


AHP Strategic Plan – Update – Jan 2024


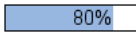
<p>IJB SP 9.01</p>	<p>Improve system-wide tiered approach to accessing specialist clinical assistance across AHP services.</p>		<p>January 2024</p>		<p>75%</p>	<p>New Front door UHA posts with OT, Dietitian, SLT and Physio to improve patient flow and turn services users around as early as possible for rehab in community and prevent lengthy hospital stays</p> <p>Speech and Language Therapy:</p> <ul style="list-style-type: none"> -Additional staff appointed and evidence of reduced waiting times as a result -Innovation funding applied for to further reduce waiting times <p>Physiotherapy:</p> <ul style="list-style-type: none"> - Recruiting to Admin resource to release clinical time and improve pathways - Appointment of Clinical lead Physiotherapy post in Stroke to improve provision of stroke rehabilitation within community and provide in-reach into stroke rehabilitation unit in order to support individuals on discharge. The post is working well -Additional community rehabilitation posts for Speech and language therapy and Physiotherapy. Joint triage of referrals within community rehab team and with Intermediate care team resulting in waiting times significantly reduced --Physio staff have been appointed and are at new substantive workforce, longest waits and total number waiting significantly improved. This would have been better still if no vacancy within the band 5 rotation and if the community team hadn't had to cover some absences and vacancies within in patients. <p>Dietetics:</p>
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					<ul style="list-style-type: none">-Assistant practitioner Roles within Dietetics to improve access now in post.-A new service for diabetes prevention (TDR) and improved referral pathways to diabetes prevention and weight management services <p>Podiatry:</p> <ul style="list-style-type: none">-Teams have increased capacity within teams and streamlined access routes which removed multiple mailboxes consequently reducing delays and improving access. All referrals now come via community team and triage improved.-Work with acute colleagues to develop treatment pathways and admission criteria for patients with complex diabetic food disease <p>Occupational Therapy:</p> <ul style="list-style-type: none">-The Staying Ahead of the Curve Team is now well established and covering almost all GP Practices across south Ayrshire. Skill mix has been explored and successful recruitment of band 6 posts instead of band 5 vacancies as unable to recruit.- As a result of these appointments, line management and clinical supervision capacity has increased as well as contributing to service development- Band 7 OT team lead (not yet funded) working in collaboration with the HSCP and National (HIS) Focus on Frailty work, gathering impact data and promoting this sector leading project / service with very favourable outcomes to date-The Working Together service covers 8/18 GP practices across south Ayrshire. Clear evidence of early intervention and improved accessibility to OT services.
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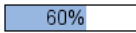
					<p>-Short term intervention demonstrating reduction in secondary care referrals and saving GP time by reducing return appointments and the signing of sick notes. Concern around the inequality of access as not all GP practices have this service as yet.</p> <p>Planning re configuration of AHP provision through acute services on pan Ayrshire with remobilisation and development of acute specialist patient pathways (Trauma and Orthopaedics, Vascular, Gastric, National Treatment Centre). Vascular surgery now at Hairmyres with Rehabilitation taking a community out-patient in-out reach approach. Team effectiveness impacted by vacancies. NTC development is paused.</p> <p>All AHP services are using blended approach using telephone, 'near me' video consultations and face to face across professions to maximise access. This varies across services however this opportunity has allowed services the ability to suit a wider range of service user needs Majority of interactions are face to face with group consultations restarted also</p> <p>All services working to improve use of data to understand and respond to changes in DCAQ and service profiling with redesign happening in some areas. Working with HSCP to improve business intelligence reporting and measurement of impact.</p>
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IJB SP 9.02	Improve access to information and opportunities for earlier assistance to		January 2024		55%	Pan-Ayrshire care home posts remain in place who will provide information, advice and early assistance to care home
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	improve health and wellbeing for individuals, families and communities					<p>staff, residents and families. SLT and Dietetic posts remain vacant</p> <p>Improving digital resources for AHP's through social media, NHS and HSCP website to increase universal reach such as the Facebook page Cardiac Rehabilitation and Pulmonary Rehabilitation. SLT website updated now</p> <p>Introduction of Healthcare Support worker posts within services to improve skill mix and create capacity within AHP teams for early intervention, health improvement and education and training of wider MDT. Complete within SLT</p> <p>Improved access within CYP SLT services via social media, helplines, videos and Apps developed and currently under review</p> <p>Ongoing development and refining of general MSK and MSK podiatry self-management resources.</p>
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IJB SP 9.03	Promote strengths-based reablement and self-management approaches across whole system		January 2024			<p>Updates from actions 9.1 and 9.2 will all promote strengths based reablement and self-management approaches.</p> <p>Both the developments of Staying Ahead of the Curve and Working Together within Occupational Therapy linking with GP practices and Multidisciplinary teams to offer early intervention and strengths based approach for adults experiencing difficulties with function due to frailty, physical and /or mental ill health and advice for families.</p> <p>The use of group sessions supports this objective also</p> <p>Community Rehabilitation team have been working with Reablement team to enhance strengths based and self-</p>
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						management approach. . This work is ongoing with service profiling examining how this can be improved
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IJB SP 9.04	Redesign models of service delivery for Specialist and Core rehabilitation services across Ayrshire and Arran		January 2024			<p>Community Rehabilitation Team (CRT) redesign work continuing considering linkages and interdependencies with ICT and Hospital at Home</p> <p>Physio staff have been appointed and are at new substantive workforce, longest waits and total number waiting significantly improved.</p> <p>Local Authority alongside OT review underway and identifying key priorities with progress made in managing caseloads</p> <p>Linking with Teams around localities and Locality plans to ensure best fit and value</p> <p>New front door posts are providing the opportunity to develop specialist patient pathways with MDT front door services/discharge teams to enable earlier intervention and faster seamless discharge from hospital</p> <p>Redesigning pathways to improve virtual rehabilitation for individuals and groups within Cardiac Rehabilitation and Pulmonary Rehabilitation. Pulmonary rehabilitation waits remain longer than desired impacted by urgent neuromuscular cases, and a persistent vacancy. New Team Lead appointed. Waiting list initiative proposal submitted.</p> <p>Redesign of podiatry workforce to streamline pathway across community and acute and improve continuity of person centred care</p>
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<p>IJB SP 9.05</p>	<p>Address the inequities relating to Healthy Weight including public health priorities undernutrition for clinical and non-clinical reasons</p>		<p>January 2024</p>		<p>75%</p>	<p>The implementation of the Dietetic Assistant practitioner Roles and Diabetes remission services within Dietetics to has improved access and freed capacity for early intervention and universal approaches.</p> <p>Capacity has been used to educate and train the multi-professional team on malnutrition screening and first line messages around malnutrition in conjunction with admin support for structured education. It took 6 months to train them in their role initially.</p> <p>Diabetes remission service now fully implemented and first cohort of recruits about to reach the 12 month mark. Results have led to remission, significant weight loss and reduction in medicines required. Recurring funding of this service is a budget pressure</p> <p>Tier 3 business plan supported by HSCP and post no recruited to and implementation of tier 3 in HSCP area is imminent.</p>
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<p>IJB SP 9.06</p>	<p>Train AHP's as non-medical prescribers leading to independent prescribing in the lifespan of this strategic plan.</p>		<p>January 2024</p>		<p>85%</p>	<p>Consultant AHP training complete awaiting registration as independent prescriber</p> <p>Advanced Stroke Physiotherapist undergoing further training for treatment of Spasticity</p> <p>Dietetic service now has 2 Dietitians qualified as supplementary prescribers. Currently the Dietitians are annotated as prescribers however ability to implement has been restricted by roles and supporting infrastructure required. Prescribing will be introduced in new front Door Role as part of advanced practice.</p>
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						3 non – medical prescribers within Podiatry trained and await impact measures
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IJB SP 9.07	Improve skill mix including advanced practitioners/first contact practitioners, and higher proportion of assistant practitioners/support workers within teams.		January 2024		75%	<p>Rehab commission phase 1 identified areas where assistant practitioners required – Some funding identified and recruitment almost complete. Additional funding from Scottish Gov and revision of skill mix in core budgets have allowed the following new roles.</p> <p>The use of Assistant practitioners in all services has increased along with the Advanced practitioners. This is allowing for a broader skill mix development within specialist areas and development of untrained staff in these areas. This drive has been due to recruitment challenges with newly qualified and specialist band 6 roles. This may be ongoing however work underway locally and nationally on recruitment and retention.</p> <p>These can be seen in:</p> <ul style="list-style-type: none"> -Team Lead for Dietetics(not filled) and Dietetic Assistant practitioner posts -Additional 2 HCSW in Community rehabilitation in post -Physio upgrade of band 2 post to band 3 HCSW in vascular. Creation of Band 4 Assistant practitioner and Generic HCSW in orthopaedics. -Physiotherapy for neuro/ stroke and Parkinsons disease. -New clinical lead Band 7 posts in SLT CYP - OT LD and Stroke posts
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