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### IT use by AHPs – let us know please

In the last AHP Bulletin (Issue 85), we highlighted the low usage of NHS IT systems, such as Choose and Book, by AHP services.

To help improve the situation the National Allied Health Professions Information Strategic Taskforce (NAHPIST) has put together a short questionnaire and is asking as many AHPs as possible to spend a few minutes to complete it online.

Yvonne Pettigrew, National Clinical Lead for Informatics at the Department of Health, commented: "I hope everyone will take a few moments and complete the questionnaire. The results will help us understand the knowledge gap that we need to close to assist AHPs in taking full advantage of the systems that are already available and influence future system development."

- [Complete the questionnaire online](#)

# VOICEPIECE

**Karen Middleton, Chief Health Professions Officer**

**Look to the future – it's where we will spend the rest of our lives.**

The great American comic, George Burn, famously said: "I look to the future because that's where I'm going to spend the rest of my life." Wise words. However, when you have so much to deal with each day, it can be hard to find the time to look further forward, to scan the horizon for new ideas and opportunities and start to shape your own future – and so the rest of your life.

But as leaders and clinicians, we have a responsibility to ensure a better future for ourselves, our colleagues and those we care for. To do this we need to make the time to stand back from the day-to-day and look to the future. Funding and organisations are changing, disease patterns and clinical practice are changing; the profile of the population we serve is changing. We must look forward if we are to understand these changes; spot and take advantage of the new opportunities they bring and avoid the problems that may occur. I am very pleased to say that in the last few weeks I have seen many AHPs do just this- take time, look to the future, internationally, nationally and within their local region, and take action to help shape that future for themselves and their patients.

At the beginning of November, together with my colleagues the Chief/Lead Officers for the Allied Health Professions in Scotland, Wales and Northern Ireland, I took part in an international online AHP Conference. It brought us together with AHPs from countries including Canada, Australia and New Zealand to discover what is happening internationally, promoting the allied health professions, learning from each other and linking up across the globe.

Later in November, again with my colleagues from Scotland, Wales and Northern Ireland we hosted the first UK wide [AHP Summit](#). This brought key strategic AHP leaders from the health services together with the chairs and chief executives of the professional bodies, the HPC and others, to look to the future and create of vision of how the world of AHPs could look in ten years time and beyond.

A whole range of actions to help shape the future have come from that Summit. The other UK AHP Chief/Lead Officers and I are committed to continue to facilitate this debate, ensuring allied health professions have a positive future and the public benefits from the greater contribution the professions can make to improving patient care, outcomes and public health.

Two more examples of AHPs looking forward are also highlighted in this Bulletin. The [NE AHP Collaborative](#) looked to the future and saw the need to develop business skills. They took action, organising a development day to provide AHPs involved in service development and redesign with an opportunity to explore and debate how AHPs can lead the way in transforming client centred services.

[Coventry Community Health's Occupational Therapy for Children and Young People Service](#) introduced a highly effective Service Improvement Plan last year, but did not stop there. They looked to the future and saw how integrating with other services would improve the service they give and took the opportunity when it arose to link with their physiotherapy colleagues. And they are show no sign of stopping - looking further on they are now working with Speech and Language colleagues to improve services further, helping to shape their future and the future of children and young people's services in their area.

In all these examples AHPs have not just reacted to immediate events; they have looked at what is happening around them, looked forward, and taken action that is helping to shape both their futures and those of their services.

Two important documents have been published in the last few weeks: the [NHS Operating Framework](#) and the new [Patient Outcomes Framework](#). These are both vital tools in helping us look to the future, setting out the business planning framework in which we must operate and the outcomes for our patients by which we will be measured.

Looking to the future can be both exciting and daunting, and we must take care not to over value what we have and under value what we might gain by doing things differently. Unless we take the time to look forward and understand what is coming we will always be reacting to events, not shaping them, and not shaping the rest of our lives.

## **First UK Wide AHP Summit**

**More than 60 invited AHP leaders from England, Scotland, Wales and Northern Ireland, chairs and chief executives of the professional bodies, key strategic AHP leaders from front line services and the Health Professions Council, attended the first ever UK Allied Health Professions Summit in London in November.**

After the day long meeting the Chief/Lead Allied Health Professions Officers from all four UK countries committed to continue to facilitate debate to ensure the allied health professions have a positive future with greater visibility and influence, and ensure the public benefits from the greater contribution the professions can make to improving patient care, outcomes and public health.,

Chief Allied Health Professions Officer Karen Middleton said:” We were delighted with the response to the summit which would indicate that it was timely and needed - the chance to look to the future together seems to have been very well-received.”

The summit, which was organised by the Chief/Lead Officers, heard presentations outlining projected changes in health and care needs, the continuing financial outlook and the view of the health professions from a patient’s perspective.

Delegates then went on to discuss how best to respond to these changes in the future. They talked about how the work and role of AHPs will change, how the professions can work better in multi disciplinary teams to improve patient pathways and outcomes and how they can work together to have greater influence in commissioning and clinical developments.

Key issues identified included:-

- Need for a clearer brand
- Need increased visibility and leadership
- Focus on outcomes for patients
- AHPs are part of the solution to economic challenge
- AHPs are enablers
- Strengthening AHP values and accountability
- Improved organisation of influencing. and communications.
- Education, care and learning.

A 40-page report on the summit, circulated to delegates, set out proposed actions on strengthening the collective voice of AHPs, including strengthening leadership, identifying high impact AHP interventions, a UK wide leadership network and development of the AHP brand and workforce development.

After the meeting Karen Middleton, Scotland’s Jacqui Lunday, Northern Ireland’s Pauline Mulholland and Alison Strode from Wales said:” From the evaluation forms and last session of the event, it seems there are a whole range of actions people are planning to take and we look forward to hearing about their progress.

“Given the positive reaction to the summit we will look at how we can continue to facilitate the debate to ensure the allied health professions have a positive future with greater visibility and influence than we feel we have now - simply in order to ensure the public benefits from the greater contribution we are confident we can make.”

The Summit was held as an Accelerated Learning Event and was facilitated by Julia R A Taylor and a team from the NHS Institute.

## **NE AHP Collaborative holds successful ‘Business Skills’ day**

**More than 60 AHPs attended the NE AHP Collaborative Business Skills event in November. The day was organised to provide AHPs involved in service development and service redesign with an opportunity to explore and debate how AHPs can lead the way in transforming client centred services.**

As part of the day, Alex Kamadu from the Department of Health asked participants ‘Are you ready to be liberated?’, explaining the current changes and their impact on AHPs. He challenged his audience to take the opportunities presented and ‘use them or lose them’ to others.

A presentation from a local commissioner reinforced the need for AHPs to embrace the commissioning agenda and to ensure their contributions to service delivery is fully recognised and understood, not only by local commissioners but also their provider organisation.

Local examples were used to demonstrate the need to think differently when developing services and to recognise the need for personal leadership. This included an inspiring story of how a group of occupational therapists in Gateshead obtained funding from their local authority’s sport and leisure budget to run a ‘Lifestyle Matters’ service. This has turned round the quality of lives of elderly people living in supported communities and demonstrates how new thinking can help achieve what we know is important. This example is now on the National Institute for Health and Clinical Excellence’s (NICE) shared learning database.

Participants were also able to use the day to explore a range of issues for AHPs and how the Collaborative could help meet the challenges. Key areas for future work streams were established including entrepreneurialism, marketing strategies and clinical network development.

The Collaborative used the day to highlight the work that has been undertaken to establish an ‘AHP Brand’ and to launch the leaflet *Back to Health, Back to Life - how Allied Health Professionals make a difference to patient care*.

Lindsay Courtney, who has been elected Chair of the NE AHP Collaborative group said: “Evaluation of the day indicated that it was thought provoking but above all informative in helping people understand the future journey for AHPs and the business skills required to meet the agenda.

“We now have some great ideas for widening participation from AHPs across the region, having themed collaborative meetings with guest speakers and establishing further sub-groups.”

## **Coventry’s integrated OT and physio service**

When, just over a year ago, Coventry Community Health’s Occupational Therapy for Children and Young People Service (part of the Coventry and Warwickshire Partnership NHS Trust) introduced their Service Improvement Plan (SIP) the results were very impressive.

Waiting times of between nine and 17 months have now been reduced to 2 weeks for all referrals with a 48 hour response for urgent cases. A new website for children and parents providing both a universal resource and specific prescribed services was also introduced and intervention became parent/school led and based on the current priorities for the individual child or young person.

Now, 12 months later, not only has the team maintained these improvements, the model has been adopted by physiotherapy as part of a new and fully integrated service redesign process. Discussions are also underway with Speech and Language Therapy to further improve joined up working and alignment of provision across children’s AHP services.

Joint Project Lead Jo Porter said: “We were delighted with what we achieved through the original service improvement plan. Not only did waiting times fall but we continue to receive lots of very positive comments and feedback from both parents and service users.

“Therefore, when the opportunity came to link with our physiotherapy colleagues we employed a very similar approach to looking at that service. We were building on what we had already done by applying the same service delivery model and moving to an integrated service. We held a series of individual and group consultation meetings with physiotherapy and occupational therapy staff over the summer and engaged everyone in discussions on service integration.”

The result of that work is a fully integrated service. They have established three specialist integrated teams: early years, mainstream schools and special schools. Each of these groupings now has a portfolio of pathways with new clinical protocols based on both national and local policies and best practice. A similar web site giving universal and specific information on physiotherapy issues is under development and will be launched shortly.

Jo continued: “Things have really snowballed over the last 12 months, it has been an exciting time and we are now looking forward to a period of consolidation. In future we look forward to working towards wider integration of children’s services in health and developing our roles in promoting health and wellbeing in children and young people. We are currently evaluating our parent education programmes through service user involvement and will be looking to develop and expand the role of this strand of service delivery over the coming year.

“The joint service has a staff of about 50, including administration staff and therapy assistants who have had to engage with a fast moving and radical change process. This has been challenging from all perspectives but embraced positively overall with an immense effort given to see the outcomes we have achieved”

## **AHP leader profile: Moira Flanigan**

**Children’s physiotherapist Moira Flanigan believes in the empowerment of parents when it comes to treating children with life limiting or life threatening conditions when they develop respiratory complications.**

“Families have been saying for a long time that they prefer to stay at home rather than go to hospital for treatment. It is really important for the quality of life of the children and their families not to have lengthy hospital stays,” explains Moira.

It is this belief behind the Rapid Response Respiratory Physiotherapy pilot, which has recently scooped first prize in the Clinical Support Services category at the 2011 Health Service Journal Awards, and named runner up in Acute Service Redesign.

Developed by Moira, disability paediatrician Dr Toni Wolff, and supported by respiratory paediatrician Dr David Thomas, it involves a physiotherapist responding to calls from families of children with severe disability or life threatening conditions who may spend several weeks in hospital with prolonged chest infections.

“I treat children in their own homes without the need to be admitted to Nottingham University Hospitals NHS Trust (NUH),” says Moira.

“The out-reach service allows children to be treated quickly and effectively, and I also provide training for parents and families in chest clearance techniques to prevent infection in these fragile children.”

During the pilot, it was found that effective respiratory secretion clearance has prevented and shortened the duration of chest infections, and reduced hospital admissions. Where hospital admittance is necessary, the children now benefit from additional support to return home as quickly as possible.

The success of the pilot is clear from the families involved, who have reported improved confidence and a significant improvement in the quality of their family life.

Dr Wolff says: "By working collaboratively in the community we are keeping children out of hospital and improving the quality of their lives and those of their families."

With awards and accolades under its belt, the future for the project certainly looks positive. The service has saved a considerable amount of money and prevented more than 80 GP callouts, hospital admissions and Emergency Department attendances. Funding through the Department of Health the local primary care trust is secured until March 2012.

"My long-term goal for the project is for it to be commissioned as a permanent service, and have two full time physiotherapists working," says Moira.

The additional support will be more than welcome, as an extremely busy Moira has been on her own responding to callouts for over a year. She now has another physiotherapist working alongside her for six months, which will help ease the added pressures the winter period will undoubtedly bring for those suffering with respiratory complications.

## **New trans-radial prosthesis incorporates smart phone docking point**

**Prosthetic limbs can be adapted to help the user in many different activities such as playing the guitar or taking part in sports- but they have now entered the digital age after a request made to the NHS Exeter Mobility Centre asked them to incorporate a mobile phone for the first time.**

Opcare Prosthetist Dave House received the unusual request from Trevor Prideaux, who was born without his left arm and after nearly fifty years of wearing a forearm prosthetic found that it was not suited to take advantage of the increasing use of smart phones, which feature a QWERTY keypad.

Specialist AHPs and technicians at the Centre worked together to produce a solution for Trevor- a trans-radial prosthetic arm with a smart phone docking point. They created a flush mounted handset cradle with a simple 'one-handed' release system.

It was essential that the design maintained the integrity of the prosthesis, not compromising the components or strength. The mobile phone slots in smoothly and securely, resting on rubber strips that absorb shock and prevent the phone from moving within the prosthesis.

"It's brilliant, it could not have turned out better," says Trevor. "I can now take calls and send texts just by using my one hand whilst the phone sits in my arm, it has been really useful. I think lots of people with prosthetic arms would benefit from this."

## **AHP Leadership Awards – the winners (and congratulations from down under!)**

**In the last AHP Bulletin (Issue 85) we high-lighted the fact that AHPs scooped no less than 15 of the 60 new clinical leadership fellowships awarded by the National Leadership Council.**

The winners can now be revealed.

- Robert Bradshaw-Hilditch, a podiatrist from the Stoke-on-Trent Primary Care Trust
- Richard Davies, an occupational therapist (OT) from the Sheffield Health And Social Care NHS Foundation Trust;
- Peter Eckersley, a physiotherapist from the Pennine Acute Hospitals NHS Trust;
- Liz Harries a paramedic and clinical pathway advisor with the Yorkshire Ambulance Service;
- Karin Howorth, AHP Therapy Team Leader with Liverpool Community Health

- Vicky Mulvana, a physiotherapist in Yorkshire and Humber;
- Orla Reddington, a clinical specialist physiotherapist with the Rotherham Foundation Trust;
- Kate Taylor, also a physiotherapist with NHS North Staffordshire;
- Sarah Withers, a consultant physiotherapist at the Sheffield Teaching Hospital Foundation Trust;
- Julie Burden, an OT with the South Warwickshire Foundation Trust;
- Gauray Sharma, AHP Operational Lead at the Leicestershire Partnership Trust;
- Kirsty Amos, Speech and Language Therapist with ONEL CS NHS Trust;
- Suzannah Cawkwell, Specialist Occupational Therapist at Central and North West London NHS Foundation Trust;
- Sally Greensmith, AHP Team Leader at Ashford and St Peters and
- Stacey Jarrett, a podiatrist in London.

The new fellows are now starting their programmes. We will be profiling some of these AHP leaders in coming issues and hearing from them as they work through their fellowship.

News of the success of AHPs in these awards prompted a message from Professor Rosalie Boyce, Principal Research Fellow at the University of Southern Queensland and Fellow of the Australian College of Health Service Executives.

Prof Boyce said: "Congratulations from your allied health colleagues in Australia and New Zealand - an excellent result. Not that I am surprised as I had the privilege of seeing some of the 2009 AHP Leadership Challenge in action - so many aspiring leaders with sound leadership skills who only need encouragement and opportunity to make a difference.

"It's essential that allied health leadership is supported and developed and the Department of Health, through your CHPO, has been running with it for a number of years! At our end of the world we're setting up Allied Health Leaders of Australia and New Zealand (AHLANZ) to take the voice of allied health leadership more widely into the health system in our own countries. We look forward to lots of collaboration and exchange between allied health leaders internationally."

## **Guide for using quality improvement tools to drive clinical audits**

**The Healthcare Quality Improvement Partnership (HQIP) has recently published new guidance on the use of quality improvement (QI) tools that can be applied through clinical audits to improve services.**

The guidance includes QI tools or techniques that will help those undertaking clinical audits to:

- agree at different stages in the clinical audit process
- test commitment to carrying out the audit or to change practice
- seek best practice as a basis for the standards used in an audit
- fully understand how care is currently delivered before any change is made
- understand the type of variation in clinical practice and the nature of actions needed for each
- identify the causes of any problems identified by a clinical audit
- achieve the changes in clinical practice required.

The guide was commissioned by HQIP and written by Nancy Dixon and Mary Pearce of Healthcare Quality Quest.

- [Download a PDF version of the guide](#)

## **AHP leader profile: Nicky Brown**

**Nicky Brown counts resilience, determination and motivation among the skills she needs to succeed in her role – but when it comes to balancing her responsibilities a crash course in the art of plate spinning wouldn't go amiss.**

“There is always so much to do and it can be difficult at times to work out which of your priorities are the biggest,” explains Nicky about her current role as Quality Improvement Facilitator at the Countess of Chester NHS Foundation Trust.

Since taking on the role in April 2011, she has been responsible for the risk management and quality and governance arrangements for the Diagnostics, Therapy and Pharmacy Division, as well as other departments and a number of acute wards within the Trust.

At the heart of the job is patient safety. Nicky investigates and manages all reported incidents within her areas of responsibility and ensures each of her areas comply with the Trust’s Quality Strategy and meets NHSLA standards for risk management, health and safety and infection control.

“Each day is different and rarely goes to plan, but to me it makes the days more interesting,” Nicky adds. “You have to be prepared to completely change your plans at a moment’s notice.”

It’s a real change of track for Nicky, who qualified as a Physiotherapist in 1993. Nicky completed her junior rotations at Halton General Hospital in Runcorn, Cheshire. As a Senior II she covered a number of specialisms including the rehabilitation of in and outpatients recovering from strokes and amputations. Nicky moved on in 1997, spending seven years building on her experience of amputee care at Wirral Limb Centre. It was after a brief return to Halton covering medicine and surgery inpatients that she joined her current Trust as Team Leader for Medicine and Elderly Care in 2005, where she remains today- though in an altogether different capacity.

“After 18 years as a physiotherapist, I wanted to take on a new challenge that would still make the most of my clinical knowledge and skills, but in a different environment from the frontline,” explains Nicky.

“As a clinician, patient safety is a priority and something I was always looking out for. In my new role I am able to see it from a new perspective and, across my different areas, have the potential to make some real changes, whether it’s providing training, making changes to policy or improving communication to result in a better outcome for patients and staff.”

The inspiration and confidence to change her career path in part came from her role on the winning team of the Northwest Regional AHP Leadership Challenge, a competition that saw them act as an executive board dealing with a scenario that developed and changed just as a real-life incident might.

“It opened my eyes to that kind of role, one that I never thought I had the knowledge and skills for. But the skills I developed as a Physiotherapist – the ability to problem solve, manage change, remain calm under pressure and communicate effectively with all levels of staff– lend themselves well to this non-clinical position.”

Nicky is currently the only AHP in her team and in the past found that her lack of nursing background created a barrier to securing this type of role.

“I am a firm believer that AHPs have all the right skills to offer for this kind of position, and should never be discouraged from applying for this kind of role.”

## **Guide launched to help local authorities improve housing for older people**

**Two documents aimed at improving housing with care for older people could help deliver savings to the NHS and social care budgets while boosting independence and choice.**

The Housing Learning & Improvement Network (Housing LIN) and the Association of Directors of Adult Social Services have published a resource pack: *Strategic Housing for Older People: planning, designing and delivering housing older people want*. It is a practical guide for local authorities commissioning housing and/or social care. It will help them create supported housing strategies and work with partners in the NHS as well as developers and social care providers to develop such housing.

This ranges from aids and adaptations in an existing home to moving to a 'home for life' where care and support are provided according to an individual's needs. This can be adjusted as their needs increase.

The Housing LIN and the University of Kent's Personal Social Services Research Unit have also published an evaluation of the Department of Health's £227 million Extra Care Housing Fund, based around local authority-led partnerships. It confirms that extra care housing is a cost-effective alternative to residential care for many older people.

The Government's housing strategy, published in November, recognised that appropriate housing for older people could reduce demand for NHS and social care services and increase choice and independence for older people.

Both documents are available online:

- [Resource pack](#)
- [Extra Care Housing Fund evaluation](#)

## **Personal health budget pilot to be shared across the NHS**

**The fourth interim independent evaluation report on the personal health budgets pilot programme was published on 20 October, along with a DVD of stories from people in the pilot.**

It is thought that allied health professionals in about half the PCTs in England are participating in the pilot and may know about personal health budgets, and the team film in particular is a positive experience to share with them. But we also want to share the experiences of both patients and staff across the NHS so that staff can start to understand what personal health budgets are about.

The Government has committed to rolling out personal health budgets nationally after the final evaluation reports in October 2012. Patient choice and control is at the heart of the modernisation of the NHS.

## **Parliamentary questions (PQs)**

Allied Health Professions:

74081/82 - 17/10/11

HL12583/84 - 24/10/11

HL13113 - 9/11/11

Paramedics:

81149 - 21/11/11

Podiatry:

74927 - 19/10/11

HL12586 - 26/10/11

HL12587/88 - 27/10/11

Physiotherapy:

75345 - 19/10/11

75430 - 19/10/11

75693 - 20/10/11

75869/70 - 24/10/11

HL12945/46 - 8/11/11

79825 - 14/11/11

HL13114 - 16/11/11

Speech and Language Therapy

73635 - 12/10/11

77278/79/80/81 - 31/10/11

79187/88/89 - 8/11/11

79230/31/32 - 9/11/11

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

## NEWS IN BRIEF

### Still just enough time to respond on Independent Prescribing Consultation

There is now only a short time left until the closure of the consultation on Independent Prescribing for Podiatrists and Physiotherapists on Friday 30 December.

Shelagh Morris, AHP Officer at the Department of Health and lead for Independent Prescribing, said: "I would like to thank all those that have contributed to the development of the project and the professional bodies for their hard work in engaging patients and colleagues with the consultation proposals.

"I must also thank the hundreds of AHPs who have already responded, and remind the others there is still time to do so."

Nearly 400 physiotherapists and almost the same number of podiatrists have so far responded to the consultation document together with patients, public and other health care professionals.

The consultation documents and various reply methods for physiotherapists and podiatrists are available through the DH web site:

- [Proposals to introduce independent prescribing by physiotherapists](#)
- [Proposals to introduce prescribing by podiatrists](#)

### Choose and Book Mythbusting

The two popular 'Mythbusting' documents that we produce for [referrers](#) and [providers](#) have been refreshed and are available to use and download.

Each document identifies the current myths that some clinicians and staff still have about Choose and Book, followed by a description and clarification that dispels each myth. Earlier versions of these documents have proved effective at correcting inaccurate and misleading beliefs about Choose and Book whilst also reassuring users of the positive impact of using the system effectively.

### Public Health Nutrition Network Launched

A new specialist group within the British Dietetics Association (BDA), the Public Health Nutrition Network, has been launched.

- [Membership forms are available through the BDA website](#)

More details will appear a future issue of AHP Bulletin.

### New Professional Standards for Occupational Therapy launched online

The College of Occupational Therapists (COT) has launched a new online edition of the Professional Standards for Occupational Therapy Practice (2011).

The Standards set out core guidance for best practice in Occupational Therapy and define a level of excellence for evaluating and auditing Occupational Therapy provision.

The Standards has nine key sections covering:

- Accountability
- Working in your service users' best interests
- Consent
- The practice and process of occupational therapy
- Capability, competence and lifelong learning
- Record keeping
- Collaborative working
- Effective communication
- Management

COT Chief Executive Julia Scott said: "We expect all our members to meet and apply these standards to support Occupational Therapy practice and maintain excellent quality of care for the public. These standards demonstrate what managers, service commissioners, and other stakeholders including users and carers can expect from our profession and we encourage everyone to read them and benchmark their services against them."

The College of Occupational Therapists, the professional body for Occupational Therapists across the UK, has pioneered standards in Occupational Therapy practice since 1978. It holds and develops a body of Occupational Therapy literature including research, policy and position statements which promote, sustain and underpin the profession.

- [Access the standards online](#)

## **Patient Decision Aids**

Online patient decision aids have been developed to help patients consider the pros and cons of various treatments for eight different conditions. The tools cover osteoarthritis of the knee and hip, enlarged prostate, localised prostate cancer, prostate cancer screening, chronic villus sampling/amniocentesis testing, breast cancer surgery and cataract surgery. The decision aids do not replace a doctor's clinical advice, but can help patients prepare for a consultation and any decisions they make afterwards.

- [Access the decision aids online](#)
- [Read more about the Right Care Shared Decision Making Programme](#)

## **Fellowship Award for Dietitian**

Karen Coulman, lead bariatric dietitian at the Musgrove Park Hospital in Taunton has been awarded a NIHR Doctoral Fellowship at the University of Bristol.

Karen will be identifying the most important outcomes for patients who have obesity surgery and what improvements are needed to better meet patient's needs including their follow up care.

## **New Approaches to Supporting Carers' Health and Well-being**

Published on 16 November, '*New Approaches to Supporting Carers' Health and Well-being*', is the report of the national evaluation of the National Carers' Strategy Demonstrator Sites programme 2009-11. It explores the work of 25 Department of Health funded projects which provided carers with breaks, health checks and better NHS support. Presented in seven chapters and edited by Sue Yeandle and Andrea

Wigfield at CIRCLE, University of Leeds, the report provides detailed evidence on:

- innovation and effective practice;
- partnerships and multi-agency approaches;
- identifying, engaging and involving carers;
- costs and benefits.

- [Download the full report and summary](#)

## **National programme launched to accelerate learning for health and wellbeing boards**

A programme of Accelerated Learning Sets has launched to help emerging health and wellbeing boards to work together on the biggest challenges that face them on their way to statutory running from April 2013.

More than 90 out of 152 emerging health and wellbeing boards from across England are represented in the 11 learning sets. The sets are focused on themes that early implementers have said are of most interest and importance to health and wellbeing board members.

- [Find out more information on the Learning Sets launch](#)

## **Equality in the NHS**

The Equality and Diversity Council has initiated two key programmes to help the NHS improve on equality performance – the Equality Delivery System (EDS) and the NHS Employers' Personal Fair and Diverse Champions Campaign.

The EDS is a toolkit that helps the NHS make sure everyone counts and builds an NHS that is personal, fair and diverse. The NHS Employers' Personal Fair and Diverse Champions Campaign invites NHS employees to sign up to champion equality.

- [Download the EDS](#)
- [Sign up to become part of a network of champions, all committed to taking some action to create a personal, fair and diverse NHS](#)

## **Tell us How**

The Government has asked all public sector workers, including GPs, for their advice on how to make things simpler, cheaper or quicker, in order to improve public services. The ideas submitted will be assessed by a team in the Cabinet Office and the best ones will be taken forward by the relevant department, authority, or frontline organisation.

- [Have your say by visiting the Cabinet Office website](#)
- [Alternatively, you can submit your views by email](#)

## **GMC consults on its core guidance for doctors**

The GMC has launched a consultation on a new draft of their core guidance for doctors, Good Medical Practice. If you have anything to do with doctors, either as a healthcare professional or as a patient, you should have a view on this.

- [Find out more and submit your response by 10 February 2012.](#)

Hard copies are available on request.

## **New Summary Hospital-level Mortality Indicator published**

The Information Centre has published a new Summary Hospital-level Mortality indicator (SHMI). The indicator is for non-specialist acute trusts and covers all deaths of patients admitted to hospital, and those that occur up to 30 days after discharge. The indicator has also been published on NHS Choices.

- [Visit the Information Centre website for more information](#)

## **NHS Pension Scheme calculator launched**

Online pension calculators have been developed to help NHS Pension Scheme members understand how the changes to pensions proposed by Government will affect them personally. The first calculator has been officially launched on the DH website.

- [Access the calculator](#)

## **2012 Advancing Healthcare Awards**

A quick reminder that the closing date for entries for the 2012 Advancing Healthcare Awards is 5pm on Thursday 12 January 2012.

The awards, now in their sixth year, recognise and reward projects and professionals that lead innovative healthcare practice and make a real difference to patients' lives in the healthcare science and allied health professions. They are the only awards which cross boundaries and foster partnership working and are unique in that they are UK-wide and cover these professional and specialists groups whose achievements so often go unnoticed.

- [Visit the website for full details](#)

## **Events**

### **Later Life: Quality Care Matters 25 January 2012, The Barbican, London**

The UK's population is getting older. With this unprecedented demographic change comes a significant rise in demand for health and social care services. The Health and Social Care Bill sets out the government's plans to reform the NHS, making it more resilient to the impact of our ageing population. Integration is a central focus of the health reforms, and there is considered to be a real opportunity to address the issue of integrating health and social care around older people's needs.

- [Visit the website for full details](#)

## **News round-up**

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

### [Launch of the Cold Weather Plan for England](#)

The Department of Health (DH) and NHS have issued the Cold Weather Plan for England as part of their wider measures to protect people from the effects of severe winter weather.

### [Strong support for role of clinical networks](#)

News and information about the development of clinical senates and networks can now be accessed via the Department of Health's modernisation website.

### [Spotting the signs of dementia](#)

A new campaign to raise awareness of the early signs and symptoms of dementia has being launched.

### [The Operating Framework for the NHS in England 2012/13 published](#)

The Operating Framework for the NHS in England 2012/13 published on 24 November 2011 sets out the business and planning arrangements for the NHS.

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](http://www.nice.org.uk)

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### **Have your say**

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