

New role cuts length of stay by 60% at NHS Greater Glasgow and Clyde

How new competence based Allied Health Professional Advanced Practitioner role doubled patient discharge rates and reduced onward referrals.



The challenge

In 2016 Glasgow will open the UK's largest NHS hospital, and newly configured services will need to deliver high quality patient treatments.

NHS Greater Glasgow and Clyde recognised that effectively using the workforce must be a major priority. The need is more pressing due to the impact of compliance with the European Working Time Directive (EWTD) which will see a 25% reduction in junior doctor numbers at foundation level 1 and 2 by 2013. Given these drivers, the entire health care workforce, including Consultants, doctors, AHPs, nursing staff and healthcare support workers, has to work smarter and more efficiently in order to plug the gap.

Benefits

- **Shorter length of stay¹ - the average time from admission to treatment during the project was 1.8 days. This then increased to 4.6 days following the end of the pilot.**
- **During the project 51% of patients seen by the AHP Advanced Practitioner were discharged directly home. This fell to 24% after the pilot ended with an increased number of patients being referred on for further management.**
- **85% of staff surveyed believed the role should be implemented in other hospitals across the health board.**
- **Improved direct communication between AHPs, nursing and medical team, with more input in handovers, medical notes and facilitation of patient discharge.**
- **Streamlined occupational therapy and physiotherapy interventions led to improved case management of 123 boarding patients.**
- **Competence based Allied Health Professional (AHP) role ensures nationally applicable and transferable skills, and maps to the Knowledge and Skills Framework.**

“This pioneering work gave NHS Greater Glasgow and Clyde an opportunity to demonstrate how AHPs can extend their practice through cross boundary working. As a result, patients can be seen by an appropriately multi-skilled person, treated and discharged more quickly. In future the AHP AP role, and related new ways of working, will be able to deliver integrated services at the front door of the new Glasgow hospital, ensuring timely interventions and better patient care.”

Ann Ross

Lead AHP, Emergency Care & Medical Specialties, NHS Greater Glasgow and Clyde

¹ Impact study carried out retrospectively after project completion due to time constraints

What they did

NHS Greater Glasgow and Clyde clinical leads began working with partners including Skills for Health to address new ways of working. The work formed part of a demonstrator project exploring roles at Career Framework Level 7 Advanced Practitioner and to test elements of the Advanced Practice Toolkit.²

Close work with Skills for Health provided a UK-wide perspective and allowed NHS Greater Glasgow and Clyde stakeholders to tap into other national Advanced Practitioner projects taking place elsewhere.

The role was scoped and appropriate competences benchmarked against Skills for Health Nationally Transferable Roles templates for Advanced Practitioners, confirming the correct levelling.

The role combined appropriate clinical competences in OT and physiotherapy, as well as educational, leadership and organisational skills. As some of the competences identified required practical training, resources have been drawn up to allow staff members to be assessed and signed off once competent.

How they did it

The result was a variety of training and education provision to meet the needs of staff at career framework levels 2, 3 and 4. This ranged from a three-day introductory course, and SVQ Health and Social Care level 2, through to Higher Education Diploma (SCQF 8) in Health and Social Care and a Professional Development Award.

Initial evaluation shows that Healthcare Support Workers undertaking education and training at levels 2 and 3 found it improved their awareness of mental health and learning disability issues. They fed back that the training changed their attitudes to clients, and encouraged them to think about what they were doing and why they were doing it a particular way. It also encouraged them to think of alternative approaches with clients, and changed their practices.

² Shifting the Balance of Care Delivery Group, 2009, *Improving outcomes by shifting the balance of care: Improvement Framework*. Scottish Government

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