



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# A Therapy Strategy for Wales

The Contribution of Therapy Services  
to Transforming the Delivery of Health  
and Social Care in Wales

Therapies for Modernisation

November 2006





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### **Therapies for Modernisation**

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## FOREWORD

The Welsh Assembly Government has set out its 10 year vision for health and social care in Wales in *Designed for Life (2005)*. This builds on the *Wanless Review (2003)* which underlined the need for a co-ordinated and sustained effort to improve levels of health and well-being in Wales supported by modernisation of health and social care services.

*Designed to Deliver (2006)* provides a report on progress to date while *Fulfilled Lives, Supportive Communities (2006)* presents the vision for social services and social care for the next 10 years. These together with the new circumstances created by *Beyond Boundaries (2006)* the Beecham Report which present an important opportunity to reconsider the role of Therapy Services in Wales.

The skills, commitment and creativity of therapy staff have been evident in innovative service developments across Wales in recent years. This Strategy, the first for these services in Wales, confirms their direction of travel and provides additional impetus for continued change. It encompasses the whole spectrum of health and well-being including injury and ill health prevention, early intervention, acute care, rehabilitation, chronic condition management and long term care.

The Strategy identifies a vision for the future of Therapy Services in Wales, the values that underpin their development and ten key and emerging roles the professions can fulfil. It presents an agenda that sets out at a high level the major contribution therapy staff can make to the health and well being of the population and is applicable in all sectors and at the interface between sectors. The Strategy is supported by a Compendium of Innovation in Therapy Services available on 'Design 4 Improvement', a web-site developed by the National Leadership and Innovation Agency for Healthcare.

The health and social care communities in Wales will need to take on board the key actions in this Strategy. They will need to jointly explore with their local Therapy Services how these are to be fully realised to support the creation of world class, modern and effective health and social care for our population.

In developing this Strategy we sought a wide range of views. Further constructive comments were received during the formal consultation period and these are reflected in this document. I would like to thank all who have contributed to its development and now commend this Strategy to you.

**Dr Brian Gibbons AM**  
**Minister for Health and Social Care**

## INTRODUCTION

This is the first Therapy Services Strategy for Wales and comes at a point where radical change is taking place across the health and social care sector. It sets out the valuable contribution that Therapy Services are placed to make to the modernisation of health and social care and provides objectives and key actions affecting these services across the whole spectrum.

There are more than 3,500 qualified therapists in Wales with each of the professions having its own unique knowledge, skills and expertise. Therapists work both independently and in multidisciplinary and multi agency teams. The range of services that therapists and their support staff provide improve the health and well being, social, personal, educational, work and leisure activities of children and adults of all ages. Therapy staff work in a variety of settings, including community locations, hospitals, education establishments and service users homes. They are able to straddle organisational boundaries and provide out-reach and in-reach services to help ensure rapid access to assessment, interventions, support, continuity of care and optimum integration in society.

The Therapy Services included within this Strategy, in order of relative size, are:-

Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry, Dietetics, Orthoptics, Prosthetics, Orthotics and the Art Drama and Music Therapies

These services provide assessment, treatment, rehabilitation, support and advice for adults and children across the entire physical, social and psychological spectrum of well being, health improvement, accident and ill health prevention, illness, injury and disability

This Strategy has been compiled with the involvement of the Welsh Therapies Advisory Committee (WTAC) one of the seven statutory health professional committees providing advice to the Welsh Assembly Government. Workshops and interviews held across Wales have drawn on the views and expertise of the therapy professionals and their support workers. Focus groups and interviews have gathered information from service users, carers, members of the public and representatives of other professions, health bodies and organisations. A multi-professional, multi-agency reference group has also offered advice.

Therapy Services play a vital role in delivering health and social care in Wales and are integral to the delivery of service modernisation, development and improvement

To support this Strategy a Compendium of Innovation has been developed to provide information on innovative services and practice across Wales. The initial index for this compendium is shown at Appendix 1 with extracts from it having been used as service exemplars in Chapter 2. The compendium is available on the Design 4 Improvement web-site developed by the National Leadership and Innovation Agency for Healthcare (NLIAH) which enables the growing body of information about innovation in Therapy Services to be shared across a wide audience.

## 1 - THE CHALLENGES

### The Strategic Context and Vision for Therapy Services

The vision set out in *Improving Health in Wales (2001)* recognised that better health requires the modernisation of services and far greater attention to health promotion and the prevention of ill health. *The Health and Social Care Review for Wales (2003)* advised by Sir Derek Wanless reinforced the need for radical change, underlining that the current patterns of service provision in Wales place an insupportable burden on the acute sector. In 2006 *Beyond Boundaries*, the report chaired by Sir Jeremy Beecham, challenged government and local services to promote far better models for delivery at a local level.

*Health Challenge Wales*, launched in 2004, provides a new national focus to stimulate action towards a co-ordinated and sustained effort to improve levels of health and well-being in Wales. *Designed for Life (2005)* set out the 10-year vision and action plan to transform health and *Fulfilled Lives, Supportive Communities (2006)* presents the vision for social services and social care for the next ten years.

Health promotion and ill health prevention must be strengthened; individuals and communities encouraged to take greater responsibility for their health and well-being; and people enabled to retain, or regain, their ability to live as independently as possible in the community.

Health and social care must work together to provide more effective and integrated services. These should aim to provide timely interventions that reduce crises and decrease the demand for avoidable long-term community support and expensive secondary and tertiary health provision.

The principles of equality, responsiveness and quality should be core features of service provision tailored to the needs of individuals and their carers. Services need to take account of religious, cultural, linguistic and ethnic needs as well as age, gender and sexual orientation.

The Welsh language is an essential part of Welsh culture and life. It must be reflected in developing effective local health and social care strategies and in the planning, delivering and improving services for individuals whose language of preference is Welsh.

In the future, improvements in rehabilitation, re-ablement and continuing care services will enable people to regain, retain and to maximise their independence in their own environment. The services people use most frequently, such as outpatients, diagnostic services, minor casualty, day case surgery and the therapies will be provided as locally as possible. The important role of informal carers and the voluntary sector must also be recognised and supported. In acute care there will be greater use of high technology and an increasing focus on ambulatory care.

Against this backdrop there is a huge opportunity to harness the skills, expertise and experience of the Therapy Services. They are well established in their ability to contribute to health improvement and to manage ill health, dysfunction, impairment and disability and are already tightly bound into national strategy development and planning.

The development of this Strategy has identified a vision for the future of Therapy Services in Wales, the values that underpin their development and a range of key and emerging roles that therapy professionals can fulfill. These form the bedrock of this Strategy and provide a checklist for service commissioners.

Chapters 2-6 set out the key objectives that will guide the continued development of the Therapy Services over the next five years together with the key actions that flow from them.

### **Therapy Services - The Vision for the Future**

Therapy professionals and their colleagues will make an essential contribution to creating, delivering and developing a successful, modern, integrated and vibrant health and social care system in Wales. Therapists will take on a wider range of roles and functions in public health improvement, injury and ill health prevention, early intervention, hospital services, rehabilitation, chronic condition management and long term and community care. In partnership with others they will provide more timely, accessible, expanded and equitable person centred services across Wales

### **Underpinning Values for Therapy Services in Wales**

- Person centred services that focus on individuals and communities
- Equitable provision of services across Wales adapted to meet local needs
- Strong clinical, professional and strategic leadership supported by robust continuous professional development and performance management systems
- Practice based on the best available evidence supported by an integrated research agenda
- New ways of working developed, evaluated, shared and mainstreamed
- Sustainable provision of adequate numbers of appropriately educated and skilled staff
- Services underpinned by efficient, modern and safe systems and environments

### **Ten Key Roles for Therapy Professionals in Wales**

- To promote health and well being across the entire spectrum of health and social care and empower individuals to take responsibility for their own care
- To provide community and primary care focused first point of contact for assessment, treatment and care, including unified assessment and care planning
- To diagnose, request diagnostic procedures and prescribe
- To refer to other services and lead or facilitate appropriate and timely discharge from care
- To extend and improve multi-disciplinary and multi agency team working and collaboration across all sectors
- To provide training and development, mentoring, teaching and education for health and social care professionals, support staff, students, the public, service users and carers
- To provide clinical, managerial and strategic leadership for services, teams and projects
- To develop research capacity and combine the best available research evidence with clinical reasoning and evaluative thinking
- To enhance the roles of clinical and support staff including the development of assistant practitioners, clinical specialist, extended scope practitioner and consultant therapist posts
- To contribute to and lead strategic planning and policy development nationally and locally

Adapted from '10 Key Roles for AHPs' (DoH 2003)

## 2 - USING PROVEN SKILLS BETTER

### Therapy Services meeting the Health and Social Care Agenda

#### Objective

To fully realise the benefits of Therapy Services across all levels to help create a balanced and innovative world class health and social care sector in Wales

The scale of transformation needed across health and social care demands change across the whole spectrum. *The Wanless Review* identified four separate but interlocking areas where innovation, redesign and development will improve health and well being:-

- supporting healthy lifestyles and improving injury and ill health prevention
- providing early intervention
- improving the efficiency and effectiveness of hospital care
- strengthening rehabilitation services and long term care

Like others, the Therapy Services are changing. In many parts of Wales therapists have developed additional or extended functions that cut across traditional boundaries. In order to provide service users with more convenient and efficient access to assessment, advice, treatment and equipment, therapy staff have taken responsibility for aspects of care previously managed by other health or social care professionals. Many changes have been introduced through local re-engineering, often driven by therapists and within existing resources. Others have been funded and developed in partnership with local commissioners or through Welsh Assembly Government schemes. Legislative change has also enabled some therapy professionals to take responsibility for the supply and administration of a range of medicines. However the extent of change varies. Consequently, while the therapy professions' contribution to improving health and well-being and to solving existing imbalances in the health and social care sector is growing, it has yet to be fully realised.

#### Healthy Lifestyles and Ill Health Prevention

*The Wanless Review* identified the need to ensure that the promotion of healthy lifestyles and the prevention of ill health are strengthened with *Health Challenge Wales* calling for a bold response from all sectors of the community. Specific health improvement and ill health prevention are the primary focus of some therapy services while opportunist health promotion and secondary prevention are integral to the clinical practice of all. The therapy contribution to public health improvement should however be expanded and strengthened to maximise impact.

#### Practice Examples in Wales

##### Healthy Eating and Childhood Obesity Management

Dietitians training year 9 pupils as healthy food and nutrition facilitators and working in partnership with psychologist and leisure services to provide family focused healthy lifestyle programmes

##### Coronary Heart Disease Risk Factors Management

Occupational Therapists, Physiotherapists and Dietitians helping clients identify high risk factors for heart disease and ways of reducing these risks by improving their health and well-being

##### Mental Health Services for New Mothers

Art Therapists and Health Visitors working together to provide a therapeutic approach for women who need psychological support following childbirth

## Early Intervention

Where problems do occur, early intervention can improve the rate of recovery, limit further deterioration, avoid the development of chronic problems and maximise the ability of individuals to self manage. Through the provision of early assessment, treatment, equipment or advice therapists can make a major contribution to enhanced Primary Care and community services. Their inputs positively affect health and well-being and improve the management of acute problems and chronic disease. Therapists enable independence and can prevent inappropriate hospital referral or admissions.

### Practice Examples in Wales

#### **Musculo-skeletal Triage & Treatment**

Reductions in waiting times and demand for GP appointments or orthopaedic referral achieved through Physiotherapists providing telephone advice and self referral services and Podiatrists, Physiotherapists and GPs working together to provide triage and treatment for non surgical patients.

#### **Primary Care focused Therapy**

Health and Social Care staff working together to provide physical and psychological rehabilitation and support at home enabling independence and reducing the need for complex social services support or hospital admission

#### **Older Persons Support**

Physiotherapists, Occupational Therapists and Podiatrists providing comprehensive Falls Prevention programmes to reduce the risk of falls, restoring confidence and independence in elderly and vulnerable adults in the community and in hospital or social care settings

## Efficiency and Effectiveness of Hospital Care - In Patients

The effectiveness of in-patient care must be maximised both in acute hospitals and in smaller community and social care facilities. To streamline the acute patient pathway therapy skills must be fully utilised within multi-disciplinary teams to improve the provision of assessment, treatment and discharge planning and to strengthen pre-admission and accelerated discharge schemes.

### Practice Examples in Wales

#### **Managing Swallowing and Feeding Difficulties**

Speech and Language Therapists training Nurses to screen patients with swallowing difficulties and Dietitians providing nutritional assessments to ensure appropriate nutritional and feeding plans are implemented early in the care pathway

#### **Orthopaedic Care Pathways**

Improved clinical outcomes and reduced surgical cancellations achieved through Physiotherapists, Occupational Therapists, Dietitians and Nurses assessing and managing medical and social needs prior to admission for surgery

#### **Seven-day Therapy Services**

Timely hospital discharge or transfer and continuity of care facilitated by Occupational Therapists and Physiotherapists working weekends and extended days to provide discharge planning and rehabilitation across hospital, community and social care settings

## Efficiency and Effectiveness of Hospital Care - Out Patients

Out-patient Departments and Accident and Emergency Units are also under considerable pressure and in need of modernisation. Extended roles and responsibilities for therapists have modified care pathways to ensure patients are seen by the most appropriate clinician. These changes have reduced demand on medical staff, shortened waiting times and reduced inappropriate admissions.

### Practice Examples in Wales

#### Out Patient Care Pathways

Waiting times reduced, patient care streamlined and medical staff supported, by the use of Therapists to triage referrals to the most appropriate clinician and to provide therapy led assessment and follow-up clinics. eg Orthoptists working with eye clinic referrals. Physiotherapists, Occupational Therapists and Podiatrists working with Orthopaedic and Rheumatology consultants

#### Emergency Medical Admissions

Reductions in inappropriate hospital admissions achieved through Occupational Therapists and Physiotherapists working in Accident and Emergency and Medical Assessment Units providing acute assessment and supported discharge for patients who might otherwise require admission

#### Accident and Emergency Waiting Times

Physiotherapists working in Accident and Emergency Units reduce waiting times through acute minor injuries being triaged to them for rapid assessment, diagnosis and treatment

## Rehabilitation Services

Effective rehabilitation enhances the ability of adults and children to live fulfilling lives in the community. Through individualised assessment and tailored programmes Therapists enable individuals to maximise independence within the constraints of their condition or to achieve optimal recovery from illness or injury. Where rehabilitation services have been expanded community care has been enhanced and hospital stays and readmissions have been reduced.

### Practice Examples in Wales

#### Intermediate Care Beds in Residential Homes

Reduced delayed discharges or transfers of care achieved through Physiotherapists, Occupational Therapists and Nurses providing 'step down' rehabilitation in a protected environment for patients with the potential to achieve sufficient independence to return home

#### Paediatric Lower Limb Pathways

Reducing duplication and improving co-ordination of care through care pathways for children with lower limb postural deformities that include Podiatrists and Physiotherapists work together to identify treatment programmes including referral routes to Orthotists

#### Pulmonary and Cardiac Rehabilitation

Independence and quality of life improved and hospital re admission rates reduced, through patient focused multidisciplinary rehabilitation and community support programmes

## Chronic Condition Management

People with chronic conditions need a wide variety of support to help them to sustain and enjoy an optimum quality of life in work, leisure and every day living. Therapy Services provide practical interventions and advice that enable individuals to maintain movement and mobility, overcome visual problems, improve nutritional status, develop communication abilities and restore or retaining functional skills. Signposting to the Better Advice, Better Health initiative can also help ensure that individuals are in receipt of the benefits, support and advice they are entitled to. Such interventions can assist in return to work or school, reduce the need for complex care packages or make the difference between people remaining in their own homes or moving to institutional care.

### Practice Examples in Wales

#### Cycling for Health

Improving strength and flexibility, promoting independence and well-being, and having fun. Therapists, support workers and volunteers working together to make the cycling experience accessible to learning disability and other clients through the provision of adapted cycles, training and support

#### Empowering Community Independence

Community Occupational Therapists promoting independence and reducing demand for complex care packages through early interventions including the provision of equipment, housing adaptation and advice on work and leisure activities

#### Pathways to Work

Occupational Therapists and Physiotherapists working in partnership with Jobcentre Plus to help people off incapacity benefit and back to work by providing practical support to enable individuals to effectively self manage their condition

### USING PROVEN SKILLS BETTER

#### Therapy Strategy Key Actions

- Local health and social care commissioners and planners should ensure that the skills, expertise and contribution of Therapy Services are maximised in local commissioning and delivery plans
- WAG with WTAC and NLIAH will develop and share a web based Compendium of Innovation in Therapy Services
- Health and social care commissioners and providers should ensure that where the value of new and innovative ways of working with Therapy Services are proven effective they are mainstreamed into local provision
- NLIAH must ensure that the contribution of Therapy Services is evidenced in the annual modernisation assessments of Trusts
- WAG will ensure the contribution of Therapy Services are reflected in commissioning plans for Chronic Conditions Management
- Therapy Services must be effectively engaged in the development of health improvement programmes, self care programmes and Patient Pathways

#### By

June 2007  
and annual

March 2007

Continuous  
process

Annual

June 2007

Continuous  
process

### 3 - ACHIEVING EXCELLENCE

#### Continuous Improvement in Therapy Services

##### Objective

To ensure accountability and continuous improvement within open and transparent governance structures

Developing and changing the roles and responsibilities of therapists and their support staff must be based on the best available evidence and advice. Change must be underpinned by clinical and corporate governance and management structures that enable consistent monitoring, evaluation and review.

Strong professional leadership and high professional standards are required to provide well co-ordinated safe and effective services. Where these are in place robust clinical governance, reduced professional isolation, strong professional links, decreased duplication of effort and improved recruitment and retention are evident.

##### Professional Advisory Structures

The therapy advisory structures in Wales enable stakeholders to capture the expert knowledge of the professions to assist in strategic and operational planning and the development and delivery of Therapy Services.

WTAC is the Welsh Assembly Governments statutory advisory committee for Therapy Services. Drawing its membership from the uni-professional therapy management committees and the professional bodies in Wales WTAC contributes to national policy development across education, health and social care. WTAC has an extensive communications network and is able to identify and endorse experts from the service to contribute to national strategy and policy development. WTACs minutes and Work Programme are published on the website of the Office of the Chief Medical Officer <http://www.cmo.wales.gov.uk/content/committees/therapies/index-e.htm>

WTAC currently has a Performance Management Sub Committee. Three further Regional Sub Committees are planned to provide advice and support to commissioners at a regional and local level to facilitate linking national policy with operational service development and delivery.

An independent therapy professional sits on the Board of each of the Local Health Boards in Wales supporting the work of the Board and providing advice at a local level.

##### Performance Management

The Diagnostic and Therapies Waiting Times Project, commenced in 2002, represented the first component of a Performance Management Structure for Therapy Services in NHS Wales. This project has enabled the reporting of waiting times with further work being undertaken on data definitions for demand and activity. The availability of standardised data enables services to be monitored and comprehensive and meaningful benchmarking to be undertaken. Waiting times are now reported and published monthly on the Health of Wales Information Site. <http://www.statswales.wales.gov.uk/ReportFolders/ReportFolders.aspx> and targets for Therapy Services are included in the Strategic and Financial Framework for healthcare. These services are also included in the Access 2009 Project established to reduce the maximum wait from referral to definitive treatment to 26 weeks by 2009. NHS Trusts are required to identify action plans to meet these targets in their annual Local Delivery Plans.

Data relating to therapy provision from Social Services and Education are not included in the current national data collection system. Consideration as to how this might be addressed is required to facilitate the provision of a full picture across all sectors.

### **Organisational Structures**

Most public sector therapy staff work for the NHS. However, Local Authorities also employ a significant number of Occupational Therapists and their support workers in Social Services departments and a smaller number of Speech and Language Therapists in schools.

Where possible there needs to be flexibility in employment practices across organisational boundaries and parity in accountability and governance structures that foster innovation. This could be achieved through the use of service models such as alignment with a single employer, joint budgets, jointly funded posts and managed clinical networks.

For those Therapy Services that are contracted in from the private sector, notably Orthotics and Prosthetics, integration into arrangements for service and professional development, clinical governance and professional advisory structures also need to be addressed.

### **Accountability**

The therapy professionals included in this Strategy are registered and regulated by the UK Health Professions Council (HPC) and are required to adhere to its ethical standards and codes of professional conduct. Therapy professionals have a personal and professional duty to work within a scope of practice in which they have maintained and developed their knowledge, skills and ability to work safely and competently. Accountability is shared by the individual clinician and the employer and is supported by performance reviews and personal development plans.

Changing and extending roles and greater autonomy in clinical practice require more comprehensive governance structures. It is incumbent on employers and service managers to ensure adequate protocols, policies, procedures and risk management systems are in place with national guidance being provided where appropriate. Guidance for therapy practitioner referral to diagnostic imaging and testing and where the legal framework permits, the prescribing, supply and administration of medicines by designated therapists will be developed at an all Wales level.

### **Continuing Professional Development and Life Long Learning**

Individual performance reviews should identify personal development needs that can be met by a range of methods including in-service training, mentorship, clinical supervision, specialist training programmes and higher degree studies. Personal Development Plans (PDPs) should be designed to meet the competency requirements of the service in which staff work and for qualified therapists the requirements of the HPC. PDPs should empower and motivate staff to pursue personal clinical excellence and also serve to reinforce the contribution each individual can make to the modernisation agenda. The development of therapy staff should encompass explicit clinical training needs and also broaden professional capacity and competence in the core skills of communication, education, teamwork, shared learning across professional boundaries, reflective practice, clinical reasoning and clinical audit. Formal leadership and management development programmes for therapy professionals in Wales are also essential for senior clinicians and managers. Where appropriate PDPs should be linked to *Knowledge and Skills Framework for the NHS*, the *Skills for Health Career Framework for the NHS* and the *Career Framework for AHPs* due for publication in 2007.

**Research and Evidence Based Practice**

A sound evidence base to clinical practice and an evaluative culture routinely embedded into the workplace are critical to supporting and improving safe and effective service delivery. Whilst there is an evidence base to verify therapy interventions in improving health and well-being, this needs to be expanded. The research capability and capacity of therapy staff must be enhanced and collaboration between the service and academia strengthened. The therapy research agenda must encompass and value a range of research methodologies that support development at all levels and across all services and ensure findings are quickly and effectively applied in practice. Stakeholders should work together to support the establishment of sustainable uni and multi professional research communities, environments and networks.

<p align="center"><b>ACHIEVING EXCELLENCE</b></p>	
<p align="center"><b>Therapy Strategy Key Actions</b></p>	<p align="center"><b>By</b></p>
<ul style="list-style-type: none"> <li>• WTAC, in partnership with NLIAH and Education Providers, will ensure that programmes are developed and delivered for the continued growth of high calibre clinical and professional managers and leaders in the health, social care and education sectors</li> </ul>	<p align="center">Sept 2007</p>
<ul style="list-style-type: none"> <li>• WAG will continue to develop a national Performance Management Structure which builds upon the Diagnostic and Therapies Waiting Times Project and will explore how this could be broadened to encompass social care and education</li> </ul>	<p align="center">Continuous process</p>
<ul style="list-style-type: none"> <li>• WAG will work with WTAC to identify where introducing physiotherapists and podiatrists as Supplementary Prescribers will add value and improve care.</li> </ul>	<p align="center">Sept 2007</p>
<ul style="list-style-type: none"> <li>• Commissioners and employers must ensure that therapy staff have access to the resources required to meet their regulatory requirement to undertake continuing professional development and life long learning</li> </ul>	<p align="center">Continuous process</p>
<ul style="list-style-type: none"> <li>• WTAC will establish links with key agencies to ensure that the Therapy Services in Wales are engaged in Research and Development on a national and international basis</li> </ul>	<p align="center">March 2009</p>
<ul style="list-style-type: none"> <li>• WAG will work with WTAC, the Welsh Scientific Advisory Committee and the Welsh Nursing, Health Visiting and Midwifery Committee to develop and publish guidance on non-medical practitioner referral to diagnostic imaging and testing</li> </ul>	<p align="center">March 2007</p>
<ul style="list-style-type: none"> <li>• WAG and WTAC will work with appropriate advisory groups to develop and publish guidance for the prescribing, supply and administration of medicines by designated therapists</li> </ul>	<p align="center">March 2008</p>

#### 4 - USER INVOLVEMENT AT ALL LEVELS

##### Public, Patient and Client Involvement in Therapy Services Planning and Delivery

###### Objective

To ensure Therapy Services are structured and developed around the needs of children and adults, their carers and advocates, and that they and the public are actively engaged and empowered in the planning and delivery of services

The provision of effective, balanced, flexible, user friendly and accessible services requires co-ordination and collaboration between all sectors. The experiences of patients and clients can provide valuable information about services and their availability and should be central to service planning and delivery, from the strategic level to individual service user's care.

Patient Pathways are tools that guide and track the expected journey of service users through health and social care interventions. They aim to ensure that care is managed efficiently and consistently, with deviations from the journey being easily highlighted and quickly managed.

Self-care and self-management schemes are important in helping to ensure more suitable healthcare in the future. They also help facilitate partnerships between people living with long-term conditions and their health and social care professionals. Within such programmes individuals develop the confidence, motivation, knowledge and skills to become active partners and to take effective control over life with a chronic illness.

Therapists' expertise, together with their understanding and relationships with their patients and clients are well placed to be a powerful catalyst and signpost for such schemes as the Expert Patient Programme. Therapists also need to support the development of Care Pathways as part of mainstream services that should augment the rehabilitation process, reduce pressure on scarce resources and enable therapists' skills to be focused on the more complex aspects of care.

<b>USER INVOLVEMENT AT ALL LEVELS</b>	
<b>Therapy Strategy Key Actions</b>	<b>By</b>
<ul style="list-style-type: none"> <li>Local Authorities, Local Health Boards and NHS Trusts should engage service users, their advocates and the voluntary sector in the development, delivery, review and quality assurance of Therapy Services</li> </ul>	Continuous Process
<ul style="list-style-type: none"> <li>Therapy Services must demonstrate that systems are in place to ensure that individual service users are fully engaged in the planning and delivery of their own care and are empowered to self-manage where possible</li> </ul>	March 2009
<ul style="list-style-type: none"> <li>Therapy Services must support patient self help programmes and refer to Expert Patient Programmes and other initiatives to ensure where possible the skills and knowledge of service users are harnessed and utilised to augment service delivery</li> </ul>	Continuous Process
<ul style="list-style-type: none"> <li>Therapy Services must engage in the development of Patient and Care Pathways and ensure where appropriate the knowledge and experiences of service users are harnessed and utilised in their development</li> </ul>	Continuous Process

## 5 - GETTING THE RIGHT THERAPY STAFF

### Therapy Services - Building Capacity in Health and Social Care

#### Objective

To plan and provide education and development for a therapy workforce that ensures a balanced mix and suitable number of staff who are flexible, skilled and motivated to deliver services to meet local needs within a modern, integrated health and social care system

The redesign of services and the transformation in the workforce this entails will present many challenges and opportunities and will require the continued support, commitment and contribution of staff at all levels. The *Wanless Review* confirmed the need to have sufficient numbers of staff, who were 'highly motivated, properly skilled, appropriately rewarded and have a sense of fairness and security in employment'. *Agenda for Change* and the *Career Framework for the NHS* provide significant opportunities to support the modernisation agenda by facilitating the redesign of jobs and the development of new career structures.

The Therapy Services are already changing. There are a growing number of clinical specialists, extended scope practitioners and consultant therapists, as well as a greater variety of skilled administrative and clinical support worker roles. Recruitment and retention of staff forms the bedrock for service delivery and the development of new roles offers the opportunity to secure high calibre staff. The challenge for service leaders is to manage change while sustaining traditional services at a local level, and nationally to take a strategic view to ensure that across all the specialities and agencies the right number and mix of staff are developed and in place to meet service needs.

#### Workforce Planning

The NHS Workforce Plans in Wales have in recent years identified a steady increase in the numbers of therapy staff in post and a need to increase the numbers still further. Significant increases in commissioned training places and the subsequent numbers of professional graduates, both in Wales and elsewhere, currently offer a possibly unrepeatable opportunity to swell the numbers employed and to use them effectively to refashion services.

While Workforce Planning arrangements continue to be developed for the NHS and social services in Wales, they do not yet explicitly cover the workforce requirements of local education authorities, higher education institutions or the independent sector. These factors, together with considerable variations in the total staffing numbers between and within the Therapy Services across Wales, indicate a need for a more detailed analysis of current provision. This should encompass both the present level of Therapy Services and identify future needs as a basis for better planning of services and associated education and training.

#### Pre-Registration Training

The Welsh Assembly Government commissions honours degree courses in Dietetics, Podiatry, Speech and Language Therapy, Occupational Therapy and Physiotherapy, but does not currently directly commission training programmes for Art Therapy, Drama Therapy, Music Therapy, Orthoptics, Orthotics and Prosthetics. While the professions are a popular career choice for both school leavers and mature students, restricted capacity within the current academic providers and a shortage of clinical practice placements and supervisors in Wales present a considerable challenge. The Assembly is working with education and service providers to consider solutions, including new training centres, in-service and part-time training and accelerated courses for graduate entry students.

### Recruitment Retention and Return to Practice

Modernisation and development of services requires long-term sustainable programmes to recruit and retain therapy staff. National and locally developed human resource strategies have enabled Therapy Services to use flexible and creative approaches to retaining and re-shaping the workforce. These include redesign of jobs, skill mix reviews, part-time working, term-time working, other flexible employment arrangements and return to practice programmes. However, the small size of some professions may restrict the comprehensive use of such approaches.

Other options that have been adopted include the use of locum staff and overseas recruitment. Engaging locums can be problematic with difficulties in securing the right level of expertise and experience. They may also prove prohibitive for limited therapy budgets with resultant inequities in service provision. Registration with the Health Professions Council, a statutory requirement for therapists working in the NHS, is not automatically available to all overseas trained therapists. Registration can be achieved by some, through the successful completion of an approved period of adaptation.

### The Development of Support Workers

Competent well-educated support workers who complement professionals in their changing roles are a vital component for the future development of Health and Social Services. However a *Healthcare Support Worker All Wales Scoping Report (2004)* identified that a wide variety of models exist across Wales in relation to numbers, skill mix, training opportunities and expected levels of competency of these staff. These findings, together with *The NHS Knowledge and Skills Framework (2003)* the *Credit and Qualifications Framework for Wales (CQFW, 2003)* and a variety of competence frameworks are informing the development of a national approach to the education and training of healthcare support workers in Wales. This project links the *Knowledge and Skills Framework to National Occupational Standards* in order to underpin higher quality, and where possible accredited, in-service learning. This will enable the NHS in Wales to grow a support worker workforce with the knowledge and competences it requires with the learning and skills attained expected to qualify for Credit consistent with the CQFW thus facilitating career pathways for support staff.

GETTING THE RIGHT THERAPY STAFF	
Therapy Strategy Key Actions	By
<ul style="list-style-type: none"> <li>WAG will work with WTAC and others to develop a methodology to identify and periodically review the range of therapy services that should be available across in Wales</li> </ul>	March 2009
<ul style="list-style-type: none"> <li>The redesign of National and local Workforce Planning arrangements must take into account the full range of Therapy Services across health and social care agencies, local education authorities, higher education institutes and the independent sectors</li> </ul>	March 2008
<ul style="list-style-type: none"> <li>Health and social care organisations in Wales should work with their Therapy Services to minimise variations in employment practices and maximise recruitment, retention and return to practice opportunities</li> </ul>	March 2008
<ul style="list-style-type: none"> <li>WAG will work with NLIAH, education and service providers to ensure that education provision and capacity meet the needs of modernised health and social care services</li> </ul>	March 2009
<ul style="list-style-type: none"> <li>WAG will work with the NLIAH to identify the education and training requirements for health care support workers</li> </ul>	Sept 2007

## 6 - GETTING EQUIPMENT AND ENVIRONMENTS RIGHT

### Strengthening the Support Infrastructure

#### Objective

To ensure Therapy Services have access to information and communication technology, facilities and equipment that enables the delivery of a high quality integrated service across disciplines, settings and organisational boundaries

Much of the health and social care estate in Wales is in need of replacement or reconfiguration. Improvements in the physical infrastructure, together with the introduction of new clinical and information technologies are underpinning modernisation of services.

Many facilities are too small, in the wrong location, or are not fit for purpose. The level of provision of information technology and support for Therapy Services in Wales varies considerably. Technological advances in therapeutic equipment are increasing, with new equipment becoming available that has the potential to improve the quality, effectiveness and efficiency of therapy interventions. However, the planning and provision of such advances is often ad hoc across Wales.

The supply of aids and equipment for personal use by both children and adults is often complex and may involve a range of providers within and outside Wales. Variations in and between local health and social care policies can result in lack of clarity of responsibility for funding the provision, re-provision and maintenance of equipment. This can present therapists with difficulties in timely provision of aids and equipment particularly at the interface between services.

Identifying solutions to the challenges presented by estates, equipment, information technology and the provision of aids and equipment is critical to the delivery of all aspects of this Therapy Strategy.

#### Estates

Therapy Services are provided in a variety of care settings, including GP surgeries, hospitals, educational establishments and in the community. Many locations are old or inadequate with space at a premium and frequently shared with other disciplines. The steady migration of therapy practice from secondary to primary and community care will add to the pressure to provide an adequate infrastructure to support effective service delivery. It is therefore essential that the requirements of Therapy Services are considered when facilities are planned or modified.

#### Therapy Equipment

The equipment used by Therapy Services varies considerably from the simple and inexpensive to technologically advanced high cost items, with innovation and technical solutions becoming more accessible. Planned preventative maintenance and replacement programmes, together with robust appraisal of new technological requirements are therefore essential. These must take account of the limits imposed by capital replacement financial criteria and should encompass the set up costs and revenue implications of service developments across all sectors.

#### Personal Equipment

Timely and appropriate provision of personal aids and equipment needed by individual children or adults can influence their quality of life, enable self management and improve independence.

Appropriate aids and equipment can also contribute to the avoidance of distress, discomfort, inappropriate admissions and delayed discharges. Personal equipment should be provided, maintained, reviewed and replaced in a co-ordinated manner to ensure safety and maximise effectiveness. This is of particular importance for children and young people who are at risk if their changing equipment needs are not re-assessed and met.

### Integrated Equipment Stores

Social services, health, education and the voluntary sectors are all responsible for the provision of personal aids and equipment with significant overlap existing in many areas. Organisations must work collaboratively and in partnership to map need, develop robust protocols and training and agree shared accountability for aids and equipment provision and services to ensure suitable provision and more effective utilisation of resources. This should be facilitated by the work being undertaken in Wales to improve the development of Integrated Equipment Stores.

### Information Technology

The effective and efficient delivery of health and social services is dependent on sharing clinical and management information across professional and organisational boundaries and the collection and collation of data to enable monitoring, reporting and auditing of activities. Therapy Services, as with many others, currently lack technological infrastructures, and are dependent on paper or simple electronic information systems. As *Informing Healthcare* and *Informing Social Care* projects are rolled out, a major challenge will be to ensure the introduction of standardised effective Information Technology systems such as integrated electronic patient records, Telecare and Telemedicine across the whole spectrum of health and social care. This needs to also include those services that have no pre-existing (legacy) systems to replace.

<b>GETTING EQUIPMENT AND ENVIRONMENTS RIGHT</b>	
<b>Therapy Strategy Key Actions</b>	<b>By</b>
<ul style="list-style-type: none"> <li>• Service planners must engage with Therapy Services when planning or modifying services, estates and facilities</li> </ul>	March 2007 & annually
<ul style="list-style-type: none"> <li>• Therapy Services and service commissioners must ensure that systems are in place to identify equipment and resource requirements for new service developments and existing services, including those which fall below the capital asset replacement threshold</li> </ul>	March 2009
<ul style="list-style-type: none"> <li>• <i>Informing Health Care</i> and <i>Informing Social Care</i> must ensure that Therapy Services are actively engaged in planning and implementation to ensure that systems and training reflect the roles of the Therapy Services in health and social care</li> </ul>	Continuous Process
<ul style="list-style-type: none"> <li>• WAG will work with WTAC to ensure the continued development of a comprehensive robust communications structure that enables wide engagement of therapists in strategy and service development and delivery across Wales</li> </ul>	March 2008
<ul style="list-style-type: none"> <li>• Trusts, Local Health Boards and Local Authorities must support the implementation of integrated interagency equipment services</li> </ul>	March 2008

## 7 - MAKING IT HAPPEN

### Conclusion and Next Steps

The skill, commitment and creativity of staff in the frontline of service provision has ensured that there is already considerable evidence of good practice in Wales. In recent years Therapy Services have responded to the changing needs of health and social care and have achieved significant success in developing many aspects of their services. The Compendium of Innovation collated to inform this strategy highlights many of these achievements and its development as a web based resource will enable ease of access to information and the facilitation of collaboration across Wales.

This Strategy has identified that by strengthening the Therapy Services their essential contribution to the modernisation of health and social care can be fully realised. These staff must be used to support the creation of a world class, modern, expanded and effective health and social care service in Wales. Services that aim to support individuals in the community, to prevent problems wherever possible and to deal effectively with those that arise. The Strategy sets out important objectives and key actions applicable across the entire physical, social and psychological spectrum of well being, health improvement, accident and ill health prevention and the management of illness, injury and disability. It provides a platform from which therapists and their support staff should be engaged and employed to support and deliver service provision, developments and modernisation across Wales.

Some of this agenda is challenging, but the potential benefits are considerable. This strategy provides a framework from which action and more detailed work will be required at a local level to fully explore how these benefits will be realised. The Government, commissioners, providers, professionals and the public must seize the opportunities and work together to ensure that Wales secures the powerful contribution of the Therapy Services to its health and social care agenda.

<b>MAKING IT HAPPEN</b>	
<b>Therapy Strategy Key Actions</b>	
<ul style="list-style-type: none"> <li>• WAG and WTAC will agree arrangements to monitor and evaluate the implementation of this Therapy Strategy and its impact on health and well being</li> </ul>	<b>By</b> March 2007
<ul style="list-style-type: none"> <li>• WTAC will support the implementation of the Therapy Strategy through its Work Programme and ensure effective communication of progress across Wales</li> </ul>	Continuous Process
<ul style="list-style-type: none"> <li>• WAG will review and revise this Therapy Strategy in line with the planning cycles identified in <i>Designed for Life</i></li> </ul>	2009

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Therapy Services Strategy for Wales

			Trust	Primary Care	Secondary Care	Social Care	Education	Higher Education Institutions	Voluntary Sector	North Wales	Mid Wales	South Wales	Arts Therapies	Dietetics	Occupational Therapy	Podiatry	Physiotherapy	Orthoptics	Orthotics	Prosthetics	Speech & Language Therapy	Working with other professions
<b>Legend:</b>																						
A	Healthy Lifestyles																					
B	Early Intervention																					
C	Inpatients																					
D	Outpatients																					
E	Rehabilitation and Long Term Care																					
F	Composite																					
	<b>Category</b>	<b>Project Title</b>																				
A	Coronary Heart Disease	Dietetic Service to CHD	Swansea	x								x										
A	Coronary Heart Disease	Heart Ely	C&V	x								x										x
A	Obesity Management	Pharmacy Led Weigh-In Clinic	Gwent	x										x								x
A	Patient Empowerment	Podiatry	Gwent	x		x						x				x						
A	Obesity Management	Fit4Fun	Gwent	x		x						x		x								x
A	Coronary Heart Disease	Healthy Hearts	Gwent	x								x										x
A	Health Eating	Get Cooking	Gwent	x								x		x								
A	Health Eating	Food for Thought	C&V	x			x					x		x								
A	Health Eating	Food and Nutrition Course	C&V	x			x					x		x								
A	Health Eating	Food and Health Strategy	C&V	x		x	x	x				x		x								
A	Health Eating	Sure Start Nutrition Project	C&V	x			x					x		x								
A	Fitness for Health	Tai Chi for Arthritis	Gwent									x					x					
A	Mental Health	Healthy Living Group	NEW							x				x	x							x
A	Fitness for Health	Walking Group	NEW							x					x							x
A	Mental Health	Art Therapy Group	P&D	x			x				x		x									x
A	Obesity Management	Group Obesity Clinic	C&D							x				x								
B	Falls Prevention	Falls Exercise Class	Gwent									x			x		x					x
B	Early Diagnosis	Multi Professional Triage and Treatment	Gwent	x								x				x	x					x

Therapy Services Strategy for Wales

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B	Early Diagnosis	Physio Direct Telephone Service	Bro Mor	x							x					x					
B	Respiratory Care	Assessment of COPD	C&V	x							x					x					
F	Intermediate Care	Elderly Care Assessment Team	C&D	x	x				x					x		x					x
B	Intermediate Care	Multi Agency Response Team	C&D		x				x					x		x					x
B	Intermediate Care	Interagency SLT service	C&D		x				x											x	x
B	Child Development	The Graduated Response	Swansea			x					x			x		x					
F	Intermediate Care	Elderly Care Assessment Service	C&V		x						x			x		x					x
B	Early Diagnosis	Emergency Unit Physiotherapy Service	C&V								x					x					
B	Falls Prevention	Falls Prevention Programme	C&V								x			x		x					x
B	Diabetic Care	Diabetic Foot Assessment	Gwent	x							x				x						
B	Early Diagnosis	A&E Therapy Service	C&V								x			x		x					
F	Respiratory Care	Community Resp. Resource Unit	C&V								x										x
F	Intermediate Care	Tuag Adref	NWW		x				x					x		x					x
F	Intermediate Care	Community Reablement	Gwent		x						x			x		x					x
B	Early Diagnosis	Therapy Assessment Team,	P&R								x			x		x					
B	Early Diagnosis	Acute Knee, MRI Review Clinic	C&V								x					x					
B	Early Diagnosis	Emergency Physiotherapy Practitioner	Swansea								x					x					
B	Early Diagnosis	Self referral for Physiotherapy	NWW	x					x							x					

Therapy Services Strategy for Wales

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B	Coronary Heart Disease	HeartLink Project (HLP)	C&V	x							x		x		x						x
B	Child Development	Ponseti Treatment	Gwent								x					x					x
B	Intermediate Care	Local OT protocols	S. Serv.			x								x							
B	Early Assessment	A&E Triage service	C&D		x				x							x					
B	Intermediate Care	Community Ass. Partnership	C&D	x	x	x			x				x	x		x					x
C	7 day services	Orthopaedic Ward Rehabilitation Assistants	C&V		x						x		x	x		x				x	x
C	Intermediate Care	The Acute Response Team	C&V		x						x			x		x					x
C	Health Eating	Nutrition Support Team	C&D		x				x				x								x
C	Respiratory Care	TIRE in Cystic Fibrosis	C&V		x						x					x					
C	Respiratory Care	TIRE Respiratory Muscle Assess't Training	C&V		x						x					x					
C	Respiratory Care	Tracheostomy Skills Training	C&V		x						x					x					x
C	Health Eating	Nutritional Support Team	C&D		x				x				x								x
C	Diabetic Care	Intensive education for Type 1 Diabetes	Gwent		x					x			x								x
C	7 day services	7/7 Orthopaedic Service	Gwent		x						x					x					
C	Respiratory Care	NIPPV Respiratory Service	Gwent		x						x					x					
C	Early Assessment	Early Pre admission Clinics EPACs	Gwent		x						x			x		x					
C	Early Assessment	Medical Emergency Admissions Unit	C&V		x						x			x		x					
C	Early Assessment	ALERT Critical care trigger system	Gwent		x						x					x					

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C	Intermediate Care	Gwent		x						x				x							
C	Patient Information	Ceredigion		x					x					x							
C	Intermediate Care	S. Serv.		x										x							
D	Waiting times	Bro Mor								x							x				
D	Waiting times	C&D	x					x							x						
D	Early Assessment	C&D	x					x						x							
D	Intermediate Care	Swansea	x							x				x							
D	Child Development	Swansea			x					x											x
D	Early Diagnosis	Bro Mor								x					x						
D	Waiting times	Carmarthen							x						x						
D	Waiting times	Gwent	x							x										x	
D	Waiting times	Gwent								x						x					x
D	Waiting times	Swansea	x							x						x					
D	Waiting times	Carmarthen	x						x						x	x					
D	Waiting times	Gwent	x							x											x
D	Waiting times	C&V	x							x				x	x	x		x			
D	Waiting times	Gwent	x							x						x					
D	Diabetic Care	Gwent	x							x			x								x

Therapy Services Strategy for Wales

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Category	Project Title																				
D	Diabetic Care	Education Group for Diabetes	Gwent	x							x		x								x
E	Patient Empowerment	Conversation Groups	C&V				x			x										x	
E	Intermediate Care	Traumatic Brain Injury Service	Swansea							x											x
E	Patient Empowerment	Conversation groups	C&V				x			x										x	
E	Respiratory Care	Pulmonary Rehabilitation	C&V							x											x
E	Respiratory Care	TIRE in CF and COPD	C&V							x					x						
E	Early Assessment	Open Access MS Clinic	C&D					x													x
E	Early Assessment	Shoulder Service	Swansea							x					x						
E	Cancer Care	Lymphoedema Education	Swansea	x						x					x						
E	Early Assessment	MS Specialist team	Swansea		x					x			x	x							x
E	Intermediate Care	Pull Don't Push Patients	NWW					x												x	
E	Intermediate Care	Community Brain Injury Team	C&V (Host)				x			x			x	x						x	x
E	Cancer Care	Y Filltir/Home Ground Project	Ceredigion					x				x									x
E	Intermediate Care	Community OT for the Elderly	NEW										x								
E	Child Development	Paediatric Dysphagia	C&D			x	x													x	
E	Child Development	SLT for children with specific language imp't	C&D			x	x													x	
E	Child Development	SLT for children with Autism	C&D			x	x													x	
E	Child Development	SLT Mainstream Support Service				x	x													x	

Therapy Services Strategy for Wales

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F	Composite																				
Category	Project Title																				
E	Intermediate Care	Local OT Assessment Protocols	S. Serv.		x									x							
E	Intermediate Care	Stroke Outreach Service	C&V							x				x		x					x
E	Intermediate Care	Re-Ablement Team	C&V		x								x	x	x	x				x	x
E	Intermediate Care	Intermediate Care Beds within a residential home	P&D		x				x					x		x					x
E	Cancer Care	Art Therapy in Palliative Care	NWW					x	x			x									
E	Intermediate Care	Joint Working SLT and Social Care	C&D		x			x												x	
E	Coronary Heart Disease	Cardiac Rehabilitation Programme	C&D	x					x				x	x		x					x
E	Respiratory Care	Pulmonary Rehabilitation	C&D	x					x				x	x		x					x
E	Child Development	Paediatric Lower Limb Pathway	Gwent	x							x				x	x		x			
E	Patient Empowerment	Pathways to Work	Bro Mor		x						x			x		x					x
E	Patient Empowerment	Cycling for Health	C&V		x			x			x			x		x					x
E	Patient Empowerment	Community Independence	C&V	x	x	x		x						x							x