Skills Maximisation Toolkit
Volume 4: More stories and resources

Maximising the Contribution Made by Allied Health Professions to the Patient Journey
The Skills Maximisation Toolkit Series:

- **Volume 1**: Skills Maximisation Workbook
- **Volume 2**: Facilitator Handbook
- **Volume 3**: Participant Booklet (Containing the questions and worksheets from the Workbook)
- **Volume 4**: More Stories and Resources
- Other publications in this series:
  - Simplifying the Skills Maximisation Process:
  - A Summary
  - Using the Change Curve

All of these publications be accessed via the NES website: www.nes.scot.nhs.uk/
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Introduction

Allied Health Professionals know and understand the need to work smarter and do things differently. Skill mix and re-design of services are key elements in ensuring AHPs maximise their skills and expertise to deliver the best health services they can.

However, help to work as a team and to undertake skill mix in a considered way is a common request from AHPs looking to NHS Education for Scotland for support. The Skills Maximisation Toolkit, including a workbook for each team member and a facilitation handbook to lead the teams’ discussions were developed and launched at the Scottish Therapy Managers Network event in October 2007.

The workbook includes stories and examples of how AHPs have made changes to their service after considering aspects of the skills maximisation process including clarifying the patient journey, identifying the unique skills and making a case for change.

Many of the stories focus on physiotherapy and occupational therapy experiences and the majority of these come from NHS Lothian.

Over the last 2 years, various groups of AHPs (and others) have been using the Skills Maximisation Toolkit and provided NES with feedback and additional stories of how they have changed and improved their AHP services.

Two key messages from the feedback include:

- The desire for a simplified version of the processes and
- How useful the stories included in the workbook were to help inspire teams to make their own changes.

Two extra resources have, therefore, been added to the Skills Maximisation Toolkit. Volume 3 is a booklet simplifying the processes and can be accessed via the NES website www.nes.scot.nhs.uk. The request for ‘more stories’ forms Volume 4 and the following publication is a result of this work.

More Stories provides a wider range of AHP experience including dietetics, podiatry, speech and language therapy, arts therapy and orthoptics. It shows how different services have made use of all or parts of the Skills Maximisation Toolkit.

It also provides additional resources that teams have found useful as they have considered how to improve their service.

There are examples of how services have carefully considered including an assistant practitioner within the team, examples of a service demonstrating the need for the highly experienced skills of a specialist or consultant post within their team, and how original plans were altered to best use the available staff.
Ensuring a more equitable service by bringing different teams together to share and then agree a common patient journey is how one speech and language therapy team have made use of the toolkit.

Arts therapists have considered the typical patient journey in mental health services where access to arts therapies is rare and have used the skills maximisation toolkit to produce a document to campaign for the wider inclusion of the different arts therapies in mental health services.

I hope this will be an inspiration to AHPs and staff across Scotland who are keen to consider their service, the toolkit provides some practical advice on how to do this – involving all the team – and giving a rationale behind the changes a team introduces.

Helen McFarlane
AHP Programme Director
 Following Skills Maximisation Toolkit process

The Skills Maximisation Toolkit (SMT) provides a step by step process to follow to support service re-design and allow those involved to be clear about the skills and skill mix needed to provide good quality services.

It is designed to be flexible for groups to adapt to their needs. In the full process there are 3 stages:

**Stage 1  Clarifying the Patient Journey**

Think and write about all the steps and activities that are involved when a patient and their family access your service or team.

**Ask the questions...**

- How do patients and their families access the service?
- What tasks and activities take place?

**Stage 2  Capturing uniqueness**

Consider who is currently undertaking each of the tasks and activities; discuss and agree which of these demand the unique contribution from the qualified practitioner; and what could be done by someone else.

**Ask the questions...**

- Which activities demand unique contribution from a qualified practitioner?
- Do some activities demand input from a highly specialist or experienced practitioner?

**Stage 3  Creating improvement**

Decide on the changes that can be made to result in a positive impact on the patient journey, on the team and on team-working.

**Ask the question...**

- Using the information gathered, what can be done to improve the service?
Some groups choose to focus on specific aspects of the process—having made some decisions about what their needs are and which parts of the toolkit will help most. Other groups work through all stages of the process in full to help them meet their aims, but not necessarily in the order they are shown in the handbook.

It's up to you to choose what best meets your needs and to use the sections as and when you need them.

The Skills Maximisation Toolkit series consists of
- The Workbook (Volume 1)
- Facilitator Handbook (Volume 2)
- Revised Participant Booklet (Volume 3)
- and this volume, More Stories and Resources (Volume 4)

Along with a summary of the Skills Maximisation process and an illustration of the Creating Improvement Change Curve.

These documents can all be found on the NES website at: www.nes.scot.nhs.uk/disciplines/allied-health-professionals/current-projects/skills-maximisation-toolkit-
Simplifying the Skills Maximisation Process: A summary

Feedback from toolkit users included a request for a print-out or pull-out summary of the workbook stages in a very simple format. So here goes!

Don’t forget that the Workbook, Facilitator Handbook and More Stories contain detailed examples, stories from people who have used the process and tools that you may find useful.

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<td>SMT Workbook p9</td>
<td>● Who is involved, what is needed for the work to happen?</td>
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<td>● What activities are carried out?</td>
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<td>● What is the result?</td>
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<td>● Reflect on the journey</td>
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<td>SMT Workbook p12 SMT Workbook Experiences p12</td>
<td>● What journey are you looking at improving?</td>
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<td>● Why have you chosen this journey?</td>
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<td>● Who needs to be involved?</td>
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<td>Understanding the service</td>
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<td>SMT Workbook p 13</td>
<td>● What is the service you are providing?</td>
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<td></td>
<td>● What is the ‘output’ of this service?</td>
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<td></td>
<td>● Who contributes to providing the service and what are their capabilities?</td>
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<td></td>
<td>● What information exists or can be collected to help understand the current process?</td>
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<td>Who is responsible for providing the service?</td>
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<td>SMT Workbook p14</td>
<td>● How does the service operate?</td>
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<td>SMT Workbook p 15 SMT Workbook Experiences p16</td>
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<td>Getting feedback from the patient</td>
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<td>SMT Workbook p17 SMT Workbook Experiences p18</td>
<td>● How will you ensure that the patient perspective of the journey is included in your map?</td>
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<td>● After collecting the patient’s perspective, record your findings and modify or add comments to your map</td>
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<td>● Who are the stakeholders in the process and how might you get information to them?</td>
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## Stage 2 Capturing uniqueness

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<td>• How are newly qualified, specialist and consultant staff used?</td>
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<td>• What is the ratio of qualified to support staff in this service and other</td>
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<td>AHP groups?</td>
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<td></td>
<td>• What are the variations in support staff used?</td>
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<td>• What grades are used and how does this compare to other AHP groups?</td>
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<td>• What vacancies exist in the team?</td>
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<td>• Are there predictable vacancies in the future?</td>
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<td><strong>Activity analysis</strong></td>
<td>• What tasks/activities require the unique skills and expertise of qualified staff?</td>
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<td>• What tasks/activities require specialist, highly experienced or consultant staff?</td>
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<td>• What tasks/activities could be carried out by a.n. other?</td>
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<td></td>
<td>• Estimate the time spent on all these tasks/activities</td>
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<td>• What are the perceived problems in the process?</td>
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<td>• What has a positive impact on the journey that you want to keep?</td>
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<td></td>
<td>• What has a negative impact on the journey that you would want to dispose of?</td>
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<td></td>
<td>• Where do you see opportunities to streamline the journey?</td>
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<td>• Are there opportunities to make better use of the AHP team?</td>
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<td><strong>Are we making best use of the team?</strong></td>
<td>Use the information gathered to look at how team members are being used</td>
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<td></td>
<td>and how they can best be used</td>
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<td><strong>What have you found out?</strong></td>
<td>• Where are AHPs really adding to the journey?</td>
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<td>• Are you confident that the right AHP is providing the right service at each</td>
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<td>stage of the journey?</td>
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<td></td>
<td>• Can you justify your answer?</td>
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<td>• What changes (if any) would you now recommend?</td>
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<td></td>
<td>• Have you looked at the contribution of all team members?</td>
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<td>• What would the map look like if it was working the way you want?</td>
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<td>• How will you test the changes quickly and safely?</td>
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<td>• What evidence is there to show that change will impact on the patient</td>
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<td>and targets?</td>
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<td></td>
<td>• What challenges are there in implementing change?</td>
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<td>• How would you overcome these?</td>
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### Stage 3  Creating improvement

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<td><strong>The emotions of change</strong>&lt;br&gt;SMT Workbook p41</td>
<td>The Change Curve illustrates the stages we may go through when change occurs. These are shock/retreat/self doubt/apathy/resolve/taking stock/new goals. There are behaviours that you may experience, see and hear, and suggestions for coping with these stages in the team detailed in the workbook. This has been reworked for SMT Volume 4. You may want to think about where workshop participants and the wider team who are involved in change are on this curve. How does this effect change? How you can deal with this?</td>
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| **Making it real where you are**<br>SMT Workbook p 45 | - What have you found out?  
- What are the key actions that need to be taken to move the team to a positive place?  
- Who is responsible for these actions?  
- What can be done to ensure that all team members are engaged with the change – those who are pro-active and those who are less so?  
- Are there other things you need to think about at this stage? |
| **The business of change**<br>SMT Workbook p 46<br>SMT Workbook Tips 47 | You may want to present a business case to help make improvements e.g. for resources or the authority to make the proposed changes. |
| **Business case development**<br>SMT Workbook p46 | - What do the stakeholders in the improvement need to deliver e.g. delivery targets/HEAT targets?  
- How can you tie your planned improvement to these targets?  
- What direct and specific patient improvement issues can you tie your business case to (based on the work at stage 1)?  
- What role development or workforce targets can you tie to your business case (based on the work at stage 1)? |
| **Making it real where you are**<br>SMT Workbook p46 | - Taking into account all of the information you have, what do you need to think about now? |
| **Writing the business case**<br>SMT Workbook p48 | Information to include and suggested headings are given below.  
- Executive summary  
- Strategic context  
- Objectives and constraints  
- Options  
- Cost of the options  
- Risks and uncertainties  
- Project management  
- Conclusion and proposal |
Stories from services who have used the Skills Maximisation Toolkit

The Skills Maximisation Toolkit (SMT) has been used by a range of AHP professions including arts therapists, dietitians, speech and language therapists, occupational therapists, radiographers and podiatrists, to name a few. When using SMT, some groups worked through the process in order and used all of the stages, while others focussed on different parts of the process. It’s up to you!

You can use the stages, or parts of them, to help you focus on the aspects of your service and changes that are most relevant for you at that time. Use them in the order that seems most logical for your purposes. For example, you may want to collect workforce information ahead of a workshop then work on a patient journey at the workshop.

Examples of situations where groups have used the toolkit for are:
- Reviewing different aspects of their service and skill mix
- Improving links and liaison with other services
- Reviewing stakeholder feedback
- Reviewing documentation and referral processes

In the following pages, the stories from people who have used the Skills Maximisation Toolkit are organised according to the stage of the process and highlight experiences in Clarifying the Patient Journey, Capturing Uniqueness and Creating Change. When reading these, you will recognise aspects of the issues and situations described. This may help you clarify the issues for your service. Where specific resources are mentioned such as surveys, task analysis tools, workshop activities these are provided in full in the resources section of this publication.

Resources are flagged with an acorn. 

Like the old adage ‘from little acorns great oak trees grow’ we hope the ideas and resources developed by AHPs working in health boards across Scotland and shared here with you may also be the small beginnings for great changes you and your team introduce.

1. Clarifying the Patient Journey
   - Starting the journey of improvement -- we need to know where we are

2. Capturing Uniqueness
   - What’s the real added value that AHPs bring and where do we bring that?

3. Creating Improvements
   - Supporting the team in making the changes, measuring the results and celebrating success
Stage 1
Clarifying the Patient Journey

Journey: distance travelled going to a place
Stage 1  Clarifying the Patient Journey

Some AHPs only used the sections of the toolkit most relevant to their situation. In this section we look in detail at the work on defining the patient journey described by arts therapists, and more briefly at the journeys described by other AHP groups.

We are providing this information not just for your interest, but to trigger thoughts and actions that you might want to undertake for your service. Your service may be very similar or very different to the services described, but there will be aspects that apply and can be transferred to many other settings.

As you read through these examples, we will prompt you with questions to help you apply them to your own setting.

The Arts Therapists

Arts therapies include four different professions: art therapy (or art psychotherapy), music therapy, dramatherapy and dance movement psychotherapy. There are very few established posts across NHS Scotland (34.9 whole time equivalents in September 2008), with many arts therapists working on a sessional and often self-employed basis.

SMT was used to consider patient journeys within mental health services where arts therapists believe they could be making a significant contribution to mental health services.

Arts therapists considered typical patient journeys that did not include arts therapies input and identified areas where referral to arts therapies could benefit the individual.

The arts therapists worked together to demonstrate examples from each of the professions of art therapy, music therapy, dramatherapy and dance movement psychotherapy.

You might want to think about...

- Are there areas where your service could be making a bigger contribution?
- Are there other professions or teams you could be working more closely with?

Clarifying the patient journey where arts therapies are involved also demonstrated the need to consider the optimum point in the journey to involve arts therapies. Typically a referral to arts therapies is made after a range of other inputs and is often at a time when the individual is too unwell to benefit from the therapeutic interventions.

Clarifying the patient journey for the arts therapists helped articulate:

- Where arts therapies could be making a contribution and are not currently part of the patient journey and...
- Where arts therapies are part of the journey but need to improve referrals so therapeutic interventions can be more effective.
Shown below is a version of the map they developed. The original generic patient journey they constructed is included in their report ‘Hitting the Heat targets’ found at: www.nhshealthquality.org/nhsqis/2636.html

You might want to think about...
- Could making a visual map of the patient journey in your service demonstrate access issues?

They also devised a series of clinical vignettes based on the potential benefits of arts therapies for individuals with a range of mental health problems. Here is an example.

**Arts Therapies Clinical Vignette: Music Therapy – The Case of a Boy on the Autistic Spectrum**

‘An eleven-year-old boy on the autistic spectrum was referred to music therapy by his GP following a period of deteriorating behaviour at both home and school.

‘The boy had significant difficulty with his communication skills, which prevented his understanding of both appropriate behaviour and how to express his own needs and wants. The boy often experienced high levels of anxiety, and was given a further diagnosis of obsessive compulsive disorder. The family were very reluctant to administer prescription drugs, and approached the boy’s GP about alternative options. The boy’s GP, who had previous experience with music therapy, thought a non-verbal approach might best suit the boy’s needs...

‘The boy attended music therapy for ten months at a private clinic in his community, accompanied by his father. The emphasis in the music therapy sessions was on the boy’s active participation in creative, musical activities... As the therapy progressed, the boy grew more familiar with the structure provided by the picture symbol board and was able to engage in playful and meaningful activities with the therapist.

‘Incidents of obsessive behaviour; such as shouting out lists of items, and tantrums were significantly reduced in the session. The boy’s anxiety decreased and he was able to concentrate and respond playfully using the musical instruments, supported by the music therapist. The boy was able to develop his communication skills, which helped him to express himself more appropriately, which contributed to decreased incidents of absconding and self-injury.’
Music therapy offered a unique intervention that enabled the boy to interact and respond appropriately with another person, a task that is highly significant for children on the autistic spectrum with communication difficulties.

However, it is worth noting that referral to music therapy was based on the Primary Care practitioner’s prior knowledge of the discipline’s particular benefits for children with communication difficulties. The decision to make the referral was also influenced by the boy’s parents’ search for alternatives to prescription medication to address such issues as behaviour and anxiety. It was a concern for the parents that medication might actually contribute to the boy’s sensory difficulties already experienced due to his autism.

Throughout the programme of music therapy, the music therapist worked closely with the multi-disciplinary team concerned with the boy’s care, made up of professionals from areas such as education, health, local authority, and the voluntary sector.

Arts therapies in this situation were useful in addressing the behavioural and mental health issues of a boy on the autistic spectrum with communication difficulties.

Their ‘Clinical vignettes’ are now being used to develop a DVD to demonstrate the impact of each of the arts therapies on the lives of the individuals accessing their services. Information on the progress of this work can be found on the Scottish Arts Therapies Forum website: www.satf.org.uk

You might want to think about...

- Could a vignette of your service provide a powerful personal story to show the value of your contribution?

Using information

The arts therapists gathered a range of information about their work from a variety of sources:

- Existing information about the provision of arts therapists across Scotland including Grade and whole time equivalent. This information was obtained from ISD Scotland www.isdscotland.org/isd/CCC_FirstPage.jsp
- They looked at the relevant HEAT www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets targets and the potential impact they could make on these
- Scotland wide mental health statistics from ISD Scotland about consultation rates and hospital admissions (from ISD Scotland)
- Collated prescribing information and costs for mental health patients e.g. anti-depressant drugs (from ISD Scotland)
- Reviewed the available research on the benefits of arts therapies
- Drew upon findings from service user surveys

You might want to think about...

- What information do you need?
- Where can it come from?

Identifying barriers and benefits

In one of their workshops, the arts therapists identified a range of barriers and benefits to referring to arts therapies. They aimed to see things from a wide perspective and asked what a service manager, patient, board member or an arts therapist might consider to be barriers or benefits.
Amongst healthcare professionals some of the barriers were:
- Lack of awareness of the different arts therapies, their regulation and their benefits
- Limited knowledge of the research evidence about arts therapies

There were additional barriers for practitioners
- Poor career structure and career opportunities
- Lack of available resources

Benefits they identified were:
- Arts therapies provide patients with a wider choice of therapies
- There are different media that can be used to meet individuals needs and preferences (art, drama, music, dance/movement)
- There is evidence of effectiveness through research studies
- Patients like and engage with arts therapies

You might want to think about...
- Do you think any of the same barriers are there in your service?

HEAT Targets
The Arts therapists identified key HEAT targets and matched their input and expertise to show how arts therapies could help meet HEAT targets.

Connecting to the ‘bigger picture’ and the priorities faced by the senior managers of your organisation is an important way of helping you to communicate the value of your service.

Using information
The arts therapists gathered a range of information about their work from a variety of sources:

Action planning
A careful consideration of barriers and benefits helped to ensure any action plans were agreed upon, realistic and grounded in the key issues.

The arts therapists identified a range of areas where they felt that they could take work forward and arranged these into key action areas:
- Education and awareness building
- Resource availability
- Career development
- Attitudinal and cultural changes

Recently they have published the report Arts Therapies Report: Hitting the HEAT Targets 2010. This was written for wide circulation to begin to address these issues and can be found at www.nhshealthquality.org/nhsqis/2636.html

Further information about arts therapies can be found on the Scottish Arts Therapies Forum website www.satf.org.uk

You might want to think about...
- How would a team consideration of the barriers and benefits of your service lead to better action planning?
Other experiences of the ‘Clarifying the Patient Journey’ part of the skills maximisation process

The arts therapists’ work on defining the patient journey was looked at in some detail in the section above. Now this section looks more briefly at the journeys described by a range of other groups who have used SMT.

**NHS Ayrshire and Arran Occupational Therapists**

>The first [workshop] day allowed the team to say where they were at the present time. On the second 2 days we started to work through the workbook. We started with process mapping. The team had to be encouraged to describe how it happened, not how it was supposed to happen. We also had a critical friend at these sessions who had previously used the skills maximisation process. This helped us to look at the patient journey, focusing on “right treatment, right time, right place & right person”. We then started to look at the uniqueness exercise. We have been working at clarifying our core business. This is an on-going project.’

**NHS Ayrshire & Arran Department of Diet and Nutrition**

The dietitians questioned how they could meet a wide range of challenges. These were: carrying out a ‘Malnutrition Universal Screening Tool’ baseline audit, and providing training for using this tool; streamlining documentation; improving referral information and managing referrals; skill mix and team working; student training demands and issues; reducing duplication; providing more in-house education. From this list they prioritised:

- Education and training
- Team working and skill mix
- The referral system
- Holding planning sessions

**In prioritising some areas, they recognised that change:**

- Takes time
- Is an ongoing process
- Needs to happen at a pace that practitioners can cope with.

> The Malnutrition Universal Screening can be found at: [www.bapen.org.uk/must_tool.html](http://www.bapen.org.uk/must_tool.html)
The Orthoptists—Head Orthoptists and their Managers from across Scotland

The orthoptist’s role focuses on examination, diagnosis and treatment of patients with a range of eye conditions. Orthoptists form part of the eyecare team. They have a key role in the diagnosis and management of developmental disorders of vision in children, and acquired eye movement and co-ordination problems in adults, often secondary to systemic disorders such as hypertension, diabetes, and endocrine conditions. Extended roles include assessment and management of patients with glaucoma, stroke and other neurological disorders.

The orthoptists mapped the patient journey for pre-school visual screening. In this they recorded the stages in the journey; highlighted issues as at each stage; identified workforce issues; identified actions they could take; defined individual commitments to change; and sought commitment from staff who could influence change. An example of a potential change given by them was that screening visits were, at that time, organised by the head orthoptist – this was a task that could be done by administrative support if it was made available.

The identification of a generic patient journey was central to this process.

Patient Journey: Podiatry

Podiatrists from the West of Scotland made a visual map to help them clarify the patient journey within their service. Questions for you to ask about your service...
Questions for you to ask about your service...

There are many questions you may want to ask and answer about your service, in addition to those included in the stories above.

Some suggestions for these are given below.

- What are they key questions you want to answer about your service?
- Are there services in your health board where your professional expertise could be making a difference?
- Who needs to be involved in looking at these?
- Which other disciplines need to be involved in looking at the patient journey?
- Who else, or which other departments, can help you look at the service? (They may specialise in audit, bringing about change or have carried out similar work)
- What information do you need and where can it come from?
- What information is already there?
  - ISD Scotland workforce information
  - Health Board information
  - Information collected in the service or as part of other projects
  - Work carried out by colleagues in other disciplines
- What other information do you need to collect yourselves? Who can help?
- What tools are available to help in this process?
- What are the benefits of your service’s unique contribution to the individual, the service, the organisation and to your profession?
- What are the barriers to making changes and how can these be overcome?
- What will be the benefits of the changes proposed?

In the Skills Maximisation Toolkit workbook

If you want to carry out activities to focus on clarifying the patient journey in your service area, you may find the following highlighted sections of the original Skills Maximisation Toolkit workbook useful.

- Patient journey
  - Process mapping
  - Understanding the process
  - Getting feedback from the patient
- Capturing uniqueness
  - Workforce profiling
  - Activity analysis
  - Are we making best use of the team?
  - What have you found out?
- Creating improvement
  - Making it real where you are
  - Business case development
Stage 2
Capturing uniqueness

Unique: Being the only one of its kind, having no like or parallel
Stage 2 Capturing uniqueness

As we have already said, some AHPs only used the sections of the SMT workbook most relevant to their situation. In this section we look in detail at the work on capturing uniqueness described by the AHPs in Ayrshire and Arran, the West of Scotland Podiatrists, Ayrshire and Arran dietitians and more briefly, at the uniqueness exercise described by other AHP groups.

We are providing this information not just for your interest but to trigger thoughts and actions that you might want to undertake for your service. Your service may be very similar or very different to the services described, but there will be aspects that apply and can be transferred to many other settings.

As you read through these examples we will prompt you with questions to help you apply to your own setting.

NHS Ayrshire and Arran

The AHP Director used the Skills Maximisation Toolkit with the lead AHPs from each profession within the Health Board. Each professional group were encouraged to go on and use the aspects of SMT that were most useful to their service with their own teams of staff. Consideration of the unique skills of each profession has helped Ayrshire and Arran to identify where a role for a consultant practitioner could have most impact within the professions and across the service, as well as where appropriate roles for assistant practitioners and support workers could be developed.

You might want to think about…

● Could a consultant practitioner role be developed in your area?
● Could assistant practitioner roles be developed in your area?

West of Scotland Podiatrists

The West of Scotland Podiatry workshop used the Skills Maximisation Toolkit to consider the unique contribution of podiatrists to patient care. In doing this, they focussed on three areas of work developing a podiatry workforce profile, gathering workload information (including patient journey, case mix analysis and task analysis) and mapping competencies.

The workforce and workload profiles were developed ahead of the workshop. At the workshop they developed recommendations for actions particularly around developing competencies for podiatry roles, developing assistant grade staff and reallocating specified aspects of work currently carried out by podiatrists. When developing the workforce profile they used information from ISD Scotland, looking at the grades and ages of podiatrists.

They identified that only 6% of podiatry staff were at Bands 2–4 and that over 50% of the workforce were aged between 35 and 40 years old—highlighting the potential for delegation of appropriate work to support staff and a high number of retrials in 10–15 years.
You might want to think about...

- What workforce information do you need and where can this be obtained?

Using information

The podiatrists gathered a range of information about their work using information that already existed and gathering specific information about their service. They:

- Reviewed existing information from ISD Scotland
- **Resource 1** Adapted a patient classification matrix as a practical tool to identify the level of complexity of their work. This had four levels ranging from the lowest risk group to the highest risk group to help identify workload and the complexity of the work carried out.
- **Resource 2** Developed a task analysis tool from a comprehensive list of tasks carried out by all grades of podiatry staff and assistants. The task analysis recording sheet detailed the tasks carried out, classifying them as administrative, clinical, managerial and other. A range of 14 different clinical tasks that may not fully use the unique contribution of podiatrists were identified.
- **Resources 3, 4** Identified a range of tasks that fully acknowledged the unique contribution of the podiatrist, then process mapped these to the Knowledge & Skills Framework and Skills for Health competencies. They recommended that this work should carry on.

You might want to think about...

- Could your service demonstrate similar tasks that do not require the unique skills of the qualified staff?

Identifying barriers

The podiatrists held a consensus event to engage the wider podiatry workforce in their work and a range of barriers were highlighted at the event:

- There were no competencies for some tasks and some did not fully reflect the skills or competencies needed to participate in the task
- There were recurrent issues and reservations about the delegation of some tasks to support workers
- There was a need to develop education for support workers
- Governance and safety issues that needed to be put in place
You might want to think about...

- Are there controversial views within your service regarding delegating activities to others?
- What safeguards and governance structures are needed to assure quality?

Identifying benefits

- Unique contributions of podiatry staff to patient care were clearly identified
- Resource 4 A range of key challenges for the present and the future were identified and they began to address them
- The evidence to support development of the service was provided and work started on how this development could be achieved

Action planning

They identified a range of areas where work could be taken forward:

- Appropriate provision and administrative or eHealth solutions to reduce the time podiatrists spent on administration
- Delegation of some clinical tasks to support staff and identification of tasks where they could not take forward work on delegation at that time
- Work around developing appropriate education, supervision and delegation
- Engagement with the professional body and enlisting their support
- Work at a national level around protocols

You might want to think about...

- Can you engage the relevant professional bodies in your considerations in identifying appropriate education, supervision and delegation?
- Who else can contribute to identifying the education needed? E.g. local education providers, professional body representatives
NHS Ayrshire & Arran Department of Nutrition and Dietetics

Dietitians in NHS Ayrshire and Arran wanted to raise their profile for the benefit of patients.

“Being clear about the unique contribution the dietetic profession can make is an important first step towards maximising our contribution to the interprofessional care setting. It is also important to consider how we can ensure that others who work alongside are also clear about these benefits.”

Using the profile, the dietitians identified a wide range of actions and priorities that could influence other disciplines’ perceptions of the dietetic service and actions to promote the service. These included:

- Being visible and raising the profile with the multidisciplinary team at mealtimes in wards
  - multidisciplinary team meetings
  - ward rounds
  - a multidisciplinary/allied health professional symposium
- Communicate effectively with the multidisciplinary team e.g. benefits of actions, recognise impact of request, and team engagement with nutritional care
- Recognise team strengths and provide support when needed
- Standardise the approach to what can be expected of them
- Cognisance of the multidisciplinary team care plan. Everyone is aware of what each other does and if they have done it
- Assist colleagues in meeting their outcomes as well as thinking about their own e.g. Clinical Quality Indicators [www.indicators.scot.nhs.uk](http://www.indicators.scot.nhs.uk), ‘Malnutrition Universal Screening Tool’ compliance [www.bapen.org.uk/must_tool.html](http://www.bapen.org.uk/must_tool.html)

You might want to think about...

- How can you increase awareness amongst the wider interprofessional team about the unique contribution your service can make?

NHS Borders Occupational Therapists

Occupational therapists in NHS Borders used SMT to consider whether their patient pathway based on early intervention:

- Was the most effective way of delivering patient care
- Made best use of OTs’ core skills
- Provided added value to patient care.

Using information

The OTs gathered a range of information about their work including:

- Resource 5 A patient questionnaire
- Time/task analysis
- When patient assessments were made and duplication of this work
- Information about where patients were discharged to
In doing this they took a multidisciplinary approach and also enlisted the assistance of the Clinical Audit team.

**Identifying barriers**

They identified the labour intensive process of gathering the information and long period of engagement with OTs as barriers.

**Identifying benefits**

The process they went through and information gathered helped them to provide the evidence to justify significant changes in the way that the OT service for medical acute assessment unit was provided. It reinforced the ‘gut feelings’ about what they were doing and allowed them to focus their service on areas where it would make most impact. Importantly it allowed practitioners to help decide what was needed.

**You might want to think about...**

- Do you have ‘gut feelings’ about where your service is most and least effective?
- What information do you need to check these gut feelings out?

**Action planning**

They devised an Occupational Therapy Referral Flowchart and In-patient referral criteria to provide the unit staff to refer only appropriate patients.

**Arts Therapies: Art therapy, music therapy, dramatherapy and dance movement psychotherapy**

The arts therapies workshop participants looked at a range of information to develop their report *Arts Therapies Report: Hitting the HEAT Targets 2010*. [www.nhshealthquality.org/nhsqis/2636.html](http://www.nhshealthquality.org/nhsqis/2636.html) This report was designed for use in raising awareness of the benefits of arts therapies and early referral, and the role Arts Therapies can play in supporting the achievement of HEAT Targets within Health Board areas.

They took account of workforce statistics, clinical data (mental health admission rates, anxiety consultations and prescribing rates) and research into arts therapies.
Questions for you to ask about your service...

There are many questions you may want to ask and answer about your service, in addition to those included with the stories above.

Some suggestions for these are given below.

- What are the key questions you want to answer about your service?
- Are there areas in your service where your professional expertise could make a difference?
- Who needs to be involved in looking at these?
- What information do you need and where can it come from?
- What information is already there?
  - ISD Scotland workforce information
  - Health Board information
  - Information collected in the service or as part of other projects
  - Work carried out by colleagues in other disciplines
- What other information do you need to collect yourselves?
  - Who can help?
- What tools are available to help in this process?
- What are the benefits of your service’s unique contribution to the individual, the service, the organisation and to your profession?
- What are the barriers to making changes and how can these be overcome?
- What will be the benefits of the changes proposed?
In the skills maximisation workbook...

If you want to carry out activities to focus on capturing the uniqueness of your service, you may find the following highlighted sections of the original Skills Maximisations Toolkit workbook useful.

- **Patient journey**
  - Process mapping
  - Understanding the process
  - Getting feedback from the patient

- **Capturing uniqueness**
  - Workforce profiling
  - Activity analysis
  - Are we making best use of the team?
  - What have you found out?

- **Creating improvement**
  - The emotions of change
  - Making it real where you are
  - Business case development
Stage 3
Creating improvement

Improvement: action that makes better through good use of opportunity
Stage 3  Creating Improvement

After exploring the patient journey and the unique contribution of their service, some AHPs identified specific actions they wished to take forward and have contributed some information about this work to this volume. We will refer back to some of the stories from services that have been previously described and show you examples of where inputs and changes have been made.

NHS Lothian: East and Midlothian Speech and Language Therapists

‘Our initial SMT event took place on 31st March 2009 where our objective was to evaluate current service provision and consider ways of changing this to improve the speech and language therapy service for adults living in East/Midlothian’.

Using information

Traditionally, across the teams there were differing ways of working, and also a range of views about the service provision.

Resource 8  They started by collecting information about the patients they saw for a specific month designing a simple survey to capture information relevant to the beliefs that were held about the service. A workshop then took place with the collated information feedback on an individual and team basis.

‘This information helped bust some myths e.g. that more time is spent seeing people with dysphagia than communication disorders and made us ask more questions to inform our decision making about aspects which needed (or didn’t need) further investigation e.g. issues around complexity and action.’

When looking at how they could turn all of their information into action they asked a series of questions about what they would:
- Keep doing
- Do more of
- Do differently
- Stop doing
- Start doing

The speech and language therapists identified changes to make and grouped these into three categories:
- Skill mix
- Referral system
- Training to service users

The benefits in making some of these changes are now beginning to be realised.

Skill mix

Following the Skills Maximisation Toolkit process led the team to identify a need for more skill mix and come to agreement on the need for an assistant practitioner role. Also, three sessions of Band 6 became available and have been converted to a Band 4 Assistant’s Post, using an existing job description to assist in the HR processes.

- This has allowed registered and senior specialist staff to concentrate on more complex work, using their skills to best advantage
- They have been able to develop groupwork sessions for some client groups. The introduction of the assistant practitioner role provided the trigger for this by providing extra capacity and support for registered practitioners
You might want to think about...

- Are there opportunities within your service to use vacant posts or sessions in a different way?
- How do the members of your service describe complexity?
- Do you have a shared definition of a complex and a more straight forward referral? Is this useful in supporting development of highly specialist or advanced practice posts?

**Referral system**

The information they collected also highlighted a range of issues related to referrals and changes have been made to the referral system, leading to referrals containing more useful and relevant information:

- **Resource 9** The referral form was revised to include more specific questions and to request examples of problems the individual is experiencing.
- Referrals are not accepted where there is not enough information given and efforts are made to help referrers provide the information needed in these cases. Often staff will phone the referrer to clarify the information needed. This also improves the quality of future referrals as referrers may not have known what information to provide.
- Phone advice sessions for referrers to discuss the information needed by practitioners are being started.
- A team database with standardised information about referrals has been developed and all relevant staff have access to this.

You might want to think about...

- Does your referral system cause duplication or time wasting by not giving you all the information you need?
- How can it be changed?

**Training to service users**

There was a need for other healthcare professionals and service users to know more about the role of the speech and language therapist, to help them use the service effectively. In acting on this need, training is now focussing on providing information about the referral process, publicising the role of the speech and language therapist and the impact of communication difficulties.

You might want to think about...

- Can your training provision raise awareness of what is your unique contribution and what could be done by others?
NHS Ayrshire and Arran, Department of Nutrition and Dietetics
Skills Maximisation GP Clinic workshops

In Ayrshire and Arran a group was brought together to look at implementing new patient clinics in each GP practice and review existing patient clinics to ensure equity of service throughout the Health Board area.

They used the SMT process to focus on their GP clinics and look closely at the provision of clinics in general practice throughout the Health Board area. They first examined the frequencies of clinics held, and then decided that each GP should have an equal share of dietetic hours. In implementing this they identified that effective communication needed to be put into place focusing on referral process and appointments.

Using information

They needed to collect a range of information about:
- The current service
- Total population
- Total number of GPs
- Current total clinic hours
- Current recommendations and guidelines for care and the current patient pathway

You might want to think about...
- Do you know how equitably your service is provided?

Identified barriers

The dietitians held a series of workshops and highlighted a range of challenges for their services at that time:
- Information provided in the current referral system needed to be altered and improved
- There needed to be more information given by referrers and they needed to understand the service
- Existing processes needed to be reviewed or redesigned to allow any changes to be implemented
- Better communication with referrers and GP practices needed to be developed

Identified benefits

- Referrals being dealt with more efficiently and appropriately
- Empowering patients by giving them a better understanding of their condition
- Development of guidelines on patient assessment, appointments and reviews
- Equality of provision of dietetic services across GP practices in the Health Board area
- More effective use of staff time
Action planning

At the third workshop, two sub-groups dealing with the patient education and the patient pathway were formed to take work forward.

The patient education group planned how to use Diabetes Conversation maps to form the basis of an annual two hour session to replace the annual review.

The group needed to develop an implementation plan addressing:
• locations
• administration, referral and recruitment system
• staff training
• delivery of the session
• provision of resources.

They decided to introduce this change by piloting in three locations.

The Diabetes Conversation maps can be found at: www.diabetes.healthyi.com/index.faces

The patient pathway group redesigned the pathways for weight management, Type 2 diabetes or insulin conversion and more general dietetic referrals.

The outcomes of this process were revisions of the patient pathways:
• The weight management pathway was revised to incorporate an assessment appointment (lasting 45 minutes) followed by a choice using existing weight management groups or five further structured dietetic appointments
• A new Diabetes – Type 2 or Insulin Conversion Pathway was devised
• The general dietetic pathway was revised e.g. for patients with Coeliac Disease, Irritable Bowel Disease or Lipid disorders.

All of the skills maximisation work so far and information they have gathered is being used and incorporated into a much wider re-organisation of the integrated dietetic service and this process is on-going. However, the Ayrshire and Arran department advises that “as a first step it was important that all dietitians had been involved with skills maximisation before went on to consider integration of acute and primary care services around patient pathways”.


Other experiences of the ‘Creating Improvement’ part of the skills maximisation process

A range of AHPs’ work on ‘Creating Improvement’ was looked at in some detail in the section above, now this section looks more briefly at the improvements created by a range of other groups who have used SMT.

**NHS Greater Glasgow and Clyde Orthoptists**

The orthoptist’s role focuses on examination, diagnosis and treatment of patients with a range of eye conditions. Orthoptists form part of the eyecare team. They have a key role in the diagnosis and management of developmental disorders of vision in children, and acquired eye movement and co-ordination problems in adults, often secondary to systemic disorders such as hypertension, diabetes, and endocrine conditions. Extended roles include assessment and management of patients with glaucoma, stroke and other neurological disorders.

NHS Greater Glasgow and Clyde Orthoptists recognised that there were aspects of their work that were not unique to a qualified orthoptist. Given the national shortage of orthoptists it was important to maximise orthoptists’ time to be spent on activities and tasks demanding their unique orthoptic skills. Potential roles for orthoptic support workers, and for administrative assistants, were identified using the SMT process.

**Using information**

The Orthoptic Heads of Service across Greater Glasgow and Clyde met on a few occasions and shared ideas by email, looking at service needs and tasks that they felt were appropriate for a support worker. They worked with local Practice Education Facilitators and the Scottish Qualifications Agency to identify quality assured education and learning needs for orthoptic support workers.

Relevant SVQs were identified and competencies specific to orthoptics were then developed.

**Identifying barriers**

- They did not have pre-existing competencies or education to draw from
- There was a sense of protectionism about certain tasks to overcome
- They were challenged by a lack of experience in making this type of change
- Developing a job description that would apply to the differing demands of two departments was a new experience

**Identifying benefits**

- Having to identify competencies and develop education ensured that these met the needs of the service
- Working as a group across the Health Board area provided a great support network, helped motivation and provided a wide range of skills and experience to bring to the table. This allowed them to take the work forward

**Action planning**

‘We now have three Support Workers employed over two sites, who are working towards an appropriate qualification. This will help them achieve their KSF and will help them with career progression. We have an Orthoptist who has become a qualified SQA assessor for SVQs.

‘Once all 3 support workers have completed their assessments, we need to evaluate the process…Nearby Health Boards may want to co-opt our orthoptic assessor rather than train their own, which would ensure she maintains and develops her skills, and reduce costs.

‘I and a colleague from Glasgow Caledonian University have been working with NES to look at how we train all 3 levels of Orthoptic support worker: healthcare support worker; senior healthcare support worker; assistant practitioner.’
NHS Ayrshire and Arran, Speech and Language Therapists

They looked at the potential patient journeys, speech and language therapy interventions and the core skills required. Dysphagia management was a major requirement and therefore, as this requires a post-graduate qualification and expertise, a Band 6 therapist would be likely to have the appropriate training and experience needed for this work.

Following advertisement the service was unable to recruit to a Band 6 post as there was no suitable applicant, so they considered three core questions about the service:

- Was there a role for an assistant?
- Could a Band 5 do the job?
- Was it an option to increase the number of sessions of an existing Band 7 post?

They then looked flexibly at their service, and a vacancy elsewhere in the service provided allowed a small service re-design. They made their Band 7 full-time, which gave them a therapist with the necessary skills and competencies. This decision then left 23 hours at Band 5 which have subsequently been filled. Since this time, they have also revised their dysphagia training programme for Band 5 speech and language therapists and they now do this as soon as possible after appointment to post. This allows practitioners to develop their Dysphagia skills at an earlier stage and to benefit both patient care and the service delivery across all sites.

Arts Therapists

The power of the service user experience was recognised and included in the ‘Hitting the HEAT Targets’ report that resulted from the arts therapists using the skills maximisation toolkit.

This report can be found at [www.nhshealthquality.org/nhsqis/2636.html](http://www.nhshealthquality.org/nhsqis/2636.html)

Their ‘Clinical vignettes’ are now being used to develop a DVD to demonstrate the impact of each of the arts therapies on the lives of the individuals accessing their services. Information on the progress of this work can be found on the Scottish Arts Therapies Forum website along with further information about arts therapies at [www.satf.org.uk](http://www.satf.org.uk)

South East and Tayside Radiology Workshop

Participants identified priority areas for action, with short, medium and long-term goals; listed the actions required to meet these aspirations; and scored their suggestions to assess priority. In identifying these goals, the workplace culture was a major influence in how participants viewed these actions, and change more generally. The actions were categorised as understanding capacity; organisational change; gathering better intelligence about the workforce; and evidence base for the workforce structure.

They decided to take forward the process of creating improvement by making a series of recommendations focussed on:

- Ensuring capacity was available to focus on developing an agreed strategy at Health Board and regional levels
- Pursuing an action plan to address the issues raised
- Gaining senior clinical ‘sign up’
- Paying particular attention to the cultural elements of change management
**Using the change curve**

Several groups found the Change Curve information, included in the SMT workbook useful when creating improvement.

‘We used the change curve part inter-actively with the group who attended the workshops, getting them to describe their own place on the change curve and we used this on two occasions to discuss how they felt about the change.’

Workshop Facilitator, North of Scotland Dietetic Skills Max Workshop

**NHS Ayrshire and Arran Occupational Therapists**

When any team decide to make an improvement, it is important to manage the feelings and behaviours relating to change.

The occupational therapists used the Skills Maximisation Toolkit to reduce waiting times; reduce the number of children having to wait for appointments; and to ensure equity of service provision and waiting times. They achieved this by rearranging occupational therapy teams from working on a clinical basis to working on a locality basis. As part of this process they found using the **change cycle** very helpful in their workshops.

‘The change curve was most helpful. It highlighted that different team members are at different stages at different times throughout the process. This allowed the change to be much more effectively managed. The uniqueness exercise proved to be the most challenging and we found defining our core business to be challenging.’

NHS Ayrshire and Arran Occupational Therapists Clinical Skills Maximisation Toolkit Workshop

In response to user feedback, the Change Curve diagram has been revised and can be found after page 38 of this volume.
Questions for you to ask about your service...

There are many questions you may want to ask and answer about your service, in addition to those included with the stories above.

Some suggestions for these are given below.

- How can you use the information you have gathered about the patient journey and unique contribution to support you to create changes in the service provided?
- Have you clearly highlighted the areas where you make a unique contribution to patient care?
- Do you think that more information is needed?
- Can you show clearly what the benefits of the change might be?
- What else do you need to support your case?
- Who might be able to help this process?
- Whose support do you need to bring about change?
- What tools are available to help in this process e.g. business case outlines?
- Can you clearly state the benefits of your service’s unique contribution to the individual, the service, the organisation and to your profession?
- What are the barriers to making and changes and how can these be overcome?
- Who outside the service could benefit from changes e.g. referrers?

In the skills maximisation toolkit

If you want to make some changes to your service and want to make sure you consider the emotional and the business aspects of change, you may find the following highlighted sections of the Skills Maximisation Toolkit Workbook useful.

- Patient journey
  – Process mapping
  – Understanding the process
  – Getting feedback from the patient

- Capturing uniqueness
  – Workforce profiling
  – Activity analysis
  – Are we making best use of the team?
  – What have you found out?

- Creating improvement
  – The emotions of change
  – Making it real where you are
  – Business case development

The Change Curve development in the in the New Developments section of this volume may also be useful.
Illustrating the impact

Following on from creating improvement, many groups who have used SMT made a range of suggestions about how they could show that their efforts have resulted in an impact on their service.

These suggestions included:

- Formal evaluations before during and after making changes
- Service user satisfaction questionnaires or interviews
- Records of treatment rates
- Records of referrals
- Waiting time information
- Practitioner job satisfaction data
- Evidence of improved teamwork and communication
New developments

Developments: the act or process of growing, progressing or developing
New developments

This volume contains a range of information contributed by groups who have used SMT and also some work developed by NES in responding to comments from them.

The following resources have been developed by NES in response to these comments:

- A revised Participant Booklet
- Simplifying the Skills Maximisation Process: A Summary
- Development of the Change Curve diagram

Revised Student/Participant booklet

Participants and facilitators in SMT workshops told us that they would like more information and explanation in the Participant booklet. This would help them understand the process better and help them gather the information they needed. In response to this we have revised the booklet and can be accessed via the NES website: [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

Summary of the Skills Maximisation Workbook

Feedback from using the toolkit has included a request for a print-out or pull-out summary of the stages in a very simple format. It has been produced as volume 3 in the series. This can be found near the front of this volume and also on the NES website at [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

Developing the change curve diagram

There were several comments from groups who had used the change curve and felt that it was a valuable tool in helping them look at where individuals were in the process of change.

‘We used the change curve part inter-actively with the group who attended the workshops, getting them to describe their own place on the change curve and we used this on two occasions to discuss how they felt about the change.’

Workshop Facilitator, North of Scotland Dietetic Skills Max Workshop

‘The change curve was most helpful. It highlighted that different team members are at different stages at different times throughout the process. This allowed the change to be much more effectively managed. The uniqueness exercise proved to be the most challenging; we found defining our core business to be challenging.’

NHS Ayrshire and Arran Occupational Therapists Clinical Skills Maximisation Toolkit Workshop

One of the suggested changes to the Skills Maximisation Toolkit information from the feedback was that the change curve diagram toolkit was developed so that the curve and accompanying information were integrated to make them easier to navigate and use in the workshops. So here goes....
INSERT CURVE DIAGRAM PAGE/THROW-OUT
INSERT CURVE DIAGRAM PAGE/THROW-OUT
Tips and hints for workshops

Feedback from groups, who have used SMT, and discussions while compiling this volume, have highlighted a range of tips and hints to help the process along.

Some of the suggestions are things that have worked for some groups, others are things that they would do next time round, and some were from initiatives that had not worked out as planned.

For facilitators

- Have clear aims and objectives from the outset
- Think about the timing of the workshops:
  - take into account the time needed for pre- and post-workshop work
  - local and national holidays
  - peaks of demand on services. You may want to consult with participants about this.
- Make it clear what is expected of the participants at the workshops and in any pre- or post-workshop work
- Encourage the participants to read through the Skills Maximisation Toolkit Workbook:
  - to familiarise themselves with it
  - to think about their service
  - to think about patient journeys; and to make notes about points or issues they think are important and would like to bring up at the workshops
- Participants in some groups were asked to think through and jot down a patient journey to bring to the first workshop
- Use the stories in this volume and in the Skills Maximisation Toolkit Workbook in the workshops
- Think about the skill mix and range of grades and skills amongst the participants
- Invite experts, guest speakers and/or critical friends to be part of the process
- Use a visual example of the patient journey when discussing it—this can help to identify the issues and highlight bottlenecks in more detail

For participants

- Be clear about what you are expected to do
- Familiarise yourself with the Skills Maximisation Toolkit Workbook and any other information about the workshops—previous participants who had not done this suggested it would have been really useful
- Do the pre or post-workshop work as best you can. If you don’t understand some of it, discuss it with a colleague or the facilitator
- Think through a patient journey in your service— you might want to take notes or make diagrams to take to the workshops

There is also some information about making the best use of resources in the SMT Workbook on page 6.
Patient involvement –
Getting feedback from the patient

As the most important person in the process, feedback from patients about their journey is critical. The Skills Maximisation Toolkit Workbook suggests that this can be done through:

- Patient involvement groups
- Other information that is available
- Inviting feedback from recently discharged patients and carers

In the feedback and information from people who had used SMT, several said that they would like to gather patient or service user feedback as one of their next stages. To help with this, we have included the information from them. Additionally we have spoken to people who have involved service users in giving feedback and included their stories.

Included in the stories below are the experiences of gathering patient feedback in NHS Borders and NHS Greater Glasgow and Clyde.

**NHS Borders Occupational Therapists: Gathering patient feedback**

NHS Borders OT staff decided to enlist the assistance of the local Clinical Audit Support Team in determining how satisfied patients and carers were with the OT service they received; in identifying potential gaps in the OT service; and to help ensure that the changes they proposed would be effective. Specifically, they wanted feedback from patients about their understanding of the OT role and for this feedback to highlight areas for improvement within the service and gaps in service provision.

They gathered information from patients and carers on medical wards before discharge or transfer over a two week period. They planned to present the findings to OT colleagues and at a staff in-service event.

Questions they asked gathered information about:

- Age and gender of patient
- Had they seen an OT while in hospital?
- The OT’s explanation of their role?
- Information about the activities carried out with the OT
- Helpfulness of these activities
- How they felt about their interaction with the OT?
- Whether they had a significant memory of the occupational therapy they received?

**Resource 5** A copy of the questionnaire they used can be found in the Resources section (page 55)
Service user involvement in the Effective Practitioner initiative

The purpose of the NHS Education for Scotland Effective Practitioner Initiative is to support the development of Nurses, Midwives and Allied Health Professions (NMAHP) at levels 5 and 6 of the Career Framework for Health; and recognising and valuing the critical role they play in the day to day delivery of the service in NHS Scotland.

It was important to involve service users in any development of staff as they are in the best position to comment on their experience of healthcare and if it is what they expect. The effective practitioner initiative has included service users from the outset. Membership of the steering group includes a service user who has provided valuable input has been a great asset. Her wish to contribute as fully as possible, commitment and input has been a great asset. One effect is that the health professions representatives on the group are prompted to ensure they communicate in plain English. There needed to be thought given to the information the service user would need at the start to help her understanding of the work and to make her role clear to all involved. A glossary of terms in accessible language was provided and regular offers to clarify any points are made. Additionally, communication was by phone, fax or post as the service user did not have access to a computer – something we may not always think of.

It is important to bear in mind that service users represent their own opinions, views and experience (which was very positive in this case) but that we cannot presume that this is representative of the views of all service users.

The success and value of this contribution has resulted in the wish to expand the contribution of service users to this initiative.

Full details of the Effective Practitioner initiative can be found at [www.nes.scot.nhs.uk/initiatives/effective-practitioner](http://www.nes.scot.nhs.uk/initiatives/effective-practitioner)

NHS Greater Glasgow and Clyde Physiotherapists

Practice Development Physiotherapists supported the physiotherapy department in NHS Greater Glasgow and Clyde to gain patient feedback about their experiences.

‘We wanted to get information from patients who had received a steroid injection from a newly trained injecting physiotherapist. This would sit alongside outcome data relating to pain, function and work status. The main aim of contacting the patients and speaking to them directly was to explore the “quality of the experience” in relation to their involvement in decision making, the amount and quality of information they were given and their experience of the physiotherapists empathy (or lack of). A template of 22 questions was devised and 16 patients were contacted by the Practice Development physiotherapist. They were assured that their comments would be treated in confidence but that their feedback would impact on the service and could lead to changes if necessary.

‘Results were very encouraging. All felt involved in decision making, were given enough information and felt that they were treated with care, compassion and respect. The only negative comments were related to waiting times. When conducted by someone independent to service delivery, telephone interviews can be a very useful and cost effective way to gather qualitative information.

‘It was rather intimidating to start with but a great way to capture really detailed information, especially if the experiences are less than ideal. Patients seemed very happy to give their feedback in this way and having run one focus group in the past telephone interviews were logistically a much easier and cost effective way to get reasonable numbers.’

Practice Development Physiotherapist, NHS Greater Glasgow and Clyde

Resource 10 A copy of the questionnaire they used can be found in the resources section.
NHS Grampian: Responding to Patient Experiences

Involving the Patient Focus and Public Involvement officer can bring major benefits to help you involve patients and families when making changes to your service. The officer in NHS Grampian provided this example. The Skills Maximisation Toolkit has been largely used by AHPs but we are promoting the use of the SMT for use by other disciplines. This is an example of a change made by nursing which has elements that could be applied to any discipline. Think about how the changes they made and lessons they learned can apply to your ‘discipline’.

Resource 10  NHS Grampian had seen an increase in the workload of the breast clinic in conjunction with a reduction of junior doctor’s hours. This had added to the pressure of maintaining national guidelines set out for breast cancer. This highlighted a need for the service to look at the feasibility of women post two years surgery, seeing a nurse practitioner rather than a consultant. NHS Grampian set up a focus group of 14 patients who were post two years surgery. The first half of the meeting was used to gain opinion on nurse-led clinics, discuss anxieties, advantages/disadvantages and raise questions. For the second half, two of the Nurse Practitioners attended to answer questions. With assurances and protocols in place for ‘fast-tracking’ follow up patients if required, patients were in favour of nurse-led clinics. The nurse-led clinics saw 1,000 women in the first year of operation.

The service was evaluated using patient questionnaires indicating 149 (93%) of women were happy to see a nurse practitioner. Waiting times for urgent referrals were reduced to within one week and routine waiting times came down from a high of 18 weeks to 4–5 weeks as a result of nurse-led clinics contributing to freeing up valuable time within the service.

Issues for consideration

- Stress the importance of getting feedback from patients who use the service to inform the future delivery, design and redesign
- Don’t be afraid to involve patients in identifying bottlenecks in pathways
- If staff have anxieties about changes to a service, involve patients as they may well have and share the same anxieties. Working together can be highly productive. Patients and staff share the same value in redesigning services to be better for everyone (e.g. better services for patients, less complaints for staff to deal with).
- Staff can become patients. Patients can become staff. There should be no division of “us and them” when it comes to involvement.

Looking at other countries

In Denmark a simple but very effective way of giving patient feedback has also led to some good interprofessional learning opportunities for staff. Recently discharged patients and families from the rehabilitation wards were invited to talk about their experiences by joining a round table discussion with up to 10 other patients and families. The facilitator invited a similar number of staff from the rehabilitation services to sit at a neighbouring table and listen, but not interrupt the discussion. The facilitator asked the patients what they felt about their experience from first contact to when they were discharged home. The staff had to listen, the facilitator then asked the staff if there were any additional questions to ask the patients and their families. The staff were then also asked to consider any changes they wanted to make after hearing the patient view of their journey with the service.

Some considerations...

The importance of patient and carer feedback and input into the way in which their care is designed and delivered has been illustrated from a number of perspectives in the stories above.
However, there are other aspects of patient involvement that need to be taken into account. These include Scottish Government policies and Standards used by the NHS in Scotland, and requirements around patient and carer consultation and involvement. There are a range of documents and resources about these issues that you may find helpful when thinking about this and planning patient involvement, also some that you should be aware of.

These include:

- The ‘Participation Standard’ for including patients as partners in their care can be found at www.scottishhealthcouncil.org/shc/pfpi/standard/Development

- *Informing, Engaging, Consulting Guidance for Health Boards*
  Its purpose is: ‘To provide revised guidance – Informing, Engaging and Consulting People in Developing Health and Community Care Services – to assist NHS Boards with their engagement with patients, the public, and stakeholders on the delivery of local healthcare services. The principles of the guidance should be applied, proportionally, to any service change proposed by a Board, including any changes considered to be major.’
  Scottish Government, 2010

- *National Standards for Community Engagement*
  These standards set out best practice guidance for engagement between communities and public agencies and focus on involvement; support; planning; methods; working together; sharing information; working with others; improvement; feedback; and monitoring and evaluation.

- *Building Strong Foundations Toolkit*
  www.sehd.scot.nhs.uk/involvingpeople/bsftoolkit.htm
  ‘The toolkit is a guide to some of the approaches available to facilitate the involvement of people. The approaches are not only health related but generic in their use although they are becoming more widely used within the Health Service with a view to engaging the public in decision-making for the future of the Health Service.’

In addition to gathering your own information, there are several resources out there that focus specifically on patients’ experiences of NHS care.

- *A Framework To Support Staff Development In Patient Focus Public Involvement*
  www.nes.scot.nhs.uk/media/500215/pfpi_framework.pdf
  This Framework aims to support staff to develop practice in Patient Focus, Public Involvement and elements of equality and diversity in line with current legislation. The skills and attitudes outlined can have direct application by guiding learning activities and evidence in relation to staff development.

- *Better Together: Scotland’s Patient Experience Programme*
  www.bettertogetherscotland.com/bettertogetherscotland/CCC_FirstPage.jsp
  This programme uses the public’s experiences of NHSScotland to improve health services. In it there is a section where there are a range of tools for capturing patient feedback and there are also stories about people’s experiences of NHS care.

- *Little Things Make a Big Difference: Value and Enhance the Patient Experience*
  www.knowledge.scot.nhs.uk/making-a-difference.aspx
  This is an online resource for frontline NHS staff. It been designed to act as a gateway for NHS Scotland staff to support the enhancement of patient experience.

NHS Education for Scotland has developed an Educational Framework to support you in your personal development and acquiring knowledge and skills in this area. This can be accessed at www.nes.scot.nhs.uk/media/500215/pfpi_framework.pdf

Further sources of information and support can be found on the Little Things Make a Big Difference website, available at www.knowledge.scot.nhs.uk/making-a-difference.aspx
If you require further information or support on involving patients, carers and/or the public in your work, then please contact your Designated Director for Patient Focus, Public Involvement at your Health Board. Details can be found on your NHS Board website.

**Involving patients/service users**

A number of hints for involving service users and carers emerged from SMT user feedback and other discussions that took place while compiling this volume. These are summarised below and may be useful to you.

### You might want to think about...

- In your Health Board, what are the governance processes for involving patients/service users?
- Why it is important to involve them in this piece of work?
- What do you want them to do? e.g.
  - Suggest improvements
  - Discuss their experience of the service
  - Give opinions on the plans for change
  - Give their opinions on whether a change has improved their experience
  - Give feedback on changes and proposed changes
- How are you going to identify patients/service users/carers?
- What are the specific questions you want them to answer?
- Will these give you the information that you need?
- How are you going to gather this information? e.g.
  - Meeting with them
  - Phone conversations
  - Postal questionnaires
  - Are you using the most effective way to gather the information?

### Points to remember

- Use plain English
- Assure confidentiality
- Be respectful of their time and input
- You should state clearly what you are trying to do and in terms that they will understand
- Remember that patients and carers are expressing their view of the situation – there may be a wide range of views out there and you may not get a representative view and you need to acknowledge this
- You need to think about how you can best communicate with them:
  - Ability to access electronic resources
  - Literacy and language issues
Resources contributed by Skills Maximisation Toolkit Users

Resources: Sources of possible help, means of support and growth of ideas.
Resources contributed by Skills Maximisation Toolkit Users

Many groups, who have contributed their stories about using the Skills Maximisation Toolkit to this volume, have been willing to share resources they have developed and have allowed us to include these.

These include questionnaires; workload recording and analysis tools; and guidance for referrers to services. You may want to think about how they fit your information gathering needs.
Resource 1  West of Scotland Podiatry Patient Classification Guidance

This resource may be useful when looking at:
- Clarifying the Patient journey
- Capturing Uniqueness

In looking at the patient care provided and how podiatrists skills can best be used, the West of Scotland Podiatry Group ranked the care provided in order of complexity with the lowest level of risk being 1 and highest 4.

<table>
<thead>
<tr>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes SIGN Categories 3 and 4</td>
<td>Diabetes SIGN Categories 2 and 3</td>
<td>Diabetes SIGN Categories 1 and 2</td>
<td>No relevant medical pathology</td>
</tr>
<tr>
<td>PVD</td>
<td>Arthropathies</td>
<td>Osteoarthritis</td>
<td>Simple nail care</td>
</tr>
<tr>
<td>Neuropathy</td>
<td>CVA with complications</td>
<td>Respiratory disease</td>
<td>Asymptomatic nail conditions</td>
</tr>
<tr>
<td>Neurological Condition</td>
<td>Anti-coagulants</td>
<td>Cardiac disease</td>
<td>Asymptomatic corn and callus</td>
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<tr>
<td>HIV</td>
<td>Immunological compromising condition</td>
<td>Mobility problems</td>
<td>Anhydrosis</td>
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<tr>
<td>Cancer</td>
<td>Fibrous lesions</td>
<td>Reduced dexterity</td>
<td>Hyperidrosis</td>
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<tr>
<td>Steroids</td>
<td>Neurovascular corns</td>
<td>Ocular disease</td>
<td>Poor foot hygiene</td>
</tr>
<tr>
<td>Ulceration</td>
<td>Moderate or heavy callus</td>
<td>Learning difficulties</td>
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<tr>
<td>Acute structural dysfunction</td>
<td>Chronic structural dysfunction</td>
<td>Dermatological disease</td>
<td></td>
</tr>
<tr>
<td>Evidence of neglect</td>
<td>Chronic nail conditions requiring surgery</td>
<td>Symptomatic nail pathologies</td>
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<tr>
<td>Severe deformity</td>
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<td>Symptomatic VP</td>
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<tr>
<td>Acute nail conditions requiring surgery</td>
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<td>Pressure areas</td>
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<tr>
<td></td>
<td></td>
<td>Light callus and corns</td>
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</tbody>
</table>
**Resource 2**  West of Scotland Podiatry Task Analysis Recording Tool

This resource may be useful when looking at:
- Clarifying the Patient journey
- Capturing Uniqueness

When looking at the work carried out by podiatry staff, West of Scotland Podiatry Group kept records of the tasks carried out by staff and the time they took to carry these out.

Would using a tool similar to this help when you look at the work carried out in your department? Some of the tasks below are specific to podiatry and others are generic across many disciplines.

<table>
<thead>
<tr>
<th>Name</th>
<th>Hrs worked per day</th>
<th>Sheet Number</th>
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<table>
<thead>
<tr>
<th>Band</th>
<th>Base Location</th>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Admin Support Yes/No?</th>
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**Record time in minutes**

**Podiatry Tasks**

**Administrative Tasks**

<table>
<thead>
<tr>
<th>Task</th>
<th>Total</th>
<th>Total</th>
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<tbody>
<tr>
<td>Appointments – DNA</td>
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<tr>
<td>Appointments – book</td>
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<tr>
<td>Casenotes/obtaining/returning</td>
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<td>Datix</td>
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<tr>
<td>Discharge</td>
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<tr>
<td>Duty sheets – completing</td>
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<tr>
<td>Emails</td>
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<tr>
<td>Laboratory forms – completing</td>
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<tr>
<td>Meetings</td>
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<tr>
<td>Transport – ordering</td>
<td></td>
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<tr>
<td>Patient questionnaire/surveys – completing</td>
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<tr>
<td>Statistics – completing</td>
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<tr>
<td>Stock/stationery – ordering</td>
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<tr>
<td>Stock/stationery – putting away</td>
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<tr>
<td>Telephone calls/messages</td>
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<td>Telephone streaming</td>
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<tr>
<td>Clinical Intervention</td>
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<td>-----------------------------------------------------------</td>
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<tr>
<td>Medical history/Patient details– obtaining</td>
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<td></td>
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<tr>
<td>Medical history/Patient details– updating</td>
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<td></td>
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<tr>
<td>Assessment– including diagnosing &amp; re-assessment</td>
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<tr>
<td>Assessment– to delegate to assistant</td>
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<tr>
<td>Acupuncture</td>
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<td>Bio Mechanics</td>
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<tr>
<td>Cryosurgery</td>
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<td>High risk patients</td>
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<td>Local anaesthetic</td>
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<tr>
<td>Nail care– high risk</td>
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<tr>
<td>Nail care– low risk</td>
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<tr>
<td>Nail care – use of drill</td>
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<td>Nail surgery</td>
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<tr>
<td>Nail surgery – providing assistance/dressings</td>
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<tr>
<td>RH/NH– Nail care</td>
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<td>RH/NH– Preparation for Podiatrist</td>
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<td>Scalpel care– low risk</td>
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<td>Scalpel care- high risk</td>
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<tr>
<td>Screening – diabetic</td>
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<td>Silicon props</td>
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<td>Simple insoles/orthosis/padding</td>
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<td>Steroid injections</td>
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<td>Supplementary prescribing</td>
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<tr>
<td>Swabs (Microbiology etc)</td>
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<td>Ultrasound</td>
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<td>Versajet</td>
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<td>Wound care/management– applying dressings</td>
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<td>Wound care/management – removing dressings</td>
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<tr>
<td>Education— Footwear advice</td>
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<tr>
<td>Education— Patient health education</td>
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<tr>
<td>Liaise with other professional</td>
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<tr>
<td>Patient Notes /care plans – writing up</td>
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<tr>
<td>Patient preparation for clinical intervention</td>
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<td>Refer on to specialist services</td>
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<td>Results–interpreting</td>
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<tr>
<td>Orthotic prescription</td>
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**Managerial Tasks**

| Cascading information |  |  |  |  |
| Clinical Supervision |  |  |  |  |
| Dealing with complaints |  |  |  |  |
| Delegation |  |  |  |  |
| HR/disc/sickness/recruitment |  |  |  |  |
| Implement strategies/policies |  |  |  |  |
| Mentoring newly qualified staff |  |  |  |  |
| Mentoring students |  |  |  |  |
| Resources/budget management |  |  |  |  |
| Training |  |  |  |  |

| Others |  |  |  |  |
| Communication–with patient/carer (clinical) |  |  |  |  |
| Communication–with patient/carer (non-clinical) |  |  |  |  |
| Decontamination (Synergy) |  |  |  |  |
| Domiciliary–second/support to podiatrist |  |  |  |  |
| Health & Safety |  |  |  |  |
| Housekeeping–domiciliary cases |  |  |  |  |
| Housekeeping–Moore dis |  |  |  |  |
| Housekeeping–Sharps boxes etc |  |  |  |  |
| Travel Time |  |  |  |  |

| Others–please specify |  |  |  |  |

| Total |  |  |  |  |
The West of Scotland Podiatry Group identified 14 different clinical tasks that did not necessarily require the unique contribution of podiatrists. Fuller details of this work can be found on page 20.

- Medical history/Patient details – updating
- Nail care – low risk
- Nail care – use of drill
- RH/NH (residential and nursing homes) – Preparation for Podiatrist
- Scalpel work – low risk
- Screening – diabetic
- Silicon props
- Simple insoles/orthosis/padding
- Swabs (Microbiology etc)
- Wound care/management – applying dressings
- Wound care management – removing dressings
- Education – Footwear advice
- Education – Patient health education
- Patient preparation for clinical intervention

You may be able to construct a similar list for your service?
What are the main tasks that are carried out in your service?
Podiatrists participating in the West of Scotland SMT workshops identified a range of challenges, issues and potential solutions that may help you when looking at your service.

**Key Challenges**

- Ageing Podiatry workforce
- Contracting labour market
- Ageing population
- Increase incidence of Long Term conditions
- Extension of Podiatric roles
- Inappropriate use of valuable Podiatry clinical time

**Recurring issues**

- Support staff education/training
- Professional liability associated with delegation/supervision
- Communication skills
- Professional body (SOCAP)
- Regulation of support staff
- Resistance from organisations/podiatrists/current support staff
- Clarity of support staff roles
- Patient’s views
- Health & Safety

**Suggested solutions**

- Minimum recognised podiatry support staff education programme/pathway covering skills to undertake tasks, assessment of competence, communication skills
- Assurance on professional liability/vicarious liability
- Clinical Governance standards on supervision/delegation
- Public consultation
- Support from professional body (SOCAP)
- Nationally agreed protocols for care

**The Scalpel Work challenge**

The task that created the most discussion and anxiety was the involvement of assistant grade staff in ‘Scalpel Work – Low Risk’. Views were polarised, with enthusiasts for this development on one hand, while others had grave reservations. This item alone could have dominated the entire day and this issue was ‘parked’ to allow them to focus on the 13 other key tasks.

There was consensus that low risk scalpel work would in all likelihood become part of the assistant role but this would require:

- Support from SOCAP
- Demonstrated clear requirement for this role
- Established and agreed training programme
- Very tight governance arrangements in terms of accountability and delegation
NHS Borders OT staff decided to enlist the assistance of the local Clinical Audit Support Team in determining how satisfied patients and carers were with the OT service they received and potentially identifying gaps in the OT service to help ensure that the changes they proposed would be effective. Specifically they wanted feedback from patients about their understanding of the OT role and to highlight areas for improvements within the service and gaps in service provision. To obtain this information they gathered information from patients and carers on medical wards before discharge or transfer over a two week period. They planned to present the findings to OT colleagues and a staff in-service event.

Questions they asked gathered information about:

- Age and gender of patient
- Had they seen an OT while in hospital?
- The OT’s explanation of their role?
- Information about the activities carried out with the OT
- Helpfulness of these activities
- How they felt about their interaction with the OT?
- Whether they had a significant memory of the occupational therapy they received?
Resource 6  NHS Borders Occupational Therapy Service: In-Patient Referral flowchart

This resource may be useful when looking at:
- Capturing Uniqueness
- Creating Improvement

NHS Borders occupational therapy service have developed a flowchart to assist other healthcare professionals in deciding whether a referral to this service is appropriate at that time.
Resource 7  NHS Borders Occupational Therapy Service: In-Patient Referral criteria

This resource may be useful when looking at:
- Clarifying Patient Journey

NHS Borders occupational therapy service have developed a range of inclusion and exclusion criteria to assist other healthcare professionals in deciding whether a referral to this service is appropriate at that time.

Response time to referrals
- One working day

Inclusion criteria
- A change in the patient’s ability to carry out functional activities i.e.
  - mobility
  - cognitive function
  - personal activities of daily living
  - domestic activities of daily living
- Previous difficulties at home
  (history of falls, patient or family report not coping at home)
- Concerns for the patient being discharged home safely

If a patient fulfils one or more of the above criteria they must also be medically stable and/or have an estimated date of discharge.

Exclusion criteria
- Patient acutely unwell/acutely confused
- Patient from a nursing home
- Patients who have no changes in their functional abilities i.e. independent in activities of daily living or their existing package meets their needs
Resource 8  NHS Lothian Speech and Language Therapist
Patient contact questionnaire

This resource may be useful when looking at:
- Clarifying the Patient Journey
- Creating Improvement

NHS Lothian Speech and Language Therapist Patient contact questionnaire

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Practitioner first name</td>
</tr>
<tr>
<td>2</td>
<td>Patient initials</td>
</tr>
<tr>
<td>3</td>
<td>Where does the patient live?</td>
</tr>
<tr>
<td></td>
<td>• Midlothian</td>
</tr>
<tr>
<td></td>
<td>• East Lothian</td>
</tr>
<tr>
<td>4</td>
<td>What is the patient’s condition?</td>
</tr>
<tr>
<td></td>
<td>• Stroke</td>
</tr>
<tr>
<td></td>
<td>• Dementia</td>
</tr>
<tr>
<td></td>
<td>• Parkinsons</td>
</tr>
<tr>
<td></td>
<td>• Huntington</td>
</tr>
<tr>
<td></td>
<td>• Multiple Sclerosis</td>
</tr>
<tr>
<td></td>
<td>• Motor Neurone Disease</td>
</tr>
<tr>
<td></td>
<td>• General Psychiatry</td>
</tr>
<tr>
<td></td>
<td>• Voice</td>
</tr>
<tr>
<td></td>
<td>• Stammering</td>
</tr>
<tr>
<td></td>
<td>• Other (please specify)</td>
</tr>
<tr>
<td>5</td>
<td>Where was the patient seen?</td>
</tr>
<tr>
<td></td>
<td>• Home</td>
</tr>
<tr>
<td></td>
<td>• Hospital inpatient</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Long term care ward</td>
</tr>
<tr>
<td></td>
<td>• Nursing Home</td>
</tr>
<tr>
<td></td>
<td>• Out patient</td>
</tr>
<tr>
<td></td>
<td>• Day Hospital/Centre</td>
</tr>
<tr>
<td></td>
<td>• Out and about</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other (please specify)</td>
</tr>
<tr>
<td>6</td>
<td>What was the reason for seeing this patient?</td>
</tr>
<tr>
<td></td>
<td>• Communication</td>
</tr>
<tr>
<td></td>
<td>• Eating/drinking</td>
</tr>
<tr>
<td></td>
<td>• Other (please specify)</td>
</tr>
<tr>
<td>7</td>
<td>Case complexity</td>
</tr>
<tr>
<td></td>
<td>• Non-Complex</td>
</tr>
<tr>
<td></td>
<td>• Complex</td>
</tr>
<tr>
<td></td>
<td>• Very Complex</td>
</tr>
<tr>
<td></td>
<td>• Comment :</td>
</tr>
<tr>
<td>8</td>
<td>Referral to treatment</td>
</tr>
<tr>
<td></td>
<td>• DD MM YYYY</td>
</tr>
<tr>
<td></td>
<td>• Date of referral</td>
</tr>
<tr>
<td></td>
<td>• Date of first contact</td>
</tr>
<tr>
<td>9</td>
<td>Waiting time between referral and first contact</td>
</tr>
<tr>
<td>10</td>
<td>Type of contact</td>
</tr>
<tr>
<td></td>
<td>• Information gathering/ assessment</td>
</tr>
<tr>
<td></td>
<td>• Assessment</td>
</tr>
<tr>
<td></td>
<td>• Therapy</td>
</tr>
<tr>
<td></td>
<td>• Advice</td>
</tr>
<tr>
<td></td>
<td>• Other (please specify)</td>
</tr>
<tr>
<td>11</td>
<td>Number of ( \frac{1}{2} ) hour contacts for patients during November 2008</td>
</tr>
<tr>
<td></td>
<td>• Direct (add number)</td>
</tr>
<tr>
<td></td>
<td>• Indirect (add number)</td>
</tr>
<tr>
<td>12</td>
<td>Total predicted direct contacts for episode of care</td>
</tr>
</tbody>
</table>
Resource 9  East Lothian and Midlothian Community Health Partnerships  
Speech and Language Therapy Communication Referral form

The speech and language therapists redesigned their referral form as the Skills Maximisation Toolkit highlighted how much time was wasted chasing up missing information when a new referral was received.

This resource may be useful when looking at:
- Creating Improvement

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address/Tel:</td>
<td>CHI:</td>
</tr>
<tr>
<td>Contact Person Tel No:</td>
<td>Lives Alone: Y/N</td>
</tr>
<tr>
<td></td>
<td>Requires Home Visit: Y/N</td>
</tr>
<tr>
<td></td>
<td>Keysafe Y/N</td>
</tr>
<tr>
<td>Referrer Name: Address/Tel:</td>
<td>GP Name: Address/Tel:</td>
</tr>
<tr>
<td>Main difficulties when communicating:</td>
<td></td>
</tr>
<tr>
<td>Are these difficulties a recent change? Y/N</td>
<td></td>
</tr>
<tr>
<td>Has this person been seen by SLT before: Y/N/Don’t know</td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>Relevant Medical History:</td>
<td></td>
</tr>
<tr>
<td>Current Medication: Any Recent Changes?</td>
<td></td>
</tr>
<tr>
<td>Day Hospital/Day Centre Attendance: Days: Mon Tues Wed Thurs Fri</td>
<td></td>
</tr>
<tr>
<td>Others Involved:</td>
<td></td>
</tr>
<tr>
<td>Signature of referrer: Date:</td>
<td></td>
</tr>
</tbody>
</table>

Please give to your SLT or send to: 
Adult Speech & Language Therapy Department, Edenhall Hospital, Musselburgh EH21 7TZ
Hi there.

This is KG from the community physiotherapy service. I was wondering if I could ask you a few questions about your recent experience of the service. This is just to give us some feedback and know if there are things we could improve on.

I will give feedback to the physiotherapists who give steroid injections as a group but this will be anonymous and your comments will be treated in confidence.

Do you have a few minutes to talk just now?

1. How did you get in touch with the physio department?
2. How long did you wait before being seen?
3. Had you been into the physio department before?
4. What was your first impression of the place?
   - I understand that you were given a steroid injection in your local physiotherapy department.
5. Had you heard of steroid injections before? Yes/No
6. Did you know that you could get a steroid injection from your local physiotherapist? Yes/No
7. Did you feel that you were involved in the decision to have the injection i.e. were you free to decide not to have it and talk about other options? Yes/No
8. Did you feel that the risks and benefits of the injection were explained clearly to you? Yes/No

9. Did you have enough information about the injection to make a decision about whether you wanted it or not? Yes/No
10. Was it painful to get the injection? Yes/No
11. Did you have any adverse reaction to it? Yes/No
12. Did you feel that you knew what to do if you did have a reaction? Yes/No
13. Did the injection help your problem? Yes/No
14. How has this helped you in your daily life?
   - Work
   - Home
   - Sleep
   - Hobbies
   - Family roles
   - Quality of life
15. Did you have other treatment as well as the injection? Yes/No Describe
16. Were you given advice and exercises too? Yes/No
17. Do you still do them/ follow the advice? Yes/No
18. Did you feel that the physiotherapist behaved in a professional manner with you? Yes/No
19. Overall, did you feel that the physiotherapist was interested in you as a whole person and knew about the relevant details of your life? Yes/No
20. Did you feel that they fully understood your concerns and didn’t overlook or dismiss anything? Yes/No
21. Did you feel that the physiotherapist was genuinely concerned about you and showed you care and compassion? Yes/No
22. How would you rate this experience of the physiotherapy service overall? 1-10
23. Is there anything you think we should change about the service or could do better?

Thanks so much for your time.
Web-based resources

The Effective Practitioner initiative
www.nes.scot.nhs.uk/initiatives/effective_practitioner
The Effective Practitioner initiative is a commitment in Scotland to support the large group of Nurses, Midwives and Allied Health Professionals (NMAHP) practitioners at Level 5 and 6 of the Career Framework for Health. It recognises and values the critical role this group of staff play in the day-to-day running of NHSScotland.

Career Framework for Health
www.nes.scot.nhs.uk/media/4351/sghdguidanceoncareerframeworkforhealth.pdf
The Career Framework is designed to support NHS Boards with workforce planning and service redesign and to help individual members of staff, with transferable, competence-based skills to progress in a direction that meets workforce, service and individual needs.

A Framework To Support Staff Development In Patient Focus Public Involvement
www.nes.scot.nhs.uk/media/500215/pfpi_framework.pdf
This Framework aims to support staff to develop practice in Patient Focus, Public Involvement and elements of equality and diversity in line with current legislation. The skills and attitudes outlined can have direct application by guiding learning activities and evidence in relation to staff development.

Better Together: Scotland’s Patient Experience Programme
www.bettertogetherscotland.com/bettertogetherscotland/CCC_FirstPage.jsp
This programme uses the public’s experiences of NHSScotland to improve health services. In it there is a section where there are a range of tools for capturing patient feedback and there are also stories about people’s experiences of NHS care.

Little Things Make a Big Difference
www.knowledge.scot.nhs.uk/making-a-difference.aspx
Little Things Make a Big Difference: Value and Enhance the Patient Experience is an online resource for frontline NHS staff. It has been designed to act as a gateway for NHSScotland staff to support the enhancement of patient experience.

Skills for Health
www.skillsforhealth.org.uk/competences.aspx
Skills for Health has developed competencies to describe what individuals need to do, what they need to know and which skills they need to carry out an activity.