A RAPID REVIEW AND SELECTION OF EVIDENCE-BASED EXAMPLES OF AHP CONTRIBUTIONS TO PUBLIC HEALTH

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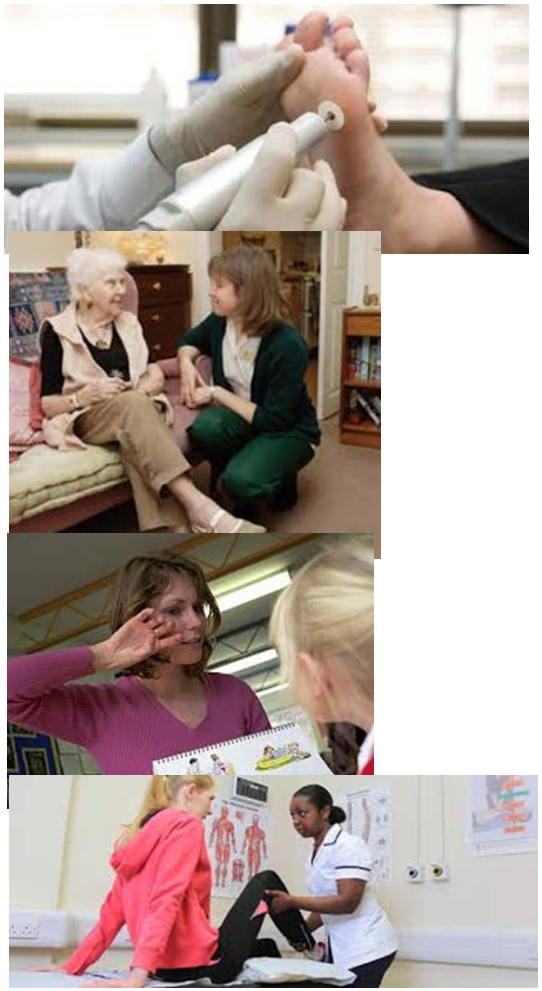
WIDENING THE PUBLIC HEALTH WORKFORCE



- 172, 686 Allied Health Professionals (AHPs) with potential to contribute to prevention and health improvement
- Mapping the evidence to identify areas where interventions could have greater impact and spread
- ***"The allied health professions are a group with the enthusiasm, expertise and opportunity to contribute to improving the health and wellbeing of the public. "***

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Royal Society for Public Health (2014) Rethinking the Public Health Workforce
https://www.rsph.org.uk/en/policy-and-projects/areas-of-work/wider-public-health-workforce/

METHODS

The study used several methods to identify evidence of interventions by AHPs that contribute to public health

Many AHPs do not regard their interventions as public health

Knowledge about population impact /prevention and public health was needed to support the study.

AHPs to identify the current evidence base for interventions in public health.

- **a rapid review of the literature;**
- **a survey of AHP practitioners.**
- **a consensus method to select evidence-based AHP interventions**

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Rapid Review

Profession	Screening			
	All results - no duplicates for each profession	Post title screening	Post abstract screening	Post full text screening (data extracted)
Allied health professionals	89	19	all	0
Art therapists	3	2	2	1
Dieticians	187	109	76	33
Dramatherapists	1	0	N/A	N/A
Music therapists	7	6	4	3
Occupational therapists	131	111	71	26
Orthoptists	6	5	4	4
Paramedics	60	17	8	5
Physiotherapists	181	79*		56
Podiatrists	29	23	18	8
Prosthetists/Orthotists	6	6	5	1
Radiographers	45	22	10	8
Speech and language therapists	119	24	19	16
N/A = not applicable				
* title and abstract were screened together				

The rapid review was confined to publications since 2009 and identified 864 papers of potential interest and

the grey literature search yielded an additional 414 resources. After screening for relevancy, data was extracted from 161 papers. These were screened by profession and for relevance.

CONSENSUS OF EXPERT AHPS

Does the Intervention offer.....	Me
Primary prevention with detection -Does it measure performance in terms of population outcomes	egion: detection rates , rates , patient health
Secondary prevention and risk management - Does it demonstrate outcomes measures of health improvement	Performance measures; conveyance rates, advisory/ self- management outcomes, th me measures TOMs, BMI, Qu levels for community engagem
Service quality and innovation- Does the service demonstrate service effectiveness	How services build lea of AHPs to promote publ commissioning collab
Measures of quality of life outcomes	Performance data demon ibution enhanced health outcomes ac and agencies
Service integration for patient-centred care (Is the service delivered as part of an integrated care model)	No m AHP need to identify how to rep n achieved with patient rep tcomes in each service
User experience of interventions	Metrics a h CQUIN data and patient experience within the service to demonstrate how AHP intervention results in health out
Access and equality of access - Does the AHP service provide access to all patients	Organisational measures to to AHP services across s population
Optimal activity and participation - Does the intervention demonstrate quality of co-production	Measures of quality and cost outcome demonstrating co-production and efficiency and is a community engaged in planning and improvement

Prevention as a purpose of AHP intervention

Measures of service effectiveness and impact

Engaging with users and populations

Measures of access and equality of uptake

Agreed criteria for assessing effectiveness of the intervention as a contribution to public health

SURVEYS

- **A survey was designed and distributed to 1200 AHPs members of the CHAIN Network (Contact, Help, Advice and Information Network)**
- *There was a 25% response rate which exceeded expected participation and covered 11 of the 12 professions.*
- ***A listening exercise was held with the public via Healthwatch***
- *The public trusted AHPs but saw access to services as a limitation*

Vicky Johnston, a Physiotherapist, working in the North West, and her colleagues, provide exercise interventions (classes, circuits, 1:1) for people at risk of falls, and for people with long term conditions especially Parkinson's disease and frailty. Their public contribution includes promoting physical activity, healthy ageing, and reducing falls risk. The services is based on research evidence and best practice guidance and NICE guidelines.

Self-management of condition, reduction of complications, reduction in falls and injuries: They tend to use clinical/viewed performance measures such as the 'Berg', 'Timed up and Go' and 'Lindop' rather than wider data surveillance. Due to nature of patient population, many return to the service, and most are following management plans. Email withheld

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DATA COLLATED AND USED TO SELECT BEST EXAMPLES FROM LITERATURE AND PRACTICE

EXAMPLES WITH BOTH EVIDENCE OF IMPACT AND PRACTICE

- **Orthoptic led eye screening for children aged 4-5 years-** ***evidence of large scale studies with 3-4 year olds with some evidence of effect in foundation years education***
- **Radiographer led breast screening-** ***evidence suggested that screening and early intervention effected outcomes***
- **Podiatry to reduce amputation risk in people with peripheral neuropathy-** ***strong evidence of improvement with early intervention combined with lifestyle advice (MECC)***
- **Speech and language therapy interventions to improve communication skills-** ***strong evidence of improvements in behaviour, in spontaneous speech, imitative speech and language***
- **Dietetic interventions for weight management in adults and children-** ***show significant reductions in weight based interventions and effectives a as a preventative of co-morbidities***
- **Occupational therapy, physiotherapy and paramedic interventions to prevent falls in older adults-** ***use of decision tools and risk assessment to reduce hospital admissions***
- **Physiotherapy to manage incontinence-** ***interventions effect emotional wellbeing and return to work (post natal and older populations)***
- **Physiotherapy interventions to reduce musculoskeletal pain-** ***impact of physical activity and exercise to improve emotional wellbeing and reduced pain and disability in neck and shoulders***
- **Speech and language therapy to improve speech and swallowing in people post stroke -** ***strong evidence of impact and health improvement on quality of life***

DISCUSSION

- Many AHP interventions whilst not traditionally recognised as public health are contributing to prevention and health improvement.

- It is clear that knowledge about population impact is required to support changes in AHP research and practice

- The focus of AHPs has typically been on responding to an individual's condition but there are numerous opportunities to reframe the interventions and to demonstrate population benefits in early years and for older people.

- AHPs can make the case for investing in prevention to increase the focus on the determinants of health.

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THANKS AND QUESTIONS

"It’s not just what you have that is important. It’s what you do with what you have"

Michael Marmot