

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

Healthy lives, healthy people

The DH has published *Healthy Lives, Healthy People: Our strategy for public health in England*, outlining the Government's plans for tackling today's causes of premature death and illness, and for reducing health inequalities.

A new public health service, Public Health England, will be created to give national leadership on crucial population-wide issues such as flu pandemics, while directors of Public Health will move to councils, giving local communities more control over how public health funding is used. The Government values the vital contribution that AHPs can make to the delivery of this strategy.

The White Paper also outlines how funding from the overall NHS budget will be ring-fenced for spending on public health, recognising that prevention is better than cure.

To help with this process, the DH has published consultation documents on outcomes and on funding. There is also a plan to expand and transform health visiting, which is critical to supporting families and giving every child a better start in life.



Links and info

- Find out more on the DH website
- Respond to the public health outcomes consultation

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

Government publishes NHS reform plans

The Government has set out the next steps in its plan to reform the NHS in *Liberating the NHS: Legislative Framework and Next Steps*, which reaffirms the Government's commitment to the reforms set out in July's White Paper *Equity and Excellence: Liberating the NHS*.

The Next Steps document shows how the Government has developed its thinking in the light of the 6,000 consultation responses received, and sets out a timetable for implementation.

The NHS Operating Framework and PCT Allocations for 2011/12 were published alongside the White Paper response.

The Operating Framework sets out what NHS organisations must focus on in 2011/12 to prepare for a year of transition. It also asks the NHS to prioritise the implementation of earlier diagnosis for cancer patients, potentially saving thousands of lives.

The Operating Framework is backed by £89 billion of funding for PCTs to spend

next year on commissioning services for patients – an increase of £2.6 billion from 2010/11.

This will include money for commissioning dentistry, ophthalmic and pharmacy services as well as, for the first time, money to support social care.

Developing the healthcare workforce – your chance to shape the future

AHPs are encouraged to take part in the *Liberating the NHS: Developing the Healthcare Workforce* consultation, to help reshape the whole system for planning and developing the workforce so that it can respond to and support the NHS White Paper reforms.

The consultation sets out proposals for a new system driven by patient need, led by healthcare providers and underpinned by strong clinical leadership.

The intention is that the system will be simpler, reducing unnecessary bureaucracy and allowing professionals

to provide services at the frontline to improve patient outcomes.

The consultation closes on 31 March 2011 – responses in advance would be appreciated.

Links and info

- Read Karen Middleton's letter to AHPs
- Read *Liberating the NHS: Legislative Framework and Next Steps*
- Download the Operating Framework
- Access the PCT allocations
- Find out more about the 'Developing the healthcare workforce' consultation on the DH website
- Submit responses online

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

Voicepiece

'Shout loud about the difference you make'



Karen Middleton, Chief Health Professions Officer, looks forward to building momentum in 2011.

As I reflect on 2010, it seems to me that AHPs are more visible than ever in terms of the contribution we make to health outcomes. This is despite the impact of the country's financial situation, the change in government and new visions for the NHS, social care and public health.

However, in a period of significant change, it is easy to become complacent, to retrench back into old silos and ways of working and to lose the momentum I can really detect when I'm out in the service.

To counter this, strong leadership is vital and I was privileged to attend the NHS Leadership Awards in early December where more AHPs were nominated and shortlisted than ever before. Adrian South and Csaba Barody

were successfully shortlisted in their categories and they truly model the style of leadership that will see us through this difficult time. Their eye is on improving clinical outcomes and ensuring best value for money and they have been courageous in leading transformation. You can learn more about their stories in the next bulletin.

In this issue, you can read about Simon Truett, Senior Project Manager for Planned Care and Long-term Conditions for NHS Medway, and how he is approaching commissioning as it moves into the era of GP Consortia. Far from being complacent, he is looking ahead to influence the picture.

So, as we look forward to 2011 and the transition towards Public Health England, the National Commissioning Board and

GP Consortia (subject to consultation and parliamentary approval), I strongly urge you to build on the increased visibility your services have and shout loud about the difference your service makes to the public's health and achieving improved health outcomes.

The two conferences that the SHA AHP Leads are running on 15 and 22 February will support you during this period of transition, so sign up today and I look forward to seeing you there.

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

Movements for improvements

From fighting obesity in children to making sure people don't have to wait for wheelchairs, the AHP Service Improvement Project (SIP) has been making a big difference across the country. With just three months to go until the project is completed, *AHP Bulletin* takes a look at what's been happening.

The wheelchair wait

One smart, well-judged move can open up a world of possibilities. In the case of NHS North Yorkshire and York Community Mental Health Service, it was a simple case of a decision to bring people together.

The team was stuck with a backlog of people requiring wheelchairs and knew that something had to change to improve the situation.

'Previously we had four services covering our area and each had their own way of doing things,' says Tania Tulloch, Wheelchair and Equipment Service Manager. 'While they all performed well individually, they were operating as four parts instead of one whole. We assessed each service, cherry-picked examples of best practice then brought them all



together as one combined service.'

This proved to be a logistical challenge, but one that has paid great dividends. The team has introduced new booking procedures, proactive methods, such as calling service users instead of sending letters to notify them of appointments, and greater use of the opinions and experience of all members of staff – not just those in managerial positions.

It's an inclusive approach that is already showing the value of communication and collaboration. The service recently

achieved a figure of 98 percent for two-day referral screenings for patients across all sites. To put this in perspective, the figure was previously 18 percent and patients now receive information about their appointment within one week of referral.

'What we've done is use our team in the best way possible and give more information and choice to the service users,' says Tania.

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

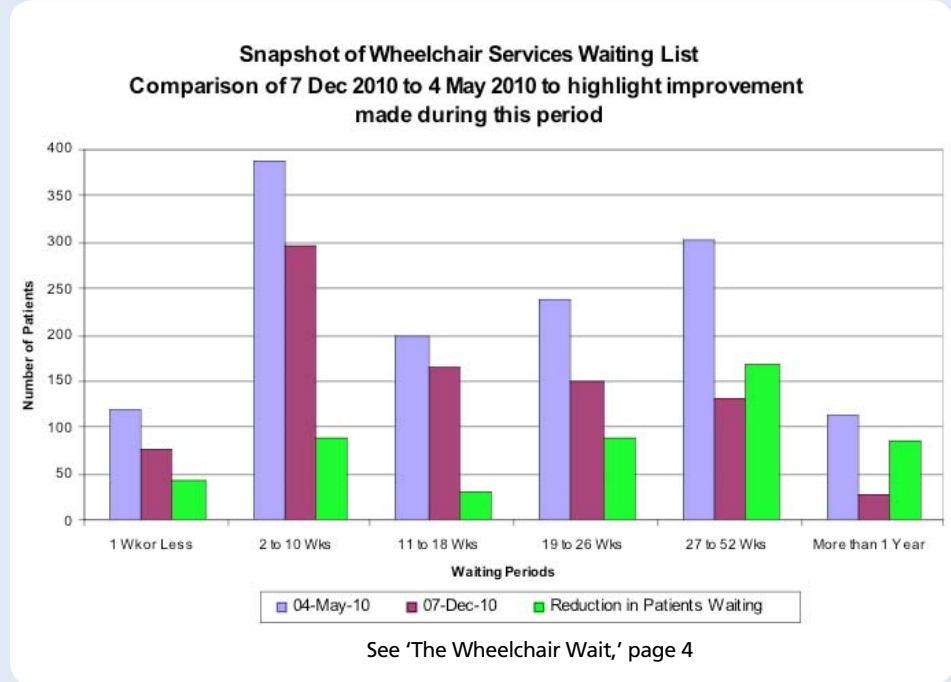
The graph on this page shows that there is still work to be done in improving access to wheelchair services, but that there is a clear reduction of the numbers of people waiting for the service. 'This is the result of improved screening, increasing the number of utilised appointment times available through partial booking, and placing considerable effort into the longest waits to reduce them to a minimum,' says Tania. 'This has been done while still prioritising the most urgent referrals.'

The heart of the issue

At the Heart of England Foundation Trust, a one-stop-shop approach is transforming the support offered to morbidly obese children.

Until April this year, children in need of intervention were referred to a paediatric consultant and a paediatric dietician, with little continuity of care and long waits if they required physiotherapy.

Under a new, multi-professional system developed by Dietetic Service Manager Janice Clarke, a monthly clinic now provides healthy eating advice, exercise classes and physiotherapy as a single coordinated treatment programme.



'We had no additional funding, but we wanted to improve the service,' explains Janice. 'Take up of weight management programmes in the community is very low, so we wanted to develop a system where a generic support worker would get to know the children so that they would be more engaged.'

The answer to limited time and budget has proved to be group sessions, with several children being treated together for a half-day every month, over a six-month period.

While this can result in an unpredictable mix of ages, sexes and needs, it means more regular support for each child, and enables the trust to offer an integrated range of treatment in one go.

Qualitative and quantitative data are being collected throughout the project to measure its impact. 'So far, we've had excellent feedback,' says Janice.

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

'We're able to build a rapport with the children over six months, which we hope will mean they're more likely to continue following our dietary and exercise advice after the programme ends.'

'We needed a radical change'

Anyone who has waited for anything will tell you it's not always about how long you have to wait, or what you are waiting for. It's about knowing exactly what is happening and what alternatives you have to simply sitting tight.

Giving patients high quality information when they need it was an area where Coventry Community Health Services needed to improve.

The Children and Young Person's Occupational Therapy Service had a longest wait of 16 months and a growing backlog of patients: there was a clear discrepancy between demand and capacity.

'It was unacceptable,' says Jo Porter who, along with Julie Brotherton, is the Principal Children and Young People's Occupational Therapist for the service. 'There was no time to tread softly around this. We needed radical change and, therefore, a radical approach.'

They introduced a three-tiered system. The first tier – for patients of all priorities – gives users access to a website with a dedicated members' section.

Here, they can find a whole host of interactive resources, which mean they might not even need to book another appointment. The team has also set up a dedicated helpline where patients can speak with a team of clinical experts.

Patients who need further care are moved to the second and third tiers. Here, the emphasis is on goals set by parents and schools. Achievement of these goals completes an episode of care and leads to discharge. This, in turn,

generates capacity for new referrals.

'Parents and schools are actively encouraged to refer again when they identify a new need,' explains Jo. 'The capacity released by this approach ensures that parents and schools experience acceptable waiting times.'

'By making patient choice the focus of the service and making sure patients are well informed at every stage, we've started to see real improvements in the service.'

'By early next year we hope to have cleared most of our backlog with a service that will make a big difference to patients' care. It's an exciting time!'



Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

The changing man

Simon Truett made a leap from clinician to commissioning, managing planned care and long-term conditions for NHS Medway.

If you had asked Simon in 1999 if he would ever play a role in commissioning services, you would have been greeted with an emphatic 'no'.

At the time, he had just qualified as a physiotherapist and was preparing for life in a clinical role. And, indeed, for most of the following decade he was working as a physiotherapist in neurorehabilitation. This saw him looking after, among others, people who had been involved in serious accidents and patients with brain damage.

Now, 11 years later, he is a Senior Project Manager for Planned Care and Long-term Conditions for NHS Medway, a PCT that serves around 280,000 people. So, what inspired the change?

'My opinion started to alter when I started working in assessing neurorehabilitation services,' says Simon. 'I began to see the bigger picture: outside of treating individual patients, I was seeing the

common themes and trends that were affecting services. And the more I learned, the more I felt I could do something to change the picture: to use the skills I had acquired in a positive way.'

Making the move to management was not easy, however, and Simon found himself having to learn a whole new set of skills.

'My clinical background proved to be a great help, but there was a lot of areas that I really had to get used to. Things such as financial evaluation, business case planning and, of course, the many acronyms to understand!'

Now that Simon finds himself as a clinician in a position to commission, he recognises the importance of AHP services and the need for good communication between everyone involved in the PCT.

'Sometimes when you're on the frontline of a service, you can see management as faceless, decision-making entities. I don't want that to be the case. My position is not unique – many AHPs have moved over into management – but I want



Simon Truett: the clinician who commissions

people to know that I can see our service from all angles.

'We have an ageing population. People are living longer with long-term conditions. That means AHPs have an increasing role to play in long-term conditions. It's my job to make the most of the great people we have.'

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

Your role in the revolution

Most of us have heard about the *Liberating the NHS: An Information Revolution* by now. But, with the consultation closing on 14 January, it's an important time to find out and influence what exactly it means for AHPs. AHP Bulletin spoke to Yvonne Pettigrew, National Clinical Lead for Allied Health Professionals at Connecting for Health, to find out.

An Information Revolution sets out the Government's vision for the modernisation of information availability and management. 'It's very much a revolution – not an evolution – as the principles will completely change the way we work.' says Yvonne. 'But it cannot become a reality without your ideas and practical proposals.

'This revolution proposes that people will have access to their health records and the information they need to make informed choices about their health and social care; that patients can expect there to be "no decision about me, without me"; and that liberating NHS information will help drive better care, improving outcomes, innovation and the better use of resource.

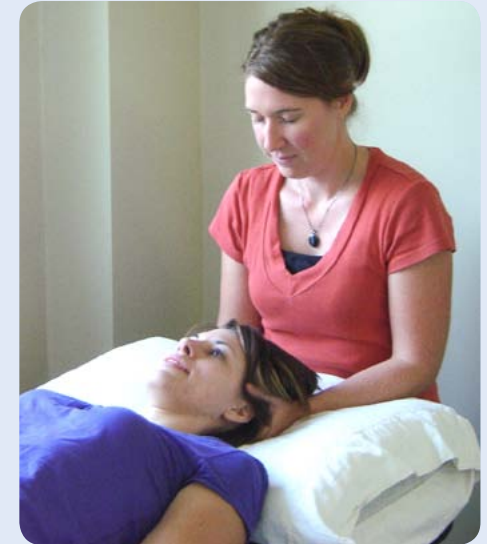
'The information revolution is about transforming the way information is made available, accessed, collected, analysed and used so that service

users are at the heart of health and social care services.

'Incrementally, this will mean very big differences to the way AHPs work. Many AHPs are used to making information about their services available: using technology to enable practice and keeping records collaboratively with patients. But there are also examples where records are held separately from the patient, or AHPs do not have the resources, support or skills to use electronic systems.

'However, in the future, patients' full access to their health and social care records will enable greater control and understanding of their care, and they will be enabled to decide where to access care and who to share their information with.

'The standardisation of record keeping will gradually mean that the care



provided and outcomes achieved will be reported to the patient, commissioners, potential service users and to AHPs themselves so that services can be compared and contrasted.

'If you want to have your say in the future of informatics, then the consultation is an essential read.'

Links and info

- [Download the consultation](#)

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

NEWS IN BRIEF

Staff sickness data shows improvement

NHS staff sickness rates are slightly down on the same time last year, according to data published by the NHS Information Centre (IC). This is encouraging, but NHS organisations need to continue to drive progress to improve staff health and wellbeing, reduce sickness rates and motivate staff. NHS organisations are encouraged to make use of the range of national and local tools, and examples of best practice, which can help them improve staff health and wellbeing. These include the regional NHS health and wellbeing champions and the NHS Employers NHS WellBeing at Work web pages that were launched on 15 November. The DH will soon be launching proposals for improving NHS occupational health services, and will be welcoming feedback.

- Find out more on the DH website
- Access the portal from the NHS Employers website

Antibiotic Awareness campaign

The latest phase of the Government's Antibiotic Awareness campaign was re-launched on 18 November to coincide with European Antibiotic Awareness Day. The aim is to help people understand that antibiotics do not work in treating colds or other viral infections, to reduce unnecessary requests to GPs to prescribe

antibiotics and to tackle the increasing problem of antibiotic resistance.

- Download posters, prescription pads and other resources from the DH website

Value-based pricing: a consultation

AHPs are encouraged to take part in a consultation on a value-based pricing system for new, innovative medicines, so that they are available to the NHS at a price that reflects their value to patients and wider society. The DH is planning to introduce the new system in 2014 and the consultation will set out clear principles around value-based pricing and an outline of the structure for how it could operate. The consultation closes on 17 March 2011.

- Find out more and take part

Prevention and control of healthcare associated infections

The DH has published the revised *Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance*. This provides compliance criteria and guidance on how providers registered with the Care Quality Commission can interpret and meet the cleanliness and infection control registration requirement.

- Visit the DH website for more

Transforming Community Services Leadership Challenge

The Transforming Community Services (TCS) Leadership Challenge is looking for multi-disciplinary teams – including AHPs, nurses and GPs – who have an innovative idea that could improve primary or community care services in their local area. The aim is to support teams to lead change that will improve service delivery and to encourage collaborative decision making for commissioning, planning and delivering high quality, patient focused clinical services which could influence GP commissioning consortia. The winning team will receive funding of up to £50,000 for one year to put their idea into practice. An event will be held in every SHA to identify the best clinical team from that region. Each of the regional winners will go forward to take part in a national showcase event in London on 24 March 2011. The closing date for applications is 21 January 2011.

- Find out more on the DH website
- Read more about TCS

Health workforce roles of the future

Skills for Health has published *Rehearsing Uncertain Futures – New roles and occupations*. It reviews key trends

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

NEWS IN BRIEF

shaping the health sector and considers the innovative new roles that may be needed to help employers develop the flexible and productive workforce of the future, and improve quality of care. The working paper is based on discussions with clinicians and senior service managers. It highlights potential new roles such as the Personal Health Navigator who can help patients find their way through an increasingly complex and interlinked health and social care system.

- [Download the document from the Skills for Health website, under 'Future oriented reports'](#)
- [Find out more about Skills for Health's Nationally Transferable Role templates](#)

Reducing unwarranted variations in care

The *NHS Atlas of Variation in Healthcare*, published in November, is a practical tool to help commissioners reduce unwarranted variations in care in order to increase the value and improve the quality of the services they commission. Using maps and graphs, the Atlas identifies variations in how different conditions – such as diabetes, stroke and cancer

– are treated across the country and provides suggested actions and other resources for local consideration. It also highlights the amount each PCT spends on clinical services and links this with the health outcomes patients see.

- [View the NHS Atlas of Variation on the RightCare website](#)

Personal health budgets pilot: second interim report

This report, published by an independent evaluation team, focuses on the views of health professionals and operational staff, commissioning managers, and third party personal budget holders on the implementation of personal health budgets within the 20 in-depth evaluated pilot sites. The overwhelming view was that personal health budgets will have a positive impact on both budget holders and carers. The report also identified some challenges – such as the lack of choice of services and the need for more upfront time in the care planning process – which will help determine what support pilot sites need. The DH has also produced two films of stories of how personal health budgets are helping people improve their health outcomes. The recently updated personal health budgets website now has a new page for health and social care

professionals, which includes resources, policy information and FAQs.

- [Download the interim report](#)
- [Read personal stories](#)
- [Access the updated site](#)

Violence Against Women and Children (VAWC) action plan

On 25 November, Public Health Minister Anne Milton launched an action plan to improve services for women and child victims of violence and announced funding of up to £3.2 million to improve and expand Sexual Assault Referral Centres. A VAWC communications campaign ran from 25 November to 10 December to help raise awareness among health professionals, patients and the public. Resources, which are still available, include case studies, prevalence facts, posters and leaflets for AHPs to tailor to their needs.

- [Find out more about VAWC and download resources, including communications campaign materials to help plan and carry out local campaigns](#)
- [Read the press release on the announcement](#)

Contents

- Public Health White Paper.....p1
- Government response to NHS reforms p2
- Voicepiece p3
- Service Improvement Programmep4-6
- Comprehensive Spending Review ... p5
- AHP leader profile .. p7
- AHPs' role in the information revolution p8
- News in Brief p9-11

NEWS IN BRIEF

Joint Strategic Needs Assessment (JSNA) web portals

Two new web portals are available for those involved in developing positive health and wellbeing outcomes through local JSNAs. They provide the latest research on JSNA outcomes and challenges across England and are designed to be particularly valuable for health analysts, local authority planners, service providers, commissioners and the voluntary sector. The web portals offer all those involved in the JSNA process an opportunity to make the most of shared JSNA knowledge and expertise.

- [Visit the Local Government Improvement and Development portal](#)
- [Visit the Voluntary Organisations Disability Group portal](#)

DIARY

Delivering Equity and Excellence

Date/location: 15 February 2011 at Queens Hotel Leeds and 22 February 2011 at INMARSAT London

These two free learning events are designed to equip AHPs at all levels to

be an active part of delivering the service improvement that the White Paper (see story, page 2) describes. The events are open to all who aspire to take the opportunities that are now opening up to influence what happens in their own organisations and local communities.

- [Find out more and register](#)

Healthcare Innovation Expo 2011

Date: 9-10 March 2011

Venue: Excel Centre, London

The Healthcare Innovation Expo 2011 will feature examples of innovation from every region, advice on how to use them locally, and a showcase of new ideas and technology that could transform the way patients are treated. The Expo will help AHPs understand the Government's reform agenda and the part they have to play in improving the NHS by using new innovations. An "i-Neighbourhood" zone will feature solutions for assisted-living and long-term conditions to help patients live more independently. Seminars will cover safe care, end of life care, long-term conditions and urgent and emergency care.

- [Register now on the Healthcare Innovation Expo website](#)

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