AHPs as agents of change in health and social care: The National Delivery Plan for the Allied Health Professions in Scotland, 2012-2015

RCSLT briefing note (August 2012)

This brief highlights:

1. Quotes from the NDP that SLTs should know about
2. Actions in NDP (some with end dates) which offer opportunities to SLTs and where SLTs need to raise awareness of their contribution.

Ministerial foreword by Michael Matheson MSP, Minister for Health

Quotes SLTs should know about

- … strengthen our commitment to person- and family-centred services and enhanced support for carers (p. 3)
- Scotland’s approach to meeting the demographic challenges of an increasingly ageing population are set out in Reshaping Care for Older People: a programme for change 2011–2021. This ambitious programme aims to optimise the independence and well-being of older people at home or in a homely setting. (p. 3)
- … we have committed to establishing an integrated approach to planning and delivering health and social care services that also includes integration within the NHS between primary and secondary care. (p. 3)
- ..currently consulting on plans for establishment of Health and Social Care Partnerships (HSCPs) with delegated integrated budgets. The success of this work will rely heavily on strong leadership. ... HSCPs will therefore need to ensure that local professional leaders, including allied health professionals (AHPs), play an active role in, and provide leadership for, local commissioning and planning of service provision. (p. 3)
- “Enabling” approaches, including reablement, rehabilitation and supported self-management, will play a central role … (p. 4)

1 [http://www.scotland.gov.uk/Publications/2012/06/9095](http://www.scotland.gov.uk/Publications/2012/06/9095)

This briefing note and other material on the NDP can be found on the RCSLT website at the following address. [http://www.rcslt.org/governments/scotland](http://www.rcslt.org/governments/scotland)


3 Scottish Government (2012) Integration of Adult Health and Social Care in Scotland: consultation on proposals. RCSLT are responding to this Bill. Contact kim.hartley@rcslt.org for info. [http://www.scotland.gov.uk/Topics/Health/care/reshaping/programmeforchange](http://www.scotland.gov.uk/Topics/Health/care/reshaping/programmeforchange) [http://www.scotland.gov.uk/Publications/2012/05/6469/0](http://www.scotland.gov.uk/Publications/2012/05/6469/0)
• ... away from over-reliance on hospitals and professional interventions from across health and social care. (p. 4)
• ... our immediate priorities and challenges ... focus on ... the older population, those with long-term conditions and people with dementia. (p. 4)
• [AHPs] preventing unnecessary admissions to hospital or care, enabling people to live at home for longer, and providing alternative pathways to secondary care referral. (p. 4)
• ... encourage chief executives, directors of social work and leaders across health and social care services to utilise AHP expertise to the full as we work to deliver our shared national outcomes, with which the National Delivery Plan for the Allied Health Professions in Scotland has been explicitly aligned. (p. 4)
• [AHPs’] professional leadership, together with effective multi-professional team working within the new HSCPs, will be vital to ensuring we experience the full added value integration will bring. (p. 4)
• (Minister) wholeheartedly believe that raising the visibility, accountability and impact of AHPs across health and social care will benefit all concerned. (p. 5)
• (Minister) fully expect AHP directors to be given the corporate support they require from across health and social care to strengthen their contribution to the planning and delivery of services, including use of both the Change Fund and the Early Years Change Fund. (p. 5)

Executive summary

Quotes SLTs should know about:
• AHP interventions can significantly reduce unnecessary admissions to hospital and diminish dependency on care services ... (p. 6)
• ... make a vital contribution to faster diagnostics and earlier interventions in primary care. (p. 6)
• ... key contribution to make to the wider public health agenda ... for example, promoting ... healthy nutrition ... and vocational rehabilitation services, and enabling children to get the best possible start in life and achieve their full potential. (p. 6)
• ... AHP leaders,... key to enhancing the AHP contribution to the joint planning and delivery of services, particularly for those with complex needs, long-term conditions, dementia and for children and young people. (p. 6)
• [The NDP] calls for AHPs to be more visible, accountable and impact orientated.
• Better measurement, data collection and e-health will be required ... (p. 7)
• Modern, innovative and flexible working practices (including exploiting technology) and implementation of Releasing Time to Care and other improvement methodologies will be key ... (p. 7)
• NHS boards and local authorities will work collaboratively to develop local implementation plans ... (p. 7)
• The Chief Health Professions Officer will lead annual reviews of the local implementation Plans ... (p. 7)
Introduction by the Chief Health Professions Officer by Jacqui Lunday, Chief Health Professions Officer, Scottish Government

Quotes SLTs should know about

Visibility, accountability and impact:
- Demographic changes mean that the number of people over 60 will increase by 50% by 2033 and the rise in the over-85 population will be 144%: this is especially significant given the increased prevalence of dementia among this age group. (p. 8)
- ... joint commissioning strategy to enable integrated care. The delivery of more “enabling” services, shifting the focus away from professional dependency and towards supported self-management and resilience, ... (p. 9)

AHP role, leadership and strategic vision:
- ... expertise in rehabilitation and enablement will be key to supporting the “20:20” Vision of everyone being able to live longer, healthier lives at home or in a homely setting and delivering on the NHS quality outcomes and the nationally agreed outcomes for integration (p. 9)
- Reablement is a key deliverable for local authorities, ... (p. 9)
- ... focus on maintaining independence and reducing reliance on home care support. (p. 9)
- ... more “enabling” ethos across a whole range of services can release capacity and facilitate provision of a more flexible, personalised service. (p. 9)
- AHPs, particularly local authority-based OTs, are core to defining, developing and reviewing person-centred goals for delivery by homecare teams ... (p. 9)
- AHP leadership at strategic and practice levels will play an essential role ... (p. 10)
- Leaders’ distinctive expertise in supporting an “enabling” ethos will need to be effectively positioned and strengthened ... (p. 10)
- This National Delivery Plan calls for AHP leadership to be more visible and accountable at the highest levels within NHS boards and local authorities.
- Robust leadership from AHP directors and AHP service leaders will be required ... (p. 10)

AHP strategic leadership:
- AHPs will work increasingly to transform well-being and recovery, promoting prevention, earlier diagnosis and reducing unnecessary referrals and admissions to hospital and care by working “upstream” and supporting early years development to strengthen user and carer capabilities and assets in the communities they serve. (p. 10)

The National Delivery Plan for the Allied Health Professions in Scotland:
- This National Delivery Plan will help to maximise AHPs’ contribution and effectiveness by:
  - empowering strong professional leadership
enabling the development of integrated teams across health and social care ...

- developing innovative new models of care and fully utilising innovation in health technology
- creating added value beyond health ...
- providing ... solutions ... within a reducing financial envelope
- strengthening partnerships with the third and independent sectors and other agencies. (p. 11)

- ....applies to all AHPs in Scotland, ... (p. 11)
- ... focuses on the period 2012−2015 and provides a strategic platform for future AHP activity. (p. 11)
- (Jacqui Lunday) will be working with AHP leads and others to develop appropriate resources for this purpose [to support implementation]. (p. 11)
- Fundamentally, the Delivery Plan defines the future vision for AHPs and the services they deliver. (p. 12)

Moving forward together:

- AHPs strongly support the Association of Directors of Social Work (ADSW) position statement on integration, which states that “a better outcome for individuals should become a common ethos”. ... early intervention, personalised care, power, choice and control for individuals, supporting and empowering communities and carers, seamless pathways of care, equitable access and an evidence-based approach to best value and preventative spend should be our priorities. (p.12)
- AHP directors and leaders will want to work closely with their social care colleagues and other professional leaders to ensure that these principles underpin local joint commissioning and planning of services, ... (p. 12)

Opportunities and challenges:

1. **NHS boards and local authorities will develop local implementation plans identifying how they intend to deliver and evidence the outcomes of the National Delivery Plan for the Allied Health Professions in Scotland.** (2012)

2. **The Chief Health Professions Officer will lead annual reviews of progress against local implementation plans.** (ongoing, annually)

1. Professional leadership to drive innovation and delivery

Quotes SLTs should know about:

- Doing things differently ... requires new ways of working and new ways of thinking. It calls for leadership styles that cut across silos and organisations and address the “here-and-now” issues. The output will be “enabling” services that support people in their own homes and communities through teams that are shaped to work in a truly integrated way. (p. 13)
• [AHPs’] visibility and accountability for delivery of organisational priorities needs to be strengthened through a new and innovative approach to leadership. This will support AHP directors and designated leads of AHPs to have a locus of influence across HSCPs and drive key elements of the nationally agreed outcomes for integration of health and social care services and other national policy directives. (p. 13)

• [AHPs] need to be working as equal partners alongside their social work, nursing and medical director colleagues towards a common purpose of improving outcomes for people who use services, their families and carers through excellence in professional leadership and practice. (p. 13)

Opportunities and challenges

1.1 AHP directors and directors of social work should work together to strengthen and embed professional leadership and governance infrastructure for AHPs working across health and social care to enhance integrated service delivery and outcomes for people who use services. (2014)

1.2 AHP directors and AHP leads within community health care partnerships (CHCPs) (and the new HSCPs as they emerge) will provide professional leadership to strengthen the development of "enabling" services, including rehabilitation and reablement, across health and social care. (2014)

1.3 AHP directors, with support from NHS Education for Scotland (NES) and the NHSScotland Quality Improvement Hub, will further develop AHP capacity and capability in leadership and quality improvement methodologies to improve the quality of care within agreed priority areas. (2014)

2. Reshaping care and enabling independent living

Quotes SLT should know about

• Scottish Government, the Convention of Scottish Local Authorities (COSLA) and other key stakeholders are working together to develop nationally agreed outcomes for integration of health and social care services. (p. 15)

• Scotland’s AHPs can and should make a significant contribution to reducing unnecessary hospital referrals and admissions and to preventing over-reliance on professional interventions in the future. National guidance on Maximising Recovery & Promoting Independence: intermediate care’s contribution to reshaping care, a framework for Scotland describes some of this work ... (p. 15)

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[AHPs] can be pivotal in creating a paradigm shift away from professional dependency towards resilience and an asset-based approach that builds personal capabilities and community resilience. (p. 15)

AHP interventions can significantly reduce unnecessary admissions to hospital (through AHP services being based in accident and emergency departments, for instance) and reduce dependency on care services (through integration of rehabilitation and homecare services). (p. 15)

AHPs have always worked across health and social care sectors and organisational boundaries to focus on the needs of people who use services, their families and carers. ... (p.16)

Telecare/technology will play an increasingly important role in supporting older people ..., particularly those with dementia. (p. 16)

Scotland’s National Dementia Strategy\(^5\) ... is a key part of the wider agenda on reshaping care for older people and the delivery of an integrated system of health and social care services across Scotland. (p. 16)

[AHPs] are well-positioned to lead on reablement, early and post-diagnostic intervention but will need support to build capacity and capabilities in and across sectors to enhance care pathways for people who use services, their families and carers. (pp. 16-7)

Improving post-diagnostic services is enshrined in a national commitment ... guarantee a minimum of a year’s dedicated support for those diagnosed with dementia, their families and carers, coordinated by a named person. (p. 17)

Opportunities and challenges

2.1 AHP directors will work within their NHS boards to ensure dedicated AHP support is established within emergency admission services, in line with best practice for emergency care\(^6\) ..., to prevent unnecessary admissions to hospital. (2014)

2.3 AHP directors will work with directors of social work and their NHS boards to maximise the AHP contribution to achieving delayed discharge targets and reduce overall length of stay in hospital, which will support the delivery of the legal treatment time guarantee.\(^7\) (2014)

2.4 AHP directors will work with directors of social work to support older people and those with disability and complex needs to live independently in their own home/homely setting for as long as possible, delaying or reducing admissions into institutional care. (2015)

2.5 AHP directors will work with directors of social work to reconfigure "enabling" services, such as rehabilitation and reablement, to deliver best

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\(^7\) Patient Rights (Scotland) Act 2011: [http://www.scotland.gov.uk/Topics/Health/PatientRightsBill](http://www.scotland.gov.uk/Topics/Health/PatientRightsBill)
value and enhance care experiences for people who use services and their families and carers. (2015)

2.6 AHP directors and AHP leads in local authorities, working in partnership with Alzheimer Scotland, will work to ensure the multisectoral delivery of early intervention and post-diagnostic support for people with dementia and their families and carers, in line with the national commitment.8 (from 2013 onwards)

3. Improving health and well-being

Quotes SLTs should know about

- "Taking an asset-based approach involves mobilising the skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and deficits. The approach aims to empower individuals, enabling them to rely less on public services." NHS Health Scotland (2011)9 (p. 19)
- ... many [AHPs] are involved in health screening, health promotion, public health, social inclusion and participation initiatives (p. 19)
- [AHPs] are also involved in health improvement activity across areas of national priority, such as cancer and mental health services. (p. 19)
- [AHPs] provide support throughout the cancer journey, including rehabilitation after surgery, radiotherapy and chemotherapy and when palliative care services are accessed. (p. 19)
- Realising Potential10 doesn't ask AHPs to do extra: it asks AHPs to do differently. The work carried out under Realising Potential has achieved many successes ... including the establishment of AHP leads for mental health across all NHS boards. AHP directors will wish to continue supporting these leaders and strengthen their role in ensuring full delivery of the 12 recommendations of Realising Potential. (p. 19)
- Now, more than ever before, AHPs must use each and every consultation as an opportunity to improve people's health and well-being. The AHP–individual relationship is built on engagement and trust. This allows AHPs opportunities to interact with individuals on issues that are important to their general health, such as physical activity, good nutrition, ... (p. 20)

• AHPs are recognised as being among the principal groups of professionals who can make accurate functional capacity assessments, intervene through vocational rehabilitation activities as part of treatment and recovery and

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8 A guaranteed minimum of one year's post-diagnosis support coordinated by a skilled named person. 
9 NHS Health Scotland (2011) Asset Based Approaches to Health Improvement. 
http://www.scotland.gov.uk/Publications/2010/06/15133341/0
advise colleagues, the individual and the employer on reasonable adjustments for rapid and successful return to work. (p. 21)

- AHPs are experienced and competent in working in teams across partnerships with social care, education, third and independent sectors. They will also need to ensure the communication needs of people who use services, their families and carers are effectively met and to mainstream best inclusive communication practice throughout AHP services and across health and social care more generally. (p. 21)

Opportunities and challenges

3.1 AHP directors will work with primary care leads, GPs and across their NHS board to support enhanced pathways in primary care which maximise AHP expertise as first-point-of-contact practitioners to improve the care experience and reduce unnecessary referrals to secondary and unscheduled care. (2014)

3.2 AHP directors and AHP leads in local authorities will work in partnership with the third and private sectors, as well as other agencies, to enhance community capacity building and support early interventions as part of the implementation of the asset-based model and redesigning “enabling” services. (2013)

3.3 AHPs from health and social care will ask people who use their services about their work status as an essential component of their consultation and will initiate support to individuals to enable them to remain in or return to work. (2013)

3.4 AHPs from health and social care will use each consultation as an opportunity to improve overall health and well-being with people who use their services, focusing on issues such as physical activity, nutrition and mental well-being, and including signposting to relevant resources. (2014)

4. Supporting early years

Quotes SLTs should know about

- AHPs have a significant responsibility in relation to services for children and ensuring that children have the best possible start in life. AHPs within children and young people’s services focus upon maximising a child’s potential, which is embedded in the Getting it Right for Every Child principles and the Early Years Framework. The AHP approach must therefore be comprehensive and holistic to facilitate social and health outcomes: essential to this is working in partnership with parents, families, education partners and other health care professionals and ensuring early and consistent access to AHPs within multidisciplinary teams. (p. 23)

- The objective of the Early Years Change Programme is to accelerate the conversion of the high-level principles set out in the Early Years Framework into practical action. The expectation is that all partners will:
• consider how they can support universal services to deliver better outcomes for children in their early years and their families
• raise public awareness of the significance of the early years to children’s healthy development and consider how they can build the capacity of families and communities to secure better outcomes for themselves
• deliver tangible improvement in outcomes and reduce inequalities for Scotland’s vulnerable children
• put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention
• sustain these changes. (p. 23)

• ... visible and effective professional leadership is essential to ensuring that AHPs remain empowered to deliver child- and family-centred approaches across all settings. (pp. 23-4)

• The need to assure children and young people’s equity of access to AHPs is imperative and the work in establishing core services needs to be built upon. In particular, it will be essential to reduce the unnecessary variation in waiting times for AHP treatment between children and adult services and bring the former in line with the national guidelines on New Ways of Defining and Measuring Waiting Times 11 .... Significant transferable learning should be drawn from work undertaken in child and adolescent mental health teams on the delivery of national waiting times over the last two years. Considerable local support and leadership will be imperative to ensure equity and consistency in improving access for children’s services. (p. 24)

• An integrated system of self referral will be of significant benefit to children and families and it is imperative that robust and equitable triage and demand management systems are also established to ensure that children can access the right services at the right time and from the right practitioner. (p. 24)

• Strong leadership is needed to support this [see previous quote] and the shift away from a predominantly "specialist" approach, following referral by another health care or education colleague. The appointment of an AHP lead for children and young people’s services in several NHS boards has already made an impact on the implementation of Getting it Right for Every Child, integrated working and service planning. This inclusive model should be adopted by all NHS boards to support the sustainable development of AHP children and young people’s services across all allied health professions. (p. 24)

• In particular, consideration should be given to how to support children with communication difficulties to access the curriculum and to achieve their full potential through partnership approaches and creative working across agencies, including justice. The ability to communicate and connect with people is a vitally important life skill and is key in supporting educational attainment. Children’s social and personal development and emotional and behavioural control can significantly impact on their quality of life, life experience and life chances. (p. 24)

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• Many young people who encounter the justice system as a result of offending behaviour have existing speech, language and communication difficulties; it is clear that there can be a connection between such difficulties in early years and the social and behavioural impact in later life. This important work should be reflected in the AHP children and young people’s service plan set out in Action 4.1. (p. 25)

• The implementation of the Augmentative and Alternative Communications (AAC)\textsuperscript{12} ... programme in partnership with local stakeholders should also be supported by professional leaders in speech and language therapy. (p. 25)

Opportunities and challenges

4.1 AHP directors will work with AHP leads for children’s services and AHP leads in social care to develop a transformational children and young people’s service plan to meet the evolving needs of this care group and to provide an equitable and sustainable national model that reflects the early years agenda and the move towards integration of health and social care. (2014)

5. Maximising workforce engagement and development

Quotes SLTs should know about
• The Cabinet Secretary for Health ... has agreed to the development of an NHS workforce initiative in the summer of 2012. Work is currently underway to support the development of this 20:20 workforce vision and AHP directors need to engage fully with this initiative . . . AHP directors will therefore wish to be involved with the three emerging work streams of the 20:20 workforce vision: leadership and capability; modernisation and capacity; and staff governance and engagement. (p. 26)

• The AHP Workforce Planning Project was commissioned by the Chief Health Professions Officer to scope the AHP workforce in the community and primary care, to identify current workforce issues and to make recommendations about future workforce development needs. The key recommendations of the report include:
  o the need to define appropriate AHP national waiting time targets
  o AHPs should develop more partnership working with general practitioners to ensure early and direct access
  o AHPs need to continue to develop capacity to match future service demands, including flexible working and the shift from acute to community
  o the need to review and update Scottish Workforce Information Standard System (SWISS) AHP workforce data to increase the validity of workforce location of service delivery data. (p. 27)

• The AHP workforce planning report will be published in late 2012. (p. 27)

\textsuperscript{12} Scottish Government (2012) A Right to Speak: supporting individuals who use augmentative and alternative communication.
http://www.scotland.gov.uk/Publications/2012/06/8416/0
• It is now important to develop the AHP workforce at all levels to underpin sustainable and affordable services by strengthening advanced and consultant-level practice and introducing assistant and assistant practitioner roles ... (p. 27)
• The Scottish Government will continue to work in partnership with NHS Education for Scotland (NES) to maximise educational opportunities for the AHP workforce. (p. 27)
• All services need to be safe, effective and person centred and service redesign needs to involve both people who use services and, where possible, a health economic analysis as part of its evaluation. ... we must commit to demonstrating the impact that our improvement work delivers for both the individual user and the organisation ... (p. 27)
• Work with NES to develop an AHP data platform to provide ongoing intelligence and analysis on the AHP workforce will continue. This will assist AHP directors to undertake annual workforce modelling, enabling the projection of AHP workforce requirements to meet service needs. (p. 28)
• AHPs in Scotland have experienced significant review and restructuring of their services. ... This work needs to continue and develop further to identify AHPs’ contribution to greater efficiency and productivity and explore how AHPs can ensure appropriate and flexible delivery of services beyond traditional patterns of working. This is particularly relevant to "key" or essential AHP services supporting diagnostics, treatment of at-risk individuals, preventing admission to hospital/rapid response, supporting patient flow and enabling timely and safe discharge from hospital. (p. 28)
• The Releasing Time to Care Stocktake Report (Health Improvement Scotland, 2012)\(^\text{13}\) showed that AHPs are starting to implement and benefit from this improvement programme. Implementation of the ... report will support AHPs to further reduce waste, increase productivity and release time to improve the quality of services and meet increased demands. (p. 28)
• ... this National Delivery Plan seeks to move closer to a 70% community/30% acute care split and accelerate the pace of change towards the sustainable delivery of community AHP services. It has been recognised that this community focused approach needs to be balanced with the continued delivery of "key" and essential AHP services within the acute setting ... (p. 28)
• AHP directors and AHP professional leaders will therefore need to explore and challenge models of practice that are at odds with this approach and develop supporting evidence around service impact. They will also need to work closely with directors of strategic planning to develop a robust plan that will enable this shift towards "upstream" service delivery to take place in a measured way, appropriate to local need and context. (p. 29)
• The Scottish Government will also work in partnership with AHP directors and the AHP Federation Scotland to develop a consensus statement on AHP quality standards in Scotland in 2013. (p. 29)

Opportunities and challenges

5.1 AHP directors and AHP leads in local authorities will drive modern and productive working practices and undertake a review of existing working practices with a view to promoting efficiency, productivity and flexibility, with implementation of findings. This will include implementation of the recommendations in the Releasing Time to Care Stocktake Report. (2014)

5.2 AHP directors will work within local planning arrangements to develop and drive implementation of a robust plan for delivering the shift towards increased AHP community-based activity. (2015)

5.3 AHP directors will work in partnership with analytic and research colleagues to grow the health economic base for AHP interventions across health and social care services. (2014)

5.6 AHP leaders across health and social care will lead innovation and improvement in the quality of their services, underpinned by data gathered from people who use services, their families and carers, to improve outcomes and demonstrate service impact. (2014)

6. Driving improvement: delivering sustainable quality

Quotes SLTs should know about

- AHPs have a significant contribution to make to quality improvement and to preventative spending … (p. 31)
- AHPs …should … lead on developing and testing new models of rehabilitation, which may radically change the way AHP services are delivered. (p. 31)
- The vision for Scotland is to ensure that telecare, telehealth and the use of technology are integral parts of providing equitable access to high quality, safe and effective services, including the provision of advice and information to support self-management through a range of care options remotely via telephone, mobile phone, digital TV and broadband. (p. 31)
- AHPs now need to escalate their use of technology. To avoid duplication and unnecessary effort, AHPs should use existing advice and information resources developed to support people living with a range of conditions and problems that are provided through NHS 24’s technology platform. (p. 32)
- NHS 24 appointed an AHP director to lead and develop the AHP technology agenda and an AHP strategic framework was subsequently published (NHS 24, 2010). It sets out a clear direction of travel that aims to transform services and working practices through use of technology … (p. 32)
- The Self-directed Support Bill is passing through the Scottish Parliament and will enshrine in law … the principle of the "right to choose" for everyone eligible for social care. … including taking a direct payment and having a high level of control, or asking the local authority to arrange a package of care and support on their behalf. Critically, the Bill will impose a duty on local
authorities to ensure that the choices people make are actioned and that they fully understand the options before making their choice. (p. 33)

- There is no policy to introduce personal budgets for clinical care, but NHSScotland has a significant role in facilitating jointly funded health and social care packages and in supporting the very large group of people who are recipients of both health and social care services. (p. 33)

- Better Together, Scotland’s patient experience programme, collects annual data on the experiences of people who use services, their families and carers in hospitals and in communities to underpin a better understanding of the health care experience. AHPs are gathering local information on user and carer experiences using Emotional Touch Points or Talking Points and have also begun using the Consultation and Relational Empathy (CARE) measure: this has been validated for AHP use and reflects the presence of empathy and engagement for the user in their consultation/clinical encounter. (p. 33)

- Enhancing carer support is a key strand of the commitment to use the Change Fund effectively across health and social care services. AHPs are already doing much in this area, but they will be able to evidence their effectiveness and impact and support ongoing service improvement by using tools to measure user and carer experience and engagement. AHP leaders of health and social care teams will drive improvement locally, strengthening the connection between quality improvement for people who use services, their families and carers and the collection of data to demonstrate outcomes and service impact. (pp. 33-4)

- AHPs must embrace the opportunity to learn and use skills and techniques around improvement science to identify areas for greater efficiencies to ensure high quality, effective services are delivered. This will include a reduction in unnecessary variation, improved services and a consistent approach to waiting times. (p. 34)

Opportunities and challenges

6.1 AHPs across health and social care services will monitor the quality of AHP service delivery, including user experience, by implementing the national data set and using quality measures/dashboard agreed for national and local reporting, particularly in relation to the nationally agreed outcomes for integration of health and social care services. (2013)

6.2 AHP directors will drive the delivery of AHP waiting times within 18 weeks from referral to treatment, inclusive of all AHP professions and specialties...with a target of 90% by December 2014. ...no more than 4 weeks for AHP musculoskeletal treatment within the same period. (2014)

6.3 AHP directors will drive the expansion of self referral to all therapeutic AHP services (not diagnostic) as the primary route of access. (2015)

6.4 AHP directors and leaders in social care should work collaboratively to significantly increase the utilisation of telecare and telerehabilitation as an
integral approach to "enabling" services development, implementing pulmonary rehabilitation roll out as an exemplar model. (2014)