



# Short read – Primary and Community Care Allied Health Professions (AHP) Workforce Guidance: Organising principles to optimise utilisation

## 1. Executive Summary

Coronavirus disease 2019 (COVID-19) is the biggest challenge the health and care system has faced in living memory and is having a profound effect on the lives of us all. People are increasingly vulnerable and have higher needs. It is therefore vital that recovery and rehabilitation services across Wales are rooted in the community, and function as a whole system.

There must be a focus on collaboration and community resilience. This should be orientated to our population's presenting needs and take account of the impact of their lives and the outcomes that are important to them.

Allied Health Professionals (AHPs) are a vital component in developing models and teams that deliver the highest quality of care and improve health outcomes. Their expertise is essential to achieving the shift away from over-reliance on hospital-centred care and professional interventions.

AHPs' skills support a preventative, pro-active whole system pathway approach to recovery and rehabilitation provision, which prioritises services at or close to home and enables citizens throughout Wales to live as independently as possible for as long as possible.

It is vital to optimise the Allied Health Professions offer and accessibility to AHPs across Primary and Community Care in order to address people's unmet/ anticipated needs.

AHP organising principles are required to realise this ambition. These must strike the right balance between regional solutions that address complexity of need (which need to be planned and organised effectively over a larger area than 'place'), and local solutions and innovations that minimise variability.

This guidance from the [Strategic Programme for Primary Care \(SPPC\)](#) is a call for the whole health and social care system to implement these recommended organising principles to optimise utilisation of the AHP workforce in Primary and Community Care. Intended for clinicians, service managers and leaders, and to everyone else involved in the planning and delivery of clinical services.

Aligned with National Strategies and Guidance, this guidance is the culmination of many months of engagement and significant discussion with all stakeholders. It uses past and present learning to describe how better use of AHPs' unique knowledge and skills can support Primary and Community Care to deliver a whole system for recovery and the kind of services that matter to people.

AHPs face significant challenges in terms of having a staffing resource with the capacity and skills to manage the increasing demand across all areas. Without a clear and consistent use of a guideline for workforce planning, there is a high risk that Wales will create an 'internal market', where organisations compete to employ limited and highly skilled AHPs. This guidance describes the challenges and offers suggestions on how to address them.

We want an AHP workforce in Wales of the right size, with the right skills, organised in the right way, and which delivers services to provide the best possible care for our population. This guidance and its recommendations set us on course to achieve this.

## 2. Key Findings

In Wales, the Allied Health Professions are 13 individual professions regulated by the Health and Care Professions Council (HCPC).<sup>1</sup>

All AHP professions have a role in achieving the ambition of A Healthier Wales in delivery of the Primary Care Model.

AHPs work with people of all ages, from birth through to end of life, empowering and enabling them to manage their own well-being and prevent or reduce the impact of psychological and physical ill health and disability.

AHPs have a history of expanding their clinical offer (e.g. injection therapies and independent prescribing) and proposals for AHPs to have more efficient and responsive access to medicines are currently in consultation.

AHPs' skillset encompasses physical and mental health and well-being, enabling a focus on prevention and early intervention. AHPs can support people to make decisions about looking after themselves and staying independent, and ensure they have timely access to the best professional or service to meet their particular need.

AHPs are a vital component of developing models and teams to deliver the highest quality of care and improve health outcomes. They support the required transformation to a system of 'wellness' that aims to support and anticipate health needs, to prevent illness and to reduce the impact of poor health.

### Examples of AHP utilisation & AHP Service transformation

#### Advanced Paramedic Practitioner Rotational Model

The Pacesetter 3 part rotational Advanced Paramedic Practitioner (APP) model incorporates Primary Care, Clinical Contact Centre and Solo Responding. The primary care element of the rotation sees each APP spend two days in general practice per week. The project is identifying the value and impact of the rotational model across all settings, along with ways in which APPs can be integrated within the wider Primary Care Team to optimise their offer and skill set so that our population receives the best possible care.

#### Preschool Speech & Language Therapy

This award-winning preschool Speech and Language Therapy Preventative Pathway promotes school readiness by increasing parents' and carers' knowledge to ensure earlier identification and treatment of any speech and language communication difficulties. Weekly 'talk-in' sessions are held in each primary care cluster. Here parents or carers can access a registered Speech and Language Therapist without the need for a referral, enabling them to speak directly to a professional about their concerns for their children. The service has been rated highly, with results showing that parents' concerns are addressed quickly and 50% of children do not require escalation to more specialist services.

<sup>1</sup> Allied Health Professions: art therapists, drama therapists, music therapists, podiatrists, dietitians, occupational therapists, orthoptists, prosthetists, orthotists, paramedics, physiotherapists, speech and language therapists, psychologists.

Consequently, the long-term vision is that Primary and Community Care will become the standard context of practice for a significant portion of the AHP workforce, with the full range of practitioner levels.

Positively, there are examples of recommended and award-winning practice in terms of AHP utilisation and AHP Service transformation in Primary & Community Care across Wales, with direct access models in Primary Care as part of the continuum of AHP provision. These examples demonstrate that the introduction of AHPs, as part of the multi-professional offer across Primary and Community Care, improves access to early diagnosis and treatment, builds capacity, alleviates workforce pressures, bridges workforce gaps, supplements General Practitioners (GPs) and helps achieve outcomes that matter to people.

#### **Dietetic Quality Assured Brief Intervention: Pre-Diabetes**

This award winning All Wales Quality Assured Brief Intervention Pre-Diabetes project delivers a targeted approach to prevention of type 2 diabetes in Wales using a brief intervention utilising unregistered primary care workforce, trained by registered Dietitians in a Nutrition Skills for Life course, with the Dietitian providing regular support and quality assurance. This prevention pathway has received approval from the All Wales Diabetes Implementation Group (AWDIG) and is identified as a priority in Welsh Government's [Healthy Weight: Healthy Wales delivery plan](#). It provides the basis of the All Wales Diabetes Prevention Programme due to its impressive outcomes, prudent use of Dietetic resource and scalability.

## **Further examples of AHP utilisation & AHP Service transformation**

### **Direct access to Podiatry**

With demand for Podiatry services increasing, waiting times lengthening, and traditional models of referral found to be outdated with 42% being inappropriate, this award winning model redesign enables direct open access to Podiatry support at the point of greatest need. Using co-production to boost self-management and encourage healthy behaviours, and reducing unnecessary medical interventions, including prescriptions of antibiotics. Identifying within a 3-month period, nearly 700 potential avoidable prescriptions. Direct access has risen to 87% of new requests for Podiatry support with one person commenting, “I can’t believe that people can just walk in to see you. I thought you would only get this sort of attention in Harley Street.”

### **Occupational Therapy-led Vocational Clinics**

Occupational Therapists showcase pioneering primary care Occupational Therapy-led Vocational clinics (OTVoc) designed to help people with mental health and musculoskeletal remain in employment. The clinics see Occupational Therapists use the [Allied Health Professions Health and Work Report](#), and work with people to provide personalised, tailored advice about health and work to find a solution to help them stay in or return to work. During the initial study period significantly, the sickness absence rate dropped from 71% to 15% and use of GP ‘fit’ notes reduced from 76% to 6%. Demonstrating that Occupational Therapists already have the therapeutic skills to deliver this advice and support as part of the primary care multi-professional offer, and provide a credible alternative approach to existing options of GP Fit note or leaving the workplace.

### **Physiotherapy**

Physiotherapy can be the first point of contact for people with a range of conditions including musculoskeletal (MSK), neurological and respiratory conditions. With the Welsh Physiotherapy Leaders Advisory Group (WPhLAG) working collaboratively across Wales and with its wider partners, to develop the offer of Physiotherapy practitioners focussing on the development of roles, demonstrable benefits, user satisfaction, pathway transformation, training, and education. Contributing to the substantial evaluation demonstrating the huge benefits to our population and the system of the Physiotherapy role, when it is part of an integrated MSK pathway.

### 3. Key Themes

Analysis of the broad range of engagement and significant discussion with a wide range of stakeholders revealed twelve key themes:

1. Fragmented and siloed pathways across settings
2. Ad hoc funding, variation in practice models and inequitable access and utilisation of AHP resource
3. Poor understanding of AHP skillset
4. Lack of alignment of roles and skillset to population need
5. Historic AHP secondary care diagnostic pathway funding streams, creating inequity and barriers to more integrated pathways
6. Competing priorities for AHP resource across the 4 main population groups in terms of reset and recovery
7. Absence of active and strong AHP leadership representation at RPB and Locality / Pan Cluster collaborative planning and delivery
8. Complexity of need, which can only be planned and organised effectively through a continuum of AHP provision, over a larger area than 'place'
9. Current short-term transformation funding opportunities resulting in:
  - Divisive competition for AHP resource
  - Direct and discordant employment models
  - Compromised ability to innovate and transform
  - Outcomes determined by funding source & exit strategy

#### Stakeholder feedback

“We have to balance the diversity of AHP disciplines employed in practice against available budget and AHP resource for each discipline.”

“Secondments have ended, as despite great outcomes regarding whole system impact, that’s not where we’re currently at.”

“There’s insufficient knowledge of what these roles can offer beyond what is known about them in secondary care roles. General practice often requires a different way of working. We have considered a paramedic but understand that WAST need to retain them, and are also unsure whether our patient list is big enough to make a directly employed paramedic viable for us.”

“Identifying funding has been difficult and the main barrier to progressing this, as well as appreciation from GP colleagues of the role and potential in this setting, and the value and impact that the profession can contribute.”

“AHPs need to work together to support each other gain equal recognition, and ability to meet patient and population need in primary care with range of skills and practice.”

**10.** Team models being developed are based upon:

- Difficulty accessing AHP support
- Siloed Primary Care pathway development
- Focus on specialism and advanced clinical practitioners instead of wider transformation of the continuum of AHP service provision
- Focus on location, providing the same AHP services in new settings instead of wider transformation of activity and utilisation

**11.** Risks with current employment arrangements:

- Divisive competition for AHP resource
- Direct and discordant employment models
- Governance issues
- Lack of alignment of AHP utilisation to population need
- Absence of practical arrangements for workforce development, career mobility and day-to-day management such as holiday and absence cover

**12.** Absence of practical arrangements for workforce development

“Increased awareness of AHP role has been significant factor in understanding our value. GPs now understand that a qualified autonomous practitioner is able to contribute to patient differential diagnosis, right care right time and crisis resolution using range of skills.”

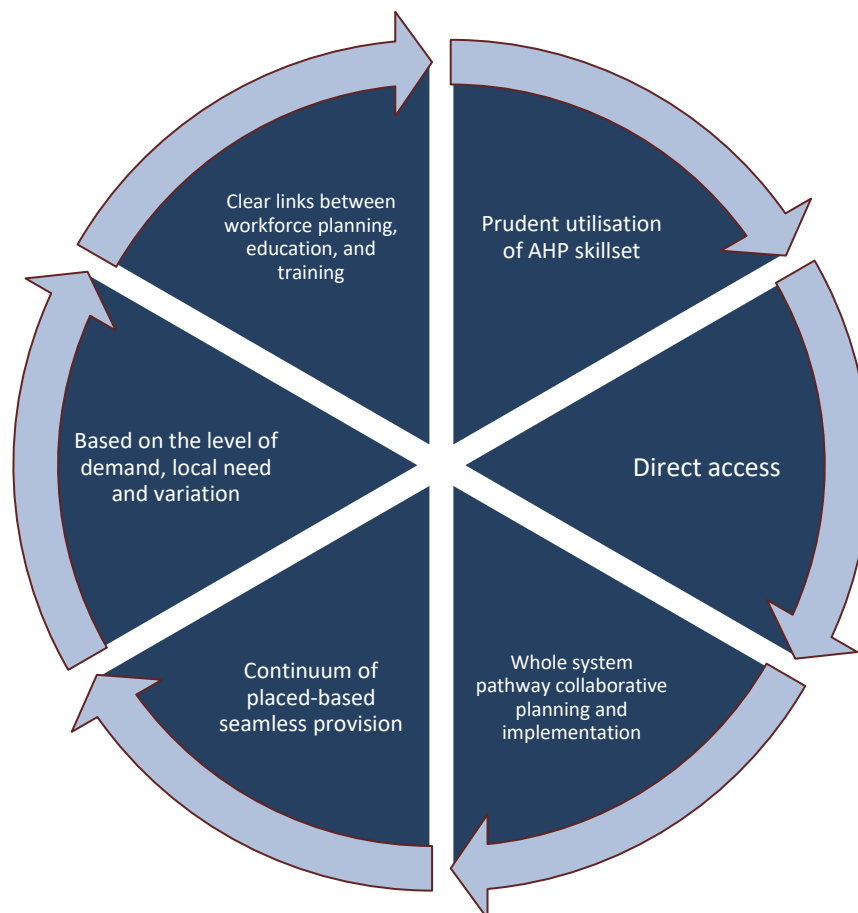
“All health board employees follow the governance process; however, there are several private practitioners within the clusters and governance is unclear.”

“Developing a role and service is very hard (if not impossible) when funding is not permanent. For example, we want to mentor students, some on 2 year placements, but funding on a year by year bidding system makes this extremely difficult and educational bodies are therefore reluctant to send students to us.”

“Limited resources have restricted the number of staff which can be employed and the availability of professional workforce to take up the posts is an issue, as there is a growing demand across Wales for similar posts. This is further compounded by the short time frame of the Transformation Fund and the expectation to implement and deliver outcomes.”

## 4. Key Recommendations

In order to optimise AHP value, system leaders need to ensure the following:



## 5. Key Actions

The section below sets out the actions required by system leaders to achieve optimal AHP utilisation:

### Required Actions to Optimise the AHP offer

#### Whole System Pathway Approach

**System leaders to come together to overcome the obstacles that are preventing optimal AHP utilisation**, providing co-ordination at scale to support greater focus on:

- Seamless health and well-being service
- Recovery & rehabilitation services rooted in community and functioning as a whole
- Developing & supporting a 'one workforce' strategy
- More effective use of AHP resource including clinical support and corporate services
- Measuring the health and well-being outcomes that matter to people
- Optimising utilisation of AHP skillset to achieve better outcomes and better value to meet population need rather than demand
- Improving population health
- Supporting people to make decisions about looking after themselves and staying independent



### **AHP activity to be organised across Regional Partnership Board (RPB) geographical areas**

**Recognising that operationally the AHP workforce will come from different organisations within the RPB geographical footprint, there is a requirement for system leaders to:**

- Collaborate between providers on a larger footprint to enable uniformity and coordinated approach with localised Locality / Pan Cluster planning and delivery based on need and variation
- Providing the right balance between regional solutions and meeting complexity of need (which need to be planned and organised effectively over a larger area than 'place'), alongside local solutions and innovation, which minimise variability

### **Funding streams to be aligned via RPB lens and The Primary Care Model**

**Regional planning and stakeholder engagement is required by system leaders beyond their traditional organisational boundaries.** This is fundamental to shaping sustainable AHP utilisation and will enable:

- Prioritisation of capacity and delivery models to meet population need
- Allocation of resources to higher value interventions

### **System wide & strengthened AHP Leadership**

**There is a requirement for AHP leadership to be system wide, present, strengthened, supported and developed:** this is crucial to support collaborative decision-making, inform priorities and prudently allocate resource

The value and impact of AHP services must be demonstrated in a consistent way to help align organisational strategic objectives and support sustainability and continuity across services

It must be recognised that new AHP models and approaches require a transformation of the way we organise services, instead of simply providing the same AHP services in new settings, with an expansion of the AHP workforce, partnered with a development of skills and range of services offered

### **Collaborative agreement and organisation of AHP resource across settings**

**Workforce planning must be ongoing and responsive by system leaders,** with a focus on developing roles and skillset utilisation to meet presenting population need and regional priorities, rather than on job titles and career pathways

### **Stratification of AHP resource in terms of required interventions and necessary skillset**

**System leaders must organise AHP resource in terms of required interventions and stratified against necessary skillset,** enabling increased collaboration and person-centred care with prudent and optimised AHP utilisation

This approach will also reveal where there are gaps in AHP provision and where additional resource are required

### **Uniformity of approach with localised application to support cluster led planning and delivery**

**System leaders are to ensure uniformity of approach with localised application regarding**

**cluster led planning and delivery.** This greater co-ordination can support:

- Optimised AHP offer with higher quality and more sustainable services
- Reduction of unwarranted variation in clinical practice and outcomes
- Reduction of health inequalities, with fair and equal access across sites
- Better workforce planning

### **Agreed communication framework & team models**

**Recognising that there will not be a ‘one size fits all’ Team model, system leaders must ensure:**

- Direct access to a wider range of AHPs and skilled Assistant Therapy Practitioner roles, as part of the continuum of Primary & Community Care
- A ‘generalist specialist’ approach with increased specialism knowledge in the wider workforce, not just specialist roles
- Application of a Team Tetris framework comprising: Informed, Skilled, Enhanced and Expert that can be mapped against local population health needs
- Digital utilisation to support multi-professional collaboration & communication both on an individual and group basis

### **Recommended ‘employ to deploy’ employment and governance model**

**System leaders should apply an ‘employ to deploy’ employment and governance model.**

Thereby:

- Addressing associated risks such as absence of leadership, development of siloed pathways, absence of clinical governance and the associated decreased quality of AHP support and user experience
- Avoiding the development of a fragmented and competitive labour market for a precious workforce resource

This will support effective collaborative workforce planning with partners, to build and grow AHP requirements looking to the future and anticipating population needs

This includes the adoption of a whole system sustainable funding and employment model, hosted by the respective health board, local authority and WAST, with collaborative organisation of activity across Regional Partnership Board geographical areas, and alignment of funding streams through their respective lens

### **Learning and development informed by regional priorities & cluster working, supported by Primary Care Academies / Locality Training Hubs with consistent and dependable training/ education routes**

System leaders must establish clear links between workforce planning, education, and training regarding capacity building and the ability to optimise AHP utilisation

This will ensure the supply of an AHP workforce with the right skills, competencies, values and behaviours to meet the requirement of needs of the local population.

Working with Primary Care Academies / Locality Training Hubs that encompass the whole workforce will enhance inter-professional education and team development

To view the full paper, please visit: [Strategic Programme for Primary Care | Rhaglen Strategol ar gyfer Gofal Sylfaenol](#)

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This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg.