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Health Board



<b>Meeting Date</b>	<b>14 June 2022</b>	<b>Agenda Item</b>	<b>6.3</b>
<b>Report Title</b>	<b>Therapies &amp; Health Sciences Workforce &amp; OD Key Issues Report</b>		
<b>Report Author</b>	Alison Clarke – Deputy Director of Therapies & Health Science		
<b>Report Sponsor</b>	Christine Morrell – Director of Therapies & Health Science		
<b>Presented by</b>	Alison Clarke – Deputy Director of Therapies & Health Science		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The report informs the W&OD Committee on current, relevant key workforce issues relating to the Therapy and Health Science professions.		
<b>Key Issues</b>	<p><b>Education and Workforce Development</b></p> <ul style="list-style-type: none"> <li>Advanced Practice and Non-Medical Prescribing (NMP)</li> <li>Level 3 Diploma in Physiotherapy &amp; Occupational Therapy Support in Wales</li> <li>RCOT Accreditation</li> </ul> <p><b>Cross Cutting Service and Legislative Developments</b></p> <ul style="list-style-type: none"> <li>Case management duties of Allied Health Professionals within the Swansea and Neath Port Talbot Community Learning Disability Team</li> </ul> <p><b>Profession Specific</b></p> <ul style="list-style-type: none"> <li>Training Places for Audiology Assistant Practitioners</li> <li>Significant Workforce issues in Nutrition &amp; Dietetics</li> </ul> <p><b>Celebratory Events</b></p> <ul style="list-style-type: none"> <li>The Advancing Healthcare Awards 2022</li> <li>'Impact Advancing Practice' learning event</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>Receive</b> the information in the report.</li> </ul>		

	<ul style="list-style-type: none"><li>• <b>Note</b> the investment in advanced practice education.</li><li>• <b>Note</b> the impact of supporting delivery of the Support Worker qualification across the therapy professions.</li><li>• <b>Assure</b> the committee of the active engagement with its academic partner Swansea University in relation to the Occupational Therapy programme and Audiology training.</li><li>• <b>Note</b> the key themes and actions for the AHP and HCS workforce evidencing the cross cutting and multifactorial nature of these professions and the need to undertake further work to establish the Case Manager role.</li><li>• <b>Note</b> the work associated with recruitment and retention of therapy and Health Science workforce in particular Nutrition and Dietetics.</li></ul>
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# Therapies and Health Sciences Workforce & OD Key Issues Report

## 1. INTRODUCTION

The purpose of this report is to draw to the attention of the committee, key workforce issues and risks relating to the Therapies and Health Science professions and any mitigation being undertaken.

## 2. KEY ISSUES

### 2.1 Education and Workforce Development

#### 2.1.1 Advanced Practice and Non-Medical Prescribing (NMP)

Welsh Government continues to invest in health professional education for the funding of advanced practice and extended practice education for academic year 2022/23. As with previous years there is a clear directive that a significant amount of this funding is prioritised to clinicians working within a primary care and community health environment in line with policy direction as set out in 'A Healthier Wales'. This year there has also been a focus on post graduate education specifically for registrants working in Mental Health Services.

Health Education and Improvement Wales (HEIW) allocate funding to supplement local Health Board investment in terms of advanced requirements as identified in the Annual Plan and IMTP. Therapies and Health Sciences comprises a number of professions and applications for funding are received from:

- Therapies – Occupational Therapy, Speech & Language Therapy, Nutrition & Dietetics, Podiatry & Orthotics, Physiotherapy, Orthoptists, Prosthetists and hosted services, such as, Lymphoedema.
- Health Scientists – Audiology, Cardiac and Respiratory Physiologists, Neurophysiology, Medical Illustration, Pathology, Radiography, Medical Physics and Clinical Engineering.

**Table 1 below shows the Therapy & Health Science applications for funding received for 2022/23**

Area of Education	Number of Applications
New Masters	20
Ongoing Masters	10
Masters Modules	42
Non-Medical Prescribing	2

The total spend requested for advanced practice development across all professions under the DoTHS portfolio is £131,912.10. The allocation received from HEIW for post graduate education for 2022/23 is £222,846.400, this allocation is also distributed across Nursing.

HEIW encourages applications for advanced practice programmes at Welsh HEIs, unfortunately for the AHP professions this limits access to profession specific qualifications as not all qualifications are available in Wales. The SBU HB DoTHs is engaged with Welsh HEI's, in particular, Cardiff University, Cardiff Metropolitan University and Swansea University to develop programmes that support transformation of the AHP and HCS workforce, to deliver on the Annual Plan and IMTP priorities and national policy.

### **2.1.3 Level 3 Diploma in Physiotherapy and Occupational Therapy Support in Wales**

In line with the 'NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions' (WG 2015), all band 3 and band 4 Physiotherapy and Occupational Therapy support staff are required to complete the Level 3 Diploma in either Occupational Therapy Support, or Physiotherapy and for those in a generic therapy role the rehabilitation level 3 diploma.

Completion of the qualification for many staff was delayed by the Covid pandemic, with all staff members undertaking the qualification receiving an extension for completion. OT support staff who commenced in post in recent years started this qualification in January 2022. Physiotherapy support staff have been more selective and due to a limited resource it is offered only to band 3 staff and those who do not have a relevant level three or above qualification (some staff already have a BSc in Sport Science for example). The qualification has been designed on an all Wales basis, to ensure consistency of content and delivery across all Health Boards. Wales has much to be proud of as the first UK nation to deliver such an accredited qualification.

The all Wales Occupational Therapy steering group meet regularly to review and refine the qualification and learning resources. In terms of the All Wales Physiotherapy group the drive and leadership sits with the health board's physiotherapy service having to design their own delivery models.

Although the content is comprehensive and meets the learning needs for the level 3 diploma, completion is time intensive for learners, assessors and Internal Quality Assurers (IQAs). The physiotherapy service has been unable to attract staff to these roles, to note this role is in addition to their clinical work. With all aspects of this qualification being delivered and assessed by clinical staff there is a significant impact on service delivery resulting in delays in modules being completed. This has been further impacted by recruitment and retention issues across the OT and physiotherapy workforce resulting in significant staffing pressures.

The service is unable to deliver appropriate accredited learning to support delegation of tasks and career progression for our support workers. Enhanced support from academic organisations, HEIW and a more coordinated Health Board approach in the delivery, assessment and administration of this qualification would enable clinicians to use time more prudently and increase number of staff completing the qualification.

#### **2.1.4 Royal College of Occupational Therapy (RCOT) Accreditation**

The Royal College of Occupational Therapy (RCOT) Accreditation Process ensures that UK occupational therapy pre-registration programmes:

- meet the education standards set by the profession.
- meet the education standards set by the international community.
- are responsive to current and predicted local, national and global issues which may affect the profession.
- produce graduates who are fit for academic award, practice, purpose and the profession.
- produce graduates who hold a qualification recognised in any WFOT member country.

Following the recent RCOT Accreditation event with Swansea University, the review panel has recommended that the Occupational Therapy programme be accredited. As a new Occupational Therapy programme provider the accreditation is dependent on the university meeting a few conditions ahead of the programme starting in September 2022, and work is currently underway to address these.

The university received positive feedback from the review panel on the programme development and design, and the input received from stakeholders. This is a key milestone achievement for the programme. The professional guidance and engagement from Health Board colleagues was commended.

The University is now undergoing a desktop review process to seek approval from the Health and Care Professions Council (HCPC).

## **2.2. Cross Cutting Service and Legislative Developments**

### **2.2.1. Case management duties of Allied Health Professionals (Physiotherapy and Occupational Therapy) within the Swansea and Neath Port Talbot Community Learning Disability Team**

Physiotherapy and Occupational Therapy staff within Community Learning Disability Teams (CLDT) are providing case management for Continuing Health Care (CHC) clients. The demand is greatest for both professions in Swansea and Neath, however Occupational Therapy are also undertaking this role in Bridgend, Cwm Taf and the Vale. Currently in Cardiff, all case management cases have been allocated to nurses. These varying arrangements across CLDTs have led to significant inequity of the provision of Therapy services and tensions within the Teams.

Case management was not historically undertaken by Allied Health Professionals, but due to service re-structuring over the last 2-3 years, some of this work has been devolved to AHPs. This was carried out without staff consultation, or the creation of governance arrangements, training, or assessment of the impact on delivery of clinical therapy services. The case management role incorporates two main elements namely: coordination of the processes for managing statutory spend, and for supporting the individual in accessing social supports. This role falls either to Health or Social Services depending on how the package is supported.

Professional standards state it is the role of the therapist to provide contributory therapy-focused evidence to CHC case work, and to work within the MDT on a daily basis. It is not the role of the therapist to lead or co-ordinate this process.

The nature of case management tasks, the volume of case management work and the implementation of this within the AHP workforce without comprehensive governance is increasing risk to the delivery of therapy services, the experience of service users, staff recruitment, retention and wellbeing. The therapy role is an integral part of the community learning disability teams and essential to meeting the physical health and wellbeing needs of adults with a learning disability. Action is required to preserve clinical therapy provision and ensure safe service delivery for therapy professions. Therapy services are making the following recommendation:

The Physiotherapy and Occupational Therapy services will cease involvement in case management tasks. Therapists will continue to contribute to care coordination under the mental health measure, offering profession specific knowledge and skill as part of the MDT. Following on from a series of Learning Disability workshops an options appraisal was presented; it is proposed that to facilitate this recommendation Case Management roles will need to be created to enable the transition of work from the therapists.

## **2.3. Profession Specific Considerations**

### **2.3.1. Training Places for Audiology Assistant Practitioners**

The Associate Audiology (Fast Track) programme has been running since 2017 and the service is currently recruiting its 4<sup>th</sup> cohort of applicants, with 2 available posts. The programme consists of a 2 years employment within a local health board. Successful applicants undertake an 18 months Higher Certificate part time course in Audiology which is provided by Swansea University with clinical training provided within their local department. An additional six months experience within the service is included in the programme. The programme prepares individuals to apply for and undertake band 4 routine hearing assessment and rehabilitation for existing patients, hearing aid repairs and maintenance, assisting paediatric audiology assessments and wax removal and hearing assessment in Primary Care Audiology services where they exist. The fast track programme is part of the Audiology career framework which allows for progression to band 5 registrant posts via equivalency routes.

### **2.3.2. Significant Workforce Issues in Nutrition & Dietetics**

There is significant risk to safe and timely service delivery across the Nutrition and Dietetic (N&D) service in Swansea Bay UHB from end of May 2022 until September 2022, because of significant reduced staff capacity (new National initiatives, vacancies, recruitment challenges and long term sickness) which will impact patient and staff outcomes and experience.

Recruitment at band 6 level has remained challenging and skill mix has already been undertaken to improve this situation. Current vacant band 5 posts will be filled inline with the student streamlining process in August 2022. Band 5 recruitment earlier in the year was unsuccessful. Recruitment of the newly qualified graduates will take place in August/ September 2022 and it is expected to take a few weeks before they demonstrate significant impact as induction and supervision will be required initially.

Vacancies in the non-registrant workforce are also higher than previously with a number of band 3 staff leaving to undertake undergraduate dietetic courses. This position has reflected a recent change in the turnover of the band 3 workforce in SBUHB, with staff remaining in post for shorter periods than previously.

The current level of vacancies has resulted from some staff leaving the health board but also from staff being appointed to internal developmental opportunities including newly funded posts. The nationally picture is one of a large number of vacancies prevailing with the expansion of the Dietetic workforce across Wales and the UK.

Services across all sites/ areas across the HB are impacted and the Nutrition and Dietetic service will prioritize utilisation of staff to maintain a clinically effective and safe service within this period.

The current risk score is 20 and a range of actions have been implemented to limit the impact, with a focus on patient safety for the period between June 2022 and September 2022. Existing Mitigations to manage risks includes recruitment, sickness management, additional staff capacity and clinical prioritisation of the caseload. The additional actions and proposals to manage risk and maintain patient safety include;

- Delay internal recruitment/ staff moving to new posts
- Review Secondments
- Sessional in reach to Neath Port Talbot in-patient caseload
- Additional Locums/ Use of additional hours
- New Graduate Recruitment
- Adult Out- Patient Caseload prioritisation
- Postpone planned in-patient Nutrition Risk Screening Audit
- Delay Diabetes Remission service implementation
- Vacancy Management
- Sickness Absence Management
- Reduction in non-clinical activity

Implementation of these actions is expected to reduce the risk score to 16

## **2.4 Celebratory Events**

### **2.4.1 The Advancing Healthcare Awards 2022**

The Advancing Healthcare Awards is a unique awards programme which crosses boundaries and fosters partnership working. It is open to Allied Health Professionals, Healthcare Scientists and those who work alongside them in support roles.

The Awards took place in London on Friday 8<sup>th</sup> April 2022 with Marie Higgins from Cardiff Learning Disabilities Team and the Cellulitis Team being winners of their categories. Primary Care Audiology was highly commended and Jonathan Howard from Rehabilitation Engineering was a finalist;

#### **Category 1 The NHS Employers award for outstanding achievement by an apprentice, support worker or non-registered technician in an AHP or healthcare science**

Nominee: Maggie Higgins, Communication Development Officer, Cardiff Community Learning Disability Team, Swansea Bay University Health Board.

#### **Category 2 The Welsh Government's award for Value Based Care: making best use of resources to maximise outcomes**

Nominee: The Cellulitis Improvement Programme. Melanie Thomas, Clinical Director Lymphoedema Wales & Linda Jenkins, National Cellulitis Improvement Specialist Physiotherapist, and the team at Swansea Bay University Health Board.

#### **Category 4 The Institute of Physics and Engineering in Medicine award for innovation in healthcare science**

Nominee: Co-designing with the end-user to develop personalized aids of daily living Jonathan Howard, Clinical Scientist, and the team at Swansea Bay University Health Board in collaboration with Swansea University.

#### **Category 5 The Academy for Healthcare Science award for inspiring the healthcare science workforce of the future**

Nominee: Primary Care Audiology Team, Primary Care Practitioners, Swansea Bay University Health Board.

### **2.4.2 Therapies & Health Sciences Learning Event Series**

The Director of Therapies and Health Science is sponsoring a series of learning events for the Therapies & Health Science professions. The learning event 'Impact Advancing Practice' is the second in the series on Advancing practice and was held on the 29<sup>th</sup> April 2022. Presentations were varied illustrating the diversity of the DoTHs portfolio, all demonstrating examples of workforce development and advancing practice. The presentations documented roles that have been developed, are being developed or are aspirational, and provide value to the organisation in meeting the Clinical Services Plan and improving outcomes for service users. A synopsis of the presentations is included in *Appendix 1*.

### **3. GOVERNANCE AND RISK ISSUES**

Governance and risks have been highlighted in the individual sections identifying the current key issues for the AHP and HCS workforce.

### **4. FINANCIAL IMPLICATIONS**

Service group finance partners are informed of financial risks highlighted in the report.

### **5. RECOMMENDATION**

Members are asked to:

- **Receive** the information in the report.
- **Note** the investment in advanced practice education.
- **Note** the impact of supporting delivery of the Support Worker qualification across the therapy professions.
- **Assure** the committee of the active engagement with its academic partner Swansea University in relation to the Occupational Therapy programme and Audiology training.
- **Note** the key themes and actions for the AHP and HCS workforce evidencing the cross cutting and multifactorial nature of these professions and the need to undertake further work to establish the Case Manager role.
- **Note** the work associated with recruitment and retention of therapy and Health Science workforce in particular Nutrition and Dietetics.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
A sustainable AHP and HCS workforce is essential to provide effective, patient centred care with improved outcomes for patient, carer and workforce.		
<b>Financial Implications</b>		
There are financial risks associated with the key themes described but not specified in the paper.		
<b>Legal Implications (including equality and diversity assessment)</b>		
As set out in the paper.		
<b>Staffing Implications</b>		
As described in the paper.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<b>Report History</b>	Fifth report	
<b>Appendices</b>	<b>Appendix 1</b>  Synopsis of Learning Event Pres	

**Therapy & Health Sciences Learning Event – Impact Advancing Practice 29<sup>th</sup>  
April 2022**

**Synopsis of Presentations**

**Role of the Biomedical Scientist in Specimen Dissection in SBUHB**

**Rhian Bowden**, Advanced Practitioner in Histological Dissection

Traditionally specimen dissection was performed by Consultant Pathologists, with only the most simple specimen transfers being performed by Biomedical Scientists. Due to a national crisis in recruitment of Pathologists there have been delays in the reporting of histology specimens resulting in backlogs and outsourcing. This has ultimately increased turnaround times and can also impact treatment plans.

To overcome this issue as a department we have developed in-house competencies and training packages and together with formal qualifications provided by the IBMS and RCPATH to train staff from Band 4 to Band 8a to deliver a high quality dissection service. These staff are now able to dissect the most complex cancer specimens.

The issues encountered include backfill of staff, time commitments, deskilling of pathologists and the length of time taken for training. These issues have however been overcome with investment and planning within the department.

The benefits of the dissection service include the ability to maximise reporting time allowing for decreases in backlogs and turnaround times. It has meant that consultants can be released for other professional activities. It has also provided benefits for the Biomedical Scientist staff, developing alternative career pathways and increased job satisfaction. Biomedical Scientists are used to working to standard operational procedures and documenting protocols. This has benefited the dissection service and provided a high quality standardised way of working. Importantly there has been a cost saving for the department with Biomedical Scientists providing a lower cost service compared to Consultant staff.

**Development of a 3D printing service to create radiotherapy bolus for head and neck cancer patients**

**Rhys Jenkins**, Senior Radiotherapy Physics Technologist

Radiotherapy bolus is tissue-equivalent material placed on the patient's radiotherapy immobilisation device (shell) or skin in order to boost dose superficially, ensure adequate target volume coverage with the prescribed dose. Wax bolus has been used at the South West Wales Cancer Centre for decades, created within Mould Room. However, the material is fragile, and creation is time-intensive, inconsistent and features air gaps which reduce plan quality. Research started by attending study days and workshops including liaising with Maxillofacial Laboratory in Morriston, helping us in deciding between an inexpensive, in-house solution or an expensive commercial one, as well as which materials to use and what printer to purchase. A working group was established and commissioning tests were performed, including percentage dose depths, density checks and plan comparisons between wax and 3D-printed bolus, providing expected results. The service has now been established, with all H&N boluses being 3D-printed.

This has helped advance the role of a Technologist within Radiotherapy Physics as I have pioneered the way in creating a new service, becoming 3D Printing Lead and being responsible for service resilience and maintenance including training colleagues. This has

been my first experience in setting up a new service, and has taught me what is needed every step of the way. Future developments entail 3D scanning and different 3D printing methods in order to replace more time-intensive services as 3D printing grows in Radiotherapy Physics.

### **Chief Technologist in Nuclear Medicine**

**Ceri Jones**, Chief Clinical Technologist

The Nuclear Medicine Department at Singleton has developed a new Chief Technologist role specific to the Radiopharmacy, Non-Imaging and Therapy services. The role is at band 7 and will include the following responsibilities:

- Managerial and Organisational
- Clinical and Technical
- Policy and Service Developments
- Research and Development
- Teaching and Training

The role will include all key functions performed at band 6 with additional leadership including day to day management of the three service areas; Radiopharmacy, Non-Imaging and Therapies.

### **Engaging with end-users in the co-design of personalised aids of daily living**

**Jonathan Howard**, Clinical Scientist, Rehabilitation Engineering

This healthcare scientist led intervention looked at co-designing personalised assistive technology to overcome challenges of daily living for individuals with a range of chronic conditions in the community. A user-centred approach was utilised where the patient was involved in all aspects of the design and provision process. We made use of the latest advances in computer aided design and 3D printing to develop and produce novel devices, predominantly enhancing upper limb function.

Devices were produced for a range of challenges in daily living including eating and preparing food, personal care, taking medication, writing and house chores, with each device unique to the individual and their personal circumstances. Feedback gathered showed improvements in, not only being able to achieve the task, but also benefits such as increased independence, increased coping and positive emotions, reduced anxiety and pain and feeling safer. Individuals also indicated they felt it important they were involved in decisions about their care and they liked being able to provide feedback about the design of the device which directly impacted them. Some designs have in-turn gone on to benefit other individuals.

Going forward we are looking to develop this service further with continued collaboration with community and outpatient therapists to help realise the potential of assistive technology in helping to manage chronic conditions, reducing the burden on the individual themselves as well as benefits and cost savings for health and social care services. A small investment from Swansea Bay UHB could see further device innovation and a nation-leading service in empowering those hampered in achieving everyday tasks.

### **The role and impact of Occupational Therapists within Primary Care Clusters**

**Katy Silcox & Christine Samuel**, Primary Care Occupational Therapists

Overview of the Occupational Therapy role working directly with GPs and their practice teams in two SBUHB Clusters (not involved directly in the Virtual Ward). Detailing the successes that have been recognised and achieved in regards to outcomes for patients

and the GP practices themselves, in an innovative and emerging area of practice for Occupational Therapy. The background, aims and criteria of the services were explored alongside the service delivery. Furthermore, data was presented in regards to patient referrals, types of input and interventions completed with individuals by Occupational Therapy. Illustrating the positive outcomes achieved, both through quantitative data, the use of outcome measures and feedback from GPs, other MDT members and patients.

### **Dietetic Supplementary Prescribing in the management of Pancreatic Disease**

**Caitlin Jones**, Dietitian and Supplementary Prescriber

Dietitians are eligible to become supplementary prescribers. Experienced dietitians have advanced knowledge and skills in areas such as diabetes, nutrition support, renal disease, pancreatic disease and various gastrointestinal conditions. Creating or extending roles as supplementary prescribers for dietitians working in these areas would provide multiple benefits to patients, the dietitians themselves and the wider organisation. Establishing these roles with the Health Board would allow for streamlining of services that rely on doctors to prescribe based on dietitian's assessments, saving time for staff and patients and ensuring more prudent use of resources. Challenges exist around the constraints of supplementary prescribing and staff retention in specialist posts. These issues need further exploration in order to take full advantage of the potential benefits of dietitians working as supplementary prescribers.

### **The Expanding Role of a Specialist Physiotherapist in Inherited Bleeding Disorders**

**Jessica Hedden**, Haemophilia Physiotherapist

This presentation explored the impact of the added skill of being able to prescribe within the role of a Specialist Physiotherapist in Inherited Bleeding Disorders.

A brief overview of Haemophilia was given and of the service in Swansea as part of the larger Network covering Mid, South and South West Wales. The Multi-disciplinary team was described and the traditional role of a Specialist Haemophilia Physiotherapist within that MDT. The reasons for undertaking the non-medical prescribing course was explained including prescribing responsibilities and prescribing formulary, relevant to the speciality. The main part of this presentation described the impact of this extended scope on the patients, the MDT and on the service as a whole, showing an efficient model of care for both patients and Consultants, providing increased value and improved team and patient experience.

The presentation was concluded by describing plans for the future to increase autonomy, expand scope and formulary and provide outreach clinics throughout Mid, South and South West Wales and duplicating this best model of care.