**Allied Health Professions Federation Scotland (AHPfS) annual report**

**AHPfS activity**

Working within the plan devised last year of AHPs gaining recognition by:

* Influencing
* Engaging
* Advising
* Supporting

Much forward progress has been achieved in terms of recognition of AHPs by Scottish Government (SG).

**Workforce measurement tool**

Since last year work continues on the workforce dashboard that was being developed to inform staffing needs. The government is working with representation from health boards and workforce advisors to measure activity and, although difficult, the material will be used to establish the required workforce. The material being collected is geared towards particular interactions with patients/clients and looks for details about repetitive visits and how long and what each therapist contributes. Clearly we don’t easily fit into this bag, neither do our radiotherapy colleagues. As indicated last year the RIS systems will generate a large amount of information from radiographic workforce numbers perspective. This too is being further developed by National Services Scotland (NSS) to create a dashboard that will show us where work is being performed and of what types so that we can understand how to best use our workforce and develop it on the back of initiatives such as AILP/The Modern Outpatient/Realistic Medicine/Unscheduled Care and Role transformation (see below) particularly in Primary Care.

**Influencing**

A meeting is to be held with the Cabinet Secretary for Health and Sport (Shona Robison) on November 13th, which will give the group a chance to demonstrate how AHPs work, what they might be able to achieve and express what may be required to enable this to happen. Maria Murray and I will be present and have been working on material to deliver.

Greater recognition is now evident amongst those in SG with clear development through NSS support for initiatives such as Shared Services for the development of Reporting Radiographer framework within the national Radiology Model for Scotland.

**Role Transformation, CHPO and NES**

Role Transformation in Primary Care is a significant initiative that is being pursued at various avenues within organisations like NES, AHP Advanced Practice Groups and Nursing, so much so that what was previously a Nursing focused initiative has now been opened out to NMAHP. Jan Beattie (Directions for Primary Care SG) discussed the following at the September meeting of AHPfS (draft minute):

*Transformation in Primary Care work related to the Multidisciplinary Primary Care Group has representation for AHPFS. Jan states that AHPFS being included in the work of Transformation and with the MPCG is great.*

*Jan states that 90% of care is given within Primary Care. Project Acorn gave 8 GP practices funding to try different things to improve streamlining of services for users. Some boards used money to fund what they were doing currently, some made changes and some scrapped what they were trying and did something else.*

*Evaluation at the moment istrying to get message out about what GP need is and what skills are required to fill that need. GP Contract will be announced in December. They are then given January to vote upon contract. If accepted will come into force in April 18. Transition of this will be over 3 years.*

*Changes to contract being discussed are – MSK and Physio as first point of contact, minor surgery and verruca’s. Mental health is a big area.*

*GP will make diagnosis when ailment is not clear, Clinical Leadership and expert medical generalist.*

*Group asked Jan who we should be attempting to influence so that information about AHP skills is in the right hands.*

*Jan states she is a point of contact for doing this, getting in with Integrated Joint Boards would also be advantageous.*

*There will be Practice Quality Leads and Cluster Quality Leads. These are not appointed posts. Clusters went with GPs first but they do not have to remain GPs.*

*Contract will state money for health boards. £500 million recurring fund to help with transition in these proposed changes.*

*Jan suggests speaking with AHP Directors re accessing funds.*

*Every cluster will have a List Analyst to help detail local needs.*

*Jan suggests gathering 4/5 pieces of evidence each to present to AHP Directors to support claims.*

 *AHPs do not sit on IJBs which leaves a gap in communication.*

In May Tracy MacInnes (SG Chief Health Professions Office) attended in May to discuss current positions

*Tracy MacInnes is pleased the group have discussed safe staffing levels and encourages response.*

*Group states they would like some information about AILIP. Conv states that the group is very supportive of work but have some concerns. No-one has seen document. There is a lack of clarity over content, ownership and budget. Tracy MacInnes stated she thought the launch event was a great event and her team were as disappointed as everyone else there was not a document to accompany the launch. She stated that NDP has not stopped and AILIP is a continuation of that work. TM stated that AILIP will focus on streams; falls, dementia, vocational rehab, moves and improve, CYP and eating well. Seeking to continue success of work streams. Following the Lifecurve survey was launched today and requires AHPs to each complete questionnaire with two service users. The aim being that they can find out at what point in the journey AHPs intervene. It is thought that AHPs are becoming involved in a patients care too late and that the aim would be towards shifting AHP involvement to earlier in the cycle. The questionnaires are being done over a two week period. TM stated there were internal challenges which meant a delay in publishing the document. Team are looking at it again to make sure fits with current policy. Cab Sec has stated she would like it before the NHS Event at the end of June and she will mention it in her speech. RP stated there are issues around wording in Lifecurve. Tracy is to send round the 2 year report created as a result of the NDP work. KHK enquires about funding for AILIP. Tracy MacInnes confirms there is no specific funding for this. KHK asks if the AILIP team would be able to come to AHP bodies and give talks/presentations to help engage with members about the status. Tracy MacInnes says yes and to contact Charles Laing the PA for team. AILIP information is on the Community of Practice webpages. JT asks if there is a more recent flash report on Community of Practice than the one there that is June 2016. Tracy MacInnes says she will need to check up and will report back. New document will be shorter than the drafts, will have same information but will not be in the same format. Possibly creating executive summary. Tracy MacInnes stated that the co-production approach in development the document triangulates with policy direction. If group can articulate value this will aid funding. PW asks if the team can create some kind of statement to be sent to AHPFS for further sharing with members regarding the status of AILIP. Tracy MacInnes says yes and will send something round.*

*KLJ enquires about the status of the Workforce model tool that was started by Helen McFarlane. Was on website but not there now. The group that worked on this has been absorbed as part of the Operational Measures work. Tracy MacInnes says work is in situ and she will get more information and report back. This model could aid multi-dimensional safe staffing level work. VC and cohort met with Euan McComiskie from Operational Measures team and he has circulated documents from this. Group to send response to Governance/Prison enquiry asking to be part of the work and Tracy MacInnes agrees that her team will champion AHPFS representation.*

*JMcN talks about e-mail received stating the Glasgow Caledonian University are cutting Physio student places. She talks about concerns for future workforce. This all links to workforce planning and shows many aspects are inconclusive. Kirsty Dewar and cohort worked on workforce planning response which Kirsty sent in. Phase 2 of workforce planning model does not include 3rd sector. PW states this is a concern as she completed mapping project for Art Therapists which show most are in 3rd sector work.*

*Tracy mentions RCSLT work on Communication Summit and congratulated on work well done.*

Much of the influencing work performed by AHPfS fits with the central AHPF outline flyer (but clearly with a Scottish NHS twist) detailed in appendix 1.

Finally Elaine Figgins AHP Director for NES also discussed aspects of the AHP Advanced Practitioner initiative in the September meeting:

*Transforming roles group NMAHP – NES leading advanced practice group. Janice McNee (JMcN) attended all but first of these groups. The meeting has health boards, HEIs and AHPFS. Most professional bodies are covered but the group is short of an Orthoptist and Speech and Language Therapist.*

*The group is working on a common definition of Advanced Practitioner. They are working on 2 definitions one for specialist and for generic role. JMcN sent round information on this in a report on 06.09.17. NES going to each AHP Director and asking for information on how many specialist, general workers they have and what area they work in.*

*KLJ states that NES are working on this but papers have also come from Chief Nursing Office. There are 4 sub-groups advising on these papers and Elaine suggests that AHPFS have representation on the advanced practice group and education group.*

*The 21 principles document created by Multidisciplinary Primary Care Group talks about health professions not specific jobs and will be considered in discussions by NES..*

*At the NES strategy review meeting –a survey with RCSLT members who showed access to CPD is now much reduced. E-portfolio used for nurses and may work for AHPs (Turas).. NES has this on its agenda and will be moving it forward.*

*Definitions from Advanced Practitioner group are not final.*

*Elaine talks about the AHP Career Fellowship which is 5 years on. Document produced about this with electronic access available.*

*To align with AILP moving forward a National Fellowship Post has come up, this will be 2 days a week for 6 months. Person will move the Falls part of AILP forward.*

In continuation from the last report (2016) the achievements with:

* Jason Leitch (National Clinical Director)
* Dr Angus Cameron (NCS author)
* Helen McFarlane, Acting Assoc. CHPO
* Karen McNee, Scottish Govt. lead on NCS

Continue to be discussed with new additions included where required.

Unfortunately due to the voluntary nature of positions such as Vice Convenor and Convenor we find ourselves in the position that the VC has to step down immediately (work commitments are preventing full activity) and the convenor intends to finish her 2 year stint at the end of February 2018 meaning we now have both positions vacant. A recruitment process for both Vice Convenor and Convenor is to be started.

J McConnell AHPfS Representative from SCoR Scottish Council

October 2017

Appendix 1

