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To: All allied health professionals in England

Cc: SHA Allied Health Professional Leads
The Allied Health Professions Federation
SHA Commissioning Leads

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Equity and excellence: Liberating the NHS for Allied Health Professionals

Dear colleagues

Having encouraged you all to respond to the recent white paper, [Equity and excellence: Liberating the NHS](#), I now call upon you to take on the challenges and opportunities it presents.

The white paper is about putting clinicians at the heart of an integrated and responsive NHS that is more focused on better outcomes for patients and their families. It proposes removing unnecessary bureaucracy and cutting waste in the NHS. It also proposes a new independent NHS Commissioning Board to allocate and account for NHS resources and lead on quality improvement.

Once the consultation process is complete, a Bill will be introduced to Parliament later this year. Although we must not pre-empt the Parliamentary process, this does not mean it is time to sit back and wait. This is the time for allied health professionals to make the most of the opportunities the white paper presents.

The key themes in the white paper are putting patients and the public first; improving healthcare outcomes; autonomy, accountability and democratic legitimacy; cutting bureaucracy and improving efficiency. Allied health professionals can make a unique contribution to all these areas.

Before exploring the opportunities for allied health professionals in the new context, I want to be clear about why these opportunities are important.

Allied health professionals have long been frustrated by a lack of recognition for the difference their services make to people's lives. There is little understanding of where allied health professionals work, what they do and how they do it. Allied health professional services are less visible than others are and can be vulnerable when money gets tight. Given the importance of allied health professional services in making a difference to people's lives it is vital that allied health professionals work to improve the understanding of their contribution.

Putting patients first – allied health professionals take a very patient-centred approach to delivering care. They already work in partnership with patients and the public. In fact, many allied health professionals could not do their jobs without a shared decision-making approach, yet others may not appreciate this. This needs to be made explicit and to be talked about it in ways others will understand. Personalised care is something that allied health professionals have always done and they need to make sure that people know it!

Providing more choice is an opportunity. It is important, however, that allied health professionals ensure choices are informed. They must not be based on assumptions or outmoded views of practice. For example, many people are still unaware of the possibility of self-referral to allied health professional services. The renewed focus on choice could change this. It could enable people to access allied health professional services in a more straightforward way, which in turn, could reduce waiting times, save money and improve clinical outcomes.

Improving healthcare outcomes – this is a crucial area of opportunity with regard to what allied health professionals deliver. In the past, the ‘outcomes’ measured have been somewhat limited.

The white paper emphasises that it is the outcome for the patient that is important. For example, it will no longer just be about whether surgery was timely and successful, without any resulting infection (although these factors are important). It will also be about whether the person returns to optimal function; is pain free; can walk, drive and return to work. This is something, which many allied health professionals are concerned with: not just adding ‘years to life’ but ‘life to years’. This theme of rehabilitation and reablement and focusing on outcomes is just as important in mental health.

Rehabilitation and reablement are what allied health professionals do. What is more, allied health professionals work in partnership with patients, their carers and families - empowering a wider rehabilitation workforce!

Autonomy, accountability and democratic legitimacy – The white paper is about empowering clinicians to serve their local population. Allied health professionals need to demonstrate that they are ready to respond.

One of the most significant of the proposed changes is the devolving of power and responsibility for commissioning to GPs and their practice teams. GP consortia will be key players and it is crucial that allied health professionals build relationships with these consortia as they develop in shadow form – do not wait until they are up and running!

It is crucial that GPs make commissioning decisions that are fully informed by a wide range of clinicians working across all sectors including NHS, local authority, voluntary and private sectors. If not, the quality of commissioning decisions will be limited by the knowledge of those involved. There are many groups of patients who rarely see their GP or who have a condition that their GP sees perhaps only once in a lifetime. Many of these patients are very familiar to allied health professionals. It is imperative that you share your knowledge of such patients’ needs with GP consortia.

It is also critical that GPs be informed of alternative models of service delivery - using tools such as self-referral, triage and non-medical prescribing rights. Allied health professionals must explain such service models so that GPs can see the advantages – both for the healthcare budget and for patients.

Cutting bureaucracy and improving efficiency – QIPP has not gone away! There are inefficiencies in the system, but simply addressing waste will not tackle the cost of growing demand. Moreover, the national deficit means there will be no increase in resources to meet that demand.

This provides another opportunity for you to demonstrate how you add value. There are countless examples of expensive clinicians performing tasks that others, including allied health professionals, can do more cheaply and to the same, if not better quality (for example, image

reporting by radiologists that could be done by radiographers). This is important as it not only saves money, but adds value too.

Teams of allied health professionals are working to keep people out of hospital through health promotion, enabling independence and preventing admissions to A&E. This relieves pressure where the burden on healthcare finances is greatest. In addition, many allied health professionals work on rehabilitation, reablement and getting people home through faster, safer discharge.

So what could allied health professionals be doing?

- It is important for allied health professionals to have a narrative about delivering real outcomes for patients; reducing dependency; getting people back to work and off benefits; preventing admission; speeding up diagnostics; speeding up discharge and reducing demand on the system.
- Patient stories are powerful tools to support your story. Quantitative data can also demonstrate how allied health professionals can save money through alternative models of delivery.
- The Department of Health does not intend to dictate the form the commissioning consortia should take. Allied health professionals will need to act locally if they wish to engage with them.
- Allied health professionals are highly professional clinicians and patients always come first. This can include taking the time to organise and influence - to ensure the best for patients.
- Is it best if allied health professionals in each local health and social care economy come together to do this. This would mean networking across organisational boundaries. The Strategic Health Authority Allied Health Professional Leads may be able to assist as they have a range of networks already established. Working collaboratively is the key to exerting influence and the approach must be multi-professional to be effective.
- It may be helpful to work out where the GP consortia, if formed, are likely to be and which practices are likely to be in them. You could make contact with key GPs and work with allied health professionals who already have those contacts.

This is a crucial moment for allied health professionals to stand up and be counted. Talking about the difference you make to patients and the public will create the best chance for you to make a distinct and unique contribution to improving healthcare outcomes.



Karen Middleton, Chief Health Professions Officer