Aneurin Bevan Health Board

Therapy Services Update

1 Introduction

The purpose of the paper is to provide the Health Board with a brief update on the Therapy Services in Aneurin Bevan Health Board.

The Board is asked to:--
• note the paper for information, and
• endorse the planned development of a Therapy Strategy for Aneurin Bevan Health Board.

| Financial Assessment and link to Financial Recovery Plan | There are no financial decisions explicitly associated with this paper |
| Risk Assessment | This update paper does not specifically address risk assessments |
| Annual Operating Framework | Therapy services contribute to a number of AOF targets, specifically AOF 10, RTT and Component Wait targets |
| Standards for Health Services Wales | The Therapy Services relate to all standards for health services with the exception of standard 17 – blood management |
| Equality Impact Assessment | The paper does not require an equality impact assessment |

2 Background

The post of Executive Director of Therapies and Health Science (DoTHS) is a new role in NHS Wales, having been introduced through the statutory changes in Health Board Structures set out by the Minister for Health and Social Care in March 2009. The DoTHS is an executive member of the Health Board and is professionally responsible for 14 Health Professions Council regulated therapy and health science
professions and their support staff, together with associated professional groups not yet subject to UK regulations.

The DoTHS professional structure is supported by three part-time Assistant Directors, with the following areas of responsibility:

- Service Development and Improvement
- Education and Training
- Quality and Patient Safety

The DoTHS professional portfolio includes the Therapy Professions which are defined as those professions represented by the Welsh Therapies Advisory Committee (WTAC). WTAC is the statutory health committee that advises the Welsh Assembly Government and key stakeholders on matters relating to Therapy Services in Wales. These include the Arts Therapies (Art, Music and Drama), Dietetics, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry and Speech and Language Therapy.

Whilst all the above services are contained in the DoTHS portfolio, this paper relates specifically to the five Therapy Services that have been integrated into a single Directorate under the leadership of the Clinical Director of Therapy Services within the Family and Therapy Services Division, namely:

- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Podiatry and Orthotics
- Speech and Language Therapy

The scope of practice of these services encompasses a wide range of health promotion and health care provision ranging from prevention through to long term care. A brief profile of the five services, together with staffing establishments and budgets are provided in Appendix A.

3 Service Developments 2010-11

The therapy services are constantly seeking to improve their services and to identify new ways of working, both within their own service and as part of the solution to the delivery of services in other Directorates and Divisions. They are integrated into the new Family and Therapy Services Division Quality & Patient Safety structure and engage with the
corporate Quality and Patient Safety agenda via Assistant DoTHS membership of the Quality and Patient Safety Operational Group.

Below are a number of examples of service modernisation/redesign completed or currently ongoing within the Therapy Services Directorate:

- Establishment of a prescribing support Dietitian in Newport to reduce spending on nutritional supplements in Primary Care. In the first three months in post the post holder has achieved savings of £33k. This project is now being rolled out across all Localities funded through the Invest to Save Scheme.
- Establishment of a project to rationalise the sites where the GP Dietetic Service are currently held and centralisation of the booking system. This should reduce waiting times, improved DNA rates and reduce staff travel. Planned completion date - early 2011.
- Establishment of an integrated Health and Social Care Occupational Therapy Service in Monmouthshire and more recently Blaenau Gwent. This enables coordination of service provision across organisational boundaries, reducing waste and variation, and aligns with the implementation of the Frailty model.
- Introduction of dedicated Occupational Therapy service within the Continuing Healthcare Teams.
- Establishment of Occupational Therapy Service in A&E/MAU to assist in assessing out and efficient rehabilitation of medical admissions. PDSA Bank Holiday cover undertaken to test impact of extending service into weekends.
- Restructuring of the Physiotherapy Senior Management team, to re-establish a Professional Head of Service post and support service modernisation in line with the governance agenda.
- Implementation of combined surgeon/therapist orthopaedic triage with investment in Podiatry and Physiotherapy staff to manage patients triaged from the orthopaedic waiting list. To date an average of 32% of patients have been transferred to therapies for assessment and treatment.
- The establishment of a Therapy Services Work Stream within the Musculo-skeletal (MSK) Review and Redesign Programme to support modernisation the MSK services to deliver timely and appropriate care for patients.
• Change in the provision of orthotic surgical appliances from an outsourced model to an in-house manufacturing service, resulting in a reduction in expenditure of approximately £20k per month.

• Prioritisation of podiatric clinical interventions over screening through the withdrawal of the Podiatry Diabetic Screening Service in Torfaen. This also enabled maintenance of the Podiatry component waiting times target with a reduced staffing establishment.

• Establishment of a Clinical Lead position in Speech & Language Therapy for Head and Neck Cancer, enabling the service to be developed and the Head and Neck cancer targets to be met and maintained.

• Engagement with the development and delivery of the Frailty Programme, Clinical Futures, Ysbyty Ystrad Fawr and Ysbyty Aneurin Bevan ensuring Therapy Services contribute to the planning process and are developed in line with the strategic direction of the Health Board.

• Redesign of Therapy Services to enable compliance with the Acute (first seven days) Stroke Bundles in Nevill Hall and Royal Gwent Hospitals.

• Active involvement of Therapy Services in the development of the Health Board Falls Strategy and the all Wales 1000 Lives+ mini Collaborative.

• A review of the current performance management structure in Therapy Services to ensure future support is equitable, efficient and fit for purpose.

• Capacity and demand modelling being undertaken across the Therapy Services to ensure appropriate use of resources and future-proof planning of services in relation to changes in demand.

• Establishment of a programme of work to improve the efficiency and effectiveness of the Therapy Services booking systems and including greater inclusion of services booked via PAS.

• Implementation of e-referral planned for early 2011.

• Scoping of e-systems available to support the Therapy Services, including, CWS, Med Secs, digital dictation, camera pens, voice recognition etc, in order to improve efficiency and facilitate the future move to paperless records.

4 Future Developments - Therapy Services – Part of the Solution

A number of further service developments have been identified for future action. It is intended that these be
articulated through the development of an Aneurin Bevan Health Board Therapy Services Strategy that aligns to the Welsh Assembly Government’s ‘Therapy Strategy for Wales’ and the strategic agenda of the Health Board underpinned by the principle of improving efficiency, quality and patient safety. This will reflect and build on the developments highlighted above and will include the following intentions:–

- Identification of developments where Therapy Services can further contribute to the Boards strategic direction through service redesign and new ways of working, including inter professional skill mix redesign and the shift of emphasis from in-hospital to community based care.
- Development of models of service delivery to facilitate extended working days and 7/7 cover for key clinical areas.
- Implementation of the ‘Guidelines for the Collection of Activity Data Across the Therapy Professions in Wales’ to facilitate standardised recording of activity data across the Therapy Professions and enable meaningful benchmarking with Therapy Services across Wales.
- Development of a Post-graduate Education and Training Framework for the Therapy Professions to facilitate a formal, planned educational strategy for the future workforce to ensure it remains fit for purpose.
- Strengthened links between the Therapy Services Directorate and Universities/Higher Education Providers to enable/facilitate further opportunities to support undergraduate and post-graduate training.
- Establishment of an annual Health Board Therapies and Health Science Conference to share innovation, acknowledge success and demonstrate the contributions made to the Health Board’s strategic agenda by the Therapies and Health Sciences.
- Establishment of a database of research and development activity undertaken within the Therapy Services. Encouragement of routine research and development embedded within service delivery across the Therapy Services Directorate.

5 Risks to Service Delivery

With the exception of the Surgical Appliances service (managed within Podiatry) 90% of each of the therapy departments expenditure is made up of staffing costs. The CIP expectation applied to the Directorate therefore presents a
significant challenge. The Clinical Director and Heads of Therapy Services are currently exploring major service reconfigurations, including the identification of clinical services that can be discontinued, to achieve break even. However, the CIP cannot be met without the loss of clinical posts which will impact on core therapy services delivery and those services provided by therapies in support of other Divisions. The primary associated risks are; inability to shed sufficient posts in year; breach of therapy component wait targets; impact on 36 week RTT targets; increased LoS and stifled inter-disciplinary skill mix changes.

**Recommendations**

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The Board is asked to:-
- note the overview paper for information, and
- endorse the development of a Therapy Strategy for ABHB.

**Sponsored by:** Jan Smith
Director of Therapies and Health Science

**Prepared by:** Jan Smith
Alison Shakeshaft
Clinical Director of Therapy Services; Assistant Director of Therapies and Health Science

**Date:** September 2010
## Appendix A

<table>
<thead>
<tr>
<th>Service</th>
<th>Profile of Service</th>
<th>Staffing Establishment</th>
<th>Budget £m</th>
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<tr>
<td>Dietetics</td>
<td>The Dietetic Service provides nutritional and dietetic advice for nutrition related diseases. The service works with patients, carers, staff and the public across all ages of the population. Specialist inpatient and outpatient work for adults and paediatrics is provided across the acute sites, with community work provided as outreach from those sites. A significant number of patients are seen in community clinic settings. Gwent-wide specialist services include mental health, CPFH, learning disabilities, and home enteral feeding. Several community nutrition projects are in place including the Community Nutrition Education Project, Appetite for Life and MEND. These are all externally funded and short term.</td>
<td>52.0 wte Qualified Staff 8.2 wte Health Care Support Staff 3.81 wte Admin Support</td>
<td>1.9</td>
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<tr>
<td>Occupational Therapy (OT)</td>
<td>OT provides services across the acute and community sectors, including children &amp; young people with disabilities, CPFH, mental health services, learning disabilities, acute and rehabilitation services. The adult physical and children’s centre services are managed pan-Gwent within the Family and Therapy Services Division. The mental health and learning disabilities services sit within the Community and Mental Health Services Division, and the CPFH service is managed within the CPFH Directorate. All professional OT staff align to the Head of OT Services for professional supervision and leadership.</td>
<td>139.71 wte Qualified Staff 45.79 wte Health Care Support Staff 4.85 wte Admin Support</td>
<td>3.2</td>
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<tr>
<td>Service</td>
<td>Description</td>
<td>Support</td>
<td>Admin Support</td>
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<td>---------------------------------</td>
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<tr>
<td>Physiotherapy</td>
<td>Physiotherapy provides services pan-Gwent across a wide range of environments, including acute and community hospitals, patient’s homes and a variety of community settings. The service incorporates scheduled, unscheduled and community physiotherapy services for adults and children, provided in the following core specialities:</td>
<td>221.45 wte Qualified Staff</td>
<td>10.1</td>
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<tr>
<td></td>
<td>• Musculoskeletal</td>
<td>52.32 wte Health Care Support Staff</td>
<td></td>
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<td></td>
<td>• Rehabilitation</td>
<td>42.69 wte Admin Support</td>
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<tr>
<td></td>
<td>• Cardio Respiratory</td>
<td></td>
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<td></td>
<td>• Children’s Services</td>
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<tr>
<td>Podiatry &amp; Surgical Appliances</td>
<td>Podiatrists treat individuals with underlying illness / condition that put their legs and feet at increased risk of injury, tissue viability, pain or loss of function. Patients include those with:</td>
<td>48.28 wte Qualified Staff</td>
<td>3.6</td>
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<tr>
<td></td>
<td>• Diabetes</td>
<td>4.81 wte Health Care Support Staff</td>
<td></td>
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<tr>
<td></td>
<td>• Rheumatoid Arthritis</td>
<td>11.63 wte Admin Support</td>
<td></td>
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<tr>
<td></td>
<td>• Cerebral Palsy</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Peripheral Arterial Disease</td>
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<td></td>
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<tr>
<td></td>
<td>• Peripheral Nerve Damage</td>
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<td></td>
<td>Podiatry provides is largely a community based service from 45 sites across the ABHB Localities. The service is coordinated from Risca Health Centre enabling flexibility across the Health Board area to meet waiting list and caseload demand.</td>
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<td>Orthoses / surgical appliances are external devices that modify the structural</td>
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and functional characteristics of the neuromuscular or musculoskeletal systems. Client groups benefitting from the service include:

- Degenerative arthropathies
- Progressive and non-progressive neurological conditions
- Neuropathic ulcers
- Complications of viral infections e.g. polio
- Congenital defects e.g. spina bifida

The Orthotic Service was reconfigured in October 2009 to enable the Health Board to directly employ Orthotists. Prior to this the service was a contracted out clinical and equipment supply service from the private sector.

| Speech & Language Therapy | The Speech & Language Therapy Service provides support to:  
|                           | - Community children’s’ services – communication impairments, speech sound disorders, language disorders, hearing impairment, spoke cleft lip and palate service  
|                           | - Paediatric special needs services – neonatal / children’s wards – feeding & dysphagia, Autism  
|                           | - Adult services – head & neck cancer, ENT voice, neurology |

Services are provided pan-Gwent on the acute sites, health centres, mainstream schools and language centres.

<table>
<thead>
<tr>
<th>Totals</th>
<th>WTE</th>
<th>Budget £m</th>
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<tbody>
<tr>
<td>Qualified Staff</td>
<td>605.62</td>
<td>20.9 (2% of total Health Board Budget)</td>
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<tr>
<td>Health Care Support Staff</td>
<td>129.85</td>
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<tr>
<td>Administrative Support</td>
<td>66.60</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>802.07</strong></td>
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