Modernising AHP Careers –
Advanced AHP Practitioner roles in the Stroke Pathway

A Skills for Health and NHS London partnership project, aiming to identify Advanced AHP Practitioners in the London Stroke Pathway, the transferable elements of their roles to other pathways, and to inform the Continuous Professional Development of AHPs and Advanced AHP Practitioners.
The authors would like to express their gratitude to all those who helped with and contributed to this project, in particular those clinicians who created time in order to give their support and share their knowledge.
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Executive Summary

The outcome of the project “Modernising Allied Health Professions (AHP) Careers”\(^1\) was a competence based Career Framework for Allied Health Professionals (AHPs). NHS London and Skills for Health have worked in partnership to support the implementation of Modernising AHP Careers, by using the competence based Career framework to identify and describe Advanced AHP Practitioner roles, in the context of “The Healthcare for London Stroke Strategy”\(^2\).

This project has identified and described Advanced AHP Practitioner roles in the stroke pathway in terms of Career framework attributes and National Occupational Standards (NOS). The benefits of the Advanced AHP Practitioner role in the Stroke Pathway were identified in terms of QIPP\(^3\), and examples of already existing best examples of practice and innovation have been inserted into the document.

_The real contribution of Advanced AHP Practitioners is that they have, as well as their clinical stroke skills, excellent leadership skills, including strategic understanding and communication skills, and are innovative in their thinking around service provision._

This report concludes that there are significant benefits both for patients and carers and to the service when Advanced AHP Practitioners are working in the patient pathway, and that it is their leadership skills that are crucial to achievement of those benefits. These skills are not related just to the Stroke Pathway, but can also be used to support the development of effective Advanced AHP Practitioners in other areas of practice and pathways.

This report recommends that service leaders in provider organisations take into account the quality and productivity benefits to the service of having Advanced AHP Practitioners in the workforce, having clearly identified where in a pathway those skills will be most effective. It recommends that development opportunities for AHPs should include leadership skills.

It also recommends the development of a common methodology for demonstrating explicitly the cost benefit of the Advanced AHP Practitioner in the Stroke care pathway. This would then be transferable into other areas of AHP practice.

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1. Introduction

In 2005, Skills for Health was sponsored by the Department of Health to undertake a project under the umbrella of “Modernising Allied Health Professions (AHP) Careers”, which was published in 2008. The outcome of this project was a competence based Career Framework for Allied Health Professionals (AHPs). The Career Framework provides a common language and currency to support workforce planning and career development for AHPs by identifying the attributes of practitioners at different levels of the Career framework and using National Occupational Standards (NOS) to encapsulate knowledge and skills required by posts.

Following a presentation by Alison Strode, Divisional Manager, Skills for Health, in January 2008, AHP Leads in London applied for funds from Skills for Health to finance a project to support implementation of “Modernising AHP Careers” in London.

2. Background and Context of Project

2.1 Background

The NHS Next Stage Review undertaken by Lord Ara Darzi, and the publication “High Quality Care for All”\(^5\), supports the development of staff in line with the Care Pathway model. The National Stroke Strategy\(^6\) also supports the development of staff with appropriate clinical skills, competences and leadership skills.

In this context NHS London was, at the time of the inception of this project, undertaking a Workforce and Education Strategy review and the early indications were that the following are key issues for the London AHP managers:

- Identification of Continuous Professional Development (CPD) to support the development of Advanced/Extended Scope Practitioners - Agenda for Change pay bands 7/8.
- The development of staff in line with Care Pathways, for example, Lord Darzi’s proposed Care Pathway model: Maternity and Newborn; Children’s Health; Planned Care; Mental Health; Staying Healthy; Long Term Conditions; Acute Care; End of Life care.


\(^6\) Department of Health 2007, National Stroke Strategy. www.dh.gov.uk/Publicationsandstatistics/.../DH_081062
To work productively in new models of service delivery, for example: Home care; Polyclinics; Local hospital; Elective Centres; Major Acute; Specialist Hospitals.

To work to fulfil the Department of Health’s (DH) Quality, Innovation, Productivity and Prevention (QIPP) agenda and to improve clinical processes, productivity, quality and effectiveness of the service to Stroke patients, as part of NHS London’s strategic intent.

As part of their response to these key issues, London AHP managers aimed to improve patient/client outcomes by:

- Identifying any skill gaps and/or shortages alongside patient pathways, and ways in which these gaps may be addressed by the appropriate use of the Advanced AHP Practitioner role
- Identifying where improvements may be made in patients’ outcomes and experience by effective use of Advanced AHP Practitioners in the service provision
- Improving provision of Advanced Practitioner skills by ensuring a consistent, “best practice” approach to training and development across geographic and service areas
- Improving identified pathways where possible to meet patient need.

They also aimed to improve staff satisfaction, motivation, recruitment and retention by:

- Increasing opportunities for AHPs to gain skills and achieve greater job satisfaction
- Identifying career and education pathways to Advanced AHP Practitioner level.

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2.2 Context of the Project - Stroke

Figure 1: “Every day in London: Approximately 54 people will have a stroke. 6000 people per year with lasting disability.”

In December 2007, the National Stroke Strategy was published following a public consultation between July and October 2007. It intended to provide a quality framework to secure improvements to stroke services, provide guidance and support to commissioners and strategic health authorities and social care, and to inform the expectations of patients and their families by providing a guide to high quality health/social care services.

“Healthcare for London; A framework for Action” set out ambitious plans for improving health services across London. The “Stroke Strategy for London” was published in November 2008 and a key recommendation was for more specialised care delivered in high quality stroke units.

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8 Source: Dr Anthony Rudd, London Stroke Clinical Director. A presentation during a workshop for the Stroke Continuous Development Project 2010.


It was clear from the stroke strategy that a lot of the desired skills needed in the stroke pathway were skills AHPs were already using extensively in their work across many other care pathways, for example the ability to communicate with a wide range of stakeholders. These skills were also used in the management of stroke, but often not in a coherent way, so all patients did not have appropriate access to the same beneficial care.

3. Project Aims and Objectives

3.1 Project Aims

To support the further improvement of effective patient services in London by implementing Modernising AHP Careers, using the competence based Career framework to identify and describe Advanced AHP Practitioner roles, in the context of “High Quality Care for All”\(^\text{12}\) and “The Healthcare for London Stroke Strategy”.

To support the implementation of the Quality, Innovation, Prevention and Productivity (QIPP) agenda and to identify where there may be economic benefits associated with implementing Advanced AHP Practitioner roles in the stroke pathway.

3.2 Project Objectives

The project objective was to identify and describe Advanced AHP Practitioner roles in the stroke pathway in terms of Career framework attributes and National Occupational Standards (NOS). It was also decided to map the NOS identified as useful to Advanced AHP Practitioner roles in relation to the patient pathway against the Stroke Specific Education Framework\(^\text{13}\).

This information can be used to inform service development as well as the development of Continuous Personal Professional Development (CPPD) programmes and any other education and training needed by staff hoping to become Advanced AHP Practitioners.


\(^{13}\) Department of Health (2010). Stroke Specific Education Framework. Department of Health
4. Project Outcomes

The outcomes from the project are as follows:

- Profile of competences for Advanced AHP Practitioners working in the stroke pathway.
- Identification of Advanced AHP Practitioner roles in the stroke pathway.
- Reporting of already existing best examples of practice in the Stroke Pathway (see insets)
- Identification of benefits of having Advanced AHP Practitioners in the stroke pathway in terms of QIPP
- Identification of CPD requirements for potential and existing Advanced AHP Practitioners with NOS related to the SSEF, this information will be of use to education commissioners.
- Identification of a transferable methodology, so that similar projects may be carried out elsewhere and in other care pathways, following sector commissioning plans.

5. Project Methodology

The time frame for the project was 12 months from September 2009 to September 2010.

The Project manager worked with front line practitioners to seek out Advanced AHP Practitioners currently working in the London Stroke services, their range of practice and their achievements. In addition NOS relating to the Advanced AHP Practitioner roles were identified.

The methodology of the project was guided by Skills for Health’s standards for project management (please see Appendix 1).

The project went through 7 phases:

1. Scoping- understanding the Stroke Pathway in London
2. Identifying already existing Advanced AHP Practitioners working in the stroke pathway
4. Identifying National Occupational Standards (NOS) along the Stroke pathway relevant to Advanced AHP Practitioners.
5. Identifying transferable elements of the Advanced AHP Practitioner role described in terms of the Career Framework and NOS for use in other pathways.
7. Informing Higher Education Institutions (HEIs) about the project.
5.1 Scoping

Following the publication of the National Stroke Strategy\textsuperscript{14} and the Stroke Strategy for London\textsuperscript{15}, the Healthcare for London’ Stroke Project has developed one pathway for Stroke patients in London. Please see the pathway for Pan-London below in Figure 2.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Stroke_pathway.png}
\caption{Healthcare for London’ Stroke Pathway}
\end{figure}

Much resource has been put into building the pathway to ensure that patients can access the 8 Hyper Acute Stroke Units (HASU s), 25 Stroke Units (SU s) and 25 Transient Ischaemic Attack (TIA) services. Alongside these services, community rehabilitation services have also been set up. Many of these services have AHPs working in what may be described as Advanced AHP Practitioner roles.

\textsuperscript{14} Department of Health (2007) \textit{National Stroke Strategy}. Department of Health
\url{www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_081059.pdf}

\url{www.healthcareforlondon.nhs.uk/assets/Stroke/London20stroke20strategywebversionFINAL.pdf}
5.2 Identifying already existing Advanced AHP Practitioners in the Stroke Pathway

A significant part of the project was to find already existing Advanced AHP Practitioners in the stroke pathway in London, which was done both in the initial phases of the project and also later on in the project as more knowledge and understanding was gained by the project team and as the network of Advanced AHP Practitioners increased.

Advanced Practitioners are found at Level 7 of the Career Framework for Health.

“People at level 7 of the Career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.

Advanced Practitioners are experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.” (Please see Appendix 5)

16 Source: Healthcare for London Stroke-news October 2009
In order to understand the Advanced AHP Practitioner role, the Strategy Group also looked at the attributes of the Career framework Level 8, consultant role. In addition, there was discussion as to the difference between “someone undertaking an advanced practice” and an “Advanced Practitioner”. It was understood that a particular high level clinical skill may be undertaken by a practitioner at, for example Level 6 of the Career framework, with the specific education and training to undertake that particular clinical skill, but that they may not be fully undertaking the role of an Advanced Practitioner as defined by the Career framework.

The Project Team aimed to visit a range of services covering hyper acute settings, stroke units in the acute and community settings and different community services. Additionally we wanted to look at services in different areas in London to see what differences may occur depending on where in London they were situated. We spoke with AHP s who were in roles ranging from Clinical Specialists to Service and Pathway leads. We wanted to get as much information as possible about the range of roles Advanced AHP Practitioners might be undertaking in the pathway, in order to be able to further define the characteristics of Advanced AHP Practitioners. It was an interesting time to be observing services as they were coping with the enormous changes needed to fulfil the criteria dictated by the Pan London Stroke Strategy, in terms of staffing levels, patient throughput and monitoring of quality of service.

The AHP s who were seen as having the job roles and skills of true Advanced AHP Practitioners were asked later in the project to quality assure the National Occupational Standards chosen. The services they work in have formed part of the “best example” services we have identified in the diagram in Appendix 2 which illustrates the commissioned Stroke pathway in London, the “ideal” stroke pathway as outlined by Advanced AHP Practitioners and “best example services” identified along the pathway. It was apparent that services which had managed to adapt to and fulfil the criteria of the Stroke Care for London Pathway all had examples of Advanced AHP Practitioners working in them. They were practitioners who were able to use advanced skills such as leadership and communication to pull patients through bottlenecks in the pathway. (Please see Appendix 4)

5.3 Identifying AHP s ideal pathway based on the Pan London pathway

A workshop was held in January 2010 with representatives from our strategy group, other senior clinicians working in the Stroke Pathway and lecturers representing some of London’s Higher Education Institutions (HEI)s. We asked them to look at the Pan London pathway and outline what they saw as an “ideal” pathway from an AHP perspective. They highlighted where they saw current issues for patients and where they felt AHP s could make a positive difference to the patient experience. They focused in particular on Advanced AHP Practitioner. They included representatives from specialist Speech and Language Therapy, Diagnostic radiography, Dietitians, Orthoptists, Podiatrists and AHP s with specialist skills in mental health as well as Physiotherapists and
Occupational therapists. Their “Ideal pathway” can be seen under the Pan London pathway in Appendix 1. Using the feedback from the members of the Strategy and Reference groups, we added detail to the original Pan London pathway and show where AHPs are making a significant positive difference to patients along the pathway. We hope this “Ideal Pathway” will contribute to helping other services to develop and change where necessary, in line with local needs. This “Ideal pathway” was then presented to other clinicians in our strategy group meetings, during visits to the identified Advanced AHP Practitioners, to Dr. Anthony Rudd, Director for Stroke Services in London and to a team from Map of Medicine. Map of Medicine is a web based source of best practice guidelines for common conditions, in this case Stroke. It helps visualise and integrate clinical pathways. It was created by a development team working in 2001 at the Royal Free Hospital in an initiative to improve the quality of referrals to help reduce clinic waiting times. As the demand grew for the use of the Map of Medicine, it needed business support and it now forms part of Hearst Business Media along with sister organisation Zynx Health, which provides evidence-based solutions for improving the quality, safety, and efficiency of patient care. In its current version, Map of Medicine does not include information about AHP input to the Stroke care pathway, but it was thought by the Strategy Group that that a version adapted to the Pan London pathway including the AHP detail would be a good local resource.

17 www.mapofmedicine.com, September 2010
A meeting was facilitated with Map of Medicine and Dr. Rudd to consider if it was appropriate for Map of Medicine to develop a version of the Map of Medicine Stroke pathway tailored to the London pathway. It was concluded that the Map of Medicine could be a good local resource if further developed in co-operation with the Stroke Network directors. Particularly at the community based sections of the pathway, it would be a source of information for practitioners and service users, clarifying the roles of different clinicians at the local level.

**INNOVATION**

*In Tower Hamlets, several Advanced Practitioners work in the Stroke pathway. Tess Baird leads on the Occupational Therapy pathway and Helen and Ken Cutting lead on the Physiotherapy pathway. For both OT and Physiotherapy they lead on the entire pathway from HASU to community care ensuring a smooth journey for patients.*

*Repatriation of stroke survivors to their local hospital /area has improved significantly since appointment of an 8A OT who works as a discharge coordinator. Before this role was in place, it was difficult to discharge within 72 hours from the HASU at the Royal London Hospital. With better understanding of the local pathway and more effective links with the community via the discharge coordinator, the discharge process has significantly improved and patients are now discharged within the 72 hours. The North East Stroke Network paid for this initiative. Additionally, the early supported discharge team has helped with reduction in the length of hospital patient stays.*
5.4 Identifying National Occupational Standards (NOS) for the Advanced Practitioner working in the Stroke Pathway

National Occupational Standards describe performance as outcomes of a person's work. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively.

For a more detailed explanation of the content and application of NOS, please see Appendix 3.

The Career Framework consists of nine different levels, from level 1 initial entry level jobs to most senior staff at level 9. (Key Elements of the Career Framework, Appendix 5)

National Occupational Standards (NOS) relevant to the Advanced AHP Practitioner roles were identified and aligned with the characteristics of the Advanced Practitioner taken from Level 7 of the Career Framework for Health. For the Summary of attributes and definitions for Career framework levels, please see Appendix 6.

There is no automatic read across from Agenda for Change bands to the Career framework levels. Agenda for Change in the NHS pay system incorporates three facets:

- Job evaluation
- The Knowledge and Skills Framework (KSF)
- Terms and conditions.

Agenda for Change is specific to the NHS, and locally evaluated within services, whereas the Career Framework can be used anywhere in the Health Sector, can be used to compare jobs in adjacent or shared services, and is not linked to pay.

The Career Framework uses descriptors to identify aspects of a job which include levels of knowledge and skills required, responsibility and autonomy and complexity of decision making. The Descriptors are:

- Knowledge, skills, training and experience
- Supervision
- Professional and vocational competence
- Analytical/clinical skills and patient care
- Organisational Skills and autonomy/freedom to act
- Planning policy and service development
- Financial, administration, physical and human resources
- Research and development.
The Career Framework combines the characteristics of a particular level of the Career Framework with NOS, and so provides useful information that supports workforce and service development as well as the identification of appropriate education and training. It aids workforce flexibility, providing a common currency with which to populate employees’ competence portfolios, and to identify areas of transferability to other job roles. This allows progression in directions which may not have been identified through traditional routes.

Initially the NOS identified for the stroke pathway for the Advanced AHP Practitioner roles were drawn from the output from the London South Bank University/Whipps Cross Hospital Skills for Health Demonstrator Site project in which NOS were mapped against the Department of Health Quality Markers for Stroke Care. With those NOS as a starting point, a work shop was held and a group of senior clinicians and HEI lecturers selected the NOS they thought related to Advanced AHP Practitioner roles, and made suggestions as to what else might be included or omitted. The project team worked further with this and produced new lists that were quality assured by a reference group initially, by the strategy group on a second occasion and thirdly by the identified Advanced AHP clinicians visited in “best example” services.

We have four final lists:

1. List of NOS associated with AHP s working in the stroke service.
2. NOS relevant to the Advanced AHP Practitioner in the stroke pathway, which are transferable to other Advanced AHP Practitioner roles.
3. Business and Budget Skills for Advanced Practitioners.
4. NOS associated with Advanced Practice in the Stroke service.

For these lists please see Appendix 4.

These NOS were also mapped against the Stroke Specific Education Framework (SSEF). (Please see Appendix 7.)

The Stroke Specific Education Framework (SSEF) was commissioned by the Department of Health in response to the UK Stroke Forum’s recommendation for a coordinated approach to workforce development through education and training. The framework uses the Stroke pathway as defined in the National Stroke Strategy, dividing it into four key areas – prevention, first contact, treatment and rehabilitation and long term support and review. The framework can be viewed on the Department of Health website. The aim of the SSEF is to create UK-recognised, quality assured and transferable standards for stroke training. It outlines stroke specific knowledge and skills that are required when

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working the stroke pathway\(^{19}\). As part of the project we linked in with another project, The Stroke CPD Project (ref 14). This project looked at the opinions of stroke clinicians across London regarding continuous professional development requirements. Additionally they analysed where there were gaps in CPD in relation to the SSEF according to clinicians surveyed and recommendations were made for CPD provision for AHPs and nurses. This report may be found on the Healthcare for London website.

5.5 Identifying transferable components of the Advanced AHP Practitioner to other pathways

For the outputs of this project to be useful in pathways other than Stroke, it was important to identify components of the Advanced AHP Practitioner role that were transferable to other pathways. The list “NOS relevant to the Advanced AHP Practitioner in the stroke pathway which are transferable to other Advanced AHP Practitioner roles” identifies the NOS needed for any Advanced AHP Practitioner working whether in stroke or other pathways. These typically represent leadership skills. (Please see \textit{Appendix 4}.)

5.6 Identifying potential Advanced AHP Practitioner roles in the Stroke pathway

As a result of a workshop, we identified that there are optimal points in the Stroke pathway where the intervention of an Advanced AHP Practitioner may be of particular benefit. By speaking to clinicians working currently in the pathway and by analysing the skills that Advanced AHP Practitioners have, we have been able to illustrate three points.

1. There was an example of an Advanced Practitioner in Diagnostic Radiography who had previously practiced in a Hyper Acute Stroke Unit (HASU) setting, where speedy imaging and interpretation of images are crucial. This Advanced AHP Practitioner has significant skills in reporting images, and worked closely with the neurological radiologist.

2. Advanced AHP Practitioners are effective at the interface between acute and community care where the quality of the handover of patients is very important. Here, communication and clinical reasoning at an advanced level are significant in ensuring the patient is guided appropriately in the right direction at the right time in the pathway. Knowledge of the therapy


www.healthcareforlondon.nhs.uk/assets/Stroke/StrokeCPD_report.pdf
aspects of the patient pathway and leadership skills, such as negotiating, complex decision making and communication, are essential in order to ensure that goals and objectives are maintained when the patient is transferring from the acute setting to the community setting, whether that is to a local stroke unit, to a community based rehabilitation team, or to an early supported discharge team. This combination of knowledge and skills is unique to Advanced AHP Practitioners. These roles are currently typically filled by a physiotherapist or an occupational therapist working either in the HASU/SU in the acute setting having good “out reach” into community services or a therapist working in the community setting with good “in-reach” into the acute setting. However, the therapist could be any AHP with appropriate knowledge and leadership skills, for example, Speech and Language therapists.

3. The third crucial point where Advanced AHP Practitioners can make an impact is after rehabilitation in the hospital setting or in the community where the link to social care and long term management and recovery of a patient can get lost. The AHP working here may be occupational therapist or a physiotherapist. However, as described above it could be an AHP professional from a range of professions, as it is the specific transferable leadership skills underpinned by the NOS in second list in Appendix 4 that are important in these roles alongside the excellent therapy skills utilised to re-assess the patient, picking up any changes in condition which affect of the patient’s readiness for rehabilitation. The link to social care, psychological support, vocational opportunities and other long term support is often a difficult gap to bridge requiring extensive skills in communication and clinical reasoning.
INNOVATION

In Lambeth Community Services, Jo Knight and Rukiye Ahmed work as Neuro-rehab pathway leads. The neuro-rehab pathway includes the Stroke pathway. Jo is a speech and language therapist and Rukiye is a physiotherapist. Specifically for stroke, the community service has established in-reach to two hospitals via two band 7 posts. The two hospitals are St Thomas’ and Kings’.

- The service has the pathway and processes in place that take into account the wider picture.
- The pathway is defined and the team is specialist in neurology and stroke.
- The pathway is joined up with less handovers which results in less waits.
- There is a full Multi-disciplinary Team (MDT).
- Jo and Rukiye are utilising their strategic understanding and overview to ensure the in-reach staff have the necessary knowledge of the whole pathway and what the service can offer, to be able to negotiate the best solution for the patients.
- There is good liaison at a higher level.
- The boundaries between acute and community care are slowly breaking down.
- The service uses both Patient Reported Outcome Measures (PROMS) in form of Goal Attainment Scaling (GAS) and more profession specific clinical outcome measures to evaluate the service.

  - At Kings’, Jo and Rukiye work closely with Paran Govender - Head OT and Stroke lead. Paran is working on developing a ‘Step down’ facility for patients who are not ready for early rehabilitation either in a stroke unit or in the community. It is essential that the community rehabilitation team maintain access to patients in a step down facility in case there is a change in their rehabilitation potential at a later stage.
5.7 Informing HEI’s about the project.

The Project team met with representatives from South Bank London University, University of East London and St George’s University in order to share some of the learning from the project about the use of the Career framework and National Occupational Standards in relation to roles and jobs, and to talk through how they may be used to inform the development of education and training, particularly in relation to CPD programmes.

6. Intended Benefits

The end products of the project will contribute to improving clinical processes, productivity, quality and effectiveness of the service to Stroke patients.

They enable improvements in patient/client outcomes by:

- Helping services to identify any skill gaps and or shortages alongside patient pathways, and ways in which these gaps may be addressed using the role of Advanced AHP Practitioner
- Identifying where improvements may be made in the patients’ experience by Advanced AHP Practitioners in the service provision.
- Improving provision of Advanced AHP Practitioner skills by supporting a consistent approach to training and development across geographic and service areas.
- Helping to ensure improved quality of care for patients by describing clinical skills, competence and leadership within the pathway.

They will enable improvements in staff satisfaction, motivation, recruitment and retention by:

- Helping to increase opportunities for AHPs to gain skills and greater job satisfaction
- Underpinning career and education pathways to Advanced AHP Practitioner level.

Innovation

Though strictly not a London service, David Davis, Paramedic Stroke Lead in South East Coast Ambulance Service has shown the importance of prevention and public awareness in order to get patients to access the stroke pathway fast enough. He has also enabled his ambulance service to play an important part in linking up primary and secondary care services. By increasing awareness in all clinicians and introducing the use of standardised assessment tools, paramedics are able to pre-alert stroke units when bringing in a suspected stroke victim hence reducing the delay in getting a scan and the possible all important thrombolysis within the recommended time limit.
Innovation:

Camden Stroke REDS (Reach Early Discharge Scheme) is lead by Mirek Skrypak. The service was developed from a fully functional community rehabilitation team. It operates through an in-reach model that can assess patients within 24 hours of referral and enables seamless transfer from hospital base to the patient’s home. The service has 8.2 whole time equivalent staff including a MDT stroke specialist team plus “Enabling carers”. Enabling carers are assistant staff, who follow therapists’ instructions to ensure the focus of all care is on enabling independent function. This also means that there is 7 day a week cover including night sitting if necessary. The service uses several clinical and patient reported outcome measures and data indicates this service is cost effective.

Results include:

- 32% of patients are discharged early compared to before
- It has reduced length of stay in acute services by 10 days for 32% of all Camden Strokes in 2009. Potential saving: £307,161 (For more detail, please see Appendix 8)
- 80% of goals set with clients have been achieved
QIPP - THE QUALITY UPLIFTS, PRODUCTIVITY AND FINANCIAL BENEFITS ASSOCIATED WITH EFFECTIVE ADVANCED AHP PRACTITIONERS IN THE STROKE PATHWAY ARE LISTED IN THE TABLE BELOW

<table>
<thead>
<tr>
<th>Quality Uplift</th>
<th>Productivity</th>
<th>Financial Benefit £</th>
</tr>
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| Coordinated Care with the right skills in the right place along the pathway reduces delays and improves access to rehabilitation therapy. | For example:  
Faster access to initial treatment – with improved paramedic involvement from the ambulance service and the reporting advanced radiographer.  
Faster and more effective access to discharge support and rehabilitation.  
More effective use of beds in Stroke Units increasing productivity | Critical goal setting with realistic outcomes will ensure that patients receive the most cost effective treatment, for example use of “step down” facilities rather than rehab facilities where patients are not ready for rehab.  
Good early discharge, reducing length of stay  
Potential for Readmission avoidance                                                                                                    |
| Mental Health Issues for example depression affecting patients and/or carers addressed early. | Contributes to more effective rehab and recovery                                                                                                                                                             | Effective treatment allows for a faster return to work reducing impact on family and carers.              |
| Patient/ Carer/ Family consultation and education contributes to patients and carers feeling more involved and more able to influence their own outcomes. | Patients and carers able to recover more quickly from the impact of stroke  
Improved patient and carer education contributes to reducing the care burden on services and helps reduce the risk of further stroke. | Better quality re-ablement of patients may mean fewer requirements for aids to be independent, and with Advanced AHP practitioners may be possible to reduce incorrectly prescribed diet supplements |

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7. Project Learning

We found that there is much very good practice in the stroke pathway in London. It became evident during the course of the project that the coordinated approach in London with one Pan London Pathway across sectors and services is beginning to reduce the numbers of deaths associated with stroke and it has been shown to be cost effective. Auditing and monitoring has been built into the approach which is essential for assessing results. The Accelerated Stroke Programme is now addressing three further areas as identified in the “Progress in improving Stroke Care report” from The Committee of public accounts. These three areas for further improvement are:

1. Joining up prevention
2. Implementing best practice in acute care
3. Improving post hospital and long term care.

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[22] National Audit Office (2010) Report on the findings from our modelling of the stroke care provision. [www.nao.org.uk/idoc.ashx?docId=5824eb48-5bc8-4e00-a5e5...1](http://www.nao.org.uk/idoc.ashx?docId=5824eb48-5bc8-4e00-a5e5...1)


It has been very clear in this project that the services highlighted as “best examples of practice” have been able to utilise the skills of Advanced AHP Practitioners, but it is likely that these services also include other advanced skilled professionals. However, AHPs are also well positioned within services to make a major contribution to the three areas identified as needing further improvement, with the necessary skills to improve care. The real contribution of Advanced AHP Practitioners is that they have, as well as their clinical stroke skills, excellent leadership skills, a good overall strategic understanding, excellent communication skills and are innovative in their thinking around service provision.

8. Conclusion

This project set out to identify and describe Advanced AHP Practitioner roles in the stroke pathway in terms of Career Framework attributes and National Occupational Standards (NOS). It was decided to map the NOS identified as useful to Advanced AHP Practitioner roles in relation to the patient pathway against the Stroke Specific Education Framework.25

It can be seen from Appendix 2 and the “best examples of practice” that there are a range of examples where the attributes of Advanced AHP Practitioners contribute to the quality and productivity of the services.

We have identified NOS that are relevant to the role of Advanced AHP Practitioners within the stroke pathway and in addition identified the NOS that may be transferable to other pathways. We have linked the relevant NOS in the stroke pathway with the SSEF which further enhances and identifies CPD needs for Advanced AHP Practitioners working in this pathway.

We concluded that there are significant benefits for patients and carers and to the service when Advanced AHP Practitioners are working in the patient pathway, and that it is their leadership skills that are crucial to achievement of those benefits. These skills are not related just to the Stroke Pathway, but can be used to support the development of effective Advanced AHP Practitioners in other areas of practice and pathways. Because we were unable to access the appropriate data, we were unable to show the cost benefits of implementing Advanced AHP Practitioners in the Stroke care pathway.

9. Recommendations

We recommend that service leaders in provider organisations take into account the quality and productivity benefits to the service of having Advanced AHP Practitioners in the workforce, having clearly identified where in a pathway those skills will be most effective.

We recommend that the skills and attributes associated with the Advanced AHP Practitioner are nurtured in the workforce, and that the National Occupational Standards in the context of the Career framework are used to inform CPD provision. This will not only help meet the CPD needs for current Advanced AHP Practitioners but will enable succession planning to meet the requirements of effective patient care in the future.

We recommend the development of a common methodology for demonstrating explicitly the cost benefit of the Advanced AHP Practitioner in the Stroke care pathway. This would then be transferable into other areas of AHP practice.
10. Appendices

Appendix 1

Project Structure

The Project Governance has ensured the close involvement of the relevant professional groups. The structure of this project includes:

- A Project Board
- A Strategy Group
- A Reference Group

Project board

The project board comprises an executive group working with the project manager to ensure that:

- Risks are identified, assessed and managed.
- The project is delivered to time and within the financial target set.
- The project manager is accountable to the chair of the project board for successful delivery of the project.

A list of members of this group is included in the Project Contributors (Appendix 8)

Strategy Group

The strategy group consisted of:

- Key allied health professionals working within the stroke pathway, in the networks
- Representation from professional bodies and
- Advanced practitioners from other pathways
- Representatives from the higher educational institutions (HEIs).
The aim of the group was:

- To act as a source of intelligence from stakeholders regarding any national or local policy variations that would affect the outcomes of the project.
- To assess and evaluate the final outputs of the project.
- To highlight, assess and evaluate any differences in view about underlying models and principles between different strategic stakeholders.
- To identify and maintain the Project boundaries and expectations.
- To ensure that there are appropriate plans for addressing longer term impacts e.g. Evaluation, communication and implementation.

A list of all members of this group is included in the Project Contributors (Appendix 8).

**Reference Group**

The reference group membership consisted of Allied Health Professionals working in the Stroke pathway. They were service leads, team leads and other senior members of stroke teams. The aim of the group was to ensure:

That the National Occupational Standards (NOS) selected for the Advanced AHP Practitioner roles were appropriate and reflected what Advanced AHP Practitioners needed to do in the stroke pathway, so that:

- The final lists of NOS are regarded as valid by relevant stakeholder constituencies.
- The final lists of NOS are fit for purpose and relevant to practice.

In addition to the main group, other sub groups consisting of members of the strategy group and of the Advanced AHP Practitioners identified during the project were consulted as experts in the field.

A list of all members of these groups is included in the Project Contributors (Appendix 8).
### Advanced Practice AHP's in the Stroke Pathway

<table>
<thead>
<tr>
<th>ADV. PRACTICE</th>
<th>EARLY SUPPORTED DISCHARGE</th>
<th>IN-PATIENT NEURO REHAB LOCAL SU</th>
<th>COMM. NEURO REHAB</th>
<th>'REST OF YOUR LIFE REHAB'</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very good</strong> Goal setting skills</td>
<td>Must have Stroke-specific rehab skills (not general) Mirek Skrypak</td>
<td>In Reach / Communication with acute SU</td>
<td>In Reach / Communication skills</td>
<td>In reach communication skills</td>
</tr>
<tr>
<td>Excellent Ax skills (holistic)</td>
<td>Must do 'In Reach' Excellent Ax skills</td>
<td>Outreach skills</td>
<td>Would patient benefit from further rehab</td>
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<tr>
<td>Excellent diagnosis skills</td>
<td>Goal setting</td>
<td>Mental health / counselling skills</td>
<td>Advanced Ax skills</td>
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<tr>
<td>Communication with Pharmacy re TTO’s</td>
<td></td>
<td></td>
<td>Preventative</td>
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</tr>
</tbody>
</table>

### Current examples of Advanced Clinical Practice

- **Advanced Practice**
  - David Davis - Paramedic
  - Alison Tuck - CT Reporting Radiographer
  - Kingston Hospital
  - Advanced Practice
    - Sue Fenwick
    - SALT
    - HASU/SU Northwick Park
  - Advanced Practice Helen Lindfield Physio
  - Kings College-HASU/SU
  - Advanced Practice Johnathan Kelly-Stroke
  - Coordinator C&W Hosp
  - Advanced Practice Tess Baird / Helen & Ken Cutting
  - OT & Physio Royal London &
  - Advanced Practice Mirek Skrypak
  - Camden REDS Early Supported Discharge
  - Advanced Practice Nicola Lorena K&C
  - Worlds End Clinic
  - Community Neuro Rehab
  - Advanced Practice Jo Knight & Rukiye Ahmed Lambeth
  - Community Neuro Rehab
Appendix 3

National Occupational Standards

(Competences)

Skills for Health and National Occupational Standards

Skills for Health has lead responsibility for developing National Occupational Standards (NOS) for the health sector. National Occupational Standards (NOS), more commonly known as competences, are relevant to the whole of the UK and apply to the healthcare sector in its entirety, rather than exclusively to the NHS. All Skills for Health competences are UK Commission for Employment and Skills (UKCES) approved National Occupational Standards.

Skills for Health works collaboratively with the relevant stakeholders, practitioners and experts to write NOS, which describe performance as outcomes of a person's work and set out the required knowledge and understanding required to underpin that performance.

NOS are developed to meet rigorous internal quality systems and the NOS Quality Criteria set down by the UKCES. Once the internal quality assurance requirements and the NOS Quality Criteria have been met, the draft NOS are submitted to UKCES who are responsible for approving all Sector Skills Councils’ National Occupational Standards. Once approved they become National Occupational Standards (NOS), and are used across the four countries; England, Northern Ireland, Scotland and Wales.

NOS focus on what the person needs to be able to do, relating to individual performance, as well as what they must know and understand to work effectively. They can be grouped together into frameworks, for example, they can be specifically relevant to a particular condition, or can be grouped in other ways, such as qualification or role.

The template used by Skills for Health for presenting NOS has evolved over the years and is reviewed and updated based on continuing evaluation. NOS have a review date and are reviewed by Skills for Health on a project basis.
NOS could be reviewed because:

- Feedback has been received that a competence no longer reflects current practice.
- Where the competence is identified as being part of the ‘scope’ of a new project the National Reference Group may decide that the National Occupational Standards (NOS) needs to be updated.

**Use of National Occupational Standards**

National Occupational Standards are designed to allow people to assess and be assessed against them. In order to do that, they must be:

- a single task
- able to be undertaken by one individual
- measurable
- observable.

NOS define what has to be done, not who does it. They describe:

- what the required standard is for a particular activity
- the performance criteria against which competence can be assessed
- the underpinning knowledge that is needed.

Each NOS is currently written in a set format which includes:

- Title - active tense with a range of context/conditions
- Scope/overview - further defines range
- Performance criteria - measures of successful performance (the minimum standard required)
- Knowledge and understanding required to underpin the performance criteria

National Occupational Standards (NOS) are a tool to help individuals, organisations and training providers to improve performance. The use of NOS related to the requirements of the care pathways and the service user when designing education and training ensures education provision is relevant to employer and workforce needs.
NOS can be used to:

- Inform the development of national qualifications
- Design tailored training packages and assess relevance and effectiveness
- Define learning outcomes and assessment criteria
- Provide clear goals for structured learning.

In addition, evidence used to demonstrate competence against a National Occupational Standard (NOS) can also be used to demonstrate how an individual meets their NHS KSF profile.

Each NOS has a code for identification, e.g. Gen22, the full text of each NOS can be found at www.skillsforhealth.org.uk

All National Occupational Standards/competences available through the Skills for Health website are the intellectual property of Skills for Health and are protected by relevant copyright legislation. Any use of the National Occupational Standards/competences within any publications without express permission of Skills for Health and relevant references to the originator could be viewed a breach of copyright. Amending Skills for Health National Occupational Standards/competences in any way is not permissible without a complete change to the text.
Appendix 4

National Occupational Standards – Lists identified for this project.

As part of the project, particular National Occupational Standards were identified as being relevant to AHPs. These lists are not prescriptive, and there will be variations and additions needed as services vary and changes in practice occur. However, it is hoped that the NOS identified will help in the development of education and training, for example, Continuous Professional Development programmes, to support the development of Advanced AHP Practitioners.

1) List of NOS associated with AHPs working in the Stroke service

The NOS on this list have been identified as relevant to many AHP roles, including Advanced AHP Practitioners, who are working with patients and carers on the Stroke pathway. AHP jobs in the Stroke service are likely to include different numbers and combinations of these NOS.

(No. of competences: 37)

1 - Communication (underpinning principle)
GEN97: Communicate effectively in a health care environment

2 - Equality and Diversity (underpinning principle)
HSC234: Ensure your own actions, support the equality, diversity, rights and responsibilities of individuals

3 - Health safety and security (underpinning principle)
IPC5: Minimise the risks of exposure to blood-borne infections while providing care
GEN1: Ensure personal fitness for work
ENTO WRV1: Make sure your actions contribute to a positive and safe working culture
IPC2: Perform hand hygiene to prevent the spread of infection
HSC22: Support the health and safety of yourself and individuals

4 - Safeguard and protect individuals (underpinning principle)
HCS_D5: Comply with legal requirements for patient/client confidentiality
HSC24: Ensure your own actions, support the care, protection and well-being of individuals
GEN63: Act within the limits of your competence and authority
A - Assessment and Investigation of health

CHS40: Establish a diagnosis of an individual’s health condition
CHS118: Form a professional judgement of an individual’s health condition
CHS4: Undertake tissue viability risk assessment for individuals
CHS168: Obtain a patient/client history
CHS39: Assess an individual’s health status
CHS152: Assess an individual’s communication skills and abilities

B - Planning/preparation for and addressing of health requirements

CHS44: Plan activities, interventions and treatments to achieve specified health goals
CHS99: Refer individuals to specialist sources of assistance in meeting their health care needs
CHS122: Prepare a discharge plan with individuals
GEN28: Discharge and transfer individuals from a service or your care
CHS124: Manage and support the progress of individuals through patient pathways

C - Promotion and protection of the health of the public

HT2: Communicate with individuals about promoting their health and wellbeing
HT3: Enable individuals to change their behaviour to improve their own health and wellbeing

D - Supporting health care with medical devices, products and equipment

CHS222: Prescribe the use of equipment, medical devices and products within healthcare
CHS223: Fit healthcare equipment, medical devices, assistive technology, or products to meet individual’s clinical needs
F - Develop and share information and knowledge on health

M&L A3: Develop your personal networks

G - Management and administration of health care

HSC3100: Participate in inter-disciplinary team working to support individuals

GEN39: Contribute to effective multidisciplinary team working

GEN23: Monitor your own work practices

H - Education and learning around health

GEN36: Make use of supervision

GEN13: Synthesise new knowledge into the development of your own practice

GEN35: Provide supervision to other individuals

GEN14: Provide advice & information to individuals on how to manage their own condition

2) NOS relevant to the Advanced AHP Practitioner in the Stroke pathway, which are transferable to other Advanced AHP Practitioner roles.

These NOS were identified as being additional to the above AHP NOS list, and are particularly relevant to the role of the Advanced AHP Practitioner. These NOS are not specific to the Stroke pathway, but would be useful in underpinning CPD programmes to support the development of the Advanced AHP Practitioner.

No. of competences: 18

1 - Communication (underpinning principle)

CHS48: Communicate significant news to individuals

2 - Equality and Diversity (underpinning principle)

HSC3111: Promote the equality, diversity, rights and responsibilities of individuals

A - Assessment and Investigation of health

GEN79: Coordinate the progress of individuals through care pathways

B - Planning/preparation for and addressing of health requirements
CHS121: Prioritise treatment and care for individuals according to their health status and needs

PE1: Enable individuals to make informed health choices and decisions

CHS88: Co-ordinate the implementation and delivery of treatment plans

CHS53: Evaluate the delivery of care plans to meet the needs of individuals

**F - Develop and share information and knowledge on health**

GEN31: Initiate, and participate in, networks and discussion groups

GEN32: Search information, evidence and knowledge resources and communicate the results

R&D8: Conduct investigations in selected research and development topics

R&D14: Translate research and development findings into practice

**G - Management and administration of health care**

M&L B6: Provide leadership in your area of responsibility

GEN40: Contribute to the development of the multidisciplinary team and its members

M&L D2: Develop productive working relationships with colleagues and stakeholders

M&L D6: Allocate and monitor the progress and quality of work in your area of responsibility

CHS128: Develop evidence-based clinical guidelines

CHS173: Develop care pathways for patient management

**H - Education and learning around health**

AC3: Contribute to the development of the knowledge and practice of others

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3) **Business and Budget Skills for Advanced Practitioners**

Although many Advanced AHP Practitioners are not solely responsible for the business management and budget of a service, knowledge of these areas is an advantage in practice.

Relevant NOS are:

M&L E2: Manage finance for your area of responsibility

M&L E8: Manage physical resources
4) NOS associated with Advanced practice in the Stroke service

There are some NOS which are associated with advanced clinical practice utilised by the Stroke service, where significant additional knowledge and skill are required for the practitioner to undertake a particular activity.

Examples of this are:

   CHS109: Produce a clinical interpretation of acquired images

   DYS3: Undertake a specialist dysphagia assessment
Appendix 5

Key Elements of the Career Framework

Career Framework Level 9
People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population, at the highest level of the organisation. Indicative or Reference title: Director

Career Framework Level 8
People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role. Indicative or Reference title: Consultant

Career Framework Level 7
People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment. Indicative or Reference title: Advanced Practitioner

Career Framework Level 6
People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and/or have management and leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self development. Indicative or Reference title: Specialist/Senior Practitioner

Career Framework Level 5
People at level 5 will have a comprehensive, specialised, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self development. They may have responsibility for supervision of staff or training. Indicative or Reference title: Practitioner

Career Framework Level 4
People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self development. They may have responsibility for supervision of some staff. Indicative or Reference title: Assistant/Associate Practitioner

Career Framework Level 3
People at level 3 require knowledge of facts, principles, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2, and will have more responsibility, with guidance and supervision available when needed. They will contribute to service development, and are responsible for self development. Indicative or Reference title: Senior Healthcare Assistants/Technicians

Career Framework Level 2
People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work. Indicative or Reference title: Support Worker

Career Framework Level 1
People at level 1 are at entry level, and require basic general knowledge. They undertake a limited number of straightforward tasks under direct supervision. They could be any new starter to work in the Health sector, and progress rapidly to Level 2. Indicative or Reference title: Cadet

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Appendix 6

Summary of attributes and definitions for Career framework levels
August 2010

These summaries have been distilled from the Career Framework Descriptors used in the process of levelling jobs onto the Career Framework since 2006. They are used when describing Nationally Transferable Roles, and describe the level of autonomy and responsibility and the kind of decision making required by a job. They provide additional, essential information about a job, alongside National Occupational Standards. The definitions of the more specific job titles have been informed by publications and work from the Department of Health and Professional bodies.

Each summary is applicable to all jobs across the health sector at a given level including clinical, administration, management etc. The examples may be applied to both clinical and non clinical roles.

Career Framework Level 8

People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable management responsibilities and be accountable for service delivery or have a leading education or commissioning role.

For example:
Consultant Practitioner, Career Framework Level 8
The consultant practitioner is an expert practitioner with a high level of responsibility for the development and delivery of services. There is a strong element of research within the role. They will carry out research, and may have overall responsibility for the coordination of R&D programmes as well as ensuring that current research findings are used by all staff to inform their practice. The consultant practitioners will lead by example in developing highly innovative solutions to problems based on original research and inquiry. They will apply a highly developed theoretical and practical knowledge over a wide range of clinical, scientific, technical and/or management functions.

Career Framework Level 7

People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.
For example:

**Advanced Practitioner, Career Framework Level 7**
Advanced practitioners are experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.

**Career Framework Level 6**

People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and/or have management and leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self development.

For example:

**Specialist or Senior Practitioner, Career Framework Level 6**
Specialist practitioners have developed a high level of knowledge and skill in a specific area of practice. They have a depth of knowledge and understanding which enables them to perform at a high level of practice, take a leadership role, use and develop evidence to inform their practice, and deal with complex, unpredictable environments. They will have their own caseload or work area responsibilities.

**Career Framework level 5**

People at level 5 will have a comprehensive, specialised, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self development. They may have responsibility for supervision of staff or training.

For example:

**Practitioner**
Practitioners have a broad knowledge base in a particular field of practice which enables them to work with a considerable degree of autonomy. They may have line management responsibilities but will not be responsible for service delivery. They actively use research findings to enhance and underpin their practice. A practitioner is competent in their area of practice and will seek opportunities to improve the service they offer.
Career Framework Level 4

People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self development. They may have responsibility for supervision of some staff.

For example:
Assistant/Associate Practitioner
Assistant practitioners have a required level of knowledge and skill enabling them to undertake tasks that may otherwise have been undertaken by a practitioner. They will have developed specific technical skills and have a high degree of technical proficiency. They will exercise a degree of autonomy and undertake well defined tasks requiring limited judgement. They may have line management responsibility for others.

Career Framework Level 3

People at level 3 require knowledge of facts, principles, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2, and will have more responsibility, with guidance and supervision available when needed. They will contribute to service development, and are responsible for self development.

For example:
Senior Healthcare Assistants/Technicians
Senior healthcare assistants or technicians support the work of practitioners at all levels and may work as part of a team. They demonstrate an ability to carry out tasks, solving straightforward problems and making some judgements, with guidance and supervision available. They have skills in specific focussed aspects of service delivery.

Career Framework Level 2

People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work.

For example:
Support Worker
Support workers work to agreed protocols and procedures. They are able to solve routine problems and make straightforward judgements. They have general skills across a range of aspects of service delivery and work under close supervision.

Review Date: 01.09.2011
Appendix 7

National Occupational Standards relevant to AHP Practitioners linked to the Stroke Specific Education Framework identified as part of this project.

<table>
<thead>
<tr>
<th>SSEF Section</th>
<th>Subsection in SSEF</th>
<th>National Occupational Standard</th>
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<tbody>
<tr>
<td><strong>3 Information, advice and support to those affected by stroke</strong></td>
<td>Treatment/Management Understanding how to change behaviour</td>
<td>HT 3 - Enable individuals to change their behaviour to improve their own health and wellbeing</td>
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<tr>
<td></td>
<td>Treatment/Management Secondary prevention</td>
<td>HT 2 – Communicate with individuals about promoting their health and wellbeing</td>
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<tr>
<td><strong>8 Assessment (stroke): emergency assessment and management</strong></td>
<td></td>
<td>CHS109: Produce a clinical interpretation of acquired images</td>
</tr>
<tr>
<td><strong>9 Treatment (stroke): Early assessment and management</strong></td>
<td>Assessment</td>
<td>CHS118 - Form a professional judgement of an individual’s health condition. CHS152 – Assess an individual’s communication skills and abilities CHS168 – Obtain an patient/client history CHS39 – Assess an individual’s health status CHS40 – Establish a diagnosis of an individual’s health condition CHS45 – Agree course of action following assessment to address health and wellbeing needs of individuals. DYS3 – Undertake a specialist dysphagia assessment</td>
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<td></td>
<td>Provide Rehabilitation</td>
<td>CHS137 – Implement mobility and movement programmes</td>
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<tr>
<td>SSEF Section</td>
<td>Subsection in SSEF</td>
<td>National Occupational Standard</td>
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<td>for individuals to restore optimum movement.</td>
<td><strong>CHS225</strong> – Implement a treatment plan</td>
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<td>CHS225 – Implement a treatment plan</td>
<td><strong>CHS44</strong> – Plan activities, interventions and treatments to achieve specific health goals</td>
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<td>CHS44 – Plan activities, interventions and treatments to achieve specific health goals</td>
<td>CHS47 - Monitor and assess patients following treatments.</td>
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<td>Discharge planning</td>
<td><strong>CHS124</strong> – Manage and support the progress of individuals through patient pathways</td>
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<td><strong>GEN79</strong> – Coordinate the progress of individuals through care pathways</td>
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<td><strong>CHS122</strong> – Prepare a discharge plan with individuals</td>
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<td><strong>GEN28</strong> – Discharge and transfer individuals from a service in your care.</td>
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<td>Assessment:</td>
<td><strong>CHS39</strong> – Assess an individual’s health status</td>
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<td>Effective MDT Assessment</td>
<td><strong>CHS44</strong> - Plan activities, interventions and treatments to achieve specific health goals.</td>
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<td>Goal Setting</td>
<td><strong>CHS40</strong> – Establish a diagnosis of an individual’s health condition.</td>
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<td>10 High-quality specialist rehabilitation</td>
<td>Preliminary Diagnosis/decision</td>
<td><strong>CHS137</strong> – Implement mobility and movement programmes for individuals to restore optimum movement.</td>
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<td><strong>CHS225</strong> – Implement at treatment plan</td>
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<td>Referral to</td>
<td>CHS122 - Prepare</td>
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<td>GEN28 – Discharge</td>
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<td>GEN79 - Coordinate</td>
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<td><strong>12 Seamless</strong></td>
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<td>CHS168 – Obtain a</td>
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<td>CHS45 – Agree a</td>
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<td>SSEF Section</td>
<td>Subsection in SSEF</td>
<td>National Occupational Standard</td>
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<td>needs of individuals.</td>
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<tr>
<td>CHS 121</td>
<td>Prioritise treatment and care for individuals according to their health status and needs.</td>
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<td>CHS124</td>
<td>Manage and support the progress of individuals through patient pathways.</td>
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<td>CHS173</td>
<td>Develop care pathways for patient management.</td>
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<td>CHS222</td>
<td>prescribe the use of equipment, medical devices and products within health care.</td>
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<tr>
<td>CHS53</td>
<td>Evaluate the delivery of care plans to meet the needs of individuals.</td>
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<td>CHS88</td>
<td>Co-ordinate the implementation and delivery of treatment plans.</td>
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<tr>
<td>CHS99</td>
<td>Refer individuals to source of assistance meeting their health care needs.</td>
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<tr>
<td>M&amp;L B6</td>
<td>Provide leadership in your area of responsibility.</td>
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<td>M&amp;L D2</td>
<td>Develop productive working relationships with colleagues and stakeholders.</td>
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<tr>
<td>CHS48</td>
<td>Communicate significant news to individuals</td>
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<tr>
<td>GEN22</td>
<td>Communicate effectively with individuals.</td>
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</tbody>
</table>
Appendix 8

Benefits achieved by the Reach Early Discharge Scheme

A way of calculating bed days saved could be by looking at the Stroke Tariffs AA22z (57 days for ischemic stroke) and AA23z (47 days for hemorrhagic stroke). This is shown by the table below showing the total number of days (LOS) for Stroke REDS Ischemic clients and also the Stroke REDS Hemorrhagic clients. In regards to unbundling the tariffs the total available trim days for AA22z (Ischemic) and AA23z (hemorrhagic) based on the numbers of total Stroke REDS clients have been calculated.

Calculating acute reduction in acute excess bed days

<table>
<thead>
<tr>
<th>Total Days Discharged prior to day 57 Trim point Ischemic</th>
<th>659</th>
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<tbody>
<tr>
<td>Total Trim point allocated days AA22z (42 Ischemic Stroke REDS clients discharged x 57)</td>
<td>2394</td>
</tr>
<tr>
<td>Saved Trim point days AA22z (2394 - 659)</td>
<td>1735</td>
</tr>
<tr>
<td>Total Days Discharged prior to day 47 Trim point Ischemic</td>
<td>117</td>
</tr>
<tr>
<td>Total Trim point allocated days AA23z (5 Hemorrhagic Stroke REDS clients discharged x 47)</td>
<td>235</td>
</tr>
<tr>
<td>Saved Trim point days AA23z (235 - 117)</td>
<td>118</td>
</tr>
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</table>

TOTAL ALLOCATED TRIM DAYS SAVED 1853
In its inaugural year, 2009, the Stroke REDS team has made a significant improvement in transfer of care arrangements and experience for stroke patients in Camden. The model developed by Joint Commissioning in partnership with a wide stakeholder group, and is seen to be a model of good practice nationally. Feedback from clients and acute and community providers is very positive. The staff members have specialist skills and experienced in caring for stroke patients. Acute physicians have trust in the Camden Stroke REDS team and are willing to transfer the care of this potentially vulnerable group of stroke survivors. The service has reduced the average length of stay for 32% of all Camden Strokes in 2009, by 10 days on average, which has led to a potential £307,161 saving in acute bed day costs.

Mirek Skrypak, October 2010
Appendix 9

List of Contributors

Project board:

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