Synopsis of Presentations: Therapy & Health Sciences Learning Event

Impact Advancing Practice February 2022

Speech and Language Therapy in Older People's Mental Health Inpatient Services
Speech & Language Therapist, Learning Disabilities

There is currently no permanently funded Speech and Language Therapy Service across Swansea Bay University Health Board for adults over the age of 65 who are living with dementia or acute/chronic mental health conditions requiring specialist inpatient treatment in Cefn Coed or Tonna Hospitals. This is a deficit that it is included in the Mental Health & Learning Disability and Primary Care risk registers.

A 6-month Speech and Language Therapy secondment in Older People's inpatient services commenced in October 2022 to scope need, offering dysphagia and communication assessment and intervention for patients across the two hospital sites with robust outcome measurement. The presentation provided an overview of the range of activity undertaken and contribution to Service Group priorities e.g. reducing restrictive practices, falls prevention and wider Health Board values.

Joint Spinal Consultant and APP clinic – SA1
Advanced Physiotherapy Practitioners

Overview:
Patients with persistent spinal pain are seen primarily by Advanced Physiotherapy Practitioners (APP's) in the Clinical Musculoskeletal Assessment and Treatment service (CMATs). They undergo appropriate investigation and if a surgical target is identified patients were traditionally referred to the Consultants Spinal Surgical clinic. This is based in secondary care with waiting times approximately 6 months (+). The longer a patient has a problem, the worse the outcome is likely to be for them despite appropriate treatment.
Secondary care clinics were frequently breached waiting times at stage 1.

A joint clinic was established in SA1 with Mr Verghese and 3 APPs – saw 18 patients per clinic:

- Much quicker for patients – 5-6 weeks
- Significant cost savings to Spinal service – estimated at £39,039 (from reduced Consultant clinics/ no WLI clinics etc).
- Run outside of the main hospital site.
- 324 less patients added to the Stage 1 spinal waiting list.
- Improved working between CMAT and Spinal Service.

Potential next steps:

- Ensure recurrent funding for such clinics – current discussions ongoing.

- Develop APP led spinal injection clinics for those patients requiring such procedures. This will provide timely interventions and support continuity of care within a streamlined pathway (business case pending).
- Consider running equivalent clinics within other Health Boards.

Radiographer Plain Reporting
Site Lead Radiographer, Neath Port Talbot Hospital

SBU has 6 advanced practice radiographers who perform plain film reporting as part of their role. The radiographers undertake post graduate masters level qualifications and are mentored by a consultant radiologist prior to becoming independent practitioners. Four radiographers report musculoskeletal imaging and two report chest and abdominal x-rays. Reporting Radiographers are involved in training other health care professional to interpret radiographs as well as providing mentorship and teaching for future radiographic trainees.
The Richard's report (2021) from NHS England recommended advanced practice radiographers should report 50 % of all plain film images.
In SBUHB during 2019-2020, radiographers reported 18% of all plain x-rays, which was higher than the 16% national benchmarking figure. Monthly monitoring since Feb 2021 has shown steady improvement in performance. Monthly total for October 2021 – radiographers reported 4351 examinations which equates to 30% total plain film for this month. Equivalent to 43.5 sessions of radiologist time at 100 films per session. Six month figures from May – Oct 21, suggest a trajectory that radiographers will provide 46, 318 of the projected 170,832 reports per annum or 27% of the total plain film examinations.
In some areas, such as the Minor injury unit at NPTH, radiographers report over 97% of the plain film images generated by the unit. There is an emphasis on the timeliness of these reports to prevent unnecessary appointments to fracture clinic.
Reporting radiographers are a cost effective, prudent solution to providing patient diagnosis. Reporting Radiographers reduces reliance on difficult to recruit radiologists for plain film reporting.

The Cellulitis Improvement Programme
Clinical Director of Lymphoedema Wales

Cellulitis represents a significant burden to the NHS causing 7,000 Emergency Department contacts/37,000 bed days (population of 3.1m). Care provided is reactive and not focussed on cellulitis prevention. A Cellulitis Programme (CP) was therefore developed to reduce cellulitis reoccurrence aimed at improving patient outcomes/costs and lower pressures on unscheduled care.

Cellulitis is a skin infection causing patients pain, malaise, poor quality of life and impaired activities of daily living, plus a life-threatening risk of sepsis if mismanaged. Evidence suggests 1-2% of hospital admissions are cellulitis related. Many patients admitted with cellulitis have underlying risk factors (wounds, morbid obesity, immobility, diabetes, fungal-infections and lymphoedema) that if treated could reduce the rate of recurrence

by over 40%. Further, 30% cellulitis cases are misdiagnosed when they are red-leg syndrome, dermatitis, thrombophlebitis or deep vein thrombosis resulting in unnecessary antibiotic treatment/ hospital stays.
Confronting this problem a Value-Based healthcare approach was initiated in 2019 headed by three AHPs to reduce cellulitis reoccurrence. Patients who had previously been admitted to NHS Wales (coded with cellulitis in previous 18months) were invited to participate. To date, nearly 8,000 people have received a "Reducing-the-Risk of Cellulitis" leaflet and a clinical appointment invite letter. 46% have opted in to receive an assessment. Treatment (skincare, healthy eating, exercises, wound management and compression) occurs virtually and face-to-face (mobile clinics, heath centres) enabling care closer to home raising patients' awareness in identifying, managing and reducing the risk of cellulitis.

Data on nearly 1,400 patients completing the programme highlights
• 3,184 episodes of cellulitis; 2.4 average with 75% occurring in lower limbs
• 69% of people were aged 61 or over
• 46% of patients had untreated lymphoedema
• 40% had skin problems including fungal infections, dermatitis, wounds
• 56% were obese (BMI>30)
• 68% were inactive
• Frailty scores were captured and 46% logged as vulnerable or worse.
Understanding the patient impact and embedding a Value-Based approach, patient reported outcome measures (PROMs) were captured- CELLUPROM© CELLUPROM captured pre and post the programme demonstrates significant improvements in • Fear (6.2-3.6)/ • Pain (3.1-1.7)/ • Home-life (3.2-1.9)
• Mobility (4.2-2.4) /• Anxiety (4.5-2.7) /• Body-image (3.9-2.4)/ • Work (3.5-1.4)

Analysing the data from nearly 1,400 patient pre/post programme have captured 3,184 episodes of cellulitis pre to 24 episodes post and 3,184 emergency admissions down to 4. The financial benefits on those patients completed the programme including the costs for GP contacts, Emergency Department, Length of stay, antibiotics costs (IV and Oral) for the 3,184 episodes equates to £4,134,270. If we take the lowest estimate of recurrence based on research (10%) the numbers of cellulitis would be 318 costing £413,299, whereas the data collected shows 24 episodes at a cost of £5,392 avoiding £407,907.

The role of the Health Care Science Practitioner – Primary Care Audiology
Principle Audiologist, Neath Port Talbot Hospital

The Primary Care Audiology service is consistent with the principles of the transformation in health care services in Wales strategy. Audiology in Primary Care achieves:

- Service sustainability,
- Improved access for patients,
- Efficient and effective use of a practitioner's time,
- Significant reduction in patient pathway
- Much improved hearing care due to timely intervention.

The service is a key example of designing services including moving services out of hospitals into community settings and introducing first contact clinical services.

The service has developed a parallel working model delivering a first contact hearing and tinnitus service along with an efficient and modern integrated wax removal pathway by introducing an Associate Practitioner to work alongside an Advanced Practitioner. It is the first of its kind in Audiology and is an example of leading the way in the modern community health care setting.

This service is an excellent example of the modern "Advanced Practitioner" role and enables them to work at the top of their clinical licence, making independent autonomous decisions whilst dealing with complex ear and hearing cases and preventing onward referrals in to secondary care.

Outcomes reveal that fewer than 4% of cases seen by Audiology subsequently require a consultation with the GP. The service is reducing the demand in primary care saving GP and practice nurse time. It also has benefits to secondary care; work such as complex wax removal and monitoring/managing mild middle ear effusion, which previously may have been referred to an ENT Consultant. The service is not only saving clinical and patient time, but reducing the patient pathway by many months for some referrals.

The service has proven to improve pathways for sudden sensorineural hearing loss, resulting in many patients accessing quicker treatment for this time sensitive condition thus preventing the significant future costs associated with hearing loss. In addition, improved access for specialist early advice on hearing and tinnitus has significant implications for the prevention of Dementia and Mental Health conditions.

The advanced practitioner role has evolved with further training, enabling them to refer for MRI scans to investigate asymmetrical pathologies. This has been pivotal in the pathway designs, saving in many cases months of waiting times for patients. We are hoping to develop the role even further by integrating more complex wax removal, which will reduce pressures on our ENT colleagues and again benefit patients with a substantial reduction in waiting time.

The Advanced Practitioner role along with the skill mix of the associate practitioner is an excellent example of and promotes the Health Care Science profession. This will enable other professions to learn from and adapt their own roles in other specific areas. The primary care team I feel are leading the way in modern service design. The service supports future development plans in sustaining an educated and motivated Health Care Science workforce.

Developments in Psychology: The Clinical Associate Psychology Role, Professional Lead MH/LD Psychology

Swansea Bay University Health Board Psychology have been keen to develop the Clinical Associate Psychology (CAP) role in Wales and have for the past three years been in discussion with HEIW, the South Wales Universities and other HBs about the matter. A national workforce plan commissioned by National Psychological Therapies Management Committee has also helped to propel this development forward.

SBUHB Psychology has been acutely aware of the increasing need in MH and LD (Covid Wellbeing Survey, Wales 2021) and of the significant gaps in the MHLD workforce (e.g. 10% of all nursing posts at SB). Clinical Psychology was declared a shortage profession by the Migratory Advisory Committee in (2019) and historically SBUHB psychology have been known to encounter significant vacancy rates in some specialities for registrants (approx. 40% in some specialties in 2018).

MHLD Psychology implemented a Workforce plan commencing in 2018 to address these vacancies through a number of initiatives including the preceptorship model, developing a stratified career structure, utilising vacancies to 'grow our own' in house psychologists with Bristol UWE, increasing clinical trainee placements and improving CPD opportunities for existing staff. These initiatives have been successful to date with the vacancy rate plummeting to 0 during Covid 19.

However, Psychology is acutely aware of how quickly the situation could change and also of research emanating from England indicating that despite workforce initiatives such as attracting new staff, service transformation, improving retention rates and creating new roles- there was still likely to be a deficit in workforce to meet the MHLD population needs. The impetus in England has therefore been behind the need to innovate to commission and develop new roles such as CAP.

Health Education England, Cornwall Foundation Health Care Trust and Exeter University therefore developed CAP in England in 2018 to ensure access to a psychologically informed workforce, and their subsequent establishment in the workforce led to a reduction in Bank and Agency expenditure (Phil Confue, CEO, Cornwall Foundation Health Care Trust, CAP Inaugural Conference, 2019). 285 trained CAPs have been in post in Scotland since 2005 and data emanating from there indicates that here is a good retention rate at 77.9% who are continuing to provide psychological therapy.

In England and soon to be Wales, the role is designed to be an addition to the existing registrant Psychologist workforce and CAPS have to be in receipt of supervision from a registered psychologist in the speciality area in which they work. They are trained in psychological assessment to help feed into formulation of individuals' needs and person centred care and treatment plans. They develop skills in intervention dependent on where their training placement occurs- e.g. Cognitive Behaviour Therapy, Positive Behaviour Support. They also have research and evaluation skills that they can utilise to help feed into service development.

In Wales HEIW hope to launch a pilot of the scheme for 20 students in September 2022 in collaboration with the South Wales Doctoral Course for Clinical Psychology, with HEIW paying the students at Band 5 pay band (continues to be a matter of discussion with Unite) during their training and for a year following this (at band 6- again matter is for discussion with Unite). The students would be expected to graduate in September 2023 and another new cohort would then commence in training. HEIW anticipate that HBs in

Wales would fund these posts following the CAPS' initial year of qualification going forward (from September 2024). CAPS could be positioned in key places within the Health Board to meet psychological need, prevent needs from escalating and facilitate patient flow.

Improving Care for IBS patients
Dietitian, Singleton Hospital

Presenting the outcomes of a new dietetic-led specialist IBS service. The new service began in September 2020 with the aims of reducing waiting times in gastroenterology, medication use, repeat attendances in primary care and unnecessary invasive investigations. Specialist dietetic advice, including the complex but highly successful low FODMAP diet is provided to people diagnosed with IBS for whom simpler dietary changes have been unsuccessful. A digital platform is used to collect patient reported outcomes and experience measures, with the support of the Value Based Health Care team. Accepting referrals initially from the Neath Cluster and the gastroenterology department, it has proven to be clinically beneficial, cost-effective, empowering and efficient. As a result, funding has been agreed to extend the service to the rest of SBUHB in the near future

Intravitreal Therapy – The role of the Orthoptist
Head of Orthoptics, Swansea Bay UHB

Background
Injections of anti-VEGF for treatment of age related macular degeneration, diabetic macular oedema and vein occlusions have been used as a treatment in Swansea Bay since 2007. There are currently 640 patients receiving treatment for AMD alone. The treatment is given at 4 week intervals initially, often in both eyes. The procedure takes 15 minutes in a clean room with 15 patients per session.
Initially medical staff carried out the procedure but as the demand for the treatment grew it quickly became apparent throughout the UK that there were not doctors to carry out the treatments and other Ophthalmic services were suffering. In Exeter nurses were trained to administer the injections after protocols and competencies were developed. This soon expanded to include Orthoptists and Optometrists in some centres to address the ever increasing demand.
In Swansea Bay nurses were initially trained in IVT. In 2015 the Orthoptic service was approached to see if there was an interest in training Orthoptists. Three underwent training and supervision and were signed off using the British and Irish Orthoptic Society guidance. Professional practice guidelines were approved by the HB.
Benefits
Orthoptists provide a cheaper solution to medical staff and release doctors so waiting times are reduced. They also provide a more flexible and permanent workforce, providing cover for annual leave and sickness.
Job satisfaction is one of the main benefits to clinicians. The role has provided interest and stimulation to Orthoptists, especially those who haven't had any opportunities to diversify during a long career. For younger clinicians there is now a recognised and clear pathway for career progression if medical retina is something they are interested in.

Recruitment and retention – the department has attracted new graduates as Swansea Bay is recognised as a progressive department that offers opportunities and career progression. The service trained the first Orthoptist in Wales to give IVT injections.

Governance

Audit is ongoing to ensure safe practice.

A complications audit was completed which showed that the complication rate was 23% for the non-medical injectors and 24% for the medical staff.

321 eyes audited	Complications	No complications
Non-Medical Injectors **280**	**65 (23%)**	**215**
Medical Staff **41**	**10(24%)**	**31**
Complications included: **Pain, conjunctival haemorrhage, lacrimation, dry eye, foreign body sensation and eyelid irritation.**		

Transferable skills

Orthoptists are well equipped to train for this new skill. They already have extensive knowledge of ocular anatomy and physiology, good communication and interpersonal skills and are good problem solvers. They are used to working in a team. As the service has developed the partnership between Ophthalmology and Orthoptics has grown and staff have benefitted from closer working.

Barriers

Cost of service - initially there was no funding for backfill so the service went at risk to train injectors and support the medical retina service. After two years an Orthoptic post was funded as it was understood that it was essential for the Orthoptic service if the injectors were to continue in their new role.

Accommodation – the medical staff who have been freed up from injecting sessions are able to do more surgery and out-patient clinics however because of the ongoing problem of space in Singleton out-patients it has proved difficult to accommodate additional clinics. In addition, any additional work has to be supported by nurses and support workers which are in short supply.