership with employers, trade unions and professional bodies.

  The workforce development arrangements outlined in this Action Plan will work hand-in-hand with the SSC for Health to ensure that it is responsive to Scotland's needs while also reaping the benefits of operating within a UK-wide context.

- *The work of employment agencies and other institutions influencing labour market movements*. Workforce development for NHSScotland needs to be seen from the perspective of the wider labour market within Scotland, and to be informed by the factors governing supply and demand of labour across all public services, and more specifically for health. There are important roles to be played here - at UK, Scottish and local levels – by the employment agencies and educational institutions which influence the gearing of supply to demand. We therefore see NHS Boards, the regional workforce groups and the National Workforce Unit linking closely with organisations such as *Jobcentre Plus, Scottish Enterprise, Highlands and Islands Enterprise,* and *Careers Scotland* to ensure that workforce development for NHSScotland is clearly positioned within this context.

- *The Junior Doctors' New Deal Implementation Support Group, the Working Time Regulations Solutions Group, and the Working Time ad hoc Group of the Scottish Partnership Forum*. These groups are addressing the impacts of health and safety legislation and contractual obligations on working time, which are recognised to be among the key overarching challenges facing NHSScotland today. Taken in conjunction with other developments in modes of healthcare delivery, they are major agents of change and powerful drivers of redesign.

- *A generic approach to ensuring that all staff groups in NHSScotland are fit for purpose.* The Bristol Inquiry demonstrated the need for a coherent and consistent approach to ensuring that all parts of the NHS workforce are fit for purpose, not only in relation to clinicians and other professional staff, but also in the case of administrators and managers. This is an area that we will be developing in the light of the recent consultation on the proposed Quality and Standards Board for Scotland, and in taking forward existing policies on under-performing staff.

Appendix 4

Regional and local arrangements - responsibilities for key players

These are some of the key tasks which we expect the key players to carry out in implementing this plan. They will be expanded upon in the Health Department Letter on workforce development which will issue this autumn.

Health Department Directors

- To ensure through the Board that national workforce development is given suitable priority.

- To lead the mainstreaming of workforce development in their individual areas of responsibility.

Board and Trust Chief Executives and Directors

- To invest sufficiently in workforce development to create an effective capacity at Trust and Board level.

- To show energetic leadership of workforce development and to commit to the process of integrating local service planning and workforce development functions, ensuring that the workforce aspects are not submerged by service planning imperatives.

- To work in partnership with regional workforce groups and with SEHD to develop and commit to regional and national workforce strategies in cases where a regional or national approach is most appropriate, even though this may mean resisting more localised solutions to issues.

Workforce Officers

- To develop Trust and Board-level workforce strategies and to help develop skills and capacity in workforce development at local level.

- To work to ensure that effective integration of service planning and workforce development functions takes place at Trust and Board levels.

- To build and lead an integrated service planning/workforce development team at local level.

- To work with the regional groups and SEHD to contribute Trust and Board-level perspectives and take back to the Board regional and national perspectives.

Regional Co-ordinators

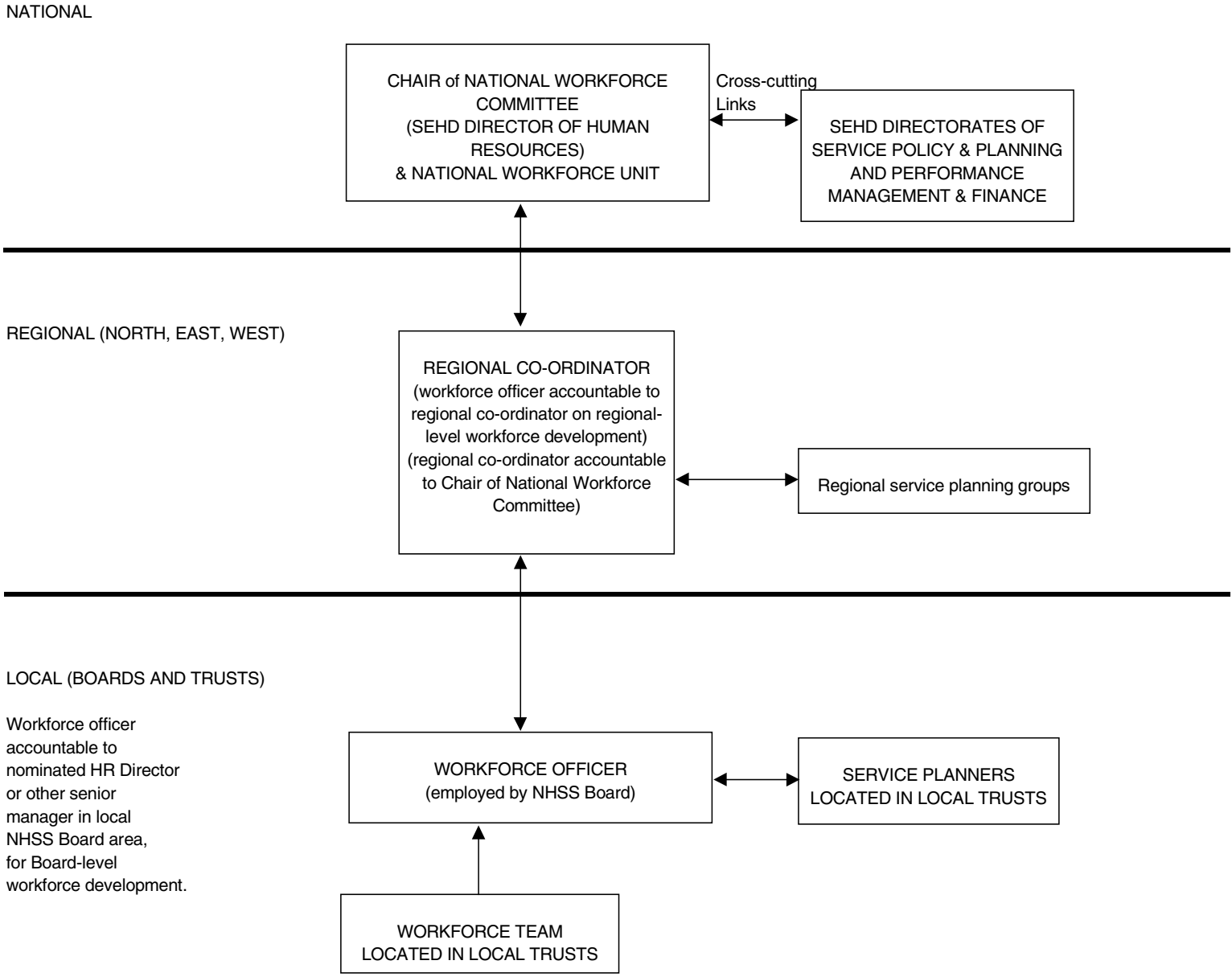
- To be champions of workforce development in their regions, ensuring 'buy-in' from key stakeholders in local Boards and Trusts and beyond, and clarifying with them roles and responsibilities.

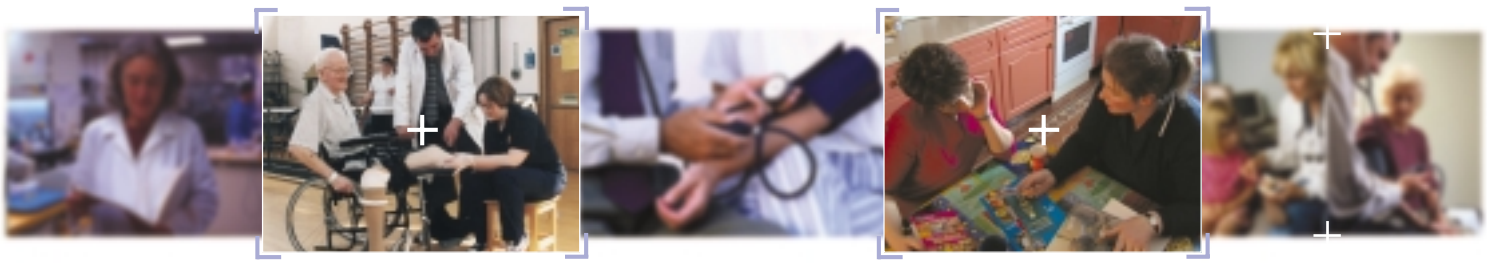
- To bring together local workforce officers and mould them into a team which can produce effective integrated regional workforce strategies and work effectively in delivering the strategic direction given by the national Workforce Committee.

- To build effective relationships with other regional directors; with the national Workforce Committee and the national Workforce Unit; and with other partners, including NHS Education for Scotland, local authorities, employment and careers agencies, and Higher and Further Education Institutions.

KEY ACCOUNTABILITIES/RELATIONSHIPS

LEVEL	WORKFORCE DEVELOPMENT ARRANGEMENTS	SERVICE PLANNING LINKS





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NHS SCOTLAND

Building on Success

Future Directions for the **Allied Health Professions** in Scotland

SCOTTISH EXECUTIVE

Making it work together

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Foreword by the Minister for Health and Community Care

Enthusiastic and committed to excellence, the Allied Health Professions are delivering patient-centred care that is highly valued by the people who use their services. They are emerging as key players in the new integrated health systems of NHSScotland.

Working towards a healthier Scotland requires a team effort, an equal partnership between staff and patients, and more than ever the skills and expertise of the Allied Health Professions (AHPs). They are seizing opportunities to lead change and improve services in the community and hospitals, and to participate in partnership working. They are playing their part in shaping a multi-professional future for healthcare in Scotland.

AHPs make a massive contribution to the health and wellbeing of the people of Scotland. Health promotion is integral to the role of many of these professions and The Scottish Executive is committed to supporting and developing their contribution to public health. Children, older adults and people of all ages who experience illness, disease and disability or have special needs value the particular contribution that AHPs make to their treatment, recovery and quality of life.

The skills, knowledge and expertise of AHPs are valuable resources for patients and the wider healthcare team, and they will be essential to the delivery of the Scottish Executive's plan for NHSScotland, *Our National Health: A Plan for Action, A Plan for Change*. AHPs are already reducing waiting times through new ways of working, providing early intervention which may help to avoid admission and enabling individuals to live independently, reducing dependency on care services within the community.

This document builds on what is already happening and describes both the development of AHPs and their increasing role at the centre of service delivery and change. They have not always received the recognition they deserve in the past, but each of the Allied Health Professions has something unique to contribute and I am determined to value and empower these key members of the healthcare team. This document supports and encourages their leadership in promoting creative thinking and challenging assumptions about how health care should be delivered.

I am convinced that the commitment and energy shown by AHPs, which is so valued by the people who use their services, will be the cornerstone of their future growth and development.

Anne Jarvie, CBE, RGN, RM, BA
Chief Nursing Officer
Directorate of Nursing
Scottish Executive Health Department

Introduction by the Chief Nursing Officer

The Allied Health Professions are making a real difference to better health in Scotland, now and for the future.

Nearly 9000 Allied Health Professionals (AHPs) and their support staff work throughout NHSScotland. Significant numbers are also employed in community care and housing services, in education and, increasingly, in jointly managed health and social care initiatives.

The term 'Allied Health Professions' has been used throughout this document, to ensure consistency in the use of this global and unifying title. It reflects the natural affinity these diverse professions have with each other, while recognising their individuality and uniqueness.

This is an exciting time for the nine professions who come under the AHP umbrella, a time for them to build on their achievements and create their vision for future growth and development.

This document is for each of those individual professions, their students and support workers. It is for NHS Boards, employers and educators of AHPs, AHP leaders, key stakeholders such as the voluntary sector and, most importantly, it is for people who use their services.

Over 1200 AHPs and stakeholders participated in the national consultation process to develop the document. Six focus groups were staged around Scotland. Numerous meetings were held with each of the nine professions, managers, junior staff, students, support workers, the voluntary sector, people who use AHP services and other stakeholders. And a website, live web chats and video conferencing enabled those in remote and rural areas to participate in the consultation process.

Central to the process was the belief that individuals and communities have a vested interest in the services provided by AHPs, and should share in the process of developing accessible, flexible services that meet their needs.

The consensus views of participants and the representative steering group have shaped this document, and my thanks go to all those who played a part in its development.

AHPs have developed a shared vision and identity through the national consultation process. This is sometimes, although not always, reflected in the way the professions link together at local level. AHPs need to build and strengthen relationships between their professional groups, and with colleagues and users of the health, social care and education services they provide.

Central to the delivery of better services is the availability of a skilled, highly motivated workforce, with lifelong learning at the heart of service planning and development. Students and new graduates are the future of all healthcare professions and their support and development is critical to the delivery of service excellence. We want to ensure that they have the best possible start to a successful career in the Allied Health Professions and are fully supported in their professional growth.

Better overall management of recruitment and retention across NHSScotland is a key priority. The aim is to ensure significant improvements in the way we plan the shape and size of the future NHS workforce – an important issue for AHPs. Meaningful career development for AHPs within clinical areas and services and flexibility and transferability into new roles (including consultant AHPs and Public Health Practitioners) will also be beneficial for individuals, patients, service users and organisations.

Making all of this happen requires strong and effective leadership and commitment. I believe that AHPs have a great deal to offer, and that the professions can and will go from strength to strength in implementing this document together. AHPs are rising to the challenges of delivering a modern, patient-centred NHS, redesigning and streamlining the care journey in partnership with other health and social care colleagues. This is a time of opportunity, and I feel confident that AHPs will use this document to build on their achievements and transform the vision into reality.

Setting the Scene

1. Creating the Vision . . .

Allied Health Professionals (AHPs) are critical to people's ongoing assessment, treatment and rehabilitation throughout their illness episodes. They support people of all ages in their recovery, helping them to return to work and to participate in sport or education. They enable children and adults to make the most of their skills and abilities and to develop and maintain healthy lifestyles. And they provide specialist diagnostic assessment and treatment services.



1. Creating the Vision . . .

At any stage of life, people may encounter health difficulties which change the way they are able to function. For some, the changes will be temporary, allowing them to make full recoveries from their illness or injury. For others, the life changes will be enduring, meaning they have to learn to adjust to developmental difficulties, disability or chronic illness.

Allied Health Professionals (AHPs) are critical to people's ongoing assessment, treatment and rehabilitation throughout their illness episodes. They support people of all ages in their recovery, helping them to return to work and to participate in sport or education. They enable children and adults to make the most of their skills and abilities and to develop and maintain healthy lifestyles. And they provide specialist diagnostic assessment and treatment services.

While advances in medical science are aimed at saving and prolonging life, the particular skills and expertise of AHPs are often critical to the ongoing assessment, treatment and rehabilitation of individuals. Practical interventions from AHPs can often be the most significant factor in enabling people to recover movement or mobility, overcome visual problems, improve nutritional status, develop communication abilities and restore confidence in everyday living skills, consequently helping them to sustain and enjoy quality of life even when faced with life-limiting conditions.

This document profiles the work of AHPs and highlights their contribution to improving and maintaining health and wellbeing. It explains how this diverse group of health professionals will be supported and developed, and sets out the vision that will enable them to:

- **fully engage their expertise in improving health in Scotland**
- **deliver excellence in health and social care**
- **support the development of best practice in multi-professional teams.**

The document provides AHPs with the opportunity to take stock of their achievements to date, to review existing and new challenges, and to engage with other health, education and social care colleagues to initiate and drive change forward.

Delivering the vision set out in the document requires the commitment of all stakeholders, but in particular it needs the continued support and development of the most valuable resource of all – the AHP workforce. New and experienced practitioners need to be retained within the service, and the AHPs of the future need positive fieldwork experience to support their development.

Leaders of AHPs have a significant role to play in delivering this vision and in nurturing the leaders of the future. To do this, they need to work in partnership with each other, with decision makers, other professions and, most importantly, the people who use their services.

"They treat me like an individual. They understand my problems and have really helped me to make progress since I had my stroke. It's been so good having my rehabilitation at home. I could come home earlier from hospital and it's helped my husband and me to cope at home. I really appreciate the specialist skills of the therapists and it is a real comfort to know that I can just pick up the phone at any time for advice." – stroke patient receiving rehabilitation from a dedicated community team.

Health and social care services in Scotland are working hard to respond effectively to the challenges of modernisation and increased public expectation in what is an exciting period of innovation and evolution. AHPs are ready to play their part in shaping the services that will meet people's needs, building on the success of the past to create a vision for the future.

Setting the Scene

2. AHPs Making a Difference to the Health of the People of Scotland

2

While the number of AHPs is continuing to grow, understandings of their functions are often vague and incomplete. This chapter explains the constituents of the AHP workforce and offers an insight into their varied – and developing – contributions to health and health care.

2. AHPs Making a Difference to the Health of the People of Scotland

There have been significant increases in the overall number of allied health professionals in NHSScotland over the last 20 years, and a growing recognition of their expertise and further potential to enhance modern seamless service provision. A further 80% growth in the numbers of 'scientific, technical and therapy workers' over the next 20 years has been predicted in the Wanless Report (2002).

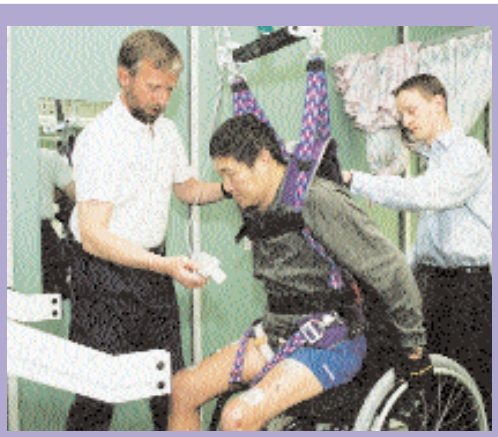


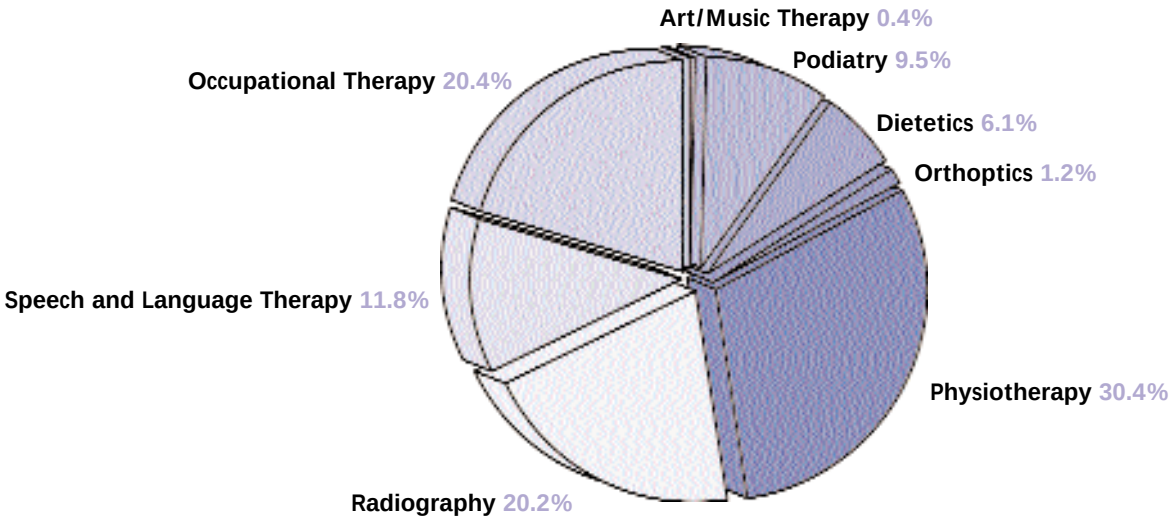
Table 1
Staff in Post at 30 September 2001

	Number			WTE			Ratio
	Total	Qualified	Unqualified	Total	Qualified	Unqualified	Qualified: Unqualified
Art/Music Therapists	33	33	–	24.6	24.6	–	n/a
Podiatrists	791	754	37	670.5	639.8	30.7	21:1
Dietitians	507	501	6	412.1	407.8	4.3	95:1
Orthoptists	98	98	–	70	70	–	n/a
Physiotherapists	2,523	2,243	280	1,997.8	1808.1	189.7	10:1
Radiographers	1,678	1,1466	212	1,400.7	1225	175.7	7:1
Speech and Language Therapists	984	882	102	813.5	739.6	73.9	10:1
Occupational Therapists	1,699	1378	321	1,424.9	1194.1	230.8	5:1

Table 1 shows the number and whole time equivalent (WTE) of qualified and unqualified staff in the eight selected professions who were employed at 30 September 2001.

2

AHP Staff – Qualified and Unqualified: at 30 September 2001



These figures do not include the 116 Prosthetists and Orthotists currently providing services to NHSScotland, or practitioners from the other disciplines working in Local Authorities, Education, Voluntary Sector or other non-NHS environments.

While users of services and fellow professionals recognise and value AHPs' expertise, understanding of their functions and contributions to health care is sometimes vague and incomplete. Table 2 summarises what those main functions and contributions are.

"They treat me like an individual. They understand my problems my stroke. It's been so good having my rehabilitation at home. my husband and me to cope at home. I really appreciate the know that I can just pick up the phone at any time for advice."

Table 2
Main functions of AHPs

Profession	Main function	Patient/client groups
Arts Therapists	Provide psychotherapeutic interventions which enable clients to gain insight and promote the resolution of difficulties through the use of art materials.	All age groups – mental health, learning disability, palliative care, and other community groups.
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.	All age groups with special dietary requirements or those needing advice and education on nutrition.
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.	All age groups – especially mental health and other community groups.
Music Therapists	Facilitate interaction and development of insight into clients' behaviour and emotional difficulties through music.	All age groups – mental health, learning disability, physical disability.
Occupational Therapists	Assess, rehabilitate and treat people using purposeful activity and occupation to prevent disability and promote health and independent function.	All age groups where physical or mental functioning impact on everyday life, especially children, older adults and those with chronic disease.
Orthoptists	Diagnose and treat eye movement disorders and defects of binocular vision.	Mainly children and older adults.

and have really helped me to make progress since I had I could come home earlier from hospital and it's helped specialist skills of the therapists and it is a real comfort to

Stroke patient receiving rehabilitation from a dedicated community team

Profession	Main function	Patient/client groups
Orthotists	Design and fit orthoses (such as callipers and braces) which provide support to parts of patients' bodies and compensate for paralysed muscles, provide relief from pain, or prevent physical deformities.	All age groups with injury or physical disability.
Physiotherapists	Assess and treat people with physical problems caused by accident, ageing, disease or disability, using physical approaches to maximise the patient's recovery and alleviate pain.	All age groups – especially those with neuromuscular, musculoskeletal, cardiovascular or respiratory problems.
Prosthetists	Provide care and advice on rehabilitation for patients who have lost or were born without a limb, fitting the best possible artificial replacement.	All age groups of those missing limbs or amputees.
Podiatrists	Diagnose and treat abnormalities of the foot. They give professional advice on prevention of foot problems and on proper care of the foot.	All age groups – mainly older adults and those with chronic disease – e.g. vascular, diabetes.
Diagnostic Radiographers	Produce high quality images on film and other recording media, using all kinds of radiation.	All age groups.
Therapeutic Radiographers	Treat mainly cancer patients using ionising radiation and, occasionally, drugs. They provide care across the entire spectrum of cancer services.	All age groups - mainly individuals with cancer and tissue defects.
Speech and Language Therapists	Assess, diagnose and treat people with communication and/or swallowing difficulties.	All age groups - especially children and those with neurological or cancer-related problems.

AHPs are a growing force in modern health and social care services with practical expertise in assessment, treatment and rehabilitation. But the dynamic nature of healthcare demands that professions continuously review their roles to ensure that services are responsive, flexible and provide positive health benefits for patients. In response to this, AHPs have developed new ways of working in many specialist fields, including extended scope of practice for expert practitioners and extended roles for support workers.

"With the challenges that face NHSScotland to shorter waiting times, AHPs are in a good position of practice targeting priority areas, finding better responsive services."

For example:

- Arts therapists are leading projects that focus on building confidence and self-expression, and which support social inclusion and community involvement.
- Dietitian-led coeliac disease clinics have been developed, improving the responsiveness of the service to patients, supporting them in their management of this chronic condition, and reducing waiting times.
- Occupational Therapists are providing rapid intervention at home for frail older adults to avoid hospital admission, and are enabling people to return home earlier from accident and emergency and medical assessment units through rapid assessment and discharge planning services.
- Orthoptist-led glaucoma clinics have been introduced through 'shared care' arrangements and have been effective not only in helping patients to retain their sight, but also in reducing waiting times for patients who might previously have been seen by ophthalmologists.
- Orthotists work closely with podiatrists within specialist diabetic teams to treat serious foot lesions associated with diabetes and to support and protect the 'at risk' foot, thereby avoiding more radical intervention and possible admission to hospital.
- Prosthetists have used biotechnology to develop sophisticated functional prosthetic upper limbs which enable adults and children to have independent use of their limb in everyday activities.
- Physiotherapists have developed specialist musculoskeletal services to enable speedy access for people with back problems and other injuries, resulting in significant reductions in orthopaedic service waiting times and earlier recovery from debilitating conditions.
- Podiatrists have developed nail surgery clinics that have contributed to reductions in surgical waiting lists and have helped patients to regain their mobility.
- Diagnostic Radiographers have undertaken additional procedures such as barium and ultrasound investigations, resulting in reduced radiology waiting times and shortened times for diagnosis.

- Therapeutic Radiographers are planning and delivering fast-track palliative radiotherapy and undertaking reviews and management of patients receiving radiotherapy.
- Speech and language therapist-led dysphagia clinics have been established and offer fast-track assessment and treatment for patients with swallowing problems, enabling them to achieve adequate nutrition and gain maximum benefit from multi-professional rehabilitation services.

deliver services that offer faster access and to use their expertise and extended scope ways of doing things and providing more

Chief Executive – NHS Trust

Innovation and creativity in the roles AHPs perform is flourishing throughout Scotland, and enthusiasm for new opportunities and ways of working is evident. Changing roles will also provide opportunities for AHPs within health and social care teams. All professionals will have to respond positively to the challenges of delivering better and more responsive services to people, maximising their expertise in a variety of settings.

For instance, the introduction of AHP consultant posts – recognised within the report of the Review Body for Nursing Staff, Health Visitors and Professions Allied to Medicine (2002) and similar to those already developed in Nursing and Midwifery – looks set to provide new and exciting opportunities for expert practitioners. This positive development, when fully underway, will assist in retaining clinical excellence and mature skills within the service. Consultant practitioners will also play a pivotal role in the integration of research evidence into practice.

Similarly, the new role of Public Health Practitioner offers opportunities for AHPs to use their skills in the health improvement field and contribute more effectively to the public health agenda. AHPs have a key role to play in the delivery of public health interventions and they need to be supported in the development of this new and challenging role.

In tandem with these initiatives, new mechanisms are being developed to improve and integrate workforce planning and workforce development for all healthcare professions. This will be fundamental to the planning processes of the future.

Supporting and sharing the good practice that has been established and continues to evolve is also essential to the future development and delivery of services. Multi-professional networking has been established and now needs to be fostered to support the delivery of a shared vision for the Allied Health Professions.

As demand for the valuable skills AHPs bring to health, social care and education teams grows, the development of a carefully balanced skill mix within AHP services will become increasingly important. This has the potential to release clinical time and enable practitioners to utilise their skills appropriately, to the benefit of all those who use their services.

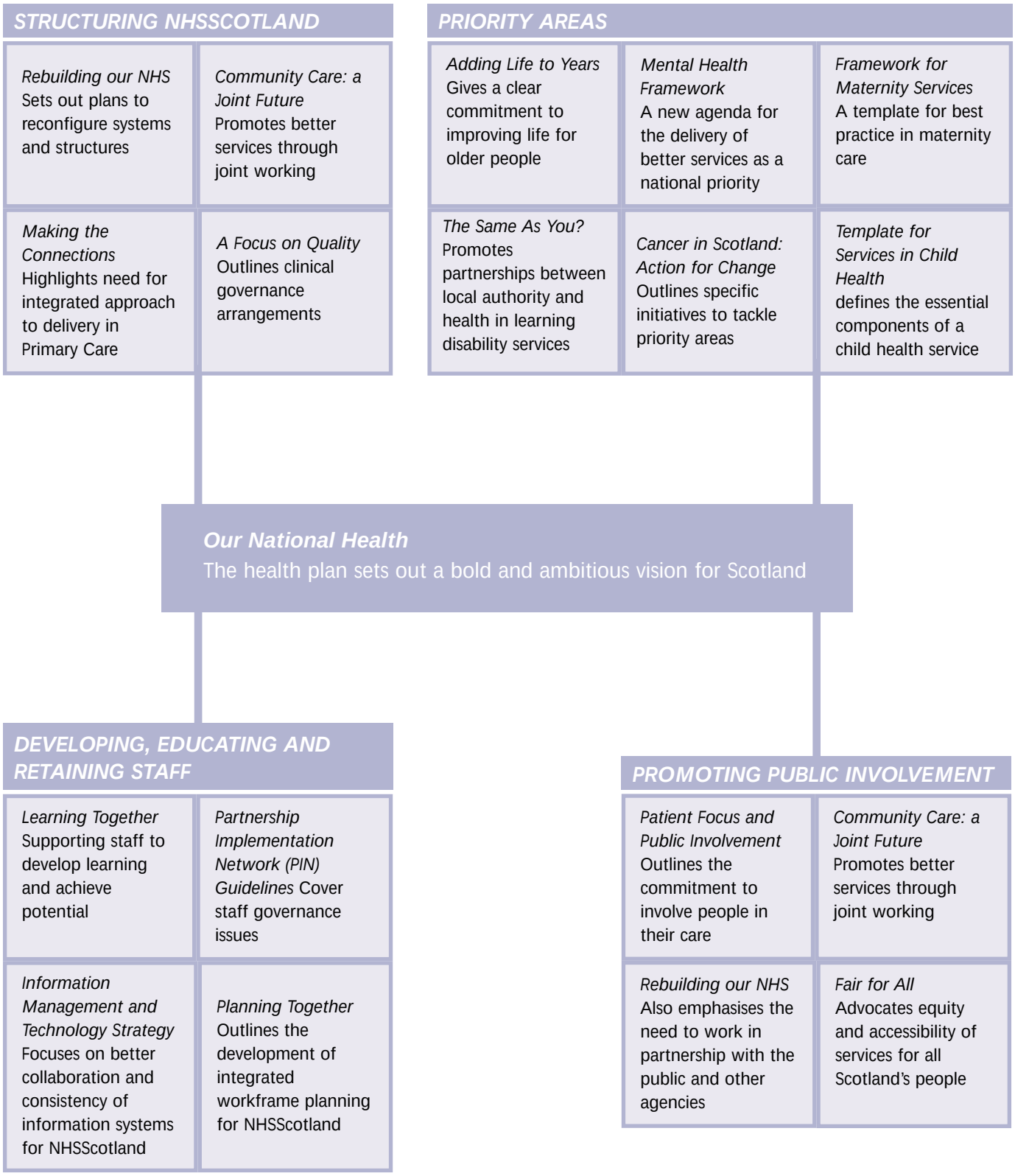
Setting the Scene

3. The Policy Context of Service Delivery

3

This chapter highlights the key policy initiatives behind *Building on Success.*

Figure 1: Policy context of service delivery



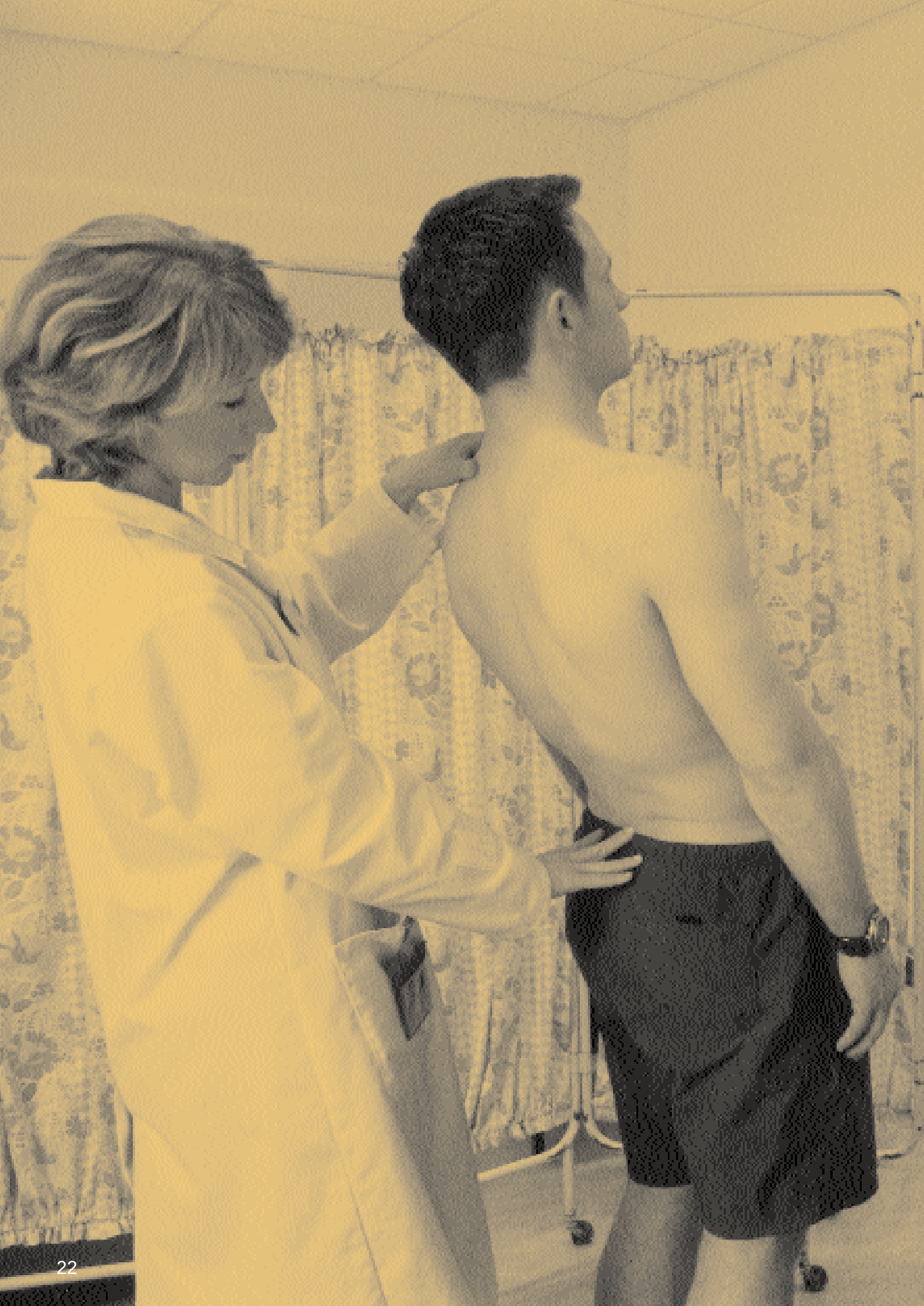
3. The Policy Context of Service Delivery

Scotland needs health and social care services that are proactive in promoting health and wellbeing, and are responsive and flexible in meeting acute and enduring needs. Current policies in promoting health and health and social care are clearly focused on improving health and the quality of service provision in key areas. AHPs have a significant role to play in the planning and implementation of these initiatives.

While much has been achieved by individual professions in tackling health improvement and delivering service quality, there is clear recognition of the need for more effective multi-professional and partnership initiatives to achieve shared objectives. The Scottish Executive is committed to developing partnerships that support and sustain this change process. It is also determined to empower the diverse and highly skilled workforces who are the lifeblood of NHSScotland and education and social care services.

The policies and initiatives driving health care in Scotland give AHPs scope to utilise their full potential by responding positively and creatively to national and local priorities. They are summarised in Figure 1, and discussed in more detail in Appendix 1.

In the future, health professionals must work more effectively as a group and with colleagues in health, education and social care to meet the challenges posed by these policies. The involvement of people who use their services will be critical to this process, and will support informed and responsive service planning and development. Closer working among the professions and between them and service users will be the driver to improving services for the people of Scotland.



NHSScotland has a long-term commitment to improving health. Empowering individuals and communities to achieve better health in partnership with social care, education, housing and voluntary agencies is central to the process. This chapter highlights some examples of AHPs' practice in improving the health and wellbeing of individuals and outlines actions that will enable AHPs to work more effectively in this priority area.

Shaping the Future

4. Improving Health

4

4. Improving Health

Allied health professionals are committed to health improvement, which is often integral to their specific clinical role. Many are involved in health screening, health promotion, public health, social inclusion and participation initiatives and in advising individual people who access their services. Their work is extensive and diverse, but may often be uni-professional in its focus.

Working strategically to improve health

The appointment of the National Food and Health Co-ordinator, a dietitian, to take the lead in this important area of health signals the determination of the Scottish Executive to work across agencies in both public and private sectors to promote healthy eating. The Scottish Diet Action Plan, *Eating for Health* (1996), recommended that larger Health Boards in Scotland should appoint Public Health Nutritionists/Dietitians. AHPs are now also working in the food and catering industries, occupational health and industrial research settings to contribute to health in the widest context.

>> The 'Better Health Through Better Communication' project of Speech and Language Therapists in Lothian Primary Care Trust is improving access to services for people with communication difficulties, including low literacy groups, ethnic minority communities and people with learning disabilities.<<

A number of AHPs have recently been appointed as Public Health Practitioners and are working with the Public Health Institute of Scotland (PHIS) and multiprofessional colleagues to develop the role. This is a real opportunity for AHPs to use their expertise in health improvement and to be at the forefront of public health initiatives in Scotland.

Gillian Kynoch
National Food and Health Co-ordinator

Action

A network of AHPs with an interest in public health and health improvement should be established to share and develop models of good practice, forming links with the Health Education Board for Scotland, The Public Health Institute of Scotland, and the CRAG/AHP Clinical Effectiveness Project.

AHPs have also been actively involved in the development of public awareness of health issues and national health promotion initiatives developed by the Health Education Board for Scotland (HEBS).

Action

AHPs should work closely with other health professionals, such as Pharmacists, to develop innovative ways of accessing information and advice on health improvement as part of the HEBS initiative for Health Promoting Health Services.

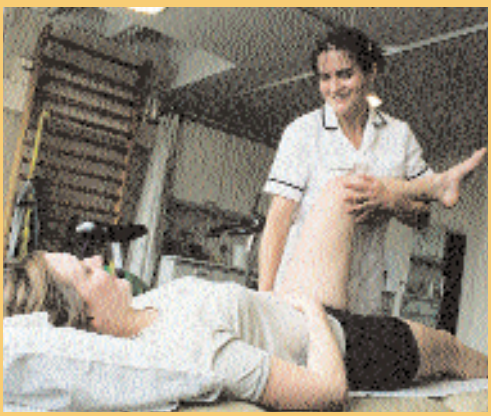
>> Physiotherapists and Occupational Therapists worked as partners in a national multi-professional project called 'Working Backs Scotland 'which aimed to highlight awareness of back injuries and how to manage them. They worked with the Health Education Board for Scotland, the Health and Safety Executive, Occupational Medicine specialists, GPs, Pharmacists, Nurses, STUC representatives and many other professional colleagues to produce a highly successful national advertising campaign that included radio advertising, a website and the production of 35,000 information packs which were distributed across Scotland. <<

>> Occupational Therapists at Glasgow Caledonian University provide a work rehabilitation service to Strathclyde Police to support police officers to return to work after illness or injury. <<

Working in areas of national priority

The *Cancer in Scotland* report identified a range of issues that will improve the prevention of cancer and deliver more effective and integrated care throughout the patient journey. The Clinical Standards Board for Scotland (CSBS) identifies the multi-professional management of patients with cancer as a key 'standard' statement.

AHPs deliver a wide range of cancer services, such as diagnostic and screening programmes and radiotherapy. They also provide support and rehabilitation after surgery, radiotherapy and chemotherapy, and when palliative care services are accessed. They therefore need to be closely involved in local cancer networks, working to develop action plans to progress improvements in prevention and treatment in local areas.



Action

AHPs should be fully involved in local cancer networks to support multi-professional improvements in cancer care and rehabilitation.

>> Therapeutic Radiographers undertake fast-track palliative radiotherapy planning and delivery at the Western General Hospital, Edinburgh. This ensures a faster, seamless service for patients receiving radiotherapy. <<

>> The multi-professional rehabilitation team for cancer patients in North Glasgow NHS Trust works to enable patients to recover from cancer treatments such as surgery and the impact of chemotherapy and radiotherapy on everyday living. Therapists support individuals to return home from hospital and to maintain quality of life throughout the care journey. <<

>> Radiographers at the South Glasgow Hospitals NHS Trust provide a 'one stop' breast clinic with multi-professional team members, speeding up diagnosis and treatment. Most patients are seen within one week of referral and receive their results on the same day. <<

The Coronary Heart Disease/Stroke Task Force highlights areas of priority action in both primary and secondary prevention. AHPs have a key role to play in reducing ill health through encouraging better diet, increased exercise and better lifestyle management.

>> A Dietitian-led project within five rural GP practices facilitated a multi-professional approach to adult obesity for patients with coronary heart disease, hypertension and Type II diabetes in Tayside Primary Care Trust. This has successfully enhanced the knowledge and skills of primary care teams and improved the advice given to these patients. <<

Mental health

In 2000, over 30% of the population in Scotland sought help from their GP on mental health-related problems. Approximately one-fifth of the population will experience mental heath problems at some time.

AHPs have responded positively to the challenges set out in *The Framework for Mental Health Services* (1997) to improve the access and responsiveness of services. Many AHPs are involved, with Occupational Therapists being core members of mental health teams delivering services to children, adolescents, adults and older people. The particular expertise of Arts Therapists is also utilised extensively in this field, and Dietitians and Speech and Language Therapists are increasingly working within multi-professional teams in mental health services.

"I feel this is a really exciting career development for and work closely with Health Visitors, Pharmacists impact on public health in this wider role. I feel as an AHP and breadth of awareness across health improvement and support within the LHCC"

>> Direct access to brief intervention Occupational Therapy is available to patients with mild to moderate mental health problems such as anxiety and depression within Ayrshire and Arran Primary Care NHS Trust. This has resulted in a more responsive service to patients and a reduction in GP consulting time. <<

>> An Arts Therapist and Clinical Psychologist in Glasgow Primary Care Trust have worked together to provide an innovative programme of community-based group therapy for women asylum seekers. This successful programme supports individuals with mental health problems associated with displacement and trauma to develop coping skills, integrate socially, manage the impact of anxiety and depression and make use of mainstream community services. <<

>> *Solution focused brief intervention Drama Therapy has been developed as part of an integrated care pathway in Tayside community mental health service as part of a multi-professional treatment programme.* <<

Health and wellbeing of older people

People are likely to live longer in the 21st century. The demographic trends indicate a steady increase in the population of older people and a drop in the numbers of children over the next 30 years. Services need to be able to respond to the challenges presented by a rising population of older people, who often have complex medical and social care needs.

AHPs have a central role to play in maintaining the health and wellbeing of older people and have developed a range of initiatives to support people in living healthy, active and independent lives. This is the key objective of *Adding Life to Years*, the report of the expert group on health care of older people.

>> *The R.O.S.E. Project in Glasgow (Review of Outreach Services for the Elderly) was a controlled trial of multi-professional home intervention which began in January 2000. The interim results show that rehabilitation at home significantly improves function and reduces the risk of falls for older adults with a history of unplanned hospital admissions.* <<

>> *The AHP Nursing and Residential Home Team advise, educate and provide guidance for staff in care homes throughout Glasgow. This multi-professional service has been highly valued by the Nursing and Residential Homes, in particular providing staff with a single-named contact for expert advice and in helping to maintain individuals' abilities within these settings.* <<

>> *Dietitians and Speech and Language Therapists in Highland Acute Trust are working with the Trust Nutrition Steering Group to implement the recommendations of Promoting the Nutrition of Older Adults in NHS Hospitals. This multi-professional group also includes representation from the Patients' Council to support a 'whole systems approach' to improving nutrition and overall patient care.* <<

AHPs. I have been in post for 8 months now and other multi-professional colleagues to I have been able to use my particular expertise settings to make a real impact on health

Public Health Practitioner

Working with children

Children are the key to a healthier future for Scotland and they are the second new national priority group outlined in *Our National Health: a Plan for Action a Plan for Change.*

AHPs are extensively involved in delivering services to children. Occupational Therapists, Physiotherapists and Speech and Language Therapists often work across health, education and social care settings, supporting children to participate in their learning and development at school. In addition, Orthoptists undertake nearly 70% of their work with children. All other AHPs provide specialist interventions for children, according to need.

>> Orthoptists in Argyll and Clyde Acute NHS Trust provide pre-school visual screening in nursery schools rather than clinics to maximise detection of pre-school visual problems. This has made the service more accessible and has reduced non-attendance. <<

>> A paediatric Music Therapy service has been developed in East Lothian for pre-school children with communication difficulties. The associated research project has demonstrated positive observable changes in the children and high levels of satisfaction with the service. <<

The case for services for children provided by the education, health and social care sectors to be better integrated is outlined in the report *For Scotland's Children,* and the *Manual for Good Practice in Education* makes specific reference to joint working by teachers and therapists. *Walk the Talk* (2000) stimulated a range of multi-professional initiatives aimed at making specific primary care services accessible to younger people. And the particular needs of children with disabilities in making the transition between child and adult services have been highlighted in several of the *Physical Disability Reviews* undertaken by the Scottish Health Advisory Service.

By working closely with young people, AHPs and health, education and social care colleagues hope to make a real difference to their general awareness and sense of personal responsibility for health and wellbeing.

Action

AHPs should continue to work closely with local multi-professional and multi-agency redesign projects to develop health improvement in areas of national priority.

"It's really satisfying to see patients early Providing rapid intervention means we can right away. Their treatment may be shorter problem."

>> Dietitians in Forth Valley Primary Care Trust are working closely with local schools to develop healthy eating for primary school children. The 'Food Dudes' programme encourages children to taste fruit and vegetables repeatedly to develop a liking for them and is helping to create a culture within the school that supports the consumption of fruit and vegetables. Every participating school now has a school-run fruit shop and children's consumption of fruit and vegetables at snack and mealtimes has reportedly increased at school and at home. <<

Improving health locally

A collective multi-professional approach to improving health is likely to have the biggest impact and achieve greater success. AHPs are already contributing effectively to achieving this goal, and are now aiming to work more closely together and with other professional colleagues.

Shifting the focus of existing services from being reactive to ill health to being proactive in improving health is a significant challenge for all Scotland's NHS Boards. AHP leaders and employers should therefore recognise and define specific contributions to health improvement when reviewing job descriptions, and ensure that AHPs get the opportunity to contribute to local Health Improvement Planning mechanisms.

Action

AHPs should contribute fully to the development of NHS Boards' health improvement planning through the AHP advisory committees.

>> Dietitians in Ayrshire and Arran Primary Care NHS Trust work with local authorities, social work department, education and community education services to develop the role of "Community food workers" which is aimed at improving the knowledge of links between food and health and promoting increased fruit and vegetable consumption in low-income communities and families. <<

Every discipline has different skills and expertise to contribute to the health improvement agenda and these examples are by no means all-encompassing or exhaustive. They do, however, serve to illustrate current achievements and the extensive capacity of AHPs to contribute effectively to improving the health of the population.

through our direct access service. alleviate symptoms and provide advice and less likely to develop a chronic

Senior Practitioner, Musculoskeletal Service

Delivering the high quality integrated care people want and expect is a high priority for health and social care. It involves reassessing many of the assumptions which underpin everyday service provision. This chapter sets out how AHPs are contributing to the task of responding effectively to the changing demographic and social profile of Scotland to develop services designed to meet people's diverse needs.

Shaping the Future

5. New Models of Care

5. New Models of Care

Many factors have been driving change in health and social care services in Scotland. Among the most significant are the recognition of Scotland's particular health problems and the effects of social exclusion. These are being addressed collectively as a matter of urgent national priority.

It is a challenge to refocus services from a traditional, reactive, illness-treating model to one that is more proactive, preventative, and health-promoting. But the challenge offers AHPs a significant opportunity to develop more innovative and creative ways to address long-established problems. By working in partnership with professional colleagues, they can help to overcome perceived boundaries between services and organisations, developing ways of working that will be of benefit to patients and the people who use services.

There is real potential for a collective approach to modernising and redesigning AHP services to make them more integrated and patient-focused, and potentially release capacity rather than increase workload.

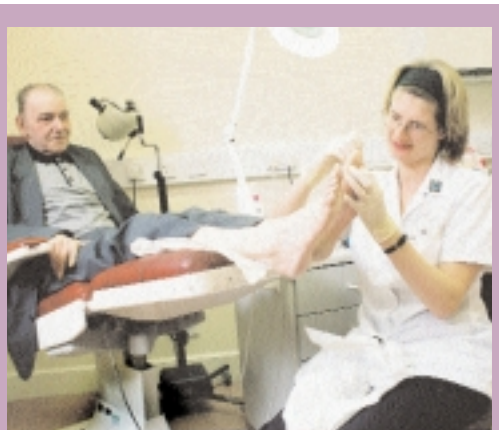
Responding to changing demographics

Scotland's population is projected to fall by 2021, based on 1998 figures, with a 15% reduction in the number of children under 15 and an increase in the over-75 population of around 30%. We know already that cancer and coronary heart disease are predominantly illnesses of older adults. Over 75% of adults with cancer and 81% of those with coronary heart disease (CHD) will be over 65. Incidence of and mortality from these diseases are also strongly linked with levels of deprivation.

The Wanless Report (2002) predicts that the future generation of older adults will be less likely to smoke and will have had better access to healthcare than those of today. They are also likely to have enjoyed higher incomes. They will have lived, however, in a society with greater income inequality, and are more likely to have higher levels of obesity and engage in lower levels of physical activity.

In responding to these projections, healthcare systems will need to ensure that services are designed to reflect the changing need of communities and individuals. NHSScotland and local authority partners are already working to bring together all of their resources for older people (services, staffing, budgets, property and equipment) and place them under joint management. Ultimately, the aim of *Joint Future* initiatives is for single managers to be leading joint services on a day-to-day basis. These 'joint resourcing and joint management' arrangements will create the framework for more and better joint services, a model that is likely to be extended to other community care services.

AHPs are essential to the provision of assessment and rehabilitation services for older people and therefore have a major role to play in delivering the *Joint Future* agenda. They are well placed to share their learning with other team members based on their natural affinity with partnership working and their practical experience of multi-agency working, and will therefore need to engage fully in this change process.



Action

NHS Boards and Local Authorities should ensure that AHPs contribute fully to the future vision, design and delivery of services for older people. ('Joint resourcing and joint management' initiatives provide opportunities to fully utilise the expertise of AHPs in this field, and to maximise the health improvement/rehabilitation potential of future developments, working closely with LHCCs.)

>> In Perth and Kinross, people with physical disability now have access to a jointly funded Occupational Therapy service which has streamlined services and provided a single point of access for the service user. These integrated services are being developed as a partnership between Perth and Kinross District Council and Tayside Primary Care NHS Trust in response to modernising community care. <<

"We know that patients really benefit from rehabilitation from skilled Allied Health Professionals. We need to develop better access to rehabilitation services in the community." – GP

Involving people

The Scottish Executive is committed to ensuring that people are involved in decision making about their treatment and proposed changes to their services. Health and social care organisations will have to demonstrate how they are taking steps to improve further the involvement of patients, people who use services carers and communities in the planning, development and improvement of services.

Action

NHS Boards should review local planning arrangements to ensure they are fully inclusive of stakeholders, enabling the expertise of AHPs to be appropriately utilised in the early stages of the planning and development process.

Patient Focus and Public Involvement (2001) sets out the framework for change for AHPs and other professions to achieve these objectives. The development of good communication systems that include listening and talking to patients, the public and communities are central to this change process. Good communication was also highlighted as being highly valued by the service users who participated in the consultation process for this document.

"Services need to be more joined-up – ideally with one point of access. Sometimes it can be difficult to know who to speak to about what!" – Service user

>> Dunfermline LHCC Podiatry service undertook a user involvement project as part of 'Designed to Involve' to seek views on how the podiatry service could be improved. The project used focus group techniques to review priorities for a better service from users, carers and other disciplines. This resulted in the development of an action plan which tackled diverse issues such as transport, access, appointment systems and communication. <<

>> Forth Valley Speech and Language Therapists, working with three local authorities, have enabled user involvement in consultations through appropriately adapted communication strategies, including 'Talking mats' and 'Total Communication'. <<

NHS24, a new 24-hour telephone consultation service has been established for Scotland and aims, over time, to reduce inappropriate workload for out-of-hours GP services and Accident and Emergency departments. NHS24 will continue to work in close partnership with local healthcare systems and through the local service integration teams which are being pulled together in Health Board areas across Scotland. In the future, AHP services may be interfaced with NHS24.

AHPs need to ensure that the people who use their services have access to information about what they can expect, setting out options on flexibility and choice in delivery and defining standards of care. Information provided should always reflect individual communication, culture or language needs. AHPs also need to find ways to support people to communicate their views to inform planning, development and improvement of services.

Action

AHPs should embrace the Patient Focus and Public Involvement *agenda and find ways to support people who use their services to inform the continuous improvement process. Opportunities for support or training in how to do so effectively will be available through local health systems and at national level.*

Improving the patient journey

Feedback from service users and the voluntary sector gathered during the development of this document was unequivocal in highlighting the value people place on the services provided by AHPs. However, the feedback also highlighted key areas for improvement.

These were specifically found in two areas:

- difficulties in accessing the service, both in terms of waiting times and in location of services, sometimes compounded by transport problems. It was also frustrating for service users to have to access an AHP via another professional, such as the GP;
- lack of continuity experienced when moving from one part of the system to another, with dissatisfaction expressed about a number of issues related to multi-professional communication. This was echoed by the Primary Care Modernisation Group consultation process in 2002, in which the biggest single source of frustration was that services were not appropriately 'joined-up', either between health and social care or acute and primary care, between professional services.

"I felt a huge weight being lifted off my and efficiently. The members of the team I or reassuring, they were wonderful. I think how we would have managed without them."

"Some of our learning disabilities clients are among the most socially excluded people in this area. It can be a real challenge to support individuals to live independently. That's where the team-work comes in with Therapists, Nurses and Social Workers using their expertise to support these new ways of working in the community." – AHP participant – *Learning Disabilities Review.*

AHPs need to participate fully in redesigning primary care services and the patient journey as part of the implementation of *Making the Connections*, the report of the Primary Care Modernisation Group. The report defines the need to utilise the full range of skills provided by AHPs and other care staff in improving access to 'the right health care professional'. It also highlights AHPs' role in the management of chronic disease and mental health problems.

>> *A direct access (self-referral) physiotherapy service was established at Westgate Health Centre, Dundee in 1998. Evaluation of the service concluded that direct access to Physiotherapy is feasible and highly acceptable to patients, the public, GPs and Physiotherapists. The main outcomes were that direct access patients were more likely to be male, younger, suffering from back conditions of a shorter duration and in employment with less absence from work. They achieved similar outcomes in fewer physiotherapy contacts and were more satisfied with their care. The impact on GP workload was also striking, with direct access patients having significantly fewer contacts; this resulted in a saving of GP time during one year of 88 hours.* <<

>> *South Ayrshire Council, in Partnership with the LHHC for North Ayr, Prestwick and Troon and the Ayrshire and Arran Primary Care and Acute NHS Trusts have developed the North Ayr Speedy Action Team to provide community-based rehabilitation and care. This multi-professional, multi-agency service is therapist-led and links closely with the hospital-based Rapid Response Team. It aims to support older adults to remain independent at home and avoid unnecessary admission to hospital.* <<

AHPs also need to work closely with partnership agencies to introduce improvements in the transitions between service providers such as those in acute, primary care and community care settings.

"The staff have been really first class, very supportive and compassionate, but with a great sense of humour. They made a very stressful experience easy to cope with."

– Radiotherapy patient

shoulders at all this being arranged so quickly dealt with could not have been more helpful they make a great team. I really don't know

Service User of a Rapid Response Service

Shaping the Future

6. Service Redesign

Modern clinical care is increasingly evidence-based. Services and systems, however, often operate from a historical 'custom and practice' perspective. Practitioners frequently live with the frustrations this creates, without knowing how to influence the solutions. Service redesign offers the opportunity to look at the contribution of all those involved in the patient journey from beginning to end and find creative solutions to problems. This chapter sets out AHPs' contribution to the process.



6. Service Redesign

Service redesign aims to improve the experience and quality of care for service-users. It calls for fundamental rethinking and radical redesign of care processes to achieve dramatic improvements in the speed and quality of care delivered. It can lead to services being delivered in a completely different way.

Service redesign involves multi-professional teams adopting an inclusive approach to service review. By adopting this 'whole systems' approach, the complexity of the care journey from beginning to end can be outlined in full. Multi-professional teams are then tasked with streamlining the care process, removing duplications, delays and unproductive work, and offering a better overall service.

AHPs have an important, and often essential, role to play in a variety of care pathways and are therefore crucial to the redesign process. So far, nearly 100 AHPs have participated in training on service redesign and many others have already contributed to local redesign projects.

>> The North East Glasgow Acute Lower Back Pain service is led by specialist physiotherapists and has impacted on the successful management of this condition, which affects 60-80% of the population. Ninety per cent of patients felt their treatment had reduced their symptoms and allowed them to return to their social activities sooner, with 60% achieving a full recovery and 95% returning to work post discharge. <<

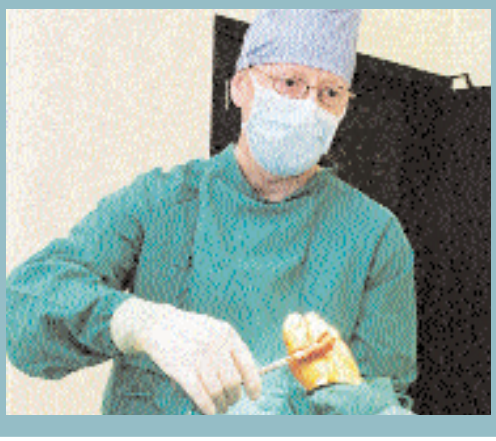
Action

- *NHS Boards, Trusts and Local Authorities should review management systems and structures to enable AHPs to maximise their contribution to service delivery, redesign and development.*
- *Redesign training should be available to AHPs at national and local level to assist in service-led continuous improvement, review and reconfiguration of services, through extended scope of practice and flexibility of skill mix.*

>> In Lothian University Hospitals NHS Trust, the Therapy Services Director has developed a structure that supports the integration of the professions into directorates and facilitates their development planning. This ensures that AHPs are maximising their impact on Trust priorities such as waiting lists, discharge planning, service redesign and modernisation and care pathways that support extended scope of practice. <<

Reviewing professional pathways and systems

Reviewing service provision can also offer opportunities to consider the existing and future roles of clinical and support staff. Many AHPs have already developed specialist practitioner roles or extended the scope of practice of existing qualified and support staff to improve services, reduce waiting times and improve outcomes. The King's Fund report on the ENRiP (Exploring New Roles in Practice) study, *Developing New Roles In Practice*: *an Evidence Based Guide*, offers useful guidance on the process of developing these new roles.



>> In North Glasgow University Hospitals NHS Trust, patients are able to self-refer to the open access diabetic foot ulcer clinic run by Podiatrists. Rapid assessment and treatment of foot lesions is provided to improve the clinical care for these patients and avoid hospital administration or the need for surgical intervention. <<

>> In Midlothian, Occupational Therapists from Local Authorities and health services have worked together to redesign the management of equipment and minor adaptations. This has resulted in more responsive services to support patients being discharged from hospital and a more efficient use of staff time in both agencies. <<

Reconfiguring the skill mix within a service can also ensure that practitioners are making best use of clinical time, and that Support Workers are enabled to enhance their role appropriately through additional training and support. The new Workforce Centres outlined in the Scottish Executive Health Department (SEHD) response to the report of the Scottish Integrated Workforce Planning Group, *Planning Together*, will be key to supporting and developing such new ways of working, founded on clinical and professional competencies. It will be essential to include key stakeholders in this process including employers, NHS Education for Scotland, and the professional bodies.

>> The Society of Radiographers and the Royal College of Radiologists are working together on clinical career development and progression for staff in radiography. The work promotes widening access to the profession, flexible career pathways and the development of new roles which have the potential of allowing some highly skilled radiographers to undertake more complex procedures and to have greater influence over the management of their patients. This may in some cases free up consultant radiologist time. Therapeutic Radiographers in Scotland have developed extended roles in review and management of palliative radiotherapy patients and Diagnostic Radiographers are undertaking barium and ultrasound investigations, IVU examinations and injections of contrast media. <<

The introduction of AHP prescribing in the future is an example of changes in roles and clinical pathways. The Review of Prescribing, Supply and Administration of Medicines, which reported in 1999, recommended that systems be put in place to extend the prescribing of medicines beyond doctors, dentists and certain nurses to include other competent health professionals.

The Health and Social Care Act, 2001, allows for the introduction of independent and supplementary prescribing. It has been decided that supplementary prescribing will be introduced initially for Nurses and Pharmacists. This is currently under consultation with a view to implementation in late 2002/early 2003. Extending this to other healthcare professions will be considered in the light of this experience.

Wherever possible, and where it is in the interests of patients, AHPs should be enabled to undertake extended scope of practice that contributes to reducing waiting times, improving access to the right healthcare practitioner, and encouraging seamless care and health improvement.

"As a Director of Allied Health Professions I am services throughout the Trust. This enables AHPs to and shaping of future service developments in areas their full part in organisational change and

Action

AHPs, in liaison with the waiting times unit should use extended scope of practice to contribute to improving waiting times for patients and existing referral/access systems, as part of the implementation of the Primary Care Modernisation Plan to improve access to the appropriate healthcare professional within 48 hours.

Supporting the contribution of AHPs to strategic and local planning

AHPs are core members of the multi-professional and multiagency teams that deliver services to all of the national priority groups and the growing numbers of people with chronic diseases and disability living in the community. It is therefore essential that local planning processes reflect this through the involvement of AHPs in all levels of planning.

Better information locally and centrally is also required to support and inform the planning process, both in terms of individual professions and within the localities or context in which those services are provided, such as stroke, cancer, and older adults' services.

Action

AHPs should work in partnership with other professional groups to develop and extend their role in delivering the public health agenda and to inform the strategic and local planning processes.

>> Podiatrists and Dietitians in Glasgow Primary Care Trust worked within a GP practice to develop a self-management approach for patients with Type II Diabetes. This service has been well received by patients and has enhanced both awareness and improvement of diabetes control for these patients. <<

>> A 'model pharmacy' has been developed in Possilpark, Glasgow, providing a resource centre where other staff such as Podiatrists can work and the local community can access a range of services from one convenient location. <<

Managing changing priorities

Managing and prioritising workload is an ongoing challenge for AHPs, particularly as a result of growing demand for their 'needs-led' services and the impact of workforce changes in other professions. This has been further compounded by recruitment and retention difficulties and the impact of planned leave without established 'backfill' (or locum replacement) arrangements, which has been a long-standing problem.

Many AHP professional bodies provide guidance for staff on caseload management. This should be reviewed by AHP leaders to inform integrated workforce planning arrangements. The work of the national and local Workforce Centres will be vital in influencing the workforce planning of the individual professions. The professions will need to supply accurate data to support this initiative. Further work will also be required to evaluate the specific impact of workload.

> involved in the planning and development of be involved from the outset in the direction of priority within primary care, and to play development."
>
> AHP Director

Action

The Professional Officer for AHPs at the Scottish Executive Health Department will work in partnership with other UK Health Department AHP officers, AHP leaders, professional bodies and Nursing colleagues to review progress in workload analysis systems.

Future developments, however, must be based on appropriate arrangements for service continuity. They should also reflect the impact of planned leave on increasing workload pressure and jeopardising the retention of existing staff. And consideration needs to be given to the impact of the Working Times Directive for those staff who provide out-of-hours services, such as Radiographers, Physiotherapists and, most recently, Occupational Therapists.

Action

Employers of AHPs should ensure that appropriate arrangements for service continuity and the impact of planned leave are considered, particularly for every new AHP post that is established.

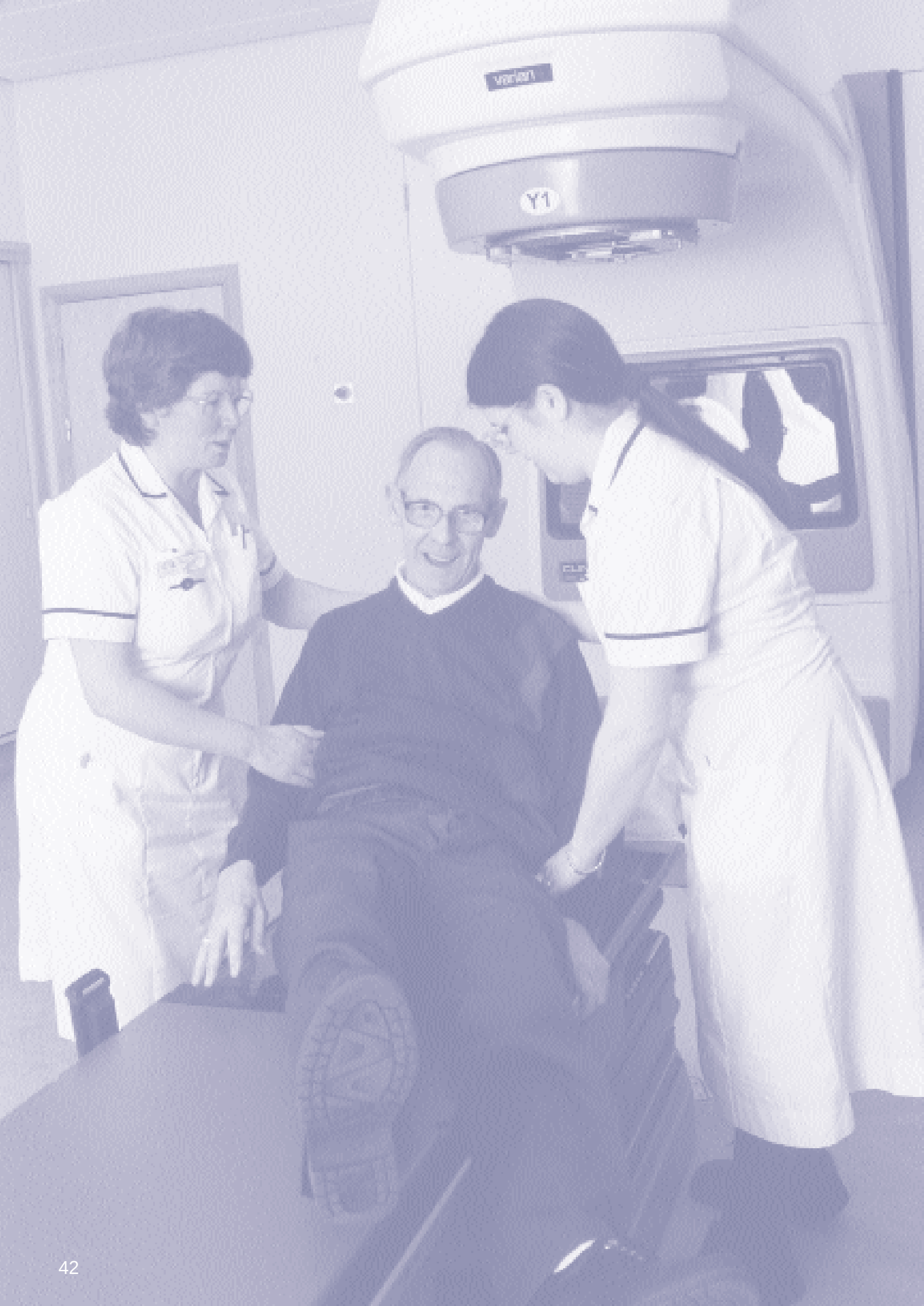
AHP participation and involvement in new NHS systems

Several NHS Boards now have AHPs as Board members, either in the capacity of corporate employee representative or as chair of the clinical advisory committee. AHPs need support to develop these new roles and responsibilities within the context of new multi-professional and multi-agency structures.

Action

AHPs should be given opportunities to further their contribution to the strategic work of NHS Boards. Appropriate arrangements should also be established to link the work of the different Professional Advisory Committees.

It is vital that management systems and structures within Trusts, Local Authorities and LHCCs should support AHPs in making a full contribution to the service. They should be well informed and involved in planning and delivering on priorities for action at local level. Appropriate leadership for AHPs is also critical to delivering the required improvements in the care journey. AHPs must actively work together in teams to address their shared clinical and organisational priorities, in partnership with colleagues from other professions.



Shaping the Future

7. Clinical Governance, Research and Development

Clinical governance is now a corporate responsibility of NHSScotland. All professions, all grades and each individual working in health and social care has a personal responsibility for the delivery of good care. This chapter sets out how AHPs can continue to contribute to the delivery of clinical governance targets, both nationally and locally.

7. Clinical Governance, Research and Development

Trusts have developed local systems and structures to support clinical governance. AHPs are participating in these initiatives and expanding clinical governance activity within their own services. Research into aspects of practice provides AHPs with vital information on the impact of specific approaches or interventions. By collating, evaluating and implementing the research evidence, practice can become evidence-based and outcomes for service users can be improved.

Evidence-based practice and clinical networks

AHPs agree that there is a clear requirement to extend evidence-based practice across the disciplines. Like many healthcare professions, there is currently insufficient evidence to support many AHP clinical interventions. There is therefore a need to link leading-edge clinical practice more effectively to audit and research.

Progress has been made, with AHPs involved in a wide range of exciting research initiatives and clinical effectiveness projects at national and local level to determine health benefits and improve outcomes for patients.

Networking of good practice and achievements in clinical effectiveness have proved to be problematic for many of the professions. In 2000 the Clinical Resource and Audit Group (CRAG) funded the AHP Clinical Effectiveness Project for a period of three years to support improvements in this key area. The remit of the group has been to develop a national framework through which AHPs can share good practice and resources more effectively. The project is now in its second year and is on target to consolidate existing networks for Physiotherapists, Podiatrists and Dietitians, and establish networks for Occupational Therapists and Speech and Language Therapists. The final year will focus on consolidation of all five networks at both uni-professional and multi-professional levels.

The Scottish Executive is now committed to building on the achievements of the AHP Clinical Effectiveness Project, and is determined to ensure that more AHPs can take part in the networks.

Action

- *The Scottish Executive will support the development of an e-based clinical governance network for all AHPs that will build on the achievements of the CRAG/AHP Clinical Effectiveness Project, with lead AHP clinicians in each area.*
- *Trusts and Local Authorities should ensure that AHPs are included in development plans for employee access to information technology, particularly in the community setting, to support their ability to take part in the e-based clinical and learning networks.*

7

Multi-professional guidelines and standards

AHPs have been fully involved in the development of multi-professional evidence-based clinical guidelines for a wide range of clinical conditions and services. These guidelines have been initiated through the Scottish Intercollegiate Guideline Network (SIGN) and are now used to underpin the work of the Clinical Standards Board for Scotland (CSBS) in reviewing services and supporting the development of quality health systems across Scotland.

The CSBS peer-review approach, which is multi-professional, has provided AHPs and other disciplines with valuable learning opportunities, networks to share good practice and a vehicle to identify areas for improvement. AHPs have also been involved in the development of the Scottish Health Advisory Service Quality Indicators for services such as Physical Disability and National Standards for Care Homes.

Quality Standards Board for Scotland

Our National Health: a Plan for Action a Plan for Change made a commitment to achieve better integration and co-ordination of those national organisations and professional bodies with an interest in quality. The consultation on the establishment of a new special Health Board for Quality was completed in June 2001 and plans to establish the Quality Standards Board for Scotland are now underway, with implementation scheduled for late 2002.

Research and practice development for AHPs

There is a range of mechanisms to support research activity within NHSScotland at local and national level. Many are available to all professions, while some are specific to AHPs and are available through the various professional bodies and national charities.

Allied health professions and other healthcare professions have in the past experienced some difficulties in negotiating these funding mechanisms, particularly where a co-ordinated support system does not exist at local level. Many, however, are overcoming the challenges and enhancing their research profile.

"Working as a researcher/practitioner between QMUC and Forth Valley PCT has been a great opportunity for me. I combine three days a week of clinical work with two days of research into the treatment of children with intractable speech disorders. It has had real benefits for the Speech and Language Therapy services in Forth Valley and my own personal development."

AHP Researcher/Practitioner

A range of systems supports multi-professional research activity that is relevant to national health priorities. Each of these resources offers opportunities for AHPs to develop their individual and corporate research capacities. The Scottish Executive is now putting in place a number of new measures to further encourage and increase AHP research activity and uptake.

Action

- *A Fellowship Award for AHPs will be established to support developments in Clinical Effectiveness through the Clinical Resource and Audit Group.*
- *A National Award for the Allied Health Professions will be developed to support innovation and creativity in health improvement and patient-focused care.*
- *A professional secondment opportunity will be established within NMPDU to review and develop appropriate practice development support mechanisms for AHPs, building on existing multi-professional achievements and linking with NHS Education for Scotland and the Strategic Change Unit.*
- *Leaders of AHPs should work in partnership with ISD and Information Managers to develop a framework for better information management systems, making appropriate links with ongoing developments for Electronic Patient and Health Record systems.*

The Chief Scientist Office (CSO), part of the Scottish Executive Health Department, encourages and supports health-related research to improve the health of the people of Scotland and the services provided by NHSScotland. Much of the CSO budget funds research infrastructure within Trusts. The remainder is spent directly on core funded research units (of which there are seven), project grant applications by all relevant professional groups, capacity building initiatives and a variety of other research projects. Funding applications are accepted from all professions and a number of AHP projects have been supported by CSO.

The main strand of the Scottish Executive's support for research in Higher Education Institutions is administered principally by the Scottish Higher Education Funding Council (SHEFC). The Council supports basic research capacity in Scottish higher education institutions by distributing funding selectively on the basis of the quality of research in each institution (QR) as measured by the Research Assessment Exercise (RAE).

SHEFC funding of research infrastructure also underpins and encourages investment in research projects by other funders such as Research Councils, European Union, research charities and the private sector. There is a continuing challenge for AHPs in getting into and being successful within this cycle of funding.

The School of Primary Care was established in January 2000 to develop the evidence base to support decision-making in primary care in Scotland and to increase the capacity of the research community.

The School aims to provide the high quality research evidence needed to inform decisions made by service-users, practitioners, managers and policy makers, and increase research capacity and capability within Scotland through increasing the accessibility of education and training in primary care research.

The Nursing Research Initiative for Scotland (NRIS) is one of the seven core units funded by CSO. The unit has a multi-professional team of health researchers including a Speech and Language Therapist, Psychologist, Statistician, Nurse and Midwife, who undertake specific projects that will inform and enhance patient care in areas of priority.

There are currently four programmes of research: stroke, practitioner judgement and decision making, practitioner interventions, and patient-centred outcomes. The unit has created opportunities for AHPs to lead specific projects within the team and develop their skills as first-line researchers, as well as share in the development of research that has practical application and relevance across disciplines.

The Nursing and Midwifery Practice Development Unit (NMPDU) has also adopted an inclusive approach to many of its work-based projects, which have been designed to review and lead improvements in clinical practice. This has provided mutual benefits for participants in areas of shared interest in learning and facilitating multi-professional practice development.

The Information and Statistics Division (ISD) collects, validates, interprets and disseminates information on activity within NHS Scotland. There is recognition of the need to improve the information gathered on work undertaken by AHPs, and this is planned for later in 2002. Better information is essential to clinical governance and improved patient care, and will assist AHP leaders to evaluate and develop services appropriately to support clinical effectiveness activity.

Growing research capacity and capability

AHP undergraduates learn to appreciate the importance of research methods and findings as part of their university courses. However, building research capacity and capability is still providing AHPs with significant challenges in practical settings.

"I have always been interested in research but become actively involved. I wanted to ask – and practice and to my clients. As a researcher in a time, facilities and support to develop a of national priority, Stroke."

The desire to consolidate clinical skills on qualifying, conflicting clinical priorities for all grades, a lack of clarity of expectations of senior staff taking the lead and the need for better research support systems compound the difficulties for AHPs in developing their full research capabilities.

Further joint working between practitioners and universities is required to address these current barriers and devise further action to promote capacity and capability in research activity.

>> A Speech and Language Therapist has been able to take up a new joint role as a Researcher Practitioner between Queen Margaret University College and Forth Valley Primary Care Trust. <<

AHP leaders need to work collaboratively and within local clinical governance structures to consider priorities for research and clinical effectiveness activity and define how they can be achieved at local level as part of service development plans and performance management systems. Individuals wishing to become principal researchers should be supported to take advantage of existing and new opportunities such as studentships or researcher/practitioner appointments.

>> Occupational Therapy, Speech and Language Therapy and Dental researchers at the Nursing Research Initiative for Scotland (NRIS) are currently conducting a systemative review of the evidence for the effectiveness of oral care interventions for people who have had strokes. When completed, the results will be published in the Cochrane Database of Systematic Reviews. <<

Practitioners may need some support in becoming research aware and enhancing their critical appraisal skills. They should be supported to understand and utilise research information, contribute to the development of research initiatives and, where appropriate, participate in structured research activity. New graduates from all disciplines should also be encouraged and supported to publish final-year research projects that would contribute to an enhanced professional knowledge base.

working in a clinical setting it was difficult to answer – questions that were relevant to my multi-professional research unit, I have the cohesive programme of research in an area

AHP Researcher NRIS

>> A clinical effectiveness co-ordinator and research strategy group for Therapy Services was established in Lothian Acute Hospitals Trust to support local implementation of clinical governance. <<

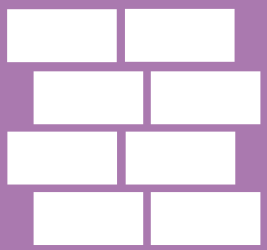
>> AHPs in Glasgow Primary Care NHS Trust developed a training programme in research report writing skills and created opportunities for multi-professional mentoring of those interested in research activity. <<

>> Arts Therapists in Scotland have established a research network to support and co-ordinate Art Therapy research activity to underpin practice and link with the UK-wide network. <<

The Scottish Executive is now keen to widen access to research activity to more AHPs and accelerate progress on identifying areas where research activity is required to give AHPs the body of evidence they need to provide clinically effective care.

Action

A short-term working group should be established to review AHP research and develop an action plan for building AHP research capacity and capability within health and social care.



Shaping the Future

8. Career Pathways and Continuing Professional Development

8

Valuing and supporting staff in lifelong learning is a clear commitment of *Our National Health* and *Learning Together*. Both initiatives recognise the importance of equipping staff with the skills and knowledge to work flexibly in support of patients and which enable them to grow and develop within the organisation to realise their full potential.

8. Career Pathways and Continuing Professional Development

Lifelong learning

Lifelong learning is an essential requirement for all practitioners in a modern health and social care environment. It therefore requires both a personal and a corporate commitment.

NHS Education for Scotland (NES) was established in April 2002 to support education, training and lifelong learning in NHSScotland, initially for Doctors, Dentists, Pharmacists, Psychologists, Nurses and Midwives, and in the near future for AHPs; ultimately, the aim is for NES to cover all NHSScotland staff.

This positive development will foster a multi-professional and 'people-centred' approach to learning and working. It will also bolster professional identities and the strengths and the qualities of uni-professional training in Scotland, where appropriate. AHP leaders and stakeholders will be involved later in 2002 in a summit to consider appropriate support mechanisms and an action plan to include AHPs in the work of NES.

Action

NHS Education for Scotland should be inclusive of AHPs in its development proposals from 2002 and AHPs will be actively involved in developing and implementing an action plan for their inclusion.

The new *NHS Learning Bank* and the *Scottish University for Industry*, better known as Learn Direct Scotland, will underpin and promote access to lifelong learning opportunities for all health and social care staff. Technology will also be exploited to support innovative virtual learning, including the development of the *NHS eLibrary* and the *NHS Learning Zone* website. These learning opportunities will have particular advantages for those who might otherwise be unable to access similar opportunities for professional development, such as AHPs and support staff in remote and rural areas.

>> RARARI has funded a three-year internet-based Podiatry CPD project involving the five Podiatry Services in the North of Scotland. The development of 10 fully accredited online modules will enable staff to complete these programmes without having to travel from remote or island locations, which is time consuming, costly and often problematic for single-handed practitioners. <<

Action

- *Opportunities for innovation in the development of CPD and clinical support for AHPs in remote and rural areas should be progressed through the Remote And Rural Areas Resource Initiative (RARARI).*

Multi-professional learning

AHPs recognise the need for better multi-professional education to underpin effective team working, both at undergraduate and post-graduate level. Some universities and professions are already taking the initiative in this area.

The Integrated Human Resources Working Group (IHRWG) undertook a scoping exercise to review the ways in which multi-professional and multi-agency training can be promoted within NHS Boards and Trusts and Local Authorities as part of the *Joint Futures* initiative. Over 1200 staff participated in a range of seminars held in different parts of Scotland as part of this process. The IHRWG report was published in May 2002, and its recommendations about joint training, both 'on the ground' in local partnerships and nationally in educational bodies, are currently being considered by the Scottish Executive and all stakeholders with a view to implementation in Autumn 2002.

This will also be a key area of interest for NHS Education for Scotland in their quest to promote the skills and attitudes that support multi-professional working and to encourage multi-professional education and development within NHSScotland.

Action

- *NHS Boards and Trusts and Local Authorities should work in partnership with universities and NHS Education for Scotland to review and develop postgraduate opportunities for AHPs.*
- *NHS Education for Scotland should work in partnership with the universities to foster opportunities for multi-professional learning and development at undergraduate and postgraduate level.*

>> Robert Gordon University has developed a multi-professional team working module and Queen Margaret University College has established multi-professional problem solving activities for AHP students. <<

Professional regulation

The introduction of the new Health Professions Council (HPC) to replace the Council for Professions Supplementary to Medicine (CPSM) as the professional regulatory body for AHPs in April 2002 was enacted by the Health Professions Order 2001. This order was approved by Privy Council of the Westminster Parliament in February 2002.

The HPC will focus primarily on safeguarding the health and wellbeing of people using the services of AHPs. The principal functions of the Council will be to establish standards of education, training, conduct and performance of members of the relevant professions, and ensure the maintenance of these standards.

Continuing professional development for State Registration

Professional codes of conduct require AHPs to ensure clinical competency has been updated through ongoing continuing professional development (CPD). The work plan of the HPC will include a consultation process on the provision of evidence of continuing learning and development to enable practitioners to remain on the State Register.

"Because our staff often work single handed, professional support and learning opportunities. to and from mainland specialist practitioners

A UK-wide project has been established to develop an outcomes-based approach for AHPs to demonstrate competence through CPD. All the AHPs within this document are represented in this Chartered Society of Physiotherapists (CSP) led project, which will inform the work of the HPC and is due to report later in 2002.

Regulatory issues for AHPs working in Social Care are now also influenced by the requirements of the Scottish Social Services Council.

Developing learning plans

Continuing professional development is both an individual and corporate responsibility. *Learning Together* specified that every member of staff should have a personal development plan, which would be reviewed annually. Wherever possible, Organisational Learning Plans should also support protected time for learning activities, as recommended by professional bodies.

Action

- *Trusts and Local Authorities should ensure that Organisational Learning Plans are inclusive of AHPs and that, wherever possible, consideration is given to protected time for learning and development.*
- *Leaders of AHPs should support staff in reserving a minimum of a half-day per month,* pro rata*, for dedicated CPD activity, in accordance with the recommendations of professional bodies.*

AHPs have made good progress in supporting practitioners with their personal learning plans.

>> *A CRAG AHP survey revealed that 85% of AHPs had a Personal Development Plan in 2001.* <<

The commitment to lifelong learning set out in *Learning Together* is underpinned by a commitment to support for staff in enabling them to perform their role effectively. It is essential that AHPs build strong foundations of learning for staff of all grades, beginning with induction and clear role expectations, through to in-service training opportunities and structured supervision and appraisal of performance. These beneficial practices are the expectation of every new graduate and should by now be standard practice in the majority of AHP services.

we have had to be creative in enabling Clinical networking arrangements and visits have been really positive."

Island-based AHP Leader

8

Career pathways

Career pathways of the future need to reflect the diversity and flexibility required in modern health and social care services. Changing needs and changing practices, including advancing technology, need to be recognised in the opportunities available to staff. This raises a number of significant challenges in terms of service planning, individual career plans and in acknowledging the scale and pace of change for all health and social care professions.

Extensive opportunities are evolving for AHPs to follow varied and challenging career pathways. Changes in the multi-professional workforce may also impact on the shape of future clinical opportunities. For example, the Wanless Report (2002) found that:

>> *… the existing evidence suggests that between 25% and 70% of doctors' tasks could be undertaken by nurses or other health care professionals. The evidence suggests that, while maintaining or reducing costs, this could improve care outcomes, suggesting scope for improved productivity.* <<

Better career opportunities have the potential to impact beneficially on recruitment and the retention of experienced practitioners. AHP Consultants will also bring added value to the delivery of modern flexible services across primary and secondary care. Their key contributions will be in national priority areas such as services to children, older people, people with cancer, CHD, mental health and chronic diseases such as diabetes. They will provide leadership within their clinical specialties to support the clinical governance agenda, working within and across multi-professional teams. They will utilise their expertise in specialist interventions and rehabilitation, and through extended scope of practice, which will significantly enhance the patient journey.

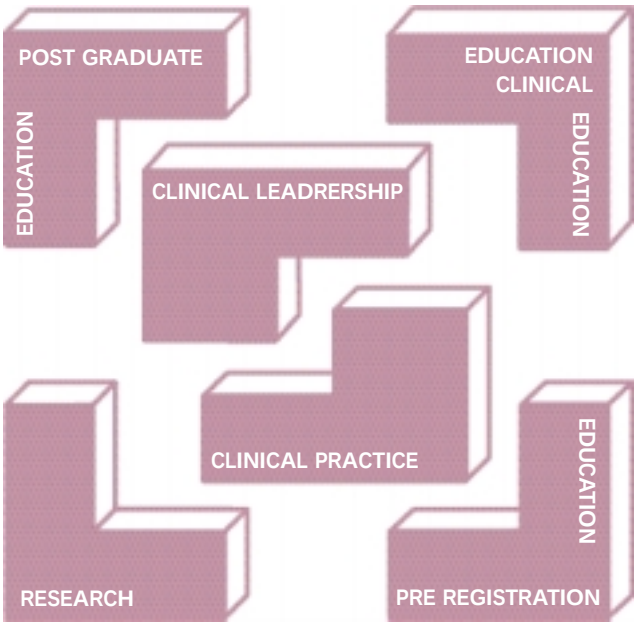
Consultant and specialist practitioner roles, public health practitioner posts, and research, education and combined practitioner roles offer potential for expert practitioners to fully develop their clinical careers.

Action

Opportunities for the development of AHP consultant and specialist practitioner roles should be jointly explored with stakeholders, with the first 12 consultant posts established between 2003-2004. Guidance packs will be developed to support this process.

"I am really enjoying the HNC programme. It's hard trying to juggle the pressures of work and study at the same time, especially when you have a family, but I really want to go on and do my training. This programme means I can apply to gain entry into 2nd year of the degree course. Less time in full-time study makes this a more affordable option for me, and I know it'll be worth it when I qualify." **OT Assistant**

Possible Clinical Career Pathways



Developing Support Workers

AHP Support Worker roles have been developed by many, but not all, of the professions. Support Workers play a valuable role in the delivery of services and in many areas have extended their skills to support the delivery of enhanced patient care. Many are keen to expand their knowledge further and some wish to progress towards state registration.

Arrangements are in place to facilitate this for some of the professions, but the need to give up employment to undertake training is often a barrier for existing Support Worker staff. There is therefore a need to develop alternatives to the traditional path of full-time study leading to registration, a move which would also support the development of practitioners in remote and rural areas.

Action

Opportunities to develop alternative routes into state registration should be progressed by the SEHD in partnership with the Health Professions Council, universities, NHS Education for Scotland, the Scottish Qualifications Authority and the professional bodies. A national working group should be established to address the issue.

The education and training needs of Support Workers who do not wish to pursue state registration in the professions should not be forgotten, however. Employers should make appropriate arrangements to ensure that Support Workers are offered opportunities to develop their skills and knowledge base to improve practice.

Developing competencies

Clarifying role expectations is fundamental to job clarity and satisfaction. Support Workers who participated in the national consultation exercise were universally enthusiastic and committed to the contribution they make to service provision. However, many Support Workers faced challenges through inconsistency of expectation from their professional colleagues. They therefore found that their role could vary considerably depending on how the restrictions or flexibility of their responsibilities were interpreted by individual practitioners.

Guidance on competencies for Support Workers have been developed by the professional bodies to assist in clarifying their many and varied roles. General core competencies for all healthcare Support Workers in Scotland have also been established through a project undertaken by the Strategic Change Unit at the Scottish Executive Health Department. New recommendations from the Pay Review Body also allow Support Workers to be given incremental recognition of training received through SVQ modules.

These opportunities could support departmental redesign, management of change and effective reconfiguration of existing staff resources, freeing up valuable clinical time and giving added job satisfaction for professional and support staff

>> A Dietetic Assistant post has been introduced at Dr Gray's Hospital, Elgin. This has supported improved implementation of nutritional care with better support for patients and staff and has raised the profile of nutrition and Dietetics at ward level.<<

>> In addition it has helped to reconfigure the workload of qualified Dietitians, enabling them to use their expertise more effectively in the service. <<

Action

Trusts and AHP leaders should review opportunities to develop the role of AHP Support Workers and enable them to take advantage of SVQ training at Levels 2 and 3, to support continued learning and career progression and impact on organisational development.

Allied health professionals are vital team players in the drive to deliver the changes required by *Our National Health: a Plan for Action a Plan for Change.* But they and other health and social care professionals across Scotland are facing challenges in shaping and forming their workforce, with demand currently outstripping supply in many disciplines. This chapter explores what steps can be taken to secure the AHP workforce now and for the future.

Shaping the Future

9. Recruitment and Retention

9. Recruitment and Retention

Ensuring the availability of professional and support staff with the right skills and competencies is vitally important for the provision of the multi-professional services people need and value. The challenge of growing and sustaining the workforce in what can be regarded as a competitive global market for talent now requires creative and flexible responses from all the professions.

Integrated workforce planning

The Scottish Executive is committed to developing a more integrated approach to workforce planning that will be central to the national strategic and local planning systems for health and social care priorities. Plans for a new National Workforce Unit and regional Workforce Centres that are to be established to drive and support this systematic multi-professional workforce planning process are currently being progressed.

The Workforce Centres will work with NHSScotland and the National Workforce Unit in helping to plan the future AHP workforce and in addressing the balance between supply and demand. This was highlighted as a particular priority by the *Acute Services Review Report* (1998), which stated:

> *'A significant concern for the Review was the lack of information relating to [AHPs], their target staffing levels and indeed their patient care activities. This has to be seen against the backdrop of an agreed need for equity to the full range of therapy provision in the community, primary care, hospitals, schools, health surveillance, screening and health promotion.'*

The action plan for the Centres to be established will be published in 2002.

Action

Regional Workforce Centres and a National Workforce Unit and will be established to ensure integrated multi-professional workforce planning is developed as integral to service planning and development. Specific planning for each of the professional groups should be considered in this context.

Agenda for Change

The Scottish Executive continues to be fully committed to UK-wide proposals under *Agenda for Change* to modernise the existing NHS pay system. The proposals aim to support flexibility in rewarding staff fairly for changes or expansion of their roles and extensions of the scope of their practice, resulting in better career progression and the evolution of more modern conditions of service.

It is hoped that agreement on these change proposals can be finalised for implementation in Scotland in 2004. Links between health, local government and social care are also being examined, with a view to establishing a more integrated approach to pay and conditions in future.

Creating the workforce of the future

Many factors influence the career choices that individuals make – as school leavers, as graduates, and in later life as their career develops. The development of suitable career pathways is undoubtedly a factor in all of these choices.

While in the past there has been little difficulty in attracting students to pre-registration courses, the emerging trend is one of falling numbers of applicants to many professional AHP courses across Scotland. This development requires further review.

Current AHP students consulted during the development of the document described variable experiences in obtaining accurate careers information or work experience which would support them to make positive informed choices. Some new graduates reported that they did not always feel fully prepared for the challenges of the workplace. A concerted effort by AHP service providers, university staff and careers officers is required to provide accurate information to support decision-making and clarify workplace roles.

Students also indicated their enthusiasm for having a better understanding of the roles of professional colleagues during their training programmes. They saw this as an opportunity to enhance team communication and joint working, and impact on patient outcomes and multi-professional efforts to improve the health and wellbeing of the population.

New practitioners

Early experiences in the workplace are crucial determinants of job satisfaction. Support for newly qualified staff in the transitional phase between being a student and becoming a qualified practitioner is central to ensuring that they develop the competencies necessary to do the job and gain a rich and satisfying experience of work as a registered practitioner. Initiatives such as the induction and mentoring arrangements developed in many departments will help newly qualified practitioners to achieve these goals, and may also assist in the ongoing retention of staff.

Action

AHP leaders and junior staff should work together to consider options such as mentoring and local development programmes that will support new practitioners in the workplace and increase job satisfaction.

>> Orthoptists are using the mentoring scheme for new graduates developed by the British Orthoptics Society to support new practitioners in NHSScotland. <<

Many junior staff from a range of disciplines express a desire to gain a variety of experiences in the clinical setting, a practice that is important to them in selecting their first job. The wish to gain life experience through world travel is also common among this group. Creative recruitment practices for junior grades may enable this flexibility to be written into their first post, ensuring practical cover and enhancing the retention of skilled staff within NHSScotland.

Action

AHP Leaders should have the opportunity to participate in 'Flexibility in Employment Practice' training to support the retention of skilled staff of all grades.

Balancing the requirements for clinical education

Current students and junior staff indicate that they are likely to seek employment in a workplace where they have previously been on clinical placement. The limited availability of student fieldwork placements nationally is therefore not only likely to impact on the number of students who can be trained, but will also have negative implications for recruitment. Given the difficulties of recruiting to remote and rural areas, it is particularly vital that opportunities for clinical placements in these areas are enhanced.

A partnership approach between health and local authority AHP leaders, Trust Human Resource Directors and the universities is required to overcome existing and perceived barriers to developing clinical placement opportunities.

"I have really enjoyed the basic grade development programme. We have a study day four times each year and it's open to junior staff from acute, primary care and local authorities, so it's a great way of getting to know what's going on in the area. As a group, we plan the day with support of managers and senior staff and the more experienced basic grades do the organising. We've covered loads of clinical topics, how to prioritise workload and working with support workers. I feel this way of learning has helped me feel really supported as a new practitioner."

Basic Grade, Ayrshire and Arran Acute Hospitals Trust

Action

A national working group should be established in 2002 to review and develop clinical placement arrangements for the allied health professions as a partnership between the key stakeholders.

New career pathways

Many professions have particular difficulties recruiting and retaining experienced staff. Lack of opportunities to update dormant skills for AHPs who have not been practising for some time, limitations on the numbers of hours many AHPs are available for work, and deficiencies of skilled personnel in many parts of Scotland all figure among the problems NHSScotland recruiters face. The Scottish Executive is now taking steps to tackle some of the issues.

Action

The Scottish Executive will develop career information and return to work initiatives for AHPs, with priority being given to those areas currently experiencing significant recruitment difficulties.

>> A return to practice learning programme for Radiographers has been developed at Robert Gordon University and a distance learning return to practice package has been developed for Dietitians at Queen Margaret University College.<<

>> NHS Grampian have also introduced mentors to support Dietetic returners. <<

Current opportunities for specialist or 'high-level' generalist practitioners are increasing, and opportunities for extended scope of practice are emerging all over Scotland. AHP leaders, in partnership with other clinical colleagues, need to drive forward such developments, which not only offer opportunities to fully utilise the expertise of AHPs and improve service-users' experience of care, but are also attractive to many potential recruits.

Developing future leaders

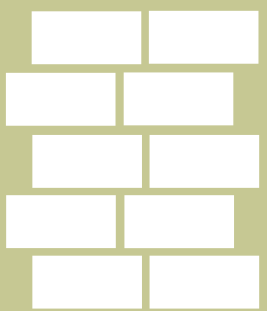
Developing and supporting the AHP leaders of the future is critical to succession planning and effective delivery of care. Leadership development opportunities currently exist through the multiprofessional Xceed programme and locally through Trust leadership development initiatives, but more needs to be done to tap the potential leadership qualities of AHPs in Scotland.

Action

Leadership development opportunities for AHPs should be further supported with 10% of all senior practitioners benefiting from clinical leadership training over the next three years.

>> AHP Leaders at Yorkhill Trust have established an 'Aspiring Manager' programme to support the development of leadership, influencing and change management skills for multi-professional clinical leaders. <<

Delivering the high quality integrated care people want and expect is a high priority for health and social care. It involves reassessing many of the assumptions which underpin everyday service provision. This closing chapter reflects how AHPs are contributing to the task of responding effectively to the changing demographic and social profile of Scotland to develop services designed to meet people's diverse needs.



Shaping the Future

10. Building *on* Success, Building *for* Success . . .

10. Building *on* Success, Building *for* Success . . .

AHPs will be expected to build on their core competencies, adding additional knowledge and skills through lifelong learning to enable them to provide new and better services to patients. There will be more opportunities for them to work in both specialist and generalist roles within multi-professional and, increasingly, multi-agency teams. These new roles will enable AHPs to respond to the changing needs of patients through flexible patient-focused services that strive to improve and sustain health and wellbeing as well as treating ill health.

Valuing and sustaining the existing workforce is also vital, as is supporting talented and energetic graduates in their early careers to make a full contribution to influencing and developing services.

AHPs have a tremendous range of unique and distinctive clinical skills at their disposal, as well as organisational and managerial capabilities. But they don't need to have the word 'leader' or 'manager' in their title to exercise leadership or influence change. Leadership can and should be exercised at every level.

Experienced AHPs should extend their leadership and change management capabilities and act as role models for junior staff, the leaders of tomorrow. Practitioners who directly work with patients in this way can often be the most influential in terms of making an impact on improved care provision.

NHSScotland needs leadership that puts patients first, that inspires and motivates, that challenges traditional boundaries and seizes the opportunities of today to build and deliver a better NHSScotland of tomorrow. AHPs are ready to play their part, building on the successes of the past to ensure success for the future.

Appendix 1

Key Policies

Our National Health: a Plan for Action a Plan for Change (2000) set out its bold and ambitious vision to shape the future of a 'healthy and caring Scotland'. This plan followed on from the policy initiative *Towards a Healthier Scotland* (1999) which focused specifically on promoting health and preventing illness. The approach to the development of the action plan was open and inclusive, involving the public, health and care staff with many other stakeholders in sharing the responsibility for making Scotland healthier. Since then, *Our National Health: Delivering Change* (2001) has followed up the key action points and reported on the many achievements in the year since publication.

The Scottish Executive is taking forward recommendations of the Joint Future Group Report *Community Care: A Joint Future* (2000). It seeks to develop more and better community services through:

- joint resourcing and joint service management
- single shared assessment of community care needs
- intensive care management by suitably qualified and trained professionals
- reconfiguring of services to focus on care at home.

AHPs are already involved in developing and delivering joint services for older people and other community care groups. It is essential that Trusts and Local Authorities continue to actively involve AHPs in planning and development of new and better joint services.

Adding Life to Years: The report of the Chief Medical Officer's Expert Group on Healthcare of Older People gives a clear multi-professional commitment to improving the way in which older people can enjoy longer and healthier lives in the community. Recognising the implications of changing demographics, it also sets out action that will be required to meet future needs and improve health, rehabilitation and care services for all who need them. It also tackles perceptions of ageism.

Patient Focus and Public Involvement (2001) outlines the commitment to involving people more effectively in decision making about their care and in influencing future service provision. The aim is to improve patients' experiences within health services and ensure that people are treated with respect as individuals, regardless of race, culture or class.

This theme is developed in the Scottish Executive's report *Fair for All* (2001). Healthcare should be equitable and accessible to all and therefore action is designed to ensure services reflect diversity and are able to meet the needs of a multi-racial and multi-cultural society. The intention is to impact on accessibility of information, communication and understanding of needs, awareness of specific dietary requirements and overall uptake of services in ethnic minority groups.

Rebuilding our NHS (2001) sets out the Executive's plans to reconfigure the structure and systems in place to support effective, integrated local planning that is underpinned by partnership working with staff, the public and other agencies. In taking forward these developments, professional advisory structures have been created within the new NHS Boards to ensure an inclusive approach to service planning and development. AHPs will have an advisory committee in every board area in Scotland to support the strategic planning required of health systems.

Making the Connections: The report of the Primary Care Modernisation Group focuses specifically on the action required to improve services to patients in the primary care setting and highlights the need for an integrated approach to the delivery of multi-professional and multi-agency services. Key priorities include achieving improved access to the appropriate healthcare professional within the national target of 48 hours, improvement in chronic disease management and mental health problems, and the development of planning for local health needs that is systematic and inclusive. AHPs are committed to the delivery of effective, integrated primary care services and have an essential role to play in the implementation of this report.

Cancer in Scotland: Action for Change reflects how improving services for people who have cancer is a national priority. The publication of this action plan outlines specific initiatives to tackle the areas most in need of improvement through aspects of the care continuum. AHPs are already involved in aspects of diagnosis, rehabilitation, palliation and hospice care. They will be further involved in the development of the local cancer networks, that have been established to plan and drive improvements throughout Scotland.

The Mental Health Framework (1997) created a new agenda for the delivery of better services for people with mental health problems as a national priority. The *Health, Social Work and Related Services for Mentally Disordered Offenders in Scotland Strategy* published in 1999 set out a range of additional recommendations on future service provision for these individuals. Further review of the Mental Health Framework has subsequently been undertaken and additional templates for services have been developed in areas such as postnatal depression, psychological interventions and eating disorders. The shift of focus has encompassed a new emphasis on wellbeing and positive mental health promotion. It also promotes primary care focused service delivery, improved advocacy, interagency development and partnership working and better services to children and young people. In addition, the *Millan Report,* published in 2001, will inform the development of the new mental health legislation in Scotland which will have significant implications for AHPs working in mental health services.

The Same as You: A Review of Services for People with Learning Disability was undertaken in 2000 and was fully inclusive of all the stakeholders in this area of service provision. Its recommendations promote a partnership approach between local authorities and health as essential for future service provision. An implementation review is currently underway and AHPs have to date played a significant role in supporting the shift from a traditional health based model of service provision to a 'person centred' social model, working within multi-professional and multi-agency teams.

A Framework for Maternity Services in Scotland (2001) provides a comprehensive template for best practice in maternity care. It sets the pace for change. It challenges all healthcare professionals and NHS Boards to meet the needs of women and their partners. Above all, it empowers women by involving them in the development of the kind of maternity care they need.

The Framework states the aims of a modern maternity service as being:

- A healthy mother, a healthy wanted baby and a happy confident start to family life.
- To work in partnership with individuals, communities and with service providers to ensure that children across Scotland get the best possible start in life – even before birth.

The Framework also specifies that women should have access to Physiotherapy and Dietetic services throughout pregnancy and the postnatal period and that all health professionals should support breast feeding.

The development of services for children has become a new national priority as outlined in *Our National Health.* Work is underway to progress the implementation of the *Template for Services in Child Health,* produced by the Child Health Support Group, and AHPs will be involved in this work. In addition, there is a Review of Occupational Therapy, Physiotherapy and Speech and Language Therapy Services for children with special needs and Speech and Language Therapy for adults with a learning disability underway in Scotland, which is due to report in the autumn of 2002.

A Focus on Quality: Working Together for a Healthy Caring Scotland focuses on how delivering clinically effective care and treatment is central to improving the quality of healthcare in Scotland. The document outlines the current clinical governance arrangements for NHSScotland and the initiatives which support the development and sharing of innovation and best practice across clinical teams, including health-related research and clinical effectiveness, the development of SIGN Guidelines, the work of the Clinical Standards Board for Scotland and the Designed Healthcare Initiative.

Learning Together sets out the Scottish Executive's conviction that continuing development is fundamental to a skilled and confident workforce in meeting today's health and social care challenges. It is also a key component of personal development that enables individual team members to feel valued and gain job satisfaction. This document focuses on how healthcare staff can be supported to participate in lifelong learning to achieve their full potential and also learn together in partnership. The document recognises that effective multi-professional team working is fundamental to the delivery of modern, high quality and responsive health and care services.

The National Partnership Forum has supported the development of *Partnership Implementation Network (PIN) Guidelines,* which cover a range of 'staff governance' issues such as personal development and family friendly policies. The review and monitoring of local implementation of the PIN Guidelines will be undertaken by the Partnership Forum in each local area as part of the performance accreditation framework for NHS Health Systems.

Planning together, the report of the Scottish Integrated Workforce Planning Group, and the response from the Scottish Executive, sets out a conceptual framework and a set of principles to underpin the plan for a more integrated approach to multi-professional workforce planning. This will be progressed through the establishment of national and regional Workforce Development Centres in late 2002.

The National Information Management and Technology Strategy: 'Strategy for Information' sets out national and local targets for the devlopment of IM&T to support more collaboration and consistency in electronic communication and support clinical strategy such as Cancer and Coronary Heart Disease. These include Electronic Patient Records (EPR), Electronic Clinical Communication Implementation (ECCI) to support better information flow between hospital and community services and Electronic Transmission of Prescription (ETP). It also aims to support knowledge sources such as SHOW, HEBSWEB and ISD online as well as other key areas such as telecommunication, security measures and staff training.

Action Plan

Improving Health		
Action	**By whom**	**Timeframe**
A network of AHPs with an interest in public health and health improvement should be established to share and develop models of good practice, forming links with the Health Education Board for Scotland, The Public Health Institute of Scotland, and the CRAG/AHP Clinical Effectiveness Project.	SEHD/AHP CRAG Clinical Effectiveness Project	2002-2003
AHPs should work closely with other health professionals, such as Pharmacists, to develop innovative ways of accessing information and advice on health improvement as part of the HEBS initiative for Health Promoting Health Services.	AHPs/Service Redesign	ongoing
AHPs should be fully involved in local cancer networks to support multi-professional improvements in cancer care and rehabilitation.	AHPs/Cancer Networks	ongoing
AHPs should continue to work closely with local multi-professional and multi-agency redesign projects to develop health improvement in areas of national priority.	AHPs/Service	ongoing
AHPs should contribute fully to the development of NHS Boards' health improvement planning through the AHP advisory committees.	AHPs/NHS Boards	ongoing

New models of care		
Action	**By whom**	**Timeframe**
NHS Boards and Local Authorities should ensure that AHPs contribute fully to the future vision, design and delivery of services for older people. ('Joint resourcing and joint management' initiatives provide opportunities to fully utilise the expertise of AHPs in this field, and to maximise the health improvement/ rehabilitation potential of future developments, working closely with LHCCs.)	NHS Boards/ Local Authorities/ AHPs	2002-2003
NHS Boards should review local planning arrangements to ensure they are fully inclusive of stakeholders, enabling the expertise of AHPs to be appropriately utilised in the early stages of the planning and development process.	NHS Boards/ Local Authorities/ AHPs	2002-2003
AHPs should embrace the *Patient Focus and Public Involvement* agenda and find ways to support people who use their services to inform the continuous improvement process. Opportunities for support or training in how to do so effectively will be available through local health systems and at national level.	AHPs	2002-2003

Action Plan

Service redesign		
Action	**By whom**	**Timeframe**
NHS Boards, Trusts and Local Authorities should review management systems and structures to enable AHPs to maximise their contribution to service delivery, redesign and development.	NHS Boards/ Local Authorities	2002-2003
Redesign training should be available to AHPs at national and local level to assist in service-led continuous improvement, review and reconfiguration of services, through extended scope of practice and flexibility of skill mix.	AHPs/Service Redesign	ongoing
Employers of AHPs should ensure that appropriate arrangements for service continuity and the impact of planned leave are considered, particularly for every new AHP post that is established.	NHS Trusts/ Local Authorities	2002-2004
AHPs in liaison with the waiting times unit, should use extended scope of practice to contribute to improving waiting times for patients, and existing referral/access systems, as part of the implementation of the Primary Care Modernisation Plan to improve access to the appropriate healthcare professional within 48 hours.	SEHD	2002-2003
AHPs should work in partnership with other professional groups to develop and extend their role in delivering the public health agenda and to inform the strategic and local planning processes.	AHPs/NHS Boards/Local Authorities	2002-2005
The Professional Officer for AHPs at the Scottish Executive Health Department will work in partnership with UK Health Department AHP officers, AHP leaders, professional bodies and Nursing colleagues to review progress in workload analysis systems.	AHP Professional Officer	2002-2003
AHPs should be given opportunities to further their contribution to the strategic work of NHS Boards. Appropriate arrangements should also be established to link the work of the different Professional Advisory Committees.	NHS Boards	2002-2004

Action Plan

Clinical governance, research and development		
Action	**By whom**	**Timeframe**
The Scottish Executive will support the development of an e-based clinical governance network for all AHPs that will build on the achievements of the CRAG/AHP Clinical Effectiveness Project, with lead AHP clinicians in each area.	SEHD/PAMs Crag Project/ NHS Education Scotland	2002-2003
Trusts and Local Authorities should ensure that AHPs are included in development plans for employee access to information technology, particularly in the community setting, to support their ability to take part in the e-based clinical and learning networks.	NHS Trusts/ Local Authorities	2002-2004
A Fellowship Award for AHPs will be established to support developments in Clinical Effectiveness through the Clinical Resource and Audit Group.	SEHD/CRAG	2002
A National Award for the Allied Health Professions will be developed to support innovation and creativity in health improvement and patient-focused care.	SEHD	2003
A professional secondment opportunity will be established within NMPDU to review and develop appropriate practice development support mechanisms for AHPs, building on existing multi-professional achievements and linking with NHS Education for Scotland and the Strategic Change Unit.	SEHD	2002-2003
Leaders of AHPs should work in partnership with ISD and Information Managers to develop a framework for better information management systems, making appropriate links with ongoing developments for Electronic Patient and Health Record systems.	AHP Professional Officer/AHP Leaders/ISD	2002-2003
A short-term working group should be established to review AHP research and develop an action plan for building AHP research capacity and capability within health and social care.	AHP Professional Officer	2002-2003

Action Plan

Career pathways and continuing professional development		
Action	**By whom**	**Timeframe**
NHS Education for Scotland should be inclusive of AHPs in its development proposals from 2002 and AHPs will be actively involved in developing and implementing an action plan for their inclusion.	SEHD	2002-2003
Opportunities for innovation in the development of CPD and clinical support for AHPs in remote and rural areas should be progressed through the Remote And Rural Areas Resource Initiative (RARARI).	RARARI	2002-2005
NHS Boards and Trusts should work in partnership with universities and NHS Education for Scotland to review and develop postgraduate opportunities for AHPs	NHS Boards/ Trusts/ universities	2002-2004
NHS Education for Scotland should work in partnership with universities to foster opportunities for multi-professional learning and development at undergraduate and postgraduate level	NES/ universities	2002-2005
Trusts and Local Authorities should ensure that Organisational Learning Plans are inclusive of AHPs and that, wherever possible, consideration is given to protected time for learning and development.	NHS Trusts/ Local Authorities	Ongoing
Leaders of AHPs should support staff in reserving a minimum of a half-day per month, *pro rata*, for dedicated CPD activity, in accordance with the recommendations of professional bodies.	AHP Leaders	2002-2003
Opportunities for the development of AHP consultant and specialist practitioner roles should be jointly explored with stakeholders, with the first 12 consultant posts established between 2003-2004. Guidance packs will be developed to support this process.	SEHD/ NHS Boards/ Trusts	2003-2004
Opportunities to develop alternative routes into state registration should be progressed by the SEHD in partnership with the Health Professions Council, universities, NHS Education for Scotland, the Scottish Qualifications Authority and the professional bodies. A national working group should be established to address the issue.	SEHD/NES/ HPC/SQV Professional Bodies	2002-2004
Trusts and AHP leaders should review opportunities to develop the role of AHP Support Workers and enable them to take advantage of SVQ training at Levels 2 and 3, to support continued learning and career progression and impact on organisational development.	NHS Trusts/ AHP Leaders	2002-2004

Action Plan

Recruitment and retention		
Action	**By whom**	**Timeframe**
Regional Workforce Centres and a National Workforce Unit will be established to ensure integrated multi-professional workforce planning is developed as integral to service planning and development. Specific planning for each of the professional groups should be considered in this context.	SEHD	2002
AHP leaders and junior staff should work together to consider options such as mentoring and local development programmes that will support new practitioners in the workplace and increase job satisfaction.	AHP Leaders	2002-2003
AHP Leaders should have the opportunity to participate in 'Flexibility in Employment Practice' training to support the retention of skilled staff of all grades.	NHS Trusts/ AHP Leaders	2002-2004
A national working group should be established in 2002 to review and develop clinical placement arrangements for the allied health professions as a partnership between the key stakeholders.	SEHD/ universities/ Trusts, LAs, AHP Leaders	2002
The Scottish Executive will develop career information and return to work initiatives for AHPs, with priority being given to those areas currently experiencing significant recruitment difficulties.	SEHD	2002-2003
Leadership development opportunities for AHPs should be further supported with 10% of all senior practitioners benefiting from clinical leadership training over the next three years.	NHS Trusts/ Local Authorities	2002-2005

Glossary

Acute Services	Care and treatment generally associated with that provided by clinicians in hospital
AHP	Allied Health Professions
Assessment	The work that staff do to understand how to treat, care for and support someone
CHD	Coronary Heart Disease
Clinical Goverance	clinical governance is defined as corporate accountability for Governance clinical performance. It is and initiative to assure and improve clinical standards at a local level and throughout the NHS.
CMO	Chief Medical Officer for Scotland
CNO	Chief Nursing Officer for Scotland
Community Care	Care, particularly for older people, people with learning and/or physical disabilities or mental illness, which is provided outside a hospital setting. This is increasingly being understood as care provided in patients' own homes, but may also include care delivered in a nursing or residential care home
Continuing Care	Ongoing nursing and/or medical help
CRAG	Clinical Resource and Audit Group
CSBS	Clinical Standards Board for Scotland
CSO	Chief Scientist Office
GP	General Practitioner
HEBS	Health Education Board for Scotland
ISD	Information and Statistics Division
JFG	Joint Future Group
LHC	Local Health Council
LHCC	Local Health Care Co-operative

NHS	National Health Service
Palliative Care	Managing care for someone who is not going to get better
Primary Care	Family Health Services provided by family doctors, dentists, pharmacists, optometrists and opthalmic medical practitioners
R&D	Research and Development
RARARI	Remote and Rural Areas Resource Initiative
Rehabilitation	a process aiming to restore personal autonomy in those aspects of daily living considered important by patients or service users, and their family carers
SEHD	Scottish Executive Health Department
SHAS	Scottish Health Advisory Service – an independent body, originally set up in 1970, and reporting to the First Minister, SHAS exists to help improve the quality of health service care and the quality of life for people with mental illness; people with a learning disability or physical disability; and frail older people
SHOW	Scottish Health on the web: www.show.scot.nhs.uk

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Acknowledgements

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