Allied Health Professions Federation: response to the NHSE 10 Year Health Plan consultation

The Allied Health Professions Federation (AHPF) is the voice of the UK's allied health professions (AHPs), representing over 185,000 professionals dedicated to transforming lives through expert prevention, care, treatment, and supported self-management.

The AHPF consists of the following organisations:

- British Association for Music Therapy
- The British Association of Art Therapists
- British Association of Dramatherapists
- British Association of Prosthetists and Orthotists
- The British Dietetic Association
- British and Irish Orthoptics Society
- College of Paramedics
- Royal College of Occupational Therapists
- Chartered Society of Physiotherapy
- Royal College of Speech and Language Therapists
- Society and College of Radiographers
- The Royal College of Podiatry

AHPs are uniquely positioned to support community-centred care, early illness detection, and addressing the root causes of ill health.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

The AHPF envisions a 10-Year Health Plan that prioritises integration, prevention, and equitable access to holistic care, treatment and support. AHPs are uniquely positioned to drive this transformation by supporting effective health and wellbeing, preventing hospital admissions, diagnosing and treating conditions in the community and enabling seamless reintegration post-discharge.

We want to see a strategic focus on embedding AHPs within community and primary care settings to ensure early intervention, holistic support, and continuity of care. This requires addressing workforce shortages, enhancing training for integrated care environments, and expanding community rehabilitation services. A robust and consistent investment in prehabilitation, rehabilitation, leadership, and resource allocation will enable AHPs to deliver patient-centred, preventative care while reducing strain on acute services.

The plan should clarify national leadership roles for AHPs to address their current lack of visibility. Dedicated leaders must champion a culture of quality over quick fixes, driving strategic changes that embed AHPs across all care settings and support long-term improvements in patient outcomes.

The plan should empower AHPs to work collaboratively across health, social care, and mental health systems, ensuring that every individual, regardless of location, has access to high-quality, coordinated care. By leveraging the expertise of AHPs, the health system can achieve better outcomes, reduce health inequalities and foster a healthier, more resilient population over the next decade.

The AHPF is ready to support the UK government and NHSE to deliver this vision.

Q2 What does your organisation(s) see as the biggest challenges and enablers to move more care from hospitals to communities

AHPs are uniquely positioned to ease the burden on acute services by helping individuals manage their health outside hospital settings by:

- Preventing hospital admissions through early intervention, diagnosis, and treatment in the community.
- Facilitating the shift towards personalisation and prevention.
- Supporting people out of acute services and enabling reintegration post-discharge.
- Preventing the exacerbation of conditions requiring hospital readmission.

Achieving seamless, timely transitions between secondary care and community services requires stronger integration between multi-disciplinary teams (MDTs) in acute NHS settings, community-based NHS services, and teams employed by local authorities, including those in reablement, social care, mental health and housing. Establishing an integrated, multidisciplinary workforce at the community and primary care level enables more co-ordinated, patient-centred support across service areas.

This should include ensuring that more rehabilitation staff, including AHPs, are embedded across health, social care, and mental health services, providing vital expertise and guidance to multi-disciplinary teams. This structure facilitates continuity of care, ensuring that patients receive comprehensive support aligned with their needs from hospital discharge through community reintegration.

Key challenges:

1. **Workforce capacity and training gaps:**

    - AHP shortages mean that many services are overwhelmed, leading to inconsistent care and longer wait times. A comprehensive workforce plan that addresses recruitment, retention and wellbeing of AHPs is essential to enable effective community care.
    - Access to AHPs across the UK is inconsistent, creating significant inequalities in both employment opportunities and patient care. For instance, Art Therapists, Music Therapists, Dramatherapists and Prosthetics and Orthotics face a postcode lottery, where some trusts employ them while others do not, even when qualified staff are available and there is local demand. This highlights the need for a unified national approach to workforce planning and service provision to ensure that everyone, regardless of location, can access the expertise of AHPs.

2. **Limited access to AHPs within community and primary care settings:**

    - Many GP surgeries and local authorities don't have access to a full range of AHPs, even though embedding AHPs within primary and social care has been shown to reduce hospital admissions and support early intervention. Although the policy momentum towards a multi-disciplinary approach in primary care is promising, limited access to AHP services in community settings hinders holistic, preventative and patient-centred care. To achieve the current ambition of first contact practitioners (FCP) managing half of the MSK consultations in General Practice, which equates to roughly 10% of the overall consultations, FCP staffing levels must be increased to 1 FCP per 10,000 population
    - To enable a smooth transition from acute to community, patients need to retain access to the therapies they had access to in the acute sector, to avoid a decline in health, rather than then waiting for community treatment.

3. **Funding resource allocation for community rehabilitation:**

- Rehabilitation is advice, support and care designed to optimise function (physical, mental, sensory and/or cognitive) and reduce disability in individuals with health conditions, in interaction with their environment and daily lives. It plays a crucial role not only in helping individuals regain or maintain functional abilities but also in empowering them to achieve personal goals, including returning to work or staying employed. By addressing barriers to function and fostering independence, rehabilitation directly contributes to improved quality of life and economic participation, enabling individuals to re-enter the workforce, remain productive, and reduce reliance on long-term support systems. However, community rehabilitation services are often under-resourced and the lack of consistent investment in community resources restricts the ability of AHPs to fully support patients prepare for hospital admission, after hospital discharge and prevent readmissions.

4. **Inpatient capacity and bed numbers**

- The recent reduction in mental health bed numbers has resulted in patients needing to go further and trusts having to fund private beds, putting a strain on mental health budgets. Not everyone can be managed in the community due to the level of how unwell some clients are. There also needs to be more specialist units for people to move onto from acute services such as rehab, supported living or specialist units.
- The introduction of the *Right Care, Right Person National Partnership Agreement* has led to a significant surge in calls related to mental health crises, creating additional strain on AHPs, in particular paramedics and emergency services. This underscores the urgent need for a holistic approach to managing mental health care in the community.

5. **Physical space**

- Many GP surgeries are at full capacity and are saying no to other community services using their spaces e.g. mental health workers. Consideration needs to be given to the expanding space provision to ensure different AHPs can support care in the community.

Key enablers:

1. **Strengthening AHP leadership and accountability within integrated care systems (ICSs)**

- Embedding AHP leadership roles within ICSs, including establishing AHP Director positions on par with Medical Directors and Directors of Nursing, would ensure that AHP perspectives shape decision-making at the highest levels. These roles would advocate for community-focused care, foster integration, and drive workforce planning for all AHPs within ICSs, thereby enabling more effective and coordinated community care.
- There needs to be profession specific leadership supporting the director roles for each profession in that organisation, in order to ensure best practice and governance and support and develop the workforce.

2. **Expansion of community based rehabilitation teams:**

- By growing community-based rehabilitation teams and embedding AHPs across various settings such as GP surgeries, schools, and community rehabilitation units, AHPs can provide accessible, preventative, and personalized care. Ringfencing funds for community rehabilitation would ensure that resources remain available to expand these teams and reduce reliance on acute services, reinvesting any savings to further bolster community capacity.

3. **Transition from acute to community**

- AHPs can enable smooth transition of support and interventions for patients leaving acute services if funding and resources are available to offer interventions straight away rather than going on waiting lists, and potentially groups for those at risk of relapse/transitioning from inpatient services.
- AHPs have a unique opportunity to address gaps in mental health services by providing early intervention, personalised care, and multidisciplinary support in community settings. Expanding AHP involvement can reduce reliance on emergency services by offering preventative and ongoing mental health support. They can also foster collaborative efforts with local authorities to address social determinants impacting mental health outcomes.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Key enablers

1. **The role of technology must complement in-person care**

- While technology has great potential to enhance health and care services, it must complement rather than replace the therapeutic benefits of in-person interactions. For many, particularly individuals with mental health challenges, attending appointments in person fosters a sense of progress and provides valuable therapeutic milestones. Additionally, treating patients within their home environment may not always address the root causes of ill health, highlighting the continued need for accessible, face-to-face care.

2. **Equitable access to technology**

- It is crucial to safeguard against increasing health inequalities through technology use. Disparities in digital literacy, access to devices, and internet connectivity risk excluding vulnerable populations. A universal approach must ensure no one is left behind.

3. **Upskilling and supporting the workforce**

- Staff require training and support to effectively use emerging technologies. Upskilling the workforce should be accompanied by opportunities to engage in the research, development, and testing of new technologies and algorithms, enabling a user-driven approach that aligns with clinical needs. Protecting non-clinical time in job plans is essential to allow for adequate training and adaptation.

4. **Secure data sharing**

- Clear guidelines on what data is shared, with whom, and for what purpose will be essential to maintain patient trust and comply with legal and ethical standards.

5. **Investment, planning, and managing AI integration in healthcare**

- The successful adoption of technology in healthcare requires a robust, well-funded infrastructure and a skilled workforce capable of leveraging these advancements. Adequate investment must ensure interoperability between independent providers and national systems, creating a seamless technological ecosystem that supports consistent and efficient care delivery.
- A national, co-ordinated plan is essential to guide the effective implementation of technology, detailing what will be introduced, when, by whom, and the anticipated impact.

This plan should prioritize controlled rollouts of innovations, such as AI, to enhance patient pathways and improve outcomes rather than merely serving as assistive tools.

- The integration of AI will blur traditional professional boundaries, necessitating clear strategies to address these shifts. A comprehensive plan must provide reassurance about staff roles, employment security, and opportunities for professional development. Transparent alignment with the People Plan is needed to ensure AI integration supports workforce expansion and growth while fostering collaboration across professions.

6. **Enhanced access to digital resources**

- Trusted AHP information should be readily available online, providing people with credible health insights without requiring one-on-one appointments. This is particularly important for families and carers seeking accessible, reliable resources.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health

Preventative measures and early interventions are essential for managing health conditions, reducing hospital dependency, and enhancing life quality. AHPs contribute significantly to prevention by identifying risks, implementing tailored interventions, and promoting well-being.

Key challenges:

1. **Limited preventative occupational health support**

- Preventative occupational health support is often unavailable until individuals face prolonged or recurrent absences due to illness. Early access to health education and guidance on managing symptoms, such as pain, fatigue, and mobility issues, can help prevent long-term absences and support individuals in maintaining their roles. Yet, occupational health resources are often limited, particularly for small and medium-sized enterprises. AHPs can work with people of working age to assess and recommend work modifications, offer strategies to manage health challenges, and help workplaces support their employees' health and productivity more effectively.

2. **Inexperience in rapidly expanding teams**

- Rapid expansion of healthcare teams and professional groups must be supported with good governance and clinical leadership, adequate mentorship, supervision, and professional development to maintain high standards of care and staff morale while growing the workforce.

3. **Time and resource constraints for comprehensive assessments**

- Innovative approaches, such as incorporating frailty scores into oncology assessments, require increased staff time and resources. The lack of capacity to implement such measures consistently hampers their effectiveness and wider adoption.

4. **Addressing the wider determinants of health**

- Tackling the root causes of increasing levels of ill health requires a cross-party and cross-organisational focus on the wider determinants of health, including social, economic, and environmental factors. Without this coordinated effort, the healthcare system will continue to face preventable pressures.

Key enablers:

1. **Expanded AHP workforce, focused in community settings**:

    - Expanding AHP roles in community settings, for example, within GP practices and schools, will promote health at a population level. Early access to mental health services particularly for children and young people and choice e.g. option to choose an art, drama, or music therapy.
    - AHPs to be enabled to be social prescribers.

2. **Build public awareness and engagement with AHPs:**

    - Public education campaigns that emphasise the role and benefits of all AHPs in community settings can help raise awareness and shift public expectations around care. When individuals understand the scope and expertise of AHPs in preventative and rehabilitative care, they are more likely to engage with community services, reducing unnecessary hospital admissions and improving self-management.

Share any specific policy ideas for change. Please indicate how you would prioritise these and what timeframe you expect to see this delivered in.

Recommendations

Short term:

1. Establish greater leadership and accountability within ICBs by:

- Ensuring dedicated chief AHP leadership and profession specific AHP leads for any employed professions within every NHS provider organization in ICSs
- Establishing and recognizing senior AHP leadership within integrated care systems
- Positioning AHP Directors as counterparts to Medical Directors and Directors of Nursing, ensuring AHP perspectives are represented at the highest levels of decision-making
- Ensuring all ICBs designate a senior officer accountable for overseeing rehabilitation across all sectors and health conditions pathways
- Establish dedicated rehabilitation leads within each ICS and embed AHP leaders at senior levels to drive integration and workforce planning.

2. **Health and Wellbeing Education Initiatives**:

- Introduce programs in schools and communities to teach healthy eating and budgeting.
- Ensure all education settings have a mental health lead and access to support services.
- Deliver accessible exercise opportunities in local communities at minimal or no cost.

Medium term:

1. **Improving public awareness and accessibility of AHP services**:

- Launch a public awareness campaign to highlight the scope of services AHPs provide and how to access or refer into them.
- Develop and disseminate credible and reliable digital health information tailored to the needs of diverse populations, created by AHPs.

2. **Empowering individuals with mindset and self-help skills**:

    - Implement programs in schools, communities, and colleges to teach mindset and self-help strategies, equipping people with tools to manage challenges proactively and develop resilience before issues escalate.

3. **Conduct a review of independent prescribing rights**

    - Conduct a review of independent prescribing rights with a view to extend to other AHPs where it is within their scope of practice and with appropriate qualifications to do so. This will allow the delivery of better and more timely patient care, and reduce pressure on other healthcare professionals, including GPs.

4. **Mental health;**

- Recognise the unique value AHPs bring in supporting patients with mental health issues and ensure they are properly resourced to deliver support to those in need.

Longer term:

1. Implement a credible workforce plan that addresses shortfalls of AHP staff and supports their wellbeing.

    - Embedding AHPs into community settings, such as schools, community rehabilitation teams, social prescribing, and GP surgeries
    - Growing community-based rehabilitation teams
    - Creative thinking about who can deliver interventions, whilst valuing individual profession skills e.g. making use of art, drama, and music therapies.

2. **Accessible community resources for health and wellbeing**:

    - Increase availability of free or low-cost exercise facilities in local communities to promote physical activity and healthy living.
    - Support further development of creative hubs and access through social prescribing.

December 2024