Non-Medical (AHP) Consultancy: A Local Experience

Robert Milner
Consultant Radiographer
The Rotherham Foundation NHS Trust
Background

- Non-medical allied health consultant role first announced in 1999 for nurses
  - By 2004 approx. 500 roles created

- Other AHP consultants
  - <60 roles appointed to in first 4 years

- 83 consultant radiographers registered with the SCoR in first 10 years
The four-tier model

Four-tier radiography model agreed at a Downing Street Cancer Summit in 1999
  ◦ Drivers include;
    • Extension of NHS breast screening programme
    • Commitment to reduce waiting times for cancer diagnosis and treatment

  ◦ Designed to improve services for patients;
    ◦ Assistant practitioner
    ◦ Practitioner
    ◦ Advanced practitioner
    ◦ Consultant practitioner
What is an AHP consultant?

- Consultant practitioner definition; ‘Providing clinical leadership within a specialism, bringing strategic direction, innovation and influence through practice, research and education’

- DoH core functions;
  - Expert clinical practice
  - Professional leadership & consultancy
  - Education, training & development
  - Practice & service development, research & evaluation

- Cost effectiveness
- Improve outcomes for patients
The local scenario

- Two consultant radiologists leave in quick succession
- Failure to recruit
- Increasing reliance on locums and outsourcing
- Struggle to meet targets
- Is a consultant radiographer the answer?
My role

Expert clinical practice
- Reporting backlogs reduced
- Targets consistently met
- Increasing scope of practice of existing team

Professional leadership & consultancy
- Establish new links with other AHP leads around the Trust
- Chair reporting and discrepancy meetings
  - Discrepancies, interesting cases, learning points & best practice

<table>
<thead>
<tr>
<th></th>
<th>QTR 4 2016</th>
<th>QTR 1 2017</th>
<th>QTR 2 2017</th>
<th>QTR 3 2017</th>
<th>QTR 4 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Av. Report Turnaround - Plain Film Outpatients</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>No of Reports issued</td>
<td>481</td>
<td>573</td>
<td>342</td>
<td>270</td>
<td>573</td>
</tr>
<tr>
<td>No of Reports issued within 1 week</td>
<td>177</td>
<td>251</td>
<td>245</td>
<td>130</td>
<td>251</td>
</tr>
<tr>
<td>% Reports issued within 1 week</td>
<td>37%</td>
<td>44%</td>
<td>71%</td>
<td>48%</td>
<td>44%</td>
</tr>
<tr>
<td>Qtr Av % Patients Reported within 1 Week</td>
<td>54%</td>
<td>54%</td>
<td>54%</td>
<td>73%</td>
<td>86%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>QTR 4 2016</th>
<th>QTR 1 2017</th>
<th>QTR 2 2017</th>
<th>QTR 3 2017</th>
<th>QTR 4 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Reports issued</td>
<td>899</td>
<td>917</td>
<td>726</td>
<td>810</td>
<td>917</td>
</tr>
<tr>
<td>No of Reports issued within 72 Hours</td>
<td>304</td>
<td>168</td>
<td>463</td>
<td>213</td>
<td>168</td>
</tr>
<tr>
<td>% Reports issued within 72 Hours</td>
<td>34%</td>
<td>18%</td>
<td>64%</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Qtr Av % Patients Reported within 1 Week</td>
<td>34%</td>
<td>34%</td>
<td>34%</td>
<td>63%</td>
<td>65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>QTR 4 2016</th>
<th>QTR 1 2017</th>
<th>QTR 2 2017</th>
<th>QTR 3 2017</th>
<th>QTR 4 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Av. Report Turnaround - Plain Film GP</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>No of Reports issued</td>
<td>153hrs</td>
<td>118hrs</td>
<td>101hrs</td>
<td>120hrs</td>
<td>118hrs</td>
</tr>
<tr>
<td>No of Reports issued within 48 Hours</td>
<td>1197</td>
<td>1363</td>
<td>1242</td>
<td>1541</td>
<td>1363</td>
</tr>
<tr>
<td>% Reports issued within 48 Hours</td>
<td>40%</td>
<td>40%</td>
<td>44%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Qtr Av % Patients x-rayed within 48 Hours</td>
<td>35%</td>
<td>35%</td>
<td>83%</td>
<td>71%</td>
<td>Commenced post</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>QTR 4 2016</th>
<th>QTR 1 2017</th>
<th>QTR 2 2017</th>
<th>QTR 3 2017</th>
<th>QTR 4 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Av. Report TAT - Plain Film ED - Target 48Hours</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>No of Reports issued</td>
<td>275</td>
<td>313</td>
<td>309</td>
<td>297</td>
<td>294</td>
</tr>
<tr>
<td>% Reports issued within 48 Hours</td>
<td>71%</td>
<td>99%</td>
<td>71%</td>
<td>75%</td>
<td>80%</td>
</tr>
</tbody>
</table>
My role

Education, training & development
- Mentor to 3 trainee advanced practitioners
- Formal teaching of radiology SpR’s
- Regular in-house teaching of other AHP’s & medical staff within the Trust
  - Physiotherapists, ED doctors, ENP’s, physician associates, podiatrists
- Lecture at two local universities
- Regular CPD evenings for junior radiographers

Practice & service development, research & evaluation
- Capacity vs demand exercise
- Establishment of a monthly audit and peer review programme for all advanced practitioners
- 2 x publications in peer reviewed journals
  - A third hoping to be submitted before Christmas
How do we conform to local strategies?

- Building on existing networks and developing new ones
- Engaging all staff
- Leading change
- Further developing AHP skills
- Evaluating and evidencing the impact of AHP’s contribution
- Recruiting, retaining and developing a flexible AHP workforce
Summary

- Support for consultant AHP roles may be mixed
- Development of new, more efficient pathways
- Close relationships between AHP groups
- Research & evidence based practice is key
- Current advanced practitioners need to gain exposure to all 4 core functions
Thanks for listening

Any questions?

Robert.Milner@rothgen.nhs.uk
@RobMilner3
Radiographer Reporting Academy: an overview

James Harcus BHSc (Hons) MSc PgCert PgCHE FHEA
Radiography Clinical Educator

Working Together Partnership ACC Vanguard
Background

• Workforce emerged as a key theme of WTP review of Radiology services

• Reporting capacity gap
• Variation in skill mix utilisation
• Training challenge

• Collaborative strategy
The model

• Collaborative approach
• Sharing resources
• Standard approach

• Utilise existing academic programme
• Intensive, accelerated clinical support
The practicalities

- A home
- Equipment
- Clinical governance arrangements
- Trainees
- Clinical educator
- Evaluation strategy
A trainee journey

• Image interpretation only part of it...
  • Clinical skills
    • Expert practice
    • Clinical assessment and history taking
  • Leadership
  • Education
  • Research

• Quality improvement project already initiated
• Service evaluation/audits planned
Outcomes

• Advanced Practitioners
• Educated to Masters

• Peer support
• Pastoral support

• Clinical placement
• Clinical mentor
The academy is...

• A pilot
• Collaborative
• Supporting clinical departments
• Utilising information technology
• An adjunct to clinical mentor support

• A challenge to traditional thinking
The academy is not...

• Doing anything new

• Removing autonomy from clinical departments

• Reducing the need for radiologists

• The finished product
Longer term vision

• Potential for future collaboration with radiology academies?

• Hub and spoke model?

• Other modalities?

• Other professions esp. ACPs or PA?
Acknowledgements

The trainees
Clinical sites
The Rotherham Foundation Hospital NHS Trust

Health Education England (Y&H)
University of Bradford

Contact
B.snaith@bradford.ac.uk
J.harcus@nhs.net