

College of
Occupational
Therapists



24th September 2009

Office of the Chief Executive
18 Ormeau Avenue
BELFAST
BT2 8HS

Dear Mr Rooney

Public Health Agency: Consultation on Organisational Structures

Joint Response from the College of Occupational Therapists, the Royal College of Speech and Language Therapists, the Chartered Society of Physiotherapy, the Society & College of Radiographers, the British Dietetic Association and the Society of Chiropodists & Podiatrists

Please find the submission to the above consultation. We trust that you will find our comments helpful in considering this proposal.

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Introduction

The College of Occupational Therapists (COT), the Royal College of Speech and Language Therapists (RCSLT), the Chartered Society of Physiotherapy (CSP), the Society & College of Radiographers (SCoR), the British Dietetic Association (BDA) and the Society of Chiropractors and Podiatrists (SCP) are pleased to provide a response to the 'Public Health Agency, Consultation on Organisational Structures.'

COT, RCSLT, CSP, SCoR, BDA and SCP are professions within the family of the Allied Health Professions. For the purpose of this response we refer to ourselves collectively as Allied Health Professionals (AHPs). We have provided more information on our individual professions at the end of this consultation response.

AHPs work with children and adults of all ages who are ill, are asymptomatic, have disabilities or special needs. Their particular skills and expertise can often be the most significant factor in achieving an accurate diagnosis, treating patients with cancer, helping people to recover movement or mobility, overcome visual problems, improve nutritional status, develop communication abilities and restore confidence in everyday living skills.

AHPs must be registered with the Health Professions Council (HPC). The HPC is an independent, UK wide regulatory body responsible for protecting the public by setting and maintaining standards of professional training, performance and conduct of the healthcare professions it regulates. The HPC introduced 'protection of title' for allied health professionals which means that only a registered professional can use these titles.

General Comments:

We are pleased to provide comments on the proposed 4th and 5th level structures of the Public Health Agency (PHA) as this will impact on Allied Health Professionals (AHPs).

However we would like to express our sincere concerns regarding the process of consultation for this document particularly as it affects the delivery of health and social care to our users. Our concerns are that services should be improved for users and that there are adequate structures in place to support their needs, improve health and well-being and reduce risk. It is extremely concerning that the PHA consultation process is choosing not to engage with the professional bodies regarding new structures for AHP in the new agency.

We would ask for clarification as to why this document was restricted in circulation when all processes under the reform and modernisation agenda were to have been carried out in an open and transparent manner.

AHPs perform essential roles within healthcare and across many other sectors - for example, in social care and education. Increasingly AHPs are working in both primary care and acute settings as part of multi-disciplinary teams. They are bringing their skills to an increasingly integrated response to patients needs, especially in the important areas of older people's care and wider preventative health. The commissioning process in Northern Ireland must therefore focus on improving access, enhancing quality and securing good value for money. If commissioning is to ensure an increasingly effective response to local needs it will depend on the effective engagement and insights of AHPs.

This consultation has not been made widely available to those who will be affected by it. Previous structures failed to sufficiently engage the full range of professionals in the planning and commissioning of services to meet the needs of users requiring therapeutic interventions. We are keen that new structures sufficiently engage the full range of professionals, which includes AHPs in the planning, and commissioning of services to meet the needs of users. AHPs feel it is important that it is recognised that they should play a full and active role in the commissioning process in order to optimise the contribution they can make to better, more cost-effective patient services.

We are also concerned to find that the usual three-month period of public consultation has not applied and that those who are to be affected by the proposals in this consultation are not to be involved from the outset.

We have been advised there has also been a "Health & Social Care Board (HSCB) Consultation on Organisation Structures". which proceeded without input from AHPs. We would have hoped that AHPs inclusion would have been essential as part of the modernization and reform process and for the contribution they can make.

Specific Comments

Proposed AHP structures

In the document "DHSSPSNI, Modernisation and Improvement Programme Board (MIPB) RAPHSW Input to the Commissioning Process"¹, 18th December 2008, MIPB 173/08, we were encouraged by the acknowledgement of AHPs² and the recognition of their role. This document sets out a vision of AHP contribution to commissioning functions. In Appendix 1, "Principles for the Agency (working with the Board) in respect of commissioning", it states that there must be "Multidisciplinary input to commissioning across the programmes of care". In Appendix 4 (AHP Input of the Regional Public Health and Social Wellbeing Agency to Commissioning), it recognises the previous inadequate representation of AHPs and the integral role they in the multi-disciplinary commissioning process. It is therefore disappointing to see that the proposals for tier 4 as set out in the new structures do not ensure equitable AHP input into each of the 5 LCGs. The proposal as it stands would result in two LCGs being significantly under represented by AHP input. The commissioning process for services provided by AHPs would therefore be compromised in these areas by the appointment of only 4 AHP commissioners. We are also concerned regarding the discrepancy regarding the user involvement position. In one part it is stated to be 0.5wte and in another 0.8 wte. We do not believe either of these to be sufficient and we hope this is reviewed along with the AHP commissioner posts

In its evidence to the Health Committee³ on 2 October 2008, the AHP representation stressed the need to ensure that there would be equitable and adequate representation for AHPs on the LCGs in order to avoid the situation which happened on previous occasions when one AHP had to represent more than one Commissioning Group.

"NI Assembly Health Committee Report on Health & Social Care Bill

27. In evidence to the Committee on 2 October 2008 the Allied Health Professions Federation, while welcoming the creation of a single regional health and social care board, had reservations about the representation of allied health professions on the board. The Federation also welcomed "the emphasis that the regional agency for public health and social well-being will place on health

promotion and protection". The Federation expressed some concerns about the proposed commissioning arrangements. These included the need for the allied health professional on each local commissioning group to have access to adequate support and advice structures and the need for clarification on the extent of the financial controls. The Federation argued that "care is also needed to ensure that there is no duplication between the regional board's role and that of the LCGs. Regional commissioning must have a local flavour – localities must have an input into what is commissioned regionally".

797. Mr Sullivan: We do not want a situation similar to that which arose in the past, when there were seven commissioning groups, and one AHP representative had to look after two, and in some instances three, groups. Clearly, it was a conflict of interest for that individual to represent more than one commissioning group. Therefore, unlike the previous situation, we want a dedicated AHP representative for each group."

The Health Committee accepted the points raised by the AHP delegation in their presentation. Similarly the Health Committee have been very supportive in addressing the long standing deficiencies for AHP representation at Departmental level the same argument applies in relation to the other agencies which have been established under RPA. In addition it is clear given the extensive role of the Public Health Agency as defined in the DHSSPSNI Modernisation and Improvement Programme Board (MIPB) document "RAPHSW Input to the Commissioning Process" Ref. MIPB 173/08¹ it would be impossible for one AHP representative to effectively carry out the commissioning role as specified in the document.

Within this document it is unclear how the AHP posts will link into or integrate with other parts of the structures. For example in the Health and Social Wellbeing Improvement section, we would like to know how the former Health Promotion Agency roles fit in to these structures and assurances that these, for example those leading on nutrition, will continue. We would also like to know how the health and wellbeing role versus the AHP commissioning role will be managed and also how do these relate specifically to commissioning of AHP health and wellbeing services in the region? How will AHPs contribute to the Health and Wellbeing Improvement Teams? There are 1.8 posts for nurse prescribing, what are to be the arrangements for AHP prescribing?

The professions require clarification around some of the functions and roles described, "Given that AHPs are integral to all programmes of care and work across the spectrum of primary, community, secondary and tertiary care..." (Modernisation and Improvement Programme Board (MIPB) RAPHSW Input to the Commissioning Process, MIPB 173/08) There is a need for stronger interfaces to enable AHPs to work across departments and agencies such as education and housing and to effectively commission integrated services.

Regarding the Public Health Team, it is extremely important that AHPs have a role in advising on health protection issues. AHPs play an important part in reducing obesity, facilitating healthy living, promoting speech and language and physical development. It is therefore advisable that there is a post within this team that recognises the work that AHPs do in the health protection arena. The proposed structure only references posts for medical and nurse consultants.

Regarding the proposed 'Children's Nurse' post for child protection we consider that this should be titled Child Protection Lead for nurses and allied health professions and should be open for recruitment to anyone qualifying from any of the relevant professional groups.

AHPs must be actively involved in delivering on public health work, performance planning, workforce and the commissioning of education and training, the development of service frameworks, service agreements and strategic policy development including targets and health and well being outcomes.

We feel that to be able to be effective, whoever is deciding on these proposals need to know and understand clearly what allied health professionals do and what are the unique skills that AHPs have to offer. So much work has gone into developing these structures it is essential that the final details ensure that the vision of how health care is to be delivered in Northern Ireland is met. We have concerns that these final proposals are not robust to stand up to scrutiny nor do they outline clearly the composition of the proposed 4th and 5th level structures. We would welcome further discussion on these proposals through the Allied Health Professions Federation Northern Ireland (AHPFNI)⁴. We would like to ask that we are involved in any further consultations that impact upon us and that we are indeed consulted about those which have already happened without our knowledge.

This response reflects the views of occupational therapists, speech and language therapists, physiotherapists, radiographers, dietitians, chiropractors and podiatrists throughout Northern Ireland.

Please do not hesitate to contact us for clarification on any points made or if we can be of further help.

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References:

1. "DHSSPSNI, Modernisation and Improvement Programme Board (MIPB) RAPHSW Input to the Commissioning Process", 18th December 2008, MIPB 173/08.
2. AHP groups referred to: Dietetics, Podiatry, Speech and Language Therapy, Radiography Orthoptics, Physiotherapy, Occupational Therapy
3. Northern Ireland Assembly - Minutes Of Evidence 02.10.2008
Committee for Health, Social Services and Public Safety Health and Social Care (Reform) Bill
http://www.niassembly.gov.uk/health/2007mandate/moe/2008/081002_reform_a.htm
4. For further information please contact the Chair of the Allied Health Professions Federation Northern Ireland in Elizabeth McKnight, ahpfni@ahpf.org.uk



1. The College of Occupational Therapists is the professional body for occupational therapists and represents over 28,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health Professions Council, and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

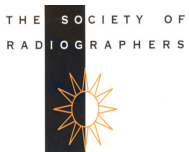


2. The Royal College of Speech and Language Therapists represents speech and language therapists and support workers, promotes excellence in practice and influences health, education and social care policies.

There are around 10,000 practising Speech and Language Therapists (SLT) in the UK. Speech and language therapists work in a range of Primary, Secondary and Community Care environments. We also work in a variety of educational settings and have an in depth understanding of the challenges facing Health and Education in the coordination of services to children and young people. Speech and Language Therapists also work in courtrooms, prisons and young offenders' institutions and are often the key professionals involved in the support of offenders with Communication Impairment.



3. The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 45,000 qualified physiotherapists, physiotherapy assistants and students. Around 98% of qualified practising physiotherapists are CSP members. Physiotherapy is the third largest health care profession after medicine and nursing. Physiotherapists assess, treat and rehabilitate people with physical problems caused by accident, ageing, disease or disability, using physical approaches in the alleviation of all aspects of the person's condition.



4. The Society & College of Radiographers (SCoR), is the professional, educational and trade union body for its members in the UK. SCoR represents 22,671 radiographers, assistants, support workers and student radiographers in the UK. SCoR members work primarily in the NHS but also in the independent sector and education and research.

Diagnostic Radiographers and their support workforce have a key role to play in the imaging and diagnosis of disease and injury and are responsible for the

examination of patients and clients using radiation, ultrasound and magnetic fields in a variety of clinical environments. In addition Diagnostic Radiographers are involved in interventional procedures.

Therapeutic Radiographers treat patients, mostly those with cancer, using ionising radiation. They are responsible for the accurate planning and delivery of a prescribed dose of radiation to specific areas of the body and deal with the wider aspects of oncology. Additionally, they play an important part in helping patients and their carers cope with the physical and psychological problems associated with treatment.



5. The British Dietetic Association, founded in 1936, is the professional association for registered dietitians in Great Britain and Northern Ireland. It is the nation's largest organization of food and nutrition professionals with over 6,000 members. About two-thirds of members are employed in the National Health Service. The remaining members work in education, industry, research, sport settings or freelance.

Registered dietitians are the only qualified health professionals that assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Uniquely, dietitians use the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.

Dietitians are the only nutrition professionals to be statutorily regulated, and governed by an ethical code, to ensure that they always work to the highest standard. Dietitians work in the NHS, private practice, industry, education, research, sport, media, public relations, publishing, NGOs and government. Their advice influences food and health policy across the spectrum from government, local communities and individuals.



6. The Society of Chiropodists and Podiatrists (SCP)
The Society of Chiropodists and Podiatrists, founded in 1945, represents over 8,000 Podiatrists in the UK. The majority practise in the National Health Service and in private health care in clinical, educational and/or managerial capacities throughout the UK

Registered Podiatrists specialise in the assessment, diagnosis and treatment of diseases and conditions affecting the feet and lower limbs. Podiatrists provide a service to people from all age groups within all programmes of care across acute, primary and secondary health and social care settings. Following assessment, treatment is focused on restoring and maintaining functional independence enabling people to maintain their health and social wellbeing and live independently within their own community.