

CASE STUDY: AHPs working differently.
Integrated Therapy Teams
East Lancashire Hospitals NHS Trust

Summary: Community teams working in 5 localities delivering all community based services including supporting reablement, rehabilitation and equipment provision. The redesign has brought together traditionally separate teams to work in an integrated way.

Which AHPs are involved?

In each of the localities:

- ▶ Occupational Therapists
- ▶ Physiotherapists
- ▶ Assistant Practitioners (3 in each team)
working across each of the 4 professions

Who work closely with the following whose teams not big enough to divide into the localities so work as a central resource with pathways into each team:

- ▶ Speech and Language Therapists
- ▶ Dieticians.

What setting does the service operate in?

Community.

Does the service work with Older People? Not specifically.

How did you identify the changes that needed to take place? Saw the benefits of integrated working in the newly commissioned Stroke Team within the trust. When reablement monies became available, in conjunction with the

commissioners, the service was redesigned to deliver the integrated teams.

When did you start making the change & how long did it take? The change is ongoing – it's taken 2 years so far and hasn't finished.

How did you go about making the change?

Reviewed existing resources and rather than just adding on more of the same decided to work differently in the model of the Stroke team.

How was the change funded? Worked with health and social care commissioners to develop the service.

Who was involved in the consultation and process of change? The whole team were involved from the beginning.

Were changes needed to the existing skill mix? The staffing was built on the existing skill mix which was predominantly at senior grades. New posts at Band 5, Band 4 and Band 3 were developed.

Were any new roles developed? Assistant Practitioner roles were developed; three in each of the 5 localities.

What have been the benefits?

- ▶ Improved knowledge sharing between professions which is better for referrers;

traditionally Occupational Therapists linked with Social Care organisations and Physiotherapists with GPs and Consultants, now this is more integrated.

- ▶ Decreased duplicate visits from different community services
- ▶ Decreased travel costs.
- ▶ Decreased waiting times - developed a new priority system with emergency slots available.

What has been the response to change? Good feedback from patients.

Other The advance nursing service is being redesigned to align closely with therapy in supporting patients at home and has been renamed Intensive Home Support.

7-day working

What are your agreed staffing levels and how do you calculate them? Extended hours until 8pm and weekend work starting from 1st April. At the weekends the team will be co-located with the intermediate care allocation team (ICAT) which will have social care staff and commission care.

Other information. Achieving 7 day working is the hardest bit of the redesign; it's hard to implement over such a big geographical footprint. Difficulties such as access to buildings, lone working etc. for community services are challenging to manage.

Integration

Do you work in integrated teams? Yes

How have you had to work differently? A triage system has been developed for new referrals - Physiotherapists and Occupational Therapists cover this on a rota basis. The Band 3s in the

service predominantly worked with Occupational Therapy before the redesign and they have had to pick up some Physiotherapy skills with support and training. Skills have been shared across Occupational Therapy and Physiotherapy for generic processes such as issuing equipment and walking aids.

Has there been the impact on the uni-professional role? There is a greater understanding of each other's roles.

Are team members involved in any generic working - and what training or support is available for this? Triage assessment is generic and Bands 3 & 4 staff work with all professions.

Has there been any reduction in any roles (e.g. to reduce duplication)? None

New Bands 1-4 roles

What role is it? Generic Assistant Practitioner role.

Was extra training provided to support the role? Yes, all Assistant Practitioners are on the Foundation degree (recruitment to the role was completed in conjunction with UCLAN).

What impact has the new role had on the service? It has helped to integrate the professions and decrease community visits ensuring a more streamlined service.

What are the responsibilities of the new role? Providing input to patients in their own home.

What is the benefit to other members of the team? The new roles have maximised the integration with specialist therapy such as Speech and Language Therapy and Dieticians.

Have there been any negative outcomes to team members or the individual from implementing this role? The Assistant Practitioners are on a different contract to the rest of the team which allows 7 day and extended hours working.

Have there been resultant changes to skill mix or establishment? The Assistant Practitioners were an integral part of the service redesign.

Any other challenges? It was challenging to identify individuals with the correct mix of care background and academic skills to participate in the foundation degree.

What have you learnt from this process?
It's essential to involve all staff in the process of change.

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