Primary and Community Care Allied Health Professions (AHP) Workforce Guidance: Organising principles to optimise utilisation

Strategic Programme for Primary Care
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Foreword

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The Allied Health Professionals (AHP) framework for Wales (2019) clearly identifies that health and social care services in Wales must deploy and utilise the AHP workforce more effectively to help forge the transformation of health and social care described required in the 21st century. Too often people who need the expertise of one or more of these 13 unique, creative health professionals cannot directly access them early enough to maximise their health and well-being or improve recovery. AHPs are currently significantly underutilised in prevention, public health and primary health care settings where they could do more to help enable people to live as independently as possible for as long as possible, in their own homes. Too few AHPs are working in our primary and community services and reaching their expertise can take too long.

There are many superb examples of innovative AHP services, providing direct access, early intervention, flexible working, community rehabilitation and reablement, complex treatments in health and care settings. However, these are not yet available in consistent and comprehensive services to meet all citizens' needs.

This guidance by the Strategic Programme for Primary Care perfectly describes the changes we need to ensure that there is good, equitable and effective access to AHPs in primary and community care. Getting this right, deploying AHPs from a well - integrated, whole system will deliver the high quality, high value services the citizens of wales need and deserve.

Fiona Jenkins MBE PhD FCSP
Executive Director of Therapies and Health Science
Cardiff and Vale University Health Board

As Chair of the Directors of Therapies and Health Science peer group, I am also pleased to give support to this guidance by the Strategic Programme for Primary Care that supports the ambition of the AHP framework.

The AHP framework was published prior to the pandemic, and we now find ourselves ready to actively adopt this framework as the overarching strategy document for AHP services in Wales. The implementation programme being jointly owned by the Health Board Executive Directors of Therapies and Health Science, Health Education and Improvement Wales (HEIW) and Welsh Government.

This "Primary & Community Care AHP Workforce Guidance - organising principles to optimise utilisation" is one of the key themes for the AHP framework as workforce is our unique contribution and primary and community care a key driver as work to deliver the aspirations of "A Healthier Wales". We look forward to seeing this progress and ensure that the AHP workforce is skilled and has career pathways that deliver excellent care for our population.

Andy Swinburn QAM, FCPara, MSc.
Associate Director of Paramedicine
Welsh Ambulance Services NHS Trust

I am honoured to contribute to the foreword of this crucial milestone publication.

Allied Health Professionals (AHPs) offer a unique set of clinical skills that have repeatedly demonstrated an enriched patient experience and enhanced clinical care. Moreover, AHP's have a dynamic, innovative and service user focused approach to delivering the aspirations of a Strategic Programme for Primary Care, ensuring care can be delivered closer to home, in the setting most appropriate for the individual.

It is vital that as we progress these various work streams, we as organisations, collaborate together to explore and develop workforce plans that ensure all our needs are viewed on a 'whole system basis', share our pooled talent, and create means by which we can attract, retain and develop our AHP workforce in a manner that builds aspirational careers for our people, whilst addressing service needs.

For my own profession, we have been successful in developing this collaborative approach through numerous pilot phases and look to other providers to partner with us in expediting these exciting developments to ensure we create sustainable models of delivery that support multiple stakeholders, and most importantly the people of Wales.

Lisa Llewelyn
Director of Nurse and Health Professional Education
Health Education and Improvement Wales

As the Director of Nurse and Health Professional Education in Health Education and Improvement Wales (HEIW), I am delighted to support "Primary & Community Care Allied Health Professional (AHP) Workforce Guidance - organising principles to optimise utilisation"

This Guidance recognises the valuable contribution that AHPs bring; and their pivotal role in working with colleagues in the prevention, public health and primary care arenas, to enable people to live as independently as possible in their own homes. It also underpins the ambition of the ''Allied Health Professions Framework for Wales. Looking Forward Together''; and offers an approach to guiding, enhancing skills and developing the roles and careers of AHPs to deliver the ambitions of "A Healthier Wales".

Transforming how and where AHPs work and maximising the value of their resource, will motivate, empower and enable AHPs to work collaboratively and effectively with others; retain the very best of existing practice; enhance service improvements to ensure systemic changes; and support the AHP workforce to achieve its full potential.

HEIW looks forward to working with AHPs and their employers to develop, transform, expand and enhance AHP career opportunities.

Whole System
Pathway Approach

AHP activity organised across Regional Partnership Board (RPB) geographical areas

Funding streams aligned via RPB lens and The Primary Care Model

System wide & strengthened AHP Leadership

Collaborative agreement and organisation of AHP resource across settings

Stratification of AHP resource in terms of activity and required skillset

Locality / Pan Cluster planning and delivery

Agreed communication framework & Team models

Recommended 'employ to deploy' employment and governance model

Executive Summary

Coronavirus disease 2019 (COVID-19) is the biggest challenge the health and care system has faced in living memory and is having a profound effect on the lives of us all. With an increasing accumulation of vulnerability and need, it is imperative that recovery and rehabilitation services across Wales are rooted in the community, and function as a whole system.

There must be a conscious focus on collaboration and community resilience, orientated to our population's presenting needs, in the context of the impact on their lives and the outcomes that are important to them.

Allied Health Professionals (AHPs) are a vital component of developing models and teams to deliver the highest quality of care and improve health outcomes.

AHPs' expertise is vital to achieving the required paradigmatic shift away from over-reliance on hospital-centred care and professional interventions. Supporting a preventative, pro-active whole system pathway approach to the provision of recovery and rehabilitation, which prioritises services at or close to home and enables citizens throughout Wales to live as independently as possible, for as long as possible.

Optimising the Allied Health Professions offer and accessibility across Primary and Community Care is paramount to address unmet/ anticipated needs.

AHP organising principles are required to realise this ambition. These must strike the right balance between regional solutions that address complexity of need (which need to be planned and organised effectively over a larger area than 'place'), and local solutions and innovations that minimise variability.

This paper by the Strategic Programme for Primary Care is a call to action for the whole health and social care system to implement the recommended organising principles required to optimise utilisation of the AHP workforce in Primary and Community Care.

Learning and development informed by regional priorities & cluster working, supported by Primary Care Academies / Locality Training Hubs

Aligned with National Strategies and Guidance, this guidance is the culmination of many months of engagement and significant discussion with all stakeholders. It uses past and present learning to describe how better use of AHPs' unique knowledge and skills, can support Primary and Community Care to deliver a whole system for recovery and the kind of services that matter to people.

AHPs face significant challenges in terms of having a staffing resource with the capacity and skills to manage the increasing demand across all areas. Without a clear and consistent use of a guideline for workforce planning, there is a high risk that Wales will create an 'internal market', where organisations compete to employ limited and highly skilled AHPs.

We want an AHP workforce of the right size, with the right skills, organised in the right way, and which delivers services to provide the best possible care for our population. This guidance and its recommendations set us on course to achieve this.

Executive Summary: Required Actions

ORGANISING PRINCIPLES REQUIRED TO OPTIMISE UTILISATION OF THE AHP WORKFORCE IN PRIMARY & COMMUNITY CARE	
Themes	**Required Actions**
Fragmented and siloed pathways across settings Competing priorities for AHP resource across the 4 main population groups in terms of reset and recovery Lack of alignment of roles and skillset to population need Absence of practical arrangements for workforce development	**Whole System Pathway Approach** System leaders to come together to overcome the obstacles that are preventing optimal AHP utilisation Providing co-ordination at scale to support greater focus on: • Seamless health and well-being service • Recovery & rehabilitation services rooted in community and functioning as a whole • Developing & supporting a 'one workforce' strategy • More effective use of AHP resource including clinical support and corporate services • Measuring the health and well-being outcomes that matter to people • Optimising utilisation of AHP skillset to achieve better outcomes and better value to meet population need rather than demand • Improving population health • Supporting people to make decisions about looking after themselves and staying independent.
Fragmented and inequitable AHP access and utilisation Complexity of need, which can only be planned and organised effectively through a continuum of AHP provision, over a larger area than 'place'	**AHP activity to be organised across Regional Partnership Board (RPB) geographical areas** Recognising that operationally the AHP workforce will come from different organisations within the RPB geographical footprint, there is a requirement for system leaders to: • Collaborate between providers on a larger footprint to enable uniformity and coordinated approach with localised Locality / Pan Cluster planning and delivery based on need and variation • Providing the right balance between regional solutions and meeting complexity of need (which need to be planned and organised effectively over a larger area than 'place'), alongside local solutions and innovation, which minimise variability
Historic AHP secondary care diagnostic pathway funding streams, creating inequity and barriers to more integrated pathways	**Funding streams to be aligned via RPB lens and The Primary Care Model** Regional planning and stakeholder engagement is required by system leaders beyond their traditional

ORGANISING PRINCIPLES REQUIRED TO OPTIMISE UTILISATION OF THE AHP WORKFORCE IN PRIMARY & COMMUNITY CARE	
Themes	**Required Actions**
Current short term transformation funding opportunities resulting in: • Divisive competition for AHP resource • Direct and discordant employment models • Compromised ability to innovate and transform • Outcomes determined by funding source and associated exit strategy	organisational boundaries. This is fundamental to shaping sustainable AHP utilisation and will enable: • Prioritisation of capacity and delivery models to meet population need • Allocation of resources to higher value interventions
Absence of active and strong AHP leadership representation at RPB and Locality / Pan Cluster collaborative planning and delivery	**System wide & strengthened AHP Leadership** There is a requirement for AHP leadership to be system wide, present, strengthened, supported and developed: this is crucial to support collaborative decision-making, inform priorities and prudently allocate resource The value and impact of AHP services must be demonstrated in a consistent way to help align organisational strategic objectives and support sustainability and continuity across services It must be recognised that new AHP models and approaches require a transformation of the way we organise services, instead of simply providing the same AHP services in new settings, with an expansion of the AHP workforce, partnered with a development of skills and range of services offered
Current focus on specific role placements of AHPs with advanced clinical practice skills vs. transformation of the continuum of AHP service provision	**Collaborative agreement and organisation of AHP resource across settings** Workforce planning must be ongoing and responsive by system leaders, with a focus on developing roles and skillset utilisation to meet presenting population need and regional priorities, rather than on job titles and career pathways
Fragmented and siloed working between AHPs with associated absence, inequity & potential duplication of resource utilisation Poor understanding of AHP skillset**.** Importance of AHPs applying their skillset to presenting need, to identify symptoms and treat, advise, signpost or refer on as required or appropriate	**Stratification of AHP resource in terms of required interventions and necessary skillset** System leaders must organise AHP resource in terms of required interventions and stratified against necessary skillset, enabling increased collaboration and person-centred care with prudent and optimised AHP utilisation This approach will also reveal where there are gaps in AHP provision and where additional resource are required

ORGANISING PRINCIPLES REQUIRED TO OPTIMISE UTILISATION OF THE AHP WORKFORCE IN PRIMARY & COMMUNITY CARE	
Themes	**Required Actions**
Ad hoc funding, variation in practice models and inequitable utilisation of AHP resource	**Uniformity of approach with localised application to support cluster led planning and delivery** System leaders are to ensure uniformity of approach with localised application regarding cluster led planning and delivery. This greater co-ordination can support: • Optimised AHP offer with higher quality and more sustainable services • Reduction of unwarranted variation in clinical practice and outcomes • Reduction of health inequalities, with fair and equal access across sites • Better workforce planning
Team models being developed are based upon: • Difficulty accessing AHP support • Siloed Primary Care pathway development • Focus on specialism and advanced clinical practitioners instead of wider transformation • Focus on location, providing the same AHP services in new settings instead of wider transformation of activity and utilisation	**Agreed communication framework & team models** Recognising that there will not be a 'one size fits all' Team model, system leaders must ensure: • Direct access to a wider range of AHPs and skilled Assistant Therapy Practitioner roles, as part of the continuum of Primary & Community Care • A 'generalist specialist' approach with increased specialism knowledge in the wider workforce, not just specialist roles • Application of a Team Tetris framework comprising: Informed, Skilled, Enhanced and Expert that can be mapped against local population health needs • Digital utilisation to support multi-professional collaboration & communication both on an individual and group basis
Risks with current employment arrangements: • Divisive competition for AHP resource • Direct and discordant employment models • Governance issues • Lack of alignment of AHP utilisation to population need • Absence of practical arrangements for workforce development, career mobility and day to day management	**Recommended 'employ to deploy' employment and governance model** System leaders should apply an 'employ to deploy' employment and governance model Thereby: • Addressing associated risks such as absence of leadership, development of siloed pathways, absence of clinical governance and the associated decreased quality of AHP support and user experience • Avoiding the development of a fragmented and competitive labour market for a precious workforce resource

ORGANISING PRINCIPLES REQUIRED TO OPTIMISE UTILISATION OF THE AHP WORKFORCE IN PRIMARY & COMMUNITY CARE	
Themes	**Required Actions**
such as holiday and absence cover	This will support effective collaborative workforce planning with partners, to build and grow AHP requirements looking to the future and anticipating population needs This includes the adoption of a whole system sustainable funding and employment model, hosted by the respective health board, local authority and WAST, with collaborative organisation of activity across Regional Partnership Board geographical areas, and alignment of funding streams through their respective lens
Importance of AHPs applying their skillset to presenting need, with confidence and competence to identify symptoms and treat, advise, signpost or refer on to specialist as required / appropriate Requirement for areas of AHP skills development to be informed by population need, regional priorities and cluster working in order to support 'generalist specialist' approach	**Learning and development informed by regional priorities & cluster working, supported by Primary Care Academies / Locality Training Hubs with consistent and dependable training/ education routes** System leaders must establish clear links between workforce planning, education, and training regarding capacity building and the ability to optimise AHP utilisation This will ensure the supply of an AHP workforce with the right skills, competencies, values and behaviours to meet the requirement of needs of the local population Working with Primary Care Academies / Locality Training Hubs that encompass the whole workforce, will enhance inter-professional education and team development

Contents

1. Purpose

This paper identifies Allied Health Professionals (AHPs) as a vital component of developing models and teams to deliver the highest quality of care and improve health outcomes.

This paper is a call to action for the whole health and social care system to implement the identified organising principles required to optimise utilisation of AHPs in Primary and Community Care. Speaking directly to clinicians, service manager and leaders, and to everyone else involved in the planning and delivery of clinical services.

Aligned with National Strategies and Guidance, this paper is the culmination of many months of engagement and significant discussion with all stakeholders. With consideration and learning from past and present, it describes how better use of AHPs' unique knowledge and skills can support Primary and Community Care to deliver a whole system for recovery and the kind of services that matter to people.

AHPs face significant challenges in terms of having a staffing resource with the capacity and skills to manage the increasing demand across all areas. Furthermore, without a clear and consistent use of a guideline for workforce planning, there is a high risk that Wales will create an 'internal market', where organisations are competing to employ limited and highly skilled AHPs. This paper describes the challenges and makes suggestions on how to address them.

We want to have an AHP workforce in Wales of the right size, with the right skills, organised in the right way, which delivers services to provide the best possible care for our population. This AHP Workforce Guidance and its recommendations set us on course to achieve this.

2. Structure

This paper is presented in sections that are all inextricably linked:

Section 1 sets out the context for this guidance by providing a brief account of national guidance, and how this is reflected in Primary and Community Care strategic and operational priorities. Outlining current challenges and the latest developments in national policy.

Section 2 describes whom the AHPs are, their offer and a brief summary of progress to date including the challenges to moving forward and suggested enablers. Drawing on insights from engagement and discussions. With further context provided in terms of national guidance, competing priorities, and the AHP contribution to the recovery and rehabilitation of our population.

Section 3 focuses on the conditions conducive to optimising AHP utilisation and brings together insights from engagement, wider literature and national strategy into a series of key themes guiding the approach to building and developing the AHP offer across Primary and Community Care. Exploring how each theme can be applied in practice.

Section 4 provides clarity around the evidence based AHP offer in order to inform and support planning and development capabilities to meet presenting needs and regional priorities.

Section 5 takes into account all chapters and provides the recommended organising principles required to optimise utilisation of the AHP workforce in Primary and Community Care.

3. Section 1: National Context

Coronavirus disease 2019 (COVID-19) is the biggest challenge the health and care system has faced in living memory and is having a profound effect on the lives of us all. It has served to highlight that currently, many people who have complex care needs receive health and social care services from multiple providers and in different care settings without appropriate coordination, or a holistic perspective.

Rising health and care demands provide significant challenges. Factors that contribute to this challenge include increasing demand and significant volumes of existing waits; growing complexity of need; rising thresholds for referral to other parts of the health and social care system; the need to develop new technology; and workforce shortages.

Positively, the accepted shared vision is of a seamless whole system pathway approach wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services. This approach means measuring the health and well-being outcomes that matter to people, and using that information to support improvement and better collaborative decision-making in order to achieve better outcomes and better value.

Given the requirements of whole system pathway working, the impact of COVID-19 across population groups and alternative ways required in the community to deliver high quality, sustainable health and social care during a period of rising demand, there has never been a more important time to optimise the offer from the Allied Health Professions.

AHPs work across all sectors related to health and well-being including, but not limited to, health, social care, housing, education, voluntary sector, academia, justice, business and private practice. AHPs collectively make up the third largest workforce in the NHS. Unsurprisingly, national strategy and guidance that recognises and includes the utilisation of AHPs within its recommendations is expansive.
The national strategies and guidance included in this section are reflective of Primary and Community Care strategic and operational priorities. They outline current challenges and the developments in national policy around Locality / Pan Cluster planning and delivery.

3.1 The Primary Care Model for Wales

The *Primary Care Model for Wales*[1] is the nationally agreed approach to achieving the ambition of *A Healthier Wales: Our Plan for Health and Social Care (2018)*[2] in rebalancing the health and care system. This changes the focus of care from hospital-centred to a place based approach, with core principles of planning care locally, equitable access, sustainability, improving quality, a skilled workforce, and strong leadership at its centre.

The Primary Care Model sets out ten principles for consideration. This includes the use of coordinated local teams, the promotion of healthily living by de-medicalising the term well-being, the use of a proactive and preventative approach, and holistic care that incorporates physical, mental

[1] The Primary Care Model for Wales
[2] A Healthier Wales: Our Plan for Health and Social Care (2018)

and emotional well-being. It outlines the requirement for development of supportive communities and easy access to local assets and services, as well as the use of technology to improve access to information.

Notably, the model does not focus on a set location of provision, but on how health and social care collaborate and work closely at a regional and local level to provide seamless place-based care with direct access to a wider range of multi-professional support and practitioners, including AHPs, as a first point of contact.

Whilst the Primary Care Model remains the agreed approach to achieve the aims of A Healthier Wales, there is a need to move away from language identifying whether it is a Primary or Secondary Care response, and move to a whole system of public service, embedding a whole system pathway approach.

Therefore, for the purposes of this paper, the term 'in Primary Care' applies in its widest sense, encompassing the continuum of Primary and Community Care provision as part of this whole system pathway approach.

3.2 Strategic Context & Guidance

The Parliamentary Review of Health and Social Care in Wales (2018),[3] sets out the case for change in health and social care provision. It describes the need to bring services seamlessly together, designed around the needs of individuals, with a greater emphasis on keeping people healthy and well. A Healthier Wales was the response to this and sets out the intention to create new models of seamless health and social care.

Clusters are central to this placed based model and can be defined simply as:

> *A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities*.

The intention of this 'cluster led' planning and delivery approach is not to create a siloed Primary Care Pathway, but instead provide a seamless health and well-being collaboration of services focused on prevention and early intervention. This supports people to make decisions about looking after themselves and staying independent, and ensures they have timely access to the best professional or service to meet their particular need. A key action is that:

> *Clusters will continue to develop models of seamless local partnership working, working closely with Regional Partnership Boards to promote transformational ways of working, so that they are adopted across Wales*

In order to realise this ambition, the *Quadruple Aim* is central to A Healthier Wales. This describes four interlocking themes that help develop a shared understanding of the required whole system transformation and how change is prioritised in order to: improve population health and wellbeing; provide quality and more accessible services; provide higher value care and support; and ensure a motivated and sustainable workforce.

[3] The Parliamentary Review of Health and Social Care in Wales (2018)

Building on A Healthier Wales, the 2021 *Health and Social Care in Wales COVID-19: Looking Forward*[4] sets out the pillars on which to build a 'whole system' for recovery. This document reinforces the need for responsive Primary and Community Care, seamless and organised around the needs of individuals. It highlights that a focus on prevention and well-being, across physical and mental health, is fundamental to how we rebuild services and deliver care.

Notably, this document identifies that a multi-professional approach is essential to meeting people's needs, ensuring that they can access the right person, at the right time in the right place. It identifies AHPs as a vital component of developing models and teams to deliver the highest quality of care and improve health outcomes, highlighting their role in supporting self-management, remote group consultations and adopting a preventative anticipatory approach to delivering support. Recommendations echoed in the 2021 Welsh Government's programme of commitments to tackle the challenges that we face and improve the lives of people across Wales.[5]
Alongside A Healthier Wales, and Health and Social Care in Wales COVID-19, the *National Clinical Framework: A Learning Health and Care System*[6] sets out a framework to support the planning and delivery of resilient clinical services using whole system whole lifespan pathways, with localised delivery according to population and workforce characteristics. AHPs are recognised as key members of the required workforce in both of these, ensuring a collaborative multi-professional response to meet identified needs and actions.

3.3 Strategic Programme for Primary Care

In response to A Healthier Wales and the call to fully embed the Primary Care Model for Wales, the *Strategic Programme for Primary Care (SPPC)*[7] was developed with health board and Welsh Government senior primary care leadership.

Focused on achieving the Primary Care Model, it aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst also addressing emerging priorities. Working collaboratively with stakeholders across health, social care and well-being providers, in sharing local initiatives, products and solutions, that could add value to the delivery of primary care services on a 'once for Wales basis'.

Notably, during the pandemic, change has occurred in primary and community care at pace consistent with the Primary Care Model for Wales.[8]

3.4 Learning from COVID-19 Recovery & Resilience

A fundamental principle of the Primary Care Model for Wales is building the resilience of individuals and the support they can get from their communities. Moving into 2021/22, *The King's Fund paper 'Covid-19 recovery and resilience: what can health and care learn from other disasters?'*[9] identifies that a successful and sustainable recovery is possible if there is investment in the resilience of communities and community-led approaches. There is a conscious focus on collaboration across agencies, organisations and services, and on building greater community resilience and recovery

[4] Improving health and social care (COVID-19 looking forward) | GOV.WALES
[5] Welsh Government - Programme for Government
[6] National clinical framework: a learning health and care system | GOV.WALES
[7] Strategic Programme for Primary Care.pdf (wales.nhs.uk)
[8] NHS-Wales-COVID-19-innovation-transformation-study-annex-DP.pdf (nhsconfed.org)
[9] Covid-19 recovery and resilience: what can health and care learn from other disasters? (kingsfund.org.uk)

by enabling individuals and communities to be in the best possible health to cope with what comes next.

This is consistent with A Healthier Wales and at the heart of the Primary Care Model for Wales and Locality / Pan Cluster planning and delivery.

Within this context, the section below sets out the principles underpinning the SPPC going forward:

Underpinning Principles of the Strategic Programme for Primary Care

- **Needs led response** – ensure we do not 'over-medicalise' and any health response is a direct response to the relative need. Focus on the need of the individual and their outcomes. Whole system pathways should identify the best person to see them in the right place**.**
- **Prevention and well-being -** should drive all we do**.** Consider all the factors that impact a person's life, in order to maximise their health and wellbeing.
- **Prudent practice** - Given the requirements of whole pathway working, we must maximise the potential of the wider workforce. We need to optimise the offer from Allied Health Professions (AHPs), the nursing profession, the workforce in local authorities and the third and independent sector.
- **Cluster collaboration -** all local services for health and wellbeing - NHS, local authority and third and independent sector - should collaborate with each other and with hospital services to plan and deliver integrated care close to home in line with *A Healthier Wales*.

Furthermore, based upon the work to date in the SPPC and the learning from the pandemic, the following priorities have been endorsed:

SPPC Strategic Priorities - Care Closer to Home

- Cluster Acceleration
- Community Infrastructure
- Mental Wellbeing
- Urgent Primary Care

} Learning from Covid-19
The King's Fund evidence
A Healthier Wales
Primary Care Model for Wales

The cluster development programme looks to bring the wider stakeholders in a cluster together to consider the health and well-being needs of the population and the assets, both available and required, in the local community. Making the most of the expertise, capacity and potential of people, families and communities in delivering better outcomes and experiences.

The community infrastructure programme underpins cluster development and looks to create collaborative working across professions, agencies, organisations and services within the

community infrastructure setting. Building greater community resilience and recovery by enabling individuals and communities to be in the best possible health to cope with what comes next.

As we move into recovery and reset, and recovery plans are developed, it is imperative that the AHP offer is optimised in the provision of recovery and rehabilitation services across Wales and is rooted in community and functioning as a whole system.[10] There must be a conscious focus on collaboration and community resilience, orientated to our population's presenting needs, in the context of the impact on their lives and the outcomes that are important to them.

AHP organising principles are required to realise this ambition. These need to provide the right balance between regional solutions that meet complexity of need (which need to be planned and organised effectively over a larger area than 'place'), and local solutions and innovations that minimise variability.

[10] NHS Wales planning framework 2021 to 2022 | GOV.WALES

4. Section 2: AHP Context

In Wales, the Allied Health Professions are 13 individual professions regulated by the Health and Care Professions Council (HCPC).[11] AHPs work with people of all ages, from birth through to end of life, empowering and enabling them to manage their own well-being and prevent or reduce the impact of psychological and physical ill health and disability.

Notably, AHPs have a history of expanding their clinical offer, such as injection therapies and independent prescribing, and current proposals for AHPs to have more efficient and responsive access to medicines are in consultation. The introduction of AHPs with advanced clinical practice knowledge and skills, as part of the continuum of AHP offer across Primary and Community Care, improves access to early diagnosis and treatment, improves outcomes that matter to people, builds capacity, and alleviates workforce pressures, bridging workforce gaps and supplementing GPs.

AHPs' skillset encompasses physical and mental health and well-being, enabling a focus on prevention and early intervention. AHPs can support people to make decisions about looking after themselves and staying independent, and ensure they have timely access to the best professional or service to meet their particular need.

The 2020 *Allied Health Professions Framework for Wales: Looking Forward Together*[12] sets out the AHP strategic response to A Healthier Wales, and utilises the Quadruple Aim as an organising concept to describe the transformation required aligned to the Primary Care Model.

Figure 1 highlights the six Framework Principles for Transformation of how AHPs must:

- ✓ be used more effectively
- ✓ be more easily and directly accessible through whole system planning
- ✓ contribute to population health, wellbeing and resilience
- ✓ work at the top of their ability with visible and compassionate leadership, to transform services and apply the principles of prudent healthcare.

Figure 1. AHPs Six Core Principles for Transformation

[11] Allied Health Professions: art therapists, drama therapists, music therapists, podiatrists, dietitians, occupational therapists, orthoptists, prosthetists, orthotists, paramedics, physiotherapists, speech and language therapists, psychologists.
[12] Allied Health Professions (AHP) Framework | GOV.WALES

The value of AHPs, as highlighted in A Healthier Wales and the AHP Framework for Wales, is further expanded in the 2019 *UK AHP Public Health Strategic Framework*[13], which builds on previous national strategy and policy.[14] [15]

These documents all emphasise the vital role of AHPs in supporting the required transformation to a system of 'wellness' which aims to support and anticipate health needs, to prevent illness and to reduce the impact of poor health. They highlight the need to transform the approach from one of treatment to prevention, and empowering people and communities to manage their own well-being and build resilience.

4.1 Current Situation

In recognition of the fact that Primary Care services provide the first point of care, day or night, for more than 90% of people who contact the National Health Service (NHS) in Wales, a number of new AHP models and approaches have emerged in recent years to provide an understanding of AHPs' skill set and corresponding offer in Primary Care. In addition, they describe the conditions conducive to optimising AHPs' offer. These include:

- the development of rotational models across settings;
- utilisation of both Advanced Clinical Practitioners (ACPs) and AHP practitioners with advanced levels of clinical practice embedded within General Practice, in some cases functioning as First Contact Practitioners;
- colocation of multi-professional teams; and direct access models.

Supporting these are a number of funding sources, including the National Primary Care Pacesetters Programme[16], the Integrated Care Fund[17], and the Transformation Fund.[18]

Some of these models have originated in a local context, including through Primary Care Clusters[19], delivering improved outcomes that matter to people, and are able to be scaled up to regional and national level addressing the needs of different groups, whilst also responding to local preferences and opportunities.

Examples of recommended and good practice in terms of AHP utilisation in Primary Care across Wales are cited in the SPPC rehabilitation guidance for primary and community services on those vulnerable groups identified as having higher risks of the impacts of COVID-19.[20] In addition, there are award-winning examples of AHP Service transformation with direct access models in Primary Care as part of the continuum of AHP provision.[21] [22]

However, the main direction of travel has notably been focused on specialist or advanced roles. Instead of the long-term vision that Primary and Community Care will become the normal context of practice for a significant portion of the AHP workforce, with the full range of practitioner levels.

[13] UK Allied Health Professions Public Health Strategic Framework 2019 - 2024
[14] Wellbeing of Future Generations (Wales) Act 2015
[15] Prosperity for All: the national strategy | GOV.WALES
[16] Pacesetters - Primary Care One (nhs.wales)
[17] Integrated care fund: 2020 guidance | GOV.WALES
[18] Health and social services transformation fund 2018 to 2021 | GOV.WALES
[19] Cluster Area - Primary Care One (nhs.wales)
[20] Rehabilitation Guidance for Vulnerable Groups identified as having higher risks of the impacts of COVID-19 | SPPC
[21] Advancing-Healthcare-Awards-Wales-Winners-Guide-2019 (ahawards.co.uk)
[22] AHA-Winners-Guide-2020

While AHPs with advanced levels of clinical practice provide an option to reduce the first contact waiting times for General Practitioners (GPs), crucially the direction of national policy is that Primary and Community settings become the 'normal workplaces' for initial training, as common places to start employment or rotate through, as well as develop careers within. These settings would encompass staff and roles at all career stages, including support workers from a uni- and multi-professional basis, who would all be key members of the developing teams operating in these settings. This would enable a whole system and flexible approach to meeting the workforce requirements, including the required appropriate governance structures of whole system pathway working.

Significantly, scoping of current practice and learning from the evidence base and best practice evaluations reveals the utilisation of AHPs in Primary Care is presently influenced by availability, practice traditions and understanding of the AHP skillset in terms of meeting the population health needs, as well as associated funding source.
The AHP skillset or offering is often tailored to the determined value and impact by the source of where the funding is coming from, and associated provider process measurements. This may not correlate with population health needs or the outcomes that matter to the person receiving healthcare. Additionally, AHPs often find it hard to concisely articulate population level impact, which is essential to establish value and informs the focus on sustainability and transformation.

This has resulted in a prevalence of AHPs in Primary Care who are associated with the release of GP capacity and General Medical Services (GMS) sustainability, limiting the realisation of the AHP offer and creating competition for resource across AHP services. While there are examples of AHP Primary Care pathway developments, they tend to be initiated in isolation and on an ad hoc basis, lacking an exit strategy should funding be relocated to an alternative focus of need.

Moreover, the utilisation of AHPs can be diminished by the employment of a sessional based targeted model approach, significantly limiting the respective AHP intervention and application of skillset, and limiting contribution to the development of the respective Primary Care Team.

Existing historic AHP secondary care diagnostic pathway funding streams are reportedly also a barrier to whole system transformation. These create inequity within Health Board footprints for some diagnostic pathways, as well as making it difficult to utilise AHP resource prudently and transform service provision in line with the Primary Care Model. The suggestion of locality place-based 'virtual budgets' can also be viewed as a barrier to prudent utilisation of the AHP workforce across the respective health board's geographical footprint, as it limits the ability to flexibly respond to developing need and demand, as well as limiting opportunities to innovate and transform.

However, it should be noted that the proposed exploration of locality-based budgets has reportedly developed in some areas because of a perceived secondary care focus in terms of prioritisation of AHP resource. An example of this would be Primary Care AHP withdrawal in response to the COVID-19 pandemic. Certainly the skills of AHPs as clinical decision makers have been recognised as a result of the pandemic, which has influenced AHP utilisation and consequent deployment into Primary Care as well as their utilisation in secondary care to support 'patient flow'.

With an already limited AHP workforce, often tied into wider service delivery measures e.g. The Mental Health (Wales) Measure,[23] short term funding has also been found to be unhelpful in terms of AHPs responding to developing opportunities, especially in rural areas where the ability to 'backfill' and support innovation with associated redeployment is severely compromised. There is a focus on specific role placements in Primary Care of those AHPs with advanced clinical practice skills, rather than on transformation of the continuum of AHP service provision, creating risk in terms of existing service delivery, as well as an absence of leadership and expertise within secondary care services.

Furthermore, opportunities to explore and expand the utilisation of AHPs in Primary Care through the developing Primary Care Academies are regrettably currently being limited due to issues around sustainability of funding. As an example of this, projects predicated on the release of GP capacity and GMS sustainability are taking precedence over those that support the development of a seamless health and well-being service, due to the current clarity the former provide around funding exit strategy. This can lead to the development of siloed Primary Care AHP pathways, instead of a whole system continuum of place-based seamless provision.

Consequently, transforming the model of AHP provision in Primary Care is currently compromised.

4.2 Workforce Development

In 2020, Health Education and Improvement Wales (HEIW) and Social Care Wales published *A Healthier Wales: Our Workforce Strategy for Health and Social Care.* [24]

This provides a strategic framework that puts well-being at the heart of plans for the NHS and Social Care workforce. The seven themes aim to deliver an engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services.

The themes are as follows:

Seven Themes of the Workforce Strategy for Health & Social Care

- **An Engaged, Motivated and Healthy Workforce**
- **Attraction and Recruitment**
- **Seamless Workforce Models**
- **Building a Digitally Ready Workforce**
- **Excellent Education and Learning**
- **Leadership and Succession**
- **Workforce Supply and Shape**

[23] The Mental Health (Wales) Measure
[24] A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020)

Importantly, the HEIW guidance *Primary care cluster workforce planning*[25] (designed to be used in conjunction with a provided cluster workforce-planning template[26]), sets out the principles to underpin the key requirements for effective workforce planning:

Underpinning principles of the Primary Care cluster workforce planning guidance

- Ensuring the supply of a workforce with right skills, competencies, values and behaviours to meet the requirement of needs of the local population
- Developing enhanced working relations with all partners
- Providing a focus for potential collaborative / joint approaches to workforce, including the development of cross-professional and cross-boundary working
- Optimising existing staff skills and identifying future skills requirements
- Contributing to the delivery of whole system effective and efficient services
- Improving staff recruitment and retention

In alignment with HEIW statutory functions around education and training, and workforce improvement, strategy and planning, the HEIW vision for Primary Care is to harness a Primary Care education and training framework. With workforce learning and development requirements informed by regional priorities and cluster working, supported by Primary Care Academies / Locality Training Hubs, with consistent and dependable training/ education routes that will encompass the whole workforce, including AHPs. This will enhance inter-professional education and team development; enable the whole workforce to use a common approach that challenges traditional behaviours of delivering care, and support workforce planning and development.

Ensuring that all professionals have up-to-date knowledge and training, enabling them to transform and deliver new care regimes and fulfil the principles of A Healthier Wales, is critical. Recognising AHPs in Primary Care will require a development of skills in order to both support delivery and expand the range of services offered, empowering them to respond to challenge and opportunities informed by local population needs.

Currently, consideration of the learning from the evidence base, AHP pacesetter schemes with a workforce focus, and collaboration with professional bodies are all informing the learning requirements of AHPs, and also informs the respective professional and multi-professional credential frameworks. Each credential framework should articulate the learning (i.e. knowledge, skills and behaviours) an individual and profession is required to successfully complete, in order to provide the required standard of AHP practice in Primary Care, as well as within the respective Primary Care team.

[25] Primary care cluster workforce planning - HEIW (nhs.wales)
[26] HEIW primary-care-cluster-workforce-planning-template

4.3 Workforce Planning

The *Wales National Workforce Reporting System (WNWRS)*[27] enables Primary Care Clusters and General Practices to access information on the shape of their current workforce to support effective planning. Whilst AHPs employed by health boards or Welsh Ambulance Services NHS Trust (WAST), including those employed as part of specific Service Level Agreement (SLA) are not included in this system, discussions are progressing in terms of how WNWRS captures the Locality / Pan Cluster workforce. It also usefully provides a local as well as national picture of those AHPs directly employed by respective Clusters or Practices.

It is worth noting, however, that the model, skills and credentials for these AHPs directly employed by Clusters or Practices and included in the WNWRS are not necessarily aligned with corresponding health board, social care or WAST roles. Respective clinical governance frameworks, which ensure appropriate systems and processes are in place to monitor clinical practice and safeguard high quality of care, are in some cases either unclear or absent. This not only limits their ability to contribute to a whole system seamless health and well-being service, but also compromises their contribution to improving the quality of AHP support provided. This results in risk aversion, unnecessary duplication, inappropriate referral, and additional waits for our population.

Models of SLA employed AHPs also present challenges concerning the transformation to a whole system pathway approach. Funding timescales are unclear, while the funding source predicates the focus of AHP utilisation, resulting in their skillsets not being fully optimised or aligned with population health needs. There are also difficulties in ensuring appropriate absence cover where a post operates in silo.

Nonetheless, a workforce planning approach based on HEIW strategy, principles, guidance and vision, with multi-professional team working, is the core operational model of the future for Primary Care in Wales.

This model recognises that operationally the workforce will come from different organisations within the Regional Partnership Board footprint. The latter is key to providing oversight and alignment of vision and funding streams through the lens of each Regional Partnership Board, enabling a whole system pathway approach with Locality / Pan Cluster planning and delivery.
Importantly, this would avoid the need for direct and discordant employment of AHPs outside of health boards, social care and WAST.

4.4 Coronavirus disease 2019 (COVID-19)

With the emerging long-term health effects of the pandemic, AHPs are cognisant of the current trajectory of activity and demand on Primary Care. Consequently, all rehabilitation planning to mitigate the impacts of the pandemic aligns with National Strategy and guidance in delivering person-centred collaborative care as close to home as possible. Access to existing local primary and community care professionals, and onward referral to other specialist services or secondary care as needed, is the most appropriate response given the widely variable impact, and the range of symptoms people may experience. [28]

[27] Wales National Workforce Reporting System

[28] Management of post COVID-19 in primary care | BMJ

4.5 Rehabilitation: a framework for continuity and recovery 2020 to 2021

Rehabilitation: a framework for continuity and recovery 2020 to 2021[29] is designed to help organisations plan rehabilitation services across four main population groups:

POPULATION 1	**People post-COVID-19: those recovering from acute COVID symptoms, including people who experienced extended time in critical care and hospital, or those whose acute care was managed in the community and those with prolonged symptoms of COVID-19 i.e. Post COVID syndrome (or Long COVID) recovering in the community**
POPULATION 2	**People awaiting paused urgent and routine planned care who have further deterioration in their function**
POPULATION 3	**People avoiding accessing services during the pandemic who are now at risk of harm e.g. disability and ill health**
POPULATION 4	**Socially isolated/shielded groups where the lockdown is leading to decreased levels of activity and social connectivity, altered consumption of food, substance misuse, the loss of physical and mental wellbeing and thus increased health risk**

Additionally, the Rehabilitation Framework's underpinning *Guidance*,[30] *Evaluation Framework*[31] and *Modelling Resource*[32] are all designed to aid an understanding of need, the evaluation of support provided, and the planning of the required rehabilitation services using a whole pathway system approach.

4.6 Stepped care rehabilitation model

A stepped care rehabilitation model is used in the underpinning Guidance. This supports a stratified organisation of AHP skillset and activity to meet the elements of rehabilitation required according to local population needs. AHP utilisation is optimised in the delivery of a preventative, pro-active whole system pathway approach to the provision of rehabilitation.

[29] Rehabilitation: a framework for continuity and recovery 2020 to 2021 | GOV.WALES
[30] Rehabilitation needs of people affected by the impact of COVID-19: guidance | GOV.WALES
[31] Evaluating the impact of rehabilitation services post COVID-19 | GOV.WALES
[32] COVID-19 rehabilitation service modelling | GOV.WALES

Stepped Care Rehabilitation Model						
NCF Component	**Enable me to live well**	**Enable me to stay well and support myself**	**Assess and monitor me closely**	**Step up my care and keep me at home**	**Give me good care not in my own home**	**Step-down my care and get me home safely**
Element of rehabilitation	**Public Health Initiatives** Includes: Maintaining healthy routines, activities and relationships that matter to me Work place health Keeping emotionally and physically fit and well Make Every Contact Count (MECC) Social Prescribing Pre Diabetes Nutrition Skills for Life Foodwise for Life Child Development / Early Years: Language and communication Nutrition, optimum growth and development Physical activity and motor skills	**Primary & Community based (health, social care and third sector)** Includes: Maintaining healthy routines, activities and relationships that matter to me Mental Well-being Direct Access for advice and support First Contact Practitioners Long Term Conditions and Pain Supported Self-Management MSK Optimisation / Prehabilitation Therapeutic Play Vocational Rehabilitation AHP Health & Work Report Occupational Health Social Prescribing Pre Diabetes Nutrition Skills for Life Memory Assessment Services / Diagnostic Support	**Primary & Community based (health, social care and third sector)** Includes: Anticipatory Care Approach Direct Access for advice and support First Contact Practitioners Transdisciplinary Teams Condition Specific Interdisciplinary Teams Locality based Multi professional Teams Virtual Wards Occupational Health Peer Support Groups Diagnosis and non-surgical management of eye movement disorders	**Primary & Community based (health, social care and third sector)** Includes: Mental health recovery Reablement/Prehabilitation /Rehabilitation Specialist evidence-based condition-specific rehabilitation Multimorbidity rehabilitation: stratified model of delivery encompassing condition specific as well as symptomatic rehabilitation for individuals with multiple conditions struggling to self-manage (cardiac or pulmonary disease, cancer, stroke, diabetes, and falls) Anticipatory Care Planning Palliative Care Rehabilitation Assistive equipment and environmental modifications Vocational Rehabilitation Occupational Health Peer Support Groups Right Sizing Community Pathway 1 Home enteral feeding	**Bed based facility** Includes: Rehabilitation Units Appropriately adapted Field Hospitals Care Homes Therapy led Community hospitals Intermediate Care facility supporting Discharge to Recover then Assess Pathway 3	**Primary & Community based (health, social care and third sector)** Includes: Discharge to Recover then Assess Pathways 2 and 4 (in a person's own home or existing intermediate care placement), which can involve any single or combination of the following: Optimisation / Reablement / Rehabilitation Specialist evidence-based condition-specific rehabilitation Multimorbidity rehabilitation: stratified model of delivery encompassing condition specific as well as symptomatic rehabilitation for individuals with multiple conditions struggling to self-manage (cardiac or pulmonary disease, cancer, stroke, diabetes, and falls) Mental health recovery Anticipatory Care Planning Palliative Care Rehabilitation Assistive equipment and environmental modifications Vocational Rehabilitation Occupational Health

4.7 Competing Priorities

Stratification of AHP resource to support the recovery and rehabilitation of all people affected by the pandemic, with onward referral to other specialist services or secondary care as needed, enables a personalised approach. Moreover, it supports the application of a 'Team Tetris' framework approach which maps skills against local population health needs comprising workforce at the following levels of practice:

- Informed - baseline level all staff
- Skilled - direct and / or substantial contact
- Enhanced - provide specific interventions and/or direct/manage care & services
- Expert – expert specialist role

Underpinning this is the knowledge that in developing the Primary Care Team, not many specialists are needed. Generalists, who can offer specialist knowledge, are the crucial component and can direct people, as required, to the expertise most suited to their own symptoms.

Population 1

People with ongoing symptoms of COVID-19 and post Covid-19 syndrome (Long COVID), who fall within Population 1 of the rehabilitation framework, can have a widely variable range of symptoms, including fatigue, breathlessness, pain, and cardiac, respiratory and neurological issues.[33] Their needs can be met by integrating access via existing local primary and community care professionals, and developing an infrastructure to flexibly deliver services to help people recover from COVID-19 and those more widely impacted by the pandemic. This approach is nationally supported. [34] [35]

Notably, an emphasis on supported self-management and avoiding reverting to a traditional medical model is recommended. [36] An All Wales Guideline for the Management of Long COVID forms part of the Welsh Government Adferiad (Recovery) Programme.[37] A National landing page is provided alongside this, containing a range of supporting guidance and learning materials for the management of Long COVID, including links to respective Health Board points of contact for support.[38] Additionally, the NHS Wales COVID Recovery App[39] supports a self-management approach.

Direct access Primary Care models and leadership by AHPs are vital components to this delivery of holistic, multi-professional and seamless care. This approach optimises the use of the AHP skillset and workforce, as well as identifying where there are gaps in rehabilitation service provision and where additional resource to provide care and treatment in a timely way is required.

Population 2

Understandably, there is an increasing focus on Population 2 and on how the AHP skillset is used effectively in a joined up integrated way to support those individuals on an existing waiting list. Outcomes and experience for people in Wales can be improved by delivering a continuum of

[33] COVID-19: Managing the long term effects
[34] Getting support for recovery from COVID-19 (long COVID) | GOV.WALES
[35] Investment in support services for those recovering from the effects of Covid-19 | GOV.WALES
[36] Supporting people to recover from long COVID [HTML] | GOV.WALES
[37] COVID-19 – The Institute of Clinical Science and Technology
[38] Long Covid Syndrome Resources - HEIW (nhs.wales)
[39] https://allwales.icst.org.uk/landing/covid-recovery-app/

rehabilitation in Primary Care that encompasses optimisation, prehabilitation and self-management approaches, which in some cases may be a more appropriate alternative to surgical intervention.

In particular, Musculoskeletal (MSK) conditions that affect joints (such as osteoarthritis, rheumatoid arthritis, psoriatic arthritis, gout, ankylosing spondylitis), bones (such as osteoporosis, osteopenia and associated fragility fractures, traumatic fractures), muscles (such as sarcopenia) and the spine (such as back and neck pain) are featuring in discussions regarding a stratified approach to meeting presenting needs and supporting lengthy waits.

Population 3

Population 3, encompassing long term conditions, is an area that has also been adversely affected by the pandemic and one that is a significant area of focus for AHPs with respect to supporting self-management, to proactively support individuals identify the knowledge, skills and confidence needed to manage their own health and well-being and live well. Offering group consultations and adopting a preventative approach to delivering support. Particular areas of focus are Pre Diabetes[40] and dementia (see *All Wales Dementia Care Pathway of Standards*[41]). Additional resources are presently available for improving Memory Assessment Services / Diagnostic Support in order to improve access to the right support at the right time, in the right way.

Population 4

Additionally, it has been recognised that utilising the AHP skillset with population 4 can offer an opportunity to mitigate the impact of the pandemic, especially with regards to supporting mental well-being.

However, MSK conditions and mental well-being are also identified as predominant referral factors in the developing Urgent Primary Care Centre pathfinders. The development of Urgent Primary Care Centre pathfinders is viewed as an extension of the General Practice Out Of Hours (OOH) / phone first service, providing urgent access to a range of Primary Care professionals who can meet a wide range of presenting conditions and needs. They can also be viewed as an extension of the capacity for same day appointments in local General Practices. The role that AHPs play in supporting the breadth of services within Urgent and Emergency Care and the quality statements that underpin its six goals[42] is recognised and creating further competition for AHP resource.

Furthermore, the impacts of COVID-19 have highlighted existing health inequalities and, in some cases, have increased them. Consequently, there is a need to optimise the AHP skillset to support the additional demand for rehabilitation services in Primary and Community Care for vulnerable groups identified as having a higher risk of the adverse impacts of COVID-19.[43]

4.8 Healthy Working Wales

With work being recognised as important for good physical health, mental health and well-being,[44] the impacts of the pandemic on the work agenda cannot be overestimated. Therefore, the opportunity that AHPs provide in Primary Care supporting people to undertake, remain or return to their required occupations, even if they cannot perform at full capacity, cannot be ignored.

[40] Investment in obesity and pre-diabetes | GOV.WALES
[41] Dementia_Standards_Pathway_document_2021
[42] six-goals-for-urgent-and-emergency-care.pdf (gov.wales)
[43] Rehabilitation: Primary & Community Care Guidance for Vulnerable Groups identified as having higher risk of the impacts of COVID-19
[44] Healthy Working Wales - Public Health Wales (nhs.wales)

However, whilst vocational rehabilitation and work place health is an existing part of the AHP offer, it is not explicitly promoted or always understood. Therefore, current circumstances provide an opportunity to highlight this offer and promote its inclusion in AHP practice and utilisation in particular in Primary Care.

Consequently, the National Rehabilitation Task and Finish group[45] formed in response to COVID-19 has agreed a focus on work place health and supporting people to remain and / or return to work. This is aligned with the AHP Public Health Strategic Framework[46] Goal 5 Health and Wellbeing of the workforce: *The expertise of AHPs will be used to protect and improve the health and well-being of the health and care workforce*.

Utilising the AHP Health and Work Report[47] provides the opportunity to optimise AHP expertise in assisting individuals to return or remain in work. Detailed tailored and specific information is available for the individual, employer and GP on the effects and impact of work-related difficulties.[48] This is appropriate for physical or mental health work-related issues and is designed to assist employers and GPs to understand practical modifications that may help an individual remain engaged with or return to work, with contact details for employers to follow up recommendations with practitioners as required.

Significantly, AHPs are able to undertake the AHP Health and Work Report as a potential alternative for a completed Statement of Fitness for Work (known more commonly as the 'fit note') currently signed by GPs and consultants.[49] [50] This provides a credible alternative in Primary Care for people experiencing difficulty remaining or returning to work.

Regulation 2(1) of the Statutory Sick Pay (SSP) Medical Evidence Regulations states that evidence provided for the purposes of SSP should be in the form of a medical fit note or 'by such other means as may be sufficient in the circumstances of the case'. This means AHPs can use the AHP Fitness for Work Report for statutory sick pay, provided the employer and employee agree it is sufficient in the circumstances.

However, under Section 14 of the Social Security Act, the AHP Health and Work Report is unable to be used as a form of evidence for any other welfare or benefits, and a fit note is still required. Nevertheless, recognition of AHP expertise in work place health is currently informing discussions and associated learning credentials regarding wider professions as potential alternative signatories to the fit note.[51]

5. Section 3: Conditions conducive to optimising AHP utilisation

This section focuses on the conditions conducive to optimising AHP utilisation. It brings together insights from engagement, learning from AHP models and approaches, wider literature and national strategy into a series of key themes guiding the approach to building and developing the AHP offer across Primary and Community Care. It then explores how each theme can be applied in practice.

[45] COVID-19 Planning and Response Rehabilitation Task and Finish Group 2020 | GOV.WALES
[46] UK Allied Health Professions Public Health Strategic Framework (2019)
[47] Guidance-on-completion-of-AHP-Health-and-Work-Report.pdf (ahpf.org.uk)
[48] Allied Health Professions Fitness For Work Report | RCOT
[49] Using occupational therapists in vocational clinics in primary care: a feasibility study | BMC Family Practice
[50] Advice line: AHP fitnote for patients | CSP
[51] Government response: Health is everyone's business - GOV.UK (www.gov.uk)

5.1 Access

Ease of access to AHPs in Primary Care is a recurrent issue cited in terms of reported barriers experienced in reaching the right AHP support within an appropriate timescale. This is influenced by rising thresholds of criteria to access AHP resource, complexity of the referral process, concerns regarding levels of navigation and associated governance, and inability to respond within a timely manner resulting in alternative and often unsatisfactory solutions sought, in some cases by the associated provider process measurements.

As a result, some clusters and individual General Practices are using ease of access in their reasoning for exploring direct employment of AHPs. This emphasises the need for a collaborative approach to ensure ease of access to AHPs irrespective of model of provision, i.e. Primary Care multi-professional teams in which AHPs are an integral member, or as part of the wider continuum of AHP provision across Primary and Community Care.

Crucially, organising AHP resource in terms of activity across the Regional Partnership Board footprint, with collaborative prioritisation and stratification across settings supporting Locality / Pan Cluster planning and delivery, optimises the utilisation of the AHP skillset and corresponding offer. It enables direct access to a wider range of multi-professional practitioners, including AHPs and skilled Assistant Therapy Practitioner roles, complementing existing services as part of the continuum of provision in Primary Care.

5.2 Communication

Understanding the AHP offer is paramount to their effective utilisation, and the ‘lived experience’ of AHPs in Primary Care cannot be overestimated in terms of understanding of their role, developing 'Team' and optimisation of their skillset. Their experience, as well as the lived experience of interdisciplinary Primary Care teams, demonstrates that sharing the same working space or collocating on a regular basis brings many benefits.[52] These include improving integration and team cohesion, real-time communication, understanding of skillset and appreciation of role, increased learning, development of trust, and the facilitating of information sharing with improved care outcomes.

Therefore, whilst exposure to AHP utilisation in Primary Care is currently limited, the pandemic has also provided opportunities to gain this lived experience, where AHPs have been deployed into Primary Care with demonstrable value and impact.[53] For existing AHP resource in Primary Care, the increased exposure to their skillset has aided learning regarding the AHP offer and has influenced ongoing discussions and developing opportunities to mitigate the impacts of the pandemic across the four main population groups.

A particular focus has been on Long COVID and population group 2 and how the AHP skillset is used effectively with individuals on an existing waiting list (as outlined earlier). There has also been a focus on AHPs’ role in the developing Urgent Primary Care Centre pathfinders in terms of

[52] Improvement Happens: Team-Based Primary Care, an Interview with Stuart Pollack
[53] NHS-Wales-COVID-19-Innovation-and-Transformation-Study---Summary-of-Emerging-Themes-report.pdf (nhsconfed.org)

supporting people experiencing a crisis related to their mental health or MSK needs, and the wider transformation of mental health and well-being services to support the needs of population 4.

Notably, the areas that are furthest ahead in utilising AHPs in Primary Care are those that have given priority to understanding the AHP offer, and strengthened their collaborative relationships and trust between partner organisations and their leaders at all levels.

However, the current continuum of Primary Care estate undoubtedly needs further understanding in terms of scope, opportunities and associated barriers due to the additional requirements collocated multi-professional teams would bring. It must be acknowledged that Primary Care estate includes a wide range of community locations and that an absence of collocation could mean the benefits of new ways of working would not be fully realised. In addition to current estate being a potential barrier to the implementation of the all Wales framework for Primary Care education, training and development needs to support workforce transformation, supported by HEIW led network of Locality Training Hubs / Primary Care Academies.

Nonetheless, the Primary Care Model is not solely dependent upon a set location of provision, but on how local services collaborate and communicate, working closely to provide direct access to a wider range of multi-professional practitioners. The Virtual Ward model also provides a positive example of delivering a coordinated and collaborative case management approach.[54]

The importance of communication cannot be overstated, and therefore creating opportunities for informal communication is therefore of paramount importance. Steps that should be taken are the utilisation of huddles,[55] team / multi-professional meetings between all partners including GPs, AHPs, Community Nurses and Pharmacy, Social Care and third sector, team-building activities and technology enabled solutions.[56] All of these steps support the development of trust and a strong team identity, and promote an interdisciplinary team approach which identifies opportunities for proactive intervention, self-management, and crisis avoidance in Primary Care.[57]

Notably, AHPs are a predominant group among those who have proactively used technology and online access wherever possible. They have rapidly implemented a number of innovative and transformational changes to services at pace, demonstrating their creativity in overcoming obstacles and maximising their utilisation with significant activity and impact on healthcare delivery.[58]

Digital means of communication and an effective information-sharing platform is fundamental to the success of team working. Advancements in Information Technology and Virtual Consultations due to the pandemic positively have provided an opportunity to increase multi-professional collaboration and communication both on an individual and group basis across settings and traditional pathways.

[54] PTHB | Virtual Ward (wales.nhs.uk)
[55] Huddle up!
[56] TEC Cymru | Digital Health Wales
[57] In search of joy in practice: a report of 23 high-functioning primary care practices
[58] NHS Wales Video Consulting (VC) Service Evaluation now published | Digital Health Wales

5.3 Leadership

Scoping of current practice and learning from the evidence base and best practice evaluations, reveals that the issue of leadership is also central to delivery of the Primary Care Model.

In order to realise fully the ambition of a whole pathway system approach with integrated place-based multi-professional care, and achieve an appropriate professional/clinical governance framework around the AHP workforce, effective and present leadership at Regional Partnership Boards and Locality / Pan Cluster delivery and planning forums is crucial.

This is pivotal to supporting collaborative decision-making, informing priorities and prudently allocating AHP resource. AHP leadership must be present, strengthened and supported at these respective forums and as part of Primary Care transformation.

Furthermore, it is imperative that transformation is framed in terms of improving value rather than reducing costs or releasing capacity, emphasising the role of quality and outcomes in meeting the challenges ahead, as well as providing the right rhetoric to engage everyone – clinicians, staff and service users – in making change happen. A key message is that service redesign to optimise AHP utilisation is not about detracting from service provision, but about adding value, much of which will come from services working more effectively through improved collaboration and new relationships to better meet people's needs.

Developing the leadership skills needed to enable the required Primary and Community Care workforce transformation is therefore of utmost importance. In particular, AHPs must be supported in the cultural shift required to apply their full skillset to presenting needs, instead of a more traditional utilisation framed by a perceived or designated role and the environment in which it operates.
Notably, executing effective leadership within this context necessitates the resilience and skills to inspire and enable behaviours that puts people 'at the heart of what we do', [59] [60] in order to facilitate the formation of collaborations and partnerships across professions and settings.[61]

It is fundamental to employ a collective and compassionate leadership approach that has its foundations in attending, understanding, empathising and helping, and a focus on teams, systems and inclusivity, underpinned by quality improvement. This encompasses: encouraging and enabling professionals involved to discuss and take ownership of concerns; abating conflict; creating a sense of shared vision and purpose; and agreeing actions in order to ensure best care solutions are provided. There should be a culture of inclusivity and psychological safety that prioritises the health and well-being of the workforce. This is of crucial importance given the clear evidence of the link between the focus on workforce well-being and the quality of care and support provided.[62]

The ambition of A Healthier Wales: Our Workforce Strategy for Health and Social Care is that *'by 2030, leaders in the health and social care system will display collective and compassionate leadership'.* Consequently, HEIW has secured agreement from Welsh Government and NHS Wales

[59] Leadership - HEIW (nhs.wales)
[60] NHS Institute for Innovation and Improvement annual report and accounts 2008 to 2009
[61] Clinical leadership: values, beliefs and vision | Clark 2008
[62] Compassionate and inclusive leadership | The King's Fund (kingsfund.org.uk)

to embed this collective and compassionate leadership approach, developed by Professor Michael West, into the framework of the leadership strategy for Wales and associated projects. [63]

The recently launched Compassionate Leadership Principles for health and care in Wales[64] outline what is meant by compassionate leadership and what this looks like in practice. The Principles are brought to life by a range of interactive resources and toolkits available on Gwella[65] the HEIW Leadership Portal. These resources and toolkits are freely accessible and support managers and leaders to embed these principles, creating compassionate cultures across health and care. These Compassionate Leadership Principles will underpin all leadership development creating a consistent approach to leadership across the system.

5.4 Development of the Primary Team

Team working is fundamental to the Primary Care Model, with the quality of team working powerfully related to effectiveness and innovation, and in turn organisational performance.[66] [67] Team working facilitates the development of psychological safety, individuals' resilience and a positive impact on staff retention. It is therefore imperative that Primary Care structure, culture and systems of service delivery accommodate and enable team-based working rather than impede it.[68]
Understandably, developing teams can prove difficult due to a number of factors, such as: differing values and models of practice; barriers between different professional groups; multiple lines of management; perceived status differentials; cultural differences; and not all clinicians wanting to work in teams or be accountable to their colleagues for their clinical performance.

Effective team functioning is a complex task and unfortunately multi-professional teams do not always equate to cooperation and teamwork, with practice often more in line with parallel or silo-working.[69] Individuals are often assessed separately by several professionals who are part of the multi-professional team and may have interrelated roles, but their own disciplinary boundaries are maintained.

Professor Michael West[70] identifies that the fundamentals of effective teams are enhanced by ensuring the following three features are present:

- ✓ A small number of meaningful objectives creating a sense of shared purpose, trust and collective achievement
- ✓ Clear roles and responsibilities among team members
- ✓ Reflect on how the team is working together

This is further articulated in the Compassionate Leadership Principles for health and care in Wales, which requires we 'Develop supportive and effective team and inter-team working'. [71]

[63] Leadership - HEIW (nhs.wales)
[64] HEIW: Compassionate Leadership Principles for health and care in Wales
[65] nhswalesleadershipportal.heiw.wales
[66] The effectiveness of health care teams in the National Health Service | Borrill et al. 2000
[67] Team working and effectiveness in health care
[68] How to build effective teams in general practice | The King's Fund
[69] Developing professional identity in multi-professional teams | Academy of Medical Royal Colleges
[70] Professor Michael West: What is the difference between a real team and a pseudo team?
[71] HEIW: Compassionate Leadership Principles for health and care in Wales

In 2020, the Royal College of General Practitioners (RCGP) launched their Vision for the future of general practice[72]. This recognises that an expanded Primary Care team, with the inclusion of AHPs, improves patient access and widens the range of services delivered in Primary Care settings to meet presenting needs.

Furthermore, RCGP also published a multi-disciplinary team-working toolkit in 2020.[73] This is designed to support the development of Primary Care teams and create a way of working that is better able to meet the local population needs for both urgent and routine care. It provides a focus on the development of a culture of routine collaboration and mutual respect, based on the understanding that establishing the right conditions for different professionals to work together is critical to the delivery of person-centred-care. The toolkit identifies the requirements for successful team working, which include: clarity of purpose, roles and responsibilities; communication; team building; and learning and support.

It is important to recognize that these publications reflect a GMS sustainability context, and the strengthening/development of a specialist Primary Care pathway in contrast to a whole system pathway approach. Positively, however, many of the principles are relevant and applicable in terms of the conditions conducive to realising the AHP offer and achieving the Primary Care Model.

AHPs are used to working within complex pathways and interfacing with other agencies because of diverse employment across settings, and as a result, routinely challenge existing organisational structure and influence change that is required to achieve person-centred coordinated care and mitigate conflict.

Leading and working within and across multi-professional, interdisciplinary and transdisciplinary teams, AHPs significantly improve the quality, effectiveness and productivity across care pathways, and their expertise is pivotal to the paradigmatic shift away from over-reliance on hospital-centred care and professional interventions.

One of the key messages from scoping of current practice and learning from the evidence base and best practice evaluations is that in developing the Primary Care Team, you do not need many specialists. By contrast, generalists, who can offer specialist knowledge and direct people to the expertise that meets their needs, are crucial.

Notably, the term interdisciplinary team has been used in this paper. This describes the most common Primary Care model where members come together as a whole to discuss their individual assessments and develop a joint service plan for individuals. The interdisciplinary team integrates knowledge and methods, often blurring some aspects of role within scope of professional practice, though still maintaining a discipline-specific base, and delivers a synthesis of approach to care and shared goals. This is demonstrated well in Cwm Taf Morgannwg and their developing Primary and Community Care Teams, which deliver a one-team approach around people, with cluster led delivery and coordination. These teams are organised through collaborative partnership working and

[72] Fit for the Future: a Vision for General Practice
[73] RCGP Multidisciplinary Team Working Toolkit

agreement across settings, utilising Transformation Fund with application of Regional Partnership Board lens.[74]

However, the development of the transdisciplinary team model, where team members share roles as well as goals, is also an important component of the continuum of team provision across Primary and Community Care. This is informed by local need and requirements, with inter-professional education and Schwartz Rounds[75] creating a unity of intellectual frameworks beyond the disciplinary perspectives, and an opportunity for the team to reflect on how they are working together and how they might improve.

The transdisciplinary team model requires specialist practitioners to share their skills, supporting and enabling others to learn and take on these skills, as well as develop new skills in other areas from other practitioners. The outcome is a more blended team that shares both objectives and many core skill sets to achieve the overall aim.[76] This is pivotal to informing the education and training needs required to support Primary Care workforce transformation and, significantly, is the team model within which the AHP workforce is fully optimised in terms of utilisation.

Healthy Prestatyn Iach[77] provides an useful example of the positive impact of the transdisciplinary team model in Primary Care and optimisation of AHP skillset, encompassing the three fundamental features suggested by Professor West. A microteam model has been employed, based on the Nuka System of Care,[78] with a General Practitioner joined by other health professionals including AHPs, to form a key transdisciplinary team who are then supported by a wider range of professionals who work as part of an extended interdisciplinary Primary Care Team.

Vitally, the importance of communicating this model to the local population was recognised in order to ensure experience and evaluation of care was positive, making it easier for patients to build trust and ongoing relationships with their ‘key’ health care team, and for that team to move to a more proactive model of care.
What is apparent is that understanding and optimising the AHP offer and skillset as part of the Primary Care Team, whether transdisciplinary or interdisciplinary, is of huge importance. Consequently, instead of simply providing the same AHP services in new settings, the way that AHP services are organised needs to transform in terms of activity, along with stratification of utilisation in terms of skillset against requirements of need, in order to achieve the ambition of a whole system continuum of place-based seamless provision.

6. Section 4

All AHP professions have a role in achieving the ambition of A Healthier Wales in delivery of the Primary Care Model, with some more discreet in their offer than others.

[74] Regional Partnership Board Transformation Programme - Cwm Taf Morgannwg University Health Board
[75] Schwartz Center Rounds® | The King's Fund
[76] Understanding and improving multidisciplinary team working in geriatric medicine | Age and Ageing | Oxford Academic (oup.com)
[77] Healthy Prestatyn Iach | Healthy Prestatyn Iach
[78] Nuka System of Care - Southcentral Foundation

This section provides clarity around each evidence based AHP offer in order to inform and support planning and development capabilities. It details each Allied Health Profession's skillset in order to inform and support optimised AHP utilisation as part of a collaborative multi-professional whole system pathway approach, rather than taking the approach of a more traditional utilisation framed by a perceived or designated role and the environment in which it operates.

This underpins the recommended principles of organising AHP resource according to required skillset to meet presenting needs and regional priorities, enabling the delivery of a holistic response by primary and community services to meet the needs of the four main population groups affected by COVID-19.

Notably, this concept of AHP skillset utilisation is not a new one, with Lymphoedema services, for instance, where a number of the Allied Health Professions – Physiotherapists, Occupational Therapists and Paramedics – are Lymphoedema practitioners. Currently contributing to the On the Ground Education Project (OGEP), the service aims to raise awareness and recognition of chronic oedema and wet legs, to improve the management of these conditions. It works in partnership with community nurses to raise competence, confidence, and skills in compression bandaging in the wider primary and community care workforce. The service supports prudent use of resource and stopping the current silos in practice across Lymphoedema Services, Wound Clinics, and Primary and Community workforce.[79] [80]

A key example of AHP leadership and skillset being utilised to meet presenting needs and regional priorities in response to COVID-19 comes from Swansea Bay University Health Board. In response to the Coronavirus Act,[81] the Clinical Lead for Podiatry, Orthotic, Musculoskeletal Clinical Assessment and Treatment Service (MCAS) and Persistent Pain Services, formed a team of AHPs and Healthcare Scientists who put into action a 24/7 Verification of Death (VoD) Service ensuring the capacity for good bereavement and quality of care after death.

This service is underpinned by a comprehensive policy, role profile, in house training and competency program, and is cited and shared by Welsh Government as an example of clear, strong governance, with the team providing invaluable emotional support to those affected. Moreover, the service was included in the National Advancing Healthcare Awards Gallery as a team who are doing outstanding work that highlights the contribution of AHPs, healthcare scientists and those who work alongside them during the COVID-19 crisis.[82] [83] Its Clinical Lead was awarded a Members of the Order of the British Empire (MBE) for services to the NHS and the bereaved during COVID-19.[84]

Consequently, in recognition that this was not about 'filling a gap', but taking unique AHP skills and transferable expertise to improve experience and outcomes, the service is continuing to develop and shaping the way forward as we move into reset and recovery.

[79] Managing chronic oedema and wet legs in the community: a service evaluation | 2017
[80] National lymphoedema service gets research boost (swansea.ac.uk)
[81] Coronavirus Act 2020 (legislation.gov.uk)
[82] Esteem Gallery - Advancing Healthcare Awards (ahawards.co.uk)
[83] COVID-19 Response Earns National Award Nominations - Swansea Bay University Health Board (nhs.wales)
[84] Swansea Bay employees feature in Queen's Birthday Honours List - Swansea Bay University Health Board (nhs.wales)

6.1 Arts Therapies

Arts therapies are regulated professions: **Art Psychotherapy**, **Music Therapy** and **Drama therapy**, and only those who have completed an approved United Kingdom (UK) programme and are registered with the HCPC, can practice their chosen Arts Therapy in the UK.

In 2020, in recognition of the powerful contribution the arts can make in supporting our nation's health and well-being, the Welsh NHS Confederation and The Arts Council of Wales signed a new Memorandum of Understanding titled *'Advancing Arts Health and Wellbeing.'* This renewed their commitment to raising awareness of the benefits that the arts can have and embedding arts and health initiatives across the NHS in Wales, putting the arts at the heart of service transformation.[85]

In 2021, HEIW and Social Care Wales hosted a 5 day virtual Arts Therapies Event, where case studies, workshops and presentations from Art Psychotherapy, Music and Drama Therapists were exhibited. This provided an insight into how they are being used for mental health and well-being and what benefits can be achieved.[86]

6.2 Art Psychotherapy

Art Therapy is a form of psychotherapy that uses visual arts materials and media as its primary mode of expression and communication. Within this context, art is not used as a diagnostic tool but rather as a mode of communication and expression.

Art Psychotherapists have developed a broad range of person-centred approaches and work with people of all ages from children to the elderly, regardless of artistic experience. They use Art Therapy as an aid to encourage individuals to explore a variety of emotional, behavioral, mental health or well-being issues.

Art Psychotherapists work with people across a wide range of difficulties, disabilities or diagnoses, on an individual and group basis, and, notably pre pandemic, through the use of telehealth technology.[87] National examples include: perinatal mental health; older adults and dementia; oncology and life-limiting conditions; adult mental health; and mentalisation based art therapy for young persons.[88] [89] An additional example is collaboration between Art Psychotherapy and Bereavement Counselling, and significant Art Psychotherapy contribution to the wider palliative care service, offering training, team building sessions, resilience and support for professionals and volunteers who work in end of life care.

Art Psychotherapy features as a case study in The NHS Wales COVID-19 Innovation and Transformation Study Report, demonstrating how creativity and the arts can help support the

[85] Advancing Arts Health and Wellbeing - NHS Employers
[86] Arts Therapies Event 2021 - HEIW (nhs.wales)
[87] Exploring rural palliative care patients' experiences of accessing psycholgical support through telehealth: A longtitudonal approach | 2020
[88] Art Therapy - HEIW (nhs.wales)
[89] Exhibition inspired by Snowdonia mental health art therapy opens at Ysbyty Gwynedd - Betsi Cadwaladr University Health Board (nhs.wales)

delivery of mental health services to children, well-being of families, and offer connection and comfort during lockdown, supporting difficulties with social isolation and loneliness.[90]

6.3 Music Therapy

Music Therapy is the prescribed use of music to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals having trouble with their physical and mental health and well-being.

Music Therapists draw upon the innate qualities of music to support people of all ages and abilities and at all stages of life, from helping improve the health of premature babies and boosting parental bonding,[91] to offering vital, sensitive and compassionate palliative care at the end of life. They engage people in live musical interaction to promote their emotional well-being and improve their communication skills.

Individuals do not need to have any previous experience of playing a musical instrument (or even singing) as this established psychological clinical intervention utilises their unique connection to music and the relationship established with their therapist to help develop and facilitate communication skills, improve self-confidence and independence, enhance self-awareness and awareness of others, and improve concentration and attention skills.

In particular, music therapy has been found to be an effective intervention for those who cannot speak due to disability, illness or injury, as their psychological, emotional, cognitive, physical, communicative and social needs can be supported through the musical interaction with their Music Therapist.

National examples exist of significant impact working with children with anxiety, developmental trauma, attachment and Attention Deficit Hyperactivity Disorder (ADHD) and a range of complex learning disabilities. In addition, there are examples of Music Therapists working with children and young adults with Additional Learning Needs, supporting people of all ages in hospital settings for physical and mental health needs, as well as supporting homelessness and adolescent resource centres, and people with dementia. Aphasia-friendly and lung health choirs are further examples of the support offered by Music Therapists.[92]

6.4 Drama Therapy

Drama Therapy is a form of psychological therapy and is the systematic and intentional use of drama/ theatre processes, products, and associations to achieve therapeutic goals.

It is an active approach, supporting an individual to explore a wide variety of different issues and needs in an indirect way leading to psychological, emotional and social changes. It uses play, movement, movement with sound and touch, enactment, storytelling and improvisation to express

[90] NHS-Wales-COVID-19-innovation-transformation-study-annex-DP.pdf (nhsconfed.org)
[91] https://heiw.nhs.wales/files/blog-music-therapy-improves-the-health-of-premature-babies/
[92] Music Therapy - HEIW (nhs.wales)

and communicate what may be difficult to say. This can offer a way to express or make sense of difficult emotions, relationships or events safely, whilst being playful, creative and imaginative.[93]

People do not need to have had any previous experience or expertise in drama in order to use Drama Therapy. Drama Therapists work with both individuals and groups, and can be found in many varying settings such as schools, across health and social care, prisons and in the voluntary sector.

6.5 Dietetics

Significantly, 96% of people living with malnutrition are located in the community, with food-related ill health responsible for approximately 10% of all morbidity and mortality in the UK at a cost to the NHS of £6 billion annually.[94] Diet and obesity is identified as the main, or one of the main factors, in the aetiology of many long-term conditions or Ambulatory Care Sensitive conditions, including diabetes, hypertension, stroke, heart disease, hyperlipidaemia and mental health. This means that dietary support is a key factor in their management.

Dietitians are the only regulated nutrition experts and can support individuals (from pre-conception to death), GPs and the wider primary care team in a number of evidence-based and cost-effective ways. Dietitians' enhanced communication skills and behaviour change training enables them to provide a person-centred and holistic approach to care.

Dietitians' practice spans across all age groups and includes individual counselling or group education, supporting health promotion, work place health, disease prevention, treatment and rehabilitation. They are an essential part of paediatric care, and play a key role in chronic condition management, since a healthy balanced diet contributes towards the prevention, delay and management of conditions such as Coronary Heart Disease (CHD), Stroke, Cancer, Renal and Liver Disease, Type 2 Diabetes and MSK. 80% of cases of CHD, stroke and Type 2 diabetes, and 40% of cases of cancer may be avoided if common lifestyle risk factors are eliminated. Dietitians demonstrate a significant impact across Primary and Community Care, particularly in the management of Type 2 Diabetes, Obesity and Irritable Bowel Syndrome (IBS).[95]

There is certainly an opportunity to strengthen Dietitians' role in MSK, as weight management should be the first line intervention.[96] [97] [98] Dietitians can support the development of knowledge and skills in what constitutes a healthy diet to improve self-efficacy and the adoption of healthier lifestyles, resilience and coping strategies, in addition to managing negative emotions and enabling long-term behaviour change.

Dietitians can build capacity within the health and social care workforce, and develop a workforce that is confident to discuss sensitive topics such as weight management. They are able to identify nutrition related concerns in order to support early intervention. Dietitians support diet and lifestyle change through the Nutrition Skills for Life™ programme, including Foodwise for Life programme, providing training and quality assurance for cluster based health care support workers and social

[93] Dramatherapy - HEIW (nhs.wales)
[94] Dietitians in Primary Care (bda.uk.com)
[95] Long-term symptom severity in people with irritable bowel syndrome following dietetic treatment in primary care. Seamark, et al., 2021| Journal of Human Nutrition and Dietetics
[96] BDA Dieticians in Primary Care | 2017
[97] Overview | Osteoarthritis: care and management | Guidance | NICE
[98] https://gov.wales/sites/default/files/consultations/2021-03/consultation-document_0.pdf

prescribing partners to deliver nutrition interventions, contributing to the building of community assets.

Dietitians provide a vital contribution to the Welsh Government All Wales Obesity Pathway.[99] In addition, the award winning innovative All Wales Quality Assured Brief Intervention Pre-Diabetes Programme, developed by the All Wales Diabetes Implementation Group (AWDIG),[100] demonstrates a targeted approach to identifying the people who need it the most, and now provides the basis of the All Wales Diabetes Prevention Programme due to its impressive outcomes, prudent use of Dietetic resource and scalability.[101]

Furthermore, ACP Dietitians trained to become supplementary prescribers can optimise medicines usage. As experts in the management of Nutritional Borderline Substances, such as gluten free foods, oral nutritional supplements, enteral feeds and infant formulae, they have demonstrable value and impact in Primary Care in supporting timely diagnosis and appropriate prescribing. Dietitians have a particularly important role concerning Cows Milk Protein Allergy (CMPA), where they can address varied and inequitable practice, and significantly positively affect the child's health and family life.

It is also of note that in a recent evaluation to demonstrate the importance of Dietitians as part of the Emergency Department Front Door multi-professional team in Wales, data showed that 28% of people presenting from the community were identified as at risk of malnutrition and referred to the Dietitian. 37% of these people were subsequently diagnosed as clinically malnourished using The European Society of Clinical Nutrition and Metabolism (ESPEN)[102] criterion.

Dietitians consequently have a critical role to play across the whole system pathway, supporting The Primary Care Model and Healthy Weight Healthy Wales strategy and delivery plan 2020 to 2022.[103] [104] They also have an important role in mitigating the impacts of COVID-19 for those vulnerable groups identified as having higher risks.[105]

However, Dietitians' ability to increase their offer in Primary Care is currently compromised by the competing secondary care requirements on this limited workforce.

Furthermore, whilst learning from evidence and best practice evaluations demonstrate significant outcomes in terms of self-management and whole system impact,[106] [107] an emphasis on GP capacity and GMS sustainability and absence of whole system focus or funding, has additionally contributed to Dietitians' limited ability to explore opportunities to transform service provision.

Dietitians' key message is the ambition to have more presence in Primary Care, providing ease of access to their specialist knowledge, in a timely manner. They propose that their continuum of provision encompasses Primary Care in order to achieve the ambition of a place-based whole system model of care, with Dietitians recognised as an essential member of the Primary Care Team.

[99] obesity-pathway.pdf (gov.wales)
[100] Prevention, Remission and Early Diagnosis - Quality In Care
[101] All Wales Quality Assured Brief Intervention Pre-Diabetes Pilot - Quality In Care
[102] ESPEN
[103] Healthy weight strategy (Healthy Weight Healthy Wales) | GOV.WALES
[104] Healthy Weight: Healthy Wales delivery plan 2020 to 2022
[105] Rehabilitation Guidance for Vulnerable Groups identified as having higher risks of the impacts of COVID-19 | SPPC
[106] Dietitian support in primary care | Hickson et al. 2020
[107] Effectiveness of Dietetic Consultations in Primary Health Care: A Systematic Review of Randomized Controlled Trials | Mitchell et al. 2017

Positively, the skills and knowledge required to support this transformation of workforce is also supported by the development of a Dietetics ACP credentials framework.[108]

6.6 Occupational Therapy

Occupational Therapists are the only AHP who are dual trained at degree level as both mental and physical health care professionals. Educated in physical, psychological and mental health, and in the social determinants of health. This enables them to support people who are experiencing a complexity of issues across this spectrum of presenting need. Taking a whole-person approach to both physical and mental health needs and well-being, Occupational Therapists empower and enable people to achieve their full potential, maximising functional independence, health and recovery, so that they can do the activities (or occupations) that matter to them, in their preferred environment.[109] [110]

Understanding the impact of developmental, physical, and mental health conditions on daily function and enabling participation in activities are unique and important contributions of Occupational Therapy.[111] [112] [113] [114] Their practice spans across all age groups, and they have expertise in prevention, early intervention and self-management.

This means that Occupational Therapists are able to function as an approved mental health clinician, extending their core professional role and engaging in an advanced level of practice within the context of mental health practitioner role.[115]

They are also a clear fit with health promotion, in that they value the importance of promoting mental and physical well-being and work place health, providing a flexibility and adaptability in AHP utilisation in Primary Care in meeting the local population needs.[116] [117]

Occupational Therapists in Primary Care provide the opportunity for people to access the right support earlier, and lessen the impact of mental health problems by focusing interventions on the outcomes that really matter to them.[118] Consequently, they have been identified as ‘the perfect fit’ for Primary Care[119] [120] [121] with key demonstrable benefits summarized as the ability to:

- ✓ Reduce demand on GPs by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with General Practice
- ✓ Apply unique and expert knowledge to enhance the Primary Care Team, providing practical enabling and problem solving skills to support people to live life their way, as well as a broad scope of practice providing the adaptability to meet the priorities of the local population

[108] Advanced Practice (bda.uk.com)
[109] What is Occupational Therapy? OT Explained - RCOT
[110] Making personalised care a reality: The role of Occupational Therapy | RCOT
[111] The emerging role of occupational therapy in primary care | Donnelly et al., 2014
[112] https://primarycareone.nhs.wales/files/ot-resources/rcot-factsheet-gp-services-2015-pdf/
[113] Leading fulfilled lives Occupational therapy supporting people with learning disabilities | RCOT
[114] Occupational therapy: Unlocking the potential of children and young people | RCOT
[115] mental-health-act-1983-approval-of-approved-clinicians-wales-july-2018.pdf (gov.wales)
[116] The integration of occupational therapy into primary care: a multiple case study design - PubMed (nih.gov)
[117] Good work for good health: The difference Occupational Therapy makes | RCOT
[118] Getting my life back: Occupational therapy promoting mental health and wellbeing in Wales | RCOT 2018
[119] Occupational Therapists - Primary Care One (nhs.wales)
[120] Sustainability and Transformation Plans | British Journal of General Practice 2017
[121] Primary care in Singapore: an occupational therapy perspective - Ruth Usher, Deirdre Connolly, 2019 (sagepub.com)

- ✓ Release professional capacity by addressing functional decline, enabling people to maximise their own potential, promoting self- management, preventing ill-health and dependency, and prudent utilisation of resources
- ✓ Proactively resolving health and social issues at an early stage, minimising crisis situations that result in presentation / admission to secondary care services
- ✓ Provide expert Occupational Therapy functional assessment in order to identify and communicate signs of ill-health and support differential diagnosis

Notably, Occupational Therapists currently work successfully in a variety of Primary Care settings in Wales and the wider United Kingdom in a variety of roles and level of practice, as part of transdisciplinary and interdisciplinary Primary Care team models, as well as within the wider continuum of Primary Care provision, positively affecting the transformation of services.

This is particularly noticeable in areas such as frailty and self-management of long-term conditions, which often employ an anticipatory care approach to optimise impact, engage with social prescribing, mental health (including mental health practitioner roles), cognition and memory assessment and rehabilitation.[122] In addition, Occupational Therapists undertake fitness for work assessments utilising the AHP Health and Work Report providing tailored and specific vocational rehabilitation support, and are key contributors to national strategies promoting the links between work and health. The support their peers to develop the skills and confidence to address the question of work routinely with their working-age service-users and provide work-related advice when appropriate.[123]

A good example of this is the inclusion of Occupational Therapists who have advanced levels of clinical practice within Pembrokeshire Locality / Pan Cluster, highlighting their offer with respect to work place health and the AHP Health and Work Report.[124] Occupational Therapists deliver significant impact as part of an interdisciplinary model of provision and enable the transformation of the wider community based Occupational Therapy Service to provide a whole system pathway approach. The Pembrokeshire Locality / Pan Cluster model was recently highlighted by the Bevan Commission as a Bevan Exemplar in adapting Occupational Therapists' practice according to value and impact.[125]

Additionally, the inclusion of Occupational Therapists as First Contact Practitioners as part of the transdisciplinary Primary Care Team based in Healthy Prestatyn Iach,[126] is cited by The King's Fund[127] as being of particular benefit, and has created the change in approach required in order to achieve The Primary Care Model.

A developing area of focus is the offer provided by paediatric Occupational Therapists in supporting parents with increasing concerns about the well-being and functioning of their children. This is coupled with an increase in parents accessing their GP for support due to difficulties around their well-being, the physical aspects of stress and anxiety, and mild depression, often associated with

[122] Innovative treatment for people with mental health issues - Cwm Taf Morgannwg University Health Board
[123] The Wellbeing & Health Benefits Of Employment - RCOT
[124] Using occupational therapists in vocational clinics in primary care: a feasibility study | BMC Family Practice
[125] Home | Bevan Commission
[126] Healthy Prestatyn Iach | Healthy Prestatyn Iach
[127] Innovative Models of General Practice | The King's Fund 2018

the stress of parenting and the adverse effects of the pandemic, especially parenting a child with additional needs.

Swansea Bay University Health Board serves as an example of the above, providing accessible, timely and empowering Occupational Therapy support and advice to improve self-efficacy, resilience and family well-being. This entails working across sectors with education and third sector partners, through a variety of advice lines, individual and informal virtual group settings, ensuring open access that is not criteria driven but needs led.[128]

However, these examples of developing practice are on an ad hoc basis, often in response to opportunistic discussion, funding opportunities, and aligned to existing siloed pathways of provision that often separate their skillset in terms of responding to either physical or mental health needs, and usually predicated by associated provider process measurements, e.g. GP capacity. Although evaluations identify that the skillset and associated offer of Occupational Therapists in Primary Care is valuable in terms of population health needs and whole system influence, the absence of an associated whole system funding solution ultimately affects their utilisation. An unclear sustainable funding source limits a wider transformation of service provision across the continuum of Primary Care.

In spite of a call to recognise their value and importance in realising the ambition of A Healthier Wales and achieving the Primary Care Model,[129] Occupational therapists are not routinely utilised within Primary Care despite their potential to provide valuable skills, support, and resource to the Primary Care Team.[130]

Furthermore, whilst a growing body of international literature highlights the contribution that Occupational Therapy can make as an AHP in Primary Care,[131] [132] [133] [134] their role, skillset and subsequent offer is frequently misunderstood, with Occupational Therapists often overlooked in terms of opportunities to strengthen and transform the Primary Care Team. This has resulted in Occupational Therapists being described as the most underused profession in Primary Care.[135]

Scoping of current practice and learning from the evidence base and best practice evaluations reveals the utilisation of Occupational Therapists in Primary Care is significantly influenced by their availability. Occupational Therapists support statutory duties as part of existing stratified pathways of delivery, including The Mental Health (Wales) Measure[136] and utilise their specialist skills and knowledge in the provision of complex home adaptations and application of Disabled Facilities Grants.[137] [138] They work within and across health and care organisational boundaries including housing, employment and third sector to support a personalised care approach, and are often the predominant AHP workforce within intermediate care and associated admission avoidance services. Occupational Therapists apply their whole-person holistic approach to the assessment of presenting

[128] Supporting Positive Parenting Advice Line - Swansea Bay University Health Board (nhs.wales)
[129] Reducing the pressure on hospitals: A report on the value of occupational therapy in WALES | RCOT
[130] Occupational therapy in primary care: exploring the role of occupational therapy from a primary care perspective | British Journal of General Practice (bjgp.org)
[131] Occupational therapy's role in preventing acute readmissions | Roberts & Robinson 2014
[132] Occupational therapy in primary care: exploring the role of occupational therapy from a primary care perspective. Chamberlain et al., 2019 | British Journal of General Practice (bjgp.org)
[133] Scoping review: occupational therapy interventions in primary care | Bolt et al., 2019
[134] Occupational therapy and primary care | Bolt et al., 2019
[135] Interprofessional Primary Care: The Value of Occupational Therapy | Dahl-Popolizio et al., 2016
[136] The Mental Health (Wales) Measure
[137] Adaptations without delay: A guide to planning and delivering home adaptations differently | RCOT
[138] Disabled Facilities Grants - GOV.UK (www.gov.uk)

needs at point of access in order to enable people to achieve optimal functioning within their preferred environment.[139] This has implications particularly for populations who may currently only be able to access specialist knowledge that sits within the Occupational Therapy skillset through secondary care services e.g. population 2 and MSK.

Positively, there is evidence and a growing understanding of the value of Occupational Therapy in Primary Care in terms of ensuring an individual receives the appropriate service and level of support. This is framed by an understanding of the practical support they provide in some areas of practice with respect to equipment and adaptations that empower people to facilitate their recovery and overcome barriers preventing them from doing things that matter to them. However, the breadth of application of the Occupational Therapy skillset in Primary Care is so far reaching that it is not surprising that it has been shown to be less likely to be understood than any other Primary Care health provider.[140]

Moreover, the emphasis on including social prescribing in Primary Care service models to address social determinates of health, such as loneliness which has a significant bearing on health service use and perceptions of symptoms like pain and anxiety, has been found to add confusion in terms of the Occupational Therapy offer.

Therefore, whilst enabling social participation is a core part of Occupational Therapists' skills and expertise and can enhance the continuum of social prescribing services[141] – in particular working with people with a complexity of need who require support in being able to engage with social prescribing – they are not social prescribers. However, Occupational Therapists do make the ideal partner to develop, build, supervise and support the development of social prescribing initiatives and framework of provision.[142]

It is not surprising that the lived experience of having Occupational Therapists as part of the Primary Care Team, which in turn facilitates an understanding of the Occupational Therapy skillset, has reportedly been invaluable to their prudent utilisation.

6.7 Orthoptics

Orthoptists work autonomously in the field of ocular motility and visual development within the wider speciality of Ophthalmology, as well as working alongside other specialities including neurology, endocrinology, stroke services and paediatrics, as part of a wider multi-professional team helping people to manage the visual symptoms of their condition.

They are experts in diagnosing and treating defects in eye movement and binocular vision, caused by issues with the muscles around the eyes or defects in the nerves enabling the brain to communicate with the eyes.[143] They play an integral role in the assessment, diagnosis, management, monitoring and rehabilitation of eye and vision disorders across all ages from birth to end of life. This can include symptoms such as reduced (amblyopia) or blurred vision, oscillating or double vision (diplopia), misalignment (strabismus or squint) or uncontrolled movement of the eyes and abnormal head positions.

[139] Relieving the pressure on social care the value of occupational therapy | RCOT
[140] The integration of occupational therapy into primary care: A multiple case study design | Donnelly et al. 2013
[141] Occupational Therapy role -social prescribing | RCOT
[142] RCOT Informed View - Social Prescribing 2020
[143] What is an Orthoptist? - British and Irish Orthoptic Society

As integral providers of primary eye health services it is vital that Orthoptists contribute to services that utilise their skill base for the best outcomes and quality of care.

Located within secondary care settings and community outreach clinics, Orthoptists offer routine and emergency assessments to people, and are an integral part of the developing vision and transformation to deliver the provision of seamless eye care across Wales[144] and the on-going development of care closer to home. Orthoptists work with General Practitioners, pharmacists, ophthalmologists, rehabilitation workers and others across settings to deliver a person centred integrated eye care service, ensuring people receive timely access by the most appropriate service to meet their needs in an accessible location.

Importantly, Orthoptists lead the reporting of Vision Screening in schools in Wales, taking direct referrals from Primary Care colleagues in Health Visiting and School Health Nursing. More recently, they are taking up Specialist Practitioner roles within ophthalmology, managing both diagnostics and treatment of conditions such as Glaucoma and Age Related Maculopathy.

Orthoptists are notably currently able to supply and administer certain medicines under exemptions and have called for the extension of prescribing rights to optimise their offer and maximise their impact.[145]

6.8 Paramedics

Paramedics are trained in all aspects of pre-hospital emergency care, ranging from acute problems to urgent problems. However, in addition to emergency and urgent care, a large proportion of the population access the ambulance service with a variety of presenting needs including long-term conditions, acute exacerbations, illnesses and injuries.

In response, the Paramedic profession has evolved from being a provider of treatment and transportation to a provider of mobile healthcare,[146] meeting the changing needs of care towards community provision and supporting people to manage within their home environment.

This means that Paramedics are developing the skills and competencies required to treat and manage increasingly complex needs. These include supporting people with acute-on-chronic long-term conditions; supporting people with acute mental health needs or experiencing a crisis in their mental health; conducting social care assessments to avoid inappropriate conveyance and assisting with determining the most appropriate solution to supporting presenting needs; and a range of undifferentiated urgent care presentations.

As a result, a Core Capabilities Framework[147] has been developed that specifies the range of capabilities expected of the Paramedic specialist in Primary and Urgent Care.

Unsurprisingly, the skill set of Paramedics is increasingly being utilised within Primary Care, encompassing General Practices, minor injury and illness units, walk-in centres and developing Urgent Primary Care Centres. This demonstrates recognition of the contribution Paramedics can make to effective and safe care in community settings, as well as the development of an effective interdisciplinary Primary Care Team.

[144] NHS Wales Eye Health Care - Future Approach for Optometry Services (gov.wales)
[145] Independent Prescribing - British and Irish Orthoptic Society
[146] Primary and Urgent Care (collegeofparamedics.co.uk)
[147] Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework

In order to support the optimisation of Paramedics' skillset and offer, the College of Paramedics has provided an employer's guide for Primary and Urgent healthcare providers to understand the role of paramedics, and how they can practice and develop within Primary and Urgent Care.[148]

However, a recent systematic review of the contribution of Paramedics in Primary and Urgent Care[149] has found that the development of these roles has not occurred consistently, with a variety of different programmes, job titles and scopes of practice for Paramedics working in these areas. In some cases this has negatively impacted on the public's understanding or perception of their offer.

Moreover, scoping of current practice reveals the Paramedic offer can be ill defined and often tailored to the determined value and impact by the funding source, and associated provider process measurements. Such process measurements, as previously highlighted, may not correlate with supporting whole system transformation in order to achieve The Primary Care Model, contributing to the variable utilisation and development of AHPs. The implications of this are particularly significant in terms of workforce planning and sustainable supply and shape.[150]

The systematic review also identified that Paramedics predominantly contributed to the Primary Care workforce through working within a team model, and their role (irrespective of title) generally focussed on supporting people with an undifferentiated or undiagnosed condition. Additionally, the review highlighted the fact that ACP Paramedics can become independent prescribers and the opportunity the Paramedic workforce presents in terms of releasing GP capacity. However, attention was also brought to the requirement for clinical supervision that may extend respective consultation times, increase steps in the patient journey with the resulting impact on GP workload remaining unclear.

The review also identified that many Paramedics take on a rotational role into Primary Care whilst retaining the ambulance service as their main employer, and that further robust evaluation of how, why and under what circumstances the Paramedic skills can be optimally deployed is required.

Helpfully, the pacesetter funded Advanced Paramedic Practitioners Programme,[151] undertaken by Betsi Cadwaladr University Health Board (BCUHB) Primary and Community Care Academy,[152] builds on previous early stage feasibility studies of the rotating Paramedic model[153] and provides such an evaluation.

This pacesetter recognises that from a whole system perspective, current models of healthcare delivery are often in silo and inefficient, with organisations competing for the same staff resource compromising then in their ability to deliver The Primary Care Model. The purpose of this Welsh Government funded project is therefore to test an extended rotational working pattern model, following a successful internal pilot project. Its key partners include the Health Board, Welsh Ambulance Services NHS Trust (WAST), and five Health and Social Care Localities (clusters) within the respective Health Board footprint.

The aim of this pacesetter is to understand the benefits of a Primary Care rotation model in terms of suitability and viability, through evaluation using a number of methods at a local and regional

[148] CoP_Employers_Guide_PUC_310719.pdf
[149] Contribution of paramedics in primary and urgent care: a systematic review | British Journal of General Practice 2020 (bjgp.org)
[150] A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020)
[151] Advanced Paramedic Practitioners Programme – Primary and Community Care Academy (primarycare-online.co.uk)
[152] Home | BCUHB Primary and Community Care Academy (primarycare-online.co.uk)
[153] Feasibility Study of the Rotating Paramedics Pilot | 2018 (hee.nhs.uk)

level, by members of the Project Team, clusters, and through a formal independent evaluation, focussing on the following key elements of the project:

- Impact on Primary Care and cluster to support workforce sustainability and patient experience, as well as development of The Primary Care Team on a 'once for Wales basis'
- Impact on WAST in bringing the benefits of extended clinical and Primary Care system knowledge back into clinical practice while working with Welsh Ambulance Services
- Learning and development needs of the Advanced Clinical Practice Paramedics and infrastructure requirements to support this, including the Advanced Practice Paramedics' experience
- Economic evaluation regarding whole system value and impact, supported by The Wales Centre for Primary and Emergency Care (PRIME Centre for Wales)[154], and the Centre for Health Economics and Medicines Evaluation (CHEME)[155]

The project is identifying the value of the rotational model along with effective ways in which ACP Paramedics can be integrated within the wider Primary Care Team so that their offer and skill set is optimised and our population receives the best possible care.

However, despite this project demonstrating whole system value and impact, the absence of an associated whole system funding solution places this project at risk in terms of sustainability and associated exit strategy.

6.9 Physiotherapy

With arthritis and other long-term MSK conditions being the most frequently reported chronic condition across all age groups,[156] the opportunity to utilise AHPs in delivering person-centred MSK care at the first point of contact is well recognised.[157] AHPs can release capacity in Primary Care, enhance self-management strategies, and support access to and the optimisation of secondary care services. This is reflected in developing opportunities around Urgent Primary Care Centres and initiatives in response to the pandemic relating to population group 2.

AHPs encompassing Physiotherapists, Occupational Therapists, Podiatrists, Paramedics, Dieticians and Psychologists have a history of advanced levels of practice in terms of clinical reasoning and diagnostic skills across different elements of the MSK pathway, especially across rheumatology, orthopaedics and pain-management. Physiotherapists in particular are significantly developing their offer to include injections therapies and independent prescribing, and ordering diagnostic investigations.

Physiotherapists are of vital importance in helping people to restore movement and function due to injury, illness or disability, through movement and exercise, manual therapy, education and advice. They are also able to help reduce an individual's risk of injury or illness in the future, and maintain health for people of all ages, supporting people to manage pain and prevent disease.

The offer of Physiotherapy across Primary and Community Care is wide ranging and significant. It encompasses: long term conditions management; pulmonary rehabilitation; pelvic health; all four

[154] PRIME Centre Wales
[155] Welcome | Centre for Health Economics and Medicines Evaluation | Bangor University
[156] Arthritis and musculoskeletal conditions | senedd.wales
[157] A retrospective review of the influences, milestones | arma.uk.net

pillars of intermediate care including admission avoidance, reablement and rehabilitation in partnership with community service provision as part of discharge to recover and assess models; frailty and falls; pre and post-operative orthopaedics, trauma, and stroke rehabilitation; and paediatric services. Physiotherapists work across pathways and settings including supporting people with cognitive decline and dementia, learning disabilities and mental health and well-being difficulties. Many Physiotherapy services are provided along a specific pathway or continuum of provision.

It is recognised that Physiotherapists make a crucial contribution to the MSK diagnostic cohort by utilising their core and advanced level of practice skills. Currently the Chartered Society of Physiotherapy (CSP) has focussed their proposed model of Primary Care practice on MSK. Consequently, this is being driven and translated in policy and service discussions and developments. The CSP has defined a First Contact Practitioner Physiotherapist as an Advanced Practice Physiotherapist who has the advanced skills necessary to assess, diagnose and manage MSK problems. They articulate that this model of Physiotherapy practice is clearly different to self-referral due to the clinician being embedded as part of the Primary Care Team.[158] [159] CSP commissioned research on the value and impact of FCP MSK Physiotherapists[160] has informed a guide to implementing Physiotherapy services in general practice specific to each of the four Nations,[161] and also a suite of resources to support FCP Physiotherapy services in Primary Care.[162]

Notably, whilst other AHP professional bodies are developing profession-specific Primary Care credentialing frameworks to identify and document core capabilities and support the development of AHP roles in Primary Care, ensuring minimum standards for safety and efficacy, the CSP has instead contributed significantly to the Health Education England (HEE) multi-professional MSK Roadmap to Practice.[163] This roadmap articulates the capabilities and associated supervision requirements of clinicians, in order to ensure the best care for the MSK population. It advises that this is the recommended credentialing framework for Physiotherapy in Primary Care and signals an MSK priority regarding utilisation of the Physiotherapy workforce.

The Welsh Physiotherapy Leaders Advisory Group (WPhLAG) currently echoes this focus, which works collaboratively across Wales and with its wider partners to develop the offer of Physiotherapy MSK practitioners working in Primary Care. WPhLAG's attention to date has been on the development of roles, demonstrable benefits, user satisfaction, pathway transformation, training, and education.

Importantly, studies which both demonstrate efficacy and identify the conditions conducive to optimization of the Physiotherapy offer in Primary Care, and in doing so highlight issues that might affect the realisation of the full potential of this model,[164] [165] are also informing developing models of practice.

Of particular note is the employment of a sessional based model. While often a consequence of the workforce demand and associated capacity, it does also enable a mixed job plan that brings the

[158] Physiotherapy in primary care - summary briefing | The Chartered Society of Physiotherapy (csp.org.uk)
[159] FCP roles | The Chartered Society of Physiotherapy
[160] Evidence shows huge benefits of FCP | The Chartered Society of Physiotherapy (csp.org.uk)
[161] A guide to implementing physiotherapy services in general practice | The Chartered Society of Physiotherapy (csp.org.uk)
[162] FCP Physiotherapy resources | CSP
[163] Multi Professional First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice
[164] First point of contact physiotherapy; a qualitative study | Goodwin, et al., 2020
[165] FRONTIER STUDY – FIRST CONTACT PHYSIOTHERAPY IN PRIMARY CARE

benefits of extended clinical and Primary Care system knowledge back into the wider continuum of physiotherapy service provision. However, this sessional based model of provision can conversely lead to the FCP MSK Physiotherapist being viewed as a visiting clinician, restricting them in their ability collaborate or communicate with colleagues, affecting team dynamic and potentially limiting their ability to contribute as a member of either a transdisciplinary or interdisciplinary Primary Care Team.

It could be argued that transferring a traditional clinic modality of service provision, instead of a transformative model where the Physiotherapy skillset can be applied and respond to the presenting needs, does not optimise utilisation of their skillset and is unhelpful. Since a traditional clinic modality of service provision does not drive the required change in culture and practice of AHP clinicians or the required holistic response to meet the needs of our population.

Moreover, the skills and credentials and associated clinical governence framework for some Physiotherapists directly employed by respective Clusters or Practices are often unclear. A higher incidence of risk aversion and referrals to Health Board Physiotherapy services has been reported, thereby releasing GP capacity but potentially decreasing the quality of AHP support provided for the individual. Vitally, if FCP Physotherapy is to have a true impact and add value to place-based care, a consistent approach to both funding and skills development to meet presenting needs and competeing priorites is necessary.

This sessional model will continue in the absence of an agreed unified national funding model for AHP resource. Consequently, with this model replicated across directly employed Physiotherapists and those on specific SLAs between cluster or General Practice and respective Health Board, the associated impact is significant.

Given the complexity of people's needs who may present with MSK issues alongside multi-morbidities, there is a growing recognition that whilst MSK is a vitally important area requiring AHP support, restricting or targeting the utilisation of the Physiotherapy skillset to MSK alone is not necessarily realising their offer in Primary Care. It potentially also compromises wider AHP service transformation as part of a whole system Primary Care continuum of provision. Notably, this is where an expanded training model to recognise and manage complexity is required.

The developing appetite to explore non-MSK focussed Physiotherapy roles that could have an impact on the whole health system is helpfully currently being explored via Primary Care Academy[166] and Primary Care Transformation projects,[167] which will inform the developing HEIW Locality Training Hubs and framework for identified learning needs. These projects reflect the recognized value and impact Physiotherapists provide in particular across neurological cardiac and respiratory care, frailty and falls, and women's health. The latter is informed by an increasing focus for improved pelvic health services with an early intervention and prevention approach.[168] [169] [170] This provides an opportunity to transform the assessment pathway for urinary and faecal incontinence, as well as symptom of prolapse in Primary Care, strengthening the links with specialist pelvic floor Physiotherapy.

[166] Trainee Extended Scope Clinical Practitioner – Primary and Community Care Academy (primarycare-online.co.uk)
[167] Primary Care and Community Services - Cwm Taf Morgannwg University Health Board
[168] Project to evaluate patient self-referral to women's health physiotherapy pilot sites | The Chartered Society of Physiotherapy (csp.org.uk)
[169] Briefing - Pelvic Health (csp.org.uk)
[170] NHS in Wales promised £1m a year to transform pelvic health treatment | CSP

Nevertheless, because of significant competing priorities relating to MSK conditions in particular and a fragmented approach to the transformation of the continuum of AHP service provision (with factors contributing to this being a theme throughout this paper), the employment of a sessional based model of provision with Physiotherapists in Primary Care currently remains prevalent.

6.10 Podiatry

Podiatrists are experts in all aspects of foot and lower limb function and health. As highly skilled healthcare professionals trained to diagnose, treat, rehabilitate and prevent abnormalities of the foot and lower limb, they enable people to manage foot and ankle pain, manage skin conditions of the legs and feet, treat foot and leg infections and assess and manage lower limb neurological and circulatory disorders. Consequently, Podiatrists are included within the category of MSK practitioners for consideration within the developing Urgent Primary Care pathfinders.

The application of their expertise in Primary Care as part of the interdisciplinary team encompasses education and skills development of their colleagues and partners, as well as providing a crucial component in the public health and prevention agenda.[171] They promote physical activity, supporting weight loss strategies and healthy lifestyle choices, minimising isolation, thereby enabling people to remain mobile and active throughout their life course.

The expertise of the podiatrist as a First Contact Practitioner is wide ranging,[172] facilitating early identification of and support for a range of conditions. The First Contact Practitioner roadmap for Podiatry is currently in development with a particular focus on dermatology (malignant melanoma detection), falls and diabetes prevention, cardiovascular risk reduction, medicines management and antibiotic stewardship. The inclusion of the latter is due to Podiatrists' undergraduate curriculum enabling them to function as non-medical prescribers for any medical condition within their scope of practice and legislation.

An especially noteworthy example of service transformation spanning the continuum of Podiatry provision is the Swansea Bay University Health Board Direct access to Podiatry model that won the 2020 United Kingdom AHA Welsh Government's award for Prudent Healthcare.[173] In response to increasing demand, waiting times lengthening, and a traditional clinical model of referrals and appointments and 'being done to', the service transformed its focus by creating a sustainable access model redesign using Plan-Do-Study-Act (PDSA) methodology, with direct open access at the point of greatest need. It prioritised self-management and prudent utilisation of the workforce, employing the benefits of a patient activation approach[174] to support coproduction boost and encourage healthy behaviours. It was able to demonstrate an associated reduction in unnecessary medical interventions across settings, including prescriptions of antibiotics.

Significantly, the location of service delivery was not a restricting factor in its success, due to its focus on ensuring ease of access, communication and a collaborative approach. There is considerable support for an All Wales roll out of this model.

[171] Podiatry's Role in Primary Care (wales.nhs.uk)
[172] Podiatrists as First Contact Practitioners 2020 (cymru.nhs.uk)
[173] AHA-Winners-Guide-2020
[174] Supporting people to manage their health: An introduction to patient activation (kingsfund.org.uk)

6.11 Prosthetics and Orthotics

Prosthetics and Orthotics is a joint qualification and a small and specialised profession. The model of clinical and technical services for both Orthotics and Prosthetics is informed by provider and associated geographical factors.

It is important to note that this does not mean Prosthetists and Orthotists work in isolation from other AHPs who will be key partners in their delivery of holistic care. For example, Prosthetics has an important role in the primary phase of an individual's requirements, with Prosthetists working collaboratively with other AHPs to provide a whole package of support to meet presenting needs. Lifelong continuation of support and direct access are key features of the Prosthetist's model of care in order to respond to changing circumstances of need and device management.

Consequently, whilst it is not appropriate to apply the organising principles of AHP resource recommended in this paper to Prosthetics and Orthotics due to the specialism of their offer and model of provision, it is nevertheless important to recognise they are a vital component in the required Primary and Community Care continuum of AHP provision. It is therefore crucial to maximise their contribution as part of the wider team through communication, as well as informing regional rehabilitation requirements and associated skillset to support localised delivery.

6.12 Psychology

Psychologists are experts in applying psychological knowledge to reduce psychological distress, understand health behaviour and to enhance and promote psychological well-being.

Primary Care psychology is the application of psychological knowledge and principles to common physical and mental health problems experienced by people throughout their life span, and is presented in Primary Care. The Psychologist's offer is often focussed on:

- Direct psychological work with individuals, families and carers
- Supporting lifestyle behavioural change
- Pacing and goal setting to support rehabilitation and self-management
- Psychological preparation for surgery and confidence building
- Support for the wider health, educational and social care providers, to promote psychological mindedness and improve psychological and communication skills.[175]

The latter is of significant importance since Clinical Psychologists do not solely deliver psychological interventions, but are a component of a stratified model of delivery of psychological care.

Clinical Psychologists work along with practitioners who deliver a recognised level of psychological care as part of their scope of practice, such as Occupational Therapists or alternatively those who have received accredited training in a range of low intensity interventions informed by Cognitive Behavioural Therapy (CBT) to support people with anxiety and depression disorders. This could also include Psychological Well-being Practitioners (PWPs).

In order to ensure the level of intervention required by people with more complex psychological needs can be provided, and the expertise and benefits of Clinical Psychology as part of the Primary

[175] Health psychology in primary care and community settings A guide for GPs and Public Health Practitioners | The British Psychological Society

Care Team is maximised[176], it is imperative that the utilisation of Clinical Psychologists is considered as part of a whole system continuum of placed-based seamless provision.

Furthermore it is also of vital importance that the development of psychological care pathways are not undertaken in isolation by individual professional groups or settings, but in collaboration as a whole system pathway approach and informed by an understanding of the AHP skillset and the presenting population health needs. This avoids the risk of unsustainability and an inability to deliver a transformation of AHP service provision in line with The Primary Care Model. It also averts potential competition between AHP resources, and a fragmented inequitable continuum of psychological support, predicated on availability and the value and impact determined by the source of the funding and its associated provider process measurements.

Positively, in response to the pandemic, the British Psychological Society (BPS) has established a number of work streams designed to focus on changing needs and areas of priority for psychological care.[177] [178] The aim is to support the well-being of staff and enhance psychological care across settings, facilitate collaboration and joined-up working, and provide the wider workforce with skills for psychological screening, early identification and access to psychological support.

6.13 Speech and Language Therapy

Speech, language and communication skills are essential for positive health and reducing health inequalities, well-being, education and employment outcomes.[179] [180] Nearly 20% of the population experience communication difficulties at some point in their lives, many of whom are living with conditions that require regular medical treatment and/or social care support including: dementia; acquired neurological conditions such as stroke, acquired brain injury and traumatic brain injury; and progressive neurological conditions such as Motor Neurone Disease, Multiple Sclerosis and Parkinson's Disease. In addition, people may require speech and language support for voice disorders (such as dysphonia, aphonia and chronic cough), head and neck cancers, learning difficulties, stammer or transgender voice and communication style.

Speech and Language Therapists are experts in speech, language and communication difficulties, as well as eating, drinking and swallowing difficulties (dysphagia). At the specialist service level, they assess, diagnose and treat in order to manage the risk of harm and reduce the functional impact of these disorders. They can also help identify training needs and provide relevant education and skills development to increase the knowledge and awareness of those people who support individuals with speech and language and swallowing disorders.

Significantly, Speech and Language Therapists are already part of an interdisciplinary team with partners in education, and their ambition is to replicate this model of service provision across the continuum of primary and community care. This would offer a joined up approach for people presenting with multiple and complex needs, enabling ease of access to their specialist knowledge, in a timely manner.

There is a growing demand for support for people with swallowing and/or communication needs. Driven by a range of factors including an ageing population, the increasing incidence of chronic

[176] Clinical Psychology in Primary Care | Durcan 2020
[177] COVID-19 Coordinating Group | BPS
[178] Psychological needs of healthcare staff.pdf (bps.org.uk)
[179] Talk With Me (gov.wales)
[180] Speech, language and communication: a public health issue across the lifecourse | Paediatrics and Child Health

disease, earlier identification of conditions across all age groups, and the improved survival of infants who are premature, chronically ill or have a disability, and of adults who experience neurological disorders or life-threatening illness.

Given these demographic changes, there are a number of key areas where Speech and Language Therapists can support the delivery of improved outcomes within Primary Care, supporting a seamless approach to care and prudent use of resource. These areas may include support with advanced directives, Mental Capacity assessment and 'feeding at risk' policies to offer alternatives to hospital admission towards end of life. In particular, Speech and Language Therapists' expertise can be utilised to support care homes and community bedded units, providing direct access to enable management of communication and swallowing problems of those in their care. In addition, Speech and Language Therapists can provide training to care home staff and others in the community to manage decline in swallowing performance as a result of age and disease.

Speech and Language Therapists face similar challenges to those faced by Dieticians. These can limit their ability to explore opportunities to transform service provision despite their offer in terms of respiratory, end of life, and dysphagia care (e.g. in care homes), in addition to cognition and mental health care. This is particularly relevant in terms of COVID-19 support and management of needs.

Examples of Speech and Language Therapy service transformation in Primary Care provide transferable learning in terms of developing their continuum of provision to optimize utilisation of their skillset, and enable them to be recognised as an essential member of the Primary Care Team.

Significantly, Speech and Language Therapy services in Wales have a well-established record in driving transformational change. The model for children's Speech and Language Therapy services has been radically reconfigured over the last decade, transforming from a traditional specialist service accessed by GP referral, into direct access collaborative integrated/ multi-professional/ multi-agency services. These focus on prevention to at risk populations, training to upskill carers of children, improvements to children's environments to enhance language development and open access to specialist care.

Such changes have reduced waiting times and improved outcomes for children and young people. In most areas, the GP is no longer the main referrer; instead, health visitors, teachers and parents are empowered as referrers. This supports the required cultural shift away from the perception of the GP being the 'gatekeeper' of services.

Of particular note is the adoption of a 'talk-in' clinic model (based on the podiatry and physiotherapy 'walk-in' clinic model) used with pre-school children experiencing speech, language and communication difficulties. This model uses a Care Aims approach[181] to service delivery, enabling children and their families to been seen more quickly and closer to their homes by providing direct access to Speech and Language Therapy, removing the requirement for a paper-based referral system and cycle of referral, triage, assessment, with associated waiting times for support. As a recognition of its potential to be replicated across Wales, the 'talk-in' clinic model won the Improving Public Health Outcomes category in the 2019 Cymru Advancing Healthcare Awards (AHA)[182] and

[181] The Care Aims Framework – Care Aims
[182] Advancing-Healthcare-Awards-Wales-Winners-Guide-2019 (ahawards.co.uk)

was a finalist in the 2020 United Kingdom AHA Welsh Government's award for Prudent Healthcare.[183]

Nonetheless, it is worth noting that this transformation of service and sustainability was only possible by a focussed petitioning for funding and employing a uniformity of approach across the whole Regional Partnership Board geographical footprint. There was reportedly some initial resistance from Clusters who would have preferred an alternative focus for the Speech and Language Therapy offer.

As already outlined, a number of factors may cause an initial resistance to service transformation, including practice traditions and lack of understanding of how the AHP skillset can be used to meet population health needs, as well as an implicit focus on GP capacity and GMS sustainability. It is important to take these factors into consideration when seeking to influence service transformation. Having Speech and Language Therapists as members of wider primary care teams would undoubtedly not only aid the building of sustainable and effective services to deliver right person, right time, right place care, but also support the entire system to ensure optimal functioning.

The learning from this talk in model will also inform Primary Care multi-professional projects developing in response to the pandemic. One example is the development of parenting workshops for pre-school children with social communication difficulties, due to increasing numbers of pre-school children referred to an Integrated Service for Children with Additional Needs (ISCAN) for assessment of possible autistic spectrum disorder at an increasingly young age, as a result of changes in health visitor surveillance. This in turn has led to increased numbers of children being referred on for specific AHP support with an associated increase in waiting times for assessment and the potential creation of complexity of needs. However, if AHP advice were provided at an earlier stage, this could either resolve presenting concerns or help parents in caring for their child and maximising their development.

The resulting proposal uses a Care Aims approach, with input from the following professionals:

- Speech and language therapist (to support early language development)
- Dietitian (to support with eating difficulties)
- Occupational therapist (to advise families on sensory issues, play and toileting)
- Child development advisor and/or psychologist (to support play and help families learning to parent a child with additional needs)
- Specialist nurse (to offer support with toileting and sleep issues)

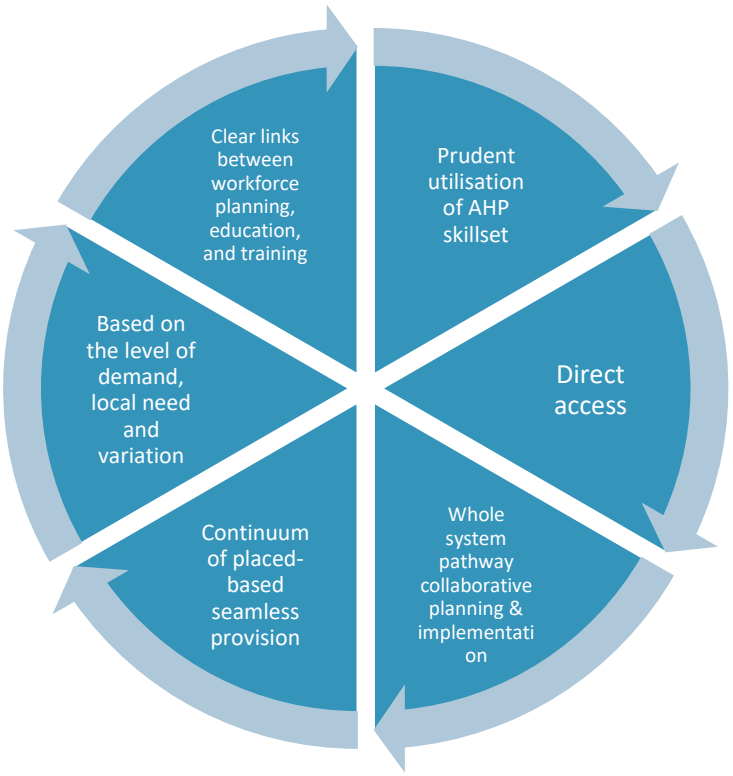
The aim is that the child receives earlier intervention, rather than waiting for a diagnosis and then receiving intervention or not. Parents are empowered to self-manage and have the confidence to try appropriate developmental strategies and seek peer support. The ambition is that parents will also gain a better understanding of their child's needs, which will shorten the length of intervention if they require specialist services in the future.

[183] AHA-Winners-Guide-2020

7. Section 5: AHP Organising Principles

This section takes into account all chapters to provide the recommended organising principles required to optimise utilisation of the AHP workforce in Primary and Community Care.

It is apparent that in order to optimise AHP value, system leaders need to ensure the following:



Within this context, the section below sets out the actions required by system leaders to achieve optimal AHP utilisation:

Required Actions to Optimise the AHP offer
Whole System Pathway Approach System leaders to come together to overcome the obstacles that are preventing optimal AHP utilisation. Providing co-ordination at scale to support greater focus on: • Seamless health and well-being service • Recovery & rehabilitation services rooted in community and functioning as a whole • Developing & supporting a 'one workforce' strategy • More effective use of AHP resource including clinical support and corporate services • Measuring the health and well-being outcomes that matter to people • Optimising utilisation of AHP skillset to achieve better outcomes and better value to meet population need rather than demand • Improving population health • Supporting people to make decisions about looking after themselves and staying independent

AHP activity to be organised across Regional Partnership Board (RPB) geographical areas

Recognising that operationally the AHP workforce will come from different organisations within the RPB geographical footprint, there is a requirement for system leaders to:

- Collaborate between providers on a larger footprint to enable uniformity and coordinated approach with localised Locality / Pan Cluster planning and delivery based on need and variation
- Providing the right balance between regional solutions and meeting complexity of need (which need to be planned and organised effectively over a larger area than 'place'), alongside local solutions and innovation, which minimise variability

Funding streams to be aligned via RPB lens and The Primary Care Model

System leaders beyond their traditional organisational boundaries require regional planning and stakeholder engagement. This is fundamental to shaping sustainable AHP utilisation and will enable:

- Prioritisation of capacity and delivery models to meet population need
- Allocation of resources to higher value interventions

System wide & strengthened AHP Leadership

There is a requirement for AHP leadership to be system wide, present, strengthened, supported and developed: this is crucial to support collaborative decision-making, inform priorities and prudently allocate resource

The value and impact of AHP services must be demonstrated in a consistent way to help align organisational strategic objectives and support sustainability and continuity across services

It must be recognised that new AHP models and approaches require a transformation of the way we organise services, instead of simply providing the same AHP services in new settings, with an expansion of the AHP workforce, partnered with a development of skills and range of services offered

Collaborative agreement and organisation of AHP resource across settings

Workforce planning must be ongoing and responsive by system leaders, with a focus on developing roles and skillset utilisation to meet presenting population need and regional priorities, rather than on job titles and career pathways

Stratification of AHP resource in terms of required interventions and necessary skillset

System leaders must organise AHP resource in terms of required interventions and stratified against necessary skillset, enabling increased collaboration and person-centred care with prudent and optimised AHP utilisation

This approach will also reveal where there are gaps in AHP provision and where additional resource are required

Uniformity of approach with localised application to support cluster led planning and delivery

System leaders are to ensure uniformity of approach with localised application regarding cluster led planning and delivery. This greater co-ordination can support:

- Optimised AHP offer with higher quality and more sustainable services
- Reduction of unwarranted variation in clinical practice and outcomes
- Reduction of health inequalities, with fair and equal access across sites
- Better workforce planning

Agreed communication framework & team models

Recognising that there will not be a 'one size fits all' Team model, system leaders must ensure:

- Direct access to a wider range of AHPs and skilled Assistant Therapy Practitioner roles, as part of the continuum of Primary & Community Care
- A 'generalist specialist' approach with increased specialism knowledge in the wider workforce, not just specialist roles
- Application of a Team Tetris framework comprising: Informed, Skilled, Enhanced and Expert that can be mapped against local population health needs
- Digital utilisation to support multi-professional collaboration & communication both on an individual and group basis

Recommended 'employ to deploy' employment and governance model

System leaders should apply an 'employ to deploy' employment and governance model.

Thereby:

- Addressing associated risks such as absence of leadership, development of siloed pathways, absence of clinical governance and the associated decreased quality of AHP support and user experience
- Avoiding the development of a fragmented and competitive labour market for a precious workforce resource

This will support effective collaborative workforce planning with partners, to build and grow AHP requirements looking to the future and anticipating population needs

This includes the adoption of a whole system sustainable funding and employment model, hosted by the respective health board, local authority and WAST, with collaborative organisation of activity across Regional Partnership Board geographical areas, and alignment of funding streams through their respective lens

Learning and development informed by regional priorities & cluster working, supported by Primary Care Academies / Locality Training Hubs with consistent and dependable training/ education routes

System leaders must establish clear links between workforce planning, education, and training regarding capacity building and the ability to optimise AHP utilisation

This will ensure the supply of an AHP workforce with the right skills, competencies, values and behaviours to meet the requirement of needs of the local population.

Working with Primary Care Academies / Locality Training Hubs that encompass the whole workforce will enhance inter-professional education and team development

8. Appendices

Appendix 1

HCPC regulated Allied Health Professions in Wales

- Art Therapists
- Music Therapists
- Drama Therapists
- Dietitians
- Occupational Therapists
- Orthoptists
- Orthotists
- Paramedics
- Physiotherapists
- Podiatrists
- Practitioner Psychologists
- Prosthetists
- Speech and Language Therapists