“It’s the Patient, stupid…….”
(with apologies to James Carville, 1992)

Some messages on AHPs for commissioners and providers

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Patient Choice….

Tom’s story

Tom, 18 and from Dorset, lives and works on the family farm. Tom lost the use of his left side after a brain haemorrhage. With his personal health budget, he was able to rehabilitate at home, rather than in hospital. Combined with a return to physical work on the farm, this approach helped Tom’s left-side functioning improve dramatically. He returned to work six months earlier than expected.

I suffered a brain haemorrhage in May 2011 and was left with paralysis down my left side, including no feeling in my left hand. At first I had to be in a wheelchair.

After two weeks in a brain injury unit, one possible next move was to transfer me to another unit with more rehabilitation services. But I was desperate to stay out of hospital. I felt being back home on the farm would help me recover quicker. I wanted to get back to my normal life as soon as possible and to be able to attend agricultural college.

It was Ray, a healthcare case co-ordinator from Dorset Primary Care Trust personal health budgets pilot, who introduced the idea of using a personal health budget to help me recover at home.

I worked with my consultant, a psychologist and my family on a discharge plan and my care plan, to set out what I wanted to achieve. My ultimate goal was to be able to return to work full time at the farm within 18 months to two years.

An occupational therapist advised what work I could manage. Jobs around the farm, such as moving bales of hay and preparing solution for calves, would encourage me to use my left arm and hand. Fly-fishing was something I enjoyed so we listed it as an exercise because it helps with motor control, particularly when fixing bait to a hook.

“My ultimate goal was to be able to return to work full time at the farm within 18 months to two years.”

My personal health budget included funds to pay for 30 hours per week of support from a personal assistant. Because of our remote location and that I preferred to have someone who knew me and the work on the farm, we employed my sister.
NHS Commissioning Assembly...

• “….as clinical commissioners we need to understand the outcomes that matter most to people in our communities – these “citizen outcomes” should guide our decisions….”
The Policy Case for Commissioning AHP Services in England......

- The NHS Mandate
- The NHS Outcomes Framework
- Everyone Counts: Planning for Patients 2014/15 to 2018/19
- Patient Choice
- ‘Intelligence’ Based Commissioning Models & Approaches
- The Five Year Forward Five (October 2014)
The Future NHS

The Forward View identifies three ‘gaps’ that must be addressed:

1. **Health & wellbeing gap**
   - Radical upgrade in prevention
     - Back national action on major health risks
     - Targeted prevention initiatives e.g. diabetes
     - Much greater patient control
     - Harnessing the ‘renewable energy’ of communities

2. **Care & quality gap**
   - New models of care
     - Neither ‘one size fits all’, nor ‘thousand flowers’
     - A menu of care models for local areas to consider
     - Investment and flexibilities to support implementation of new care models

3. **Funding gap**
   - Efficiency & investment
     - Implementation of these care models and other actions could deliver significant efficiency gains
     - However, there remains an additional funding requirement for the next government
     - And the need for upfront, pump-priming investment

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Implementing New Care Models

- To deliver new care models we need a new type of partnership between national bodies and local leaders.
- Working with local communities and leaders, NHS national bodies will jointly develop:
  - Detailed **prototyping** of new care models
  - A shared methodology for assessing the **characteristics of health economies**
  - National and regional **expertise and support** for implementation at pace
  - National **flexibilities** in current regulatory, funding and pricing regimes
  - A new investment model to help ‘**pump-prime**’ and fast-track the new care models
Delivering Innovation and Change

To deliver the scale and pace of change required we will also take steps to:

1. **Align NHS leadership**
   For example, by moving towards a joint way of assessing and intervening in challenged health economies.

2. **Develop a modern workforce**
   Designing and commissioning new and more flexible roles to support the future NHS.

3. **Exploit the Information Revolution**
   To provide transparent data, develop services that care digitally delivered and use data to improve the NHS.

4. **Accelerate innovation**
   Developing new methods for innovating such as ‘test bed’ and ‘new towns’, as well as testing innovations through trials and evaluations.
Commissioners are sighted on what “citizens” want.

...but if we stop and think about the real drivers of a healthy and happy life, we see that they reach far beyond the traditional boundaries of a clinician or the NHS.

For ideas from the Task and Finish Group on how to think differently about improving some of these ‘citizen outcomes’ see Annex B.

Higher income is associated with greater well-being.

Research shows that the happiness of a close contact increases the chance of being happy by 15%. The happiness of a 2nd-degree contact (e.g. friend’s spouse) increases it by 10%.

Anxiety, depression, pessimism and a lack of enjoyment of daily activities have all been found to be associated with higher rates of disease and shorter lifespans.

Adapted from: Legatum Institute (2014) Wellbeing and Policy
How should providers respond to delivering these “citizen outcomes”?

- Ensure those with Board leadership roles fully understand the AHP workforce in their accountability
- Approach workforce planning strategically in conjunction with CCG or Area Team commissioners & LETBs
- Move away from easy stereotypes of just more ‘doctors and nurses’ to ensure workforce has richness and depth of competencies that deliver ‘citizen outcomes’
- Using Organisational Development approaches to fully engage with the existing AHP workforce & their professional bodies to develop both responsive services & multi professional leadership
- Share, spread & celebrate AHP innovation
And what of AHPs in this?

In 2012/13 allied health professionals provided 7.5 million outpatient appointments. That’s 9.9% of all appointments.

See our latest AHPs research at: www.qualitywatch.org.uk/AHPs

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Future Workforce Commissioning

In 2013 there were 64,377 allied health professionals working in the NHS in England and 172,686 registered AHPs in the UK.

See our latest AHPs research at: www.qualitywatch.org.uk/AHPs
Defining the impact for commissioners and providers of the AHP workforce.

• Three Fundamentals AHP’s deliver and one ‘must do’:
  ➢ Effectiveness
  ➢ Enterprise
  ➢ Entrepreneurship
• ……and Economic Evaluation.