REINVESTMENT PROJECT FINAL REPORT

Modernising Allied Health Professionals (AHPs) Careers
Innovation in Practice: Allied Health Professions Resource Pack

Anne Johnson

July 2010
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1 Executive Summary

1.1 The *Innovation in Practice: Allied Health Professions Resource Pack* (SW SHA 2010) has been compiled in response to the Modernising Allied Health Professions (AHP) Careers (DH 2000) agenda and builds on the nationally recognised importance of the contribution of AHPs to contemporary health and social care services. The pack is designed to raise AHPs awareness of the opportunity and need to be pro-active to policy drivers relating to innovation in practice and the provision of high quality and efficient services on a continuous basis, for patient/service user benefit.

1.2 The pack is available electronically for AHPs to download along with a Power Point Presentation entitled – ‘Modernising AHP Careers and the Quality and Productivity Agenda’ (SW SHA 2010a) for educational use in clinical departments. The presentation contains the following topic areas:

- Modernising AHP Careers: Background
- Modernisation defined
- Patients/service users first: Meeting needs
- Current economic climate and conditions
- Adaptation and innovation in difficult times
- Healthcare professionals views on clinician engagement in quality improvement
- Implications for Practice
- Overcoming the issues for adapting services: Top Tips
- What is service improvement
- Your service
- Innovation, Quality and Productivity defined in ‘general working terms’
- Innovation :Getting started
- Using the resource pack
- Where to find examples of AHP led quality and productivity projects

1.3 The resource pack aims to provide useful information linked to the national quality agenda and how this might be addressed through innovation in practice, in community
and other settings. Contents include; a brief overview of the meaning & purpose of ‘modernisation’ and its relevance to quality issues; historical policy context with summaries and electronic links; an exploration of the meanings of quality and innovation and their relevance to effective, clinical practice; a section focusing on involving patients/service users in innovation; how innovation can contribute to improved productivity; the importance of the ‘prevention agenda’ and its relevance to AHP practice; and links to other useful supplementary resources, in order for AHPs to explore these topics further and assist them in applying these principles to practice, for patient/service user benefit.

1.4 Both resources are contained in the appendices of this report and are downloadable from both of the following link:


A link to the ‘day in the life’ website can also be found on the South West Strategic Health Authority website which is accessed via the following link:

http://workforce.southwest.nhs.uk/nonmedical_education/home/multiprofessional_education_and_training_mpet_funding_streams/continuing_professional_development
2. Background

2.1 Towards the end of the 1990’s, Lord Darzi was charged with reviewing the state of the NHS and Social Services. The production of The NHS Plan: a plan for investment, a plan for reform DH (2000a), set out the vision for the reorganisation of these services. The Plan (DH 2000a) included the need to review the delivery of services, practitioner roles (including AHPs), funding, the interface between health and social care and the private sector, patient involvement, the reduction of waiting times and the drive to improve health by reducing inequalities of access to services.

2.2 The Plan (DH 2000a) set the scene for the following decade and gave a ‘kick start’ to the modernisation agenda and a proposal for an increase of 6,500 extra therapists was included. Following on from this, the understanding of the role of AHPs was enhanced through the development of the Knowledge and Skills Frameworks (KSFs) (DH 2004). Leadership and continuous professional development (CPD) opportunities have been and remain high on the agenda at a national level and some AHPs have risen to the challenge by pursuing leadership training and development opportunities.

2.3 In October 2008 the Department of Health (DH) published ‘Framing the Contribution of Allied Health Professionals: delivering high-quality care’ (2008), the contents of which made explicit the need for the quality of services to be addressed by AHPs. The report included the improved AHP service offer for the public which centred on the following three key aspects:

1. The mandating of data collection to improve quality in order for practitioners and AHP services to monitor their performance and then make service improvements.
2. Improved access to AHP services starting with self referral to physiotherapy and encouraging other local AHP services to develop self referral.
3. The need for AHPs to empower patients/service users to have more control and choice over the services they use.
Modernisation was designed to address:

- A lack of national standards
- Old-fashioned demarcations between staff and barriers between services
- A lack of clear incentives and levers to improve performance
- The issue of disempowered patients

The NHS Plan DH (2000)

2.4 In order to implement modernisation principles in health and social care, a substantial amount of central funding has been provided over the last decade. In the current economic climate however, the NHS and Social Services like all other organisations, are now more than ever, having to consider how best to use the resources available to them, both now and over the next five years, in order to maintain and improve the quality and productivity of their services. In real terms this means working more efficiently with less money a challenge for all of us in the public sector.

2.5 The resource pack therefore, stresses the need to carefully consider the conditions in which we currently operate and relevant factors to AHP practice, these factors include: an ageing population and workforce with a consequential increase in the incidence in long term conditions; an increasing birth rate; and new technologies and treatments which are continuously being developed to treat our patients/service users, which they will want and need to access.

2.6 The current economic situation needs to be understood by all AHPs to enable them to maintain high quality patient/service user care and the pack aims to contribute to their understanding. By using innovative thinking and strategies, quality, productivity and patient safety can be improved and provide AHPs with opportunities which will demonstrate how their extensive skills and knowledge can be greater employed for patient/service user benefit.
2.7 To support the modernisation agenda on a regional basis, the University of the West of England (UWE) in partnership with the South West Strategic Health Authority (SW SHA) has recently invested in the development of three modernisation projects to support AHP development. The three projects were as follows: 1. the development of a South West AHP newsletter, 2. an exploration of Continuous Professional Development (CPD) provision within the region and 3. the production of the subject of this report, the *Innovation in Practice: Allied Health Professions Resource Pack* (Johnson 2010).

3. Project aims and scope

3.1 To produce an easy to access, resource pack for AHPs to use in practice to support quality and productivity issues

3.2 To raise awareness of the need and importance for AHPs to address quality and productivity issues

3.3 To promote the resources throughout the South West Strategic Health Authority region

3.4 To advise/support AHPs in adopting strategies for improving quality and productivity as appropriate

**Project team:** Anne Johnson, Senior Lecturer University of the West of England, Bristol

**Project date:** May 2009 – July 2010
4. Project Activity

4.1 The production of *Innovation in Practice: Allied Health Professions Resource Pack* (Johnson 2010) see Appendix 1

4.2 The production of the Power Point presentation to compliment the pack, called *Modernising AHP Careers and the Quality and Productivity Agenda* (Johnson 2010a) see Appendix 2

4.3 The promotion of the above resources and support for AHPs via the following:

- Invitation to present lecture at forthcoming South West British Association of Occupational Therapists conference in Devon planned for Oct 2010
- UWE AHP away day presentation July 2010
- Post graduate AHP presentation in Bath July 2010
- Invitation to deliver presentation to AHPs in Gloucester June 2010
- Post graduate ultrasonographers presentation June 2010
- Promotion of resources at final year AHP student conference UWE June 2010
- Promotion of resources at College of Occupational Therapists via Professional Practice Board meeting May 2010
- Invitation to deliver presentation to AHPs in Chippenham May 2010
- Invitation to deliver presentation to AHPs in Dorset and Somerset March 2010
- Invitation to run workshop in Exeter at AHP final year student conference March 2010
- Invitation to present to final year Physiotherapy students UWE March 2010
- Hosted visit by author of CHPO K. Middleton Bath March 2010
- Invitation to run workshop at SW AHP conference in Bridgwater March 2010
- Post graduate radiographers presentation Jan 2010
- AHP Celebration Event for the South West region held at UWE Dec 2009
- Input to the Undergraduate Occupational Therapy Programme author invited service user to co-present UWE Oct 2009
Individual meetings and email support with AHPs as requested to discuss and advise on quality and productivity issues during 2010

Attendance at AHP network meetings throughout the length of the project 2009 – 2010 to promote and update AHPs on resource development and production

Resource Pack details included in SW AHP Newsletter 2 editions to date and will appear in a third

Pack included as a resource in the contents of the three day Clinical Innovators Workshop held at UWE designed by pack author. First run of this CPD event has now been completed and positive feedback received from delegates (18 attended from a Occupational Therapy and Physiotherapy backgrounds from the region)

4.4 Anecdotal evidence collected from AHPs and a service user to date has been very positive regarding the contents and presentation of the pack and the supporting Power Point presentation.

5. Key outcomes and next steps

5.1 The resource pack and presentation has been designed in a politically sensitive manner and as such reflect past governmental policy and legislative drivers whilst reflecting the ongoing national drive for partnership working to address quality and productivity issues. As such therefore, the resources can be used as ‘stand alone’ documents. In the fullness of time, it may be appropriate for a second pack to be written to add to and reflect any potential governmental changes to policy and practice.

5.2 The resources can continue to be used for AHPs from bands 1 – 9 at undergraduate and postgraduate levels, in clinical and academic settings and may also be useful to non AHP professionals in health and social care such as nurses and medics. At undergraduate level the resources may also be useful in contributing to the content for example of the UWE Inter Professional Modules at Levels II and III, to programme
specific sessions linked to quality and productivity, and also as part of more generic modules linked for example to foundation studies in health and social care.

5.3 At post graduate level the pack has been used as part of the three days Clinical Innovators CPD Workshop which ran in April and June 2010.

5.4 A national professional organisation - the College of Occupational Therapists have accessed the resources and are promoting them to their members electronically and also in their publication ‘OT News’.

5.5 The resources have been forwarded to the Director of the Allied Health Professions Federation (AHPF) a national co-operative body representing over 130,000 members. The AHPF promotes the unique contribution of AHPs to health, social care and education to enable greater influence of these professions at a national level.

5.6 The resources have been shared by the South West SHA AHP Lead, with other SHA AHP Leads nationally and they have been favourably received.
References


DH (2008) Framing the contribution of allied health professionals: delivering high-quality healthcare London: DH


Johnson A (2010a) Modernising AHP Careers and the Quality and Productivity Agenda Power Point presentation. Taunton: SW SHA/UWE
Innovation in Practice:
Allied Health Professions
Resource Pack

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This pack can be accessed electronically by following the link below: http://www.dayinthelife.org.uk/Default.aspx?pageid=380
**Introduction**

This resource pack has been produced as a result of a partnership initiative between the University of the West of England and the South West Strategic Health Authority. It has been compiled in response to the Modernising Allied Health Professions (AHP) Careers (DH 2000) agenda and builds on the nationally recognised importance of the contribution of AHPs to contemporary health and social care services. The pack is designed to raise AHPs awareness of the opportunity and need to be pro-active to policy drivers relating to innovation in practice and the provision of high quality and efficient services on a continuous basis, for patient/service user benefit.

In October 2008 the Department of Health (DH) published ‘*Framing the Contribution of Allied Health Professionals: delivering high-quality care*’ (2008), the contents of which made explicit the need for the quality of services to be addressed by AHPs. The report included the improved AHP service offer for the public which centred on the following three key aspects:

4. The **mandating of data collection** to **improve quality** in order for practitioners and AHP services to monitor their performance and then make service improvements.

5. **Improved access to AHP** services starting with self referral to physiotherapy and encouraging other local AHP services to develop self referral.

6. The need for AHPs to **empower patients/service users** to have more control and choice over the services they use.

With a need and a desire for AHPs to deliver this offer to patients/service users, this pack aims to provide useful information linked to the national quality agenda and how this might be addressed through innovation in practice, in community and other settings. Contents include; a brief overview of the meaning & purpose of ‘modernisation’ and its relevance to quality issues; historical policy context with summaries and electronic links; an exploration of the meanings of quality and innovation and their relevance to effective, clinical practice; a section focussing on involving patients/service users in innovation;
how innovation can contribute to improved productivity; the importance of the ‘prevention agenda’ and its relevance to AHP practice; and links to other useful supplementary resources, in order for AHPs to explore these topics further and assist them in applying these principles to practice, for patient/service user benefit.

Also available when accessing the website link to the pack, is a Power Point Presentation – ‘Modernising AHP Careers and the Quality and Productivity Agenda’ for educational use in departments. The presentation contains the following topic areas:

- Modernising AHP Careers: Background
- Modernisation defined
- Patients/service users first: Meeting needs
- Current economic climate and conditions
- Adaptation and innovation in difficult times
- Healthcare professionals views on clinician engagement in quality improvement
- Implications for Practice
- Overcoming the issues for adapting services: Top Tips
- What is service improvement
- Your service
- Innovation, Quality and Productivity defined in ‘general working terms’
- Innovation :Getting started
- Using the resource pack
- Where to find examples of AHP led quality and productivity projects

I hope you will find the pack and presentation useful and informative and wish you well with your service innovations.
Policy context: summaries and electronic links

The following documents provide a background to the modernisation and quality agenda and can be accessed electronically by the website links which appear below each summary.


**Summary:**
A command paper which starts from the standpoint that the NHS needs to keep pace with the changes in society and sets out the **vision of reorganisation/modernisation** and review of delivery of services, roles (including AHPs), funding, interface between health and social services and the private sector, patient involvement, cutting waiting times and improving health by reducing inequalities.


*Our Health, our care, our say: a new direction for community services* DH (2006)

**Summary:**
Focuses on patient/service user wellbeing, independence and choice and more **personalised services** for users. Long term condition management included. A useful document based on a survey of approximately 100,000 people and their views of health and social care provision which contextualises policy drivers.


*Putting People First: a shared vision and commitment to the transformation of adult social care* DH (2007)
Summary:
Focuses on transforming community services and providers by **putting patients and their carers’ first**, encouraging choice, independence, wellbeing and provision of quality and safe services.


**High Quality Care for All: NHS Next Stage Review Final Report** DH (2008a)

Summary:
The final report of Lord Darzi's NHS Next Stage Review. It responds to the 10 SHA strategic visions and sets out a vision for an NHS with quality at its heart. Supports the need for people with long term conditions to have **individualised care plans**.


**A high quality workforce: NHS Next Stage review** DH (2008b)

Summary:
Focuses on the workforce in terms of the right person in the right place at the right time for patient/service user benefit. Calls for flexible, patient centred **clinically driven pathways** focused on quality created by life long learning and valuing people.


**Framing the contribution of allied health professionals: delivering high-quality healthcare** DH (2008)

Summary:
Puts the Next Stage Review in context for AHPs and describes the improved **service offer by AHP for patients and the public**.

**Ambitions for the South West - A summary version of The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11**
NHS South West (2008)
**Summary:**
A summary version of 178 page full document The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11

www.southwest.nhs.uk

**High Quality Care for All: Our journey so far** DH (2009)
**Summary:**


**Summary:**
The Framework sets out the priorities for the NHS for 2010/11 in preparation the work of organisations in the year ahead. The five priorities are:

**To improve:**
1. Cleanliness and reducing healthcare associated infections;
2. Access through achievement of the 18-week referral to treatment pledge and access (including at evenings and weekends) to GP services;
3. The health and wellbeing of adults and children and reducing health inequalities;
4. Patient experience, staff satisfaction, and engagement;
5. Our preparation to respond in a state of emergency such as an outbreak of pandemic flu, learning from our experience of swine flu. Elimination of poor performance and ‘everywhere as good as the best’ is a key message in the Framework.


Transforming Community Services: Enabling new patterns of provision
DH (2009b)
Summary:
Builds on the content of the DH document High Quality Care for All (2008) focuses on improving community services and enabling ‘transformational clinical practice’ through leadership and clinical development.

www.dh.gov.uk/publications

Transforming Community Services Quality Framework: Guidance for Community Services
DH (2009c)
Summary:
Guidance which sets out how the seven elements of the Quality Framework apply in community services. Includes a set of proposed quality indicators that will be developed and assured for publication. Six high priority clinical service areas are identified:
1. Promoting health and wellbeing and reducing inequalities
2. High Quality Care for children and families
3. High Quality Care in services for long term conditions
4. High Quality Care in acute services closer to home
5. High Quality Care in services for rehabilitation and long term neurological conditions
6. High Quality in end of life care
www.dh.gov.uk/publications

**The NHS Constitution** DH (2010)

Summary:
Sets outs the guiding principles of the NHS, empowers patients and sets out legal rights and pledges. Also states clear expectations about all providers of NHS services.


**Implementing Framing the Contribution of Allied Health Professionals: Delivering high-quality healthcare in the South West.** Jenkins F and NHS South West (2009)

Summary:
An excellent document aimed at promoting national policy and applying this to regional context. Includes tools for self assessment of services re self referral readiness.

Available by contacting SW SHA AHP Lead directly.
This is not an exhaustive list of resources but it does provide key documents for your information, which are pertinent to improving quality. You may identify other reports of use. The table below can be used to record your findings:

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Setting the scene - Modernisation: its meaning, purpose and relevance to quality

In simple terms modernisation can be defined as:

‘...adaptation to the present time, conditions and needs..’

Which when applied to practice means:

Acting in a way that meets patient/service user needs at this time, in the conditions we have

Background
Towards the end of the 1990’s, Lord Darzi was charged with reviewing the state of the NHS and Social Services. The production of The NHS Plan: a plan for investment, a plan for reform DH (2000), set out the vision for the reorganisation of these services. The Plan included the need to review the delivery of services, practitioner roles (including AHPs), funding, the interface between health and social care and the private sector, patient involvement, the reduction of waiting times and the drive to improve health by reducing inequalities of access to services.

The Plan was explicit in its call for greater investment in the NHS and Social Services and the need for increased role opportunities and stated:

‘For the first time nurses and other staff not just in some places, but everywhere will have greater opportunity to extend their roles. By 2004 over half of them will be able to prescribe medicines. £280 million is being set aside over the next three years to develop the skills of staff...and a new role of consultant therapist will be introduced. A new Leadership Centre will be set up to develop a new generation of managerial and clinical leaders...’

The NHS Plan DH (2000 p12)

The Plan set the scene for the following decade and gave a ‘kick start’ to the modernisation agenda and a proposal for an increase of 6,500 extra therapists was included. Following on from this, the understanding of the role of AHPs was enhanced
through the development of the Knowledge and Skills Frameworks (KSFs) (DH 2004). Leadership and continuous professional development (CPD) opportunities have been and remain high on the agenda at a national level and some AHPs have risen to the challenge by pursuing leadership training and development opportunities.

**Modernisation was designed to address:**

- A lack of national standards
- Old-fashioned demarcations between staff and barriers between services
- A lack of clear incentives and levers to improve performance
- The issue of disempowered patients

*The NHS Plan DH (2000)*

In order to implement modernisation principles in health and social care, a substantial amount of central funding has been provided over the last decade. In the current economic climate however, the NHS and Social Services like all other organisations, are now more than ever, having to consider how best to use the resources available to them, both now and over the next five years, in order to maintain and improve the quality and productivity of their services. In real terms this means working more efficiently with less money a challenge for all of us in the public sector.

We need to carefully consider the conditions in which we currently operate and relevant factors to our practice, these factors include: we have an ageing population and workforce with a consequential increase in the incidence in long term conditions; an increasing birth rate; and new technologies and treatments are continuously being developed to treat our patients/service users, which they will want and need to access.

In terms of operating in the current conditions, the chief executive of the NHS David Nicholson, in 2009, made the following statement:

“All bets are off. We need to move away from the NHS being built for growth to being able to sustain itself in a prolonged limitation of resources...The NHS will need to make efficiency savings of £15–20bn from 2011–14.”

David Nicholson, NHS CEO (2009, p 4)
The current economic situation needs to be understood by all AHPs to enable them to maintain high quality patient/service user care. By using innovative thinking and strategies, quality, productivity and patient safety can be improved and provide AHPs with opportunities which will demonstrate how their extensive skills and knowledge can be greater employed for patient/service user benefit.

There has arguably, never been a more appropriate time for AHPs to take up this leadership challenge and demonstrate their value to patients/service users. As Karen Middleton the Chief Health Professions Officer’s (CHPO) stated at the 2009 CHPO Conference, this is ‘a golden opportunity for AHPs…..but we must not bury our heads in the sand…..’. The conference was aptly entitled ‘Allied Health Professionals - Right people, Right Place, Right Time’. Bearing these comments in mind and the conditions in which we find ourselves, let us then in the South West, through leadership and innovation, be the right AHPs, in the right places, at the right times for the benefit of our patients/service users.

A Power Point Presentation entitled ‘Modernising AHP Careers and the Quality Agenda’ is available in addition to the pack for AHPs to use in their own departments for educational purposes. It can be accessed electronically at the following link along with an electronic format of the resource pack: 

Getting started (or restarted) with quality issues

Knowing where and how to start addressing quality issues can be confusing and overwhelming. Going back to basics may help: defining quality, what to measure and how to measure it are issues that need to be considered carefully before deciding on which innovative ideas you will pursue to improve your service.

Quality defined in working terms:

Quality = grade of goodness: excellence

Macdonald (1973)

Quality is at the heart of everything we do as providers of services. It is the overarching principle of clinical innovation

High Quality Care = Care that meets (or exceeds) patients/service users expectations
Quality the key messages

Key Messages
• Quality Improvement can be quick and effective.
• Quality Improvement must focus on the patient's needs.
• Quality Improvement saves lives.

Key Messages
• Quality is ultimately determined by the patient.
• Quality is multi-dimensional.
• Quality Improvement is not quality assurance.

Key Messages Reference: Health Quality Council and National Primary Care Development Team (2005) www.hqc.sk.ca

What to measure and how
Deciding on what to measure can be a challenge. Try to focus on what really matters to your patients/service users your team, and your organisation as providers of services.

You may decide to measure:

- **Outcomes** – important to measure better/more meaningful outcomes
- Outputs
- Process
- Behavioural/cultural factors

Don’t just measure what is easy to measure – measure what is important to measure. These decisions need to be made with your patients/service users and your team/s. Many indicators and tools for measuring quality exist and your organisational lead for quality and governance may be able to advise on selection. The following documents and links may be helpful:

Summary:
A useful document that includes the following chapters:

- Defining quality: what are we measuring?
- Who uses quality measures and for what purpose?
- The potential impact of measuring quality
- Practical issues to consider when choosing and using quality measures


Quality Improvement: Theory and Practice (2009) NHS Institute for Innovation and Improvement (NHSI)

Summary:
A guide to tools and concepts related to quality improvement. This document has been written in partnership with Manchester Business School and includes case studies relating to quality improvement from both health and industry. It is free to download for NHS staff but you will need to register with the NHSI in order to access. Useful for clinical and managerial staff.

Quality framework for community services: directory of indicators. Draft version
DH (2009d)

Summary:
A directory which maps out a list of quality indicators currently under development that will be published in the near future. DH has been piloting the indicators at 23 sites. To access the draft publication click on the link below:

Once published add details of the **Quality Framework** reference in the table below:

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**Useful organisations linked to quality**

**The National Institute for Health and Clinical Excellence (NICE)**

NICE is currently working on the **Quality Standards Project**. These standards are the result of the NHS Next Stage Review 2008 (DH 2008b) and will bring clarity to quality. The standards will relate to three dimensions:

1. Clinical effectiveness
2. Patient safety
3. Patient experience

The standards will be useful for patients/service users, practitioners, commissioners and others and could be used by AHPs for self audit. They will be used as a reference point for Quality Accounts and commissioning.

NICE Standards will be based on best practice gathered from NICE Guidance and other sources credited by NHS Evidence – a resource that aims to bring together best practice in an accessible format for patients/service users and practitioners. NHS Evidence: [http://www.evidence.nhs.uk/default.aspx](http://www.evidence.nhs.uk/default.aspx)
The Care Quality Commission (CQC)

CQC is a very important, independent organisation, responsible for the regulation of services for adults in health and social care, in England. Their regulatory powers apply to public sector services, local authorities, voluntary organisations and private businesses. This is important for AHPs who may be in independent practice or operating their own social enterprise initiatives or other businesses. They also protect the interests of people detained under the Mental Health Act 2007.

From 2010 all adult services must be registered with the CQC and ensure they meet common quality standards. These standards will make it easier for organisations to be compared to one another and ensure quality is met. The CQC will monitor organisations via inspection and also require organisations to produce Quality Accounts – these will be as important as financial accounts but be concerned with reporting quality standards. If providers fail to meet standards enforcement and action can be taken by the CQC. The work of the CQC replaces the following organisations which no longer exist: Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection.

The vision of the CQC is:

**High quality health and social care which**
- Supports people to live healthy and independent lives
- Helps people and their carers make informed choices about care; and
- Responds to individual needs.

**By high quality care, the CQC means care that:**
- is safe
- has the right outcomes, including clinical outcomes (for example do people get the right treatment and are they well cared for?)
- is a good experience for the people who use it, their carers and their families
- helps to prevent illness, and promotes healthy, independent living.
- is available to those who need it when they need it; and
• *provides good value for money*

**Source:** CQC [www.cqc.org.uk](http://www.cqc.org.uk)

**Other Links:**

**National Quality Board**

A Board which is made up of a variety of stakeholders established to champion quality alignment throughout the NHS. Follow the link below to find out more:


**Quality Observatories**

Following the publication of High Quality Care for All (2008) each Strategic health Authority had a duty to set up a Quality Observatory. The Observatories help with local benchmarking development and quality metrics. They also support local services with innovation and improvement. Follow the link below to access Observatories in England:


**Patient Reported Outcome Measures (PROMS)**

The link below takes you to a useful document outlining PROMS for joint replacement surgery:


**Patient Reported Experience Measures (PREMS)**
The importance of capturing patients experiences cannot be underestimated. Future services will be commissioned based on patient satisfaction and evaluation through Patient Reported Experience Measures (PREMs). To learn more about this follow this link: www.dh.gov.uk and search for patient measures.

Quality Metrics

This link takes you to a comprehensive web page related to national quality metrics and the national quality framework:

Remember do not assume improving quality means spending more money it is often about doing things differently.
Getting started with service improvement and innovation

Definitions:

Service improvement:

‘..the combined and unceasing efforts of everyone,...to make the changes that will lead to better system performance (care), and better professional development (learning)’

Batalden and Davidoff (2007 p2)

Innovation:

Introducing something new

Macdonald (1973)
Once you are clear on which aspects of your service you want to improve, the process of innovation may present you with some challenges, in the form of “how am I going to change what I think needs changing?”. Making change requires energy, courage and tenacity – leadership qualities.

‘Making change actually happen takes leadership. It is central to our expectations of the healthcare professions of tomorrow’


**Making change happen: Top Tips**

1. Choose an aspect of your service that you and your team including patients/service users, feel could benefit from being improved – often great ideas spring from ‘gut instincts’ or concerns.
2. Don’t be afraid to look for and ask for help and guidance.
4. Record/document your ideas, decisions and actions.
5. Review your service if you feel you have “always done it that way. ..”
6. Don’t feel overwhelmed be systematic: Plan, Do, Study, Act (PDSA) - click on this link to access the **PDSA Improvement Cycle electronically**:  
   http://135.196.11.132/search?q=PDSA+cycle&entgr=0&ud=1&sort=date%3AD%3AL%3Ad1&output=xml_no_dtd&oe=UTF-8&ie=UTF-8&client=nhs_institute&proxystylesheet=nhs_institute&site=default_collection&getfields=description
7. Research measurement tools available - you may have used some of them in the past
8. Work collaboratively and interprofessionally - we are all in this together for patient/service user benefit. When accessing this document electronically click on the following link for more information: www.institute.nhs.uk

9. Be SMART in designing an innovative plan for improving quality:

- Specific
- Measurable
- Achievable
- Realistic
- Time related

Rarely can just one professional group meet all of an individual’s needs. Identify the needs of the patient/service user and the evidence based pathway required for them. Consider a concept Dr Rosalie Boyce, an Australian Consultant AHP talked about, at the Chief Health Professions Officer’s Conference 2009; she suggested we see ourselves as having an ‘allied health identity’ and urged AHPs to become ‘shareholders in allied health’ rather than ‘stakeholders’, and ‘to grow their assets’ by working collaboratively in partnerships.
Innovation: important information and resources

There has never been a better time for AHPs to be creative in terms of improving services for patient/service user benefit. Many excellent resources have been produced to help you generate, capture and work through your ideas in order to make and sustain positive change.

NHS Institute for Innovation and Improvement (NHSI)

Tools for innovation are available from the NHS Institute for Innovation and Improvement and include the *Thinking Differently* publication by Maher et al (2007). This excellent resource guides practitioners through the innovation process and breaks the process down into the follow stages:

- Introduction (to innovation/thinking differently)
- How to Use The Guide
- Tools Phase 1: Stop Before You Start
- Tools Phase 2: Generating Lots of Ideas
- Tools Phase 3: Selecting and Testing Ideas to Make a Difference
- Case Studies

**Reference:** Maher et al (2007)

This resource can be obtained from the NHSI by emailing: institute@newaudience.co.uk quoting reference: NHSITHINKDIFF001

Or by calling: 01922 742 555

The NHSI also runs Innovation and leadership events go to their website for further information. Their *Improvement Leaders Guide* (2007) may also be useful to you access at: www.institute.nhs.uk

Coventry House
University of Warwick Campus
Coventry
CV4 7AL Tel: 0800 555 550 enquiries@institute.nhs.uk
Already have and innovative idea?

Access the NHSI’s document ‘Making a bigger difference’ and ‘Commissioning to make a bigger difference’ to assess its innovativeness

www.institute.nhs.uk/making-a-bigger-difference

The South West Development Centre (SWDC)

The SWDC is commissioned by and works with the SW SHA. It works in partnership with health and social care to promote innovation. Its activity has three core work programmes:
1. Children and young people
2. Mental health
3. System development

If you are interested in innovating in any of the fields it may be worth accessing their website at:

http://www.swdc.org.uk/swdc/

The NHS Innovation Centre (NIC)

Supports innovators and innovative ideas that will benefit patients and the NHS. There are selection of free to use tools on this web site to assist with innovation. Access these at:

http://www.nic.nhs.uk/

We all have good ideas for improvement but at times these get lost in the busy day to day activities at work. Don’t lose yours, write them down and consider discussing them with a colleague. Implementing new ideas and embedding them into your service for patient benefit, is rewarding and stimulating.

Remember, as experienced practitioners you have the ability to change your service for the better. Be confident and go for it!
Who can help me work through my ideas?

Help yourself - have confidence in yourself and gather the information/ideas you want to explore ready for discussion with relevant stakeholders/partners identified as the people who will be affected by what you are proposing.

Your patients/service users – through working collaboratively with patients/service users great innovations and improvements can be achieved for patient/service user benefit.

Identify like minded others in your organisation – they may or may not be AHPs but they need to value your ideas and be available to offer advice, guidance and support. They will help you to maintain your enthusiasm and overcome any negative resistance to change you may experience.

Utilise colleagues with experience of change management – they may be in managerial, clinical or in combined roles and have followed one of the NHS leadership opportunity programmes – your HR department may be able to put you in contact with them.

Contact the audit and research department/unit in or linked to your organisation – personnel employed there may be able to help.

Look out for CPD opportunities provided by regional HEIs, in the South West region click here to access UWE Bristol, Plymouth and Bournemouth HEIs: [www.uwe.ac.uk](http://www.uwe.ac.uk), [www.plymouth.ac.uk](http://www.plymouth.ac.uk), [www.bournemouth.ac.uk](http://www.bournemouth.ac.uk)

Access profession specific websites for information. For example the College of Occupational Therapists has the Interactive Learning Opportunities Database ILOD, click here to access: [www.cot.co.uk](http://www.cot.co.uk)

Your AHP Lead for the region – Each Strategic Health Authority (SHA) in England has an AHP lead linked to the region’s SHA. They can provide advice on who else in the region is involved with similar projects and provide guidance on national and regional policy, agendas and ambitions. The SW SHA AHP Lead’s information is available at [www.southwest.nhs.uk](http://www.southwest.nhs.uk)
Involving patients/service users in innovation:

As providers of health and social care services, our ambition should be to ‘get it right first time’. We ourselves, may at some point in our lives, be the recipients of the services we are designing and delivering. By putting the patient/service user first in any service provision, service development and review, we can realise our ambition and create truly client–centred practice one which genuinely involves patients in decisions around health and social care.

‘The vision is for an NHS that is organised around patients, giving them more choice, convenience and control over their care. For the first time we will be linking payment to patient satisfaction’.

David Nicholson, NHS Chief Executive (2009 p4)

Top Tips: patient/service user involvement

- Negotiate a convenient time and location for all to meet
- Organise an appropriate room with appropriate refreshments, adequate heating, lighting and ventilation – consider the biopsychosocial needs of your patients/service users for the duration of your meetings
- Be clear about what you expect patients/service users to do/contribute
- Record discussions, suggestions and actions agreed
- Be clear and let patients know when their involvement can end
- Really listed to what your patients are saying and be prepared to consider and change services to incorporate new suggestions
- If you feel yourself becoming emotional about the content of the meetings/discussions do not react in a defensive way – it is a reflective and responsive practitioner who actually takes on board and configures services based on patient/service user suggestions
Beware the sole voice who claims to represent all patients/service users with similar conditions. Make sure you have a representative spread of contributors – for example: men and women if applicable, across age ranges, and at different stages in their illness/experience.

The following website developed by the Service User Involvement organisation in Scotland has excellent resources for you to explore regarding involving patients in developments and includes slide presentations for practitioners to use for quality service user involvement:

http://www.serviceuser.org/agencydata/listtoolkits.php

Not sure where to start, or how best to involve patients/service users in your work?

There are many helpful resources available to guide and inform you. In the DH publication World Class Commissioning (2007a) competencies were set out which include the need for Primary Care Trusts (PCTs) to include information and experiences gained from patients and the public to drive service commissioning decisions.

Click on the link below to electronically access the publication: Understanding what matters A Guide to using patient feedback to transform services (DH 2009e)

Examples of how to involve patients/service users at a glance:

<table>
<thead>
<tr>
<th>A. Information Sharing</th>
<th>B. Consultation</th>
<th>C. Participation</th>
<th>D. Organisational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newsletters</td>
<td>Suggestion box</td>
<td>Service user led committees</td>
<td>Staff recruitment</td>
</tr>
<tr>
<td>Leaflets</td>
<td>Graffiti wall/board</td>
<td>Peer research</td>
<td>Staff induction</td>
</tr>
<tr>
<td>Posters</td>
<td>Surveys</td>
<td>Mentoring other service users</td>
<td>SU appointed as staff</td>
</tr>
<tr>
<td>DVD</td>
<td>Questionnaires</td>
<td>Participatory appraisal</td>
<td>Project design</td>
</tr>
<tr>
<td>Presentations at SU meetings</td>
<td>Case studies</td>
<td>Work placements (internal/external)</td>
<td>Service planning/review</td>
</tr>
<tr>
<td>Presentations at Council of Governors meetings</td>
<td>Service User Forums</td>
<td>AGMs</td>
<td>Innovative ideas/service redesign</td>
</tr>
<tr>
<td>Designing marketing information</td>
<td>PALs meetings</td>
<td>Patient educators</td>
<td></td>
</tr>
<tr>
<td>Leaflet design</td>
<td>Focus groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stakeholder events</td>
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</tbody>
</table>

The above table was sourced and adapted from: The Service User Involvement website. This web site also contains slide presentations for practitioners to use and tools for quality service user involvement. Accessed electronically via the link below:
Improving access to services, reducing inequalities and ensuring social inclusion for **ALL**

Improved access to services will assist in reducing inequalities and foster social inclusion for all of our patients and service users. Involving and consulting our users must include where needed, people with mental health needs and people with learning disabilities and their carers, and advocates. It is only when our users are included in these processes that we can aim to be truly client-centred.

The 2009 report from the Department of Health ‘**Key actions for making Valuing People Now, happen locally and regionally – primary care trusts (and strategic health authorities) (2009–12)**’ (DH 2009f) is a useful document for AHPs working with people with learning disabilities. It is available electronically from the Link below:


Other relevant documents include those published by the Sainsbury Centre for Mental Health, including for example: SCMH (2010) ‘**An evaluation of mental health service user involvement in the re-commissioning of day and vocational services**’ London: SCMH

Available from:

[http://www.scmh.org.uk/pdfs/service_user_involvement_in_recommissioning.pdf](http://www.scmh.org.uk/pdfs/service_user_involvement_in_recommissioning.pdf)

Be creative, discuss and explore which approach/es you and your team could use to involve your patients/service users in your service.
Using innovation to improve productivity

Thinking differently and being innovative can help to improve efficiency and productivity. Productivity can be defined as:

**Productivity = a measure relating a quantity or quality of output to the inputs required to produce it**

NHS Institute for Innovation and Improvement (NHSI) (2007)

Being more productive does not have to mean more funding is needed to achieve increased productivity. In the current economic climate if improved quality and productivity can be demonstrated, these services are more likely to survive and thrive and be commissioned by purchasers of services.

Many examples of improved quality and productivity exist some of which have been generated by AHPs using the Productive Series Tools published by the NHSI in 2008 – 2010. These tools and online modules can be accessed at:


The Productive Series currently includes:

- The Productive Ward
- The Productive Community Hospital
- The Productive Mental Health Ward
- Productive Community Series
- The Productive Operating Theatre
- The Productive Leader
The Productive Series has been designed to support NHS services to improve and streamline their working practices. The series aims to provide staff with time to give to patients to carry out their care whilst also reducing costs. The NHSI website also includes case studies of how services have met the quality and productivity challenge to provide examples and ideas for innovation and change.

**NHS Evidence**

Further examples of improved quality and productivity can be access via the NHS Evidence website. Follow the link below to learn more about these: [www.nhsevidence.uk](http://www.nhsevidence.uk)

**Research**

The cost quality archive of the NHSI website details current research on cost and quality. Access the latest information and articles by registering via the following link: [http://www.institute.nhs.uk/nhs_alert/nhs_institute_alerts_archive/Cost_quality_archive.html](http://www.institute.nhs.uk/nhs_alert/nhs_institute_alerts_archive/Cost_quality_archive.html)

**Quality and Productivity Challenge:**

**Main Work Streams Nationally for Commissioning and Pathways**

In order to focus on improving quality for patients each of the following key areas have been allocated a dedicated lead. The key areas in commissioning and pathways are:

- Safe Care
- Right Care
- Long Term Conditions
- Urgent Care
- End of Life Care

For more information on these work streams and key leads for the areas listed click on the following link: [http://www.ournhs.nhs.uk/?p=2016](http://www.ournhs.nhs.uk/?p=2016)
The prevention agenda explored

Prevention defined:

**Prevention = act of preventing, anticipation or forethought in advance**

Macdonald (1973)

Prevention in terms of health and social care services can pertain to prevention of adverse occurrences and incidents, and/or prevention of ill health and disability and, inequalities in service provision or poor access and prevention of waste. Patient safety and effective risk assessment and management is important as we as AHPs are aware. Organisational and professional standards and governance of services also feed into the prevention agenda.

One of the biggest risk areas for patients in terms of receiving poor quality services is at the interface between health and social care provision. This is an area therefore, where some of the biggest gains can be made in reducing that risk in order to promote and provide seamless and integrated provision for our patients/service users. AHPs can lead and promote this joined up provision by mapping and innovating in integrated patient/clinical pathway planning.

Some of your services will already be familiar with and using patient pathways which are designed to meet patient need and identify the right support, at the right time, in the right place for patient benefit. Delivering services which have the patient at the heart of what we do, identifies who can help them and when, ensures services are client focused and avoids outdated silo thinking around profession specific promotion and territorialism.

Preventing long term conditions including mental health needs from becoming more of a problem for patients/service users, can be addressed in part, by better access to services, through for example, the development of self referral systems. Prevention of this sort can also promote independence and self management and help reduce
dependency. Pilot projects such as self referral to physiotherapy services are worth linking to if you would like to know more about self referral follow the link below:


We have an aging population and as part of the prevention agenda the 2009 DH document ‘Prevention package for older people’ is an example of how prevention can be better used for patient/service user benefit. The package is designed to:

‘….raise the focus on prevention as a means of ensuring good health, well-being and independence in later life, by promoting and encouraging uptake of comprehensive health and social care services for older people.’

Available from:

The prevention of ill health = health promotion

Health improvement

Health improvement is high on the national agenda. Current priorities include tackling:

- Obesity
- Anti smoking campaigns
- Sexual health and sexually transmitted infections
- Substance and alcohol abuse

The Department of Health through its National Support Teams provides expert advice for Primary Care Trusts and local authorities to assist them in delivering their Public Health priorities. Click on the link below to find out more about Health Improvement strategies:
Some AHPs may already be involved in health promotion and health improvement. Check with your SHA AHP lead and identify whether AHPs in your region are involved in these activities, or if you have innovative ideas for service development or improvement in this area of practice.

‘Choosing Health’ DH (2004a)

Summary:
Addresses the support available to the public in order for them to make more informed choices about their health. Also links to other AHP relevant documents for example linked to physical activity, plus others. Available electronically at:


The NHS Institute for Innovation and Improvement also has links to cost effective evidence based examples of prevention projects on their website:
http://www.institute.nhs.uk/ follow the QIPP links to ‘prevention’.
Health, work and wellbeing: Its importance and relevance to AHPs

A government led initiative to promote the growing research evidence that work impacts positively on health and wellbeing. Of particular interest to Occupational Therapists in terms of promoting work and vocational rehabilitation, preventing sickness absence and promoting return to work strategies. Also relevant to other AHPs including physiotherapists. Access policies, legislation, case studies and more at: http://www.workingforhealth.gov.uk/ and also at: http://www.direct.gov.uk/en/HealthAndWellBeing/DG_79

Other useful links, resources and organisations linked to quality and productivity for AHPS

Connecting for Health

Connecting for Health supports the NHS in providing information technology and services to improve and maintain quality health care. They have been involved in devising health informatics linked to the 'Dashboard' projects, which you may have heard of, as they are linked to quality clinical and other indicators being for local health services. Follow the link below to find out more.

www.connectingforhealth.nhs.uk

Department of Health and the Chief Health Professions Officer

Apart from policy links as mentioned earlier in the pack the DH website is useful for accessing up to date news and information and has excellent links to other resources
such as patient experiences via video clips. The Chief Health Professions Officer’s (CHPO) page can be found on this website along with links to the national AHP Bulletin [www.dh.gov.uk/ahpbulletin](http://www.dh.gov.uk/ahpbulletin)

### NHS Choices

An excellent web site for patient/service user benefit. Contains information and advice on conditions, services and support for both patients and carers. A useful resource for all [www.nhs.uk](http://www.nhs.uk)

### South West Development Centre

The SWDC works in partnership with health and social care to improve quality, innovate and improve patient experience. The SWDC is commissioned by and works with the SW SHA. Publications include:

**Commissioning Self Care Support for People with Long Term Conditions** Clarke (2009)

**Summary:**

Self care definition, policies and their role in supporting people with long term conditions.

**Care Planning Resource Pack** Clarke (2009a)

**Summary:**

Addresses the need for personalised care planning and budgets. Web site has excellent links to other relevant documents.


Author: Sandy Clarke Long Term Conditions Delivery Support Team
South West Regional Lead
The NHS Information Centre

This organisation provides information in the form of reports, audits and statistics related to a variety of health and social care issues. It aims to encourage the use of information to improve quality of services and better decision making. Find them at: http://www.ic.nhs.uk/about-us

The National Primary Care Research and Development Centre

A multidisciplinary independent research centre set up by the DH in 1995 through a collaboration between the universities of York and Manchester. A useful evidence base for all topics related to primary care. Found at the following link: http://www.npcrdc.ac.uk

National Service Frameworks (NSF’s)

National frameworks for guiding patient pathways and evidence based services NSF’s provide a set of standards for service design and delivery. Essential for measuring quality and innovating in the service areas where published frameworks are available:

- Mental Health
- Stroke Services
- Long Term Neurological Conditions
- Children and Maternity
- Diabetes
- Coronary Heart Disease
- Renal services
- COPD

Accessed at:
Skills for Health

Useful when exploring and deciding skill mix and competencies required in new developments and redevelopments of services. Includes job evaluation tools
Web link: http://www.skillsforhealth.org.uk

NHS Leadership Qualities Framework

‘The NHS Leadership Qualities Framework has been developed specifically for the NHS and sets the standard for outstanding leadership in the service. It describes the qualities expected of existing and aspiring leaders both now and in the future. The framework can be used across the NHS to underpin leadership development, for individuals, teams and organisations’

Reference: NHSI 2010
Found at the NHS Institute for Innovation and Improvement website:
http://www.nhsleadershipqualities.nhs.uk/

National Institute for Health Research (NIHR)

Offers support and potential funding to AHPs for research purposes to foster development. Web link: http://www.nihr.ac.uk/Pages/default.aspx

Allied Health Professions Federation

The Federation represents a collective voice for AHPs in terms of contributing to and shaping national agendas. The web site includes a ‘Current Issues’ area useful for keeping up to date at a glance on issues affecting AHPs. Web link:
http://www.ahpf.org.uk/issues.html
Business Planning Skills

Business skills are useful for AHPs when developing new business cases. A publication that is easy to read is the one cited below:


Power Point Presentation

A Power Point Presentation entitled ‘Modernising AHP Careers and the Quality and productivity Agenda’ compliments the Pack and is available for educational use it can be downloaded when the Pack is accessed electronically at: http://www.dayinthelife.org.uk/Default.aspx?pageid=380

References


DH (2007a) World Class Commissioning London: DH

DH (2008) Framing the contribution of allied health professionals: delivering high-quality healthcare London: DH


DH (2009) High Quality Care for All: Our journey so far London: DH


DH (2009b) Transforming Community Services: Enabling new patterns of provision London: DH


DH (2009f) *Key actions for making Valuing People Now, happen locally and regionally – primary care trusts (and strategic health authorities) (2009–12)’* London: DH


*Mental Health Act 2007* London: HMSO


Sainsbury Centre for Mental Health (2010) ‘An evaluation of mental health service user involvement in the re-commissioning of day and vocational services’ London: SCMH
Modernising AHP Careers and the Quality and Productivity Agenda

University of the West of England/South West SHA ©
Anne Johnson RNMH FETC MA
Dip COT
2010
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Modernising AHP Careers: Background

Linked to policy context around the NHS Review process with an emphasis on patient involvement and practitioner competency and development

Acknowledges:
- the knowledge and skills of AHPs and validated career pathways from Bands 1 – 9
- and their role in establishing and taking forward evidence based, patient-centred, health and social care services
Modernisation defined

- So what is ‘modernisation’:
  ‘...to adapt to the present time, conditions, needs...’

  Macdonald (1973)

  **Applied to practice means** = acting in a way that meets patient/service user needs at this time, in the conditions we have
Patients/Service Users First:  
Meeting needs

The ‘givens’ for AHPs:
   …that we are committed to providing evidenced based, quality services for the benefit of our patients/service users
   ...why be an AHP otherwise....
Meeting patient/service user needs at this time..

- National and regional clinical priorities for example cardiovascular and cancer services provision
- SHA Ambitions - understanding local health needs
- Long term conditions management
- Increasing birth rate
- Improved access to services
- Care closer to home
..in the conditions we have: Current economic conditions

Economic givens:

We are in an economically difficult time with savings needing to be made whilst we maintain quality and improve productivity. How is this possible......
Adaptation and innovation in difficult times and conditions

…by adaptation or put another way thinking differently = being innovative

Why would you consider doing this?

• To improve the patient/service user’s experience of your service
• To be positively involved in change rather than have change forced upon you
Healthcare professionals views on clinician engagement in quality improvement

Davies et al (2007)

Literature review of 86 empirical studies (inc AHP opinions)

- Practitioners may claim high quality care is already provided and may need substantial local data to challenge this conviction. Paradoxically however, they are often able to identify important deficits in care they believe need to be addressed.

- May not have a clear understanding of what quality is/how it is defined, how it is recognised or how it is improved.
Different health professionals found to define quality in different ways making interprofessional communication and working difficult.

**Implications of these findings for practice**

- If some practitioners and/or managers believe already doing it right = resistance to possible change due to time/work pressures

- Have a good idea but skills and support not available to work through = disillusioned/idea lost
Implications continued..

- Inter professional communication issues, making ‘seamless’ patient pathways difficult

- Possible ‘turf wars’

- Use of different working definitions by various professionals = inconsistency
Overcoming the issues for adapting services: Top Tips

- Identify like minded colleagues in your organisation and get them involved to ‘champion’ your ideas and help you to communicate the work to others

- Involve patients/service users from the start – a unique stand point often overlooked, they will suggest ways of innovating in your service that you may never have thought of

- Be creative there are many ways of involving patients/service users – focus groups, 1:1 discussions with the team, patient educators there are many more
continued..

- Agree working definitions of key concepts re quality with all stakeholders involved

- Refer to the evidence base and ‘best practice’ to visit the process/clinical pathway required to meet your patient/service user needs and link your ideas with these

- Avoid turf battles – we are all in this together for the benefit of the patient/service user don’t forget that

- Beware! You may have to devise strategies to work round entrenched opposition to change including fear or apathy

- Believe in yourself and your abilities
What is service improvement

‘..the combined and unceasing efforts of everyone,…to make the changes that will lead to better system performance (care), and better professional development (learning)’

Batalden and Davidoff (2007 p2)
Your service

Ask yourself these questions:
Is your service

■ Exceptional?
■ Exactly as you want it to be?
■ Do you have ideas for how things could be improved for the benefit of your patients/service users?
■ Maybe your ideas would free up resources and make your service more efficient and better value for money?
■ Efficiency savings may be made by your service or free up money for other services or both

Record your thoughts and consider acting upon them…..
..by considering…

Innovative change to improve quality and productivity
Innovation, quality and productivity defined in general working terms:

- **Innovation** = introducing something new

- **Quality** = grade of goodness: excellence

- **Productivity** = a measure relating a quantity or quality of output to the inputs required to produce it (NHSI 2007)

All other definitions ref: Macdonald (1973)
Innovation: getting started

- Start with your idea: define what you want to look at and why
- Use the ‘Innovation in Practice Resource Pack’ Johnson (2010) and follow relevant links and identify useful tools
- Identify stakeholders/shareholders including patients/service users and students
- Define, consult, measure, document and communicate
Where to find examples of AHP led quality and productivity projects

- NHS evidence

- NHS Institute for Innovation and Improvement

A specific example of developing telephone assessment and consultation for adults with CFS/ME can be found at:
Aim to be:

As good as (or better than!) the best
References


