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# Leading lights

**This year's Leadership Challenge for AHPs is now underway, with the finalists set to battle it out on 26 and 27 July.**

Like the 2009 challenges, this year's events have been a series of two-day learning events, held over May and June. In each of the 10 SHAs, 10 teams of six people have been competing to represent their region at the National AHP Leadership Challenge final in London in July.

Members of the overall winning team from the East Midlands.



'The AHP Leadership Challenge came about because we recognised that the skills and competences of AHPs are underused,' says Lisa Hughes, AHP Officer with the DH's Professional Leadership Team.

'It's a fun and friendly competition designed to empower AHPs to lead the improvements in quality and efficiency that are necessary to make sure that they deliver the best services for patients.'

As part of the challenge, teams will work through scenarios and role-playing exercises that simulate decision-making situations for managers and service leaders. This will give participants the opportunity to discover how they can use their transferable skills to manage challenging situations.

'The event will take participants out of their comfort zones, broaden their horizons and give them a chance to see how good they

are,' Lisa says. 'Participants will become more aware of themselves and their capabilities. It will help them to go out and make a difference.'

Indeed, participants from the 2009 challenge have had nothing but praise for the event and its effects on them. Here's a snapshot of the feedback:

**Hannah Mills, physiotherapist:** 'I've gained a wider understanding of the current climate of the NHS and the need for change to come from the frontline. I feel that I now have the skills to attempt to initiate this change.'

**Patrick Carroll, occupational therapy service manager:** 'I'm now more confident in dealing with pressured situations. I understand the different

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## The Spending Challenge – have your say

A major public engagement exercise was announced today to help shape the forthcoming Spending Review. NHS staff are hugely involved in this process and the Prime Minister, David Cameron, has written to them today asking for them to share their ideas on how we can rethink

public services to deliver more for less.

An engagement programme is being run from 24 June to 9 July to collect ideas on how the Government can deliver services more efficiently while maintaining and improving quality. A website has been

specifically set up to gather up these ideas, with every serious idea being considered by government departments, the Treasury and by teams at No 10 and the Cabinet Office.

- [Read the Prime Minister's letter](#)
- [Visit the Spending Challenge website](#)

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perspectives of stakeholders, and have a better grasp of the competing pressures on healthcare systems.

'It's a terrific opportunity to try your hand at high-level leadership and strategy decision-making in a safe environment where there is good feedback. It's also a great way to feel valued by the system, which is clearly looking to develop the raw leadership talent in the AHP population – someone has noticed what AHPs can do given the chance!'

**Competition dates**

East Midlands	24-25 May
Yorkshire & Humberside	27-28 May
Northeast	1-2 June
Northwest	3-4 June
East	7-8 June
West Midlands	10-11 June
Southwest	14-15 June
South Central	16-17 June
Southeast coast	21-22 June
London regional	23-24 June
National finals	26-27 July

**Links and info**

- Watch the video of last year's event on the DH website

# Delivering new Secretary of State's priorities

**New Secretary of State for Health Andrew Lansley has set out his five priorities for the DH.**

They sit alongside the overarching drives to reduce running and management costs right across the NHS, and to improve quality of care while also making the NHS more efficient and productive. AHPs will play a key role in delivering reforms in most of these areas:

**1. A patient-led NHS** – ensuring it responds to people's needs and their wishes when it comes to managing their own care.



New Secretary of State for Health Andrew Lansley has set out his priorities.

**2. Shifting focus and resources towards better health outcomes** – targets that have no clinical justification will be removed and healthcare professionals will be given control over the running of day-to-day services, with a focus on outcomes for patients.

**3. Empowering professionals throughout the NHS** – giving them more power and responsibilities, replacing the top-down approach from central government.

**4. Improving our public health services** – the NHS will have to work with a range of partners focussing strongly on improving people's health through preventive measures.

**5. Reforming long-term care** – improving accessibility of, and options for, long-term social care by focusing on prevention, personalisation and partnership delivery.

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## Voicepiece

# Responding to new priorities



**As I am sure you are all aware, we have recently welcomed a new set of ministers to the Department, and we are all working hard to align ourselves with their priorities, says Karen Middleton, Chief Health Professions Officer.**

You will see our new Secretary of State, Andrew Lansley's priorities laid out on page 2. AHPs can make great contributions to every one of these priorities.

**1. A patient-led NHS** – AHPs are great enablers. Most are first-contact practitioners and therefore well placed to help the NHS respond to people's needs. One way to do this is to inform the commissioning process, and on page 4 of this bulletin, Liz Moore gives some advice on how to do this.

**2. Shifting focus and resources towards better health outcomes** – many AHP roles are naturally focussed on health outcomes. Now that this has become a priority, AHPs may well see changes in the way they work. We may also be asked to share knowledge and experience on how best to focus on better health outcomes.

**3. Empowering professionals throughout the NHS** – clinicians will be given more power and responsibility. In a time of change and financial challenge, tough decisions will need to be made. Nevertheless, the focus on quality care and improving health outcomes must be maintained. Strong leadership will be needed to make this happen and we are supporting this with the AHP Leadership Challenges, which you can read about on the front page of this bulletin.

**4. Improving our public health services** – AHPs make a significant contribution to the public health and prevention agenda. On page 6 of this bulletin, you can read about HOPE, the specialist service provided by the North East Lincolnshire Care Trust Plus. This award-winning service is an excellent example of how AHPs can contribute to the prevention agenda.

**5. Reforming long-term care** – AHPs will be key to delivering reforms in long-term social care. The focus on prevention and partnership working demonstrated in many AHP services is just the sort of thing that will be called for. It is important that AHPs step up and show what they are already doing in this arena.

Much of the detail around how to achieve these new Government priorities has yet to be decided. We will keep you updated as much as possible via this bulletin but, in the meantime, it is important for you to look at your objectives and your business plans and ensure they are aligned with these five priorities. The budget deficit will present a challenge for all of us and we know there will be difficult times ahead. We will need even greater resolve and collaboration, particularly to ensure that recognition of what AHPs can do is not lost.

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# Shaping the future

## Liz Moore is Clinical Advisor Allied Health Professions, NHS Bradford and Airedale, and the first word that comes to her mind when asked to describe her role is 'unusual'.

'There are not many AHPs in similar roles to mine,' she says. 'My role is about providing professional leadership and advice with regard to AHP services, and to make sure that this is reflected in the trust's commissioning strategy. It's also about making sure patients and carers receive appropriate, timely quality services.'

Day to day, Liz might provide advice on anything from the quality, innovation, productivity and prevention (QIPP) agenda and service design, to clinical governance and implementation.

A key part of her role is to get active clinical engagement from AHP colleagues in provider services. This is essential in ensuring coordinated, equitable and consistent approaches in AHP services.

Liz believes that, as the integrators of care, AHPs have valuable expertise and experience, which is a real benefit to

commissioners when evaluating and redesigning services. She's also keen for more AHPs to keep her company.

'We are going through exciting times and AHPs need to be involved in shaping the future. We need to make a significant contribution to commissioning – by demonstrating the added value that we bring – to make sure that patients receive appropriate services and have sound clinical outcomes. Clinical engagement is key.'

AHPs can get involved by contacting the commissioning leads in their organisation, increasing their awareness of local and national AHP initiatives – especially those that are in line with the QIPP initiative – and by responding to consultations and taking part in locally driven working groups.

'It's about being prepared to seek out the opportunities to take on more flexible roles that stretch your boundaries,' says Liz. 'There is brilliant work going on and we need to make sure that the momentum is sustained. My post is exciting, challenging and very rewarding. I would strongly encourage AHPs to get involved in the commissioning agenda.'



Liz Moore is keen for more AHPs to join her in commissioning roles.

Some of the AHP commissioning work Liz has been involved in includes:

- the introduction of an integrated pathway for the assessment of under-fives, working with two acute providers and the local authority
- standardising AHP referrals for equipment across the district to ensure quality clinical information
- commissioning an integrated falls prevention pathway
- ensuring AHP involvement in the National Framework for Continuing Healthcare
- acting as a direct route for AHP providers to commissioning.

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AHP ACHIEVEMENTS

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## Health Care Professionals' Commissioning Network

The network brings together a broad range of community-based health professionals to explore how they can and are contributing to clinician-led commissioning. From an initial meeting of seven enthusiasts earlier this year, through NHS Networks, there are now almost one hundred people involved in sharing ideas and innovative approaches to support the QIPP agenda and GP commissioning – the current name for the evolution from practice-based commissioning.

- Visit the network's website for more on the inaugural formal meeting held on 8 June 2010 and key findings
- If you have a good example of clinicians contributing to collaborative commissioning, email it to the network via Katherine Andrews

## For he's a jolly NICE Fellow



**Dr Nicholas Harland (left) has become one of just 10 senior health professionals to be awarded the first-ever National Institute for**

**Health and Clinical Excellence (NICE) Fellowships.**

The unpaid three-year tenures require fellows to spend one day a month on their chosen activities, aiming to foster and strengthen links between NICE and local healthcare and professional communities.

Nick is a physiotherapist and team lead for Extended Services for North Yorkshire & York PCT. Half his time is funded by a [National Institute for Health Research \(NIHR\) clinical lectureship](#), to undertake a research project on back pain.

As a NICE fellow, he will work to help clinicians understand and implement [NICE's guideline on persistent non-](#)

[specific low back pain](#), and reduce the barriers that can exist between the Institute and clinical groups.

'I'm delighted to receive this award, and honoured because I was the only AHP chosen from a pool of very highly qualified doctors and consultants,' says Nick.

'Not only is the fellowship a fantastic opportunity to make excellent contacts within my field, it is also a chance to influence the implementation of guidelines and help individuals over a large area. It helps my development, particularly regarding strategic management.

'I would advise any AHP who is interested in a fellowship to just go ahead and apply. If you have the support of your trust and believe you have something to offer, take the opportunity.'

### Links and info

- Find out more about NICE Fellowships

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## HOPE for the best

**HOPE, the specialist service provided by the North East Lincolnshire Care Trust Plus (CTP), has picked up a prestigious award at the annual Community Partnership Awards.**

It won in the Healthy Communities category, which recognises local partners who join up to tackle the wider causes of poor health.

HOPE, a partnership between the CTP's chronic obstructive pulmonary disease (COPD) and falls services, was started five years ago by COPD lead Pam Hancock and Falls lead Kylie Fabrace. Named after its aim of providing 'health, optimisation, prevention and education', it is a holistic programme of assessment, treatment and rehabilitation.

'We have a variety of programmes aimed at lifelong change, addressing the physical and psychological aspects of rehabilitation – from fishing and bowling to tai-chi and nutrition education,' says Pam. 'We are also boosting our early rehab, cognitive behavioural techniques and palliative care services.'

HOPE works with local agencies to

tackle the issues that affect health: 'For example, we work with young children at schools, educating them in a fun way about preventing the main causes for falls among the elderly,' Kylie explains.

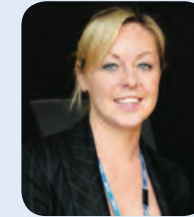
Meanwhile, the 75 checked and trained volunteer 'buddies' – mostly people who have been through and benefited from the programmes themselves, or carers and relatives – play a vital role in HOPE's services.

HOPE has also received awards in the past, but Pam and Kylie are delighted with the latest success. 'It's great to be recognised,' says Pam. 'But it also confirms that we are going the right way, and gives us more impact and credibility at a time when resources are tight.'



Members of the HOPE service accept their Community Partnership Award.

## It pays to network



**Over the coming months, each of the SHA AHP leads will provide an update on specific topics of interest. Here, Helen Marriott (above) from the East Midlands highlights why it's important that all the professions have strategic representation on the SHA AHP Network.**

'NHS East Midlands recognises the significant contribution that AHPs can make to meeting the quality, innovation, productivity and prevention (QIPP) agenda,' says Helen. 'It therefore supports the development of any strategies that facilitate engagement with AHPs across the region and the sharing and adoption of innovative service transformation ideas.'

One of these strategies is the SHA AHP Network, and AHPs in the East Midlands have been encouraged to join it to stay

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**SHA AHP LEAD UPDATE CONTINUED**

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up to date with national and regional agendas that relate to them. Helen says members have started to realise the benefits of the network and are motivating others to sign up.

By strategically developing their AHP networks, East Midlands has been able to identify and focus on the professional groups that are under-represented to ensure that all groups – with their diverse range of skills and expertise – have a strong voice in health and social care.

‘The diversity across the professions is immense and difficult to coordinate,’

Helen says. ‘But this diversity is the reason AHPs are in such a strong position to lead the quality and productivity agenda.’

In doing so, Helen advises that re-inventing the wheel is not an option and here, again, the network can help. It allows AHPs to share innovative ideas and good practice, promotes multi-disciplinary team working – ‘essential if the quality of care and productivity are to be increased’ – and helps reduce duplication and costs.

‘It is important that AHP services continue to drive forward innovative changes if we are to improve quality while releasing cash into the system.’

‘Best practice needs to be delivered everywhere, and the first step to achieving this is to identify where it is already occurring.’

‘Collaborative working is the only way forward if we are to take advantage of the current financial climate and show that AHPs really are the right people in the right place at the right time to transform care for patients and the public.’

**Links and info**

- [Email Helen for more information on the networks](#)

## AHPs must report more incidents

**For the first time in its nine-year history, the Medicines and Healthcare products Regulatory Agency’s (MHRA) Committee on the Safety of Devices has appointed an AHP.**



Rosalind Ham (left), a consultant physiotherapist, joined the committee last year. ‘I saw the advert in the

newspaper and was excited because it was the first time they had sought an AHP, so I applied immediately,’ she says.

Ros’s clinical background in assistive technology – working with prosthetics, wheelchairs and postural special seating – meant she had the right experience for the role.

‘Across all the professions, AHPs work

with a huge range of devices, which cause more complications than many of those used in acute hospital settings,’ she says. ‘But I don’t think enough AHPs know about the MHRA and we are very poor reporters of incidents.’

‘AHPs working in the NHS may be aware of the system of reporting internally to

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**MHRA COMMITTEE FOR THE SAFETY OF DEVICES**

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their risk department teams, but it seems they are not generally aware that all incidents involving medical devices should also be reported to the MHRA.'

In 2009, AHPs reported just 100 of the 1,530 reports concerning assistive technology devices the MHRA received. But that doesn't mean there aren't more incidents occurring – this year, since April alone, Ros has reviewed 13 alerts on devices that AHPs would be using regularly.

But, says Ros, many more may not have been reported by AHPs: 'We have a responsibility to protect patients by alerting the MHRA, even if it is a minor issue or near miss with a device. We can't expect someone else to do it for us.'

Ros has contacted all allied health professions registered with the [Health Professions Council](#) to raise awareness of the need to report incidents, to highlight her role as a link between them and the MHRA and send regular updates.

The MHRA is also being proactive in reaching out to AHPs. It is developing

a webpage specifically for occupational therapists and physiotherapists – the biggest users of medical devices – with tailored information and advice on what to look out for and how to report an incident. If it is successful, this will be extended to all AHPs.

AHPs can report an incidents and near misses with any medical devices via the MHRA website. Reports are investigated and, if necessary, alerts are sent out.

**AHPs reported just 100 of the 1,530 incidents concerning assistive technology devices the MHRA received last year.**

**Links and info**

- Visit the committee's page on the MHRA website
- Sign up to receive the MHRA's online safety information and medical device alerts on the day they are issued

# Inspirational AHP initiatives

**AHPs across the country are developing and delivering programmes that are clear examples of best practice. The following are just three successful local endeavours that are being extended to benefit other AHPs.**

**Sandwell community pain management groups**

The physiotherapy team within Sandwell Community Healthcare Services is providing a community-based Pain Management Programme (PMP) for people suffering with chronic pain that hasn't been resolved by other available treatments.



The Sandwell Pain Management Groups are giving people the skills to better manage their conditions.

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**AHP BEST PRACTICE**

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The aim is not to cure the pain, but to improve peoples' coping skills so they can lead a more active and fulfilling life.

The programme is delivered by a multidisciplinary team in local leisure and medical centres throughout Sandwell. Through educational talks, functional exercises and relaxation techniques, participants are taught how to develop practical self-management skills, which help them manage ongoing pain, no matter what condition is causing it.

The physiotherapy service is also developing pain support groups to ensure participants can maintain the benefits gained from attending the programme. These include feeling more confident in managing their pain and returning to activities they had given up because of it.

'I've stopped dwelling on the pain and stopped thinking "I can't do that",' says one PMP participant. 'Before coming to the group, I kept going to the GP and getting more and more painkillers. It wasn't helping. Now I can see there are other ways I can manage my pain.'

**AHPs join specialist cancer rehab team**  
Two specialist AHPs have joined the

Greater Manchester and Cheshire Cancer Network (GMCCN) to work with patients with brain and central nervous system (CNS) tumours. Sara Robson and Julie Emerson took up their posts – the first of their kind in the country – in November 2009.



Julie Emerson

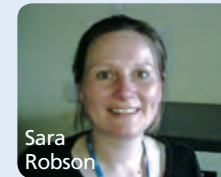
'Brain and CNS patients need access to both neurological and cancer rehabilitation services, depending on the point they are at on their pathway,' Julie explains. 'We're encouraging AHPs to proactively rehabilitate patients during cancer treatments to prevent complications and further deterioration resulting in increased dependency or possible hospital admission.'

The quality, innovation, productivity and prevention (QIPP) agenda underpins Sara and Julie's roles, which aim to:

- support patients to access appropriate rehabilitation services throughout their pathway
- develop the relevant skills and knowledge in local AHP staff
- implement the relevant Improving Outcomes Guidance and the National Cancer Action Team Rehabilitation Pathways (2010)

- address the inequity of access to rehabilitation services by identifying gaps in services and potential ways of closing them using innovative practice and sharing these with local AHP services.

Sara and Julie have started a network-wide audit of services against the patient pathway to identify where patients fall through the gaps. 'It has also been agreed in principle that the specialist AHPs can refer directly to rehabilitation services to avoid delay in accessing services by having to go via GP referral,' says Julie.



Sara Robson

The pair is planning a joint rehabilitation conference with the Cardiac & Stroke and Neuro-rehabilitation networks to raise the profile of cancer and palliative care rehabilitation services as mainstream services. But, says Sara, 'there will be less opportunity for future funding, so innovative practice ideas will need to be developed to meet demands.'

She and Julie plan to consult further on the local implementation of the rehabilitation pathways. 'This will raise

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awareness of the pathways and best practice for this patient group, and clarify the role of AHPs at each stage of the patient's pathway,' Sara explains. 'The aim is that patients will receive the recommended level of AHP care – which has been agreed professionally as best practice – irrespective of their postcode.'

**Acute care module training**

Another programme that's addressing the QIPP agenda is North Staffordshire Community Healthcare's acute care module training for occupational therapists.

The project aims to reduce the number of acute hospital beds and provide care closer to home by giving community staff the acute/medical skills to support these changes, beginning rehabilitation programmes at an early stage and ensuring clients are managed safely in the community. The course is supported by the trust's lead nurse and has developed extended roles for AHPs to support acute care and long-term conditions pathways.

'At the end of the programme, occupational therapists are competent in a range of tasks, including taking blood pressure, blood glucose levels and urine samples – all of which helps

them to assess the client's fitness to take part in rehabilitation programmes at an early stage of illness,' explains Janice Lovatt, Occupational Therapy Service Manager, North Staffordshire Community Healthcare. 'It also means one professional is able to take a range of assessments, which prevents duplicate visits.

'Clients who need rehabilitation will be managed in the community rather than being admitted to hospital. This will free up hospital beds and enable speedier discharges, or prevent hospital admission in the first place.'

Course participants also learn about the management of acute illness and how to identify risk factors and refer on to others, such as nursing staff, when appropriate.

The training was developed by Keele University and allows participants to gain masters-level credit points. It has been so successful that it has been extended to other AHPs.

**Links and info**

- Call the Sandwell Pain Management Team on 0121 507 2840
- Read more about the GMCCN

**News in brief**

**NHS Choices e-newsletter**

This new resource handpicks the latest and most popular NHS Choices articles, tools and content relevant to health professionals and their work with patients and clients. It also serves as a reminder about NHS Choices training events, as well as information on upcoming professional conferences where NHS Choices is represented.

- Register and download the latest letter

**Health honours for AHPs**

Two AHPs have received health honours in the Queen's Honours List, announced on 12 June. Hilda Armstrong, Senior Physiotherapy and Orthotic Assistant, received an MBE for services to the NHS and to the community in Chester-le-Street, County Durham. Diane Coggings, Clinical Lead Physiotherapist for Paediatrics, Tower Hamlets Primary Care Trust, received an MBE for services to Healthcare.

- Visit Directgov for the full list

**International Dementia Excellence Awards**

Applications are now open for these awards, which recognise organisations

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and individuals who have improved the quality of life of people with dementia. Nominations can be made in seven categories and the closing date for applications is 20 August. The awards – organised by the Dementia Services Development Centre at the University of Stirling – will be presented as part of the fourth International conference, *Coming of Age: Dementia in the 21st Century*, at the ExCel London, 19-21 October 2010.

- [Visit the website to nominate yourself, a carer or a colleague](#)
- [Find out more about the conference](#)

### Making best use of allied health professionals

This free, 45-minute video masterclass, run by the *Health Services Journal*, looks at how AHPs can be best deployed as part of a flexible workforce and what sort of competencies they have.

- [Read more and register to watch](#)

### Military and Civilian Health Partnership Awards for 2010

The third annual Military and Civilian Health Partnership Awards (HPA) have been launched, celebrating exceptional care for the Forces across all professional disciplines and settings. The awards are open to civilian health and social care staff and military medics working within the Defence Medical Services, the health

service and the private or voluntary sectors. Entrants can be self-nominated or entered by patients, colleagues or members of the public. The closing date for nominations is 9 July.

- [Visit the HPA website](#)

### National Eye Health Week

Eye care health professionals and UK charities came together to launch the first ever National Eye Health Week from 14-21 June. The week encouraged people to take better care of their eyes and go for regular sight tests, which can detect early signs of conditions such as glaucoma, diabetes and high blood pressure. The Vision Matters patient information leaflet is available to order from the Vision Matters website, which will continue to be updated with guidance on maintaining good eye health.

- [Visit the dedicated campaign website](#)

### Best practice in new-role design

Skills for Health's new online library of nationally transferable roles (NTRs) provides a range of templates based on successful new roles developed in response to the Reducing Waiting Times initiative. The aim is to help employers replicate best practice in new-role design – at associate professional grades, and higher levels. The templates will also help standardise service delivery and ensure

staff employed in NTRs benefit from nationally transferable skills. To date, 30 templates have been added to the library. One of these is the Orthopaedic Advanced Practitioner, a community-based role developed by Dudley PCT. Following its introduction, the PCT now only refers a quarter of orthopaedic patients to secondary care.

- [Visit the NTR library](#)

### Adherence to medicines

To coincide with the release of NICE's guidance, *Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence*, the National Prescribing Centre has created an adherence to medicines floor on the NPCi learning resource to help healthcare professionals engage in shared decision-making with patients about their medicines. The fifth and final topic, Interventions to Increase Adherence to Prescribed Medication, is now available. Additional resources will be available during 2010-11.

- [Access the latest topic](#)

### Skills Passport update

For the last year, Skills for Health has been piloting a Skills Passport for healthcare

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professionals. The idea is that it will be an online repository for an individual's employment record, skills, competencies, achievements, qualifications, training and positions held. The aim is to build skilled, flexible and productive health workforces that can demonstrate their suitability for roles within the health sector and beyond. The pilot – involving eight employer organisations and about 300 nurses – highlighted benefits such as transferability of skills and less duplication of training. Further development work is now being done to broaden the passport to include AHPs as well as other members of the health workforce. Stay tuned for future updates.

- For more information email Sally-Ann Marciano or Alison Strode

### Tool to assist victims of forced marriage

The Government's Forced Marriage Unit (FMU) has launched a free online resource, *Forced Marriage E-learning*, to help health and social care professionals identify and provide appropriate support to potential victims of forced marriage. The tool encourages organisations and individuals who come into contact with those affected by forced marriage to work together to protect

victims. Practitioners handling forced marriage cases and victims can call the FMU's public helpline on 020 7008 0151 between 9am-5pm, Monday to Friday, or email [fmufco.gov.uk](mailto:fmufco.gov.uk).

- Access the online resource

### The Centre for Workforce Intelligence (CfWI)

CfWI is a new body that will provide a single, authoritative resource on workforce development planning for all parts of the health and social care system. It is central to the strategy for strengthening the workforce planning and development system, and will provide accessible workforce intelligence, research and advice to support planners, clinicians and commissioners to meet the quality and productivity challenge.

- Email Peter Sharp for more information

### Preceptorship Framework

This framework, originally developed for nursing, has been extended to midwifery and AHP staff. It will help ensure that newly qualified AHPs have protected time and expert support to help them make the transition to confident practitioners. The framework will be of interest to those with responsibility for the management and development of the non-medical workforce, newly registered practitioners and those

directly responsible for preceptorship.

- Download the framework

### DIARY

#### Healthcare Innovation EXPO 2010

**Date:** 6-7 October

**Venue:** ExCel Centre, London

Hosted by DH and building on the success of last year's event, EXPO 2010 will bring together the best innovations from the private, public, academic, scientific and third sectors, providing practical ways to improve productivity and the quality of patient care.

- Find out more and register

#### Save the date: Chief Health Professions Officer's Conference 2010

**Date:** 13-14 October

**Venue:** Guoman Tower Hotel, London

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