

HOT TOPIC: NORTH WEST AHP WORKFORCE AND EDUCATION REPORT

The North West (NW) Allied Health Professions (AHP) Workforce and Education Report provides a comprehensive profile of the current (2012) regional AHP workforce, and identifies workforce risks and opportunities for this professional group in the future.

The NW AHP Workforce Board is a strategic group focusing on a broad range of issues to support the AHP workforce. The Board provides strategic leadership and influence, working in partnership with key stakeholders at a national and local level. Members of the Board are senior AHP leaders who work closely with the NW AHP Network to facilitate wider engagement in the Board's work programmes.

Following the publication of the national document 'Allied Health Professionals Workforce Risks and Opportunities' (Centre for Workforce Intelligence) in 2011, the Board identified that it needed to review these national findings and consider the implications for the local AHP workforce. In addition to this, the Board wished to evaluate the current NW AHP workforce profile and undertake a review to identify requirements for the future AHP workforce. This would provide intelligence to feed into the emerging NW Local Education and Training Board (Health Education North West)

and enable the NW AHP Workforce Board to determine its future work plan.

The NW AHP Workforce profiling project was therefore commissioned in March 2012 and provided the first formal review of the AHP workforce in the region. The work was undertaken by 'Working Together Consultancy', which is comprised of two independent consultants, Ann Gavin-Daly and Chris Mullen.

Methodology

A number of approaches were used to collect both quantitative and qualitative information.

1. A review of current literature and strategies was undertaken, including: the Centre for Workforce Intelligence's Risks and Opportunities reports for each of the AHP professional groups, the NW Workforce, Education Commissioning and Education and Learning Strategy and the NW Education Commissioning Plan.
2. Interviews were carried out with senior members of the NW Workforce and Education team to confirm existing strategies and processes for workforce and education.



3. A number of information sets were analysed including the Health and Social Care Information Centre workforce census, NW iView data, local authority workforce data sets and Skills for Health and Skills for Care workforce reports. This information was supplemented, where necessary, with workforce information from professional bodies and the Health and Care Professions Council.
 4. Several focus groups were held with AHP leads from both NHS provider organisations and North West higher education institutions.
 5. A questionnaire was sent, via Survey Monkey, to named AHP contacts within all NW NHS provider organisations. This included AHP managers and leaders who had responsibility for several professions, but also uni-professional leads. The questionnaire covered all aspects of workforce and education, including workforce planning, clinical leadership, CPD, recruitment and retention and clinical placements.
- There is limited clinical placement capacity within some professions, especially in physiotherapy, orthoptics and speech and language therapy. This needs careful management to ensure this does not impact on commissioned education places.
 - There are shortages of specialist and senior posts in some professions. This includes sonography trained radiographers, mental health trained physiotherapists and paediatric dietitians.
 - Service delivery demands are impacting on the ability of AHPs to access CPD. As the current AHP workforce is relatively young, CPD is important to both develop and retain specialist skills.
 - Changes in management structures within organisations and the loss of senior posts are impacting on the ability to provide effective clinical and professional leadership for AHPs.

Key Findings

NW AHP workforce headlines

- 10,775 qualified AHPs (FTE) work in the NHS within the NW, with an additional 2,680 support staff
- 62% are employed by acute trusts and 33% by mental health trusts, with the remainder employed by community providers and specialist trusts. Following Transforming Community Services this does not reflect where services are delivered, with many AHPs providing community and domiciliary care.
- A number of AHPs are employed in non-NHS sectors. This is particularly high in art therapy, podiatry, physiotherapy and speech and language therapy.
- The AHP workforce is predominantly female (84%) and 81% are under the age of 50. Ethnicity is lower than the national average at 4%.
- Part-time working has increased by 13% over the last 10 years
- The development of new roles varies across the professions. Advanced practitioner roles have been particularly well embraced by paramedics and physiotherapy. Consultant practitioner roles exist in physiotherapy, speech and language therapy, dietetics, podiatry, radiography and paramedics.
- Across the whole AHP workforce, 11% of support staff are assistant practitioners. There are very low numbers of apprenticeships within AHP services.

AHP workforce risks

- The smaller professional groups (orthoptics, prosthetics and orthotics) have less visibility within organisations and therefore may have less engagement in workforce and education processes locally. This may impact especially on workforce planning and access to CPD.
- The widening of the provider market will lead to more AHPs being employed outside of NHS organisations. If workforce planning does not embrace new providers this will impact on the future AHP workforce.

AHP workforce opportunities

- Prescribing by AHPs provides opportunities for role and service development. Physiotherapists, podiatrists and radiographers can train to become supplementary prescribers and plans to introduce independent prescribing by physiotherapists and podiatrists are now underway.
- Service redesign provides an opportunity to review skill mix and enhance the AHP workforce, although this must be undertaken using an evidence-based approach to care.
- New models of service delivery, focusing on the expansion of community services, provide opportunities for the development of the AHP workforce who are accustomed to working across organisational boundaries.
- The development of the bands 1-4 workforce within AHP services, including the introduction of apprenticeships, provides opportunities to deliver high quality services within the current financial climate.
- New roles such as advanced and consultant practitioners can provide cost effective alternatives to traditional workforce skill mix through role substitution.



NW AHP Workforce Board – Future work programmes

Following the NW AHP workforce profiling project, the NW AHP Workforce Board has considered the outputs and recommendations from the work and is now developing a two year work plan. This includes:

1. Building the capacity and quality of AHP clinical placements
2. Developing the band 1-4 workforce
3. Exploring innovative models for workforce supply, through the development of an adaptable, agile workforce
4. Developing and sustaining new ways of working and new roles to support increased access to services and integration, whilst maintaining high quality care
5. Supporting the development of effective clinical and professional leadership for AHPs

Supplementary Information

The Allied Health Professions are:

- Art, Music and Drama Therapy
- Dietetics
- Occupational Therapy
- Orthoptics
- Paramedics
- Physiotherapy
- Podiatry
- Prosthetics and Orthotics
- Radiography - Diagnostic and Therapeutic
- Speech and Language Therapy

For further information visit the North West AHP website
www.ahpnw.nhs.uk

The following documents are available as appendices to this Hot Topic:

- Appendix 1 - NW AHP Workforce Board flyer
- Appendix 2 - NW AHP Workforce Board membership profile

If you should wish to gain a greater understanding of specific sections of this report within the current context, then please contact Sue Louth using the contact details listed below.

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