

**Health and Sport Committee**  
**NHS Governance – Corporate Governance**  
**Submission from the Allied Health Professions Federation Scotland**

The Allied Health Professions Federation Scotland (AHPF Scotland)<sup>i</sup> welcomes the opportunity to provide evidence on the current inquiry and in particular, the importance of corporate governance. AHPF Scotland firmly believes that the allied health professions (AHP's) offer credible cost effective and evidence based solutions to many of the challenges facing the NHS, particularly the need to

- transform primary care
- shift in the balance of care into communities
- provide early intervention
- increase preventative care to reduce or avoid hospital admissions
- speed up early supported discharge from hospital
- ease the burden on Accident and Emergency and GP services
- increase independence and reduce reliance on social care

There are over 13,000 allied health professionals in NHS Scotland, who are qualified to assess, diagnose and treat patients across a very wide range of conditions. However, it is a common experience across the allied health professions that there is not sufficient awareness of the contribution that allied health professions can make nor their potential to transform services. Allied health professions have continued to make the case for inclusion alongside medicine and nursing as the essential third health professional group that can be harnessed to devise and deliver improved services. **However, allied health professions remain underrepresented in decision making in the NHS. As of January 2018:**

- **AHPs are not directly represented on the Director General's Health and Social Care Management Board.**
- **Scottish Government has no AHP Directorate** – (AHPs are part of the Chief Nursing Officer Directorate to whom the Chief Health Professions Officer reports).
- **Not one of the geographical NHS Boards** has an AHP Director - where AHPs are mentioned in Board memberships - they are represented by a nurse.
- **Not one of the special NHS Boards** has an AHP Director on it – where AHPs are mentioned in Board memberships - they are represented by a nurse.
- **Only 9 / 32 Integrated Joint Boards (covering only 2 health board areas) has an AHP Director at the table.**

*Since Devolution the Scottish health system has changed dramatically. The emergence of the AHPs as a distinct group within the NHS has found expression at every level of the NHS...The multidisciplinary team working and networking of the AHPs to cross considerable stratification in professional terms is a testament to the commitment of the allied health professionals to collaboration and modernisation in the NHS.*

***AHP Forum Scotland Submission to the Scottish Government Local Healthcare Bill Consultation – March 2008***

It should be noted that good leadership and requires investment for effective decision making, and that the ahp's are seeking inclusion, parity of esteem and the opportunity to contribute as a crucial part of the multidisciplinary approach to service delivery.

**AHPFS call for statutory representation of allied health professionals on health boards, integration joint boards and senior management committees.**

This would ensure decision making over the planning and provision of health and social care is fully informed - reflecting the range of key services people need and use to live independently

Transformative joint working will depend on how at a national and local level Scotland recognises, understands, protects, enables and builds on the dynamic and complex interdependencies between health, social care, the third sector, individuals and carers which interweave to create the foundations upon which the outcomes we all want are built.

**The government wants AHPs to be central to change**

The AHP National Delivery Plans, the transformation of primary care, the national clinical strategy all seek to encourage and embrace multidisciplinary team working. The new GP contract is a welcome example of a commitment to future access to a wider base of health professions for Scotland's communities. These changes cannot be put into effect without collaboration and partnership working at the decision making levels of NHS strategy.

**Ensure smart, consistent decision making:**

Health and social care bodies need access to good intelligence on the diverse professional capacity potentially available to them so that they can make well informed decisions about the best use of that capacity when seeking the best outcomes for local populations.

AHP interventions routinely prevent illness arising (eg falls prevention, well elderly clinics, communication accessible public health information); support and enhance self management of long term conditions; contribute to faster diagnostics and earlier interventions in primary care; provide alternative pathways to hospital referral; reduce inappropriate admissions and prevent readmission.

Getting decisions right on the use of available AHP capacity is not just important for individual outcomes – it also prevents unnecessary expenditure. For example the average cost of an adaptation is £2,800, but can lead to the potential saving of: £7,500 through reduced need for care home provision, increased safety, reduced hospitalisation and reduced need for social care provision<sup>ii</sup>. Similarly, every £1 spent on SLT services for stroke

patients saves £3.60 by avoiding chest infections (caused by compromised eating, drinking and swallowing) and associated with a quality of life gain while living with communication disability. Each of the allied health professions has similar examples of false economies perpetuated by a lack of investment that could deliver better services and reduce expenditure.

**Without it – we risk more of the same - inconsistency, waste and / or underutilisation of a restricted AHP resource**

AHPF Scotland has legitimate concerns that, without the influence of other professional groups at a local level, the contribution and perspectives of AHPs are vulnerable to becoming marginalised.

### **Enabling people to live independently**

AHPs are experts in rehabilitation and reablement. AHPs are often the link that holds complex health and social care pathways together, especially for older people and those with long-term conditions. AHP's can therefore bring a unique perspective to services.

### **AHPs are pioneers and leaders in joint working – challenging boundaries**

AHPs understand and bridge the organisational boundaries and cultural divides with third sector and statutory care colleagues every day. History teaches us that cultural integration requires those that lead by example. AHPs are role models that could use their vast experience to champion the health, social care and 3<sup>rd</sup> sector cultural integration, by positively and enthusiastically demonstrating that it can be done and ways to achieve it.

### **AHPs bring a new, different, fresh and enthusiastic perspective to integration.**

There are as many AHPs working in Scotland as GPs. Establishing AHPs as equal partners alongside their health and social care colleagues would be new and different – helping to increase the chance of new and different approaches to the old, 'usual suspects' approach to service design, planning and resource allocation.

### **The following organisations make up the Allied Health Professionals Federation Scotland:**

British Association for Music Therapy  
British Association of Art Therapists  
British Association of Dramatherapists  
British Dietetic Association  
British Association of Prosthetists and Orthotists  
British and Irish Orthoptic Society  
Chartered Society of Physiotherapy  
College of Paramedics  
College of Podiatry  
Royal College of Speech and Language Therapists  
Royal College of Occupational Therapists  
Society and College of Radiographers

*The Allied Health Professions Federation is the federal body representing the AHP professional bodies of the United Kingdom.*

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