HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM Allied Health Professions Federation Scotland

The Allied Health Professions Federation Scotland (AHPF Scotland) welcomes the opportunity to submit views on Health and Social Care (Staffing) (Scotland) Bill. AHPF Scotland would assert that the allied health professions (AHP’s) provide 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

As such, AHPs are an essential part of the NHS workforce. Our concerns with the current Bill are outlined below, and represent the collective view of the AHP professional bodies. Member bodies may also submit their particular view to the committee.

Part One:
AHPF Scotland is concerned that the Bill will not meet its objectives, due to a number of limitations, as outlined below:

1. There is no reference to optimising outcomes for patients and service users, and yet this must be the primary objective in determining staff numbers. It would be helpful to make reference to the Health and Wellbeing Outcomes identified in the Public Bodies (Joint Working) (Scotland) Act 2014 governing health and social care integration.

2. There must be a **general principle** and plan to develop a **multi-disciplinary approach** to NHS staffing. Services are provided by team members with specific skills and competencies. As this is the reality of the ‘types of health care’ for which current tools have been developed, the uni-professional aspect of the methodology cannot be seen as a sound long term aim for NHS staffing.

Part 2:
3. Placing a ‘common staffing method’ on a legislative footing has the potential to steer priorities toward meeting needs as identified by the tool. While workforce tools are an aide, and can assist decision making, they are only part of the process in determining appropriate staffing. Similarly, tools to support professional judgement are not a substitute for professional judgement.

AHPF Scotland would suggest that the particular common staffing methodologies currently developed and listed in part 2 should not feature in the primary legislation.
4. Because the tools are uni-professional (applying exclusively to nursing staff or to only medical and nursing staff in the case of Emergency Care Provision) they are limited in application. In addition, the specification of particular tools in primary legislation is unconventional because workforce tools change and evolve over time. Enshrining the current tools in primary legislation runs the risk of impeding innovation. Such tools represent a component part of the staffing model, but are not the key to appropriate staffing.

5. AHPF Scotland would therefore suggest removing section 12.1 C from the current Bill. This section should instead focus on the purpose aims and value of a multidisciplinary approach to service provision. Particular staffing tools that may assist in determining staff numbers in any context or setting should be specified only in regulations, and only then if they are evidence based and do not impede change and innovation.

6. The current list of types of care, settings and employees is arbitrary, reflecting only those settings and staff groups for which workforce tools have been developed.

7. By contrast AHPF Scotland would suggest replacing the listed common staffing methods listed for a duty upon the appropriate agency (such as Health Improvement Scotland) to invest in and develop multidisciplinary workforce tools that reflect the ways in which modern services are provided. These tools should look to optimising outcomes for service users, follow patient pathways rather than end at the hospital door, and include assessments of skill mix within and across professions, population need, caseload management and other relevant determinants.

8. Recommendations on staffing tools should then be made to Health Boards and regulated by Ministers only if there are clear and evidence based advances for health provision that secure improved outcomes for service users. This might establish an equivalent role for HIS (Healthcare Improvement Scotland) to that proposed for Social Care and Social Work Improvement Scotland (SCSWIS) in initiating models reflecting professional and patient priorities.

9. AHPF Scotland seek a clear legislated commitment to the principle of developing multi-disciplinary approach to staffing in all health and social care settings (where multi-disciplinary health and social care is required) to reflect (often complex) patient need.

10. Without assurances on the development and adoption of multidisciplinary staffing and professional judgement tools, AHPF Scotland cannot support the Bill in its current form. AHPF Scotland therefore seeks assurances on early development and adoption of multi-disciplinary tools.

11. Determination of staffing must consider amongst other things,
   a. the mix of professions needed
   b. the skill mix of each profession within the team and
   c. levels of staffing of each profession within the team
12. The current Bill also needs to recognise the diversity of the regulatory bodies which influence practice, amongst the various health professions.

13. The Bill lacks clarity on whether the general principle or use of specific tools and common staffing methods takes precedence in decision making.

Part 3 of the Bill

14. 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.

15. An integrated approach to health and social care

The Bill brings together an approach for the health and social care workforce. However, at the point of integrated care in community settings, the Bill is not sufficient to enhance these services.

16. It is essential to recognise that the increasing prevalence of long-term conditions and related disability results in increasing needs that may be complex, and may require health and social care support more than clinical solutions. This has been one of the main drivers behind the integration of health and social care across Scotland – to ensure that people in need have appropriate help that addresses their needs – which may not be predominantly medical.

17. AHP interventions routinely prevent illness (e.g. 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. None of these services nor the staffing of allied health professionals and support workers is covered by the current bill.

18. 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 a home 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. 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, and every £1 spent on physiotherapy led falls prevention saves £4 for health services. Each of the allied health professional bodies has similar examples of false economies perpetuated by a lack of staffing investment that could deliver better services and reduce expenditure.
19. AHPF Scotland would emphasise the need to address the demands of integrated health and social care provision and the shift of health care to community settings. This requires better workforce planning and should be underpinned by better understanding of safe effective practice in community based settings.

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
Royal College of Speech and Language Therapists
Royal College of Occupational Therapists
Society and College of Radiographers
The College of Podiatry

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

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