GREATER GLASGOW NHS BOARD

Board Meeting:

Tuesday 17 February 2004 **Board Paper No.:04/10**

Director of Planning & Community Care

BUILDING ON SUCCESS: FUTURE DIRECTIONS FOR THE ALLIED HEALTH PROFESSIONS IN SCOTLAND

1. INTRODUCTION

This paper introduces the national strategy "Building on Success: Future Directions for the Allied Health Professions in Scotland" and outlines the Greater Glasgow response to the strategy's key recommendations.

The transition from their former title of PAMs (Professionals Allied to Medicine) to the present title of AHPs (Allied Health Professionals) recognised that this staff group was no longer linked to doctors but had assumed a wider role across health and working closely with other agencies including local authorities. AHPs represent a diverse group of highly trained and educated professionals who provide valuable and unique contributions within multi professional teams delivering health and social care.

The national strategy while recognising the diverse set of nine AHP professions and their specialist skills, accommodates within a single strategic document the aim of making them a more cohesive and effective professional grouping and enhancing their added value to the health and social care system.

Recommendations

The NHS Board is asked to:

(a) Note the content of the national report and its implications for Greater Glasgow.
(b) Approve Annex 1 as the overall action plan to develop Allied Health Professional services in Greater Glasgow.
(c) Agree to submit the action plan to the Scottish Executive.
(d) Receive a further update report on progress in 12 months time.

2. BACKGROUND

The Scottish Executive strategy "Building on Success: Future Directions for the Allied Health Professions in Scotland" sets out the future directions for AHP services. The strategy comes at a critical time of broader change within the NHS and while it preceded the publication of the White Paper Partnership for Care it anticipates its main themes in particular integration across primary and secondary care, joint working with local authorities on the Joint Future agenda, health improvement with the Health Improvement Challenge and service redesign.

The Minister in his introduction praises the commitment and energy of AHPs as professionals whose services are highly valued by users, who make a massive contribution to the health and well being of local populations and who are emerging as key players in new integrated health systems. Overall the strategy sees the future as a time of major opportunity for AHPs with innovation and creativity to take on prominent new roles leading, managing and influencing change as part of the modernisation of the NHS. While there is much to be positive about, the strategy identifies serious challenges facing AHP services including inconsistent service performance, lack of emphasis on health improvement, recruitment and skill shortages and remoteness from wider NHS planning. It also identifies the need to extend evidence-based practice and advance the skills of staff to deal with new agendas and demands both within NHS and across other agencies.

To respond to these challenges the strategy makes a series of recommendations around health improvement, developing new models of care, service design and delivery, clinical governance, research and development, career pathways and continuing professional development, recruitment and retention. In making its recommendations the strategy document recognises that it is building in large measure on existing good practice henceforth its conclusion "that by building on success it is building for success".

Boards are required to confirm with the Scottish Executive how they intend to implement the strategy recommendations. Specifically Boards have been asked to consider the issue of AHP consultant posts and to share their response on these with the Scottish Executive by March 2004.

3. AHP SERVICES IN GREATER GLASGOW

The national strategy equates AHPs with the professional groups listed in Table 1, which shows the staff in post (excluding bank staff) within Greater Glasgow NHS at August 2003.

Table 1 AHP Staff in Post at August 2003

	Headcount			Wte		
Profession	**Qualified**	**Unqualified**	**Total**	**Qualified**	**Unqualified**	**Total**
Art Therapy	3	0	3	2.2	0	2.2
Dietetics	123	6	129	106.3	4.2	110.5
Occupational Therapy	264	185	451	236.7	161.6	398.3
Orthoptics	24	0	24	15.5	0	15.5
Orthotics/Prosthetics	1	0	1	1	0	1
Physiotherapy	489	69	558	403.1	55.3	458.4
Podiatry	148	5	153	129	4.7	133.7
Radiography*	422	75	497	358.4	65	423.4
Speech and Language Therapy	165	6	171	141.4	5.6	147
Total	**1639**	**346**	**1987**	**1393.6**	**296.4**	**1690**

* Includes diagnostic and therapeutic

In total AHPs number 2003 people and 1698 WTE amounting to 7.2% of the total NHS workforce in Greater Glasgow. Of these 90% are women and 17% are unqualified. This reflects the general picture for Scotland. Nationally AHPs represent a growing part of the NHS workforce having doubled in size in the last 20 years. Significant trends have been the increasing proportions of unqualified staff, growth in the levels of part time working (currently 40%), ageing of the workforce (1:7 are over 50) and the emergence of new specialist posts.

In addition AHPs work for local authorities, voluntary organisations and the private sector.

NHS Greater Glasgow accounts for 20% of AHPs working in NHS Scotland but for over 30% of the long-term (3 months or more) vacancies at March 2003. Within Greater Glasgow particular recruitment difficulties concern radiography and dietetics.

Table 2 AHP Long Term Vacancies

	Total	Arts Therapy	Podiatry	Dietetics	Occupational Therapy	Orthoptics	Physiotherapy	Radiography	Speech & Language Therapy
Greater Glasgow	49.7	0.1	1.8	2.9	11.5	-	2.3	31.1	-
Scotland	160.0	1.0	3.0	3.4	28.8	1.1	36.3	69.4	17.0

Source: ISD Scotland National Workforce Statistics.

Indications are that demand for AHPs is likely to increase. The national strategy quotes the prediction of the Wanless report that 80% more AHPs will be required in the next 20 years. The Scottish Executive's partnership agreement pledges to increase the number of AHPs by 18% by 2006-07. This level of expansion would equate to 360 additional AHPs in Greater Glasgow.

As well as demographic factors the impact of clinical redesign extended roles, and as a result of changes in the working hours for junior doctors and contracts for consultants will all place greater demands on the skilled input of AHPs.

The management of AHPs varies across Trusts and across professions within Trusts. The profile of AHPs within the Trust structures also varies significantly. Within Primary Care AHPs have a relatively unified profile with their own Director. This has resulted in significant variations for career development across AHP professions and significantly influences contributions the AHPs make to early stages of planning and service development. The strategy highlights that AHPs should be given the opportunity to further their contributions to the strategic work of NHS Boards and with the management systems and structures within Trusts and LHCC (CHPs) should support AHPs in making a fuller contribution to the services.

4. CRITICAL ISSUES FOR THE BOARD

While many of the issues identified in the national report are reflected in Greater Glasgow some are particularly significant and will require specific attention by the Board. These are addressed in the action plan and include:

1. The absence of a comprehensive rehabilitation strategy is a crucial omission. Existing evidence suggests that rehabilitation can reduce the number of re-admissions, delay the onset of long-term care and reduce the cost of home care packages. AHPs have a major role to play within such a strategy and the contributions of different professions within an integrated model across primary, secondary care and social care would be clearly depicted.

2. AHP engagement in the planning, development and operation of all aspects of integrated services, including community health partnerships, as part of the Joint Future policy and within the NHS encompassing service redesign, skill mix, joint working and single management.

3. Supporting AHP engagement in service redesign, and planning and implementation capitalising on progress made in specific AHP services in particular podiatry and physiotherapy, which has resulted in direct access to services and focussed use of qualified staffs' qualified skills.

4. Examining the potential of AHP consultant and specialist practitioner posts as one means of responding to the challenge posed by changes in the working practices of consultants and junior doctors, and supporting this investment.

5. Developing an IMT strategy for AHP services to tackle their current relatively restricted access to information, and to provide and maintain comparative information across the Board and care groups on which to base planning, needs profiling, resource deployment, clinical practice audit, performance management and accountability.

6. Strengthening AHP strategic leadership so that AHPs can take a more formative role in NHS planning and decision making across different settings as befits their current and growing contribution to NHS services, and in managing the implementation of the Board and national action plans. This could also be enhanced by the production of a research and development plan for AHPs.

7. Achieving a consistent standard of good practice and service provision across the Board area. This task will entail making consistent use of language and definitions at sectoral, Trust, Board, and national levels as well as between professions and agencies.

8. On the basis of current projections maintaining supply of AHPs will be critical to the delivery of the Board's core services. Unlike nursing the budget for AHP training is with the universities and while it is understood that the Scottish Executive is aware of the issue the Board will want to monitor progress closely and incorporate into its local health planning.

5. THE GREATER GLASGOW RESPONSE

While many recommendations relate to the Scottish Executive and professional bodies others are directed to Boards and Trusts with some involving local authorities.

Within Greater Glasgow an implementation steering group has been established with representation from the Board, each of the Trusts, AHP and other relevant professions, the AHP Advisory Committee, as well as local health council, higher education and the area partnership forum. In addition contact has been made with each of the six local authorities. Work through the group closely complements activity organised within each Trust. The action plan at Annex 1 represents the strategic actions to be pursued at a Greater Glasgow level and is mirrored by the more detailed action plans within each Trust.

The remit of the group is directed in the first instance towards overseeing the preparation of a consolidated action plan for Greater Glasgow NHS and securing the engagement with the workforce on national and local proposals. Once complete the main task will be management and co-ordination of the implementation of the action plan and reporting of progress to the Board.

A principal function of the group has been to raise the profile of the national strategy and to seek wider input into the pan Greater Glasgow action plan. For this purpose a small pooled promotional budget has been established which has so far sponsored a newsletter to every AHP and key stakeholders, a series of awareness raising sessions and a conference of AHPs from across Greater Glasgow NHS which informed the priority setting in the action plan.

The action plan at Annex 1 focuses on the principal actions necessary to advance the aims of the national report set in the context of local circumstances. Other important actions fall to the Scottish Executive including: -

- Establishing a national integrated AHP network on health improvement
- Developing an e based clinical governance network
- Boosting AHP research capacity and capability
- Promoting professional development and leadership
- Preparing a national workforce plan
- Supporting the creation of AHP consultant and specialist practitioner posts

Their overall achievement will be critical to the advancement of "Building on Success" within Greater Glasgow. While this is a partnership there is much that can be driven forward at a Greater Glasgow level. From the attached action plan the core elements of the proposed approach in Greater Glasgow are: -

- Transformation of culture
- Integrated, partnership, inter agency and cross boundary working
- Promoting universal high quality service and practice
- Professional development and leadership
- Better informed and knowledgeable practitioners
- Greater influence on decision-making at operational, Trust and Board levels

As a result of implementing the action plan there will be resource consequences. These have not yet been fully quantified, and will be fully reported within the next 12 months. Only limited funds have so far been identified by the Scottish Executive to support "Building on Success". Among the resource consequences, which can be anticipated, are: -

- Proposed new AHP consultant and specialist practitioner posts
- Participation in and implementation of service redesign projects. Footcare provides a good example of making more effective use of GP and podiatrists time
- The funding of new AHP posts to meet projected demands
- The opportunity cost of enabling time for AHPs to benefit from continuous professional development
- The costs associated with providing improved access to IMT for AHPs

The action plan will provide an agenda for development of AHP services initially for the next 12 months. An action plan with a longer time horizon will also be developed over that period.

GGNHS ACTION PLAN
BUILDING ON SUCCESS – FUTURE DIRECTIONS FOR THE ALLIED HEALTH PROFESSIONS

IMPROVING HEALTH	BY WHOM	ACHIEVEMENTS TO DATE	FUTURE PLANS	TARGET DATES
A network of AHPs with an interest in public health and health improvement should be established. **Share and develop models of good practice utilising redesign opportunities and develop innovative ways of accessing information and advice on health improvement.** **AHPs should be fully involved in local cancer networks.** **Utilise redesign to develop health improvement in areas of National Priority.** **AHPs should contribute fully to the development of NHS Board Health Improvement planning.**	SEHD/AHP CRAG Clinical Effectiveness Project. Service Redesign Committee Cancer networks GGNHS	AHPs have worked closely with other professionals to develop CDM programmes including providing information on related health advice. Examples include; Development of patient information for stroke services, information for Diabetic patients on their risk category of foot disease and health prevention measures; health improvement within the COPTs, and the Falls service.	Establish a network of AHPs to share and develop models of good practice and promote the role of AHPs in health improvement and public health. In the context of the national policy to inform health improvement at Board, Trust and local level. • Raise and develop awareness of health improvement with AHPs and their support staff. • Develop scope of AHP roles in health improvement including training within plans for CHPs. • Develop AHPs links with HEBS, PHIS and AHP Clinical Effectiveness Network (Glasgow) taking stock of good practice and develop innovative ways to access information. • Ensure appropriate AHP representation on the Glasgow Cancer Care Network • With support from the NOF Palliative Care Team roll out palliative care training to AHPs in GGNHS. Integration AHP plans with other Local Authority networks and initiatives including New Learning Communities.	March 04 Oct 04

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NEW MODELS OF CARE	BY WHOM	ACHIEVEMENTS TO DATE	FUTURE PLANS	TARGET DATES
AHPs contribute fully to the future vision, design and delivery of services for older people. **Enabling input of AHP expertise to the planning and development process** **AHPs should embrace the Patient Focus and Public Involvement agenda**	NHS Boards/Local Authorities/ Trusts Trust PFPI groups	AHPs contribute directly through the Older Peoples PIG and the North and South Elderly Partnerships. Key areas developed are: • community older peoples teams • supported discharge recommended (IRIS/DART) • rehabilitation services for continuing care and mental health, • review of services to care homes AHPs are engaged across the Joint Future agenda for Older People's Services including • Development of the Single Shared Assessment. • Review to integrate OT services commissioned with Glasgow City • Board strategy on PFPI developed, Trusts developing specific action plans with AHP involvement • AHP Sept 03 Stakeholders event identified this areas as an early priority with focus on work on redesign. AHP project in one Trust on User Involvement in clinical decision-making completed.	Review Joint Care Strategies across all Local Authority areas and assess impact on AHP services: • Older People • Mental Health • Physical Disability • Learning Disability • Children Utilise the developing work on Primary Care Acute Interface (including MCNs) to maximise a GGNHS approach to development of AHP across GGNHS this should include the development of a comprehensive Rehabilitation Strategy. Address AHP role in implementing Board strategy on PFPI in terms of planning clinical decision making and service delivery including: • each AHP department to have a 'champion' to encourage PFPI • A Directory of AHP expertise/representation will be compiled and made accessible Ensure a consistent approach to quality models. • Review range of quality models (including care aims) used by AHPs.	Dec 04 Mar 05 Oct 04 Dec 04 Mar 05

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SERVICE REDESIGN	BY WHOM	ACHIEVEMENTS TO DATE	FUTURE PLANS	TARGET DATES
AHPs to maximise their contribution to service delivery, redesign and development. **Redesign training should be available to AHPs at national and local level** **Employers of AHPs should ensure the impact of planned leave is considered, particularly for every new AHP post (see Section on Career Pathways and CPD).** **AHPs should use extended scope of practice to contribute to improving waiting times** **AHPs should develop their role in delivering the public health agenda. (See Section on Improving Health)** **Review progress in workload analysis systems (see Recruitment and Retention).** **AHPs should contribution to the strategic work of NHS Boards and review the Professional advisory committee**	NHS Boards/Local Authorities Waiting times Unit/Patient access team Service redesign committee	AHPs are involved in service delivery, redesign and development including • -Joint Store • -Integration of Occupational Therapy • -Other aspects of Joint Future including SSA and joint management Redesign training has been utilised within three major reviews of service. • 'Achieving Better Nutrition, a Blueprint for the Nutrition and Dietetic Service in Primary Care • Physiotherapy Direct Access System • Redesign of Footcare Services in GGNHS Extended scope of practice by AHPs supports orthopaedic services through triage systems targeted areas at reducing referrals to consultants e.g.: ▪ Dietetics/podiatry diabetes model ▪ Physiotherapy musculo / skeletal services Improvements in waiting times include:- • In Community Physical Disability Teams (reduction of 40 weeks in waiting times). • Reduce waiting times for DCD (Developmental co-ordination Disorder) by 50 weeks. • Physio back pain service reduces need for out patient consultant appointment	Establish current AHP involvement in GGNHS redesign programme to ensure consistency of quality AHP input. Utilise priority Acute/Primary Care interface areas identified by Trusts to parallel work for AHPs. Extend scope of practice by AHPs to other services e.g. • Radiology waiting list initiatives • Implement Patient Group Directions for Administration of Steroid Injections Specify training implications for AHP engagement in service redesign programmes Review operation of the Board's AHP Advisory Committee and AHP Steering Implementation Group to ensure effective strategic AHP leadership input in appropriate GGNHS processes. Waiting Times access delays for individual AHP Services using a consistent format to ensure standard data quality. • Analysis by Hospitals site, community and speciality • Identify areas of concern e.g. high waiting inequalities, pathways bottlenecks. • Propose priorities for redesign including expanding direct access to AHPs across primary/secondary care. Consider implications for AHP services of commitment to provide access to appropriate healthcare professional within 48 hours	Mar 04 Oct 04 June 04 Dec 04 Mar 04 Oct 04

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CLINICAL GOVERNANCE, RESEARCH & DEVELOPMENT	BY WHOM	ACHIEVEMENTS TO DATE	FUTURE PLANS	TARGET DATES
Trusts and Local Authorities should support ensure employee access e-based clinical and learning networks. **The Scottish Executive will;** **Support the development of and e-based clinical governance network** **Establish a fellowship award in clinical effectiveness** **Develop a national award in innovative and creativity in health improvement and patient focused care** **To capitalise on the AHP secondment to NES to develop appropriate practice development support mechanisms (See section on Recruitment and Rewtention).** **Leaders of AHPs should work in partnership with ISD and information managers to better information management systems,** **Develop an action plan for AHP research capacity and capability within Health and social care**	SEHD/PAMS Crag Project/NHS Education Scotland GGNHS IM&T group 03/04 priority Universities	GGNHS CRAG project local network established for Speech & Language Therapy, Occupational Therapy, Physiotherapy, Dietetics and Podiatry The GGNHS Clinical Reference Group has been set up to identify IT clinical needs with representation from AHPs AHPs have group access to desktops for email, word processing, electronic knowledge base and internet resources in Trust Libraries Participated in the Scottish Therapy managers Network, to develop IM&T for AHPs, with the Scottish Executive	Identify an AHP IM & T lead for AHP Information Development Network and Echip and secure membership to GGNHS I M & T Strategy Group. • AHP Lead to establish GGNHS AHP IM&T network. Reference Scottish Executive request. • GGNHS IM&T Strategy to be reviewed for involvement, opportunities/implications for AHPs • Identify existing AHP IM&T systems in Trusts, using a common template,, • identify best practice to inform systems developments, and • highlight effectiveness of IM&T in addressing clinical pressures • Scope future IM&T requirements for AHPs taking account of: ○ electronic patient records ○ Activity data collection ○ Shared assessment Establish AHP Clinical effectiveness working group • Develop plan of action to support e-based practice in other (non CRAG) disciplines • Support e-based training for all AHPs on a GGNHS and local basis • Draw up job description, identify funding stream and appoint AHP clinical effectiveness secondment	Mar 04 Mar 05 April 04

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			• Ensure AHP disciplines are working towards clinical effectiveness framework compliance	Oct 04
			Each Trust to have established Clinical effectiveness network and identify a named AHP lead responsible to Trust clinical governance committee	Mar 04
			Maximise AHP engagement in the West Research Network to identify research programme to evidence best practice.	Jun 04
			Use quality measures to analysis workload data and support workload planning	Mar 05

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CAREER PATHWAYS, CONTINUING PROFESSIONAL DEVELOPMENT	BY WHOM	ACHIEVEMENTS TO DATE	FUTURE PLANS	TARGET DATES
Involvement of AHPs in developing and implementing NES action plan **Innovative development of CPD in remote and Rural areas** **Review and develop postgraduate opportunities for AHPs** **Foster opportunities for multi-professional l development at undergraduate and post graduate level** **Ensure protected time for learning and development**. **Reserve a minimum of a half-day per month, pro rata, for dedicated CPD activity,** **Development of AHP consultant and specialist practitioner roles** **Develop alternative routes into registered professional Practioners** **develop the role and training of AHP Support Workers**	NHS Boards/Trusts/ Universities GGNHS 03/04 Priority	GGNHS workforce plans for AHPs to correlate existing identified service needs The GGNHS workforce development group have identified the need to develop AHP support workers to undertake some of the work currently undertaken by qualified staff. Work is progressing on 3 linked developments • Recruitment, involving 'New Deal', 'Working For Health in Greater Glasgow', pre employment training programme and one to one support via 'Job centre Plus' • Existing employees, 'Support worker foundation training programme', 'Clinical support foundation training programme' • Career development, range of further training on the development ladder for all employees	GGNHS AHP Working Group to be established • Develop links with National work through NES, the School of Primary Care and Health Scotland • Benchmark local (career opportunities against Local Health Plan-AHP requirements. • Define criteria for protected time in line with Health Professions Council registration and other professional requirements to inform managers of implications including protected time. • Develop cross AHP professional learning strategies which encompass training in leadership and personal development in parallel with the joint OD leadership development programme with Local Authorities. • Liaise with workforce development group to develop competency based job descriptions including AHP and generic support workers • Respond to Scottish Executive request for proposal for Specialist Practitioners. • Work with Universities to establish Post Graduate training to support needs for extended scope practitioners and AHP Consultants. • Identify the appropriate level of training demand for access to SVQ level 2&3 training, advised by National work on Support Workers. • Develop appropriate AHP Consultant Post proposals which address LHP service	Apr 04 Mar 05

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			proposals which address LHP service developments. • Highlight initial proposal to Scottish Executive	Jan 04

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RECRUITMENT & RETENTION	BY WHOM	ACHIEVEMENTS TO DATE	FUTURE PLANS	TARGET DATES
Ensure integrated multi-professional and profession specific workforce planning and development. **support new practitioners in the workplace and increase job satisfaction.** **Participate in flexibility in employment practise training(** **Develop clinical placements arrangements** **Develop career info and return to work info** **Create Leadership opportunities for 10% of senior practitioners over the next three years**	SEHD GGNHS 03/04 priority	Developing a comprehensive workforce plan for AHPs in GGNHS Initial work undertaken by Podiatry and Nutrition and Dietetics Services on workload analysis will be further developed for AHPs, informed by the work at National level Speech & Language Therapy piloting RCSLT Newly Qualified Therapists, competencies and Clinical Placement Standards GGNHS AHP lead identified to take work forward on clinical placement arrangements review of current and future placement arrangements have been completed in two trusts A review of clinical placement arrangements are being undertaken across two of the GGNHS Trusts', aim to make recommendations for existing and future placement needs.	Workforce development group to; Produce initial workforce plan including developing a series of initiatives on recruitment retention and development. • Develop professional specific workforce plans taking into account outcomes from service redesign programmes Improve the co-ordination of work between Workforce planning and Redesign with patient and public involvement Project team to conduct training needs analysis to identify leadership development needs of all AHP supervisory staff AHPs Heads will review current mentoring and peer support systems with colleagues across Trusts in GGNHS. Develop Core AHP Induction Programme across GGNHS. Pilot for Scottish Executive AHP Practice Education Facilitator informed by outcomes from clinical placements. Outcomes from clinical placement should also be reflected in the AHP workforce plan.	Dec 04

CURRENT EXAMPLES OF AHP GOOD PRACTICE IN GREATER GLASGOW

There are many examples of good practice in Greater Glasgow, which have improved patient care and are at the leading edge of AHP development across Scotland. These include:

Art Therapy

Working with Asylum Seekers.

- Senior I art therapist has been recognised as the lead clinician in as the lead clinician in partnership with clinical psychology to design and deliver a specialized group intervention for the mental health needs of an asylum seeker client group.
- An activity group based on a rehabilitation model, emphasizes the non-verbal as a means of facilitating an approach to treat this client group.
- The success of the intervention has resulted in a rolling group programme for both men and women and demonstrates both multi-disciplinary practice and partnership with voluntary organizations.

Art therapy services are collaborating with a community arts project; Artform in presenting a joint art exhibition of users art work across these services. This initiative, by improving links aims to do the following:

- Improve understanding of art therapy and art activity practice and to promote choice for the patients care journey following discharge from mental health services
- The venture will give patients direct contact with community based projects
- Encourage them to engage before and following discharge.

Dietetics

GRASPP groups – Hearty Eating Project:

- Provides locally accessible dietary education groups for patients with heart disease.
- Partnership with exercise referral and smoking cessation.
- Low waiting times for patients.
- Long-term support for patients who require it

Cardiac Rehabilitation - Glasgow wide expansion/enhancement of the service through investment in AHPs.

- Acute and Primary Care Teams working together in public events to increase knowledge in secondary prevention of heart disease.
- Provision of additional rehabilitation classes in more locations.

Occupational Therapy

- Occupational Therapists attend Orthopaedic preoperative assessment clinics leading to:
    - Occupational Therapy needs assessment being carried out prior to admission
    - Allows quicker discharge my minimising any delays in equipment provision and any environmental adaptation, at home, prior to discharge
- Development of the first research post in Glasgow developing the research culture, systematic reviews and proposals.

- Occupational Therapists within IRIS are developing the extension of their practice supporting the model of role blurring and reduction in professionals visiting the patient. These are in the areas of BP, pulse, wound management.
- Development of a weekend service, offering continuation of rehabilitation and supporting early discharge.
- Development of Occupational Therapy into new areas such the development of SMART technology for spinal injuries, and supporting rehabilitation and enhanced discharge in Renal.

Orthoptists

- Provide an innovative multi-disciplinary practice for paediatric patients attending with squint and visual problems
    - Reduced waiting times
    - Reduced need for medical input to this patient group

Orthotists

- Fast track system for some GP referrals to orthotic department offers
    - Improved patient pathway
    - Reduced delays in access
- Developed integrated working and streamlined referral pathways between Orthotics and Podiatry

Physiotherapy

The Greater Glasgow Back Pain service, which consists of 11.5 wte clinical physiotherapy specialists, aims to ensure:

- That the assessment and treatment of patients with low back pain are carried out to agreed guidelines and protocols.
- To provide an expert clinical resource to GPs, physiotherapists and other clinicians on the treatment of back pain.
- To ensure links are provided with psychology, orthopaedics, and leisure centres, Imaging and neurosurgery.
- The development of GGBPS into a citywide centre of excellence for the management of patients with low back pain.

Direct access to physiotherapy out patient services in primary care is now being rolled out across the city. The aim is to ensure:

- Patients can access physiotherapy services directly.
- A more responsive service as patients do not have to be referred via their GP.
- Patients can phone or drop into a clinic and be triaged by a physiotherapist who will provide advice on self-management and treatment as appropriate.
- Fewer inappropriate referrals.
- That the acute out patient sites develop a similar system leading to an equitable system citywide.

Podiatry

Service re-design of footcare services which has:

- Developed a call centre based appointment system for patients.
- Introduced open access referral for patients giving speedier access to foot care.
- Established innovative partnership arrangements with local authorities using home care workers to deliver basic foot care.
- Patient held records for Palliative Care.
- Extending the role of the Musculo Skeletal Podiatrist whereby patients are assessed for foot surgery, and in addition, performing steroid injections for soft tissue conditions.
- Open access diabetic foot ulcer clinics.
- Nail surgery clinics.
- Revised protocol for referrals and assessment guidelines with standardised patient information for diabetic patients to ensure seamless care between PCT and NGT

Radiography

In response to ongoing workforce issues, have introduced new work patterns

- Longer working day enables more patients to be treated
- Part-time staff accommodated in new work patterns
- Strengthened links to cancer site-specific team clinicians
- Improved patient treatment with role development, better equipment and techniques and weekly assessment of "on treatment imaging e.g. prostrate patients
- Improved patient communication with information packs, videos and a helpline

Role development issues

- Therapy Radiographers have received training, which with written protocols, allows them to carry out the "Weekly review" of some patients receiving Radiotherapy. This includes >90% of Breast patients each of whom were seen each week during their 6-weeks of treatment. It not only "saves" medical time but also can be done away from busy out-patient clinics and is a better service for patients.
- Macmillan Information and Support Therapy Radiographer . Written patient information for each of the main categories of patient have been prepared and are regularly up-dated. Counselling is also available for patients undergoing Radiotherapy. Two videos have been produced which can be shown to patients prior to treatment.
- Therapy Radiography patient "Helpline". Patients are provided with a telephone number which they can contact after the course of treatment is finished. Radiographers check the phone and call back to answer patients' questions or to provide re-assurance/advice.
- Therapy Radiographer involved in weekly assessment of "on treatment" imaging. As equipment and techniques have improved it is possible to use smaller treatment volumes which allows higher doses of radiation to be prescribed. As the treatment volume is reduced there is an increased need to check the position of it. This is now done for prostate patients by trained Therapy Radiographers - weekly or when there is any change in prescription.

Breast Screening Service

1. Radiographers posts as Clinical Specialists have been developed and they:
   - carrying out Mammographic Film Interpretation and Breast Biopsies.
   - These are extended roles historically performed by Medical Staff.
   - These roles have enabled the service to extend the age of invitation for screening to include 70 year olds.
   - Waiting times have been reduced.
2. There are also Radiographers delivering training for Post-graduate qualifications in Mammography.
3. The Breast Screening Service is also introducing Assistant Practitioners to provide support to the Radiography staffing.

Speech & Language Therapy:

- Implementing National Clinical Placements Standards.
- Intensive Interaction Service Model in Learning Disability is a practical approach to serving people who have a profound learning disability. The communication partner monitors his/her own communication style and uses specific strategies to develop engagement and interaction, which is led by the service user. Speech and Language Therapists have developed an Intensive Interaction training module for care staff across learning disability services in Glasgow.

Glasgow Diabetes Project

- Implementation of multi-professional clinics to provide annual review for patients with Type 2 diabetes in primary care. The teams includes GP, practices nurse, podiatrist and dietitian
- Local and accessible service for patients
- Development of a shared electronic clinical information system
- Local access to accredited diabetes training programmes (cohorts are multi professional)
- Development of comprehensive eye screening services

Head Injuries

Community Treatment Centre for brain Injury

As a newly established service the Community Treatment Centre for Brain Injury has:

- Developed protocols to ensure easy and timely referral to the service for clients and other referring agents.
- Developed close links with agencies that provide specialist services relevant to clients with an acquired brain injury.
- Developed links with other health services, social services and voluntary sector agencies to ensure timely and appropriate delivery of service to clients.
- Established links with local universities regarding the contribution by staff to teaching, the placement of students for training, and potential research activity.

In order to provide an interdisciplinary model of neuro-rehabilitation the centre has:

- Developed a shared assessment that is used by all qualified staff to undertake initial assessment.
- Client's individual goals are based on their participation in everyday roles rather than impairment or disability.
- Client individual goals are agreed between the client, carer/s and qualified staff

Homeless Service Developments for Nutrition and Dietician, Physiotherapy and Occupational Therapy:

- Monitoring and evaluation framework for homeless services (including AHP Services) developed, piloted and is now being implemented Development of Integrated Health and Social Work assessments teams at Clyde Place and the HART Team.

BUILDING ON SUCCESS – FUTURE DIRECTIONS FOR THE ALLIED HEALTH PROFESSIONS IN SCOTLAND

GGNHS ACTION PLAN

GLOSSARY OF ABBREVIATIONS

AHP	Allied Health Professions
CRAG	Clinical Research and Audit Group
COPT	Community Older People Team
CPD	Continuing Professional Development
GGNHS	Greater Glasgow NHS
HEBS	Health Education Board for Scotland
I M&T	Information and Technology
ISD	Information and Statistics Division of the Common Services Agency
LHP	Local Health Plan
MCN	Managed Clinical Network
NES	NHS Education for Scotland
OD	Organisational Development
OT	Occupational Therapy
PHIS	Public Health Institute for Scotland
PIG	Planning and Implementation Group
PFPI	Patient Focus and Public Involvement
RCSLT	Royal College of Speech & Language Therapy
SEHD	Scottish Executive Health Department
SSA	Single Shared Assessment
SVQ	Scottish Vocational Qualification.