

Issue 87, February 2012

www.dh.gov.uk

Gateway number: 17267

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Karen Middleton, Chief Health Professions Officer

Professionalism – the Big Conversation

I recently convened a meeting with a range of representatives (patients, professional bodies, the Health Professions Council (HPC) and clinical leaders) to discuss the issue of professionalism and professional behaviour with regard to the allied health professions. I want us to be proactive about addressing any concerns rather than reactive to something which is detrimental to patient care and which could damage the reputation of our professions. I wanted to understand whether there is any specific action we need to take collectively.

The [Mid Staffordshire NHS Foundation Trust Enquiry](#) and a number of reports by the Care Quality Commission (CQC) and others into the quality of care received by patients and their carers have stimulated my concern. There has also been a discussion at the National Allied Health Professions Informatics Taskforce about AHPs acting in a professional way with regard to informatics and digital technology. The Allied Health Professional Advisory Board debated the issue of professionalism at its last meeting too.

The HPC has commissioned Durham University to research this issue in more depth and its first report, which focuses on pre-registration training, is available on their [website](#). All the AHP professional bodies are doing a great deal of work in this area but I am keen to see what I might lead as collective action.

While the HPC and the professional bodies clearly set out the standards of behaviour expected of AHPs and there are clear processes to address problems, including the ultimate sanction of being deregistered, the group felt we need to encourage AHPs to talk about the issue of professional behaviour in a more open and constructive way. We talked about clinicians giving and receiving feedback about behaviour in the same way we discuss clinical expertise and competence. We talked about creating an environment where unprofessional behaviour is challenged immediately and constructively on an individual basis. We acknowledged the impact of the organisational culture and the significant challenges we face on our ability to behave professionally, but agreed that as professionals we must take responsibility for our own behaviour.

To that end, I am signalling the start of the Big Conversation: Have you had the conversation yet? What I am hoping is that AHPs everywhere start talking to each other about the issue of professionalism and professional behaviour – in staff meetings, walking between wards, driving to meetings and during in-service training. Wherever and whenever, start talking about professional behaviour. What you think is and is not professional behaviour, and discuss examples. See what information your professional body can provide, look at the fitness to practice cases on the HPC website and also discuss guidance on use of social networking sites – see what happens.

Just see whether we can develop an environment where giving and receiving feedback about behaviour becomes the norm. Can we create a social movement about professionalism? Let's be proactive together.

Do give me feedback on what you think and how your local conversations are going and we will endeavour to include further items in this bulletin.

One place where you can have the conversation is at this year's AHP conferences. There will be one in each of the four strategic health authority (SHA) clusters, and they will be your first chance to come together and network within your cluster. This is going to be crucial as the sectors of the NHS Commissioning Board develop and you collectively support each other with the innovation and adoption required to drive up the quality and productivity of your services.

I look forward to meeting you at these events along with the other national speakers and to working with you on your local challenges around the commissioning and provision of high quality care.

Karen Middleton
Chief Health Professions Officer

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SHA cluster AHP Conferences are GO!

Conferences will be held in each of the new strategic health authority (SHA) clusters during March. They will give AHPs the opportunity to understand fully the coming reforms to the health and care system and the opportunities they bring to maximise the AHP contribution to delivering innovative solutions.

Delegates will hear the latest news and learn from fellow AHPs who are at the forefront of the changes. The programme will cover commissioning, provider development (such as Any Qualified Provider), workforce issues and how to deliver greater productivity. There will be national speakers to set the scene and workshops where local clinicians can share experience and expertise. There will be plenty of networking opportunities and time to think and plan how best you can take your service forward into the new landscape.

National speakers will vary across the regional conferences but will include:

- Sir David Nicholson, NHS Chief Executive and Chief Executive, National Commissioning Board Authority
- Dame Barbara Hakin, National Director of Commissioning Development
- Jim Easton, National Director- Improvement and Transformation

- Karen Middleton – Chief Health Professions Officer
- And more to be confirmed

Dates and locations are:

- Midlands and the East -Birmingham, 16 March
- London -central London, 20 March
- North -Leeds, 28 March
- South -Reading 29 March

More news about the conferences will appear on the [AHP Bulletin website](#) over the coming weeks so remember to log on regularly to keep up to date.

- [Click here for full details and to register to attend](#)

If you are not already registered with the East Midlands event system, click on 'Register with booking system'. After completing registration go to the date of your cluster conference on the calendar and register for the 'AHP Conference'.

Please note: Many thanks to NHS Midlands and East for the use of their booking system. If you have any problems booking do not call the SHA, please contact the Department of Health directly on 020 7972 1740.

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Productive therapies getting results at Nottingham University Hospitals NHS Trust

Nottingham University Hospitals (NUH) NHS Trust launched its bespoke continuous improvement programme, Better for You, in 2009. Its overarching aim was to prepare the organisation to deliver the 2016 strategy of 'Being the Best' acute teaching trust in the country by 2016, and its primary objectives were:

- To deliver transformational change programmes and quality improvements to result in a safer, more caring and thoughtful organisation
- To develop and embed a culture of continuous improvement across the trust
- To touch as many staff as possible through direct involvement in programmes wherever possible, and through the sharing of information and best practice to raise awareness and enable learning
- To engage and empower staff in making change happen in their workplace

The focus of Better for You has always been to improve patient and staff experience. The three elements of safety, quality and value for money are of equal importance. Between 2009 and 2011, over 2,000 staff were involved in over 230 projects - one of these was productive therapies.

This programme has worked across dietetics, occupational therapy and physiotherapy, and resulted in helping staff to spend significantly more time on direct patient care.

The case for change:

- To achieve safe, timely, efficient and clinically sound integrated patient pathways across therapies
- To identify ways of working to unite us as a proactive therapy service.

Staff engagement and feedback events helped identify four themes: therapy service delivery model, quality indicators, referral management and documentation.

All subprojects were aligned with the elements of the whole hospital change programme, forming the NUH productive house series. The therapy service productive house provides a framework for our ongoing work.

The results so far show staff time was saved by stopping activities not adding value- equivalent to the time of 12.75 members of staff. Changes made included reducing the number of unfilled outpatient slots, replacing previous arrangements with inpatient work allocation meetings, and improving document production.

Improved outpatient scheduling was introduced, reducing unused slots from 50 per week to three, and a single referral card was introduced for outpatient therapies

Band 7 Team Lead for Occupational Therapy Meg Alan said: "Through changing the way we allocate and prioritise our workload, and with the help of our new bed management software, Horizon, we are able to see patients quicker. We have experienced better relationships with ward staff and team members have reported increased job satisfaction. Whilst it has been challenging, we are able to recognise the benefits behind the changes."

Paul Matthews, a Band 7 physiotherapist, added: "For years, we used outcome scores sporadically and when we did, the quality of some of them was dubious at best. We hardly ever knew how effective we were being. Now with the EQ-5D-5L we are confident in measuring how effective we are by using a scoring system not just recommended by the Department of Health, but recognised around the world."

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AHP Leader Profile: Best in the South West

Debbie Sharman is Consultant Podiatrist for Diabetes working with the Diabetic Foot Service, a partnership between Dorset HealthCare University NHS Foundation Trust and Royal Bournemouth and Poole Hospital Foundation Trusts. Following a significant expansion, the service was recognised as having the lowest amputation rates in the region at 1.8 per 1,000 patients – which is also below the national average. Debbie tells us how her team came to be 'the best in the South West'.

Tell us about your role, and the Diabetic Foot Service

Our current service provides daily diabetic foot clinics at two local acute hospitals and a community based diabetic foot protection team comprising of specialist podiatrists. The 'shared care' approach ensures patients have regular access to specialist foot care while trying to minimise their trips to hospital.

I provide expert clinical practice and leadership for multi-disciplinary diabetes foot care within East Dorset, improving quality and standards across organisational and professional boundaries, as well as across primary and secondary care.

I'm also an expert resource for other healthcare professionals with regard to the management of complex diabetic foot disease, and look for ways to develop effective care pathways for the detection and management of diabetic foot complications.

What inspired you to take this career path?

It was not a lifetime ambition of mine to deal with feet! However, I didn't want to go to university and do a degree for the sake of it. I wanted a vocational course and when I looked into podiatry (or chiropody as it was back then) I thought it looked rather interesting.

On qualifying, I quickly developed an interest in the diabetic foot and its complications. I am someone who gets bored easily and requires a challenge- 25 years on I'm not bored, and still being challenged!

How does it feel to be recognised as the best diabetes services in the south-west? What does this mean to you?

Sometimes I think we all wonder whether what we are doing is actually making a difference. The published results showing we had the lowest amputation rates in the south-west (and other neighbouring strategic health authorities) really proved we are making a difference locally. The day I saw the results I almost skipped home!

What has been the key to this success?

Team work – having a dedicated and committed multi-disciplinary group of healthcare professionals who are always wanting to do better. Also, being prepared to put your head above the parapet and shout for what you believe in -and not take no as an answer!

I do believe also that you need a ‘champion’ for the cause – someone who will assume responsibility for the service improvement.

What challenges have you faced expanding your team?

It took about five years of rewriting business cases before we secured the funding in 2008 to expand our service locally. Prior to that, we had two or three diabetic foot clinics a week at each hospital and just a handful of specialist community clinics with no real coordination or clear pathway for our patients.

However, we were able to show how we could make cost savings by expanding the service to reduce emergency admissions.

What are the benefits of working across the different disciplines and boundaries of care?

Sharing knowledge and information with other professionals and stakeholders to ensure the patient's care is optimised, and not necessarily confined to one location.

What advice can you give to other services looking to make improvements?

Keep at it! Use relevant guidelines to support your case (eg NICE) and try show potential cost savings such as reduced emergency admission rates.

Don't just emphasise cost savings – focus also on quality of life issues and improved quality of care for patients. Gather information (such as audits) – this can highlight shortfalls in your service which may help strengthen your case. How do you compare with other areas? Use national data available like diabetes footcare profiles to highlight any deficiencies. Use available evidence to support your suggested improvements and get the support of all stakeholders

What are your aims for the future of the service? What plans do you have?

To keep making further improvements by looking at ways to increase capacity within the service, and particularly to improve early identification and management of the ‘at risk’ diabetic foot within primary care through improved prevention strategies.

We want to maintain the education and increased awareness of diabetic foot amongst non-specialists, engage in more research and improve inpatient management of the diabetic foot. Our recent audit shows we have some way to go to meet recently published NICE guidance.

What would you say has been your greatest achievement?

I struggle with this, as most of us are not very good at sounding our own trumpet! I think perhaps developing a service (led by a non-medical consultant!) recognised locally and nationally as an example of good practice and helping to raise the profile of podiatry as a profession.

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Five AHPs awarded in New Year Honours List

Shelagh Morris, Allied Health Professions Officer at the Department of Health, was one of five AHPs awarded in the Queen's New Year Honours List. Shelagh, a long time member of the College of Occupational Therapists, received an OBE.

Other AHPs honoured include:

- Eileen Thornton, (physiotherapist) Head of the Institute of Learning and Teaching at the University of Liverpool and Chair of the Education and Training Committee of the HPC who received a CBE for services to healthcare;
- Professor Grace Dorey, Professor of Physiotherapy (Urology) at the University of the West of England, who received an MBE for services to healthcare,
- Professor Marion Walker (occupational therapist), Professor of Stroke Rehabilitation at Nottingham University received an MBE for services to stroke rehabilitation
- Nicholas Hillsdon, registered prosthetist at Queen Mary's Hospital, Roehampton, received an MBE for services to prosthetics and the community.

Shelagh trained as an occupational therapist at the Liverpool School of Occupational Therapy, now part of Liverpool University and held a range of general management and leadership roles in the NHS, before joining the Department of Health as Allied Health Professions Officer in April 2003. Her recent work has included self-referral to AHP services and service improvement in a range of AHP services including occupational therapy, speech and language therapy, physiotherapy and dietetics to reduce waiting times and improve access for patients. Shelagh is currently working on independent prescribing for physiotherapists and podiatrists.

Shelagh said:

"I am absolutely delighted to be awarded this honour. I hope it reflects the many innovative and skilled AHPs I have worked with over the years to improve services for patients. I look forward to continuing the work with physiotherapists and podiatrists on the current project to take forward independent prescribing."

Karen Middleton, Chief Health Professions Officer, said:

"These awards reflect the huge contribution AHPs make to the health and wellbeing of people in this country. Each marks a particularly outstanding contribution and I congratulate them all.

"I have had the privilege of working with Shelagh at the Department of Health. She has worked tirelessly to raise the profile of allied health through policy development and implementation and has been involved in many of the key pieces of work. It is a pleasure to see her get the acknowledgement she deserves."

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Clinical Dashboards – information you need, when you need it

A Clinical Dashboard is a toolset of visual displays developed to provide clinicians with the relevant and timely information they need to inform daily decisions that improve quality of patient care.

The toolset gives clinicians easy access to a wealth of NHS data that is being captured locally, in a visual and usable format, whenever they need it. At its core it will display locally relevant information alongside relevant national metrics, for example best practice from Royal Colleges and specialist associations, as this information becomes available.

Some of the benefits of clinical dashboards include:

- providing timely, relevant, user-friendly, visual information for clinical teams
- utilising multiple sources of existing data, even across organisational boundaries
- providing clinical information across multidisciplinary teams
- displaying information in real time without delay for data cleansing
- allowing local configuration and comparison against national data sets

- permitting changes to displays to keep information relevant
- [Visit the NHS Connecting for Health website for more information on the national Clinical Dashboard](#)

Using clinical dashboards for therapy services at University Hospital Birmingham

Before the use of clinical dashboards at University Hospitals Birmingham NHS Foundation Trust (UHB) it was difficult for therapists to engage with some of the trust's performance measures, as the information was remote and difficult to view or apply at a service level.

Yvonne Pettigrew, Head of Therapy Services at the UHB, said: "Since we have had the dashboard we have been able to improve and assure the quality key performance indicator information relating to human resources, business and clinical aspects of care. We're also influencing the way we'll be able to view our financial performance in future."

The dashboard helps the therapists evidence how well they are doing in some of the easier to measure metrics associated with staffing resources; induction, mandatory training, professional registration, sickness absence. It helps to monitor and profile business quality measures including DNA percentages, waiting times, cancelled clinics, and is beginning to provide some clinical indicators around infections and incidents.

One of the major benefits to the therapy services department is that the dashboard is easy to drill down through the levels of data and export and manipulate it for review and amendments by clinical teams. At UHB this has made it possible to bring the monitored outpatient waiting lists down to under five weeks by reducing lost capacity and improving appointment utilisation, and improve the administration of nutritional supplements.

Yvonne adds: "To see and review the nutritional supplements data at a trust and ward level has helped us understand which wards, practices and prescribers needed our focused attention. This helps improve care, achieved by changing prescribing processes and re-focusing training for nurse and medical colleagues. The data has shown us where the more significant issues were and focus effort, and will also identify whether the compliance is improving as a result of the actions."

Having clinical dashboards at UBH has meant that staff can take ownership of their data quality. It has encouraged them to think about how they collect and use information to make it more effective. In future UBH therapy services hope to introduce more measures of clinical quality including linking to their emerging patient record and patient recorded outcomes.

Informatics and the use IT by AHPs is an important issue. Watch out for the forthcoming AHP Bulletin Informatics Special which will be packed full of useful information, ideas and case studies on how information and the use of IT can develop your service.

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Allied health professionals referral to treatment data collection

All AHPs delivering NHS-funded care are urged to base their local data collections, local flows and reporting of AHP referral to treatment (RTT) data on the community information data sets (CIDS) structure in anticipation of a national mandate for collection and reporting of data.

This follows the release of the [AHP RTT revised guide](#). The revisions, first published in 2010, focus on the feedback and comments received from stakeholders and provide greater clarity when applying the AHP RTT rules.

Chief Health Professions Officer Karen Middleton said: "Referral to treatment waiting times are a key indicator of service performance and patient experience and require data to be collected consistently to

the same standard. Last year's AHP service improvement project (SIP) used AHP RTT as a tool to identify the focus for service improvement and to develop local solutions that support delivery of the Quality, Innovation, Productivity and Prevention (QIPP) challenge."

- [Further details of the AHP SIP are available on the Department of Health website](#)

The CIDS data set, which includes AHP RTT data items, provides national definitions that generate reliable information for local and national monitoring and reporting for effective commissioning. The CIDS data set should be recognised by all NHS funded providers of community services and suppliers of community information systems. Suppliers of community systems must ensure systems are fully compliant with the standard by August 2013. All providers of community services must conform with this standard capturing the information required by April 2014.

- Technical guidance and timescales for data flow and reporting is available on the [NHS Information Centre website](#), including the local ISN (local information standards notice) for CIDS.

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New commissioning network for Merseyside

AHPs and nurses on Merseyside are shortly to launch the Merseyside Health Professionals Network (MHPN).

The new network enables clinicians to become more involved with commissioning and link with clinical commissioning groups (CCGs), local professional networks and the Clinical Senate, to become a resource for them.

The network is the brainchild of Avril Swan, a speech and language therapist currently working as Head of Clinical Engagement at NHS Sefton.

Avril said: "The response has been incredibly positive and encouraging. We aim to be as inclusive as possible. This will include any local health professionals, in primary care, community or secondary care. From various sources, I have found that a number of front line clinicians feel they are out of the loop with commissioning. The network is designed so they can get back in!"

- Avril will shortly be setting up a network website on [NHS Networks](#). Membership is intended for clinicians on Merseyside.

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Improving outcomes by working together

The King's Fund and Nuffield Trust have recently published their response to the Department of Health's approach for help in supporting the development of its national strategy on integrated care.

The joint report from the two think tanks will feed directly into the ongoing work of the NHS Future Forum. Its core recommendations are:

- Government policy should be founded on a clear, ambitious and measurable goal to improve the experience of patients and service users and to be delivered by a defined date
- Patients with complex needs should be guaranteed an entitlement to an agreed care plan, a named case manager responsible for coordinating care, and access to [telehealth and telecare](#) and a personal health budget where appropriate

- Change must be implemented at scale and pace; this will require work across large populations, significant reform and flexibility to take forward different approaches.

Integrated care is essential to meet the needs of the ageing population, transform the way care is provided for people with long-term conditions and enable people with complex needs to live healthy, fulfilling, independent lives. In its [June 2011 summary report](#), the NHS Future Forum said: “We need to move beyond arguing for integration to making it happen.”

- [Download the report](#)

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Implementing seven day working in imaging departments: Good practice guidance

Good practice guidance on implementing seven day working in imaging departments has been prepared by a special sub-group of the National Imaging Clinical Advisory Group (NICAG) to provide advice for commissioners and providers. It was commissioned because of the growing trend for seven-day working in healthcare services to better utilise NHS resources and offer patients more choice.

Many of the measures outlined in the guidance are designed to help meet the Quality, Innovation, Prevention and Productivity (QIPP) challenge by showing how they can improve quality, while reducing cost.

QIPP is key to reducing costs, while ensuring the highest standards of care and extended working is an essential component of this. The guidance describes the evidence for extending the five day week to seven days in imaging services, reviewing the reasons for a change in the service delivery.

There are many issues in such a significant service change, discussed in the guidance. These include the information technology required to underpin extended routine working across weekends and evenings and the staffing implications. However, the guidance also reminds that there are significant cost savings in high value equipment if used for a greater percentage of working time.

National Clinical Director for Imaging at the Department of Health Professor Erika Denton said:

”This guidance has been prepared by a group of imaging professionals with extensive experience of service improvement in radiology. I recommend it to the whole imaging community and those managing and commissioning imaging services for the future. I believe imaging services should be available to patients every day, not just the conventional five day working week, and this document will help achieve this aim.”

The issues involved in seven day working across all areas are being carefully looked at by the NHS, the Department of Health and the general healthcare community. This guidance will feed into that wider work and debate of [Seven day Working in Hospitals](#) currently being taken forward by the Department, led by Sir Bruce Keogh.

Nuclear Medicine and Positron Emission Tomography and Computerised Tomography (PET CT) services have been excluded from the guidance because of particular issues in these services.

- [Read the full guidance on the Department of Health website](#)

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Quality, Innovation, Productivity and Prevention (QIPP) Evidence Collection

The [QIPP collection on NHS Evidence](#) provides quality-assured, real life, evidence-based examples of how things can be done differently in health and social care, whilst still providing optimal standards of care to patients and saving money. It also includes areas of potential disinvestment from NICE guidance and Cochrane reviews.

NHS Evidence is already the home to 116 best practice quality and productivity examples, and with more added on a regular basis.

All clinicians who have good examples, already proven or with the potential to work – which can help the NHS nationally meet its challenge – are being asked to put their ideas forward.

Chief Operating Officer for NHS Evidence Gillian Leng said:

”The QIPP collection already has the potential to make a huge difference. Taking all the published local examples, the national equivalent monetary value (using a conservative estimate of a 50 percent roll out) of improved quality, improved efficiency or reduced costs stands at just over £1.6 billion.”

For your QIPP initiative to be considered for NHS Evidence, you will need to complete an [online form](#) together with a user guide, outlining the type of supporting information the assessment team are looking for.

Once your submission has been processed, a member of the assessment team will contact you.

- Alternatively, if you would like to discuss your initiative first, you can also request a call back by sending an email to NHSevidenceqipp@nice.org.uk

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Royal visit celebrates world class occupational therapy research

The College of Occupational Therapists’ Patron, HRH The Princess Royal, visited academics, clinicians and research patients at Nottingham University in January to celebrate 25 years of occupational therapy research through their Division of Rehabilitation and Ageing.

The College of Occupational Therapists has provided around £100,000 in funding to the University’s research over the last three years.

The research group started in 1986 by Professor Nadina Lincoln, a clinical psychologist and Fellow of the College of Occupational Therapists. It is recognised by the College as a centre of excellence for research. The group works closely with the local NHS organisations, social enterprises, charities and local authorities and undertakes research into rehabilitation for stroke patients, older people, and people with long-term neurological conditions.

As the largest group of clinical research occupational therapists in the UK, their research aims to improve the quality of life for people with long-term conditions and influence clinical care at home and abroad.

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NHS pensions proposals: the facts

The Government set out the key terms of an improved pension offer for NHS staff on 20 December 2011. Since then, the Department of Health has held constructive talks with NHS Employers and the NHS trades unions to consider the details.

Read the [facts](#) about the new proposals for yourself and use a [new online calculator](#) to see what they mean for you. The calculator has been developed by an independent pension specialist working with NHS trades unions, the Department of Health and NHS Employers.

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National directors appointed

The NHS Commissioning Board Authority has confirmed the appointment of the following five National Directors:

- Chief Operating Officer - Ian Dalton (currently Cluster Chief Executive, NHS North of England)
- Chief of Staff - Jo-Anne Wass (currently NHS Chief of Staff)
- National Director: Commissioning Development – Dame Barbara Hakin (currently National Managing Director of Commissioning Development)
- National Director: Improvement and Transformation – Jim Easton (currently National Director for Improvement and Efficiency)
- National Director: Policy, Corporate Development and Partnership – Bill McCarthy (currently Managing Director, NHS Commissioning Board Authority)

Welcoming the appointments, Chief Executive of the NHS Commissioning Board Authority, Sir David Nicholson said: “I’m delighted to announce these key appointments to join Sir Bruce Keogh, National Medical Director, on our senior leadership team.

“Each individual brings a wealth of experience and professional knowledge that, combined together, gives us a truly outstanding team to take the NHS forward. With this calibre of skills and expertise we have the greatest opportunity to develop the NHS Commissioning Board into a strong, patient-focused and clinically-led organisation that is absolutely driven by the single vision of improving quality and patient outcomes.”

It is expected that the three remaining posts of Chief Nursing Officer, National Director of Finance and National Director of Patient and Public Engagement, Insight and Informatics will be appointed in the coming months.

Subject to passage of the Health and Social Care Bill, these posts are expected to transfer to the NHS Commissioning Board once it is established as an Executive Non Departmental Public Body later in 2012.

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New booklet to guide disabled people into sports

Parasport, a programme run by ParalympicsGB, provides disabled people with the information and incentive to be more active through sports. It has been working with disability rights group Radar and other partners to produce a new booklet called **Doing Sport Differently**.

The booklet outlines why sport for disabled people is beneficial and how, what and why people should get active. Written in a very informal, friendly way, it is targeted at the end user. The information will be published towards the end of March 2012 and be available to download from the [Radar website](#).

National Parasport Manager Nick Heyworth said:

"With the London 2012 Paralympic Games on our doorstep it is vital that public awareness of disability sport is at its peak. High quality information and opportunities will support changing attitudes of both disabled and non-disabled people regarding sport. By working with parents, careers, guardians, practitioners and anyone interested in disability sport we have the tools and resources to inspire, educate and signpost people to high quality sporting opportunities and hopefully lifelong participation in sport."

- If you have any questions or queries about Parasport or would like copies of **Doing Sport Differently** contact [Nick Heyworth](#).

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Access for NHS and social care staff to the Lancet online

As part of the drive to provide open access to high quality evidence, the National Institute for Health and Clinical Excellence (NICE) has signed an agreement with Elsevier to fund a national subscription to the online version of The Lancet via NHS Evidence.

The agreement gives every member of staff who is eligible for an NHS Athens password access to the latest online edition of The Lancet, as well as back copies from the last four years via NHS Evidence, the online service provided by NICE. This removes the need for NHS organisations to subscribe to access The Lancet online - saving time and money and providing NHS-wide access to this valued resource. Clinicians and NHS staff who do not already have a NHS Athens account may [register online](#).

For additional support with online journals and other electronic information resources, please contact your [local library service](#).

- [Find out more about accessing The Lancet and how to register for a NHS Athens password](#)

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Be Clear on Bowel Cancer campaign

The Department of Health has launched the first national NHS campaign to raise awareness of the signs and symptoms of bowel cancer.

Bowel cancer is England's second most common cancer, with around 33,000 new cases each year. It is estimated that 1700 additional lives could be saved each year if England's bowel cancer survival rates matched the best in Europe.

The campaign advertising alerts people to the key symptoms – blood in poo or looser poo for three weeks or more – and encourages people to see their GP if they have these symptoms.

Running for nine weeks until the end of March, the campaign includes TV, radio, press, bus and online advertising, as well as a series of events across the country.

- [Visit the NHS Choices website for further information about bowel cancer](#)

Resources

- The Campaign Resource Centre (CRC) is the new one-stop shop for all Department of Health public health campaigns, providing the latest campaign news, leaflets, posters, adverts and toolkits available to support campaigns. [To find out more visit the CRC website and sign up for updates.](#)
- DH publications including leaflets and posters can be ordered free of charge from the [DH orderline](#) or by calling 0300 123 1002

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Stop the alcohol sneaking up on you

Change4Life has launched a new alcohol campaign, which aims to raise awareness about the health harms of regularly drinking more alcohol than the recommended guidelines and provide hints, tips and tools to encourage people to reduce the amount they drink.

More than 9 million drinkers in England are potentially putting their health at risk by regularly drinking above the lower-risk guidelines – that men should not regularly drink more than 3-4 units of alcohol a day and women should not regularly drink more than 2-3 units a day.

The new campaign aims to support those who are unaware that regularly drinking over the recommended guidelines can lead to serious health problems, from liver damage to a greater risk of getting cancer or having a heart attack.

The campaign includes a 60-second TV advert, a new Change4Life leaflet, poster and a new online drinks checker to help people quickly assess their drinking, find out the risk and get tips to help them cut down. Read more about drink swaps [here](#).

Resources

- [Visit the Campaign Resource Centre for all the latest campaign news, leaflets posters and toolkits](#)
- [Visit the alcohol self assessment tool on the Change4Life website](#)

If you are not already a Change4Life supporter why not [register](#) to get all the latest news, and find out about the exciting activities planned for 2012.

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NHS Mobile Working Knowledge Centre

The Department of Health Informatics Directorate (DHID) has developed an online resource to support mobile working programmes in the NHS. Primarily focused on community services, the [NHS Mobile Working Knowledge Centre](#) presents good practice guidance, tools and case studies on the implementation of mobile working in healthcare.

The resource can save NHS organisations significant time and money in developing and delivering mobile working programmes, and the benefits of using mobile technology to access and capture information at the point of care are well publicised. It is already used to deliver improved quality and more efficient working practices in community services. Successful programmes, such as the one at NHS Kirklees Community Healthcare Services, are reporting significant productivity savings and service quality improvements. These benefits however, can only be realised through the effective management of people, the processes they use and the organisational implications.

Business Consultant Jim Monk says:

“We conducted research into the adoption of mobile working in community services, and our results show opportunities are being missed by NHS community services organisations in realising its full benefits. Much of this can be attributed not to technological challenges, but a lack of appropriate leadership, strategy and business change management. This is why we created the Knowledge Centre: to help develop this capability.”

The website will be useful to those responsible for initiating, designing and delivering programmes.

- [Visit the Knowledge Centre](#)

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Parliamentary questions (PQs)

Allied Health Professions
82442 - 24/11/11

Physiotherapy
HL13357/58 - 21/11/11
81888 - 23/11/11

Speech and Language Therapy
91169 - 25/1/12

- [To access these PQs, go to the Parliamentary Questions and Answers search engine and enter the reference number for each one](#)

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NEWS IN BRIEF

Testing the case for change: The emerging learning

Since July 2010, NHS Improvement has worked with a number of clinical teams across England as part of the Department of Health Respiratory Programme. Its aim has been to support the development of patient centred, evidence-based and clinically-led services by identifying and sharing innovative ways to reduce variations in care and improve the quality and experience of patients with chronic obstructive pulmonary disease (COPD).

Access the latest publications:

- [Improving earlier diagnosis and the long term management of COPD](#)
- [Improving end of life care in chronic obstructive pulmonary disease COPD](#)
- [Transforming acute care in chronic obstructive pulmonary disease COPD](#)
- [Further information can be found on the NHS Improvement website](#)

First steps towards quality improvement: A simple guide to improving services

Facing change alone can be daunting. If you are involved at any level in improving health or social care, there will be something in this resource for you. This publication provides the information, tools, resources, practical examples taken from the NHS Improvement project sites and support needed to guide the first steps towards making quality service improvements, which provides improvement projects the best possible chance of sustained success.

- [Access the Service Improvement Guide](#)
- [Further information can be found on the NHS Improvement website](#)

Review of National Self Care week 2011

A review has been published of Self Care Week 2011, which took place in November. It captures some of the fantastic national and locally led activity, which took place to promote the campaign .

Self Care Week 2011 was an opportunity for NHS, social care and voluntary sector organisations to raise awareness of what services they provide to help people take care of themselves and their condition. The review captures some of the activity that took place during Self Care Week, including GP surgeries and primary care trusts (PCTs).

- [Read the review on the Self Care Forum website](#)

3 Million lives campaign

The 3millionlives campaign aims to enhance the lives of three million people over the next five years by accelerating the roll out of telehealth and telecare in the NHS and social care.

Minister for Care Services Paul Burstow has reaffirmed his commitment to 3millionlives following a parliamentary reception event in January, where he confirmed the approach to the delivery of telehealth and telecare and launched a Concordat between the Department of Health and the telehealth and telecare industry.

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By working together the government, NHS and the industry have the expertise to overcome the existing barriers to develop these services for the benefit of millions of people.

- [Find out more on the 3millionlives website](#)

Sports and Exercise Nutrition Register Launched

The Sports and Exercise Nutrition Register (SENr) has launched as a joint development between the British Association of Sports Science and the British Dietetics Association (BDA).

The SENr is a voluntary, competency based register for professionals working in sports nutrition with backgrounds in dietetics, nutrition or sports science. Those registering will have to be members of the BDA.

- Further details are available at www.senr.org.uk

AQP Map of Services

The online, interactive Map of Services outlines which community and mental health services are going to be opened up to Any Qualified Provider (AQP) from April 2012.

It will allow patients, healthcare professionals, commissioners and providers to see the local health services where there will be a choice of provider for patients. The map has been published on the NHS Supply2Health website where there is also a range of materials to support AQP implementation, including implementation packs that have been developed by the NHS with support from the Department of Health and a range of clinical and patient representative stakeholders.

- [For more information and to view the map visit the NHS Supply2Health website](#)

New policy framework for education and training system

Liberating the NHS: Developing the Healthcare Workforce - From Design to Delivery, was published on 10 January and sets out a new policy framework for the education and training system. It builds on responses to our consultation and the advice of the Future Forum. The new system puts employers and professionals in the driving seat and gives them the national support they need to identify and anticipate the key workforce challenges, and to be flexible and responsive in planning and developing their workforce.

- [Read Liberating the NHS: Developing the Healthcare Workforce – From Design to Delivery](#)

Atlas of Variation

The second NHS Atlas of Variation in Healthcare was launched in December 2011. It has more than 70 different maps identifying variations at primary care trust (PCT) level in many types of healthcare, from birth to end of life.

Each map identifies an aspect of variation, assesses the reasons and suggests ways of addressing it where it is unwarranted. Right Care, part of the Department of Health's Quality, Innovation, Productivity and Prevention (QIPP) programme, serves to increase the value of healthcare by focusing resources on appropriate services which provide the greatest benefit. The NHS Atlas is a key tool in this process.

- [Visit the Right Care website for more information](#)

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2012 Quit Kit Campaign

Help is at hand for the thousands of smokers trying to quit in 2012 with a new and improved NHS Quit Kit available in pharmacies across England. An advertising campaign will encourage smokers to quit smoking by picking up a Quit Kit from participating pharmacies.

The NHS Quit Kit has been developed by experts, smokers and ex-smokers and contains practical tools and advice to help smokers quit smoking for good.

The Quit Kit also contains information on other free quitting help such as local Stop Smoking Services.

- [For more information visit the NHS Smoke Free website](#)

Start Smart – Then Focus

The Department of Health has published new guidance 'Start Smart - Then Focus' which will help hospital prescribers ensure best practice is followed on antimicrobial prescribing for patients.

It will help ensure patients receive the right drug, at the right time, at the right dose and the right duration for the individual – avoiding unnecessary lengthy duration of antibiotic treatment and inappropriate use of broad-spectrum antibiotics.

The guidance supports the World Health Organization (WHO)'s call for a multi-discipline response throughout the entire health professional community to help combat the growing threat of antimicrobial resistance.

This guidance has been produced by the Department of Health's Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI).

- [Read more about the campaign on the Department of Health website](#)
- [Download 'Start Smart – Then Focus' guidance](#)

Building the NHS Trust Development Authority

The Department has published outline plans and operating processes for the NHS Trust Development Authority; Building the NHS Trust Development Authority (NTDA). The NTDA's purpose will be to support NHS trusts applying for foundation trust (FT) status.

The document contains details about the purpose and structure of the organisation and the transition process for transferring provider development responsibilities across to the new organisation.

It will be a possible destination employer for staff within DH, the NHS or arm's length bodies affected by the changes taking place across the health system.

- [Read Building the NHS Trust Development Authority](#)

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Caring for our future engagement - update

In December last year, the 'Caring for our future' discussion leaders from the care and support sector presented their priorities for the reform of the care and support system to the Health Secretary and the Care Services Minister. Their was vision for a re-engineered system - moving away from a 'crisis service' towards a 'wellbeing service' that focuses on prevention and enables people to live fulfilling and independent lives.

The Department of Health is now using the feedback from the care and support sector, service users and the discussion leaders to inform policy proposals for the care and support White Paper, due in the spring.

- [Visit the 'Caring for our future' website to read about the engagement process and the priorities for reform and integration of care and support services with other health services.](#)

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News round-up

The following stories have appeared in the online AHP bulletin since the publication of the December 2011 issue:

[Join the Care Quality Commission's 'bank' of clinical and professional experts](#)

The CQC are recruiting specialist advisors from a variety of clinical and professional backgrounds to call upon for timely, up to date advice to support their inspection and investigation activities.

[Public health outcomes framework published](#)

The new public health outcomes framework has been published, setting out the desired outcomes for public health and how these will be measured.

[Public Health Campaign Resource Centre \(CRC\) Launched](#)

A new one-stop shop, the Campaign Resource Centre (CRC), for all Department of Health public health campaign resources has been launched.

[Evening Lecture on Dizziness in Elderly](#)

The Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation is holding an evening lecture on the role of Vestibular Rehabilitation in managing Dizziness in Elderly on Thursday 15 March

[Care Integration Awards Launched](#)

The Health Service Journal and Nursing Times have launched a new awards programme; the Care Integration Awards, recognising and rewarding excellence in collaborative clinical practice

[Allied Health Professionals Referral to Treatment Revised Guide Published](#)

The Allied Health Professions (AHP) Referral To Treatment (RTT) Revised Guide has been released today and is available on the DH website.

[The Whistleblowing helpline is changing](#)

From 1 January 2012, the Government-funded whistleblowing helpline changes to a free-phone service.

Unless otherwise stated, guidance referred to in the bulletin has not been commissioned or endorsed by the Department of Health – it is evidence that organisations and professionals may find helpful in improving practice. The National Institute for Health and Clinical Excellence is the Department's provider of accredited evidence and guidance, which can be found on the Institute's website at www.nice.org.uk

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