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Leading Change, Improving Lives:

Allied Health Professionals' Innovation in Wales



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Introduction

Across Wales, innovation within the Allied Health Professions (AHPs) is reshaping the future of health and social care. As one of the fastest-growing and most diverse workforce groups in the NHS, AHPs represent thirteen distinct professions and collectively form the third largest clinical workforce nationally.

Their contribution spans prevention, diagnosis, treatment, rehabilitation, and holistic support across the life course; activity that positions them at the forefront of service transformation and system-wide innovation.

Supporting this professional landscape is the role of Health Education and Improvement Wales (HEIW), the strategic education and workforce organisation for NHS Wales. HEIW commissions and develops undergraduate and postgraduate AHP education across the country, ensuring Wales has a sustainable, high-quality pipeline of future practitioners, forming a critical component of the nation's capacity to innovate and deliver care differently.

HEIW's investment in AHP training emphasises financial accessibility, collaborative learning models, and strong professional standards. These contribute to an adaptable workforce equipped with new digital, clinical, and leadership skills and reflects the national commitment to transformation in services, but also in professional identity, flexibility, and readiness to drive change.

The establishment of Allied Health Professions Federation Cymru (AHPF Cymru) has further strengthened this momentum by creating a unified national voice for AHP professional bodies in Wales. Acting as an umbrella organisation, AHPF Cymru provides strategic leadership, enhances the visibility of AHP roles, and brings coordinated focus to workforce development and service transformation. Its mission, to influence national policy and ensure AHPs are positioned to improve population health, anchors its work across multiple sectors including public health, social care, education, justice, and the third sector.

AHPF Cymru's strategic priorities, including workforce, service transformation, and leadership align closely with ongoing national efforts to transform health and care delivery. These priorities recognise both the innovation already embedded within AHP practice and the need for continued advancement to meet Wales' evolving population needs. The collaborative approach also highlights the growing acknowledgment that complex health challenges require multidisciplinary solutions, and that AHPs are uniquely placed to lead such work through their person-centered, preventative, and evidence-based approach.

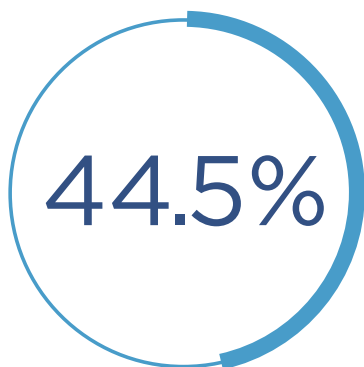
Together, AHPF Cymru and HEIW represent two complementary forces guiding innovation across the professions: one advancing strategic leadership and visibility, the other shaping the future workforce and embedding quality education. Their combined influence is enabling AHPs to explore new models of care, strengthen multidisciplinary pathways, and contribute meaningfully to national priorities such as prevention, population health, digital transformation, and community-based care.

This publication celebrates that innovation, highlighting achievements across the professions, showcasing examples of transformation already underway, and exploring how AHP leadership continues to redefine what is possible within health and social care in Wales.



Bringing Care Closer to Home

Betsi Cadwaladr
University Health
Board (BCUHB)



Residents achieved median functional gains of 44.5% through early, targeted in-reach OT, helping maintain independence.



Background & Aims

In Wales, delayed discharge is a challenge. In June 2024, A BCUHB review found that 30% of care-home residents in acute beds needed enhanced therapy and 17% required higher support, indicating missed opportunities for early intervention.

At the same time, levels of social care vacancies and staff turnover were seen to contribute to risk-averse escalation and inconsistent monitoring.

Supported by the Welsh Government AHP Investment Fund the team tested an in-reach occupational therapy model in two Flintshire care homes, delivering early, function-focused assessment to keep residents well, promote independence, reduce avoidable hospital admissions, and optimise use of NHS resources.

Outcomes & Impact

The pilot established a new replicable model for delivering specialist occupational therapy directly in care homes and produced practical tools and processes for wider adoption. It also delivered clear benefits for residents, staff, and the wider system.

Residents achieved median functional gains of 44.5% through early, targeted in-reach OT, helping maintain independence. Timely therapy supported faster, safer discharges, leading to less reliance on GP referrals.

At the same time, real-time training and support augmented care-home capability and boosted individuals' confidence with mobility, behaviour, and specialist equipment. Improved communication across sectors streamlined problem-solving and cut duplication.

Financially, net of costs (£67,452), one clinician delivered £81,734 cost avoidance in six-months. If adopted across Wales, this could equate to more than £1.14m annually in savings, would enhance integration, reduce waste, help address health inequalities, and build community resilience.

DFEET – Diabetic Foot Emergency Early Triage Service

Background & Aims

Diabetes is seen as a growing burden across Wales, affecting an estimated 200,000 people.

Evidence demonstrates that as many as 2.5% of this population has a diabetic foot ulcer (DFU) at any given time, or approximately 5,000 people. The cost of diabetic foot disease in England is almost 1% of the health service budget, and the figure would not be dissimilar in Wales.

Since 2018, CAVUHB had offered a 'Walk in clinic' for patients with diabetes and a foot emergency. However, audit and feedback from patients and staff identified that this approach was neither equitable nor sustainable. To counter this, the DFEET service was implemented, with an immediate aim to reduce the number of patients waiting longer than three days for their first expert assessment, preventing inappropriate A&E attendance and GP contact for diabetic foot emergencies. In the longer term, it was hoped the service could offer phone first contact for foot wounds of all types, and to spread and scale the tried and tested model across all health boards in Wales.

Outcomes & Impact

In total, 320 patients were referred into the DFEET service in a 7-month period, of which, 299 patients (or 93.4%) were seen within 3 days of referral. The DFEET service sees a healing rate of 50% of ulcerations, almost double the national average rate of all ulcerations of 26%. Out of 324 virtual appointments made, 103 of these patients were booked outside of emergency wound clinics, reducing the need for unnecessary wound appointments by 31%.

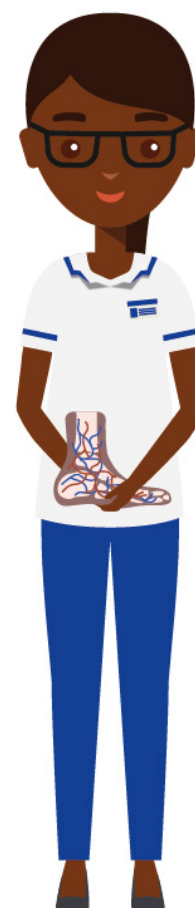
When asked, 240 patients (59%) responded that without the DFEET service they would have attended a GP appointment. A further 21 patients (5%) stated that they would have attended A&E services.

The data collected demonstrated a positive correlation between prompt access to the service, wound size reduction, and ulcer healing. It also showed that utilisation of essential digital healthcare facilities to appropriately manage capacity in high-risk clinics was desirable. However, further outreach was required in primary care to ensure that eligible patients presented to the DFEET service at the earliest opportunity. Cost benefit analysis showed DFEET will decrease money spent on diabetic foot ulcers in primary care.

Cardiff and Vale University Health Board (CAVUHB)

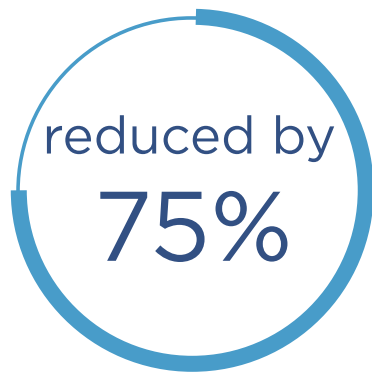


In total, 320 patients were referred into the DFEET service in a 7-month period, of which, 299 patients (or 93.4%) were seen within 3 days of referral.



A Novel Collaborative Approach to Swallowing, Nutrition and Medication Management Using Digital Technology

Cwm Taf
Morgannwg
UHB (CTMUHB)



The project improved the experience and clinical outcomes for care home residents with waiting times reduced by 75%.



Background & Aims

Over half of residents in care homes and hospitals have daily difficulties with swallowing (dysphagia).

This can lead to aspiration pneumonia, malnutrition, and non-compliance with oral medication, resulting in increased hospital admission and reduced quality of life for care home residents.

This project trialled a new collaborative model for providing care, using a remote telehealth digital solution. Through exploration of integrated ways of working between Speech & Language Therapy, Dietetics and Nutrition, and Pharmacy, it aimed to develop a single point of referral, to eliminate bureaucracy and prevent patients being placed on multiple waiting lists.

The project's proposed service improvement was based on an internationally recognised health and care improvement framework, which focused on:

- improving individual care experiences by reducing waiting times and receiving seamless, integrated care from multiple professionals.
- improving clinical outcomes using

standardised therapy outcome measures to evaluate cost reduction or cost-neutral opportunities in using the novel intervention.

- reporting workforce wellbeing from interviews and workforce-reported outcome measures when using this new model.
- assessing equity of care to elderly residents in care homes with complex and chronic health issues when using digital technology.

Outcomes & Impact

The project improved the experience and clinical outcomes for care home residents with waiting times reduced by 75%. The model showed how services could use technology to provide equitable, patient centered care, with 85% of all referrals completing care using telehealth.

In a year, it saw the release of an additional 66 hospital bed days and community staff able to see fifty more patients, with a projected potential savings of nearly £49,000 per annum. The project also saw improvements in workforce confidence and wellbeing, with potential implications for recruitment and retention.

Prepare Well (Orthopaedics)

Background & Aims

Prehabilitation ('prehab') is the process of enhancing a patient's physical and mental health before surgery to improve outcomes, reduce complications, and speed up recovery.

The Prepare Well (Orthopaedics) service aims to support and enhance a patient's psychological and physical preparation for planned orthopaedic surgery, helping them to recover following surgery and live well with their joint replacement. Comprising a multi-disciplinary team, including physiotherapists and occupational therapists, it is made up of two courses:

- a pre-surgery 'prehabilitation' course,
- a post-surgery 'rehabilitation' course.

This overview focuses on the prehabilitation course. The six-week course takes place in leisure centres in Cardiff and the Vale of Glamorgan. Each class includes an exercise component (60 minutes) and a discussion section with advice on lifestyle adaptations (30 minutes). At each session there is

also 1:1 advice available from a specialist therapist.

Outcomes & Impact

Most people reported positive changes across all the outcomes. Changes in anxiety about surgery and feeling physically ready for surgery were assumed to last only six-months by which time surgery would have taken place. Other outcomes are expected to last longer, but less change is attributed to Prepare Well (Orthopaedics) as time passes.

Whilst it is difficult to place monetary values on these outcomes, an approximation was made by looking at commercial alternatives, and relating this to the importance of the outcomes, as reported by participants. The costs of providing the service were partially offset by a reduction in hospital stay after surgery. The service supported users to reduce anxiety and become physically ready for surgery.

After surgery people reported that they were confident and motivated to manage their health and keep active. These outcomes mean that for every £1 invested in the service, £2.86 of social value was created.

Cardiff and Vale University Health Board (CAVUHB)



The outcomes mean that for every £1 invested in the service, £2.86 of social value was created.



Pioneering an Accessible, Effective and Efficient Women's Health Psychology Service

Hywel Dda
University Health
Board (HDUHB)



92% of psychological input was delivered via the video platform.



Background & Aims

There is a high prevalence of psychological and emotional distress within women's health pathways, which severely impacts wellbeing, mental health, ability to engage in social activities, relationships and work.

Studies have shown up to 86% of women with endometriosis suffer with depression and 25% of women with menopausal symptoms experience depression, anxiety and cognitive difficulties

The project piloted an innovative model of healthcare to improve psychological distress within women's health and support the priorities of the NHS Wales Women's Health Plan by strengthening access to psychological support. It sought to increase understanding of the extent and nature of mental health difficulties within this patient group, whilst assessing both the efficacy of psychological approaches in women's health and acceptability of a digital delivery model to reduce health inequalities.

Outcomes & Impact

A total of 163 referrals were accepted across a broad spectrum

of gynaecological and menopause-related conditions, with an age range spanning from 20- to 74-years. The highest referral volumes were for menopause, pelvic pain, and endometriosis, highlighting significant unmet psychological need in these cohorts. The service successfully engaged individuals with complex presentations, demonstrating its relevance and reach across diverse clinical pathways.

Mental health difficulties were significant at assessment, with 53% of referrals meeting the clinical thresholds for depression and 81% meeting the clinical thresholds for anxiety. Psychological interventions delivered through the pilot led to clinically significant improvements in mental health. Positive changes in pain management, perceived health status, and quality of life were also obtained. 92% of psychological input was delivered via the video platform.

Resource-releasing benefits were achieved by easing pressures in gynaecology, pain, mental health, and unscheduled care services. Notably, three women who 'had frequently attended A&E' did not return following engagement with the service demonstrating positive behaviour change in managing pelvic pain exacerbations.

Specialist Paramedics Providing Palliative and End of Life Care

Background & Aims

Palliative care aims to give people the best quality of life possible and focuses on managing pain and other symptoms over the weeks, months or years someone is living with a life-limiting condition.

End-of-life care is the care and support given to people in their last few weeks or final days. People often have palliative care for some time before getting end-of-life care.

The role of a paramedic is often associated with managing trauma patients or those who have had a heart attack or stroke, but paramedics also help patients approaching the end of their life due to an advanced illness, either with urgent symptom management or for a sudden deterioration.

Whilst every paramedic in Wales is trained to support these patients, this project enhances this by creating a unique role, the palliative care paramedic, who divides their time between patients in the community and those in an inpatient setting.

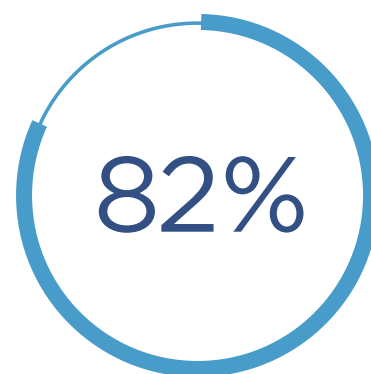
Outcomes & Impact

The service was designed to make best use of the paramedics' specialist skills, while enhancing the knowledge and skills of the Swansea Bay specialist palliative care team (SPCT). Before the paramedics joined the team, urgent assessments were sometimes referred to other services, including in primary and community care.

An review of this initiative showed that one month before the paramedics joined the team, 68% of calls were dealt with primarily by the SPCT. Six months after the service began, that figure had increased to 82%, highlighting that the team was managing more of its patients than ever before. This change resulted in capacity being freed up within other vital services such as district nursing, GP practices, and the Emergency Department.

It has also enhanced communication between services and resulted in a more efficient use of the multidisciplinary team's time, an improvement in response times, better patient experience and more appropriate use of skills.

Welsh Ambulance Service Trust (WAST) and Swansea Bay University Health Board (SBUHB)



82% of calls primarily dealt with by the Swansea Bay specialist palliative care team.



The AHP Community Rapid Access and Admission Prevention Service Model

Cwm Taf Morgannwg UHB (CTMUHB)

Occupational Therapists supported GPs and Paramedics within the Clinical Navigation Hub completing joint home visits to prevent the need for emergency ambulance services being dispatched. They provided the necessary intervention to ensure the individual can remain at home safely, when possible.

Background & Aims

Rapid access aims to support people who do not need acute hospital admission but need assistance to recover from an acute illness or an accident.

Admission avoidance prevents people from going into hospital or a care home unnecessarily and supports people on their discharge from hospital, where appropriate, to help them continue their acute recovery to regain and maintain as much independence as possible.

This programme provides a multi-professional model with rapid access to AHPs in the community, maximising independence, and preventing deterioration requiring admission to hospital. The additional AHP resource works within, and alongside existing community based multi-professional and/or integrated teams and was collaboratively developed.

The focus is on rapid and streamlined access to community AHPs, early intervention to avoid deterioration, and prevention of unnecessary and potentially harmful admissions into hospital.

Outcomes & Impact

Occupational Therapists supported GPs and Paramedics within the Clinical Navigation Hub in completing joint home visits to prevent the need for emergency ambulance services being dispatched. They made available the intervention required to ensure the individual can remain at home safely, when possible.

Wider initiatives linked to the transformation include a falls prevention service 'Don't Fall for it', developed in collaboration with public community groups, and a 'Falls Bus' to access hard to reach communities.

This work was associated with the pan-regional community-based Speech and Language Therapy, Dietetic and Podiatry 'Hot Clinics', which provide timely and equitable rapid access to diagnostics, treatment, and signposting to appropriate services.



Feet in Crisis: Transforming Foot Health

Background & Aims

Diabetes in Wales increased by almost 60,000 people (17+ years) between 2009/10 and 2021/22 (13 years).

This is an increase of almost 40%. Foot problems are common in people with diabetes. They can happen over time with nerve damage, called diabetic neuropathy, causing numbness, tingling, pain, or a loss of feeling.

CTMUHB instigated several interventions aimed at setting new standards in foot health and care across the region, including:

- Hot Clinics – which aimed through rapid response to prevent patient deterioration and avoid hospital admissions.
- Inpatient Podiatry Service: A Value-Based Health and Care-funded Programme – providing on-call support during working hours for urgent diabetic foot problems.
- Multidisciplinary Vascular Clinics: Tackling Peripheral Arterial Disease (PAD) – a new weekly clinic at Dewi Sant Hospital.

Outcomes & Impact

Through the development of Hot Clinics, led by the community podiatry team, waiting times in Primary Care for urgent diabetic and non-diabetic foot conditions have dramatically reduced – from an average of 21 days to just 48 hours, aligning with NICE guidance.

The inpatient podiatry service for acute diabetic foot admissions at the Royal Glamorgan Hospital (RGH) has seen a 97% response rate to inpatient referrals within one working day (up from 63%), which can potentially lead to a shorter hospital stay for these patients. The on-call support during working hours for urgent diabetic foot problems, has helped avoid unnecessary admissions and ensured timely care.

Urgent referrals prior to the establishment of the new Multidisciplinary Vascular Clinics could take up to seven-months to be reviewed. 64% of patients are now seen within 14-working days. The clinic ensures timely triage and imaging, surgical interventions where needed, medication advice at every encounter, and a multidisciplinary team review for all referrals. Expansion of the new ways of working are now being considered.

Cwm Taf
Morgannwg
University Health
Board (CTMUHB)



Urgent referrals prior to the establishment of the new Multidisciplinary Vascular Clinics could take up to seven-months to be reviewed. 64% of patients are now seen within 14-working days.



Acquired Brain Injury – A Bridge to Therapy

Hywel Dda
University
Health Board
(HDUHB)



84 people (68.3%) had potential indicators of ABI that would have required further questioning at assessment at any point of their contact with mental health services to determine the possibility of an ABI and related consequence.



Background & Aims

Acquired Brain Injury (ABI) is common across the UK and has short and long-term consequences, leading to permanent disabilities that can reduce quality of life.

There is a strong link with mental health difficulties that can impact engagement in healthcare interventions, including psychotherapy which often needs to be adapted.

The interventions available for people affected by ABI and mental health difficulties are fragmented and many individuals live with unmet support needs. Although self-perceived support needs may increase over time, service provision often decreases which leads to a healthcare provision 'gap' or inadequate provision.

The overarching aim of this project led by clinical psychology is improving access to psychological

therapy for people with lived experience of ABI within the NHS.

Outcomes & Impact

123 client journeys were mapped through Integrated Psychological Therapy Services. A Mental Health & Brain Injury survey was undertaken, which included six questions about ABI and access to mental health support in Wales. Focus groups and thematic analysis were used, with eight participants using Exploratory Talk. The results suggested that 84 people (68.3%) had potential indicators of ABI that would have required further questioning at assessment at any point of their contact with mental health services to determine the possibility of an ABI and related consequence.

Additional staff training was developed, which was co-created by carers, experts by experience, and NHS professionals.

There currently remains limited research available on the prevalence and experiences of individuals whose lives are affected by ABI and mental health difficulties in Wales.

Speech and Language Development

'Talk in' Sessions

Background & Aims

Speech and language development is a fundamental life skill for children and impacts on their ability to learn, develop friendships and ultimately their life chances.

This is played out in the fact that 71% of young people in the youth justice system have speech, language and communication needs. 33% of children with speech, language and communication needs live in areas of high social disadvantage. In some areas of Swansea Bay there was found to be a 16-month vocabulary gap between children from high income families and children who are experiencing deprivation.

Swansea Bay University Health Board's Paediatric Speech and Language Therapy team aimed to address these concerns by instigating new 'talk in' sessions for parents. They aimed to reverse the reported trend, with the informal sessions designed to offer advice and support to parents, whilst identifying any potential problems at the earliest stage possible.

Outcomes & Impact

Through this intervention, a small team hastened the assessment process, through bypassing the referral system with 'talk in' clinics. The sessions proved successful, allowing a 33% timesaving, releasing the team to address their waiting list.

Previously, parents would have needed to see their GP or health visitor to access the SBUHB's Paediatric Speech and Language service. This relied on a paper-based referral system, and the team reported being in a cycle of refer, triage, assess and then go on a waiting list for therapy. This work has reduced those stages - making the service more efficient and saving multiple appointments in the health system. It has also proved popular with parents - and has prevented long-waits, and concerns, about their children.

Swansea Bay
University
Health Board
(SBUHB)



The sessions proved successful, allowing a 33% timesaving, releasing the team to address their waiting list.

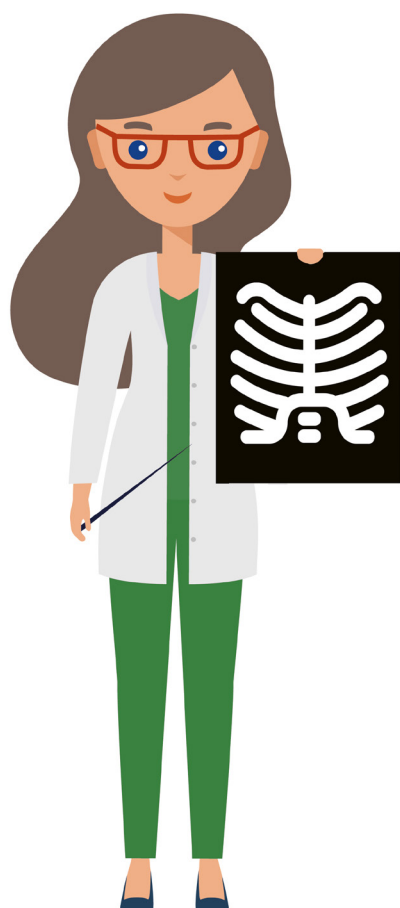


Beyond The Beam: Piloting A Radiographer Led Late Radiotherapy Effects Service

Swansea Bay
University Health
Board (SBUHB)



87.5% found the service beneficial. Importantly, time to accessing specialist care was reduced by 75%.



Background & Aims

Radiotherapy is used to treat over half of all cancers. Yet even with advanced techniques, healthy tissues can't be fully spared leading to toxicities.

Late effects, which may emerge months or years after treatment, impact over 500,000 people living with and beyond cancer in the UK. Currently there is no dedicated service in Wales to manage patients with the long-term side effects of radiotherapy. Patients often present multiple times to various health professionals with symptoms, and time to effective treatment can take many months to years.

This project aimed to develop a radiographer led late radiotherapy effects service piloting review of patients who have received prostate pelvic radiotherapy at least six-months prior. This would help recognise patient needs early and raise awareness of late effects and support options. At the same time, it would ease pressure on oncology and primary care teams through timely, specialist-led follow-up and scope out care pathways, minimising unnecessary appointments and investigations. It was hoped this would

improve quality of life for patients, through providing treatment, referrals, and self-management strategies for late side effects, as well as promoting understanding of late effects and referral pathways across the wider healthcare team.

Outcomes & Impact

A pilot late radiotherapy side effects service was established, and 24 patients were seen between through 2025. Of those using the new service, 62% reported improvement in symptoms following tailored support and intervention, with 70% reporting improved quality of life. 87.5% found the service beneficial. Importantly, time to accessing specialist care was reduced by 75%.

The pilot service reduced appointments with GPs and secondary care specialists. Removing the need for initial GP appointment and follow up via self-referral pathway, saw a cost avoidance of over £2,000. Further, newly designed and streamlined referral pathways, consistent follow-up and earlier intervention for all patients reduced the number of unnecessary tests and secondary care specialist appointments saw a cost avoidance of approximately £21,600.

Leading Patient and Carer Focused Service Transformation within Paediatric OT Services

Background & Aims

Paediatric occupational therapists support children and young people to carry out activities (or occupations) they need, want, or are expected to do, but are prevented from doing due to impairments, injuries, or developmental conditions.

The objective of occupational therapy is to support children to learn new skills, helping them become more independent. Occupational therapists do this through working with the parent, child, teacher, or other professionals the child may be known to.

The aim for this transformation was to create timely, equitable access to occupational therapy assessment, and interventions across the health board; putting children at the core and working with carers, parents and teachers to empower and support the child.

Outcomes & Impact

The service redesign involved training clinicians in centralised robust screening and referral process, changing systems to proactively manage waiting lists to create a more flexible and mobile workforce. As a result of this transformation, waiting lists have been reduced from 45+ weeks to seven weeks. The workforce actively sought out learning opportunities, with 80% obtaining masters modules and 65% of the unregistered workforce completing Agored Cymru, resulting in obtaining the skills and competencies to hold delegated caseloads.

Parental group education sessions that teach parents/ carers the skillset needed for them to manage and support the needs of their children. Advice sessions to parents, carers and teachers. enabling them to support children's development in school - enhancing job roles and skills to manage children in their education.

Swansea Bay University Health Board (SBUHB)



As a result of this transformation, waiting lists have been reduced from 45+ weeks to seven weeks.





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About Health Education and Improvement Wales

Health Education and Improvement Wales (HEIW) is the statutory education and strategic workforce organisation for NHS Wales.

As a Special Health Authority with an all-Wales remit, we work with partners across health, social care, education and government to strengthen the workforce that underpins care in NHS Wales.

As the national body for workforce planning, education, training and leadership, we play a system wide role in helping NHS Wales respond to current and future workforce needs.

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About AHPF Cymru

AHPF Cymru represents 15 of the Allied Health Professions in Wales. Collectively AHPs are the third biggest workforce in the NHS bringing breadth, passion, knowledge, and the skills to drive and support change.

We are arts therapists, drama therapists, music therapists, orthoptics, dieticians, podiatrists, physiotherapists, speech and language therapists, orthotists and prosthetics, occupational therapists, paramedics, practitioner psychologists, osteopaths, operating department practitioners and radiographers. We work with people of all ages; we diagnose; we prevent, we treat and we help people live their best lives.

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