An Evaluation of Allied Health Professional Integrated Care System Advisors for Cancer in Wessex

'Promoting and embedding AHP clinical leadership to support people with cancer'

June 2024

‘I felt there was great potential to optimise the impact of AHPs working in cancer care and I felt that at this point in my career I was ready to challenge myself and gain new skills and experience to benefit my professional development and to improve my job

‘Having a much greater awareness of how strategic decisions are made and how to influence decisions through opportunistic conversations, being a voice at meetings or demonstrating impact through sharing patient stories.’

‘The opportunity to network has been invaluable, we have gained knowledge and insight from each other. Being able to problem solve and discuss solutions has meant we have been more effective in what we are trying to achieve. An understanding of the bigger picture and the national agenda and how they influence operationally.’

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This evaluation has been authored by June Davis, AHP consultant advisor, Wessex Cancer Alliance and Director, Allied Health Solutions

1.0. Introduction

This short report describes the evaluation of the role of the Allied Health Professional (AHP) Integrated Care System (ICS) Advisors for cancer in the Wessex Cancer Alliance (WCA) which covers Dorset, Hampshire and the Isle of Wight.

The following is included in the report:

- Background to the roles including the rationale for their development
- The impact of the roles across five themes 1) Clinical service transformation 2) Workforce development, education and training and 3) Professional engagement and influencing 4) Skills and knowledge gained by the AHP ICS advisors 5) Career and professional development

2.0. Background

In Autumn 2021, Wessex Cancer Alliance (WCA) introduced a new leadership role; AHP ICS Advisors. There were five AHP ICS advisor roles for cancer each seconded one day a week from their current clinical roles managed by the WCA AHP consultant advisor. Throughout the period of existence of the AHP ICS advisor role the professional background of the advisors included two physiotherapists, two dietitians, two speech and language therapists and one occupational therapist.

These roles continued until March 2024 and have now ceased. Going forward the WCA has specific AHP representation across the different WCA programmes of work.

The roles were created in recognition of the importance of developing clinical leadership to provide strategic influence, advise and inform the transformation of quality patient care. These roles have further influenced and informed the Integrated Care Systems in Dorset and Hampshire and the Isle of Wight and the WCA about the importance of AHPs in cancer care and how their potential can be realised. Through leadership from the WCA AHP consultant advisor, this has involved working in collaboration with Integrated Care Board AHP leads and the WCA senior leadership team to identify priorities and inform current and future work plans.

These roles are a fantastic example of delivering on Principle 1: Integrating clinical and care professionals in decision making at every level of the ICS[1].

As experienced clinicians with extensive and varied backgrounds, the advisors have been able to develop and build on established networks to scope the experiences of others, identifying barriers, opportunities and solutions for the provision of optimal patient care across Wessex.

[1] B0664-ics-clinical-and-care-professional-leadership.pdf (england.nhs.uk)

3.0. Impact of the AHP ICS Advisor roles

The impact and outcomes of the roles are set out below under the following five themes:

Theme 1: Clinical service transformation
Theme 2: Workforce development, training and education
Theme 3: Professional engagement and system influencing
Theme 4: Skills and knowledge gained by the AHP ICS advisors
Theme 5: Career and professional development

The work undertaken linked to each theme has been collated from the AHP ICS advisor workplan, monthly highlight reports and project case studies [2] along with quotes from the AHP ICS advisors which were collected in March 2024 via Microsoft Office Forms.

3.1. Theme 1: Clinical service transformation

The AHP ICS advisors supported a range of clinical service transformation work across Wessex. These are set out below.

- Development of oncology pathways to support clinicians in Primary care, the community and the acute sector to navigate clinical pathways, access a specialist oncology clinician for advice or guidance or be able to facilitate timely, high quality referrals for people living with cancer.

- Raising the profile and developing opportunities for AHP roles to support acute oncology services (AOS). This work has included:
  - support for a successful WCA workforce transformation bid to develop AHP support in AOS services at both University Hospital Southampton NHS Trust and University Hospitals Dorset NHS Foundation Trust
  - involvement in the Wessex wide acute oncology project as well as national AOS work in collaboration with the Acute Oncology Society and UK Oncology Nursing Group
  - Identification of oncology expertise and training needs of AHP's across Wessex about AOS
  - Leading a webinar for specialist and generalist AHPs about AOS

One AHP ICS advisor quoted:

'Identifying opportunities to explore joint working with AHPs in ED to reduce unnecessary admissions for cancer / palliative patients.'

- Developing the role of AHPs in supporting people with cancer to enhance patient care including identifying areas for piloting and testing new models. Examples include: -
  - the need for diagnostic pathways where AHPs can directly access specialist medical advice / assessment within secondary care for specified urgent patient situations, with agreed funding streams from primary care, reducing unnecessary burden on primary care.

[2] AHP ICS Advisor Lead Project Case Studies - Welcome to Wessex Cancer Alliance

One AHP ICS advisor noted:

'MSK services identifying cancer through imaging requests without a known cancer diagnosis.'

- the opportunity for AHPs to lead the initial investigations and diagnosis in low risk patient groups e.g., in those with hoarse voice through scoping the head and neck pathway
- Potential AHP contribution to the Rapid Investigation Service (RIS) and Community Diagnostic Services (CDC) services described.

- Identifying challenges such as in adult mental health / learning disabilities services, where long term conditions are impacting on a person's ability to access diagnostics and treatment, exploring options for more proactive shared care and developing resources for patients resulting in successful interventions.

- Championing AHP contributions to personalised care through:
  - Providing expert advice to inform the development of the WCA prehabilitation/rehabilitation scoping project [3] and subsequent development of the prehabilitation/rehabilitation toolkit and associated service improvement tools which included testing the toolkit at service improvement tools.
  - Advised on nutrition primary care network pathway developments
  - Advised on Enhanced supportive care AHP developments
  - Led the University Hospitals Dorset NHS Foundation Trust (UHD) frailty project for head and neck cancer patients
  - Linked with Right By You [4] teams

As one AHP ICS advisor quoted:

'Leading service development for provision of personalised care e.g. improved access for early palliative patients through development of new Enhanced Supportive Care clinic with CNS and AHP provision, linking in with other service models to share learning.'

3.2. Theme 2: Workforce development, education and training

The AHP ICS advisors supported and advised on the development, education, training and career pathways for cancer and non-cancer specialist AHP workforce as well as allied health support workers (AHSWs) and others working at a supportive and assistive level of practice to have the competence, confidence, capability and knowledge to support people with cancer by**: -**

- The development of AHP additional reimbursement roles (ARRS)[5] [6] including advanced practice roles in primary care to support people with cancer and other long-term conditions.
- Increasing the awareness of routes to access specialist advice about cancer to guide clinicians, highlighting the availability of cancer related education.

[3] Prehabilitation and Rehabilitation - Welcome to Wessex Cancer Alliance
[4] Right By You Wessex - Welcome to Wessex Cancer Alliance
[5] NHS England » Additional roles: A quick reference summary
[6] Additional Roles Reimbursement Scheme - Welcome to Wessex Cancer Alliance

- Supporting and advising on the WCA implementation of the Aspirant Cancer Career and Education Development Programme [7](ACCEND) engagement and implementation with AHPs in both generalist and specialist roles.
- Specific work with allied health support workers (AHSWs) has included:

    - Exploring development opportunities for those in AHSW roles e.g., oncology link roles, rotations, shared student placements and opportunities to increase AHSW roles to work with people with cancer.
    - Agenda for Change Band 2 staff: introducing school leavers to the NHS, via traditional A level route, T-levels, BTEC or the Trusts scholarship programme and developing them up to a band 3 level.
    - Agenda for Change Band 3 staff: identifying those who would like to progress to registration by Introducing the level 3 apprenticeship and if they want to move forward to a level 6 apprenticeship.
    - Agenda for Change Band 4 staff: Reviewed the level 5 apprenticeship with the aim to develop non-regulated Agenda for Change Band 5 positions, particularly working with those with cancer to support some symptoms and side effects such as breathlessness, poor mobility.

This AHSW work has improved retention, reduced sickness absence, enhanced system working across West Dorset to the benefit of patient care and set the foundation for workforce development pathways for the future.

Enhancement of student placements by broadening experience to include leadership opportunities alongside clinical experience.

3.3. Theme 3: Professional engagement and system influencing

There have been multiple opportunities and examples of professional engagement and system influencing including:

- Showcasing and sharing the impact of the roles to date at system level, widening awareness of the real and potential AHP contribution in optimising the patient outcomes across the patient pathway and for service re-design, using clinical case studies to illustrate challenges and opportunities for AHPs in cancer care
- Working across and with a wide network of stakeholders across Wessex.
- Increasing the awareness of the Care and Health Information Exchange (CHIE) [8] to support clinical care by AHPs and other professional groups in acute, primary care and community settings.
- Increasing engagement with community and generalist AHPs in cancer care including linking with the Dorset and Hampshire and Isle of Wight AHP Councils and faculties to share the work of the WCA and also identify how the councils and faculties can support work in cancer.
- Participating and presenting at a variety of regional events e.g. WCA AHP forum and Clinical Nurse Specialist/Allied Health Professional Symposiums and webinars across Wessex covering a wide variety of topics including frailty, enhanced

[7] Aspirant Cancer Career and Education Development programme | NHS England | Workforce, training and education (hee.nhs.uk)
[8] CHIE | Care and Health Information Exchange

supportive care, dysphagia and communication in head and neck cancer patients, acute oncology, nutrition, prehabilitation and rehabilitation.

A selection of quotes from the AHP ICS advisors are set out below:

'Working collaboratively with other AHP Clinical advisors, building networks and identifying areas for collaboration predominantly surrounding more joined up care for patients.'

'Being able to highlight the role of AHPs in cancer care (both from specialist teams or from non-specialist teams) and shine a light on the impact of AHPs for effective patient care, particularly using patient stories.'

'Being a voice representing AHPs in working parties for WCA and the locality e.g. Rehab / Prehab and Learning Disability service provision and influencing priorities for WCA by sharing information on examples of excellence or barriers / blocks to high quality service delivery.'

'Building network and intelligence on cancer specialist workforce in the locality and working collaboratively with Cancer Nurse Lead in PHU to influence across organisational boundaries. Education provision for the non-cancer specialist workforce e.g. Frailty workstream.'

3.4. Theme 4: Skills and knowledge gained by the AHP ICS advisors

The AHP ICS advisors have overwhelming reported the positive impact of these roles on the development of their skills, knowledge, capabilities and confidence.

A selection of quotes from the post holders are highlighted below.

'(I have) Improved ability to practice across the 4 pillars more especially leadership and management.
Improved confidence in non-clinical situations
Improved collaboration skills and considerations
Improved presenting skills to wider groups of people/organisations.'

'The opportunity to network has been invaluable, we have gained knowledge and insight from each other. Being able to problem solve and discuss solutions has meant we have been more effective in what we are trying to achieve. An understanding of the bigger picture and the national agenda and how they influence operationally.'

'I have gained confidence in a variety of aspects including reduced "imposter" syndrome feeling with new mindset now of "I may not know what everyone is talking about now, but I am keen to learn, and I will improve!"

'Having a much greater awareness of how strategic decisions are made and how to influence decisions through opportunistic conversations, being a voice at meetings or demonstrating impact through sharing patient stories.'

'Understanding that strategically Cancer and Palliative Care sit in separate networks within the ICB, although in service provision they are very closely aligned.'

'Being bold in approaching influential people within organisations and their willingness to engage, rather than waiting to be asked.'

'Development of a wide ranging network within the locality and across the system, all with a strong desire to improve patient services (it's very empowering). I have been amazed how many different clinicians or roles exist within cancer services in my locality that I had not been aware of over the years. In addition, knowing who to engage with or utilising the connections of others to have the biggest impact.'

'Understanding the impact of small improvements across an area such as Wessex when working collaboratively with others, sharing workstreams and how much these interconnect for the bigger picture. As a clinician it is easy to be isolated regarding this or not see how to feed this into system wide developments.'

'Valuing the contribution, we make as experienced clinicians to service improvement across delivery systems and how little this is utilised within substantive roles. There is so much to be harnessed nationally but these roles need to have protected time in order to be effective.'

'How to entice the busy workforce to engage on an individual level, in order to represent different professions strategically or when developing locality wide service improvements.'

'Better system wide understanding knowledge of how ICB, and other organisations the WCA partners with, are structured and work, including work streams and key contacts. Improved networks especially AHPs in different Trusts across UK, Improved influencing skills, Improved leadership skills, Improved ways of collaborative working.'

3.5. Theme 5: Career and professional development of the AHP ICS advisors

The AHP ICS advisors have overwhelming reported the positive impact of these roles on their wider career and professional development.

The word cloud below highlights the words used to summarise the experience of those in the roles.

A selection of quotes from the post holders are highlighted below.

'I strongly feel these clinical leadership opportunities should exist for clinicians with protected time, not only to embrace the skills held but also to retain experienced staff as an essential part of the workforce.'

'Overall, I would say that I feel more confident in strategic conversations, in my ability to lead on improvements and in the knowledge that I have something valuable to offer as an experienced clinician and leader.'

'It has enabled me to meet with other clinicians with the same mindset, which has been inspiring. It has allowed me to network and increase my understanding of the ambitions of the alliance. It has developed my quality improvement and leadership skill set.'

'(I am)More confident in approaching situations I am unfamiliar with, better understanding of NHSE and ICBs.'

'For a number of years, I have felt quite frustrated at the lack of opportunity to be involved in locality based service improvements, where I have been able to see ways of delivering services for patients across organisational boundaries more effectively or where AHP roles have not been fully utilised. I was starting to feel that I would need to step away from a clinically facing role in order to gain that experience, but at the same time lacked confidence in applying for a strategic role, recognising my lack of strategic experience.
This role has enabled me to gain experiential learning alongside my clinical / team leadership role, gaining confidence in my strategic skills, whilst being able to be lead on service developments in an area I feel passionate about in a meaningful way. I would now feel able to apply for a more strategic role should I wish to do so or would consider project based work where I would be working independently. I strongly feel these clinical leadership opportunities should exist for clinicians with protected time, not only to embrace the skills held but also to retain experienced staff as an essential part of the workforce. '

'For me personally, my job satisfaction has increased substantially whilst doing this secondment.'

'Improved ability to practice across the 4 pillars more especially leadership and management.
Improved confidence in non-clinical situations
Improved collaboration skills and considerations
Improved presenting skills to wider groups of people/organisations.'

4.0. Conclusion

These clinical leadership roles are of crucial importance as role models, inspiring, connecting and remembering the vital contribution of all parts of the workforce to ensure patients' needs are at the heart of strategic decision making. These roles support retention of an experienced senior clinical roles.
The impactful 'real time' patient stories and 'Walking in their shoes' will continue to be shared in workforce and service transformation discussions and forums to shape future priorities.

The expertise of advisors such as these should be nurtured, valued, invested in, fully embraced and listened to.

Quotes from Wessex Cancer Alliance staff are included below:

'I feel privileged to have witnessed the development of the AHP ICS advisors over the tenure of the project. All were well established, experienced clinicians at the outset but have grown significantly in confidence, understanding better their value as clinical leaders, more ready to challenge the status quo, share their improvement ideas and put them into practice. By funding these roles the alliance has benefitted enormously through better integration of the nursing and AHP workforces across all care sectors. The roles have supported the retention of the experienced workforce within the clinical teams – reinvigorating them at a crucial point in their career. They feel inspired to continue to raise the potential of the AHP workforce across the Wessex cancer pathways, providing crucial role models to the next generation of cancer AHPs across Wessex. ' Kathy Cooke, WCA Senior Programme Manager for Workforce

' Too often the vital contribution that AHPs make to the treatment and care of individuals and their families affected by cancer, goes unrecognised. This report highlights the contribution and importance of a truly multi professional approach to providing those services and the impact of clinical leadership in these roles. It is important we build on this work and invest in AHP leadership for the future. The evidence in this report should form the foundation for investing in the future AHP workforce and expanding the integration of services to optimise the impact on those on the receiving end of care.' Jane Winter, Lead for Nurses and AHPs