The AHP Workforce

Making Sense of the AHP Workforce Data and its impact on our services

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GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

ACPRC

Intensive Care Society


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Critical Care Network-National Nurse Leads

National Critical Care Non-Medical Workforce Survey

March 2016

Dietetics

Description (returns = 169)

These data suggest that 86% (145/169) of critical care environments have access to a dietitian.

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Speech and Language Therapy

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Occupational Therapy

Description (returns = 146)

These data suggest that funded staffing for Occupational Therapy in critical care is very low with 14% (20/146) of units reporting any form of Occupation Therapy input.

This provision covers all banding from band 5 – 8a, with only five units reporting 1.0 - 2.0wte band 7 Occupational Therapist provision.

Only one of the band 7 Occupational Therapists was trained to Masters level.

GIRFT
GETTING IT RIGHT FIRST TIME

Adult Critical Care

GIRFT Programme National Specialty Report

by Anna Batchelor
GIRFT Clinical Lead for Adult Critical Care

February 2021

Patient outcomes, rehabilitation and follow-up

Despite growing evidence that a critical care admission can have a lasting impact on patient health, there is limited data about individual patient outcomes, beyond readmission and mortality rates, and even these are not routinely available to clinicia

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eviden

Workforce

Around 70% of the cost of a critical care unit relates directly to staffing. The workforce is under pressure, with great variation between units in terms of the adequacy of staffing levels. To ensure a sustainable workforce in the long term we fully support the recommendations in the Faculty of Intensive Care Medicine and the Intensive Care Society's Guidelines for the Provision of Intensive Care Services (version 2, 2019, known as GPICS2). We also have particular concerns about the patchy provision of dedicated critical care pharmacists, inadequate provision of psychology services and the need to review the training/funding model for Advanced Critical Care Practitioners (ACCPs) in order to ensure they can be trained and employed more evenly across trusts. We also suggest that experience in staffing units during the COVID-19 pandemic is thoughtfully reviewed for insights that could inform future workforce models.

Adult Critical Care

GIRFT Programme National Specialty Report

by Anna Batchelor
GIRFT Clinical Lead for Adult Critical Care

Multidisciplinary team requirements

We noted significant variations and general shortfalls in AHPs, most notably in the availability of physiotherapists. Patients need respiratory and rehabilitation input seven days a week, but too often rehab is not available at weekends, and in some cases respiratory input is only available as an emergency on-call service at weekends, with staff covering many wards in addition to critical care.

Very few units have access to occupational therapists, Occupational therapists can reduce sedation use, potentially decrease delirium, support rehabilitation and potentially decrease critical care and hospital lengths of stay, but business cases are declined year after year.

Data collected as follows by the FICM Work Force Data Bank supports our view:[73]

- 86% (145/169) of critical care environments have access to a **dietitian**;
- only 30% (43/145) of critical care environments can identify support of a **speech and language therapist**;
- funded staffing for **occupational therapy** in critical care is very low with only 14% (20/146) of units reporting any form of Occupational Therapy input.
- only 17% (23/135) of units in the country have a service offering **psychological support** to patients and families in the unit, with the majority (65%) of these units having access to only one psychologist (15/23);
- On-going physical rehabilitation was limited, with only 29% of units reporting **physiotherapy** contributing to follow-up clinics and only 19% reporting the provision of outpatient based services when discharged.

Contents lists available at ScienceDirect

Australian Critical Care

journal homepage: www.elsevier.com/locate/aucc

Research paper

Physiotherapy services in intensive care. A workforce survey of Australia and New Zealand

	Level 3	Level 2	Level 1	Paediatric	p
Weekday ICU physiotherapy staffing					
Total ICU physiotherapy FTE[b]	2.5 (1.6–3.5)[a]	1.0 (0.8–1.5)[b]	0.8 (0.3–1.0)[b]	1.6 (1.0–2.8)[a,b]	<0.001
Total physiotherapy FTE per ICU bed[b]	0.11 (0.09–0.15)	0.09 (0.07–0.15)	0.08 (0.02–0.13)	0.11 (0.08, 0.15)	0.421
Designated senior ICU position, n (%)	46/47 (98)	23/27 (85)	4/6 (67)	5/6 (83)	0.040
Senior ICU physiotherapist FTE	1.0 (0.6–1.0)	1.0 (0.5–1.0)	1.0 (0.8–1.3)	1.0 (1.0–1.0)	0.131
Senior ICU physiotherapist FTE per ICU bed	0.05 (0.03–0.07)	0.07 (0.04–0.11)	0.08 (0.08–0.13)	0.05 (0.04, 0.08)	0.844

	Level 3	Level 2	Level 1	Paediatric	p
After-hour services					
On-call service provided, n (%)	28/47 (60)	15/27 (56)	2/6 (33)	4/6 (67)	NT
Evening shift provided, n (%)	13/47 (21)	–	1/6 (17)	4/6 (67)	NT

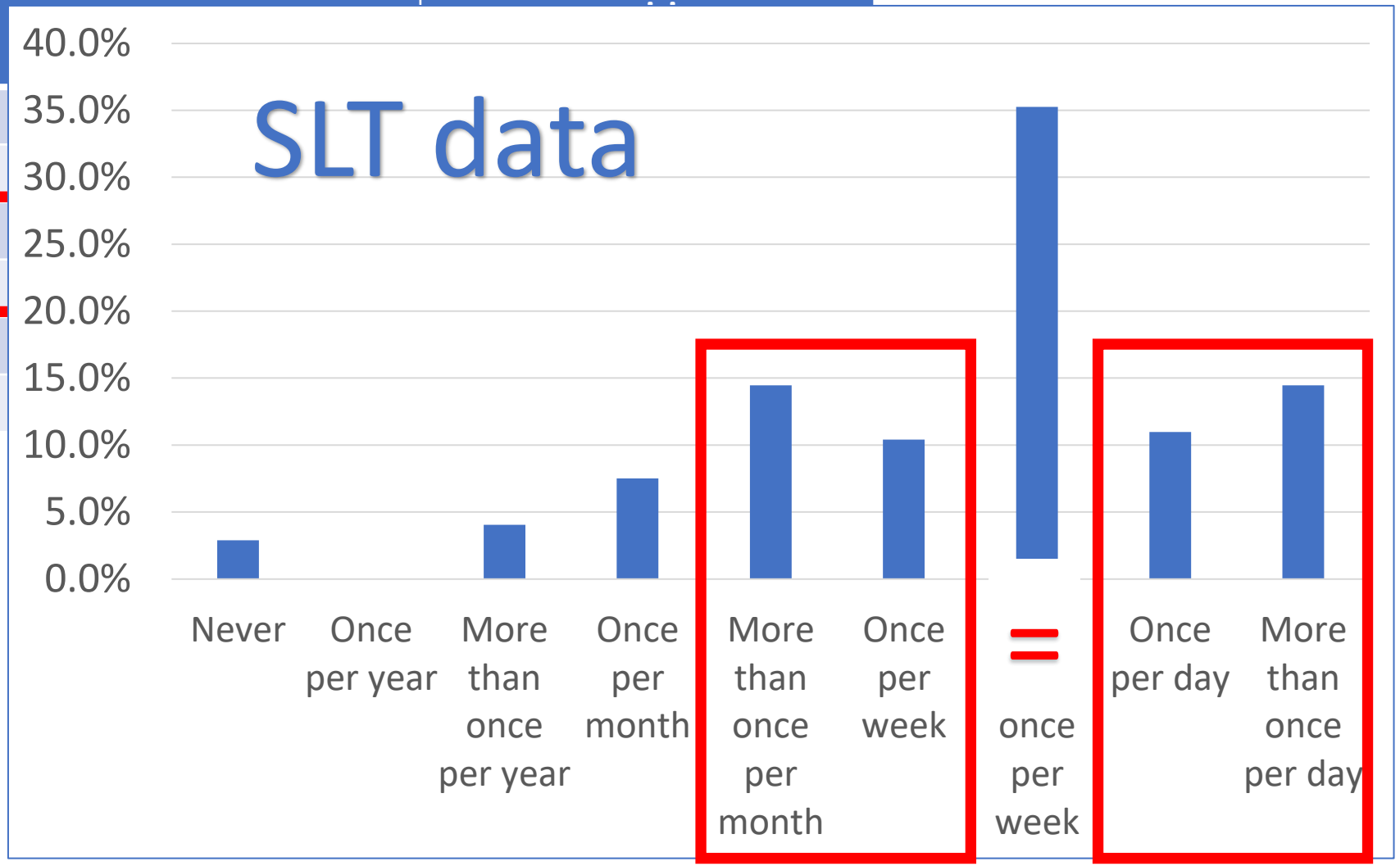
Therapy professionals in critical care: A UK wide workforce survey

Journal of the Intensive Care Society
2022, Vol. 0(0) 1–8

DOI: 10.1177/17511437221100332
journals.sagepub.com/home/jics
SAGE

Paul Twose[1], Ella Terblanche[2], Una Jones[3], James Bruce[4], Penelope Firshman[5], Julie Highfield[6], Gemma Jones[7], Judith Merriweather[8], Vicky Newey[9], Helen Newman[10], Claire Rock[11] and Sarah Wallace[12]

	Number of responses	Percentage of units with
Dietetics		
Psychology		
OT		
Physiotherapy		
SLT		



	Guidelines for Provision of Intensive Care Services	Staff : Bed Number ratio – *Mainly work in ICU*	Staff : Bed Number ratio – *Work anywhere across hospital*	Yorkshire and North East
Dietetics	1:10	1:24.7	1:29.8	1:19.9
Psychology	1:10	1:37.2	1:179.1	1:58.7
Occupational Therapy	1:10	1:41.5	1:90.1	1:451.8
Physiotherapy	1:4	1:6.8	1:17.3	1:30.8
Speech & Language Therapy	1:10	1:30.0	1:157.6	1:132.2

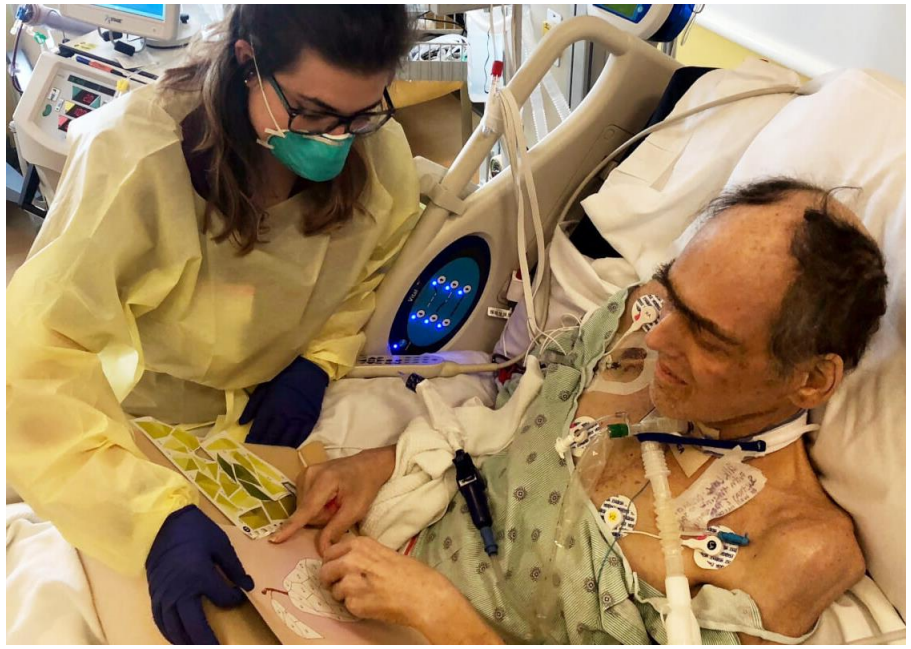
99% of patients require occupational therapy during their admission

BUT

Only 42% of UHBs have any form OT input
Most do not have a dedicated service

IF THERE IS A SERVICE

Each patient will get a most 25-30 minutes per week!




HOW TO
SWAP OUT
INGREDIENTS
with substitution chart!
AMOUNT
Half & Half
1 cup
1 cup

BMJ Open Respiratory Research

Exploration of therapists' views of practice within critical care

Paul Twose,[1,2] Una Jones,[2] Mina Bharal,[3] James Bruce,[4] Penelope Firshman,[5] Julie Highfield,[6] Gemma Jones,[7] Judith Merriweather,[8] Vicky Newey,[9] Helen Newman,[10] Claire Rock,[11] Ella Terblanche MBE,[12] Sarah Wallace OBE[13]

Table 2 Key themes of therapy practice within critical care

Theme	Subtheme
Professional characteristics	Professional development Evidence-based practice Governance Role specifics
Multidisciplinary team	Collaborative working Roles and responsibilities
Staffing	Funding Workforce Staff:patient ratios
COVID-19 pandemic	

Key messages

- What is therapists' perception of their role within critical care and what are the unique contributions of each therapy profession?
- Therapists are an essential component to the delivery of critical care especially regarding recovery and rehabilitation. Each therapy profession provides unique contributions, whilst collaboratively focusing on holistic, patient-centred care, as part of the wider therapies and multiprofessional critical care team.
- This study is the first to combine the opinions of the five core therapy professions working within critical care. It identifies core themes of clinical practice which are common across the professional groups but also identifies areas of differences especially within professional characteristics and provision of interventions.

BMJ Open Respiratory Research

Exploration of therapists' views of practice within critical care

Table 3 Specific roles by professional background

Dietetics	Occupational therapy	Physiotherapy	Psychology	Speech and language therapy
▶ Individulised assessment for nutritional content, timing and amount ▶ Estimations of energy and protein requirements ▶ Advising / education for MDT ▶ Assessment of drugs impacting on nutrition ▶ Extended scopes—insertion of feeding tubes	▶ Assessment of function, mood and engagement ▶ Early discharge planning ▶ Rehabilitation ▶ Maintenance of joint range ▶ Seating assessments ▶ Sensory assessments ▶ Occupation ▶ Assessment and intervention for mental health needs ▶ Assessment of cognition ▶ Delirium management	▶ Respiratory assessment ▶ Secretion management ▶ Optimisation of oxygenation and ventilation ▶ Ventilator weaning ▶ Extubation assessment ▶ Lung ultrasound ▶ Tracheostomy care and weaning ▶ Rehabilitation	▶ Assessment and intervention for inpatients—during and after critical care ▶ Assessment and intervention for families ▶ Staff well-being ▶ Intervention for staff for work related well-being	▶ Restoration of communication ▶ Restoring airflow to upper airway ▶ Diagnostics with FEES and video fluoroscopy ▶ Assessment of mental capacity ▶ Use of one-way valves (tracheostomy) ▶ Above cuff vocalisation ▶ Secretion management

All participants also reflected the need for individualised care and patient advocacy within their specialist area.
FEES, fibre-optic endoscopic evaluation of swallow; MDT, multidisciplinary team.


TOUCH MY CAKE
AND I WILL CUT YOU

Contents lists available at ScienceDirect

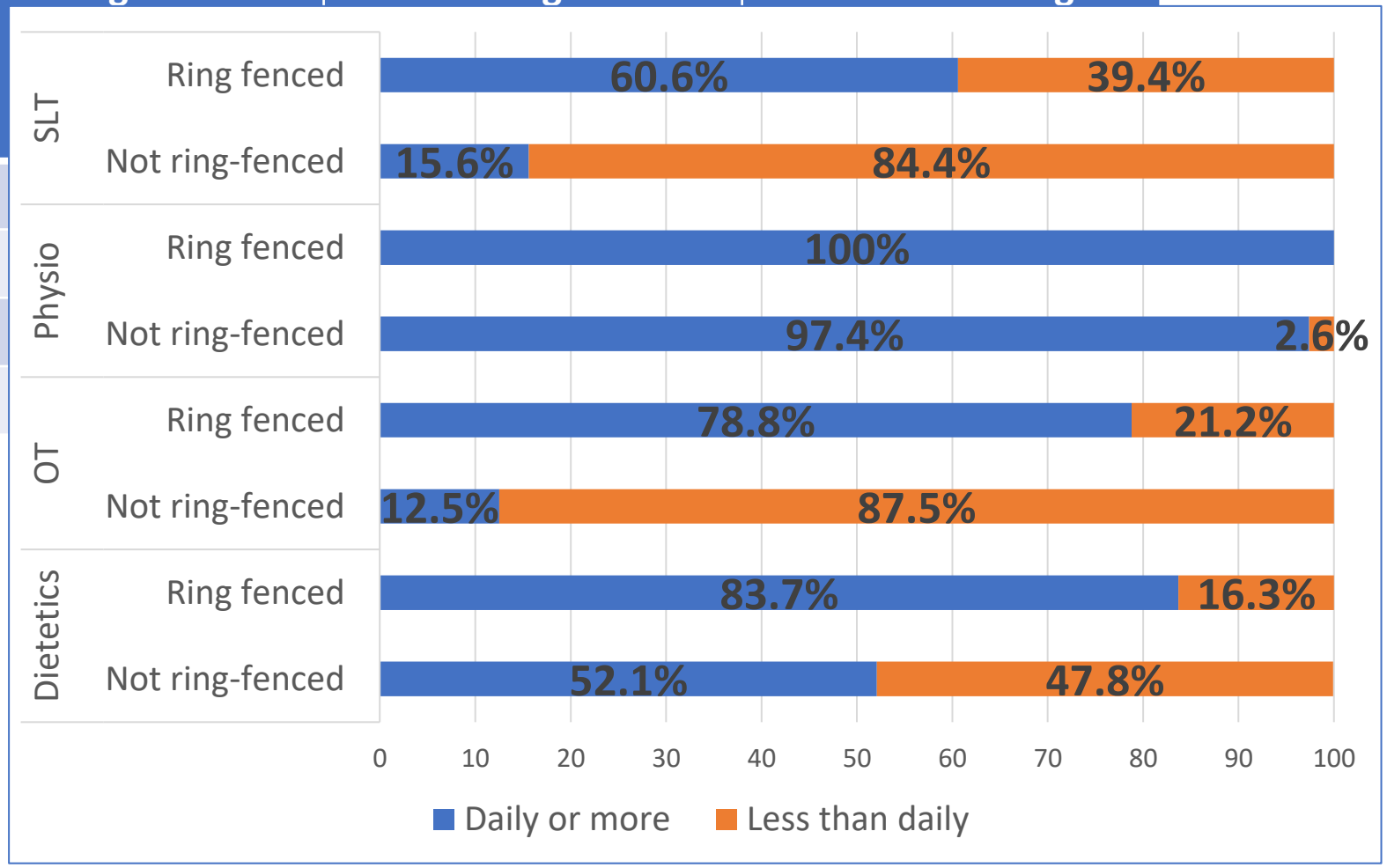
Australian Critical Care

journal homepage: www.elsevier.com/locate/aucc

Research paper

Protected therapy services for critical care: A subanalysis of the UK-wide workforce survey

	Percentage of units with ring fenced	Staff : Bed Number ratio – Ring- fenced	Staff : Bed Number ratio – No Ring-
Dietetics			
OT			
Physiotherapy			
SLT			



Contents lists available at ScienceDirect

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	Ring-Fenced Funding (%)	Not Ring-fenced Funding (%)
Occupational therapy		
Sitting out in a chair	84.2	40.9
Positioning	78.9	43.5
Personal activities of daily living (e.g., washing / feeding)	81.6	37.9
Family engagement	65.8	33.3
Sitting on the edge of the bed	78.9	37.9

	Ring-Fenced Funding (%)	Not Ring-fenced Funding (%)
Speech & Language Therapy		
Communication assessment	78.9	27.7
Alternative and augmented communication	50.5	17.6
Dysphagia exercises	50.0	24.6
One-way valve trials (tracheostomy)	81.6	36.9
Secretion management strategies	65.5	29.2

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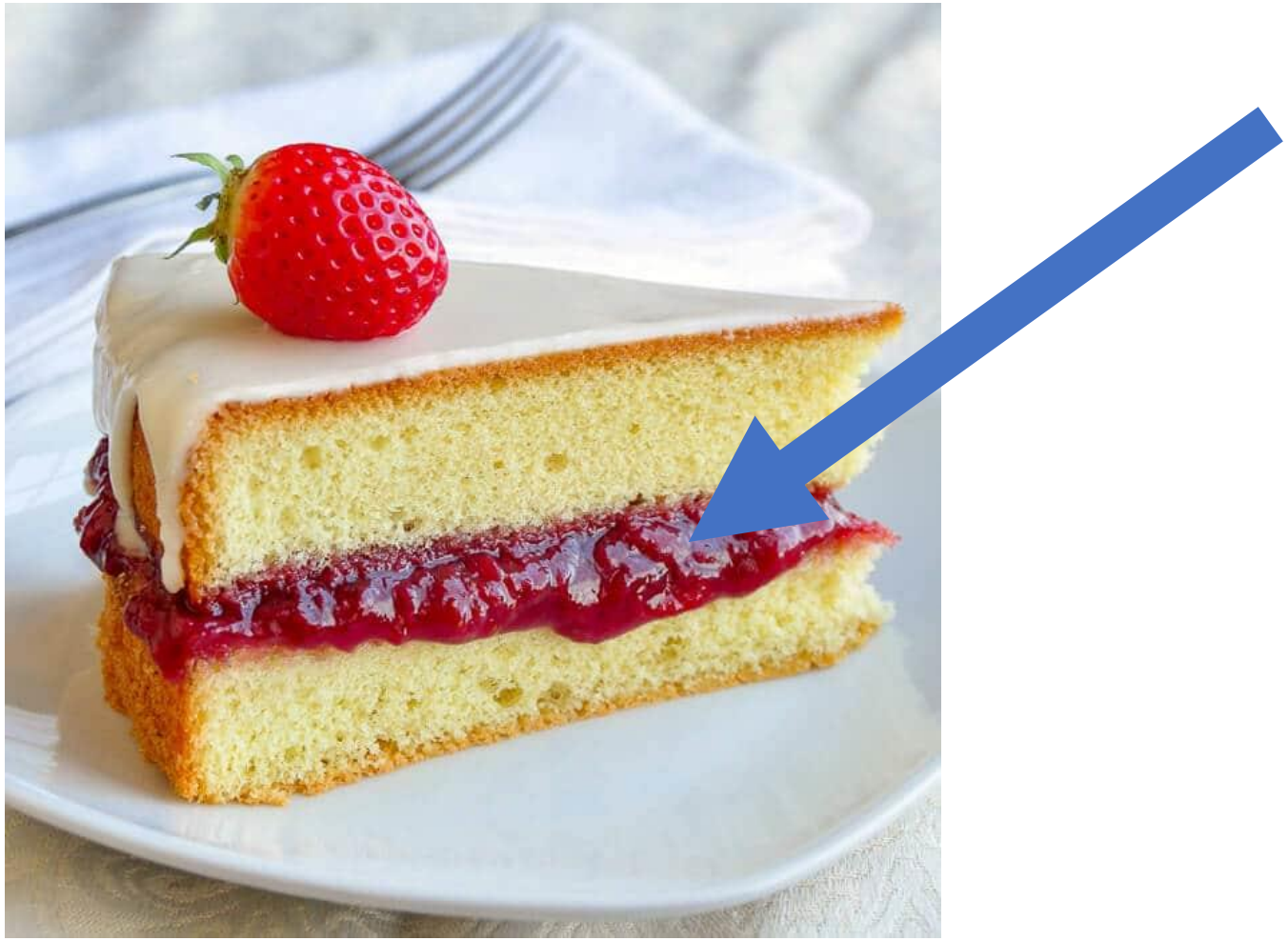
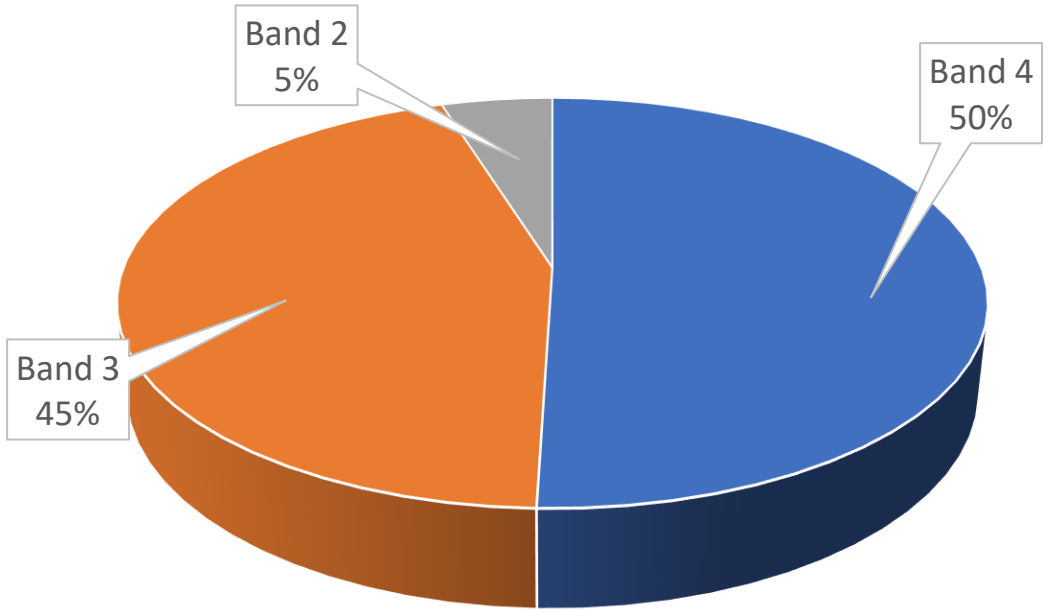
	D		OT		PT		SLT	
	Ring-fenced (%)	Non ring-fenced (%)	Ring-fenced (%)	Non ring-fenced (%)	Ring-fenced (%)	Non ring-fenced (%)	Ring-fenced (%)	Non ring-fenced (%)
Multi-disciplinary team meetings	65.2	13.0	63.6	16.7	74.4	50.0	65.8	10.9
Complex case meetings	20.6	14.4	48.5	8.4	58.1	48.8	47.4	13.2
Morning handover rounds with the MDT	21.8	15.9	48.5	10.5	62.6	46.2	26.4	3.9
Ward rounds								
Discharge mee								
Tracheostomy								
Family meetin								

	D		OT		PT		SLT	
	Ring-fenced (%)	Non ring-fenced (%)	Ring-fenced (%)	Non ring-fenced (%)	Ring-fenced (%)	Non ring-fenced (%)	Ring-fenced (%)	Non ring-fenced (%)
Clinical governance processes	36.0	20.2	24.3	2.1	59.0	35.8	42.1	4.7
Clinical guidelines	21.8	13.0	15.3	0.0	24.1	14.1	10.5	3.9
Morbidity and mortality processes	15.3	4.3	15.1	0.0	27.2	11.5	23.7	6.2
Business meetings	14.1	14.1	9.1	0.0	22.5	16.7	18.4	1.6

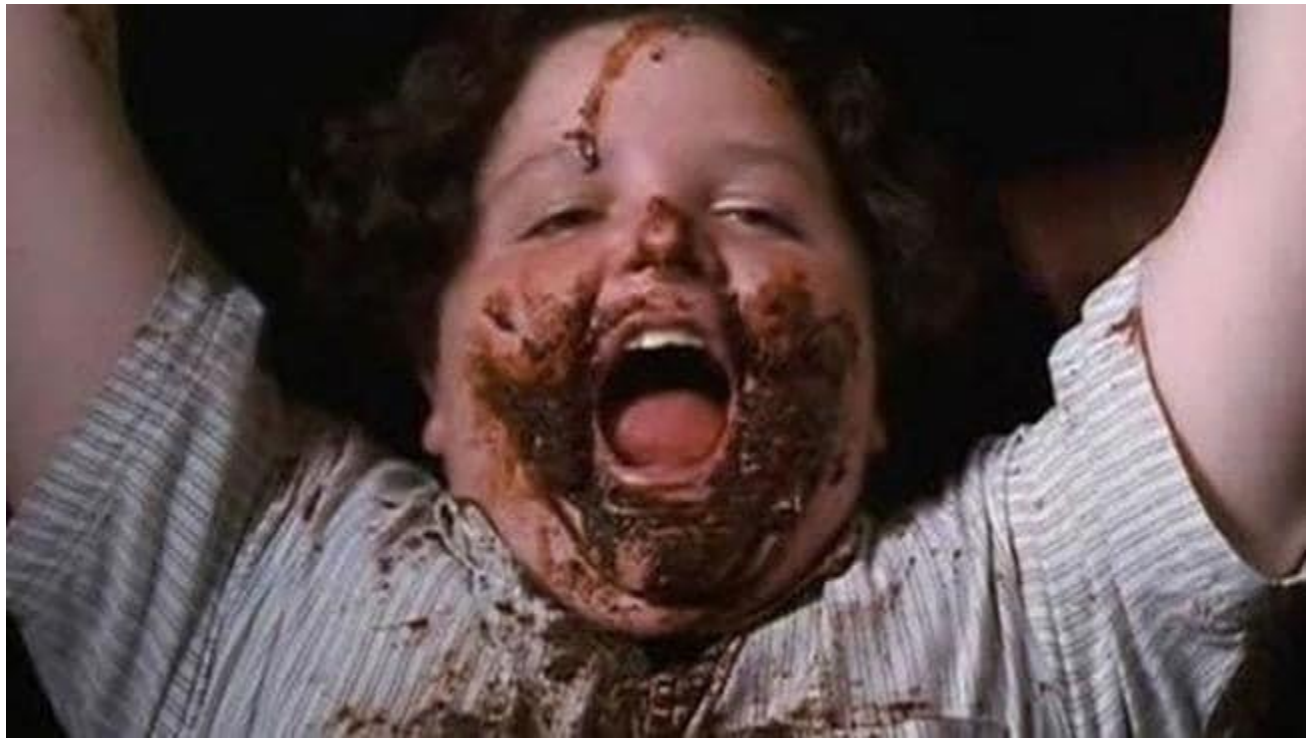


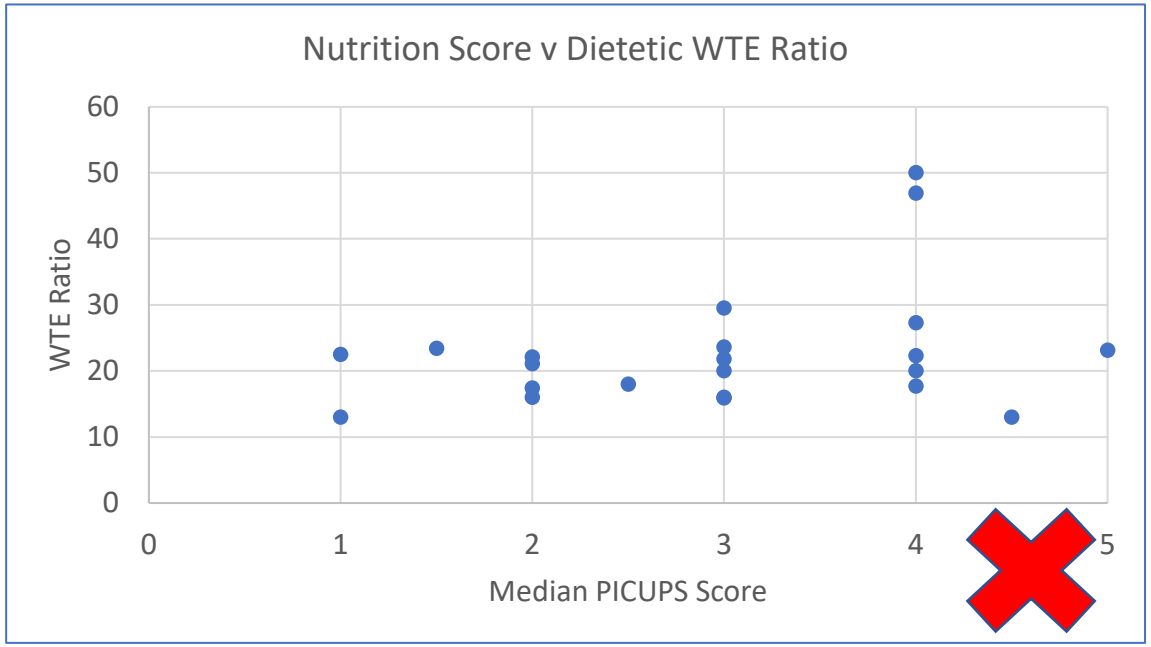
*Disclaimer: Other varieties of (non-registered staff) fillings are available

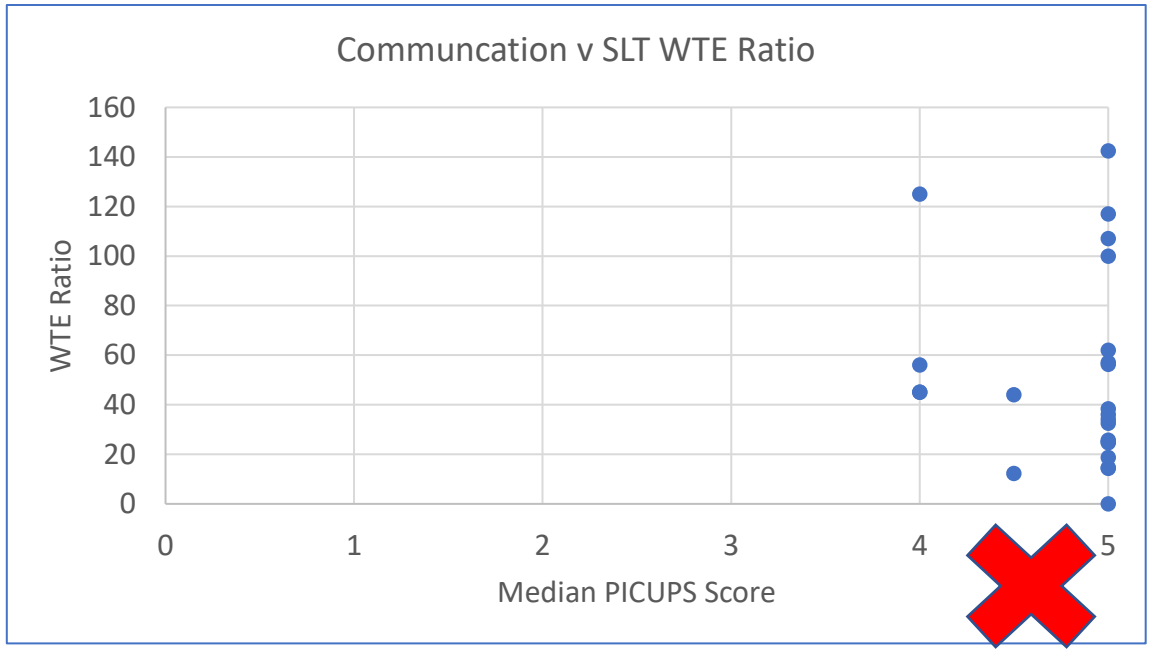
	No of Posts
Dietetics	4
Occupational Therapy	11
Psychology	0
Physiotherapy	84
Speech and Language Therapy	4

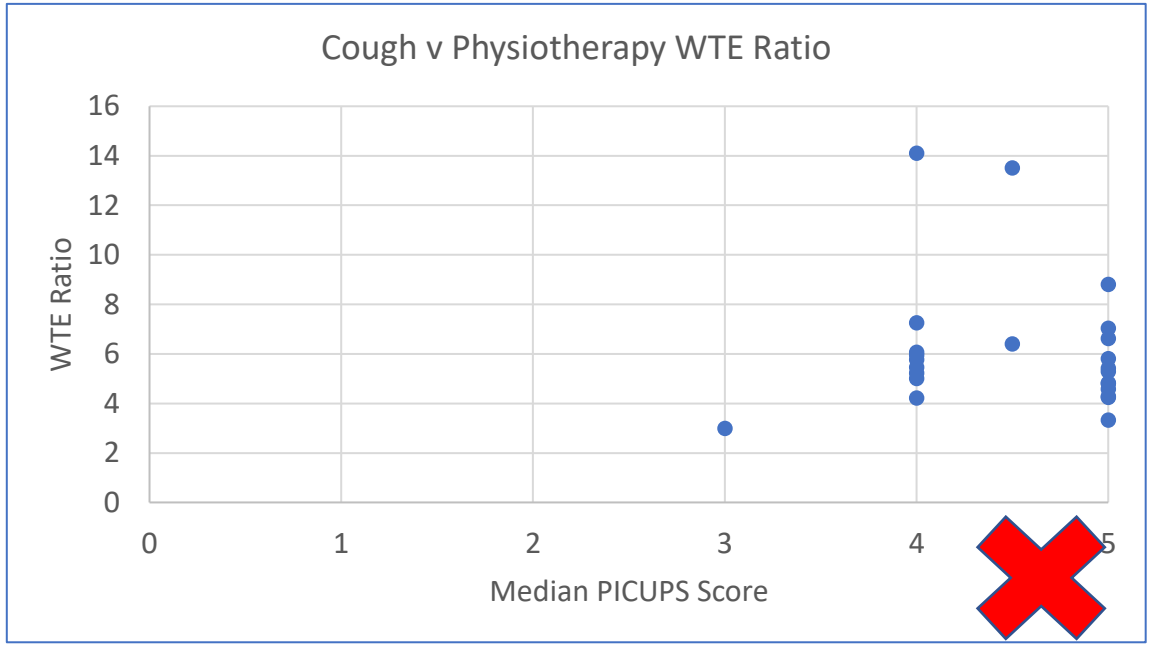


But you do need the cake to put the jam in!!!




Nutrition Score v Dietetic WTE Ratio
WTE Ratio
60
50
40
30
20
10
0
0
1
2
3
4
5
Median PICUPS Score


Communcation v SLT WTE Ratio
WTE Ratio
160
140
120
100
80
60
40
20
0
0
1
2
3
4
5
Median PICUPS Score


Cough v Physiotherapy WTE Ratio
WTE Ratio
16
14
12
10
8
6
4
2
0
0
1
2
3
4
5
Median PICUPS Score

Does AHP workforce influence PICUPS?

	Dietetics	OT	Psych	Physio	SLT	**OVERALL**	**PICUPS RANK**
1	1	8	5	8	3	**6**	**8**
2	3	6	8	6	4	**7**	**5**
3	6	4	6	5	8	**8**	**3**
4	5	7	2	2	1	**1**	**1**
5	8	3	1	7	5	**5**	**4**
6	4	2	3	4	5	**3**	**7**
7	2	5	7	1	2	**1**	**2**
8	7	1	4	3	7	**4**	**6**

South African Journal of Physiotherapy
ISSN: (Online) 2410-8219, (Print) 0379-6175
AOSIS
Page 1 of 8 Original Research

Impact of the Chelsea critical care physical assessment (CPAx) tool on clinical outcomes of surgical and trauma patients in an intensive care unit: An experimental study

CrossMark

A Core Outcome Set for Research Interventions to Prevent and in Critically Ill Adults: A Consensus Study

Patient and family experience of physical rehabilitation on the intensive care unit: a qualitative exploration

Zoe van Willigen[a,*], Chantel Ostler[a], Debbie Thackray[a], Rebecca Cusack[b]
[a] University of Southampton, University Road, Southampton SO17 1BJ, UK
[b] University Hospital Southampton, Tremona Road, Southampton SO16 6YD, UK

ation Core Outcomes In ss (PRACTICE): protocol for opment of a core outcome set

ronwen Connolly[1,2,3,4*], Linda Denehy[4], Nicholas Hart[1,3], Natalie Pattison[5,8], Paula Williamson[6,9] and Bronagh Blackwood[7,10]

icnarc | intensive care national audit & research centre

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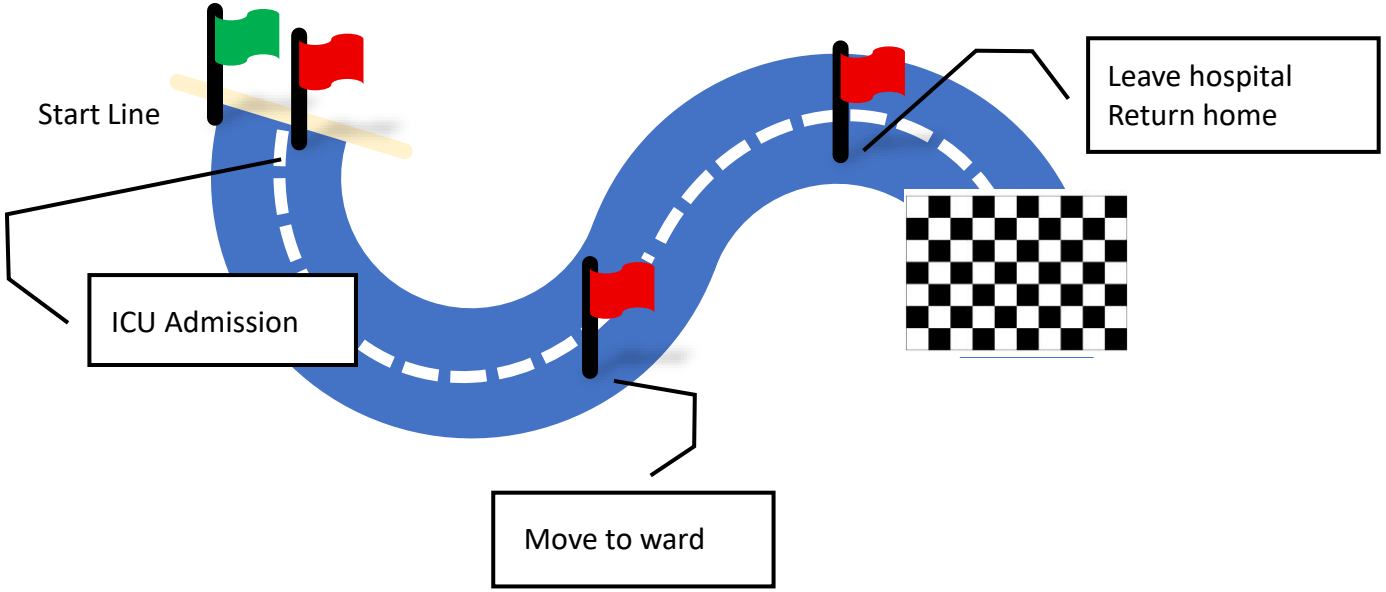
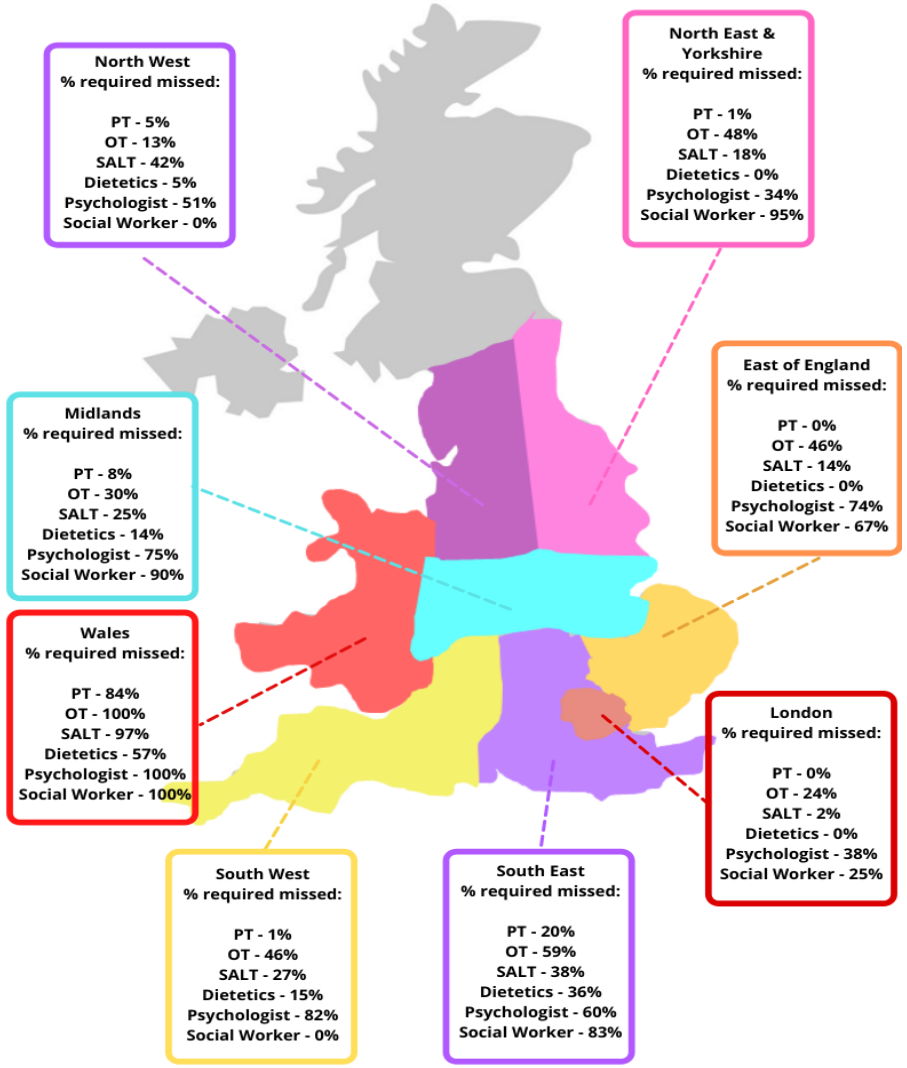
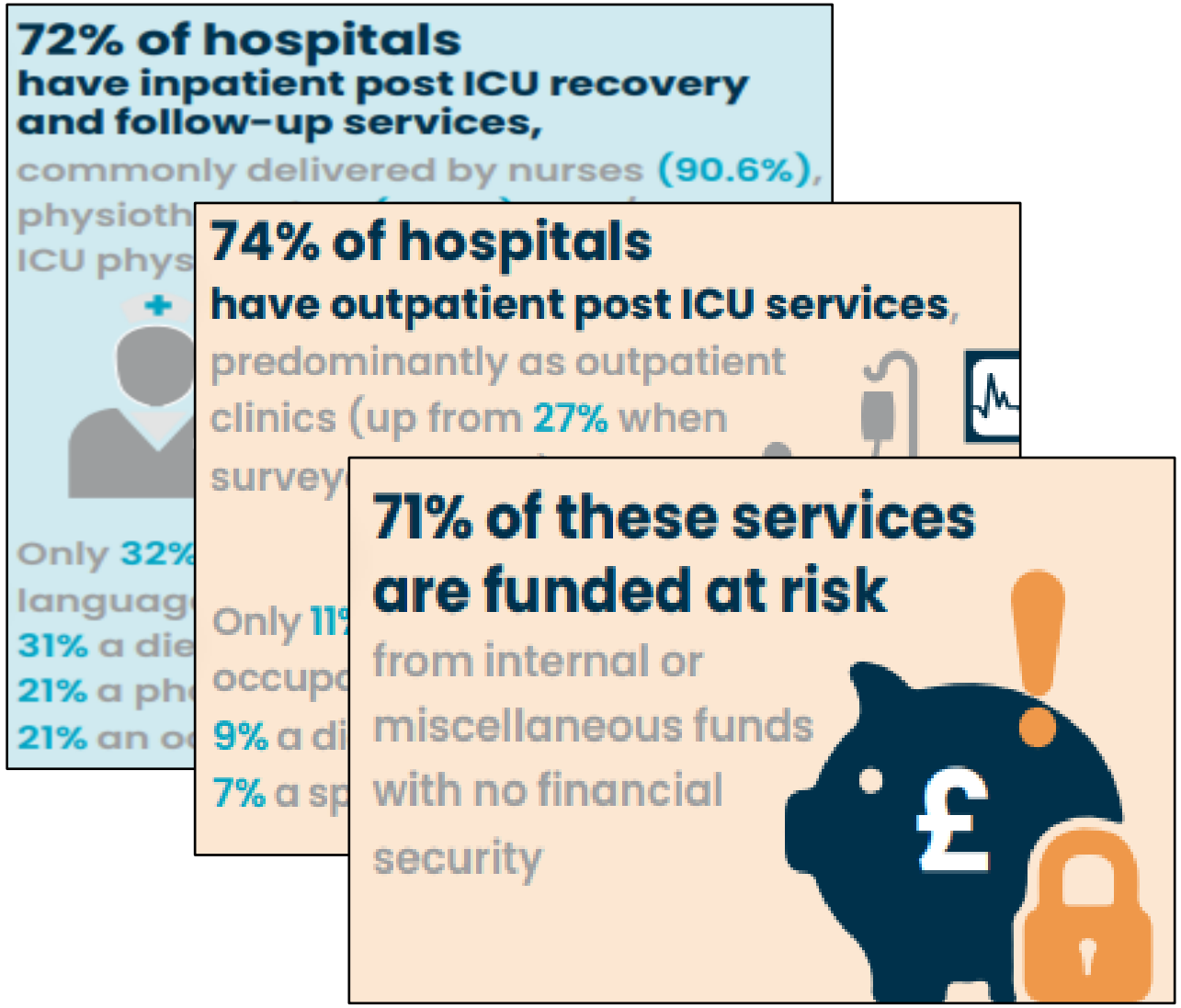
Research paper

Physiotherapy services in intensive care. A workforce survey of Australia and New Zealand

The level of satisfaction with staffing was described to participants as the perceived ability to address most aspects of clinical workload, education, supervision, and administrative roles for the ICU service. Levels of satisfaction for weekday staffing varied with 44 of 86 (51%) dissatisfied, 12 of 86 (14%) neither satisfied nor dissatisfied, and 30 of 86 (35%) satisfied. There was no difference in satisfaction with staffing between different ICU levels ($p = 0.591$), but a difference in satisfaction was linked to the ratio of physiotherapy FTE allocated per ICU/HDU bed. Respondents who were satisfied with their staffing had higher levels of staffing (0.15 [0.1–0.2] physiotherapy FTE per ICU/HDU bed) than those who were dissatisfied (0.09 [0.07–0.11], $n = 86$, $p < 0.001$). Similarly, the staffing level where respondents were neither satisfied nor dissatisfied (0.14 [0.09–0.15] physiotherapy FTE per ICU/HDU bed) was higher than that in sites where respondents were dissatisfied ($p = 0.022$). There was no statistical significance between the groups who were "satisfied" or "neither satisfied nor dissatisfied" ($p = 0.795$).


Start Line
ICU Admission
Move to ward
Leave hospital
Return home


North West
% required missed:
PT - 5%
OT - 13%
SALT - 42%
Dietetics - 5%
Psychologist - 51%
Social Worker - 0%
North East & Yorkshire
% required missed:
PT - 1%
OT - 48%
SALT - 18%
Dietetics - 0%
Psychologist - 34%
Social Worker - 95%
East of England
% required missed:
PT - 0%
OT - 46%
SALT - 14%
Dietetics - 0%
Psychologist - 74%
Social Worker - 67%
Midlands
% required missed:
PT - 8%
OT - 30%
SALT - 25%
Dietetics - 14%
Psychologist - 75%
Social Worker - 90%
Wales
% required missed:
PT - 84%
OT - 100%
SALT - 97%
Dietetics - 57%
Psychologist - 100%
Social Worker - 100%
London
% required missed:
PT - 0%
OT - 24%
SALT - 2%
Dietetics - 0%
Psychologist - 38%
Social Worker - 25%
South West
% required missed:
PT - 1%
OT - 46%
SALT - 27%
Dietetics - 15%
Psychologist - 82%
Social Worker - 0%
South East
% required missed:
PT - 20%
OT - 59%
SALT - 38%
Dietetics - 36%
Psychologist - 60%
Social Worker - 83%

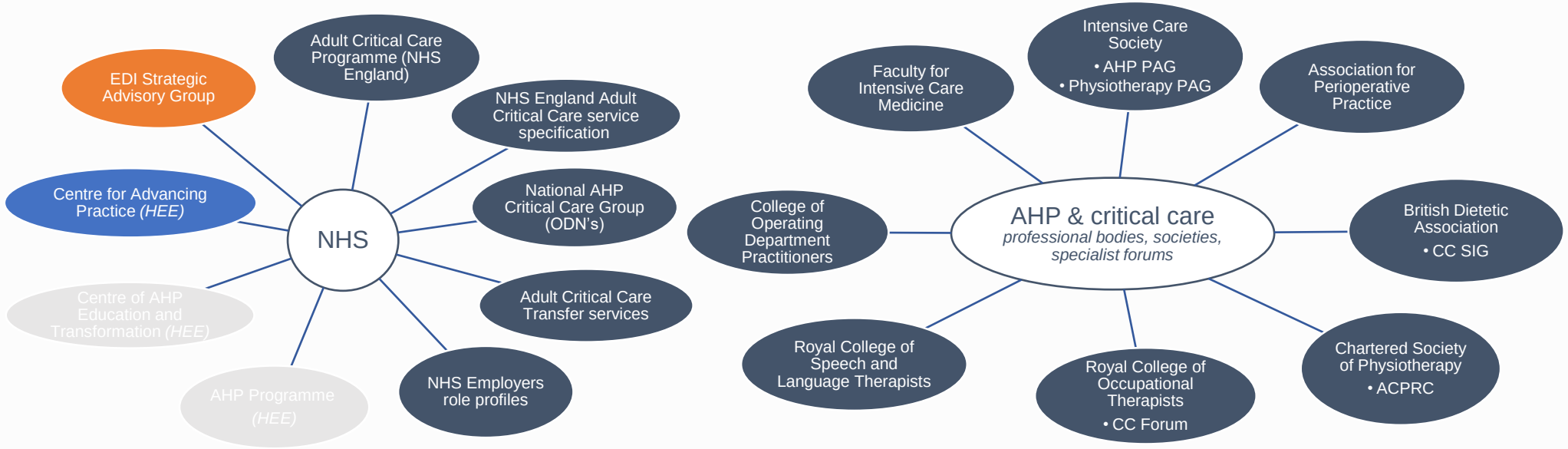

72% of hospitals
have inpatient post ICU recovery and follow-up services,
commonly delivered by nurses (90.6%),
74% of hospitals
have outpatient post ICU services,
predominantly as outpatient clinics (up from 27% when
71% of these services are funded at risk
from internal or miscellaneous funds with no financial security


CAKE!
CAKE!
WE WANT MORE
CAKE!

National priorities

- NHS Long Term Plan
- AHP's Strategy for England: AHP's Deliver
- NHS People Plan
- Enhanced Practice: A workforce modelling project
- Guidelines for the Provision of Intensive Care Services

Stakeholders



Emerging and interacting work

- HCPC Preceptorship Principles
- Enhanced Practice Profession Specific Schema & Model Curricula
- RCSLT Career Framework
- AHP Support Worker curriculum design
- Steps Framework for Adult Critical Care Nurses
- ACCEND
- Building outstanding theatre teams
- HEE Educator Workforce Strategy

Standards & frameworks for levels of practice

Supportive	Assistive	Novice	Intermediate	Enhanced	Advanced	Consultant
AHP Support Worker apprenticeship	AHP Assistant Practitioner apprenticeship	Pre-registration standards HCPC Preceptorship Principles	CAPITAL AHP CC Competency Framework	Enhanced Clinical Practitioner apprenticeship	Multi-professional framework for advanced clinical practice in England	HEE Multi-professional consultant-level practice capability and impact framework

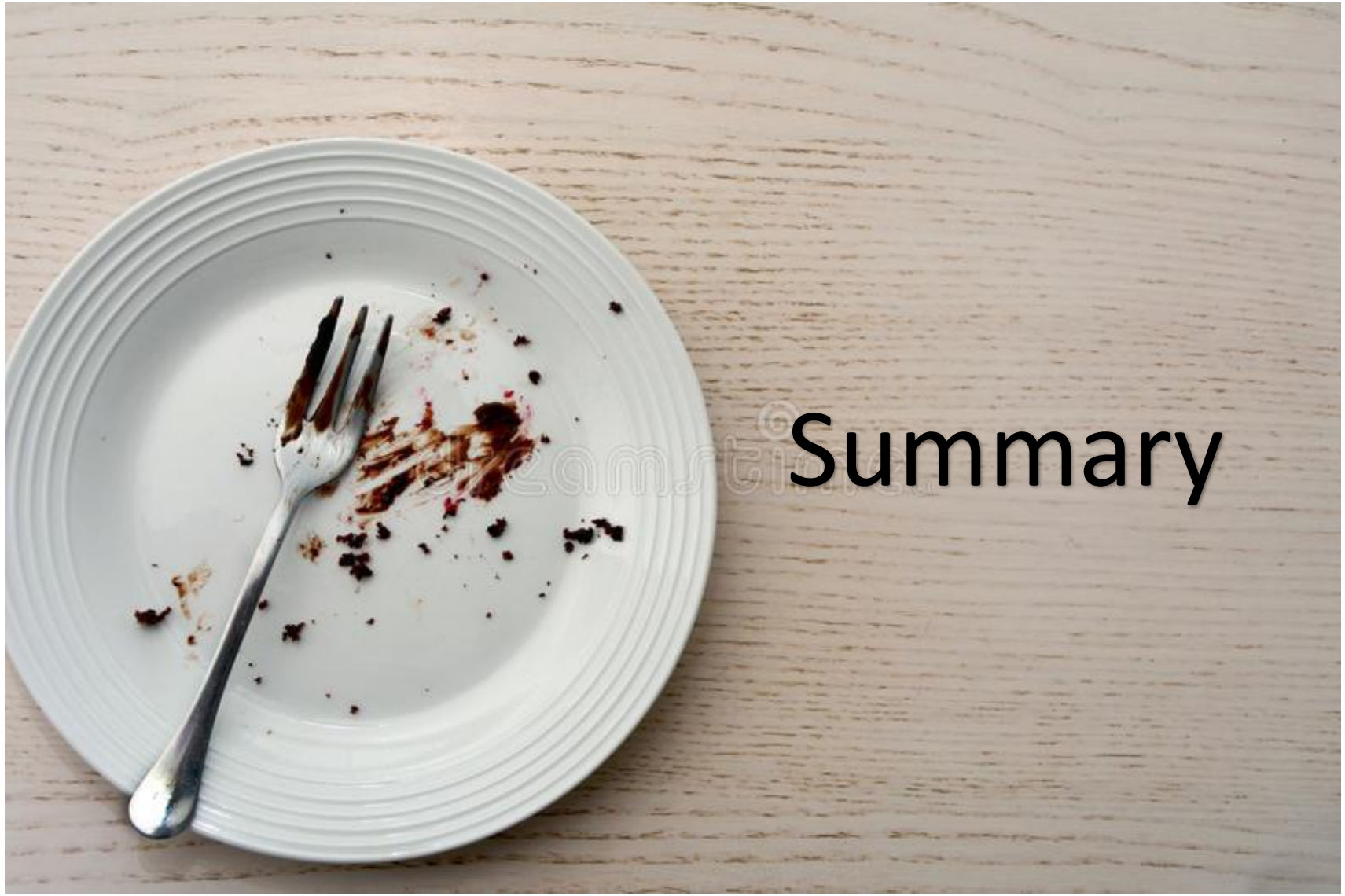
AHP Professional Development Framework: Physiotherapy, OT, SLT, Dietetic Pillars *(ICS)*

Critical Care Outreach Practitioner Framework *(NOrF, ICS, & CC3N)*

Evaluations

- RREAL outputs
- Evaluation of C3 pilot
- Evaluation of CC upskilling investment (not published)
- HEE AHP Support Worker Strategy Impact Evaluation report (not published)


WHAT'S
YOUR
STORY?



Summary

Key Messages

- AHP staff are essential to the provision of rehabilitation
- This must be delivered throughout patients hospital admission and into the community
- There is currently insufficient therapy staff working within ICU to meet the demand – often no service at all!!
- The result is poorer patient experience and outcomes
- The same story is replicated on the wards and into the community

AND I HAVENT EVEN MENTIONED PHARMACY!

Thank you

Paul.Twose@wales.nhs.uk
@PaulTwose