Allied Health Professionals
Service Improvement Project
Improving Quality and Productivity

98% patient satisfaction
Waiting times HALVED
£5,000 savings a week
BETTER ACCESS for high-risk patients
### Allied Health Professionals Service Improvement Project: Improving Quality and Productivity

**Title:**
Allied Health Professionals Service Improvement Project: Improving Quality and Productivity

**Author:**
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**Target Audience:**
PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, Directors of Finance, Allied Health Professionals, GPs

**Description:**
Leaflet detailing the aims of the project, the services involved and illustrating the outcomes and learning from the project. It also includes links to some of the improvement tools used and the AHP Service Improvement learning network.

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**For Recipient’s Use**
The challenge

The Allied Health Professionals (AHPs) Service Improvement Project ran from September 2009 to March 2011. It was set up to improve access to AHP services in England. For example, some waiting times were extremely long:

- 40 weeks for a children’s wheelchair
- 272 days for an insole from an orthotics service
- 18 weeks for speech and language therapy for 472 pre-school children.

The challenge was complicated by limited management information about the quality of services and limited local ownership of data.

Project governance

A team at the Department of Health was responsible for the progress and governance of the project, through a project board made up of professional stakeholders and patients and chaired by the Chief Health Professions Officer.
The strategy

The project team recruited 100 AHP services and then selected 30 of them for further support: 13 adult services, 15 children's services and 2 services for both adults and children. Each service was offered a selection of service improvement tools and techniques to maximise local ownership:

• strong local leadership – agreeing plans, setting goals and using data to foster team commitment

• changes in the skills mix – providing better access and reducing costs by identifying roles for assistants

• building patient participation – ensuring that services receive clear feedback and patients are engaged in redesign

• knowledge-sharing – discussing best practice on a social network for AHPs

• better management information – taking advantage of new methods for capturing and using data to measure and own information at a local level

• self-referral processes – allowing patients to self-refer to improve speed of access to treatment

• planning tools – adopting the Model for Improvement and the Plan Do Study Act (PDSA) cycle

• measuring patient outcome – using tools such as validated Patient-Reported Outcome Measures (PROMs) to negotiate and measure clinical outcomes.
The projects
Adult services
A. Barnet Community Services
   Musculoskeletal physiotherapy service
B. Buckinghamshire Healthcare Trust
   Physiotherapy service
C. Heart of England NHS Foundation Trust
   Physiotherapy service
D. Leicester University Hospitals
   Orthotics service
E. Lincolnshire Community Health
   Musculoskeletal physiotherapy service
F. North Tees and Hartlepool NHS Foundation Trust
   Adult therapy service
G. Northumberland NHS Care Trust
   Bathing assessment service
H. Solent Healthcare
   Musculoskeletal physiotherapy service
I. Warrington Community Services Unit
   Acquired brain injury service
J. West Kent Community Health
   Diabetic podiatry service

Children's services
K. Calderdale and Huddersfield NHS Foundation Trust
   Children’s occupational therapy
L. Cambridgeshire Community Services
   Children’s speech and language therapy service
M. Cornwall and Isles of Scilly NHS
   Children’s wheelchair service
N. Coventry Community Health Service
   Children’s occupational therapy service
O. Derby and Derbyshire Community Health Service
   Physical literacy service
P. East Kent Hospitals University
   Stroke service/Rehabilitation service
Q. Hampshire Community Health Care
   Children’s therapy service
R. Heart of England NHS Foundation Trust
   Paediatric service
S. Hertfordshire Community Health Service
   Children’s occupational therapy service
T. Heywood, Middleton and Rochdale Community Healthcare
   Children’s wheelchair service
U. Leicester City Community Health Service
   Children’s speech and language therapy service
V. Royal National Orthopaedic Hospital
   Children’s scoliosis service
W. South West Essex Community Services
   Childhood obesity service
X. University College London Hospitals
   Specialist tertiary adolescent chronic fatigue service
Y. West Kent Community Health
   Children’s speech and language therapy service

Services for adults and children
Z. County Durham and Darlington Community Health Service
   Therapy services
AA. North Yorkshire and York Community and Mental Health Service
   Wheelchair services
The outcomes

Services have undertaken quality and productivity improvements where:

• Patients are systematically consulted, for example patient groups identified access and self-referral as priorities for physiotherapy improvement

• Patient satisfaction is measured and used to inform service redesign, for example better access to wheelchairs and assessment closer to home

• Shorter waits improve patient safety, for example quicker transfer to community services from acute care

• Using a wider skills mix releases costs, for example training assistants to deliver some interventions releases £5,000 per week

• Redesigning the pathway improves access, for example patients have more routes into services using drop-ins and websites

• Engaging stakeholders reduces inappropriate referrals, for example improved access for high-risk diabetic patients.
The learning

• AHP leaders enable teams, through partnership, to build a culture of continuous service improvement

• Attention to metrics at an early stage ensures that services demonstrate impact for their organisations and for commissioners

• Preparation of a project initiation document is valuable and keeps a focus on the improvements to be achieved

• The Plan Do Study Act (PDSA) cycle is a clear and tangible planning tool for service improvement

• Whole systems change by AHPs, working across organisation and sector boundaries, improves quality and productivity

• Reporting and messaging with internal and external stakeholders are essential for maximising improvements.
Useful links

Department of Health,
Chief Health Professions Officer

www.dh.gov.uk/chpo

AHP Service Improvement Subgroup, CHAIN

http://chain.ulcc.ac.uk/chain/subgroup_resources.html#SIAHP
email: enquiries@chain-network.org.uk

NHS Institute for Innovation and Improvement

*Improvement leaders’ guides*
www.institute.nhs.uk/building_capability/building_improvement_capability/improvement_leaders’_guides:_introduction.html

*Demand and Capacity – Basic Concepts*
www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/demand_and_capacity_-_basic_concepts.html

*The Productive Series*
www.institute.nhs.uk/quality_and_value/productivity_series/the_productive_series.html

*The Sustainability Model and Guide*
www.institute.nhs.uk/sustainability_model/general/welcome_to_sustainability.html

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