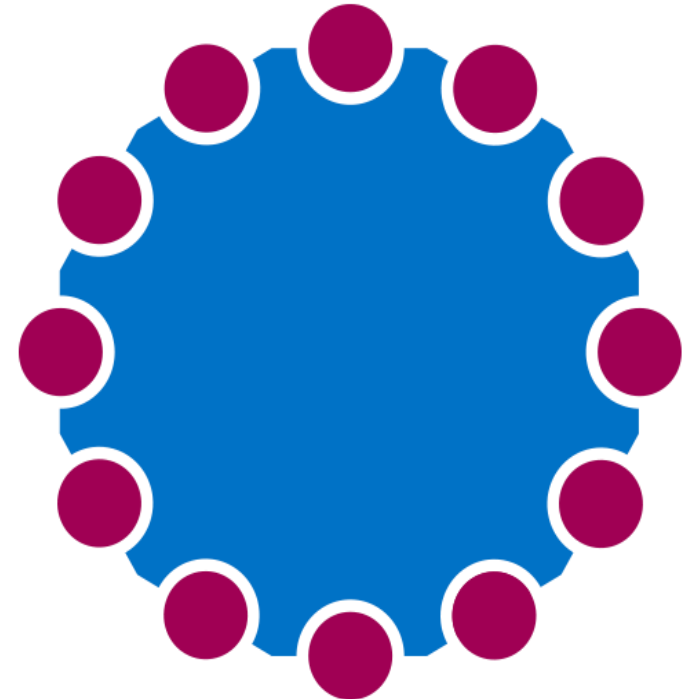


# AHPs into Action:

## Paramedics & AHPs in Urgent care

**#AHPsintoAction**

**Richard Webber**  
Lead Paramedic NHSE



# AHPs into Action:

Paramedics & AHPs in Urgent care

**#AHPsintoAction**

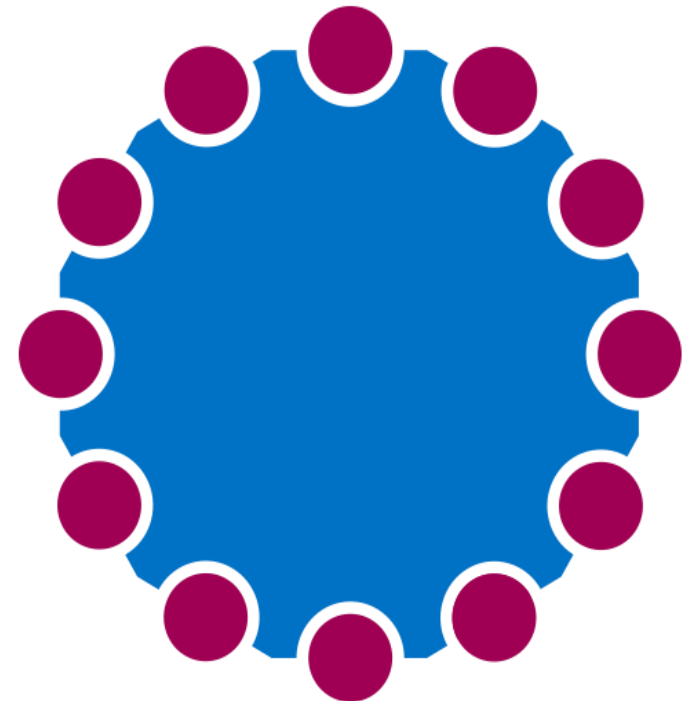
**Richard Webber**  
**Lead Paramedic NHSE**

**NOT**

**Suzanne Rastrick**  
Chief Allied Health Professions Officer



**@SuzanneRastrick**



# The AHP community



**#StrongerTogether**

# AHP Leadership Team



**Suzanne Rastrick, Chief Allied  
Health Professions Officer  
(CAHPO) NHSE**



**Shelagh Morris OBE,  
Deputy CAHPO, NHSE**



**Dr Joanne Fillingham, Clinical  
Director (AHPs) & Deputy  
CAHPO, NHSI**

**Linda Hindle, Lead  
AHP & Deputy  
CAHPO, PHE**



**Beverley Harden, Associate  
Director of Education & Quality,  
HEE**



# Leadership in partnership & collaboration



# Leadership in partnership & collaboration



Department  
of Health

**NHS**

**England**

**NHS**

**Improvement**



Public Health  
England

**NHS**

**Health Education England**

**NHS**

**Digital**



**MHRA**

Regulating Medicines and Medical Devices

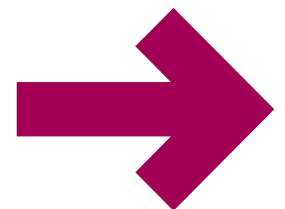
**ahpf**





# Addressing the gaps identified in 5 yr FV

- Providing solutions to Urgent and Emergency Care
- Providing solutions in Primary Care
- How AHP skills can be used differently
- AHPs working together
- Managing more patients in the Community
- See and Treat
- See, Treat and Refer





# Commitment to keep care closer to home

**The Guardian** UK edition



**This is the NHS**  
**The new breed of paramedics charged with keeping people out of hospital**

As a community paramedic practitioner in Kent, Steve Hulks' job is about advising, reassuring – and easing pressure on A&E

by [Steven Morris](#)

**PULSE** At the heart of general practice since 1960

OPINION 'I voted Brexit for the NHS'

HOME NEWS VIEWS CLINICAL YOUR PRACTICE HOT TOPICS TRAINEE PL

HOME → NEWS → COMMISSIONING → COMMISSIONING TOPICS → REFERRALS

## Physio 'first contact' service set to be rolled out next year in GP practices

18 October 2017 | By Alex Matthews-King

**NHS England**

## Developing outcomes

### Gathering input

Collating and assessing feedback.  
Developing criteria to assess outcome measure being considered. Alignment with digital framework

**EQ-5D**

**COPM** The Canadian Occupational Performance Measure

**Therapy Outcome Measures for Rehabilitation Professionals**  
Third Edition

**The DASH OUTCOME MEASURE**  
Disabilities of the Arm, Shoulder and Hand

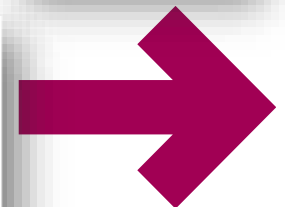
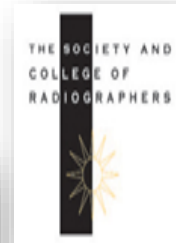
**MUSCULOSKELETAL HEALTH QUESTIONNAIRE (MSK-HQ)**

[www.england.nhs.uk](http://www.england.nhs.uk)

# Professional bodies workshop AHP strategy

Agreement that gains can be made for all AHPs and the health and care by working towards common goals and challenges together.

- National conversation about collective impact of AHPs
- What do we need to start, stop, or do differently?
- Examples of how we are doing this already.



# What next for Paramedics?

## Longed-for baby girl born by caesarean after mother's death

**Paramedics perform emergency operation on nurse who died suddenly when six months pregnant**

*By Victoria Ward*

AN "OUTSTANDING" cardiac nurse who died suddenly when she was six months pregnant gave birth to her daughter when quick-thinking paramedics performed an emergency caesarean on her dead body.

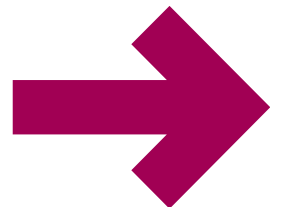
Emmanuel Olubayo with his daughter, Aretha at their Leicester home, following her discharge from hospital. Below, the 34-year old with his wife Emma, who learnt she was pregnant shortly after their marriage

sionate, hard working and caring," and a "unique and vibrant" nurse.

Mr Olubayo, who is self-employed, said: "The evening Emma died she was gasping for breath but we had no idea what was wrong. After paramedics arrived and failed to restart her heart, the only option to save our baby was to deliver in our living room."

The paramedics battled for an hour to save his wife.

"While this was happening I was all over the place like a madman, but I kept on talking to Emma, holding her head and kissing her," he said.





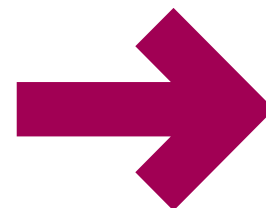
## Allied Health Professions into Action

Using Allied Health Professionals to  
transform health, care and wellbeing.

2016/17 - 2020/21

#AHPsintoAction

# Generating action...





# AHPs into Action Framework

## AHPs into Action

Using Allied Health Professionals to transform health, care and wellbeing.



#AHPsintoAction

### Impact of the effective and efficient use of AHPs for people and populations.

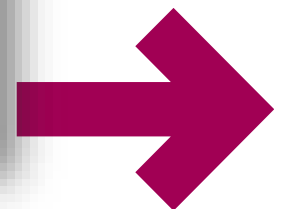
- 1 Improve the health and well-being of individuals and populations.
- 2 Support and provide solutions to general practice and urgent and emergency services to address demand.
- 3 Support integration, addressing historical service boundaries to reduce duplication and fragmentation.
- 4 Deliver evidence based/informed practice to address unexplained variances in service quality and efficiency.

### Commitment to the way services are delivered.

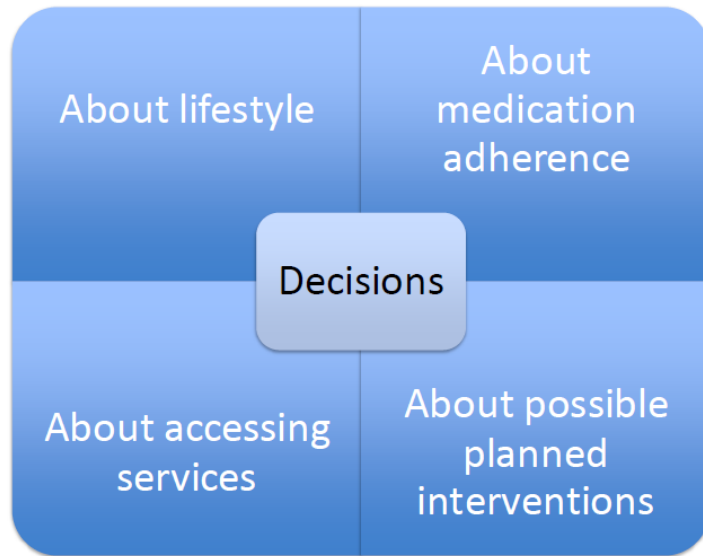
- 1 Commitment to the individual.
- 2 Commitment to keep care close to home.
- 3 Commitment to the health and well-being of populations.
- 4 Commitment to care for those who care.

### Priorities to meet the challenges of changing care needs.

- 1 AHPs can lead change.
- 2 AHPs skills can be further developed.
- 3 AHPs evaluate, improve and evidence the impact of their contribution.
- 4 AHPs can utilise information & technology.

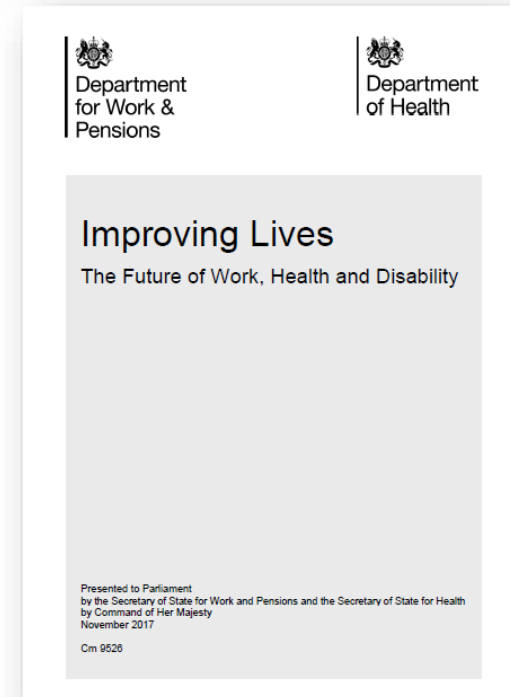
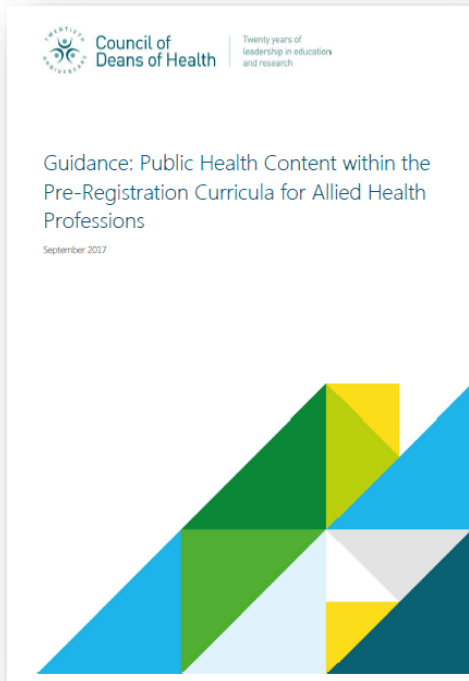


# Commitment to the individual





# Commitment to health and wellbeing of populations



# Commitment to care for those who care



# Priority One

## AHPs can lead change

“..recognition that AHPs can be effective leaders at all levels and in all sectors.”



# Priority Two

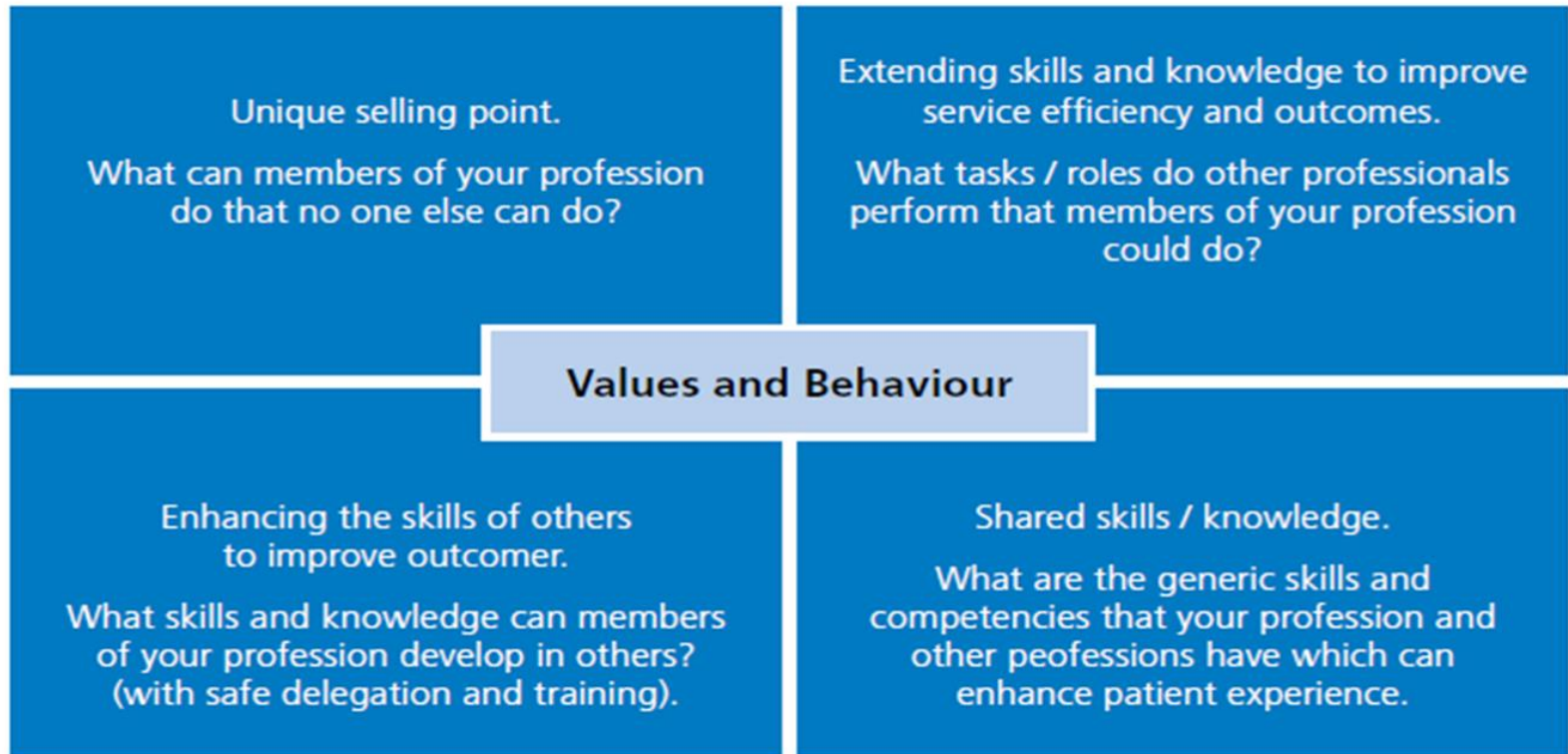
## AHPs skills can be further developed

**“To achieve the *5 Year Forward View* ambitions, a broader multi-professional workforce is required.”**



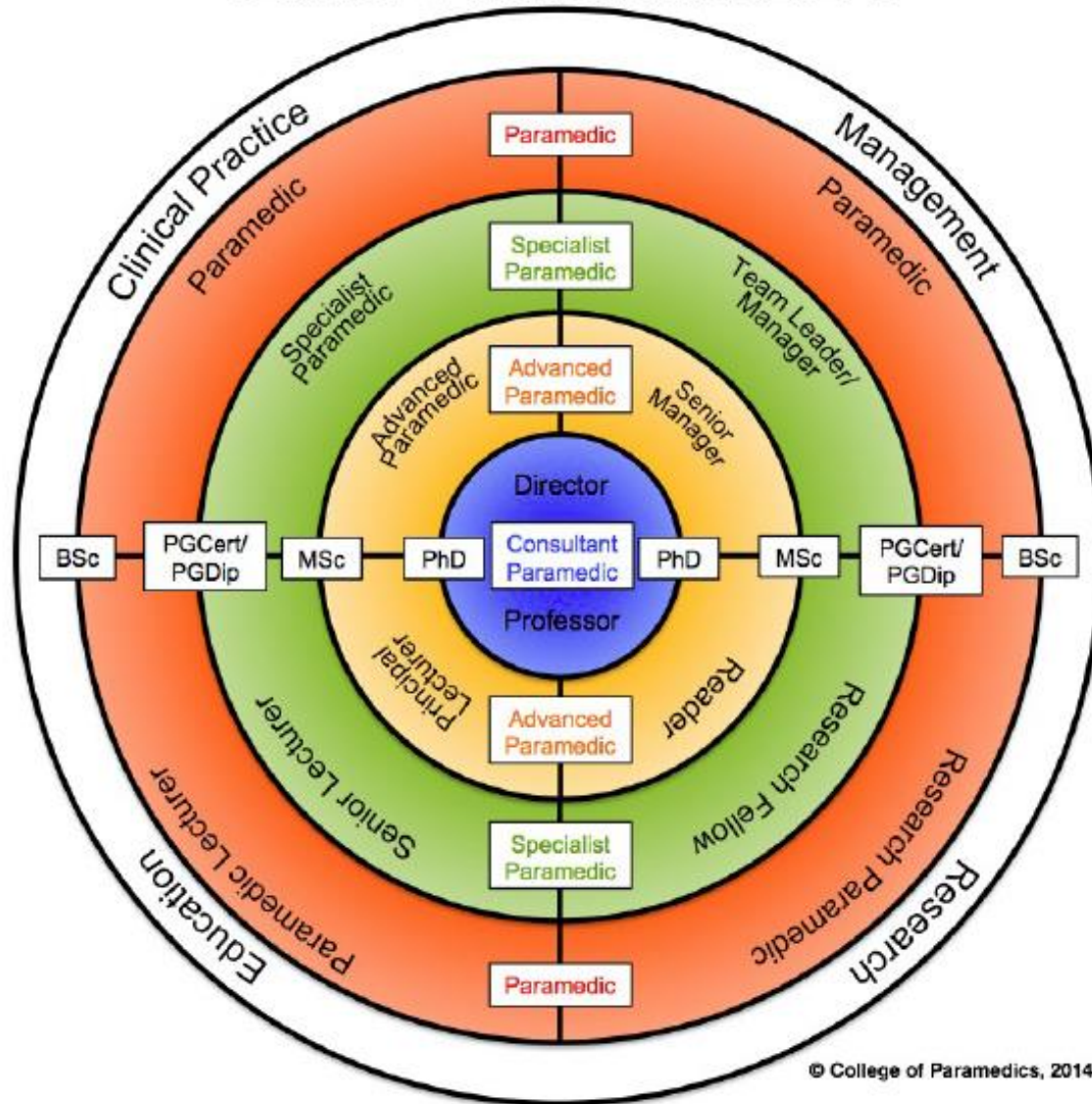
# AHPs into Action recommendation: Assess workforce utilising the guidance.

## State of readiness for future care





# College of Paramedics Career Framework 2014



© College of Paramedics, 2014



# Specialist Paramedics (Primary and Urgent Care) Core Capabilities Framework



*Health Education England*

# Priority Three

## AHPs evaluate, improve and evidence the impact of their contribution

“There needs to be routine collection of consistent and comprehensive data on the impact of AHPs on the quality of care to individuals and populations.”



# Quality Watch 2014



“There is very little systematic information available to describe the quality of care delivered by AHPs”.

“We have highlighted the need to develop information systems that adequately capture consistent and comparable information on all aspects of the quality of AHP care”.

## Citizen outcomes and the chain of outcome measure delivery



**Suzanne Rastrick**  
Chief Allied Health  
Professions Officer,  
NHS England, UK;



**Joanne Fillingham**  
Clinical Fellow to the  
Chief Allied Health  
Professions Officer,  
NHS England, UK.

**“The development, adoption and recording of outcome measures are multifaceted, but paramount to high quality services. So across systems, organisations, services and professions, a focus on the recording and analysis of outcomes in consistent data sets is vital to drive quality improvement and transformational change at scale and pace”.**

# Priority Four

## AHPs can utilise information and technology

**Developing a blueprint for the digitisation of AHP services.**

**Moving from strategy to framework.**



# A blueprint for the digitisation of AHP Services

Create a network of digitally mature AHP services which support high quality care with digital technology

A digitally literate and digitally empowered AHP workforce

Demonstrate how to transform care with digital technology

Shared learning between AHP services, greater collaboration across clinical specialties and increased awareness of wider digitisation and data agenda's

A set of best practice blueprints that can be adopted by other AHP services

Improved efficiency, productivity and quality through optimising working practices





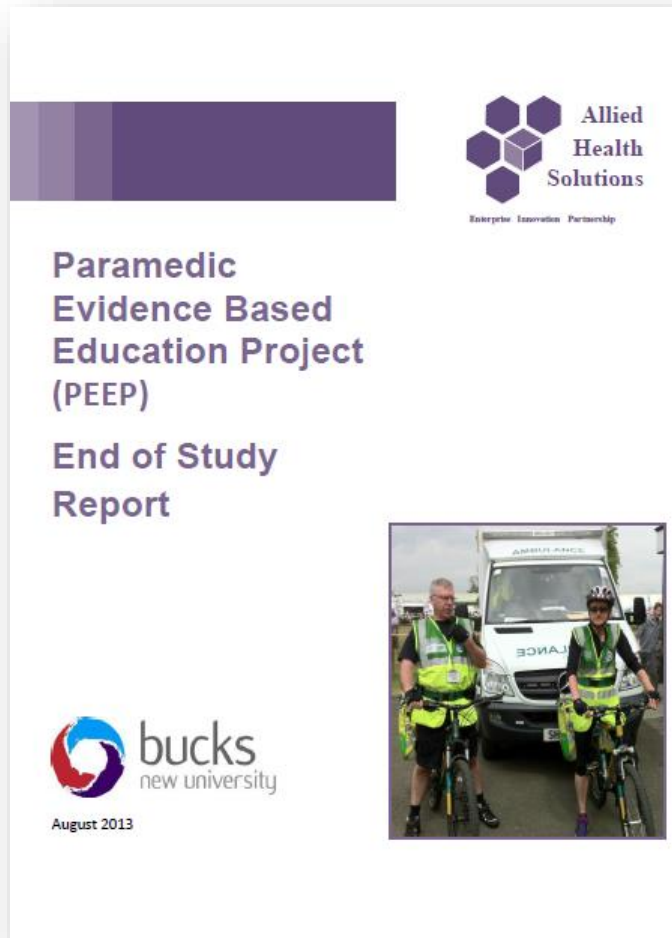
# Impact 1: AHPs will improve the health and wellbeing of individuals and populations



## *AHPs into Action Case Study 3: Embedding health promotion strategy across musculoskeletal (MSK) physiotherapy in Salford.*

BMI, BP, smoking, alcohol and physical activity status checked for all patients attending MSK appointment. Physical activity status recorded for 16% of patients. 43% eligible for diabetes check and 17% eligible for health check.

# Impact 2: AHPs will support and provide solutions to general practice and urgent and emergency services to address demand



## *AHPs into Action Case Study 31: Pennine Lancashire Falls Response Service (FRS)*

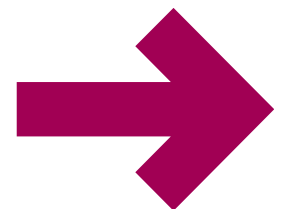
Paramedic and Occupational Therapist with dedicated falls response car.

Non conveyance savings of £217 per journey plus ED assessment savings of £126 per visit and then £196 per night of admission.

Total savings for 19 patients equals £18,696

# Falls Car in Bath

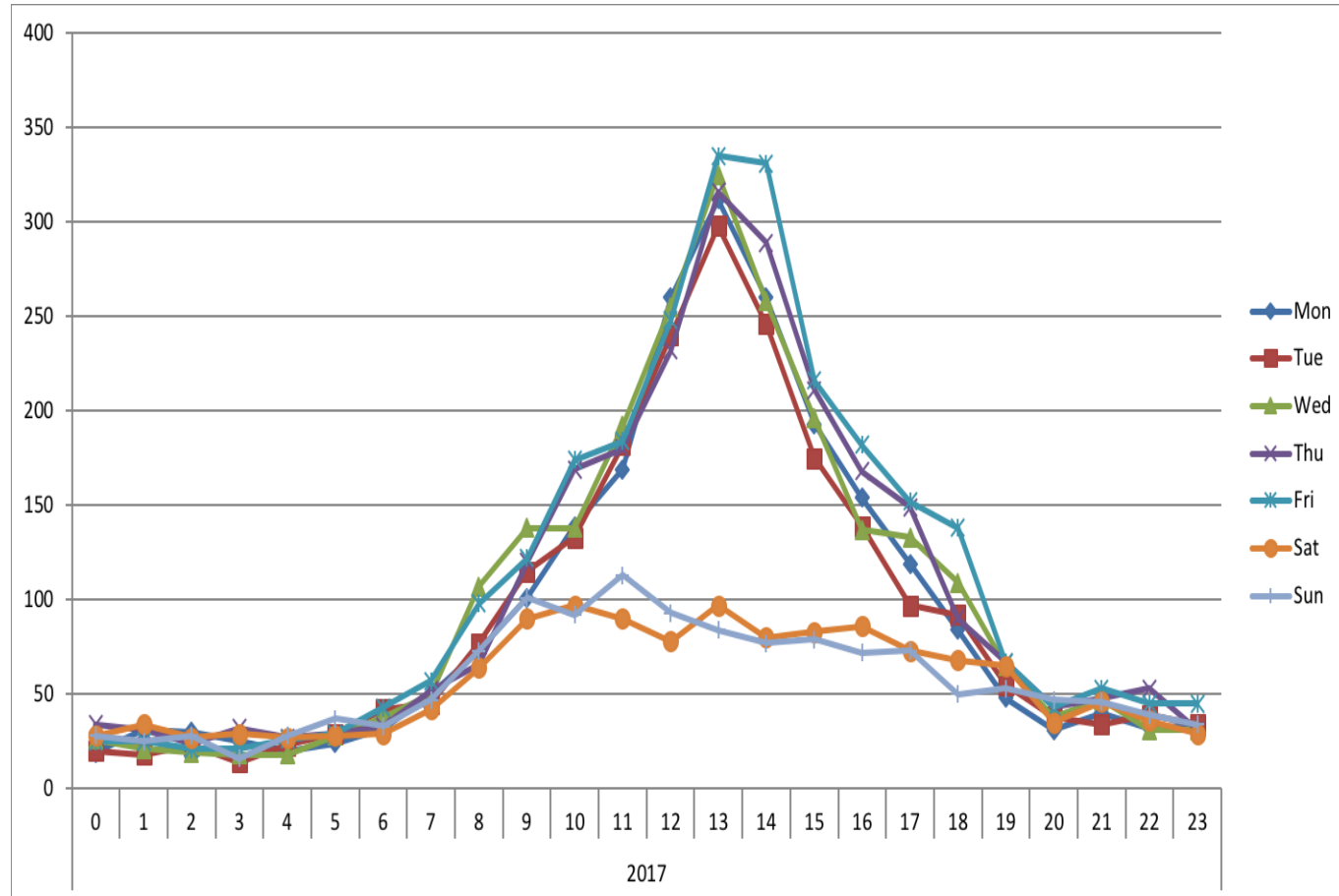
- Advanced OT Practitioners –  
specialising in frailty and falls
- Physiotherapist
- Specialist Paramedics
- Team carries out medical review & mobility assessment
- Arranges community input or speciality referral



# **The Rotating Paramedic Model - The right response, first time**

**New innovative Paramedic roles  
-using the unique skill sets of  
Specialist & Advanced Paramedics  
To provide:  
the right response, first time.**

# Why Support Primary Care?



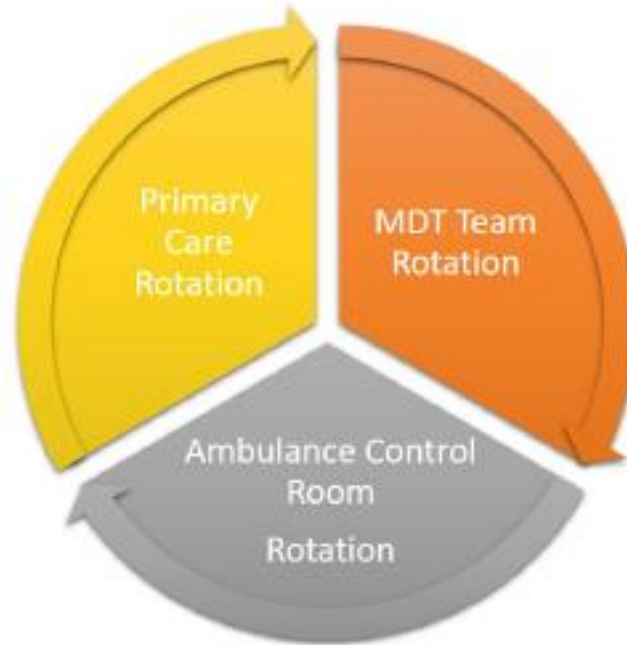
Entirely predictable

Monday – Friday 11.00-16.00

Activity peaking around 13.00 Monday – Friday

# Paramedic rotational model

- Management of specific caseload
- Home visiting
- Care home visiting and care plan development
- Emergency 'same day' presentations



- Multi-disciplinary team working
- Proactive prevention role
- Tasked to manage specific code sets via 999 referral
- MDT Team made up of appropriate HCP specific to each code set

- Hear & Treat floor walking
- Oversight and tasking of HCP and generating MDT referrals
- Clinical leadership and advice for other ambulance clinicians



# Pilot Sites

## Leeds & Sheffield

Yorkshire Ambulance Service (YAS) will test the model in two sites, Leeds and Sheffield. In Sheffield, the rotation will be between the Emergency Operations Centre and SPs providing a 'See and Treat' service.

The Leeds element of the pilot will focus on APs and SPs rotating into a primary care urgent treatment centre.

## South East Hampshire


The South East pilot involves SPs rotating between primary care and the South Central Ambulance service (SCAS), attending specific urgent and emergency calls to improve patient care and response to demand.

## Newcastle

The Newcastle pilot coordinated by North East Ambulance Service (NEAS), is rotating APs into three GP Practices to provide urgent home visits, as well as the Emergency Operations Centre.

## Derbyshire & Lincolnshire

Derbyshire rotate their APs through a community integrated team and three GP practices to provide urgent home visits. Lincolnshire APs rotate through the EOC at East Midlands Ambulance Service (EMAS), seeking to increase their 'See and Treat' service by dispatching their APs to calls that would otherwise have been conveyed to A&E. Phase two involves the Clinical Assessment Service (CAS) which has access to a multi-disciplinary community intervention team and primary care.



# Scottish Clinical Model

## SAS Clinical Model

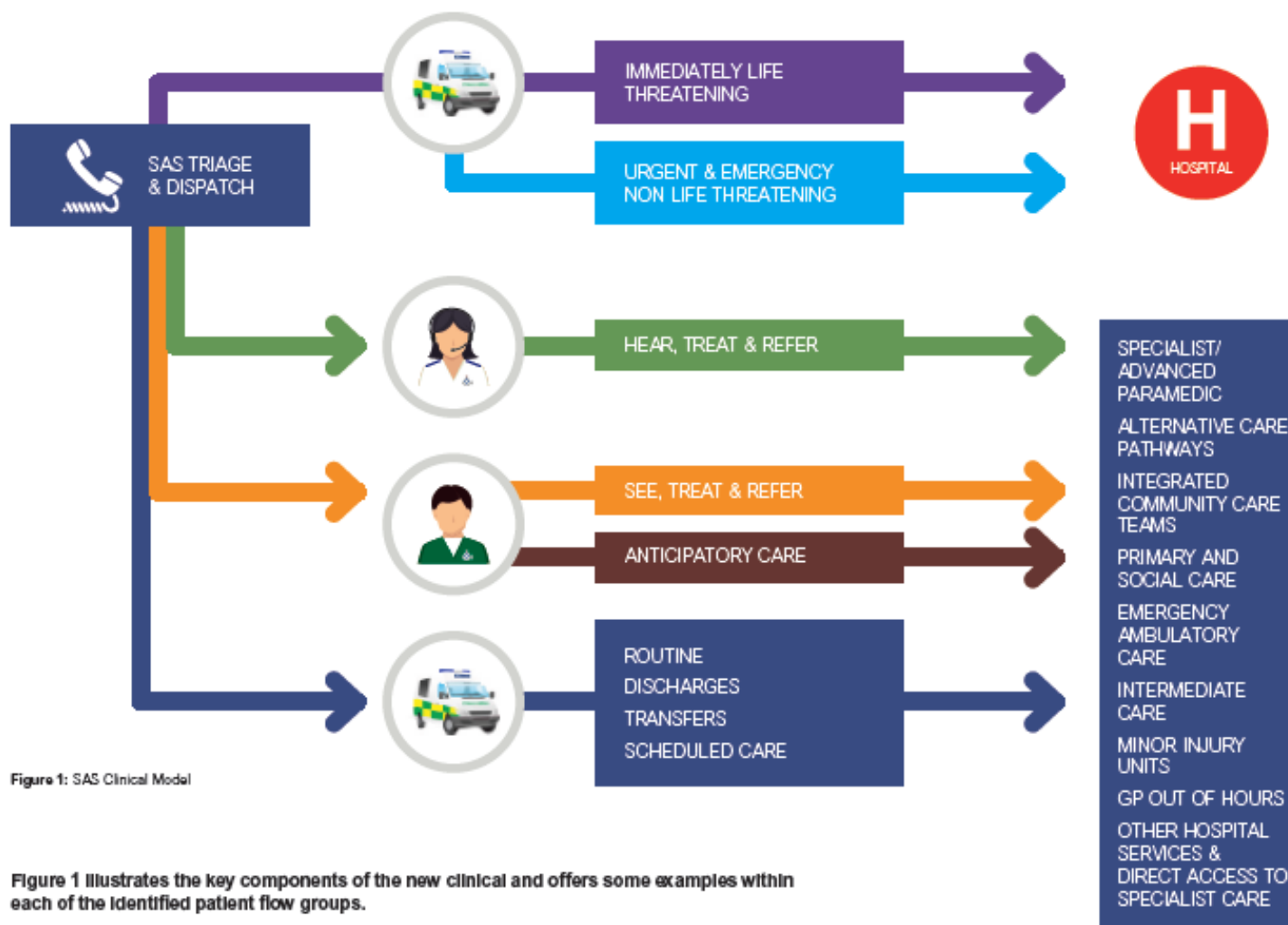
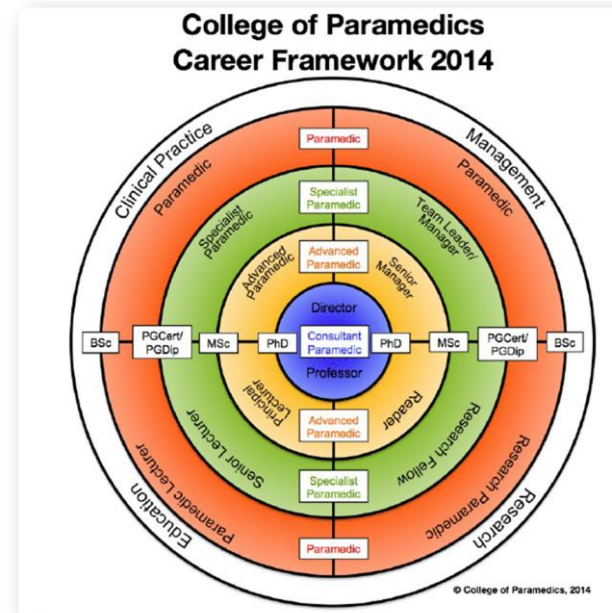
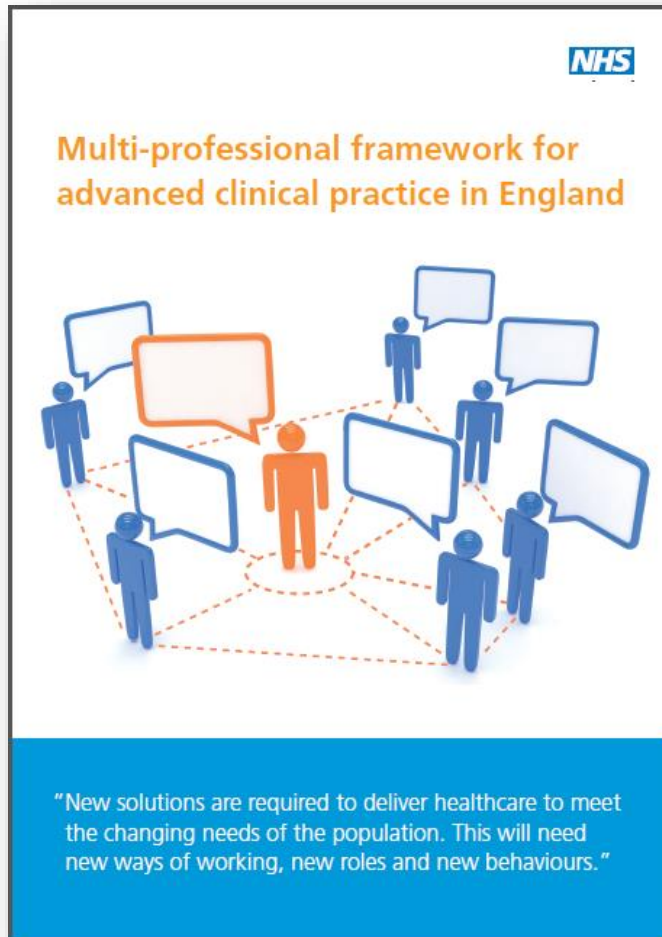


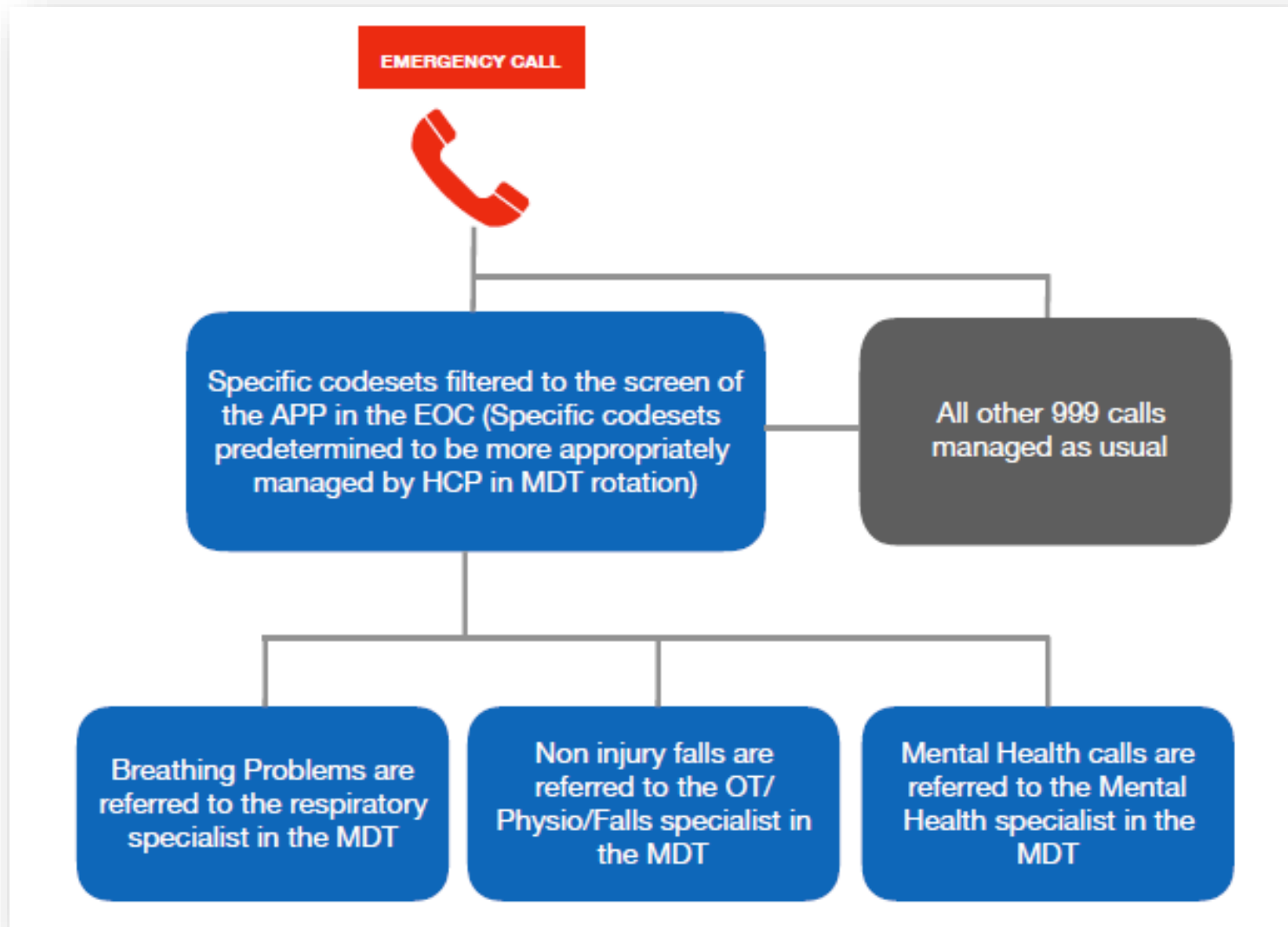
Figure 1: SAS Clinical Model

Figure 1 illustrates the key components of the new clinical and offers some examples within each of the identified patient flow groups.

# Impact 3: AHPs will support integration, addressing historical boundaries to reduce duplication and fragmentation



# Paramedic referral to MDT



# Impact 4: AHPs will deliver evidence based/informed practice to address unexplained variances in service quality and efficiency

## Developing outcomes Gathering input

Collating and assessing feedback.  
Developing criteria to assess outcome  
measure being considered. Alignment with  
digital framework



Disabilities of the Arm, Shoulder and Hand



**MUSCULOSKELETAL HEALTH QUESTIONNAIRE  
(MSK-HQ)**

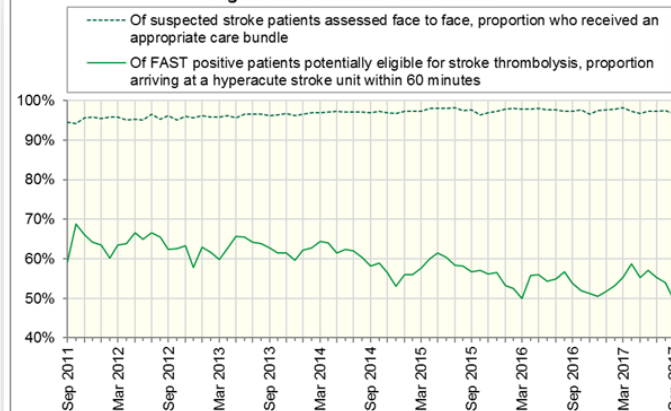
[www.england.nhs.uk](http://www.england.nhs.uk)

**Therapy Outcome  
Measures  
for Rehabilitation  
Professionals**  
Third Edition

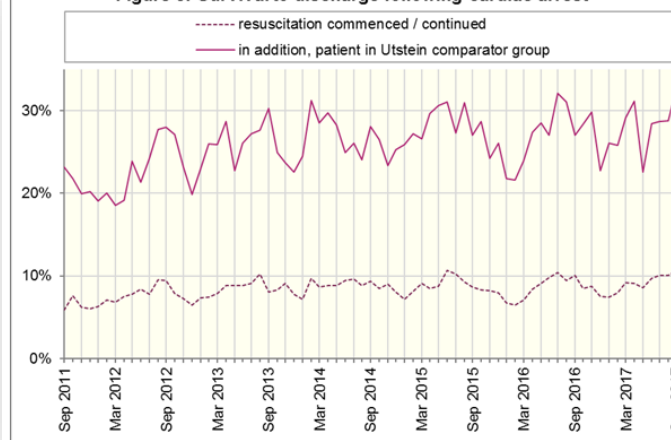
• Revised  
and Updated  
• New Outcome 47  
Scale  
• Gives Examples  
of Use

Pamela Enderby and Alexandra John

**Figure 10: Outcomes after stroke**



**Figure 8: Survival to discharge following cardiac arrest**





# #AHPsintoAction work streams



# #AHPsintoAction programme board



**2 lay  
members**



**Council of  
Deans of Health**



**Public Health  
England**

**NHS**  
**Improvement**

**NHS**  
**Health Education England**

**ahpf**

*Your personal invitation to*

# Chief Allied Health Professions Officer's Conference 2018

**The Future Now:  
Innovation in Digital, Leadership and Integration**

**20<sup>th</sup> June 2018**

The Park Plaza Victoria  
239 Vauxhall Bridge, London SW1V 1EQ

Registration: *from* 8:30am  
Conference: 9:30am – 5:00pm

Please **register** for your free place:

<https://www.events.england.nhs.uk/events/chief-allied-health-professions-officers-conference-2018-19666>

**#CAHPO18**

# CAHPO Awards

**AHP Student innovation 2018  
(NHS Employers)**

**AHP Support Worker of the Year 2018  
(PHE)**

**AHP Digital Practice 2018  
(NHS Digital)**

**AHP Quality Improvement 2018  
(NHSI)**

**AHP Leader 2018  
(HEE)**

**NICE into Action 2018  
(NICE)**



**Nominations open until the 29<sup>th</sup>  
March 2018**  
**Awards ceremony 19<sup>th</sup> June 2018**  
**6pm to 8pm**  
**Royal College of Physicians**  
**Regents Park**  
**London**

<https://www.engage.england.nhs.uk/application/cahpo-awards-2018/>

# Thank you

**“I honestly believe that if all AHPs in England were used effectively, it would signal the total transformation of health and social care which we desperately need. We save lives, we rebuild lives and we do it all at a fraction of the cost of other colleagues. We understand the medical but crucially, we understand the social determinants of health -education, poverty, housing, stigma”.**

**#AHPsintoAction**

