

Allied Health Professions (AHP) Service Improvement Project

Final Report

31 March 2011



1. Background

The Allied Health Professions (AHP) Service Improvement Project (SIP) commenced in September 2009 and completed in March 2011. The project enabled AHP clinical services to deliver sustainable quality and productivity improvements and to share achievements widely. Local leaders, adopting established improvement tools and engaging teams, managed the required changes. They reduced waiting times and allowed patients to access timely rehabilitation. AHP services engaged patients, prioritised their local improvements and achieved productivity gains (reducing waste and duplication), offering choice and patient-determined outcome measurement. Services also significantly increased their use of data and information-management and developed consistent reporting, including implementation of national AHP Referral to Treatment (RtT) definitions and guidance, to evidence the outcomes of service improvement.

2. Service Improvement Project Outcomes

The outcomes of the AHP service improvement project provide evidence of the contribution of AHPs to the achievement of the strategic priorities set out in *Equity and Excellence: Liberating the NHS* (2010). The specific improvements delivered by each service that participated are included in the AHP SIP compendium (containing summary reports from 27 services). Further detailed reports are to be found on the CHAIN repository http://chain.ulcc.ac.uk/chain/subgroup_resources.html – see ‘Service Improvement among Allied Health Professionals’].

Outcome measurement and effectiveness

Local services participating in this project have delivered quality improvements and have begun to capture data that can be aggregated up to the five domains of the NHS outcomes framework. For example Domain 2 – Long term Conditions <http://chain.ulcc.ac.uk/chain/documents/AHPprojectWendyJolleyWarringtonFinal.doc> and Domain 5 – Safer care e.g.

<http://chain.ulcc.ac.uk/chain/Documents/AHPprojectJillForemanNTH.doc> Services demonstrated potential for enhanced social inclusion through better access

<http://chain.ulcc.ac.uk/chain/documents/AHPprojectLindsayThompsonHMRFinal.doc> and re-designed interventions to improve quality of life outcomes (Domain 3) e.g.

<http://chain.ulcc.ac.uk/chain/Documents/AHPprojectLizPaddockBuckinghamshire> . In children’s services speech and language therapists enhanced access to education

<http://chain.ulcc.ac.uk/chain/documents/AHPprojectJanePoupartFINALv2.doc>. Health promotion was a feature of many improvements

<http://chain.ulcc.ac.uk/chain/documents/AHPprojectMelodyWilliamSWessexFINAL.doc>.

Efficiency

Services have used quality as a lever to improve productivity. Skill mix was re-designed in 14 of the 27 services, releasing significant savings, for example £5k per week

<http://chain.ulcc.ac.uk/chain/Documents/AHPprojectJulieHunterHeartofEngland.doc> . Process re-design also led to significant cost savings in other parts of the system including reduced re-admission to hospital

<http://chain.ulcc.ac.uk/chain/documents/AHPprojectAndreaReidEastKentFinal.doc>. Without any increase in resources, services have managed increased demand

<http://chain.ulcc.ac.uk/chain/Documents/AHPprojectJoannaRobinsonSolent.doc> and provided expedient ways to respond to high risk patients as a priority

<http://chain.ulcc.ac.uk/chain/documents/AHPprojectKatieRingWestKentFINAL.doc>. Whole system re-design through the management of referrals achieved better use of AHP resources

<http://chain.ulcc.ac.uk/chain/Documents/AHPprojectLorraineTostevinCDD.doc> and created highly reliable data on which to predict current and future resource use

<http://chain.ulcc.ac.uk/chain/documents/AHPprojectTaniaTullochNorthYorksFinal.doc>. Services who identified the problem of long waits reduced their waiting times, for example referral to treatment (RtT) times reduced from 18 months to 1 – 2 weeks

<http://chain.ulcc.ac.uk/chain/documents/AHPprojectJulieBrothertonCoventryFinal.doc>. Many services halved their waiting times, through the analysis and change of pathways

<http://chain.ulcc.ac.uk/chain/documents/AHPprojectKatieRingWestKentFINAL.doc>.

Patient Experience

All services reported patient participation in service improvement and the project has significantly raised awareness of the role of the user and carer, establishing principles and effective methods for patient engagement. Other stakeholders have been closely engaged: commissioners; GPs <http://chain.ulcc.ac.uk/chain/documents/AHPprojectJulieCroysdaleLeicesterFinal.doc> and working across sector boundaries, social care and education <http://chain.ulcc.ac.uk/chain/documents/AHPprojectKathrynHughesDerbyFINAL.doc>. This ensured that a range of perspectives contributed to the re-design. All services reported the value of explaining and negotiating with stakeholders e.g. <http://chain.ulcc.ac.uk/chain/Documents/AHPprojecJulieHunterHeartofEngland.doc>. The Equality Impact assessment reports how improvement leaders identified the populations of patients who were typically harder to reach and some early attempts to evidence the equality impact for re-design with these groups.

3. Project Design

The Service Improvement Project recruited 97 AHP services from across the regions in co-production with 10 Strategic Health Authorities (SHA). Alignment to regional strategic and demographic priorities was important and established how services would achieve local standards for accessing services. A project board was established with patient, professional and commissioner representation.

The model for improvement (Penny 2003) adopted and shared with AHP services at the initial meetings. Further minimal input included a National stakeholder event in April 2010, at the end of the first phase of implementation. A motivational DVD was produced and distributed via the CHPO website and several reporting methods were adopted to expediently share improvement outcomes (i.e. posters and run charts).

The national event coincided with the general election and a changed administration. A submission to Ministers in September 2010 confirmed the continuation of the project and alignment to policy priorities. One element of the completion phase was a Service Level Agreement (SLA) to identify context specific benefits and deliverables.

4. Evaluation and Dissemination

Independent evaluation

York St John University undertook an independent evaluation of the project. The following features of the programme served to meet original objectives

To deliver sustainable reduction in waiting times in a diversity of AHP Services to meet the quality and productivity challenge.

- 5 AHP professions across 8 care groups were represented in selected services, 15 of these were children's services and waiting times were reduced in 24 of the 27 services
- Productivity has been enhanced through a reduction in DNA's and associated better clinic utilisation
- Quality improvements has been maintained or improved in all services

To evidence the maintenance or improvement of quality in relation to effectiveness, safety and the service user experience

- Quality measures were introduced in services to demonstrate patient experience (n24) and clinical outcomes (n23). Two projects specifically focused on safer care
- Feedback from users relating to outcomes' was reported in 23 services with a number using several methods (qualitative, quantitative and anecdotal)
- Four services have adopted registered Patient Recorded Outcome Measures (PROMs) and others continue to work with robust measures

To develop sustainable methods for managing data (Referral to Treatment)

- 16 services reported the introduction of the RtT definitions to validate their data and reporting of waiting times
- Service Improvement Project (SIP) leads reported better management of data and methods for improving team participation in service improvement as key local outcomes

To disseminate learning from the project to support the capability of AHP services to deliver service improvement

- An AHP Service Improvement Learning Network (link to CHAIN) is sponsored until March 2012
- Local improvement reports, posters and reporting tools will be shared via the Chief Health Professions Officer's webpage
http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefhealthprofessionsofficer/DH_59
and CHAIN sub group http://chain.ulcc.ac.uk/chain/subgroup_resources.html
- Local, national and international publication via professional events and conferences. The AHP Officer, SIP leads and the evaluation team attended the International Forum for Quality and Safety in Health Care – Amsterdam 2011 where two posters on the SIP were presented.