

Giles Denham
Director of Strategic Relationships
Health Education England

23 March 2018

Dear Giles,

HEE Draft workforce strategy – Allied Health Professions Federation’s (AHPF) response

I am responding on behalf of the AHPF to the HEE draft workforce strategy: “Facing the Facts. Shaping the Future”. I hope you will accept this letter as our formal response as it is difficult to convey our view fully, through the online workshops.

I understand individual professional bodies are also responding separately – this letter represents the collective and common views of the 12 AHPs that make up the AHPF. I have attached further information on the AHPF at the end of this letter.

Our key messages are:

- The AHPF welcomes the action proposed to develop the first AHP focussed workforce plan and looks forward to contributing to it in the coming months. However there is considerable concern about the reliability of the data on the professions and how this affects the assumptions, conclusions and proposals in the draft strategy.
- The strategy assumes all AHPs either work in or are available to work in the NHS but this is not correct (for example, Speech and Language Therapists have a relatively high proportion of non NHS workers). This has contributed to underestimates of supply and true demand and doesn't reflect population needs.
- **Meeting changing population and system needs should be fundamental to workforce planning and should be addressed across the whole health economy. This includes NHS funded services delivered outside the NHS or in different settings and health care staff in different parts of the public, voluntary and independent sectors.**
- AHPs have significant, but underutilised potential for leadership both in terms of career paths and senior positions that may be closed to them. They can also lead integration partnerships working across health, care, housing and education and acting as the first point of contact for patients with complex conditions.
- The strategy needs to factor in need for parity of funding for mental and physical health. At the moment there is little reference to mental health needs and the fact that many AHPs and other health professionals address both.

Data issues

On data issues, the draft strategy points to the need to improve accuracy of workforce data for AHPs. In particular the data reported on pages 30 and 119 needs to be checked. We would not want bad data to be published and would prefer a revised approach to collecting whole profession data, recognising where it is not perfect and proposing how to improve it. There also needs to be a quality assurance process that enables agreement by the professional bodies.

Missing from the draft strategy is an analysis of wider population trends, for children and adults and additional factors likely to affect future demand.

Poor data leads to poor decisions on supply and commissioning. The current focus on inputs and outputs affects the type of data collected by healthcare providers. As a result commissioners and providers do not have benchmarking information to support their ability to track and report on reducing variations in health and care. Commissioners should also work closely with providers and patients to identify success measures.

Workforce issues

Service, financial and workforce planning are interdependent. The strategy needs to set out how the processes align and how planning at STP level will inform national workforce planning.

The workforce strategy needs to be clear about the direct link between quality employment and quality services/patient safety needs. The whole system needs to become more preventative, rehabilitative and based on a biopsychosocial model of care, with the workforce to deliver this.

There should be greater recognition of the potential of AHPs to support current healthcare challenges. This should include their contribution to health and how they have a capacity to upskill and take in a number of new techniques and treatments, including making the best use of new technology that removes pressure on medics.

AHPs must be more fully utilised within multi-disciplinary teams as their roles enable greater focus on community based care and can make a significant contribution to the integration agenda to help reduce system pressures. As part of the wider discussions around workforce transformation, we think there is a need for further consideration about the blurring of boundaries between professions and the need for AHPs to work with other professionals in new and different ways.

The draft strategy implies a belief that associate practitioners only exist in nursing. This is incorrect – most AHPs have associate practitioners supporting the regulated workforce, but they need a clear career pathway.

AHP Leadership

AHPs want to see a visible career path that leads to senior roles. We understand there is a restriction on hospital trusts (and a legal restriction in Foundation Hospital Trusts) on who can become a Medical or Nursing Director. This is unnecessarily restrictive and leads to many AHPs looking for opportunities in the independent sector and loss of valuable skills and resources in the NHS.

AHPs are crucial to helping meet current and future challenges for the adult social care workforce, but their role and potential is underestimated. AHP service users commonly have long term conditions which precipitate transitions between locations, sectors and states of health and independence. AHPs have a key role in services for all major clinical priority groups – dementia, frail older people, stroke, cancer, learning disabilities and mental health. They can therefore help alleviate pressures on GPs and hospital services and speed up rehabilitation and recovery, saving money for the NHS.

In addition, workforce capacity to lead and manage services, educate future members of the professions, conduct research and develop the evidence base has to be factored in for all AHPs. We support the proposal for more AHP consultants, but it is not clear how they would be funded.

Careers and widening participation

We believe there is a need for HEE to regularly monitor student numbers and undertake a strategic review at a fixed point in future. There needs to be a fundamental rethink of placement provision that takes into account the government's aspirations for increased student numbers, how they will work with apprenticeships, how they will be funded and how the number of placements will be increased. This will require strategic collaboration between DHSC and DfE to recognise the interdependencies of policies.

Training resources should be redistributed across the whole workforce - how the existing workforce is supported, resourced and retained should be reviewed. There is a need to invest in staff development to take on leadership including visible career paths and different and new roles.

Flexibility is very important to returners. We support the return to practice schemes and we agree a flexible workforce is important but this needs investment in CPD and career pathways, rather than simply jobs. We also support the development of inter-professional capability frameworks.

The strategy needs a commitment to equality and diversity and widening participation in both the student population and the existing workforce. Lack of visibility of some AHPs means that many students and advisors are unaware of options when making decisions about career paths. There may be a case for providing new incentives or a national programme to raise awareness.

I hope this is helpful and I am always very happy to meet and explain our response further as well as explore how the AHPF can contribute to this important work.

I am also sending a copy of this letter to Ian Cumming, Helen Jackson, Beverley Harden and Anna Van der Gaag.

Yours sincerely



Parmjit Dhanda

Chair, AHPF

Annex: The AHPF

The Allied Health Professions Federation (AHPF) is made up of twelve professional bodies representing Allied Health Professionals (AHPs). The AHPF provides collective leadership and representation on common issues that impact on its members' professions:

- The Association for Music Therapy (BAMT)
- The British Association of Art Therapists (BAAT)
- British Association of Dramatherapists (BADth)
- The British Dietetic Association (BDA)
- British Association of Prosthetists and Orthotists (BAPO)
- British and Irish Orthoptic Society (BIOS)
- Royal College of Occupational Therapists (RCOT)
- Chartered Society of Physiotherapy (CSP)
- The College of Paramedics (CoP)
- Royal College of Speech and Language Therapists (RCSLT)
- Society and College of Radiographers (SCoR)
- The Society of Chiropractors and Podiatrists (SCP)

There are 158,000 AHPs working within a range of surroundings including hospitals, people's homes, clinics, surgeries, the justice system, local authorities, private and voluntary sectors and primary, secondary and tertiary education.

AHPs focus on consistent, person-centred, preventative and therapeutic care for children and adults. They are accredited and trustworthy professionals performing a crucial function in the NHS and social care. The breadth and depth of AHP skills and reach make them ideally placed to lead and support transformative changes.