How AHPs are Working Differently to Support Transformation of Services in the North West.

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How AHPs are Working Differently to Support Transformation of Services in the North West

Overview

Why?

Following an evaluation of the North West AHP workforce in 2012 it was recognised that AHPs were working in different ways to support service transformation but the extent of this and ways in which they are doing so within the region was unknown therefore this project was developed. The project explored services working with Older People as this provided a focus and opportunities to look at many aspects of care delivery with the involvement of all AHPs. The project title was ***'How are AHPs in the North West working differently to support transformation of services for older people?'***

What did we do?

In the initial phase of data collection a questionnaire was sent out to members of the North West AHP Network to gather information regarding key innovations to facilitate the next phase of data collection. Services were identified that fulfilled the most prominent themes within the questionnaire responses and interviewed to capture information around the following service transformations: Innovations, 7 day working, working in integrated teams, new roles at bands 1-4 and new advanced roles.

The project ran from April 2014 to April 2015.

Findings

Thirteen teams from ten organisations participated in the interview phase of the project; the AHPs in these teams were all working innovatively but in different ways. There were examples of AHPs embracing new technology, working across organisational boundaries, working flexibly and over seven days, developing new roles and services and developing their skills while retaining a strong focus on delivering patient-centred care.

Introduction and Background

There is a move within health organisations to deliver care where the person is at the centre and the delivery is responsive and adaptable. The ambitions laid out within the NHS 5 year forward view (NHS England, 2014) include dissolving traditional boundaries of care to focus on managing 'networks of care', integrated services, evaluating new care models and ensuring that patients have access to seven day services. There is a strong drive towards integration of services built around the individual with a move away from episodic care, where the needs and experience of people is at the centre of how services are organised and delivered (NHS England 2015). This is underpinned by the introduction of the Better Care Fund (NHS England, 2015) to ensure transformation in integrated Health and Social Care. Because of the way AHPs work, they are in an excellent position to support these developments.

The Allied Health Professions (AHP) have a wide and diverse scope of practice both individually and as a collective group of professions. AHPs work in a variety of settings and for a range of commissioners working closely with other professionals and are dependent on interfaces across care teams and organisational boundaries. They also understand person-centred and coordinated care as they work as key members of multidisciplinary and multiagency teams (Dorning and Bardsley, 2014); this makes them well placed to meet the current challenges of healthcare provision.

In 2012 an evaluation was commissioned by the North West AHP Workforce Board to profile the AHP workforce in this region. Following this evaluation it was identified that there was a need to build on the findings to look at what the opportunities were for AHPs to work differently and how this has had a positive impact for service users and on service delivery. This is in line with the work of the Health Education North West Workforce Transformation Team, whose purpose is to develop a workforce responsive to changes in care to support the impetus for whole system service transformation. With an aim 'to identify new roles and ways of working, across the registered and unregistered AHP workforce, to support service transformation', to identify how AHPs can support, and are supporting, the delivery of 'networks' of care as discussed in the NHS

five year forward view and demonstrate how AHPs are responsive to changes in care this further project was developed.

There was an awareness that AHPs in the North West were working in different and innovative ways to support these initiatives and the transformation of services but evidence was needed to demonstrate this, and to start to look at the ways that this was done by:

- ⇨ Build on the 2012 workforce profiling project to identify opportunities for working differently.
- ⇨ Scope new ideas and new ways of working across AHP services in the North West to identify where working differently has had a positive impact in service delivery and service users across pathways of care.
- ⇨ To identify models of good practice and workforce innovations for AHPs.
- ⇨ Ensure all parts of the workforce and all sectors of providers are engaged as part of the work stream.
- ⇨ Share good practice across the region.
- ⇨ Align AHP workforce development to local, regional and national priorities.

The scope of the project was very wide, partly due to the breadth in practice of each of the Allied Health Professions, therefore it was recognised that to collect information about good practice and workforce innovations it would be beneficial to streamline the scope (to support targeted data collection), but it was acknowledged that doing this may exclude some specialities and patient groups.

It was recognised that the aims identified for the project around integration and working across pathways of care were prevalent in teams working with older people. The King's Fund Paper 'Making our health and care systems fit for an older population' (Oliver, Foot and Humphries, 2014) stated that 'transforming services for older people requires a fundamental shift towards care that is coordinated around the full range of an individual's needs' and that 'achieving this will require much more integrated working'; principles echoed in the NHS five year forward view (NHS England, 2014). The paper also suggested that 'if we can get health and care systems right for our older population we should help to get it right for other service users'. It was felt that focusing the project around services for older people would facilitate data collection to provide information about the AHP role in service transformation in this area, but also provide transferrable lessons and common themes to share with other areas of practice that may be

excluded from the project with this focus.

With the project steering group (for membership see appendix 1), the following points were agreed to provide a frame of reference and underpinning principles to the project as being important in the delivery of services for older people:

- ⇨ Approach services for older people in a person-centred manner at all times regardless of the setting or speciality in which they are working.
- ⇨ Consider the impact of integration of Health and Social Care and breaking down organisational boundaries.
- ⇨ Consider models and pathways of care as circular rather than linear; the focus shouldn't just be on an older person travelling through an acute pathway into community services, consider all teams and services that may come into contact with an older person in any setting or health state.

The agreed title for the project was:

'How are AHPs in the North West working differently to support transformation of services for older people?'

Project Aims and Method

It was agreed to focus the project around teams and services working with older people; this allowed the development of the underpinning principles and project title but still left a wide scope for the project. The approach taken needed to be flexible, one where each phase of data collection was responsive to and based on the data collected in the previous phase. This would ensure that the project was truly focused on the respondents and the information they provided and would represent current practice in the region; it also supported the identification of specific points of interest. Therefore an iterative approach was taken to the design of the project to facilitate and support this process.

The aims of the project were developed which were:

- ⇨ To engage with the AHP workforce in the North West to establish what services they currently provide and the workforce that delivers this.
- ⇨ To identify gaps within the current workforce and ways of working.
- ⇨ Use this information to inform AHP workforce innovation and transformation.
- ⇨ Ensure that there were lessons transferrable to other areas.
- ⇨ Make recommendations to the AHP Workforce Board and wider stakeholders on new roles and ways of working.
- ⇨ To collect information that was useful to clinicians and managers.
- ⇨ Share learning with other professional groups.

Initial Phase of Data Collection and Analysis

The process used for the initial phase of data collection and analysis is represented in figure a and a copy of the questionnaire used is available in the appendix (appendix 2). An invitation to complete the questionnaire was sent out to members of the North West AHP Network to ensure that all professions and grades of staff would have the opportunity to participate. An abridged version of the questionnaire was also developed; this was disseminated at the AHP Network event in July 2014 and completed in a paper format (appendix 3).

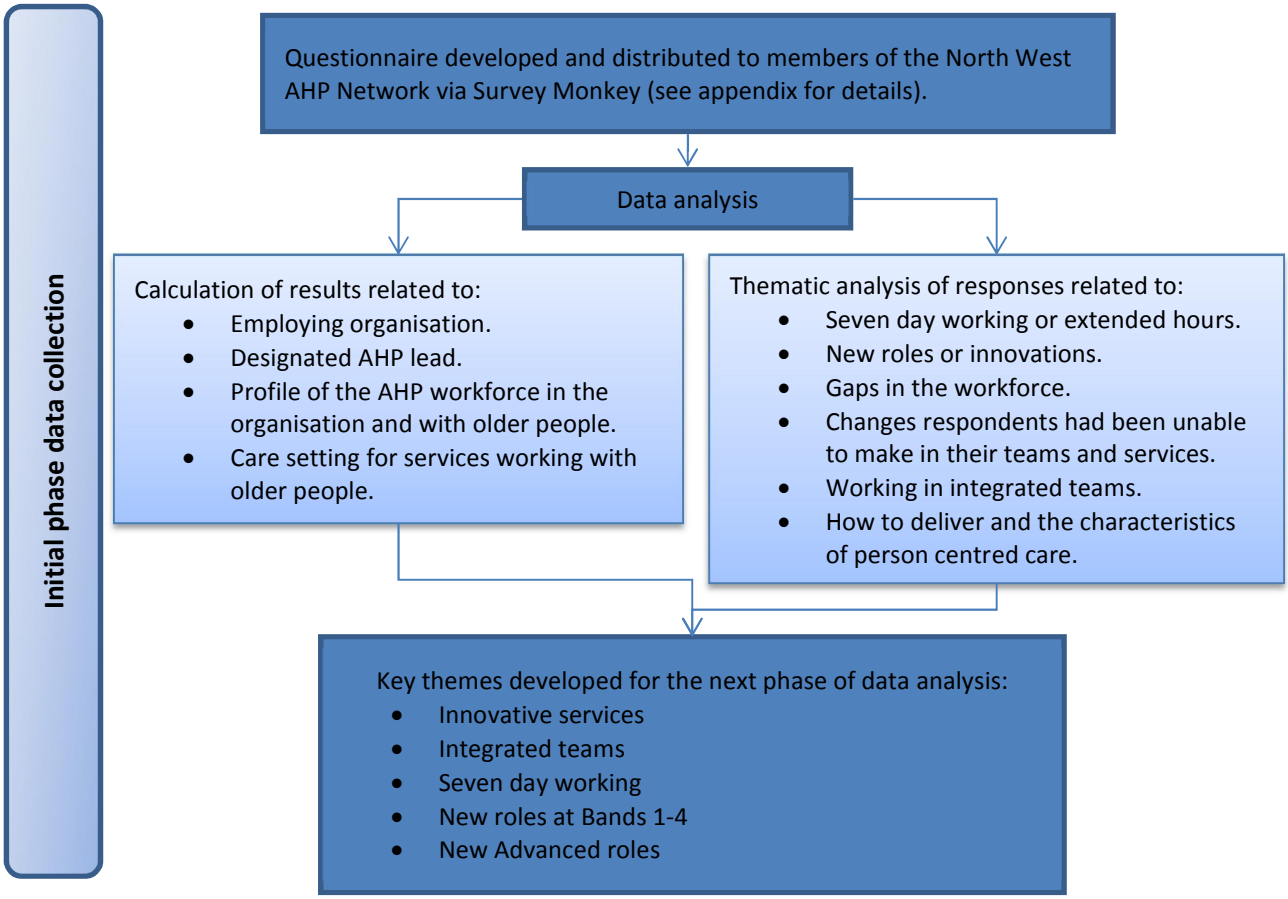

figure a - Diagram to represent the initial phase of data collection

The questionnaire used open and closed questions providing a mixture of qualitative and quantitative data. Quantitative data was compiled and reviewed to ensure that all professions and grades were included in responses to the questionnaire. The qualitative data was analysed for themes with the most prevalent themes forming the basis for the next phase of data collection. Links were made between the areas of innovation and identified workforce gaps and changes that respondents had been unable to implement; this ensured that the themes taken forwards, and the data collected from this, would be useful in supporting respondents with the process of change and also relevant to current practice. Qualitative data collected in connection to the delivery and characteristics of person centred care were compiled in a word collage to demonstrate the most prevalent comments.

Key themes for the second phase of data collection were developed from this analysis:

- ⇨ Innovations
- ⇨ 7 day working

- ⇨ Working in integrated teams
- ⇨ New roles at bands 1-4
- ⇨ New advanced roles.

Services or teams that met these key themes were identified for further data collection in the next phase of the project.

Second phase of data collection and analysis

A summary of the second phase of data collection and analysis is summarised in figure b. The purpose of this phase of data collection was to gather more in-depth information about the identified services around the key themes; an interview template was developed to support this appendix 4). Standardised information was collected that would be relevant to both managers and clinicians with a practical focus to support others in making changes.

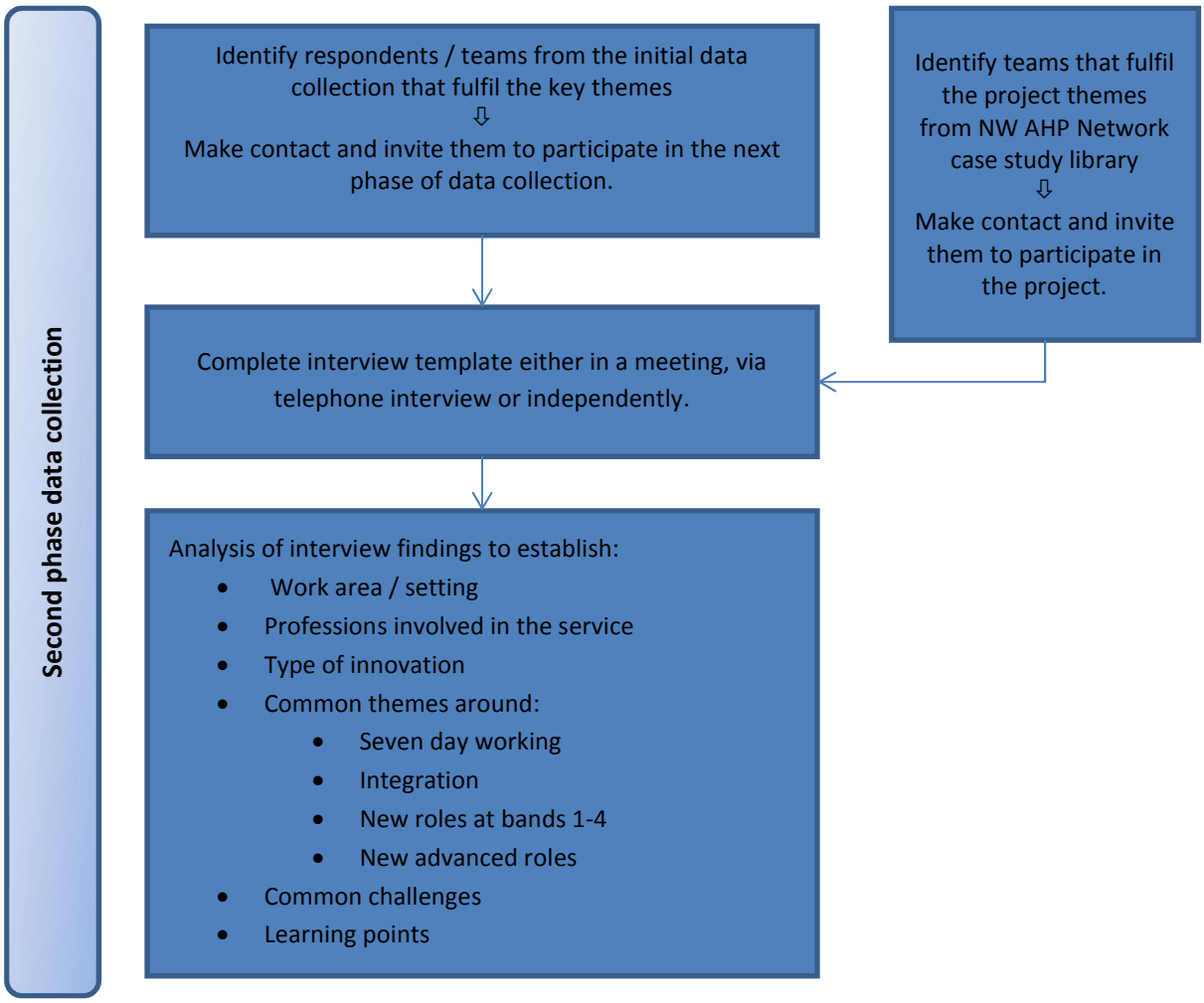

figure b - Diagram to represent the second phase of data collection

Teams and services that were identified for follow up were contacted by email and asked to complete the interview template either independently, over the telephone or via a face to face meeting. The interview data was compiled in a database and transferred to a case study format for inclusion in this report and to support dissemination of the information collected. To ensure that there was good representation of teams from across the region, the case study resources held by the North West AHP Network were also reviewed. Teams and services that fulfilled the key themes of the project were contacted and asked if they wished to participate. If so, they underwent the interview process as detailed above.

The interview findings were analysed to establish the setting the team works in and which professions were involved in the teams. There were also analysed to establish common themes or issues around seven day working, working in integrated teams, developing innovative services / ways of working and developing new roles. The challenges faced by the teams and the lessons they had learnt were also reviewed.

Findings

Initial phase data collection (Questionnaire)

Results

A full report detailing the results from the questionnaire is available in the appendix (appendix 5). There were 145 responses to the questionnaire from 33 organisations and all AHP professions were represented in the employing organisations of the respondents.

Person Centred Care

There were 56 comments related to how person centred care should be delivered to older people. The responses were themed and are represented in the word collage below (figure c).

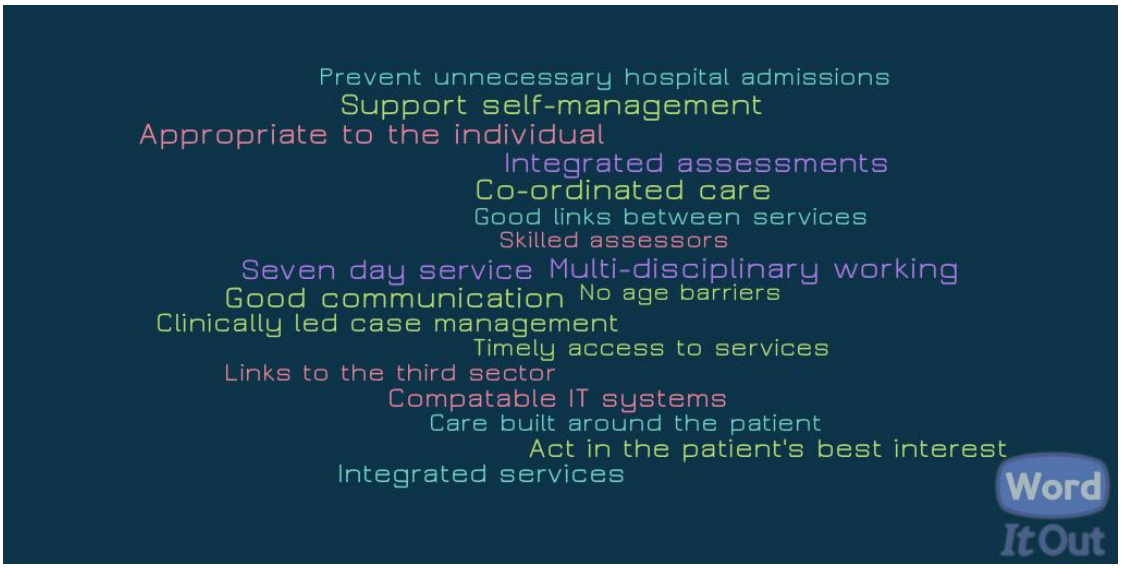

figure c

Word collage to represent attitudes to the delivery of person centred care for older people

There were 54 responses detailing the characteristics of person centred care for older people. The responses were themed and are represented in the word collage below (figure d).

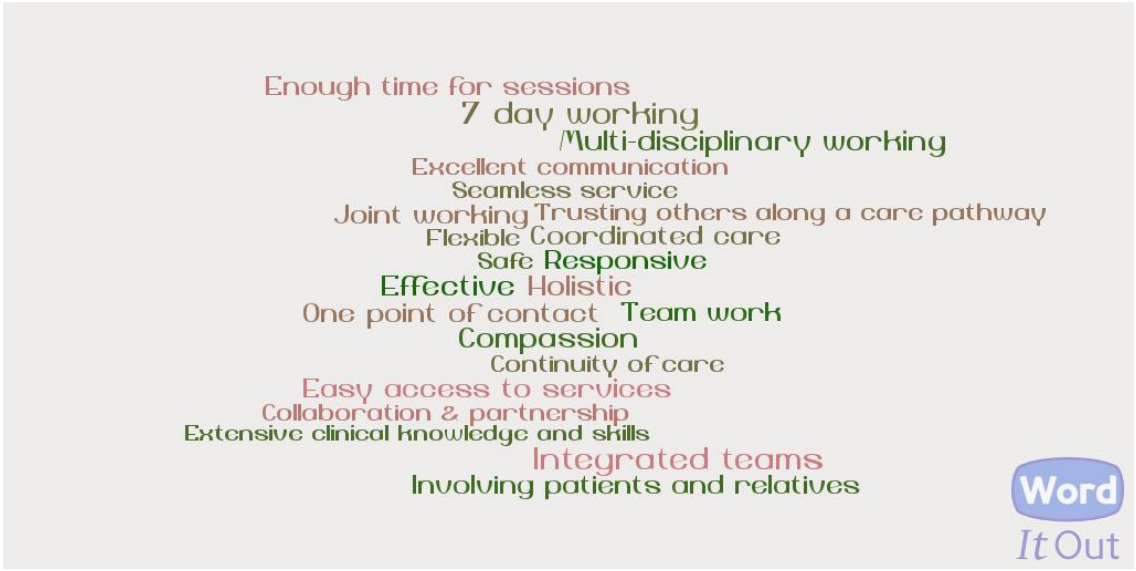

figure d

Word collage to represent attitudes regarding the characteristics of person centred care

Review of the questionnaire data, in line with the key themes, identified services and teams in 21 organisations for inclusion in the second phase of data collection.

Discussion

The initial phase of data collection demonstrated that organisations from across the region were engaged in this project and within these organisations all of the allied health professions were represented.

The reported gaps in the workforce/services and the changes that respondents had been unable to make were closely related to the innovations and role development of other respondents. This confirmed that by exploring further the innovations and changes that teams had been able to implement, and sharing this information, it may provide solutions and support to others embarking on the process.

Many of the comments made about the delivery and characteristics of person-centred care were related to the key themes of the project. This provided an excellent underpinning philosophy for the project, and a blue-print for the services included in the next phase of the project, services which fulfil these characteristics should be featured.

The results of the questionnaire demonstrated that all levels of staff are working towards service transformation therefore the information collected as part of this project should be available in different formats to support both managers and clinicians in developing their services.

Second phase of data collection (Interviews)

Thirteen teams from ten organisations participated in this stage of the project; these teams were from Lancashire, Merseyside, Cheshire and Greater Manchester. Details from the interviews are included in the appendix as case studies (appendix 6).

All of the teams discussed innovative changes to their services with six teams discussing seven day working, seven discussing integrated services, three reporting new band 1-4 roles and two new advanced roles. The teams worked predominantly in the community with just under half in

traditional community settings and the remainder working in acute settings including the Emergency Department, Medical Admissions and with acute patients in their own homes. Two teams were from a traditional hospital setting, one in an inpatient service and one an outpatient service (figure e). The professions represented in the teams included Speech and Language Therapy, Physiotherapy, Occupational Therapy, Radiography and Dietetics (figure f).

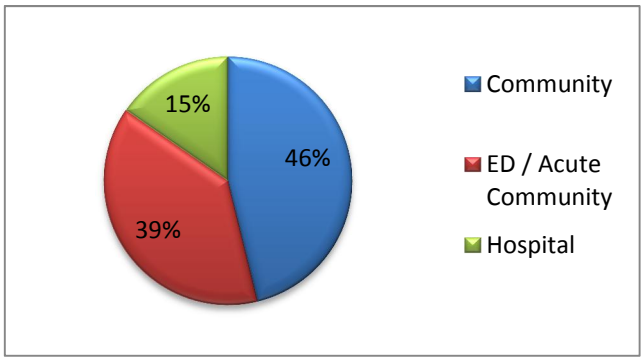

figure e - work location of the interviewed teams

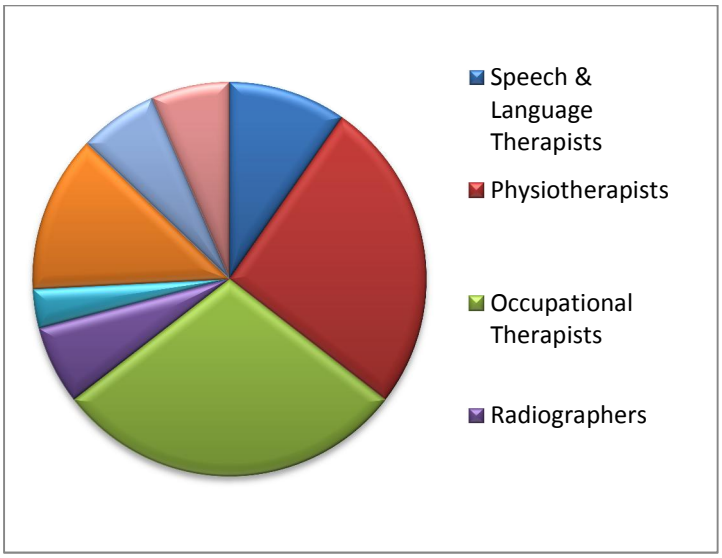

figure f - professions working in the interviewed teams

Innovative Ways of Working

The teams interviewed were all working innovatively but in different ways such as using new technology, developing integrated teams across health and social care, admission avoidance or early supported discharge services, reorganising work systems and developing new roles.

Using new technology (two teams)

The teams using new technology were both Speech and Language Therapy services from Blackpool Hospitals Trust and Lancashire Care Trust using video conferencing technology to provide input to patients in their own home. Both used different software packages and worked with patients with different conditions, but use of the new technology had significantly reduced the number of community visits needed saving on travel time and cost but with comparable clinical outcomes to traditional face to face sessions.

Integrated teams across health and social care (two teams)

The community AHP teams in East Cheshire and East Lancashire had been through a reorganisation to develop integrated teams in the community. For both teams this had involved a significant reorganisation and integration with other teams across organisations.

Services for acute and emergency care (community and hospital based) (5 teams)

Of these five teams, three are based in the community working on admission avoidance or supporting early discharge and two are hospital based working in the emergency department or clinical decision unit; they are all multi-professional teams working in an integrated way.

The Proactive Elderly Care Team (PECT) at Lancashire Teaching Hospitals is the only team interviewed for this project that specifically works with older people; they work in the Emergency Department and Clinical Assessment Unit delivering the Comprehensive Geriatric Assessment (CGA) and Dementia assessments. The Integrated Assessment Team at University Hospitals South Manchester Trust also works in the Emergency Department, Acute Medical Unit and Clinical Decision Unit to facilitate transfer home or commence assessments but with patients of any age, however the client group is predominantly older people.

The Aintree at Home service delivers a discharge to assess model of practice in the community, with the Pennine Acute Trust Crisis Team and Blackpool Rapid Response Teams providing acute time limited support at home. The Blackpool Rapid Response Team are also involved in a project with the North West Ambulance Service (NWAS); an Occupational Therapist goes out with a Paramedic on Category 3 calls (usually falls and non-urgent) to fast track assessments for, and provision of, equipment to support patients in their own home.

Reorganising working practice (1)

The inpatient therapy team (Occupational Therapy and Physiotherapy) at University Hospitals South Manchester have developed an innovative way of working together; they work in an

integrated way to streamline and prioritise assessments.

New community service (1)

The Radiology department from Countess of Chester have developed an innovative community ultrasound service that has enabled more people to access their service and manages some of the challenges they have delivering services in a rural location.

Seven Day Working

Six of the teams interviewed reported that they deliver their service over seven days. All of these teams reported lower staffing levels at the weekend compared to Monday to Friday, even if the team was established to work over seven days; these levels were based on staff availability for the rota. All of the teams used a rota system to determine their weekly staffing levels and had guidance around minimum requirements for the number of weekends and late shifts worked (if these were offered) with week days off being provided for those working weekends. Rotas were usually determined by an identified member of the team. However in the Blackpool Rapid Response team staff self-complete an online rota template two months in advance adding in their 'off-duty' and annual leave requests, in line with minimum requirements, independently which works effectively in their multi-professional team.

The teams had all developed strategies for information sharing between shifts and professions to enable effective handover. Teams working late and early shifts had developed a 'huddle' system to allow a multidisciplinary review of their current patients, this also facilitated handover if a specialist professional assessment was required following a generic initial assessment. Overall staffing levels for the teams was calculated based on service need and patient numbers as no other clear guidance was available.

Some challenges around location of the team base were reported when working over seven days in a totally community based service. For the East Lancashire Integrated Therapy Team there were problems with access to clinics not traditionally open at the weekend and also of lone working with reduced team numbers at the weekend and working over a large geographical footprint; these issues have been worked around by co-locating with a nursing team.

Integration

The benefits of integration reported by the seven teams working this way were closely related to the ways that they had to work differently. The teams reported that working generically had meant that treatment was based on patient need rather than professional background and as a result was more patient focused; this had also decreased handovers and duplication. Shared skills of assessment and intervention had been developed and all members of the teams had extended their role in some way. Two of the teams also reported that they had developed increased awareness of the roles of other professionals in the team from working in an integrated way.

To support integration of the teams and more generic working, different levels of training were provided. This included in-house training and supervision but also the development of competencies and external training. The external training included consultation physical skills training, the COPD diploma and supplementary prescribing (Blackpool Rapid Response).

The teams reported some challenges to achieving successful integration but these were all factors to be considered and addressed. These included managing staff from different organisations on contracts with different terms and conditions or newly recruited staff with seven day working included in their contract working alongside existing staff with no requirement to work weekends, making different IT systems work together, gaining agreement about the role and function of a service when there are several key stakeholders involved who don't necessarily agree and challenging historical working practices.

New Roles

Development of new roles at bands 1-4

Three of the teams interviewed had developed Assistant Practitioner roles at bands 1-4, one in a uni-professional role in a Radiography department and two in more generic roles. The teams reported that these roles supported the clinical work of the registered staff in the team, freeing their clinical time and supporting their development. Where the new staff at Bands 1-4 were in generic roles they supported the integration of the registered staff and decreased the number of

community visits by different professionals needed for an individual.

These roles were supported by both in-house and external training from the foundation degree course; the team in East Lancashire had developed these roles in conjunction with the University of Central Lancashire (UCLAN) sharing the recruitment process. The services with generic staff at Bands 1-4 reported that their services were commissioned with the Band 4 Assistant Practitioner roles as an integral part of the service redesign and the Radiology team reported that the development of these roles had been a gradual process over a number of years.

The team in East Lancashire reported that there were some challenges around recruitment to these roles. It was challenging to identify individuals with the appropriate level of academic and practical skill for both the job role and the foundation degree, with some individuals leaving the post to take up professional training and others not liking the academic requirement of the role.

Development of advanced roles

Two teams reported new Advanced Practitioner AHP roles, one working in a multi-professional or generic role and one in a uni-professional role; both roles have been supported by post graduate study. The Crisis Response team at Pennine Acute Trust (North Manchester) have a physiotherapist working in this training role which has attracted a positive response within the team and the organisation. The team members report that having an AHP in this role has added a new dimension to their team and their practice, and has supported them by providing a management and leadership role. For the individual in this role the transition from Physiotherapist to Advanced Practitioner in Training has proved challenging as it has required her to move from her traditional AHP role into a nursing dominated role providing a more medically focused approach to patient assessment which has taken some adaptation. The uni-professional advanced role is within the Radiography department at the Countess of Chester Hospital and has increased capacity for x-ray reporting and allowed the development of a radiographer led peripherally inserted central catheter (PICC) line service.

It is clear from speaking to the teams that there are many benefits to assistant and advanced practitioner roles for individuals and the teams they work in. The teams interviewed stated that the new roles had supported staff development, the integration of the team and decreased the number of community visits needed however selecting the right person for the post is essential. For the advanced practice role, someone who is motivated and ready to take on the challenges

of an enhanced role – as well as the academic requirements is essential. For assistant practitioner roles there are challenges, as reported by the East Lancashire team, in identifying people with the right 'mix' of practical and academic skills, and those who want to stay in this role long enough to provide the rest of the team with stability following their training period.

Difficulties faced by the teams in implementing change

Most of the teams interviewed reported some difficulties and challenges when implementing their innovations and changes to service. These have been grouped together to provide a summary of the difficulties reported by the teams. Recognising these challenges may support others when implementing successful changes.

General:

- Achieving appropriate and timely funding.
- Challenging historical practices in teams and professions.
- Ensuring that time is available to develop the innovation and changes before implementation commences.

Seven Day working:

- Managing rotas for seven day working.
- Challenge identifying suitable accommodation for new multi-professional teams in the community with appropriate access to allow weekend working.

With technical innovations:

- Identifying the right patients, who meet the criteria and requirements for the service.

Discharge to assess, admission avoidance teams:

- Reluctance of hospital teams to support earlier discharge into community services
- Problems solving issues in the patients home on early discharge.

Developing integrated teams:

- Challenges managing different pay and terms for health and social care staff
- Managing different IT systems from the teams coming together.
- Overcoming different working practices in different teams and organisations.
- Managing working across multiple organisational boundaries.

What the teams learnt from implementing their changes

The following is a summary of what those interviewed have learnt from the process of change and transforming their services. Again recognising this learning may support others to implement successful change.

- ⇨ There needs to be support for training, backfill and developing the changes
- ⇨ It's a good experience
- ⇨ There needs to be support from management
- ⇨ Staff need to be flexible and patient focused
- ⇨ Early engagement with stakeholders supports the process
- ⇨ Need to develop strong partnerships with partner organisations and teams
- ⇨ Ensure good communication between teams
- ⇨ There needs to be appropriate IT infrastructure
- ⇨ Keep a high profile
- ⇨ Use patient experience – very powerful tool
- ⇨ Having rotational staff in the team supports knowledge sharing
- ⇨ Make sure you celebrate achievements
- ⇨ Involve staff / staff engagement
- ⇨ Know about funding sources / options
- ⇨ Understand training needs and deliver this before implementation where possible
- ⇨ Make sure processes are in place before implementation
- ⇨ Agreed a shared vision between all stakeholders – and if you can't totally agree, find a best fit and go for it
- ⇨ Set realistic timescales
- ⇨ Aim for integrated management when teams are coming together
- ⇨ Don't be afraid to step over professional boundaries as long as you're supported by your team.

Discussion

The teams that agreed to participate in the second (interview) phase of the project were from different areas of the region and involved five of the allied health professions. Their innovations delivering service transformation are highly reflective of current national priorities, initiatives and recognised good practice and they span from embracing new technologies to reorganising working practices to working more generically. Therefore we can be confident that the snapshot of activity in the region that this project provides is reflective of practice throughout the region.

Setting

There were only four teams that were hospital based involved in the second stage of the project, two of these working around the admission of patients in the Emergency Department and Medical Admissions, one on the wards and one outpatient service. This may be reflective of the pressures when working with hospital inpatients and the drivers for change in this setting. It may also be related to the inherent organisational structures in place in a hospital environment which can make it challenging to implement changes perceived as significant by AHPs in the team. There were also no intermediate care services identified to take part in the second stage of the project. This may be because these services are established and not making changes that the AHPs working in the teams would view as significant but also may be related to the timing of the project with teams being involved in the National Audit of Intermediate Care and many local services undergoing or being on the cusp of reorganisation.

Generic Working

In the majority of the teams staff had an element of generic working. There are case examples of Advanced and Assistant Practitioners included but even without these titles staff, most commonly Physiotherapists and Occupational Therapists, were working across multiple professional roles. All teams working in this way had found it a good way to work and felt it delivered a better and more focused service for patients. Where registered staff had an element of generic working all reported that working this way had enhanced their skills and practice and hadn't affected their professional skills; both registered and unregistered staff working across professions had some level of support or training to work in this way. For registered staff the most common element of generic working was in delivering assessment to patients accessing

their service. Following assessment patients were usually allocated to the most appropriate profession to meet their needs and the registered staff would work in their professional role but retain elements of generic working.

There is a blurring of boundaries for registered staff working in this way. In an Advanced Practice role there is a clear expectation that the individual will work across defined professional boundaries with appropriate support usually provided via the Advanced Practice MSc. However for those registered staff employed in their professional role, but with a generic element to their post, the support and training provided varied through all teams interviewed. AHPs are trained in their respective professions and supported by their individual professional bodies but this does not provide support, or some of the skills needed, when working in a more generic role.

The extent of this generic role varies greatly between all teams included in this project. Staff working this way need to be confident in their own professional skills in order to retain them and take on elements of another profession's practice (as the teams interviewed are currently working). Also the variance in generic responsibility in these roles could make it challenging for staff to move between teams either into another generic role or back into a clear uni-professional role. More support structures from the individual professional bodies may be needed for staff working in this way to recognise the unique challenges it brings.

Advanced Roles

The two Advanced Practitioner roles included in this project worked differently. One worked as an AHP Advanced Practitioner delivering elements of Physiotherapy, Occupational Therapy and Nursing and the other in a Radiography role with responsibility for reporting X-Rays and leading a radiology led service. Both roles have a level of increased responsibility working above the usual level of their profession which will provide similar demands. However there may be different demands when working as an Advanced Practitioner predominantly in one professional role or across several. It may be useful to make this distinction in order to look at the challenges around these roles and facilitate appropriate peer support.

Using New Technology

The two teams who had implemented the use of new technology to change the way their service was delivered were both part of a uni-professional Speech and Language Therapy team; no other AHPs reported using new technologies for service delivery in this project. It may be possible that elements of Speech and Language Therapy practice can lend themselves to working this way

more than other AHPs or just that other professions did not report this, but both teams faced some professional challenges in implementing their services that would be relevant to all AHPs.

For many of the Allied Health Professions a large proportion of their interaction with patients involves touch, impossible with the use of video calling technology. However the Speech and Language Therapy team in Blackpool have managed this by piloting the service in Nursing Homes where staff were trained to deliver some elements of the dysphagia assessment that required touch. The team at Lancashire Care Trust delivered a programme that did not require any 'hands on' element and also retained an element of 'face to face' input in their treatment programme which managed clinical anxieties about taking away all clinic sessions. To develop clinical confidence in a new way of working, in this case using video calling technology, it is important for AHPs to feel that they are still delivering a good quality service to their patients. This may mean training others to deliver elements of the input to a good standard or to use the technology for parts of the intervention rather than the whole thing, but to be flexible and listen to the patients and clinical staff involved.

Seven Day Service Provision

None of the teams interviewed were able to provide a true seven day service with equal staffing on weekdays and weekends, all provided a slightly reduced service at the weekends even when the service was newly commissioned. Of the teams working over seven days two were based in the emergency department or medical admissions units and the others were based in the community; there were no outpatient or traditional inpatient services included. This would suggest that community based and admission avoidance services are working more flexibly than inpatient and outpatient services. This may be related to how these services were commissioned and funded, and if there were set up more recently than established teams working in the hospital. There was also little guidance around appropriate staffing levels or capacity therefore this was based on staff availability. Further work is needed to look at the delivery of seven day working in teams within the region to establish best practice in the absence of national guidance for AHP teams.

Challenges

A common theme running through both the difficulties that teams faced and what they had learnt from the process of change was communication. For all of the teams involved good communication was key to effective service transformation, to gain agreement between stakeholders and organisations, engage staff, develop processes and disseminate the work.

Preparation for the change also supported the process of implementation. The teams recommended that there was adequate time and backfill for staff to develop the change, that any necessary training was provided and processes developed before implementation and all issues around accommodation and changes to the work base of teams had been considered.

It was clear from the teams involved that all levels of staff had been involved in implementing successful change in practice; managers, registered and non-registered staff all have a role in identifying, implementing and supporting change. The information gathered as part of this project will be useful to all levels of staff to support them in identifying changes that they could make and in implementation, using it to look for comparable services and also themes around the approach to take and recommendations.

The interviews revealed some interesting services that were either specifically for Older People or predominantly worked with them but, even with a focus on services for Older People, the themes identified throughout the project are relevant to AHPs in all settings and specialities. The discussions and learning around integration, delivering seven day services, developing new roles and developing innovative services are relevant to all of the Allied Health professions with the key themes being transferrable to other areas to support managing these challenges in service transformation.

Limitations

There were some limitations to the design of the project. Selecting a focus on older people early in the process limited the AHPs that could respond to the questionnaire and engage with the data collection; because of this all specific children's and under 65's services were excluded and those working in general services may have not felt able to contribute. The style and structure of the questionnaire may have also limited the AHPs who responded; it may not have lent itself to detailing the activities of some of the Allied Health Professions. The dissemination of the questionnaire to the North West AHP Network meant that only those subscribed were engaged in the data collection process, meaning services may not have been included.

The timing of the project may also have had some impact on the services identified and contacted. The questionnaire went out over summer with data analysis in early autumn, this in turn meant that the second phase of data collection occurred in the lead up to Christmas and just afterwards – traditionally a very busy time for services and one of high pressure in the NHS. This may have had some impact on the teams identified for the second phase of data collection engaging in the process. Those who participated in the project, and saw value in it, engaged actively in the process however there may be other extremely relevant services and teams who did not have the capacity to engage with the project.

Conclusion

AHPs working in the teams included in this project are working differently and this is supporting the transformation of their services and the development of new ways of working. They are embracing new technology, working across organisational boundaries, working flexibly to suit the needs of the service, and developing their own skills and those of others to provide person centred care. It is apparent from all of the teams interviewed, and the individual responses to the questionnaire, that delivering person-centred care is at the heart of what AHPs do.

The key themes and recommendations to come out of this report are not specifically relevant to services for Older People. They meet the specific demands of a service wrapped around the patient, but this is true of all patients regardless of age; the learning from this project can be used in all areas of AHP practice.

The themes and focus that have come out of this project have been highly relevant to current national developments and pieces of work, this is in part due to the responsive methodology used enabling the project to stay current throughout its course. The information collected as part of this project has been shared with others including NHSIQ Seven Day Working project and regional Emergency Care project. Links have also been made with the regional AQuA Frailty project.

Recommendations

What should the new workforce look like?

Using elements from each of the teams involved in this piece of work the characteristics of an AHP workforce delivering person-centred care and effective service transformation have been identified.

The workforce should:

- ⇨ Have elements of generic working but maintain a strong professional identity
- ⇨ Work over seven days and extended hours dependent of the needs of the service
- ⇨ Use new technology to support practice and maintain or improve patient care and satisfaction while having a positive impact on service delivery costs
- ⇨ Have an increased community presence with the appropriate IT infrastructure to support this
- ⇨ Work across departmental and organisational boundaries to wrap services around patients.

Sharing these findings

The findings from this piece of work could support other AHPs in the development of their services by sharing the information collected regarding service profiles and the teams learning when implementing change. A web based method of sharing this information would facilitate the identification of relevant information such as: professions involved, work setting and reason for inclusion in this project i.e. innovation, seven day working, development of new roles and integration.

Recommendations for further study

The data from this piece of work has provided a snapshot of AHP activity within the region and can be used to share details about the services and support others in their service transformation. However it may be useful to remove the limitation of services for Older People

and look at particular elements in more detail.

- ⇨ Look at teams and organisations providing AHP services over seven days in more depth, including teams from all settings and specialities. This would be useful for those teams still to establish seven day services but also to those with seven day services who wish to reorganise. It would be helpful to look at:
  - How the staffing levels and establishment are calculated.
  - How weekly rotas are managed.
  - What the challenges are to service delivery in different settings.
  - Using this information to develop a regional consensus regarding establishment, capacity and staffing levels.

- ⇨ Explore issues around registered staff working generically including: the registered profession of the individual, the extent of generic working undertaken, the training provided to support the element of generic working and the impact on and support for professional skills. And use this data to provide a snapshot of how AHPs are working generically within the region and establish if there are ways to support these individuals in this role alongside support from their professional bodies.

- ⇨ Look in more depth at Assistant Practitioner roles to identify any issues with recruitment and retention, delivering multi-professional support for those working in this way, and comparing roles and responsibilities for this post across the region.

- ⇨ Establish the level of support provided to unregistered staff at Bands 1-4, not in Assistant Practitioner roles, to work both uni and multi-professionally.

- ⇨ Look at Advanced Practitioner posts within the region to explore the challenges of this role when working uni and multi-professionally and also examine the responsibilities of each post to allow comparison of the roles.

- ⇨ Identify teams that are using new technologies to deliver their services in different settings and specialities.

Dissemination

Alongside the production of this report for the North West AHP Workforce Board, the data collected from the teams will be disseminated via eWin as case studies and the project will also feature as a hot topic on the eWin website.

Also the data collected from the interviews has been compiled into a format suitable for the development of a searchable website to facilitate AHPs in the North West to use the information collected to support the implementation of their innovations.

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Appendix 1 – Steering Group Membership

Name	Job Title	Organisation
Denise Prescott	Director of Continuing Professional Development (Institute of Learning & Teaching)	University of Liverpool
Gillian Rose	Divisional General Manager (Division of Diagnostic and Clinical Support)	East Lancashire Hospitals NHS Trust
Heidi Denham	Professional Lead for Orthoptics	Salford Royal NHS Foundation Trust
Helen Clements	Radiotherapy Service Manager & Professional Lead for Therapy Radiography	Lancashire Teaching Hospitals NHS Foundation Trust
Jeannine Howard	Team Manager (Community Occupational Therapy)	Salford City Council
Lesley Walters	Integrated Therapies Manager	Lancashire Teaching Hospitals NHS Foundation Trust
Lisa Ellis	Associate Head Workforce Transformation	Health Education North West
Marie Stern	Patient Representative	The Patients Association
Sue Louth	North West AHP Workforce Lead	Health Education North West

Appendices 2-6

See separate folders