Allied Health Professionals: Key Players in Transforming our Health and Care Services

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King’s Fund AHP Conference 9th December 2014
If anyone is tweeting or wanting weblinks

› This event #kfahps
› @mancunianmedic
› @thekingsfund
› @gerisoc
› @NHSBenchmarking
› @thecsp
› @BAOTCOT
› www.bgs.org.uk
› www.kingsfund.org.uk
› Content from conference on line shortly

The King’s Fund
BGS would love to involve more AHPs
Let’s hear it for allied health professionals

8th August 2013  |  Comments: 21

Reflecting on our recent paper on the NHS and social care workforce, modern health care is a team venture. It is impossible to deliver effective care without the crucial contribution of highly trained allied health professionals (or AHPs).

I look after older people with complex needs for a living. Alongside multiple co-morbidities, many have social vulnerability, functional impairment or communication difficulties which complicate the acute problem they presented with. This is the reality of modern hospital case-mix. Both Francis inquiries recognised that it was the care of such frail older patients that had caused most concern.

I know I can’t do a ward round or be on call without drawing on the knowledge of AHPs constantly. In my clinical care of older people, I find...
From My King’s Fund Blog on AHPs

“I know I can’t do a ward round or be on call without drawing constantly on the knowledge, skills and support of Allied Health Professionals”
Some of my Royal Berks colleagues (other AHP disciplines equally important but more camera shy & harder to track down)
From NHS Careers website. The AHPs

- Arts, drama, music therapists
- Chiropodists/podiatrists
- Dieticians
- Occupational Therapists
- Orthoptists
- Orthotists
- Paramedics
- Physiotherapists
- Prosthetists
- Radiographers
- Speech and Language Therapists
Policy drivers – AHPs should have key role in leading and delivering change

- Ageing population
- Prevention (Primary and Secondary)
- Multiple co-morbidities, frailty, dementia, disability
- Integration inc Multidisciplinary Locality Teams
- Urgent Care Crisis
- Care co-ordination
- Better care for hospital inpatients
- Delayed transfers
- Intermediate care, inc crisis response, “discharge to assess”
- Response to Francis Report
- Better Care Fund
- New models of care in five year forward view
- Including Nursing Homes
- Care Act
In “public conversation” & media

- It's all about doctors (powerful)
- Nurses (strength in numbers)
- Social care rarely mentioned and poorly understood
- AHPs & other related professions rarely mentioned
- This has to change
- Especially in planning and training future workforce
AHPs crucial at every stage

1. Age well and stay well
2. Live well with one or more long-term conditions
3. Support for complex co-morbidities/frailty
4. Accessible, effective support in crisis
5. High-quality, person-centred acute care
6. Good discharge planning and post-discharge support
7. Effective rehabilitation and re-ablement
8. Person-centred, dignified long-term care
9. Support, control and choice at end of life
10. Shift to prevention and pro-active care

From Oliver, Foot, Humphries Kings Fund 2014 “Making Health and Care Systems fit for an Ageing Population”
Mrs Andrew’s Story  *(HSJ Commission November 2014)*

- Illustrates the vital AHPs play
- Please watch actively
- [https://www.youtube.com/watch?v=Fj_9HG_TWE](https://www.youtube.com/watch?v=Fj_9HG_TWE)
- And reflect at each stage, what could/should have happened differently?
- And how AHPs *did* contribute or *could have* contributed?
- Version 2 is now available on youtube with some of the answers
Comprehensive Geriatric Assessment

“A multidimensional, interdisciplinary diagnostic process to determine the medical, psychological and functional capabilities of a frail older person, assess their environment and social support, in order to develop a co-ordinated, integrated plan for treatment and long-term follow-up”

Stuck et al
CGA meta-analysis

- 22 Trials Vs Usual Care for people presenting acutely to hospital
- 10,315 Patients
- 6 Countries
- 25% more likely to be living at home at 6 months
- 16% more likely at 12 months
- 24% less likely to be in residential care at 6 months
- 22% less likely at 12 months
- Best results for ward-based specialist-led team
Unblocking a hospital in gridlock

South Warwickshire NHS Trust's experience of the Flow Cost Quality improvement programme

Improving the flow of older people

Sheffield Teaching Hospital NHS Trust's experience of the Flow Cost Quality improvement programme
Despite my being a big AHP fan.... A critical challenge.

> Could be better **self-advocates** – celebrating what you offer and getting that wider attention
  > *Strength in numbers?*
> Ensuring that when **workforce** is planned, AHPs never an afterthought
> In the vanguard of offering **solutions to wicked problems** “what about us”?
  > *e.g. many of key issues raised in Francis & response concern nutrition, loss of function, discharge*
> **Role flexibility** in future workforce
> Sometimes responsible for convoluted **system rules**, **hand-offs**, duplication of assessment/referral
> **Academic** and research presence and contribution to **training** of other disciplines

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Thank you and enjoy the rest of the day.

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