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# Governance for workforce planning

**A new National Allied Health Professional Advisory Board (PAB) launched in September.**

**It delivers on a commitment made in *High Quality Care for All* for DH to set up a professional advisory board for AHPs.**

The Board will have two key functions: to provide professional governance for workforce planning and to oversee the implementation of the competence-based AHP career framework, which was published in 2008.

'What we've established is a mechanism for highlighting issues at a national and strategic level and professional assurance of SHA plans, which we haven't had before,' says Lisa Hughes, Allied Health Professions Officer and Board Secretary.



The PAB met officially for the first time in September.

'This is a high-level strategic Board making professional recommendations around workforce planning and education for AHPs. It's also an opportunity to share best practice, innovate and pre-empt issues.

'We can make a positive strategic impact at a national level for the future of workforce planning and for service delivery – and, therefore, patient care.'

The Board also aims to put in place the education needed to build and maintain a flexible and responsive AHP workforce. This competence-based approach to workforce planning and development is an affordable way to improve productivity and drive up quality of care through creativity and innovation.

## Board development

When the Board met officially for the first time in September, all 15 members – including the Chair and Chief Health Professions Officer Karen Middleton – already had a good understanding of what was required.

This was a result of members meeting in July to get to know one another and share ideas on how the Board can be most effective.

Lisa says the development and selection of the Board was driven by AHP stakeholders. 'We took the time to design and rehearse,' she says. 'The 11 organisations were chosen to give a full picture of what was needed, while the individuals themselves were chosen because they had the required competencies.'

Following on from the Board, a Patients Forum for Modernising AHP Careers is also being set up in October, with Board member Roswyn Hakesley-Brown as Chair.

## Links and info

- Read about the commitment to forming a National Allied Health Professional Advisory Board

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## Voicepiece

# Improving productivity through flexibility



**Flexibility is crucial to enabling the health and social care system to respond to current challenges, says Karen Middleton, Chief Health Professions Officer.**

We all know that we face a challenging time, as we need to continue to drive up the quality of the services we provide with diminishing resources.

In addition to the difficult financial climate, there is the stress on the system of dealing with the flu pandemic. I want to thank all of you who have been directly involved with the pandemic preparations or implementation, or who have helped by taking on extra responsibilities to free up others. [Further information is available on page 5.](#)

Flexibility is crucial to enabling the health and social care system to respond to these and the other challenges we face. Through the Modernising AHP Careers (MAHPC) work and the development of a competence-based approach to workforce development, we are trying

to ensure that patients and the system benefit from the flexibility this approach provides. We are also working to ensure that clinicians benefit from the variety of roles and career paths they might take.

The National Allied Health Professional Advisory Board is overseeing this work and advising on the wider workforce planning and development across the NHS.

The Board brings together key stakeholders to advise on the SHA workforce plans for AHPs in light of national and international evidence. It also oversees the variety of work streams that fall under the MAHPC banner. Take a look at the front page of this bulletin for more details.

Another key development for AHPs is the go-ahead we have had to take forward

the work on non-medical prescribing for AHPs. This should improve productivity and provide a more flexible service for patients. It is a very positive step towards AHPs having much greater flexibility, which will certainly enhance the quality of care patients receive. [More details are available on page 9 of this bulletin.](#)

It is crucial during difficult times that we continue to look outwards, to share our experiences and to share best practice. We know there is still too much variability across the system, and this can be addressed by every team and every individual.

I hope to see many of you at my conference next month, when there will be opportunities to learn from each other and to provide each other with the support that all of us need at some point in our work.

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# More help for young people with speech and language difficulties

**As part of the £12 million investment in the *Better Communication* action plan, pilots are being launched in 16 areas across the country. The aim is to improve commissioning for services for children and young people with Speech, Language and Communication Needs (SLCN).**

**In his review of SLCN, John Bercow MP identified that early intervention is essential to maximise a child's chance of success and avoid subsequent educational, behavioural and social problems.**

Michelle Morris is Consultant Speech and Language Therapist at Salford PCT and Professional Adviser on Speech and Language Therapy to the DH. She says: 'There were 51 applications for Pathfinders and it was a tough decision because the standard was very high.'

The pilots will test different ways of improving how these services are commissioned to produce better outcomes for the children and young people using them. They will identify good practice in joint working between PCTs, local authorities and third sector providers, which will be used to develop

a national joint commissioning framework, with tools and guidance to help commissioners across the country improve their service provision.

The framework and resources are being developed with support from the Commissioning Support Programme and will cover all three phases of commissioning: needs assessment and strategic planning; shaping and managing the market; and improving, monitoring and evaluating performance to develop services for children with a range of communication needs.

Other pledges from the *Better Communication* action plan include:

- recruiting a national communication champion to promote SLCN, drive reforms and improve performance at a local level
- a three-year, £1.5-million research

programme on the cost-effectiveness of interventions, led by the University of Warwick

- grants totalling £500,000 for 12 organisations that provide services to children who need communication aids.



## Links and info

- Read more about the Pathfinders project
- Download the *Better Communication* action plan

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# The importance of sharing skills

**Not content with just one leadership role, Dorothy Keane is Consultant Radiographer specialising in x-ray interpretation at South Tyneside NHS Foundation Trust and Clinical Lead on an e-Learning for Health (e-LfH) project, to develop the skills of radiographers and other healthcare professionals across the country.**

## What does your role as a Consultant Radiographer involve?

I specialise in musculoskeletal image interpretation. This is a clinical role, which also involves education, research and looking at ways to improve patient pathways. For example, for specific conditions, radiographers can now refer directly to podiatrists to make the patient's journey more streamlined. Day to day, my job involves reporting on plain film images, liaising with other departments and professionals in multi-disciplinary meetings, and reviewing x-rays to identify problems or discrepancies and discussing how these can be overcome. I also spend two half-days a week teaching foundation doctors and trainee radiologists.

## But that's just one of your roles...

I'm also on an e-LfH secondment two days a week, within the DH. The Society and College of Radiographers is leading the project, which aims to give radiographers the skills to provide opinions on imaging examinations and communicate these to clinicians. The e-learning modules will also be available to other healthcare professionals. Two main aspects of my e-LfH role are developing and editing the modules and leading and supporting the authors who write the sessions.

## Can you give an overview of your career so far?

I qualified as a radiographer in Newcastle



Dorothy Keane is training radiographers in image interpretation.

in 1979 and then worked at the Royal Manchester Children's Hospital for 15 years. I was in a senior position, but wanted to move back to the North East to be closer to my family, so I took a job as a night radiographer at South Tyneside. I then became a Senior Radiographer for Trauma, qualified in image interpretation in 2000 and began my Consultant role in 2003.

## What inspired you to take on a leadership role?

There was no procedure for radiographers to give a written opinion on images out of hours, and I realised that doctors and nurses in A&E would benefit from this support. So, after completing the reporting course, I asked the hospital to give me a secondment for one year to train all radiographers in image interpretation and introduce a system of written opinions to support doctors' diagnoses. The training was gradually extended to other professionals, such as nurses, physiotherapists and podiatrists, and the result was a significant decrease in missed fracture rates. If you develop a skill, I think

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you have a responsibility to share it to help other clinicians and practitioners improve patient care across the whole pathway.

**Can you name a career highlight?**

In one year, I received three different awards. I was named Employee of the Year in the Trust's reward and recognition scheme and Northern Radiographer of the Year by the Society of Radiographers. Finally, I was part of a team of radiographers, podiatrists and nurses that won a regional innovation award in the Developing Care and Clinical Services category. This award was particularly satisfying because it confirmed my belief that we have to work across all services and professions to improve patient care.

**What advice would you give to AHPs interested in pursuing a leadership role?**

If you're determined and committed to developing patient services, opportunities will present themselves. Don't seek leadership just for a higher grade – that is a by-product of developing new services and better patient outcomes. But it's not just about clinical expertise; you need management support and understanding of your role.

## Indemnity in a pandemic

**During an emergency or pandemic, people may be frantic, worried – even desperate for care. But even in such circumstances, the risk of healthcare professionals or NHS service providers being sued are the same as any other day.**

In a pandemic, healthcare professionals should ensure at all times that they act reasonably and are capable of carrying out the tasks they are given.

To help NHS providers cope with the swine flu pandemic, NHS Employers has put together a set of guiding principles, which should be observed if they need to ask staff to work outside of their usual role.

The guidance emphasises that providers must make sure that adequate training and supervision is given to staff, and that staff are competent to act before special duties are delegated to them.

Several of the regulatory bodies for health professionals, including the Health Professions Council, have issued similar guidance to their members.

In general, this reminds members that they are accountable for their actions and that they must assure themselves that they are operating safely within their scope of practice. If they are asked to work outside their scope of practice by employers, they must remain aware of their duty of care to patients and the public.

*Pandemic influenza: guidance on meeting the needs of those who are vulnerable during the pandemic* is an update of the draft guidance published by the DH in August 2008.

**Links and info**

- Access the guidance on the NHS Employers website
- Read the Health Professions Council's guidance
- Read the DH's pandemic influenza guidance

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# Help shape the future of adult care and support

**Shaping the Future of Care Together is the Green Paper on the reform of adult care and support in England, and AHPs are urged to have their say on the changes it proposes.**



**The paper describes six things the Government believes every adult should be able to expect, and that would be at the heart of building a National Care Service:**

- **Prevention services** – the right support to help you stay independent and well for as long as possible.
- **National assessment** – wherever you are in the country, your care and support needs will be assessed in the same way and you will have the same proportion of your care paid for.
- **Joined-up services** – all the services that you need will work together smoothly, particularly when your needs are assessed.
- **Information and advice** – you can understand and find your way through the care and support system easily.
- **Personalised care and support** – the services you use will be based on your circumstances, needs, preferences and desired outcomes.
- **Fair funding** – your money will be spent wisely and everyone who qualifies for support will get some

help meeting their cost of care and support needs.

The paper also suggests three funding options for a National Care Service. The **Partnership** system would work for people of all ages, with the Government covering some care and support costs – more if you have a low income.

The **Insurance** option means the Government covers some care and support costs, as in Partnership, and helps you take out insurance for the rest. This system would work for people over retirement age.

The **Comprehensive** option would require everyone over 65, who has the resources to do so, to pay into a state insurance scheme to then get their care free. A free care system for people of working age would also be looked at to work alongside this option.



Everyone is encouraged to have their say on the proposals, via the online Big Care Debate, which closes on 13 November.

Stakeholder and public roadshow events are being held all over England, giving the public, care service users and providers the opportunity to discuss the Green Paper and put their views to ministers and senior DH staff. There is a toolkit on the care and support website to help staff or stakeholder groups who want to hold their own events.

Care and Support has a [Facebook page](#) – where there will be polling and discussion board – and a [Twitter account](#).

## Links and info

- Visit the Care and Support website to have your say, download resources and find an event near you

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## World class commissioning for eye services

### The NHS's provision of eye care services has changed to a community-based model, in line with the Transforming Community Services programme.

Orthoptists are urged to consider this model when forming business cases so they can support the need for orthoptic-led primary vision screening.

'It is absolutely critical that head orthoptists engage with this process, whether their services are acute or community based,' says Rosie Auld, Chairman of the British and Irish Orthoptic Society.

'The drive from the DH is to move services to the community sector, and orthoptists must be aware that if they do not promote their service, it could potentially be provided by another professional group, such as optometrists.'

As a start, orthoptists need to consider which services can be moved to the community and to think innovatively about developing a multi-professional and multi-skilled workforce, in line with the Skills for Health workforce guidance. They should also look at developing the scope

of extended role practitioners, particularly in areas such as glaucoma shared care.

It is also necessary to collect evidence that can be used to support orthoptic services as a market leader, and to address the training requirements of the existing and future workforce.

The new model is explained in the world class commissioning document, *Primary Care and Community Services – improving eye health services*. It provides practical advice for PCTs and practice-based commissioners on the commissioning of community-based eye care services.

'This is your chance to influence the delivery model used, so seize the opportunity to develop your own, in collaboration with your eye care team colleagues, before contacting the PCT commissioners,' says Rosie.

### Links and info

- Read *Primary Care and Community Services: improving eye health services* on the DH website

## October roadshows

### The Challenge for Community Services event, in London on Monday 19 October 2009, will focus on the DH's Transforming Community Services (TCS) programme.

It will include a range of workshops to highlight the role AHPs can play in the leadership, development and delivery of community services, and provide information and tools to enable transformation to take place.

The launch of the NHS Institute's Productive Community Services programme will also take place during the event.

The current financial climate continues to be a challenge for the NHS, and encouraging AHPs to respond to the DH's quality, innovation, productivity and prevention agenda will be a theme of the event.

Quality is now the organising principle of the NHS. Innovation is one of the ways care can constantly be improved. Productivity is about making sure the

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**INTRODUCING THE SHA AHP LEADS**

right services are delivered cost effectively, and prevention is about empowering patients to improve their health before they fall ill.

Karen Middleton, Chief Health Professions Officer, says: 'With the current focus on quality, innovation, productivity and prevention, it is becoming clear that AHPs really are the right people in the right place at the right time.'

'We are key players in prevention, bring value for money and, as many AHPs are first-contact practitioners, they will set the tone for a high-quality patient experience.'

AHPs can register via TCS leads in each SHA region, which have been pre-allocated a number of places. If you are interested in attending please contact your SHA, or the TCS team on 0113 254 6553 or [transformingcommunityservices@dh.gsi.gov.uk](mailto:transformingcommunityservices@dh.gsi.gov.uk)

**Links and info**

- [Read more about TCS on the DH website](#)

# Encouraging leadership

**Every SHA has an AHP lead, who is responsible for promoting leadership and raising awareness of the contribution AHPs make to the wider healthcare agenda. Here, we continue the profiles, providing an overview of their role and priorities.**



**Amanda Allen, AHP Lead, NHS South East Coast**

Amanda, Consultant Adviser for NHS South East Coast SHA,

sees her AHP Lead role as encouraging AHPs to take on leadership roles, at trust and SHA level, and advising the SHA on how AHPs can contribute to the healthcare agenda.

'I've been encouraging the AHPs in the region to lead and represent AHPs at appropriate SHA-level forums, such as the AHP South East Coast Quality Board and the Black Minority Ethnic group.

'We're also looking at how AHPs will engage with the Transforming Community Services agenda and service

development and improvement groups within the SHA.

'The breadth of expertise AHPs have – from paramedics and chiropodists to speech and language therapists – means they can add significant value to a patient's pathway.'

At the same time, Amanda notes, AHPs gain personal development and raise the profile of the profession.

**Julie Parkes and Rachel Mitchelson, AHP leads, North East SHA**

Julie and Rachel each work two days a week in a job share as AHP Leads in the North East SHA.

The AHP post sits within the Patient Safety team, however Julie and Rachel also work with the Workforce and Leadership teams and with nurse directors.

'It's important to develop the leader in all grades of staff in terms of confidence

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Julie Parkes.



Rachel Mitchelson.

and competence,' says Julie. 'Ultimately, it's about AHPs having one strong voice.'

Rachel adds: 'More interdisciplinary leadership training would help focus on the skills AHPs have, rather than what profession they're from.'

Julie and Rachel agree that AHPs are particularly well placed to take on leadership roles. There are good examples in the North East of AHPs leading and demonstrating flexibility and new ways of working. But both believe that AHPs need to be proactive in promoting their achievements.

'AHPs understand the interfaces across the whole system and we tend to work with the patient for their whole pathway,' says Julie. 'We are well placed and we work very flexibly – that's a real advantage.'

## More scope for AHPs

**'Extension of prescribing and medicines supply for certain AHPs would improve the patient experience, by allowing patients greater access, convenience and choice.'**

This is the conclusion of the recently completed AHP prescribing and medicines supply mechanisms scoping project, which was project managed by Darryn Marks, Consultant Physiotherapist and Assistant Director of Therapies at Barnsley PCT.

The project recommends two phases of work to support extending prescribing and medicines supply mechanisms, which have been endorsed by the DH's Non-Medical Prescribing Board (NMPB). Phase 1 work is under way to establish independent prescribing by physiotherapists and podiatrists, supplementary prescribing by dietitians, and a specific list of exemptions for orthoptists. There will be a public consultation on any proposed change from implementation of Phase 1.

The recommendation to establish independent prescribing responsibilities for paramedics has also been endorsed by the NMPB. This work is being done separately through the DH's Emergency and Unscheduled Care Team, project managed by Ambulance Policy Manager Nick Crowther. It will go to

consultation in early 2010 before the Commission for Human Medicines makes a final decision.

Shelagh Morris from the Professional Leadership Team, says: 'The changes will benefit patients, who will experience reduced delays in treatment, and make for a more flexible and responsive workforce that can meet their needs. Patients accessing musculoskeletal or foot care services, for example, can have their care delivered by the relevant AHP.'

Phase 2 of the recommendations propose that further work should be done to consider independent prescribing by radiographers, and supplementary prescribing by speech and language therapists, orthoptists, and occupational therapists.

### Links and info

- [Read the scoping project report](#)

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# AHPs are helping to build a fitter future

**At a time when the NHS is spending some £3,000 per second fighting illnesses that could be prevented by physical activity, AHPs are playing a crucial role in turning the Change4Life message into action.**



**Matthew Wyatt,**  
**Chartered Society of Physiotherapy (CSP) London Move for Health Champion**

bus a stop early. These are simple life messages.

‘Physiotherapy is synonymous with health and exercise, so we’re a key profession in getting the Change4Life message out.’

‘The nation is increasingly unfit and obese – people drive to work, take the lift up to their office and do the same again coming home. The NHS can’t sustain the growing numbers of obese people in the country so Change4Life helps to do something to reverse that.

‘I see lots of people who are overweight coming in with joint and back problems, which is causing, or at least contributing to, their problems. Our patient case load is certainly increasing due to obesity issues.

‘People need to hear that you don’t have to go to the gym for an hour every day to become healthier – it’s about making healthier choices, like walking rather than driving short distances, or getting off the

The CSP is an official supporter of Change4Life. CSP’s [Move for Health campaign](#) encourages people to increase their levels of physical activity.



**Alison Nelson,**  
**Dietitian/Food and Health Policy Officer, British Dietetic Association**

‘Because Change4Life is recognised by the public, anything we do as dietitians reinforces the branding and helps build a consistent message about food and activity for a healthy weight.

‘Dietitians working on a one-to-one basis can use the Change4Life resources

to tie in with other activities so that families are offered a better package of both food and activity advice. Other dietitians, such as those working with the Healthier Schools programme, can use the resources so that people understand it’s all the same consistent message.

‘Change4Life redirects the “blame” for obesity onto modern life. Few people are willing to accept that it may be their fault if their children are obese, so Change4Life makes it easier for professionals to say to families ‘let’s work together to make changes’. It’s a more positive approach.’

Change4Life aims to get children and families eating better, moving more and living longer. In September, key healthcare practitioners – including GPs, health visitors, physiotherapists and nutritionists – were sent information outlining what they can do to help at-risk families.

- Visit the Change4Life website

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### NHS emergency planning

The DH has published guidance on planning, preparing and managing psychosocial and mental health services to meet the needs of people who are affected by emergencies, major incidents and disasters. The guidance covers the whole of the pathway that people affected are likely to follow – from initial care by paramedics to psychosocial care following such events.

- Download the guidance from the DH website

### Transforming the Market for Social Care

A series of papers has been published to help meet the changing needs of a more personalised approach to service provision. They are particularly relevant for those commissioners who are tasked with shaping local care markets to help transform social care.

- Download the guidance
- Contact [janet.crampton@dh.gsi.gov.uk](mailto:janet.crampton@dh.gsi.gov.uk)

### Apology for Queen's Birthday Honours omission

Professor Leslie Bunt was omitted from the Queen's Birthday Honours article in the July issue. Professor Bunt was awarded an MBE for services to music therapy.

### Paramedic shortlisted for NHS Leadership Awards 2009

London Ambulance Service Clinical Practice Manager, Mark Whitbread, has been shortlisted in the Change Leader of the Year category for his work in the field of cardiac care. The shortlisted nominees will be invited to the NHS Leadership Day and awards ceremony on 25 November in central London.

- View the shortlist on the dedicated website

### Annual awards for AHPs and health scientists

The Chief Health Professions Officer is sponsoring an award in the 2010 Advancing Healthcare Awards, organised by Chamberlain Dunn. The awards recognise projects and professionals who lead innovative healthcare practice and make a real difference to patients' lives. The closing date for entries is 6 November 2009.

- Find out more and register online

### Florence Nightingale Scholarship opens to AHPs

For the first time, these leadership development scholarships are open to AHPs. Florence Nightingale Foundation Director Mary Spinks says: 'We're

looking for bright sparks who have already made their mark in their profession. They may now be looking for experience in the political arena or a private health company, or to further their negotiation or finance skills.' Those awarded scholarships, sponsored by the Burdett Trust, will undertake a programme of study geared to their development needs. The closing date for applications is 16 October 2009.

- Find out more

### Social Care Bulletin Green Paper special issue

This special bulletin marks the publication of *Shaping the Future of Care Together*, the Green Paper on the reform of adult care and support in England. You have until the end of October to have your say on the proposed reforms.

- Download the Green Paper special
- Have your say

### Improving access to child and adolescent mental health services (CAMHS)

This guide explains how the 18 weeks referral to treatment standard applies to non-emergency, consultant-led CAMHS services and pathways.

- Read the guide

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### Guide to consent to treatment

The updated *Reference guide to examination for consent or treatment* is a guide to the legal framework all health professionals need to take into account in obtaining valid consent for any examination, treatment or care they propose to undertake.

- [Download the guide](#)

### Assistive technology report

*Research and development work relating to assistive technology 2008/09* outlines the role of assistive technology in making independent living easier for older people and disabled adults and children.

- [Download the report](#)

### Learning disability social care funding and commissioning

The DH has published updated guidance on the financial and practical issues around funding and commissioning of social care for adults with learning disabilities. These responsibilities transferred from the NHS to local authorities on 1 April 2009.

- [Download the guidance](#)

### Consultation on draft radiotherapy measures

These measures, for inclusion in the Manual of Cancer Services, have been

### CHPO conference

**Date:** 6-7 October

**Location:** London Riverbank Plaza

The career surgeries are fully booked and the masterclasses are filling up fast.

- [Register now so you don't miss out.](#)

issued for consultation to ensure they are clear and comprehensive. Have your say by 27 November 2009.

- [Participate in the consultation](#)

### New Horizons consult

Don't forget to have your say on the New Horizons, the proposed vision for mental health services. The 12-week consultation closes on 15 October 2009.

- [Submit your thoughts](#)

## DIARY

### AHP regional conferences 2009/10

**South Central**

**Date:** 17 November 2009

**Location:** Regency Park Hotel, Thatcham

**West Midlands**

**Date:** 4 February 2010

**Location:** to be confirmed

**Yorkshire and the Humber**

**Date:** 4 February 2010

**Location:** to be confirmed

**South West**

**Date:** 3 March 2010

**Location:** to be confirmed

**North West**

**Date:** 19 March 2010

**Location:** Reebok Stadium, Bolton

South East Coast, North East, London, East of England and East Midlands dates to be confirmed.

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