

# Utilisation of AHPs in response to Covid-19

## AHPs

The Allied Health Professions are 13 individual professions allied by their belief in the importance of enabling citizens to live the lives they want to live. Empowering people to manage their own wellbeing and prevent or reduce the impact of psychological and physical ill health and disability.

## Purpose of Document

This document provides advice and guidance on ways to make best use of the AHP workforce, existing and returning, during the current situation. Employers and Executives, in particular Health Board Executive Directors of Therapies and Health Science (DoTHS) and service leaders and managers of AHPs in NHS Trusts and Local Authorities, should determine which staff are essential in their current role and which staff may be deployed to assist in the ways outlined below. Please note to avoid repetition not every individual profession is listed, with skills common to all AHPs captured under 'All AHPs' in the table overleaf.

In order for AHPs to create, build and maximise capacity in order to support people during this unprecedented emergency they can:

## Work differently & flexibly: Whole Pathway approach to the plan for redeployment of staff

- The regulators have identified a relaxation to support AHPs to work outside of their usual scope of practice - this should be maximised
- Identification of Universal, Targeted and Specialist skills, and transferability that supports workforce flexibility and ability to respond and support is fundamental
- Multi-professional Whole Pathway approach to staff resource; scope of practice and associated redeployment of staff is vital pan Health Boards, Social Care and Clusters. (Not a segmented approach based on age, condition, physical or mental health etc.)
- Single / streamlined point of access – providing an enabling approach to timely support is essential
- Local configuration of workforce to deliver a Cluster Hub approach is critical to the success of Covid-19 Primary and Community Care Guidelines and whole system approach. Ensuring sufficient multi-professional resources are available at primary and community level to prevent secondary / acute care being overwhelmed

## Extend the workforce

- A temporary register has been opened to bring recently retired practitioners and final year students into the workforce. These can be deployed in supporting care provision in communities, including domiciliary care and care homes; intermediate care beds where located within care homes as part of discharge to assess, recover and reablement pathways, and support care and rehabilitation in peoples own homes where hospital admission is not indicated or length of stay can be reduced.
- Consideration should also be applied to prudent redeployment of the wider workforce to support AHPs e.g. National Exercise Referral Scheme (NERS) instructors, special school staff etc.

## Support New Care Pathways

- Some professions, described below, will be of great value in critical care, as well as supporting the nationally agreed respiratory pathway in the community. Supporting people with acute respiratory distress, ensuring that scarce resources are used prudently and maintaining this population away from hospital is vital
- Therefore enhanced respiratory training and wider skills development is recommended. This includes extending trusted assessor roles in the prescription of assistive equipment, basic observations training, and implementing the all Wales training on Verification of Death (VOD)

## Provide Technology Enabled Care

- The availability of video consultations to undertake assessments and interventions should be a key consideration around the implementation of Attend Anywhere in Wales

## Guidance

Please follow this link to a letter giving guidance and support to AHPs and AHPs support workers during this unprecedented time: <https://gov.wales/support-allied-health-professionals-and-support-workers-during-covid-19-epidemic>.

Please follow this link to 'Returning AHPs and HSC Guidance' and FAQs: <https://gov.wales/returning-allied-health-professionals-and-healthcare-scientists-guidance>.

AHPs are regulated by the HPCP, who have also created a [hub for information and advice](#).

For individual professional bodies' guidance please see links in appendix.

## AHPs and how their skillsets can be utilised

The table lays out how AHPs could be deployed when making urgent decisions on Covid-19 pathways and in supporting health and social care services.

Care in the community	Critical Care
<p><b>It is vital that sufficient resources are available at primary and community level to prevent secondary / acute care being overwhelmed.</b></p> <p><b>All AHPs</b> have practical and solution-focused expertise that can address the complex, multi-dimensional needs of those with co-morbidities, frailty and complex life changing conditions or injuries.</p> <p>AHPs can:</p> <ul style="list-style-type: none"> <li>• Create and should be deployed in rapid response over extended hours, including 24/7 where possible, to assist WAST avoid conveyance, or where hospital admission is not clinically indicated</li> <li>• Support optimization of Frailty, Multi morbidity and Long Term Conditions through clinical (phone or video) review. Focussing on self-management and ensuring associated plans in place, including those socially isolated and not coping</li> <li>• Be key to admission avoidance and expediting discharge to step down or community / home, as well as Right Sizing and delivery of care provision.</li> <li>• Deliver safe, clinically effective and appropriate rehabilitative services in non-traditional settings, utilising remote and technology based solutions where appropriate</li> <li>• Help support those needing care in the community, including those in domiciliary care and in care homes (especially student AHPs who would be best placed in support worker roles as they may still need supervision in this challenging environment)</li> <li>• Help to support at risk families and children</li> <li>• Be <b>independent prescribers</b> who should be used in the community. Supplementary prescribers should maximise use of Patient Group Directions (PGDs)</li> </ul> <p><b>Speech &amp; Language Therapists</b> are skilled in helping to support patients with feeding difficulties, e.g. PEG or NG tube/ tracheotomy management. They can:</p> <ul style="list-style-type: none"> <li>• Help in care homes and in accompanying domiciliary care workers where people are managed in their own homes.</li> </ul> <p><b>Dieticians</b> can assess, diagnose and treat dietary and nutritional problems. They can:</p> <ul style="list-style-type: none"> <li>• Support people who need modified diets, e.g. people in care homes and domiciliary care.</li> </ul> <p><b>Psychologists</b> are highly skilled in psychological interventions and psychologically informed care. These skills should be used in difficult conversations regarding access to care and anticipatory care/ palliation. They can:</p> <ul style="list-style-type: none"> <li>• Support the psychological wellbeing of staff</li> <li>• Ensure new graduates entering the workforce for the first time are supported and not lost to the future workforce in the light of their experiences at this unique time</li> </ul>	<p><b>Many AHPs</b> have skills that could allow them to help with:</p> <ul style="list-style-type: none"> <li>• Critical care manual handling, positioning</li> <li>• Taking patient observations</li> </ul> <p><b>Speech &amp; Language Therapists</b> can:</p> <ul style="list-style-type: none"> <li>• Support people in critical care with feeding difficulties.</li> </ul> <p><b>Dieticians</b> will:</p> <ul style="list-style-type: none"> <li>• Need to be involved in supporting nutritional requirements in the acute setting especially for those requiring artificial nutritional support</li> </ul> <p><b>Psychologists</b> can:</p> <ul style="list-style-type: none"> <li>• Support family members and staff in difficult decisions and in anticipatory care conversations.</li> </ul>

**Occupational Therapists** are skilled at working with people with physical, mental or social disabilities to perform the occupations and activities that are important to them in their preferred environment. Older people's occupational therapists currently working in hospitals could:

- Be moved to support frail people (especially those with dementia) in the community, including in domiciliary care and residential care

**Mental health Occupational Therapists** are skilled in psychological interventions and psychologically informed care. These skills should be used in difficult conversations regarding access to care and anticipatory care/ palliation. They can:

- Support the psychological wellbeing of staff
- Ensure new graduates entering the workforce for the first time are supported and not lost to the future workforce in the light of their experiences at this unique time
- Support people with dementia in the community

**Respiratory Physiotherapists** are experienced and trained at providing individualised treatment for a variety of respiratory conditions. Their role will be in critical care (see right), but also supporting development of new care pathways with people with acute respiratory distress in the community

**Podiatrists** have skills in wound management in the lower limbs.

Podiatrists can:

- Use their skills used in wound management outside of the lower limb. They can support nurses in domiciliary care and residential homes so they do not have to use pressure care.
- Help in Minor Injuries Unit (MIU) , Emergency Department (ED) and primary care with Musculoskeletal (MSK) issues, vascular diagnostics, avoiding unnecessary admissions

**Arts Therapists** have skills in psychological interventions and psychologically informed care. These skills should be used in difficult conversations regarding access to care and anticipatory care/ palliation.

They can:

- Support the psychological wellbeing of staff
- Ensure new graduates entering the workforce for the first time are supported and not lost to the future workforce in the light of their experiences at this unique time

**Mental health Occupational Therapists** can:

- Support family members and staff in difficult decisions and in anticipatory care conversations.

**Respiratory Physiotherapists** have a role in:

- Ventilation and inpatient secondary critical care, advising and discussing ventilation, weaning strategies and rehabilitation

## **APPENDIX:**

### **Individual professional bodies' guidance to Covid-19**

**Association of UK Dietitians:**

<https://www.bda.uk.com/resource/critical-care-dietetics-guidance-covid-19.html>

**British and Irish Orthoptic Society**

<https://www.orthoptics.org.uk/coronavirus/>

**British Association Of Prosthetists & Orthotists**

<https://www.bapo.com/covid-19/>

**Chartered Society of Physiotherapy:**

<https://www.csp.org.uk/news/coronavirus>

**College of Paramedics:**

<https://www.collegeofparamedics.co.uk/news/covid-19>

**College of Podiatry**

<https://cop.org.uk/news/coronavirus/>

**Royal College of Occupational Therapists**

<https://www.rcot.co.uk/coronavirus-covid-19-0>

**Royal College of Speech and Language Therapists:**

<https://www.rcslt.org/learning/covid-19/rcslt-guidance>

**British Psychological Society:**

<https://www.bps.org.uk/responding-coronavirus>