Allied Health Professionals: Can we measure quality of care?

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QualityWatch

Some questions

1. How do we define ‘quality’ of health and social care?
2. What is the QualityWatch approach?
3. What can we measure about the quality of care delivered by AHPs?
4. What could we do with more data and information?
How do we define "Quality"
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Bigger picture: Challenge of assessing quality

• Quality is multidimensional – does not easily fall into a handful of simple measures.
• Danger of focussing in what's measured and missing the point.
• Quality will vary between areas where services are provided, and vary over time.
• Time lag for change to work through the systems – good quality care may not be immediately visible.
Our approach to "Quality"
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What is QualityWatch?

**Under pressure**

Over the next decade, health and social care services face major challenges on **3 fronts:**

1. **Limited funding**
2. **Rising demand**
3. **A challenging agenda for improvement**

**monitor & comment on changes over time**

highlight areas for improvement & incite action

contribute to improving measures of quality
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How do we do this?

Indicators

Focus On reports

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## The "Quality" in QualityWatch

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<th>Domains/sectors</th>
<th>Primary &amp; community</th>
<th>Mental health</th>
<th>Population &amp; commissioning</th>
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How do AHPs fit into this bigger picture?
Why AHPs?

- AHPs are a sizeable part of the NHS – estimated staff costs of over £2 billion, more than 1 in 20 of total NHS staff are AHPs. They also work beyond NHS in local authorities, private and voluntary sectors.

- Key workforce for the future – integrated care, aging population and difficult financial climate.

- Rarely part of major policy debates – is contribution to care hidden, overlooked or potentially undervalued?
On the hunt for data

• Could we understand the quality of care AHPs deliver using the QualityWatch framework
• Used national and readily available datasets to measure slices of quality
• Consulted with AHP groups for a broader understanding of quality of AHP care
• Highlighted opportunities where more consistent and comparable data could improve understanding
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What did we find?
Growth in FTE AHPs working in NHS in England, however bigger rise in registered AHPs in UK
AHPs one of the biggest providers of OP appointments ~ 10%, over 50% attended by people aged 61 and over

Distribution of AHP outpatient episodes by age and sex, 2012/13

Source: Analysis of Hospital Episode Statistics data: Health & Social Care Information Centre, 2014b
Generally, AHPs feel positively about their roles compared to all staff.
Since AHP measures were included, compliance for access to AHPs after stroke has improved.
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We know there’s more...
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Seen but not heard

'Theogram' showing an event timeline for health and social care use for one person over a three-year period

- High-intensity social care service
- Other social care service
- Social care assessment
- Inpatient – discharge
- Inpatient – admission
- Accident & Emergency visit
- Outpatient visit
- General practitioner visit
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Our recommendations

We need consistent & comparable data on all aspects of AHP care.

In a financially constrained NHS, understanding the impact of allied health professionals will be increasingly important.
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In summary

• We use domains and sectors to look at the different aspects of quality

• QualityWatch aims to independently measure quality of health and social care over time

• We have basic data which measures key inputs to care, they are limited in covering all aspects of care

• The data we have shows a positive picture but again it is limited

• We know there is more data but it needs to be consistent and comparable to be powerful
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