Health Education England
Allied Health Professionals

Faculty Test Beds

Formative Evaluation: Detailed Findings

Final Report: 31st July

Contents

Introduction

Allied Health Professionals (AHP) are a diverse group of **14 different registered clinical staff** providing diagnostic, technical and therapeutic patient care.

AHP Faculties were proposed in the Interim NHS People Plan to improve the co-ordination of activities designed to encourage the supply, education and training, and retention of AHPs.

24 STP/ICS Faculty Test-Beds have been funded to establish an AHP Faculty and to start work on at least one workforce development project. The timetable for the deployment of the Faculty Test-Beds has been impacted by the COVID-19 Pandemic, with implementation and operations necessarily delayed as resources were deployed to meet other priorities.

Anglia Ruskin University, Rethink Partners and Economics by Design have been asked to provide a **Formative Evaluation** of the Test-Beds to help inform improvement, spread and adoption.

The Evaluation uses **Mixed-Methods Research** to identify early lessons on process, impact and economic value.

This report presents the **Findings** of the Evaluation.

Key Findings

Faculties are designed to **provide a cost-effective** means of coordinating AHP workforce development activities. To achieve this they are expected to have a **strong local governance structure** knitted into the wider system, leadership and engagement of relevant local stakeholders, an **operating model** built around **PDSA** (or equivalent improvement practices), and to be supported by **strong data** and **information**.

The 24 Faculty Test Beds have all been established but **progress has been delayed** as a result of key resources being redeployed during the set-up phase to work on **COVID-19** related activities.

Overall the **faculties align well to expectations** although some elements may need to be developed further for some faculties (particularly around PDSA and informatics capabilities). Faculty projects are mainly focused on two or less priority workforce development themes; return to work is not yet part of any faculty project priorities.

Critical success factors for establishment and successful operations of the Faculty are likely to include: **system-wide leadership** and empowerment of the Faculty leads to lead beyond their authority, **engagement** with the HEIs, **culture of collaboration**, access to placement tariff **funding**, availability and use of **data and informatics**, **recognition** and **priority** within the wider ICS workforce agenda.

It is too early to report on the success or otherwise of the Faculty in achieving its goals and having an impact on AHP vacancy levels. However, based on the expected fully-loaded economic costs of the faculties, they would each achieve a **positive return on investment** if they are able to reduce local AHP vacancies by more than X FTEs and would achieve a cost benefit ration of **1:X** if they reduce vacancies by **Y%**.

Recommendations

MNET Tariff
HEE to stipulate that placement tariff payment requires evidence of how it has been spent.

Leadership
AHPs need to be supported, skilled-up and nurtured to lead beyond their authority. HEE to consider lifelong leadership programmes and mechanisms for supporting professionals at key career moments.

Clinical Placement Platform
HEE to co-produce thinking with AHP community on a new national placement infrastructure.

Professional Development Parity
HEE to explore how the AHP education lifecycle could achieve investment parity with nursing and medical careers.

Storytelling & Governance
HEE to consider how it can support the AHP body to redefine its relationship to systems and particularly ICS in order that it views AHPs as the workforce burning platform (as opposed to nursing).

Evidence Base
Build an evidence base for workforce development.

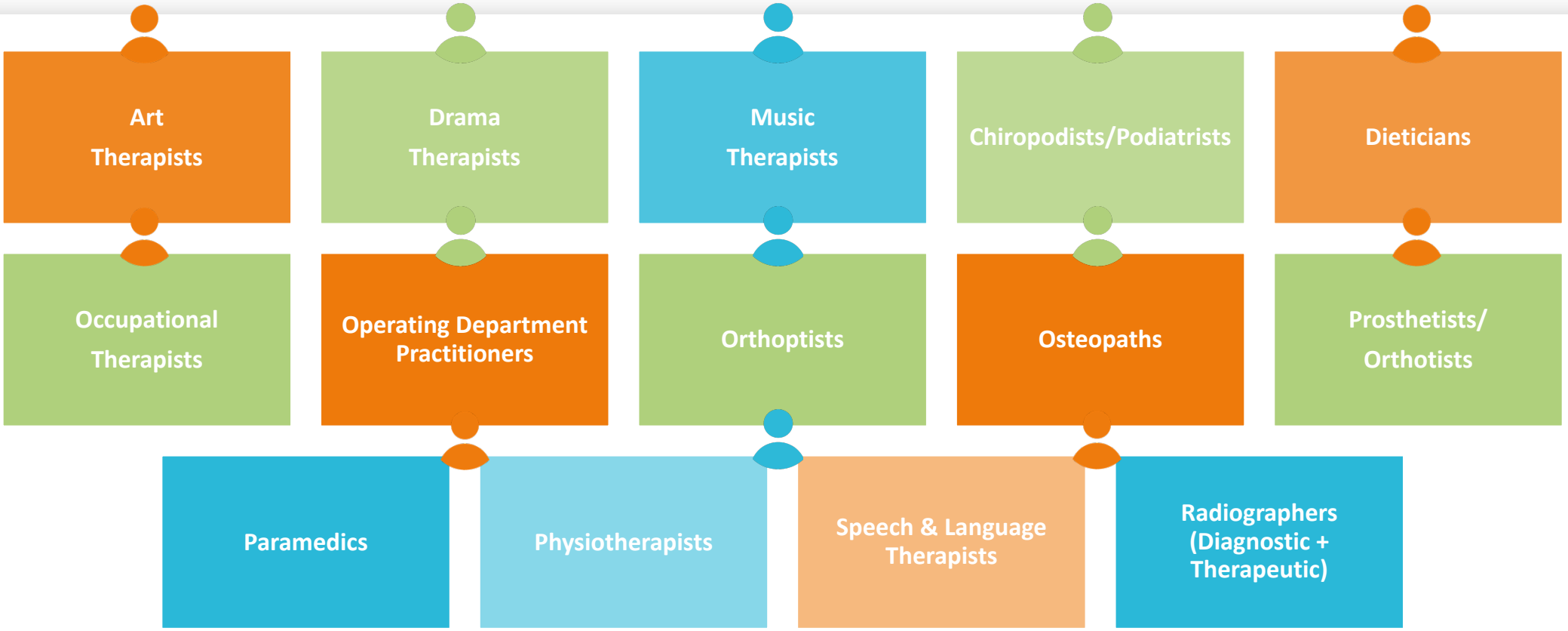
Data
HEE to establish the data requirements, data collection and data management and dashboard to support the faculty.

PDSA
Faculties to use a PDSA (or equivalent) process grounded in informatics to find local solutions to local problems to address the workforce gap and deliver the quadruple aim.

What are Allied Health Professionals?

The 14 Allied Health Professionals

A diverse group of registered clinical staff providing diagnostic, technical and therapeutic patient care.



https://www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/roles-allied-health-professions

AHPs

Key Features

- Degree Level Professionals.
- 13 AHPs are regulated by Health and Care Professions Council (HCPC).
- Osteopaths regulated by General Osteopathic Council.
- Holistic approach to healthcare – care from birth to palliative care.
- Work with social care, housing, education and independent and voluntary sectors to focus on prevention and improvement of health and wellbeing for full quality of live which can influence their family, friends, education/training and workplace.

Value + Potential Future Value of AHPs

Collectively AHPs have the skills, knowledge and expertise to lead change in the health, social and wider care system.

If the skills of AHPs are used effectively across the system, local communities and individuals will experience the following benefits:

"My community and I will be happier, healthier and have greater control of our own health, care and wellbeing."

"I will be able to see the right person, the first time, when and where I need to."

"Everyone involved in my care, including myself, family and carers, will work together to address my needs in the best way possible."

"No matter where I receive care I will be offered the same level of service."

System leaders need to harness AHPs to deliver quality and cost-effective outcomes for individuals and populations. In particular this will deliver the four impacts highlighted in the table below. These impacts align with the triple aim and the national challenges facing ICS/STPs.

AHPs key to transforming health, care and wellbeing in England.			
How will you close the health and wellbeing gap?	How will you drive transformation to close the care and quality gap?		How will you close the finance and efficiency gap?
IMPACT 1	**IMPACT 2**	**IMPACT 3**	**IMPACT 4**
AHPs will improve the health and wellbeing of people and populations.	AHPs will support and provide solutions to general practice and urgent and emergency services to address demand.	AHPs will support integration, addressing historical service boundaries to reduce duplication and fragmentation.	AHPs will deliver evidence based/ informed practice to address unexplained variances in service quality and efficiency.

Source: NHS England: Allied Health Professionals Into Action: Using Allied Health Professionals to transform health, care and wellbeing. 2016/17 - 2020/21

The AHP Workforce Gap & Role of Faculties

1. The 14 allied health professions (AHPs) form the **third largest** clinical workforce in health
2. They play a pivotal role in the delivery of the NHS Long-Term Plan
3. There is currently a workforce gap covering: supply of trained staff, retention of staff in post, and disparities in terms of deployment and development across geographies.
4. There is a national target to reduce AHP vacancies

To be solved by

To address this Gap, the national AHP workforce programme will focus on three key themes:

- increasing future supply,
- bridging the gap between education and employment, and
- enabling the workforce to deliver and grow.

There is an urgent need for improved co-ordination across the health and care system to deliver programmes aligned to the AHP workforce programme goals

To be solved by

Interim NHS People Plan

"....developing AHP faculties to work with healthcare providers to identify how to expand clinical placement activity."

What is an AHP Faculty?

The Faculty Model

Interim NHS People Plan

"….developing AHP faculties to work with healthcare providers to identify how to expand clinical placement activity."

*"An **AHP faculty** will be a group of health, social care, private, independent, voluntary organisations (PIVO), education and training providers and arm's length bodies (ALB), that formally work together across a Sustainability and Transformation Partnership (STP) or Integrated Care System (ICS), to support and deliver a collective approach to increasing placement capacity, supporting continuing professional development (CPD), developing Advanced Clinical Practice (ACP) roles, building partnerships with education providers and addressing other local training and education priorities."*

*"A **test bed** refers to the bringing together of individuals or groups, within an STP/ICS footprint, who have a shared interest to test out the feasibility of a new concept."*

Source: Paula Breeze: National AHP Clinical Fellow

The AHP Faculty Governance Structure

Example

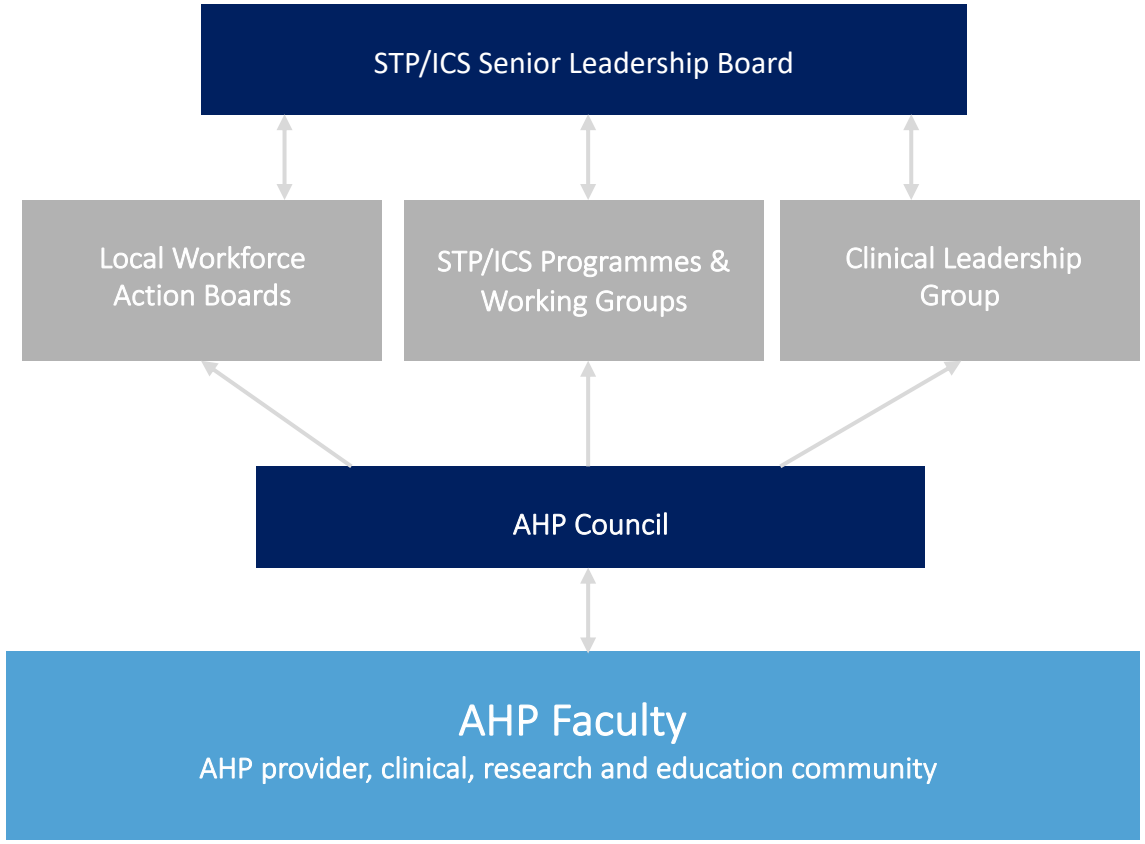
24 Faculty Test Beds being funded to:

- Set up the Faculty
- Carry out a workforce development project (based on local need)

Each are at various stages of maturity.

Workforce development themes:

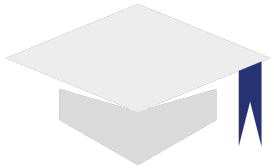
- Careers activity
- Apprenticeships
- Coordination and expansion of clinical placements
- Return to practice
- Work experience



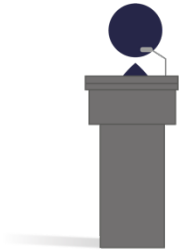
Example Governance Structure Source: Paula Breeze: National AHP Clinical Fellow

Source: Paula Breeze: National AHP Clinical Fellow

What is the AHP Faculty Value Promise?

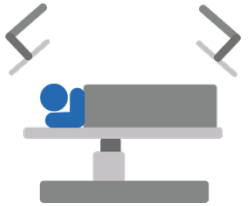


What is the challenge the Faculty is trying to influence?



Education

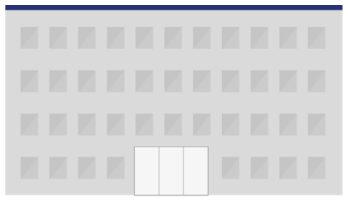
Research



Health System

Poor co-ordination across sectors (*education, research and health system*) and across payer (*CCGs*) and provider (*Trusts, Social Care, Primary Care, Ambulance*) organisations within the health system…

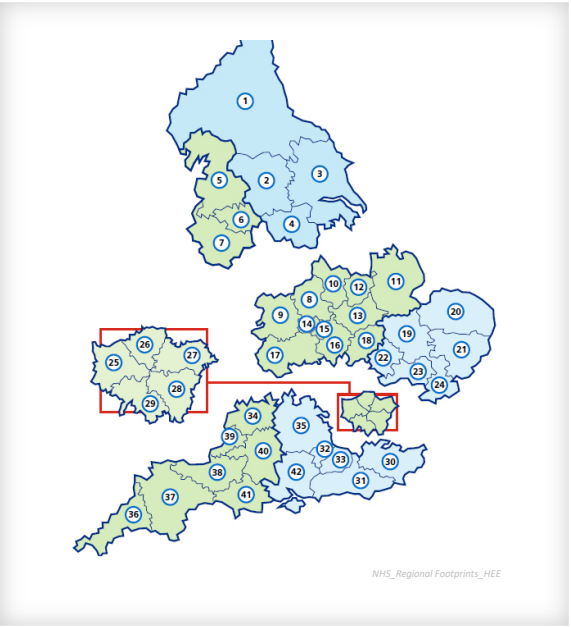
…**hampers the success of local initiatives** to improve workforce supply, education + training and workforce development.



Hospital

GP

Each faculty faces a very different contextual landscape

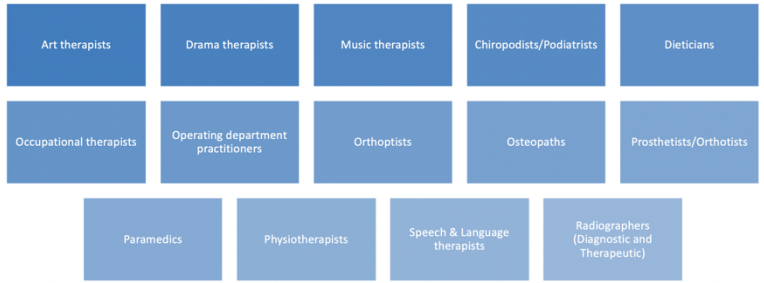


NHS

X44 STP/ ICS

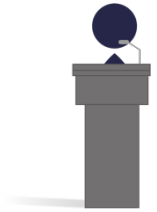
X7 Regionals

There is a lot of complexity across ICS and different considerations will have to be made.



AHP

Institutions



Higher Education Institutions

There is a lot of variation in availability of training courses across ICS.

There is a lot of variation in workforce development challenges across ICS.

Commissioners

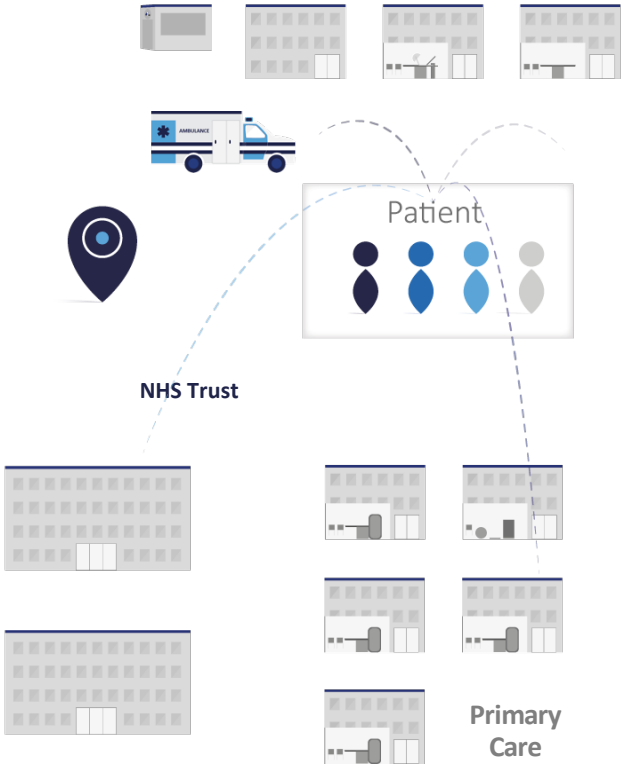
Clinical Commissioning Groups

CCG

Integrated Care Partnerships

Social Care

Providers



Arms Length Bodies

There is a lot of ALBs interested in the roles of AHPs across ICS.

Private

AHP Private Practitioners

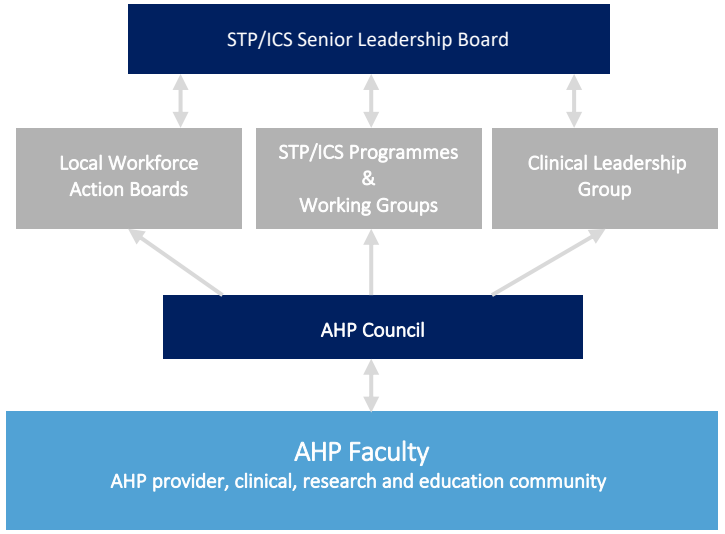
AHP Private Providers

e.g. Care UK

There is a lot of variation in alternative employment models across regions, including private providers and practitioners ICS.

How are faculties expected to operate?

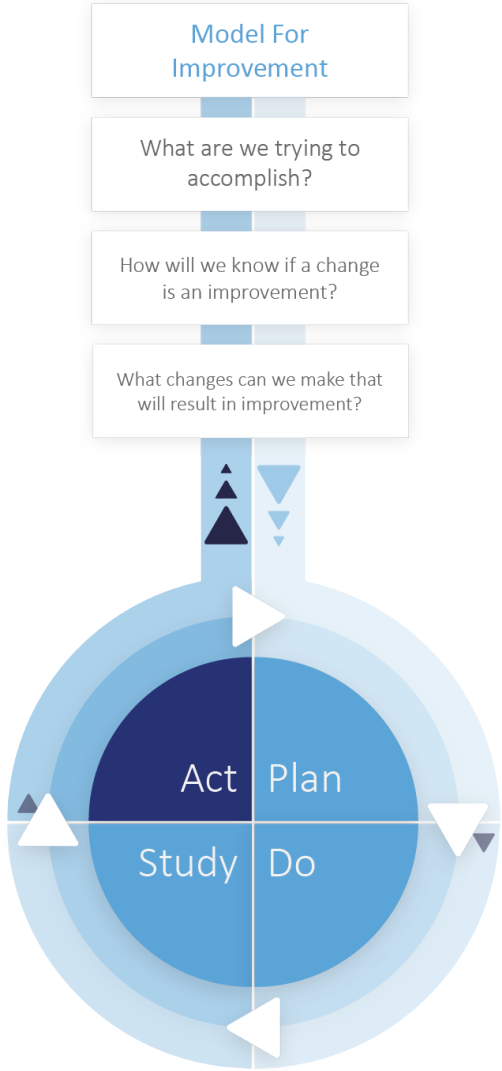
Faculties will have a strong local governance structure and use a PDSA (or equivalent) process grounded in informatics to find local solutions to local problems to address the workforce gap and deliver the quadruple aim.



Example Governance Structure Source: Paula Breeze: National AHP Clinical Fellow

Solutions can be delivered through one of five workforce development drivers

1. Careers activity
2. Apprenticeships
3. Coordination and expansion of clinical placements
4. Return to practice
5. Work experience

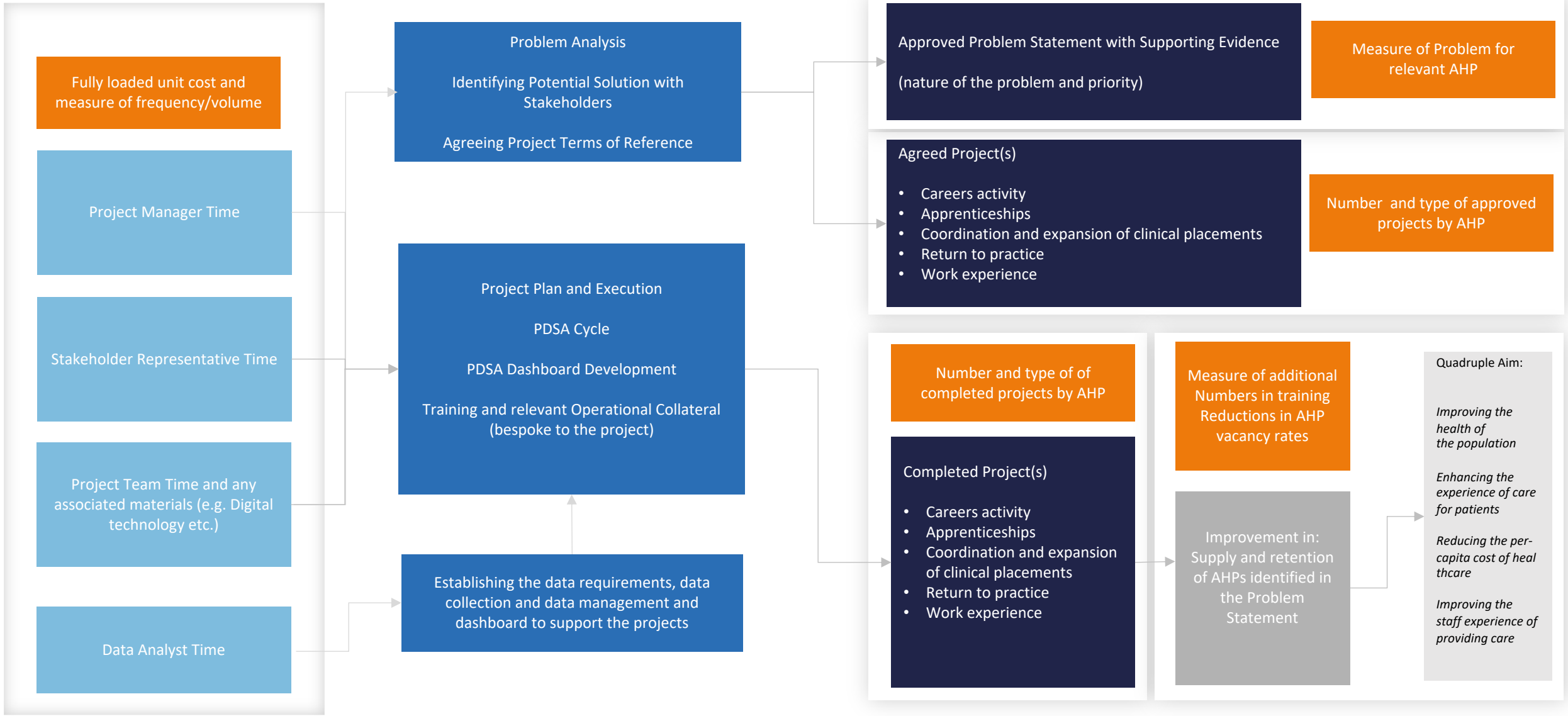


Expected Logic Model: Setting up a Faculty

INPUTS | PROCESS | OUTPUTS | OUTCOMES | IMPACTS | MEASURES

Expected Logic Model: Running a Faculty & Projects

INPUTS | PROCESS | OUTPUTS | OUTCOMES | IMPACTS | MEASURES



What should be the Value Promise from the AHP Faculty?

The AHP Faculty will provide each ICS with a more coherent and coordinated and ultimately more successful AHP workforce transformation programme.

The AHP Faculty Model will…

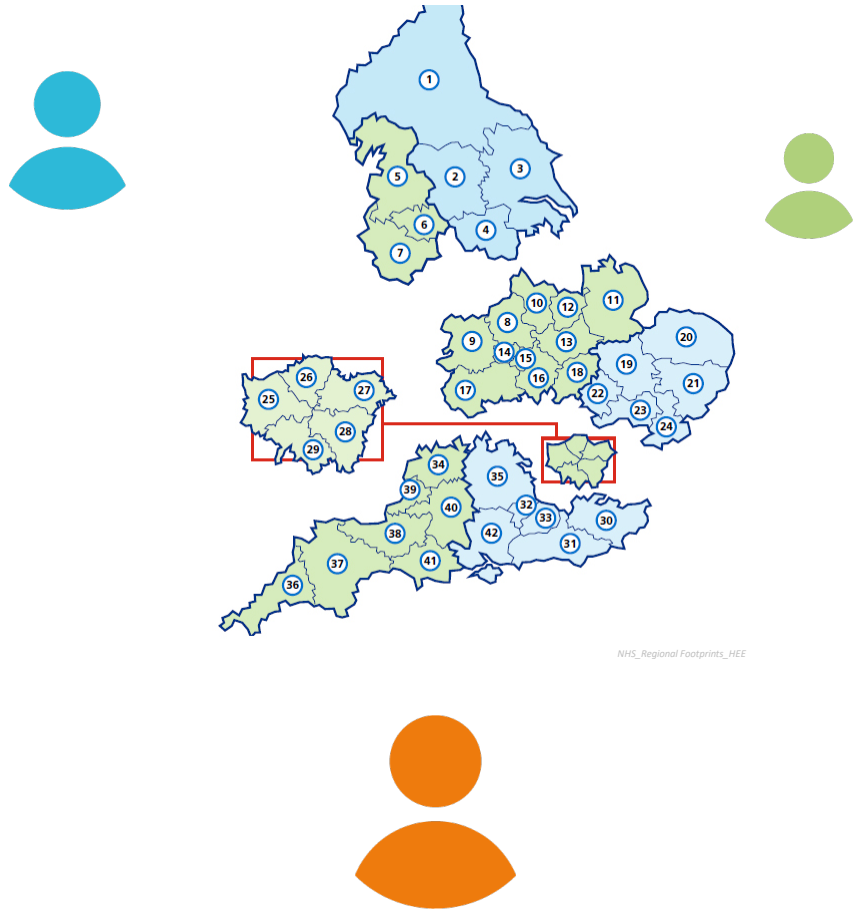
Be more cost effective than traditional approaches to co-ordinating and delivering workforce transformation plans.

Result in better quality programmes. The Faculty approach will improve the likelihood of success of AHP projects in achieving workforce transformation goals through:

- Careers activity
- Apprenticeships
- Coordination and expansion of clinical placements
- Return to practice
- Work experience

What are the key characteristics of the 24 Faculty Test-Beds

What progress have they made?



Faculty characteristics

1. Different work development themes across the faculties.
   - 3 faculties covered 2 themes, all other faculties covered one
   - None covered return to practise
2. Common themes in terms of tasks completed in setting up a faculty and PDSA cycles.
3. Most followed the logic models but some elements not emerging
   - Inputs - Data analysts
   - Processes – PDSA training
   - Outputs – Dashboards
4. Faculties or shadow faculties are dependent on local relationships, trust building and existing structures.
5. High level of diversity across stakeholders in projects. Not every faculty had same elements.
6. Lots of scoping exercises of data requirements but not evident in all faculties.

What progress has been made?

Local ecosystems mean there are many moving parts that have influenced their state of readiness and progress.

Many stakeholders felt they had over-promised in their applications which is evidenced by plans going beyond the pilot phase.

Progress has been mixed due to the COVID-19 pandemic delays, with some faculties not being able to recruit a project management team as yet.

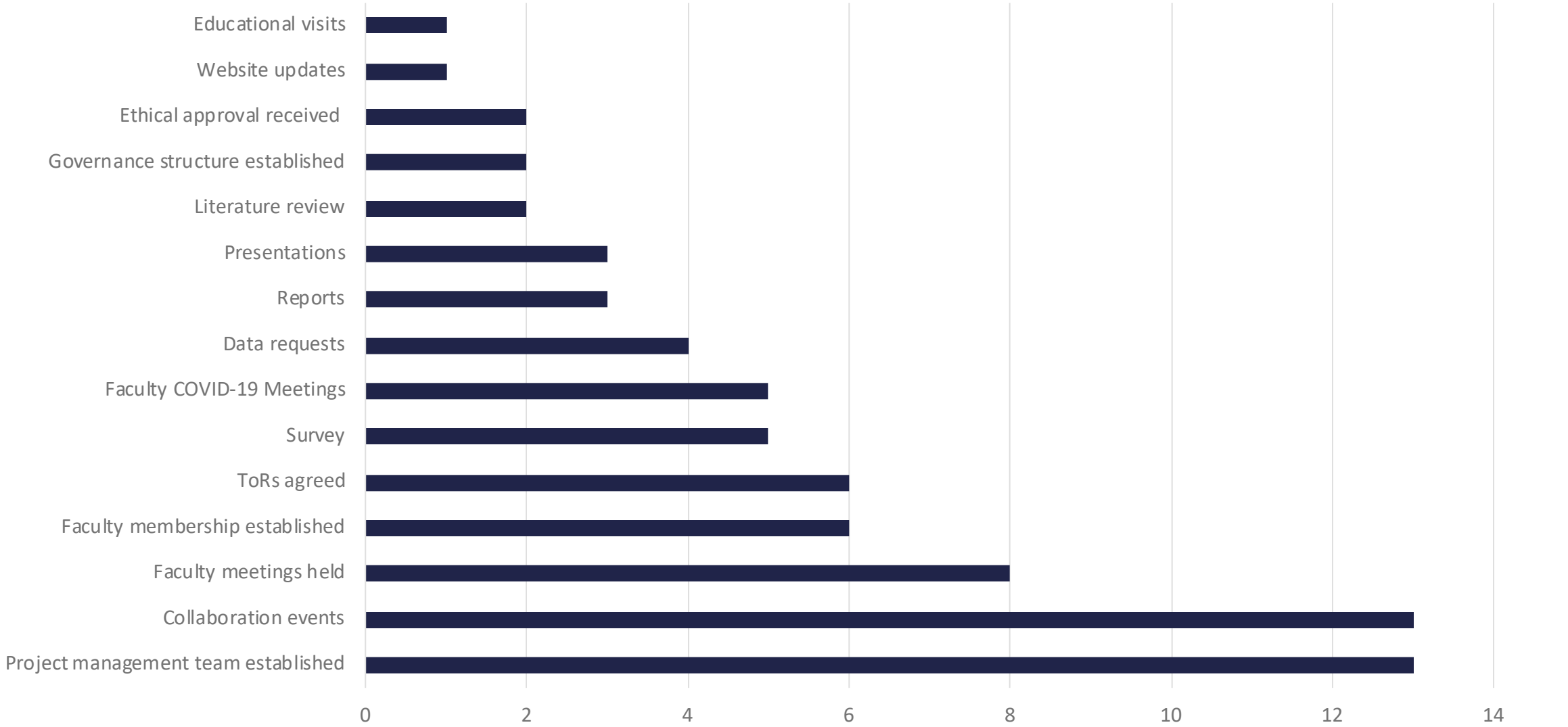
Many faculties paused during COVID-19. For a few, the pandemic was viewed as an opportunity to push ahead with plans and adapt to the emerging situation.

Without progress from the required inputs, the processes and outputs are also delayed.

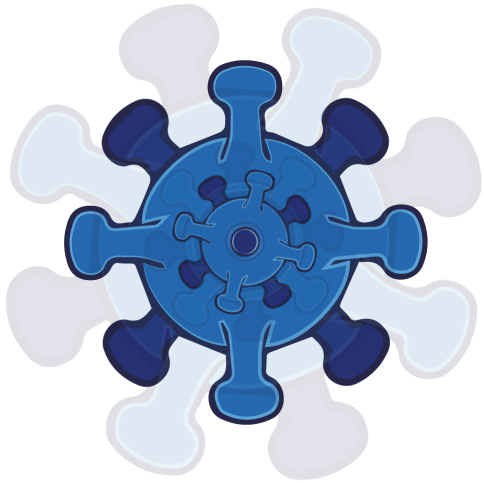
Measures of success and impacts are therefore lacking across the faculties.

No single faculty has completed all deliverables.

Progress



Data source: Progress reports returned to HEE



THE IMPACT OF COVID-19

COVID-19 has had varying impacts on the delivery of the faculties.

It was cited as a cause of work pausing in some faculties.

For a few, it was viewed as an opportunity to push ahead with plans and adapt to the emerging situation.

Some faculties have continued to meet virtually.

Placements are now a primary area of focus.

The act of having the conversation about the COVID-19 “opportunity” seemed to provide a thought-provoking intervention for stakeholders to consider how they might work with it to their system’s advantage.

STRENGTHS

- Paula's structured support and challenge to faculties has been well-received. Stakeholders feel she has optimised learning, sharing & stretch opportunities
- All felt faculty approach was right and they intend to continue post-project
- Some excellent examples of leadership, influencing, succession planning and collaboration (See Pen Portrait 1)
- Strong Clinical Placement Strategies (See Pen Portrait 2)
- Faculty members are very driven to collaborate and learn from each other

CHALLENGES

- Leadership skills are key determinant in progress and culture change
- Placement tariff is a key ask from AHP leadership for HEE support
- Significant data gap means that data for strategic planning and decision making is a significant challenge:
  - data is hard to acquire within organisations and across partners, systems and faculties
  - lack of standardisation
- Often appeared to be correlations between the focus of faculty work and a range of influencing factors including:
  - available funding streams
  - professional background of leadership
  - commercial direction of local HEIs and their relationships to each other
  - and other local STP/ICS priorities – such as primary care

STATE OF READINESS

- State of readiness varies greatly across many variables including: local partner relationships; commitment of key organisations; funding structures; reporting lines; provider landscape; HEI landscape.

- Range of barriers affecting the development of faculties and AHPs more broadly – but are intrinsically linked:
  - disincentives in the system that inhibit progress
  - staff aspiring to create work experience, apprenticeship and practice educator programmes get little support and recognition

DEVELOPMENT AREAS

- Quality of leadership hugely variable. AHPs need to be supported, skilled-up and nurtured to lead beyond their authority

- Diversity of AHP body means it is difficult for them to be representative, to the point where, it has to be asked, is it actually helpful?

- Appetite for national placement infrastructure to manage the administration of placements with HEIs and within the provider orgs – this will consolidate hugely inefficient admin process

- Strong need for AHP education lifecycle that has long-term investment parity with nursing and medical careers

- Redefine the relationship to the ICS in order that it views AHPs as the workforce burning platform (as opposed to nursing)

Good Practice Recipe Card

Building an effective faculty

1. **Governance and reporting structures:** ensure you have visibility and accountability within each member's respective governance, and collectively within STPs & ICS. Ensure there is two-way flow and feedback of reporting to nursing, medical and system chief officers.

2. **Frequency of meetings:** 30- 60 minutes monthly allows for agility and momentum that is responsive to emerging needs and ensures a constant sharing of information.

3. **Membership makeup:** Think about the needs of your local health and care ecosystem. Support AHP leads and champion the introduction of AHP leads in commissioning and providers orgs. Don't be afraid to look to other stakeholders in the private and voluntary sector if they can add drive and capacity to the objectives of the faculty. There is a responsibility for the chiefs to be sitting on it, and wider groups to achieve the richness of the developments that we wanted to achieve. How do you build capacity?

4. **Chairing:** You must create capacity for an experienced chair to work in a flexible way with members. Lots of work will happen within the official meetings, but there's a lot up liaison, communication and influencing that takes place outside of it too.

5. **Shared purpose and learning:** make this your manifesto, co-produce it where you can, but also don't be scared to step confidently into that leadership role yourself. Regularly check that members understand the shared purpose.

Good Practice Recipe Card

Building an effective faculty

6. **Continuous improvement:** use the plan, do, study, act (PDSA) improvement model to develop, test and implement changes.

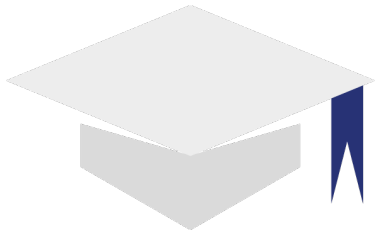
7. **Leadership:**
   - nurturing leadership
   - encouraging involvement
   - sharing the responsibly for things where's that's warranted
   - holding people to account (but being kind)
   - collaborate and share the load – whilst brining in project management support to do things like writing the plan and co-ordinating contributions
   - build in flexibility to adjust the plan in order to be able to deliver
   - look for opportunities and funding to provider leadership training for all faculty members to continue the shared leadership approach across their respective parts of the ecosystem

8. **Data:** What datasets do you need and do you have a dashboard? Verify and triangulate datasets as you ascertain their reliability. Use data to understand your faculty's means of and ability to problem solve; How successful you are in implementing solutions and prioritising them?

9. **Be Action orientated:** the action log from faculty meetings can be a good indicator of energy, purpose and pace. Use this is a check for gauging culture and momentum.

10. **Levers of influence:** consider what levers of influence faculty members have and how they are using them. Dissemination of information, reporting up, cascading and gathering knowledge.

What Value can a Faculty bring to the NHS?



What should be the Value Promise from the AHP Faculty?

The AHP Faculty will provide each STP/ICS with a more coherent and coordinated and ultimately more successful AHP workforce transformation programme.

The AHP Faculty Model will:

Be more cost effective than alternative approaches to co-ordinating and delivering workforce transformation plans.

Result in better quality programmes. The Faculty approach will improve the likelihood of success of AHP projects in achieving workforce transformation goals through:

- Careers activity
- Apprenticeships
- Coordination and expansion of clinical placements
- Return to practice
- Work experience

Examining the potential economic impact

Is the faculty likely to be a cost-effective approach to reducing AHP vacancies?

- What is the fully loaded economic value of inputs compared to the fully loaded economic value of the benefits?

Note this is does not represent additional funding requirements for the faculty, rather it is the full value of the opportunity cost (what the resources would otherwise be used for).

Cost: this is the fully loaded cost of the staff time and other associated inputs of setting up and running the faculty and associated projects.

Benefit: the value of the AHP to the NHS is the price the NHS is willing to pay to employ an AHP. If Faculties were not available, an alternative could be to use agency staff. In this case the value is the savings in agency costs.

Cost benefit if value of reduction in vacancies is measured based on the NHS market price of the AHP.

The faculties each need to achieve an average reduction in AHP vacancies of greater than 5 FTEs per annum over a five-year period to justify their cost.

If vacancies were at 10% this would be the equivalent of reducing vacancies to 9.75%.

Cost benefit if value of reduction in vacancies is measured based on the additional costs of acquiring staff via agencies.

The faculties each need to achieve an average reduction in AHP vacancies of greater than 21 FTEs per annum over a five-year period to justify their cost.

If vacancies were at 10% this would be the equivalent of reducing vacancies to 9%.

Fully Loaded Economic Value of the Inputs required to operate a "Model" AHP Faculty

Resource Requirements	Purpose	Resource Profile	Per Annum Costs*	Source of unit costs
Faculty Team	To co-ordinate the faculty, identify the problems, identify the solutions, co-ordinate the projects and report the outcomes	1 Band 8 FTE 1 Band 6 FTE 0.25 Band 6 FTE (data scientist)	**£200k**	PSSRU Unit Costs of Health and Social Care 2019.
Faculty Meetings	To steer and review the work of the faculty team	20 stakeholder representatives (Band 8) 12 meetings per annum 6 hours input per meeting (including prep and follow-up)	**£96.5k**	PSSRU Unit Costs of Health and Social Care 2019.
Faculty Events	To engage stakeholders with the priorities and plans of the Faculty	40 stakeholder representatives (Band 8) 1 event per annum 4 hours per event Event venue	**£12.5k**	PSSRU Unit Costs of Health and Social Care 2019. Faculty test bed applications *(event venue costs)*
Faculty Projects	Specific projects to address AHP workforce development priorities	1 * large project per annum 2* medium projects per annum 4 * small projects per annum	Large = £25,000 pa Medium = £15,000 pa Small = £5,000 pa	Working assumption

** Fully loaded opportunity costs*

Faculty Test Beds Operating Costs

	Year One Costs					Full Year Operating Cost
Faculty Test Beds	**Q1**	**Q2**	**Q3**	**Q4**		
Faculty Costs						
set up	£ 77,432.77				£ 77,432.77	
operations		£ 77,432.77	£ 77,432.77	£ 77,432.77	£ 232,298.31	£ 309,731.08
Faculty Project Costs						
small		£ 5,000.00	£ 5,000.00	£ 5,000.00	£ 15,000.00	£ 20,000.00
medium			£ 7,500.00	£ 7,500.00	£ 15,000.00	£ 30,000.00
large				£ 6,250.00	£ 6,250.00	£ 25,000.00
Total Cost Per Faculty	**£ 77,432.77**	**£ 82,432.77**	**£ 89,932.77**	**£ 96,182.77**	**£ 345,981.08**	**£ 384,731.08**
Test beds	£ 1,858,386.50	£ 1,978,386.50	£ 2,158,386.50	£ 2,308,386.50	£ 8,303,546.02	£ 9,233,546.02
whole NHS	£ 3,407,041.92	£ 3,627,041.92	£ 3,957,041.92	£ 4,232,041.92	£ 15,223,167.69	£16,928,167.69

AHP Faculty: Return on investment: Reduction in vacancies based on NHS employment price of the AHP (pay and on-costs)

	Costs		
	Full-year cost	Five Year Net Present Cost (3.5% discount rate)	Five Year Break-even reduction in AHP vacancies per annum (average per annum band 6)
Faculty	£385k	£ 1.8m	5
24 Test Beds	£9.2m	£ 42m	124
44 Integrated Care Systems	£16.9m	£ 77.5m	226

Cost benefit if value of reduction in vacancies is measured based on the NHS market price of the AHP

The faculties need to achieve in excess of an average reduction in AHP vacancies of 213 nationally over a five-year period to justify their cost

AHP Faculty: Return on investment: Reduction in vacancies based on savings in additional agency fees

	Costs		
	Full-year cost	Five Year Net Present Cost (3.5% discount rate)	**Five Year Break-even reduction in AHP vacancies** *average per annum band 6*
Faculty	£385k	£ 1.8m	21
24 Test Beds	£9.2m	£ 42m	503
44 Integrated Care Systems	£16.9m	£ 77.5m	922

Cost benefit if value of reduction in vacancies is measured based on the NHS market price of the AHP

The faculties need to achieve in excess of an average reduction in AHP vacancies of 922 nationally over a five-year period to justify their cost.

Potential Wider Intangible Benefits

✓ More experienced staff

✓ More satisfied staff

✓ More consistency in clinical team membership over time

✓ More continuity of care for citizens living with long-term conditions

✓ Stronger system leadership

✓ Improved adherence to clinical guidelines

✓ Reduced variation in performance metrics

✓ Improved cost effectiveness of clinical pathways and integrated care pathways

NHS

Quadruple aim

Improving the health of the population

Enhancing the experience of care for patients

Reducing the per-capita cost of healthcare

Improving the staff experience of providing care

Key questions for the faculties going forward

What are all the resources needed to set up and operate the faculties?

What are the costs of setting up and delivering the projects?

What measurable impact do the different workforce development initiatives have on increasing workforce supply (reductions in vacancies) and over what timescales?

How do these measurable impacts vary by AHP?

What does success look like to stakeholders?

Good Practice Recipe Card

Building an evidence base for workforce development

1. Be clear about the theory underpinning the workforce development initiative – *why do you think this will work?*

2. Map the logic of the initiative and what is expected in terms of inputs, process (activities), outputs and outcomes – this will help ensure that you put everything you need in place for the project to be a success, and that you are clear about what success looks like.

3. Develop measures, metrics and data collection requirements for each initiative so that progress can be tracked and the outputs of your initiative can be measured – this will help to ensure you implement the initiative well.

4. Consider what would need to be done to measure the outcomes of the initiatives in terms of long-term reduction in vacancy levels.

5. Wherever possible develop a "counter-factual" – to show what would have happened in the absence of the initiative – the gold standard is an experiment or "trial" but this may not always be feasible or proportionate.

6. Use mixed-methods approaches to review the initiatives and assess their effectiveness

7. For large projects, secure proportionate expert evaluation support.

Evaluation Methodology

Qualitative

1. Preliminary Analysis
    - 7 semi-structured discovery interviews aiming to draw out insights about a range of factors influencing the faculties

2. Further in-depth interviews across the faculties for a deep dive into these factors

Quantitative

1. Preliminary analysis *Overview of 24 faculties to map out:*
    - Setup (characteristics, project management, governance and reporting structures)
    - Which projects faculties are setting out to achieve
    - An assessment of clarity for each faculty

2. Further analysis of progress and mitigations

Cost Benefit Analysis

Prospective assessment of the expected value proposition of the faculty model

Value Proposition Framework Overview

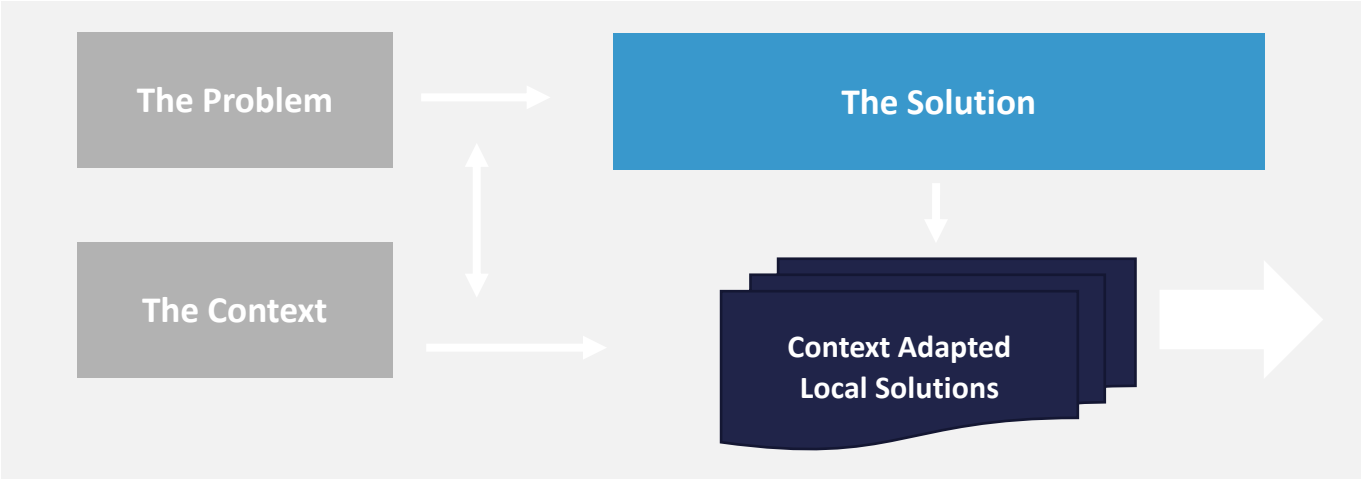
- The following slide provides an overview of the Value Proposition Framework being used to guide this work.
- It shows the linkages between the understanding of the problem, identification of the solution, the contextual issues and how the solution needs to adapt to these as it is applied in different settings.
- It shows the promise of value from the solution which is made to stakeholders within the goals of the quadruple aim of improving health, patient experience, clinical outcomes and staff experience.
- It shows the logic behind the solution and how new inputs and processes translate into improved outcomes and impact.
- It shows where the value focus might be derived for the stakeholder from either economy, efficiency, or cost effectiveness.

Value Promise

Perspective of Different Stakeholders
Focused on the quadruple aim:

- *Improving the health of the population*
- *Enhancing the experience of care* for patients
- *Reducing the per-capita cost of healthcare*
- *Improving the staff experience of providing care*

Given the Test Beds are only now being established, the focus of the economic analysis will be on the Expected Value of the Faculties. Once they have been in operation and completed one or more workforce development projects, evidence of achieved value can be demonstrated through case studies or summative evaluation.



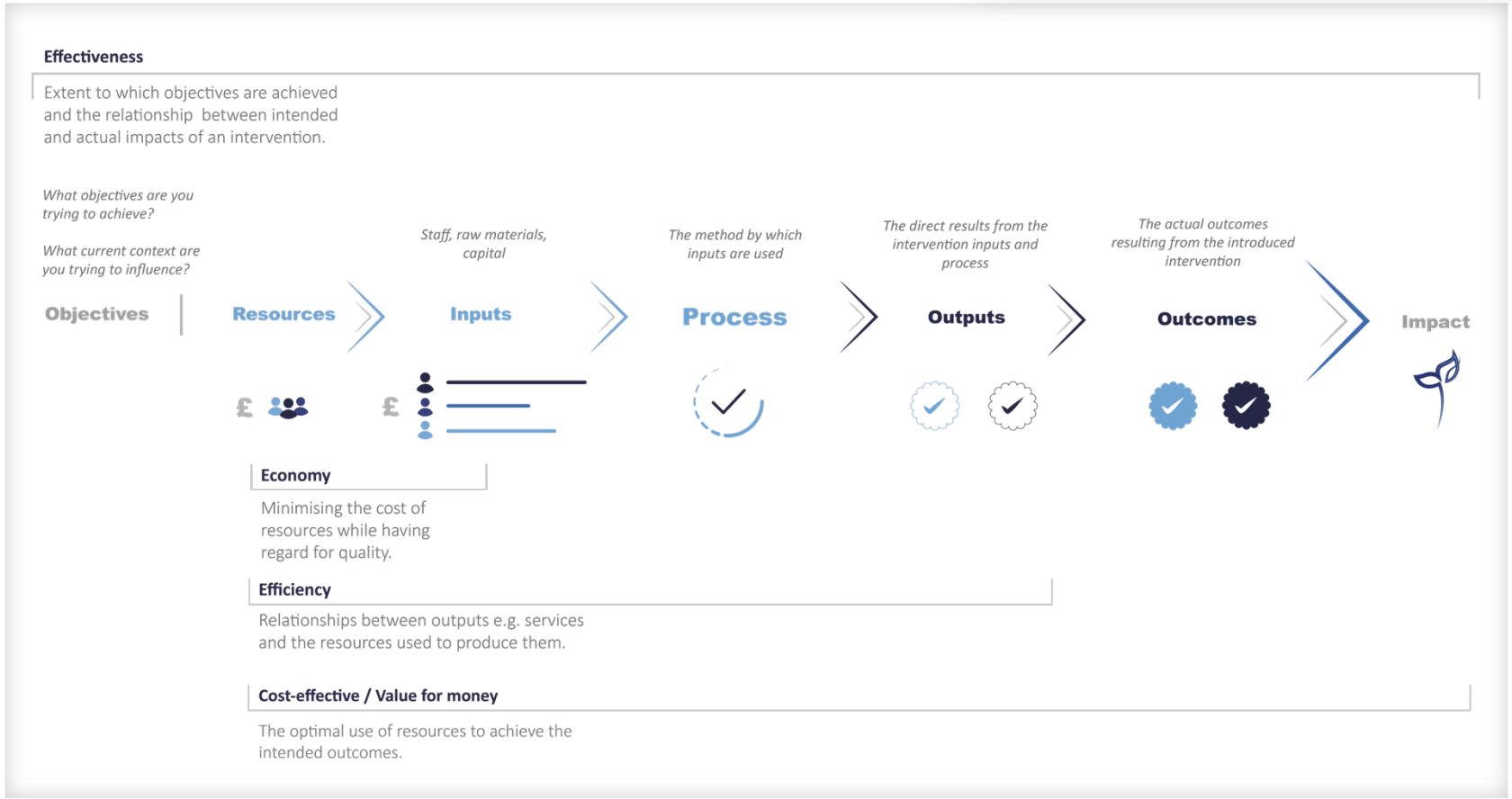
Value Promise

Perspective of Different Stakeholders
Focused on the quadruple aim:

- *Improving the health of the population*
- *Enhancing the experience of care* for patients
- *Reducing the per-capita cost of healthcare*
- *Improving the staff experience of providing care*

Expected Value
What are we expecting to generate in terms of value?

Evidence from elsewhere



Actual Value
What did we generate in terms of value?

Case studies /Evaluations

AHP Key Facts

The AHP Professional Associations

Almost all of the AHPs have an association affiliated with them, these provide courses, training, network opportunities, jobs etc.

All AHPs are encouraged to purchase memberships alongside HCPC (except osteopaths). Membership options and prices vary.

Profession	Association
Art Therapist	The British Association of Art Therapists (BAAT)
Drama Therapist	The British Association of Drama Therapists (BADth)
Music Therapist	The British Association for Music Therapy (BAMT)
Chiropodist/Podiatrist	The British Chiropody and Podiatry Association
Dietician	British Dietetic Association (BDA)
Occupational Therapist	Royal College of Occupational Therapists (RCOT)
Operating Department Practitioners	
Orthoptist	British and Irish Orthoptic Society (BIOS)
Osteopath	General Osteopathic Council
Prosthetist/Orthotist	The British Association of Prosthetists and Orthotists (BAPO)
Paramedic	The College of Paramedics
Physiotherapist	The Chartered Society of Physiotherapy
Speech & Language Therapist	Royal College of Speech and Language Therapists (RCSLT)
Radiographer	Society of Radiographers

Approved Courses available for AHPs

Profession	Courses/Programmes	Providers	Basic Financial Support £5,000	Additional £1,000 for recruitment struggle
Art Therapist	30	15		
Drama Therapist				
Music Therapist				
Podiatrist	18	12	✓	✓
Dietician	40	18	✓	
Occupational Therapist	82	37	✓	
Operating Department Practitioners	45	26	✓	
Orthoptist	3	3	✓	✓
Osteopath	18	9		
Prosthetist/Orthotist	2	2	✓	✓
Paramedic	66	43	✓	
Physiotherapist	95	50	✓	
Speech & Language Therapist	42	19	✓	
Radiographer	52	27	✓	✓

http://www.hpc-uk.org/education/approved-programmes/

AHP registrations, NHS employment + NHS Trainees

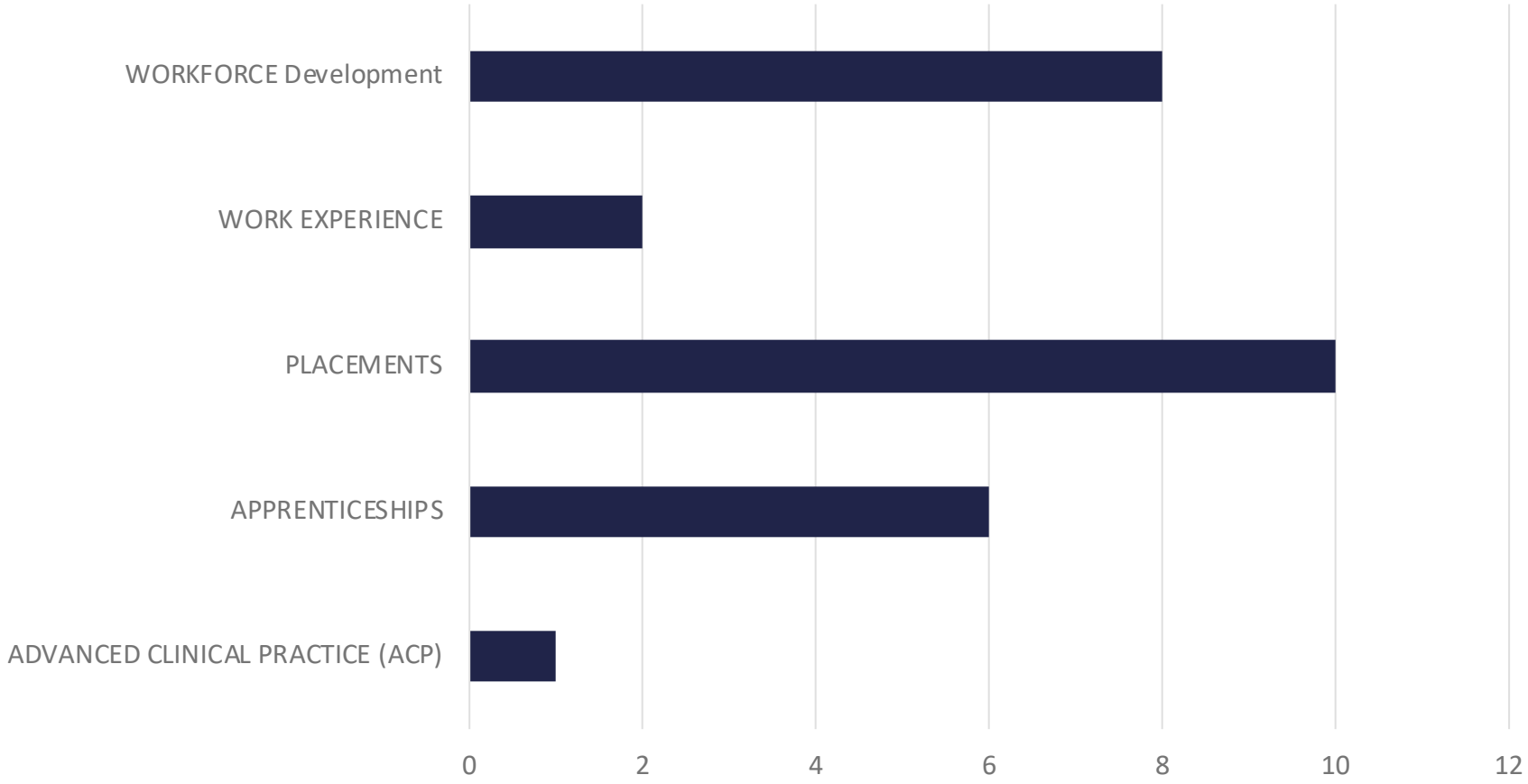
HPs	Currently Registered (2018/2019)	Numbers employed by the NHS (Feb. 2020)	% employed by the NHS	Students/ Trainees (with NHS) Feb. 2020	All support to AHPs Feb. 2020	All support to AHPs Feb. 2020
Art/Drama/Music Therapist	4,432	408	9.2%	-	25	25
Chiropodists/Podiatrist	12,833	2,682	20.9%	7	372	372
Dieticians	9,722	4,398	45.2%	2	579	579
Occupational Therapist	39,925	15,611	39.1%	41	3172	3172
Operating Department Practitioners	13,903	8,330	59.9%	94	1906	1906
Orthoptist	1,496	1,667	111%	47	348	348
Osteopath	5300	-	-			
Prosthetist/Orthotist	1,101	82	7.4%	-	6	6
Paramedic	27,686	16,783	60.6%	-	1767	1767
Physiotherapist	55,695	20,081	36.1%	23	4371	4371
Speech and Language Therapist	16,595	6,308	38.0%	3	827	827
Radiographer	34,470	18,035	52.3%	132	4767	4767
Total	**223,158**	**94,385**	**42.3%**			

Source: **NHS Workforce Statistics Feb. 2020**

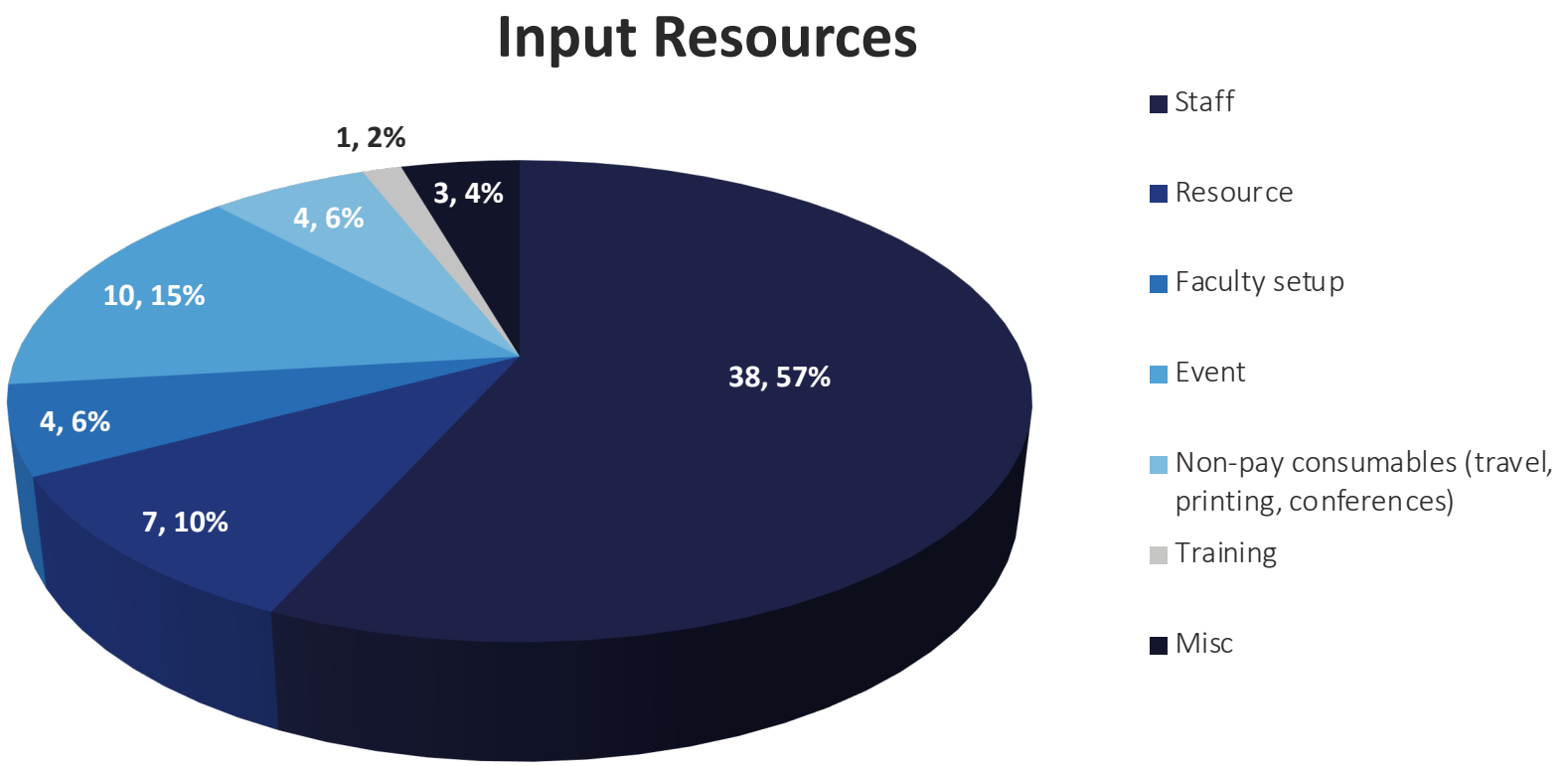
Quantitative overview of the 24 test beds

Themes

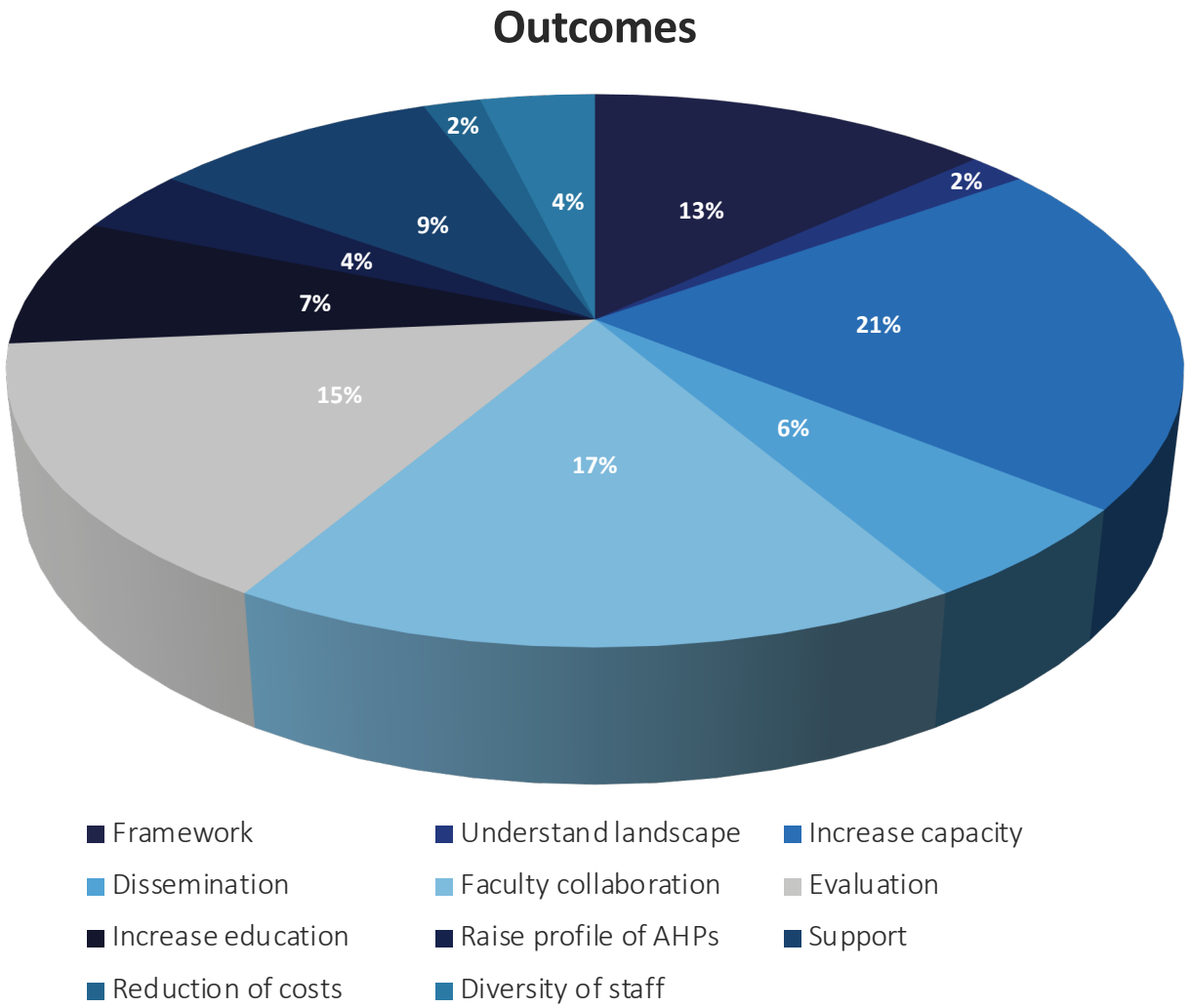
- No faculty looking at theme of ‘Return to Practice’
- Most faculties focusing on one theme
- Three faculties looking at two themes

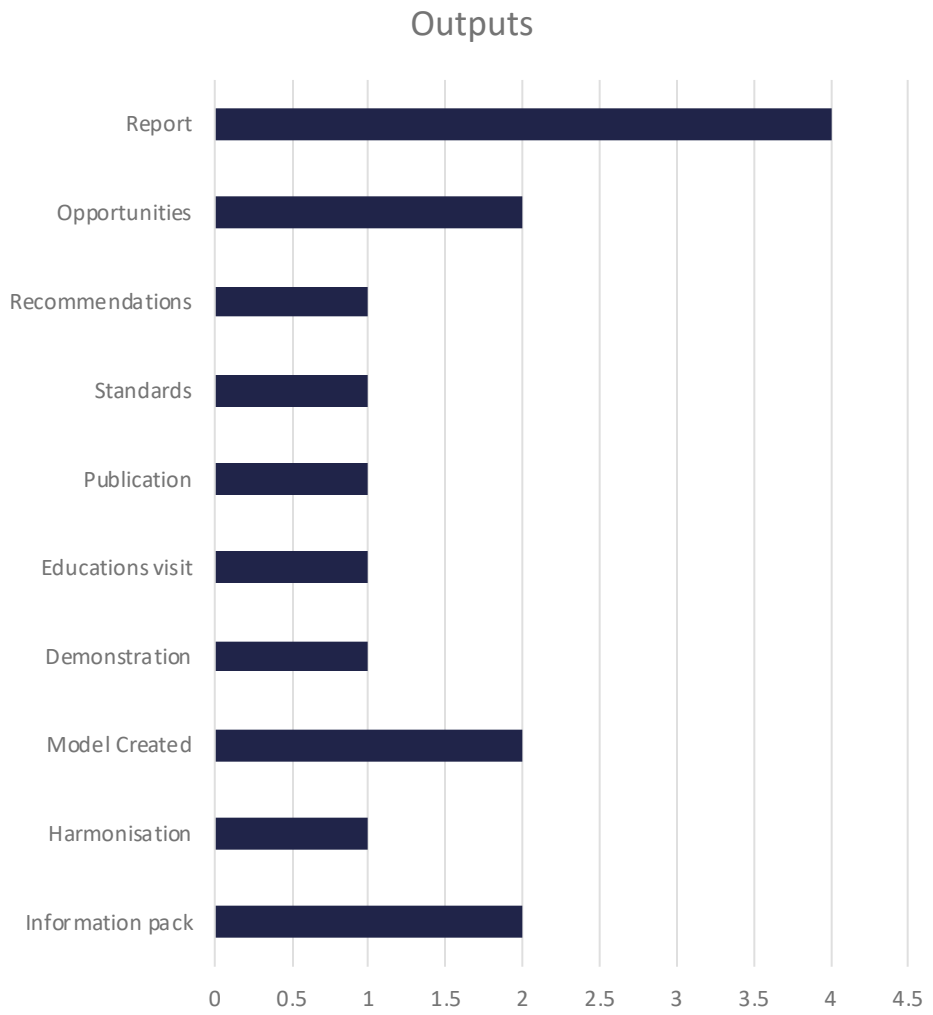


Inputs

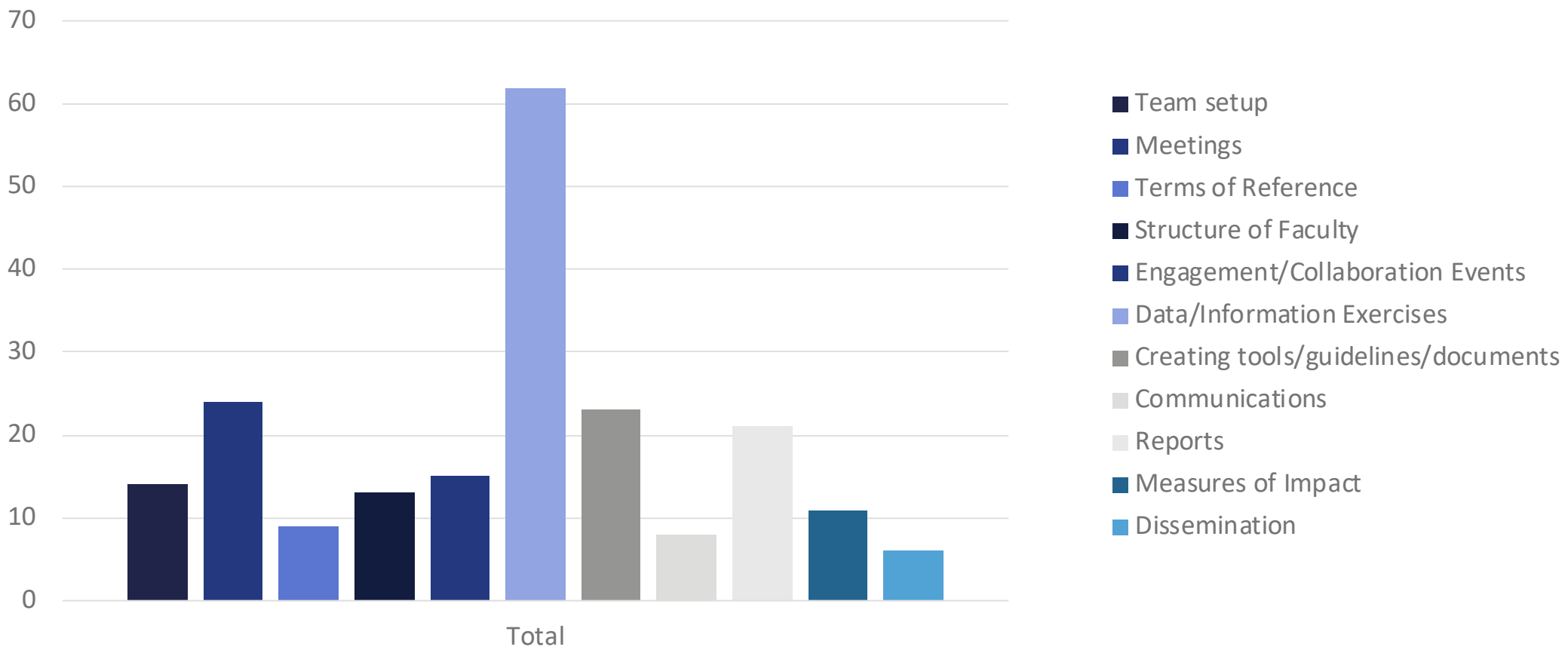

Input Resources
1, 2%
3, 4%
4, 6%
10, 15%
38, 57%
4, 6%
7, 10%
Staff
Resource
Faculty setup
Event
Non-pay consumables (travel, printing, conferences)
Training
Misc

Outputs

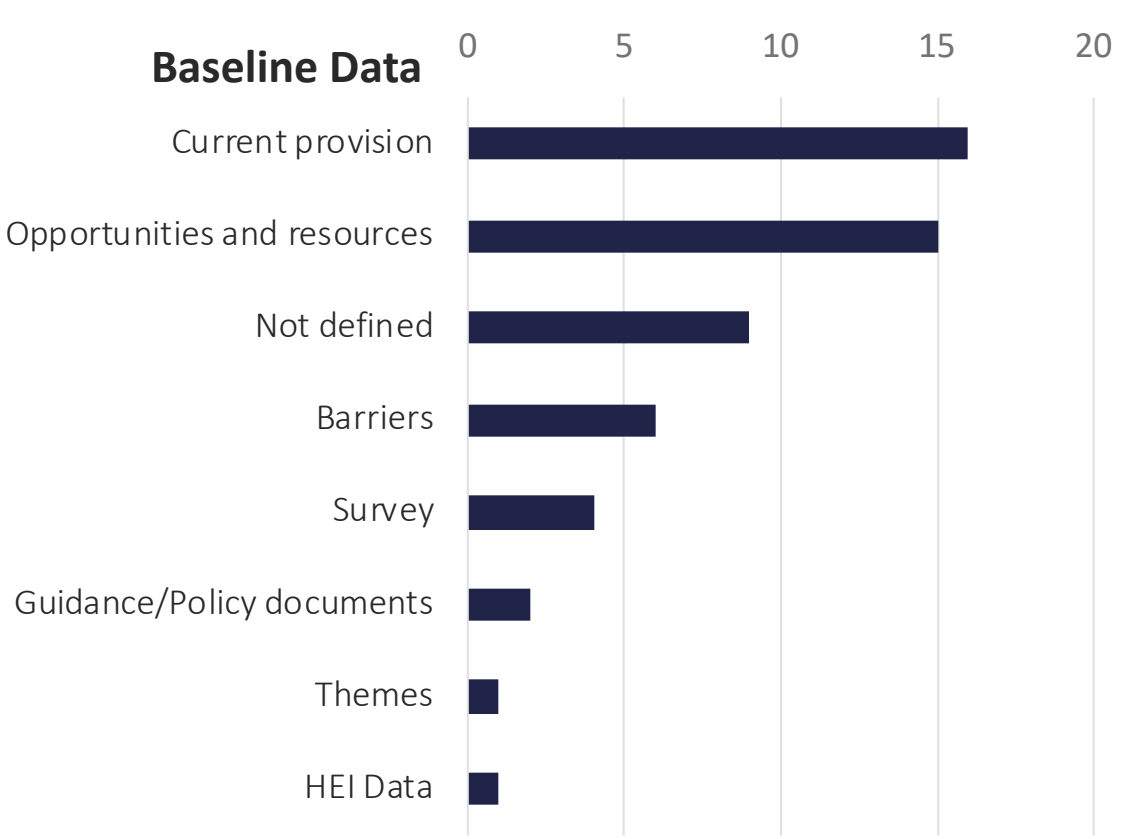

Outcomes
13%
2%
21%
6%
17%
15%
7%
4%
9%
2%
4%
Framework
Understand landscape
Increase capacity
Dissemination
Faculty collaboration
Evaluation
Increase education
Raise profile of AHPs
Support
Reduction of costs
Diversity of staff

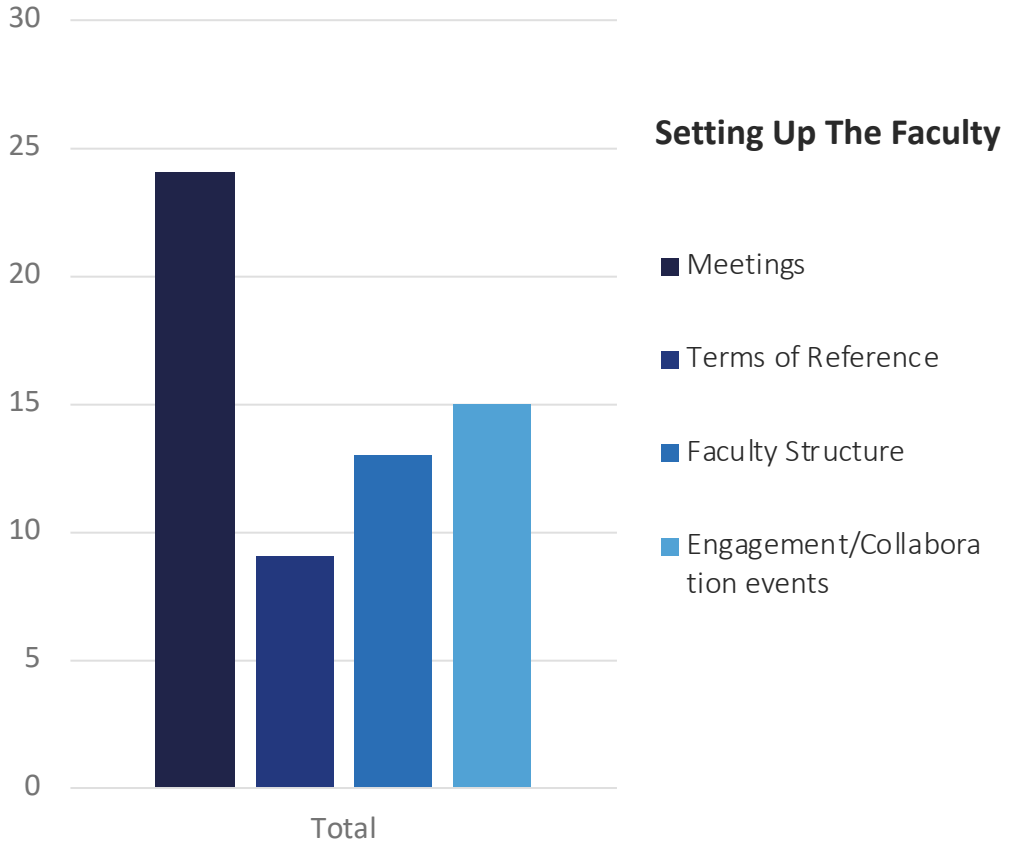

Outputs
Report
Opportunities
Recommendations
Standards
Publication
Educations visit
Demonstration
Model Created
Harmonisation
Information pack
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5

Faculty Promise



Processes


Baseline Data
0
5
10
15
20
Current provision
Opportunities and resources
Not defined
Barriers
Survey
Guidance/Policy documents
Themes
HEI Data


30
25
20
15
10
5
0
Total
Setting Up The Faculty
Meetings
Terms of Reference
Faculty Structure
Engagement/Collaboration events