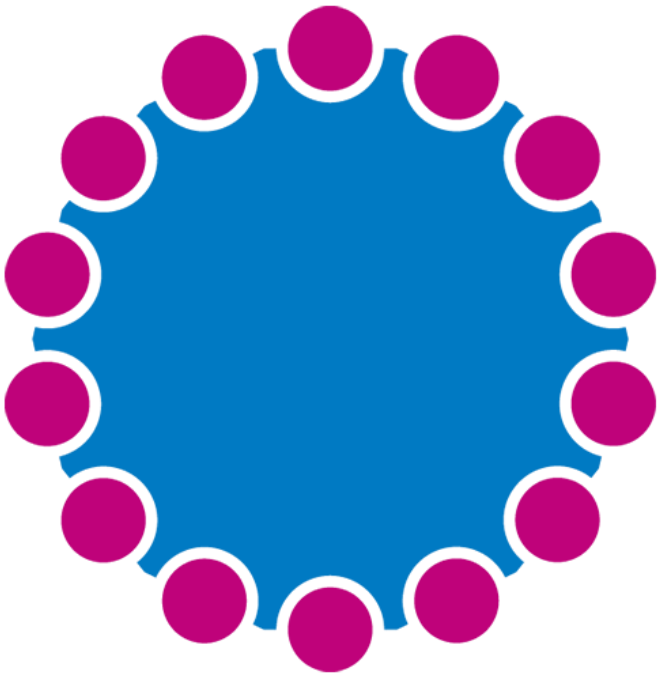
Allied Health Professions (AHP) Evidence Informed Policy: Research Priorities

Consensus Agreement



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Foreword: The Chief Allied Health Professions Officer

This report marks a pivotal moment for the Allied Health Professions (AHPs) in England. Commissioned by my office, it represents a bold and collective step towards shaping a future where AHP-led research is not only valued but central to evidence-informed policy and system-wide transformation.

At its heart, this work is about our shared commitment to improving the lives of the people and communities we serve. It is about ensuring that the unique contributions of AHPs, across all AHP professions, are recognised, resourced, and rooted in robust evidence. The process behind this report has been as important as the outcome. This was not just consultation, it was consensus-building. It was about listening deeply to lived experience, professional expertise, and community insight to identify the research priorities that matter most.

These priorities are grounded in the realities of practice, aligned with national strategy, and designed to meet the challenges of a complex and evolving health and care landscape. They reflect our ambition to lead with evidence, to influence policy, and to drive meaningful change.

This is a signal to the system that the AHP community are strategically positioned to collaborate, influence, and deliver. It is a call to researchers, funders, policymakers, and the entire AHP community, registrants, support workforce, students, and apprentices, to come together and invest in the future of AHP-led evidence.

I want to thank every individual and organisation who contributed to this work. Your insight, your challenge, and your generosity have shaped a resource that will serve not only our professions, but the people and communities who rely on us.

Together, we will build a stronger and evidence-informed health and care system.

Professor Suzanne Rastrick OBE
Chief Allied Health Professions Officer (England)

Executive Summary

The following outlines the outcomes of a national e-Delphi study commissioned by the Chief Allied Health Professions Officer (CAHPO, NHS England) to identify strategic policy research priorities for the Allied Health Professions (AHP). The study was designed to ensure that future AHP-led policy research is aligned with national strategy, grounded in practice, and capable of influencing evidence-informed policy across the health and care system.

This research engaged a diverse panel of 100 participants, including AHP leaders, academics, students, members of the support workforce, apprentices, and system stakeholders. Through a representative model, where some panel members spoke on behalf of wider groups, the study captured the perspectives of over 330 individuals across the UK

The process was co-produced in line with the *AHP Strategy for England: AHPs Deliver (2022–2027),* with a strong emphasis on inclusion, lived experience, and community voice. A modified e-Delphi was used to build consensus across three iterative rounds. In Round One, 497 research suggestions were thematically synthesised into 70 distinct priorities across 11 domains, including workforce development, care delivery, leadership, digital transformation, and sustainability. Round Two involved structured rating via a 5-point Likert scale, with 27 priorities meeting the inclusion threshold and refined to 24 through critical dialogue. Round Three ranked these, producing a consensus-based Top 10 and a reserve list.

The resulting framework presents a clear, consensus-driven set of research priorities that reflect the breadth of AHP practice. These priorities are intended to guide future research investment, strengthen the evidence base, and inform policy that improves outcomes for individuals and communities. They also serve as a strategic signal to funders, policymakers, and system leaders, highlighting where AHP-led research can deliver the greatest value.

Next steps include dissemination of the full report by the Council for Allied Health Professions Research (CAHPR), fostering alignment and collaboration across the research and academic community. A parallel demand-signalling workstream will engage key stakeholders. There is an ambition to undertake rapid reviews to explore each of the ten priorities in depth. The AHP research community will be invited to contribute to the development of robust, contextually relevant research questions that support impactful, policy-aligned inquiry

The “Top 10” Priority List

Priorities	
1	Impact and role of **AHPs in neighbourhood health, care closer to home, community integration** and frailty pathways
2	Long term **economic impact of AHPs** including Return on Investment and value in healthcare systems
3	Best approaches to measure service impact, improve care and inform policy (such as benchmarking, data standards and key performance indicators)
4	Identify and evaluate **digital tools and data-driven approaches** in AHP practice to enhance patient care, outcomes and access to services.
5	Impact of AHPs in public health and the best approaches to reduce health inequalities addressing the social determinants of health (including population health, well-being, economic impact and employment)
6	Impact of AHPs in patient flow, discharge planning and service effectiveness including health outcomes, admissions, length of stay, waiting lists and supporting safer transition home.
7	Identifying where AHPs have the best potential to improve patient care, experience and outcomes **(whole patient pathway and lifespan)**
8	Impact of AHPs in **optimising rehabilitation and reablement** including improving occupational health, employment and community recovery outcomes
9	What are the **wider societal impacts of AHPs** (including crime reduction, return to work and reducing harm) - and how do these contributions inform and shape health policy?
10	Best approaches to AHP **retention including staff wellbeing and career development**

1. Introduction

Context and strategic alignment

Launched in 2022, The AHP Strategy for England (2022–2027): AHPs Deliver outlines the strategic direction for the Allied Health Professions. To support the Chief Allied Health Professions Officer's (CAHPO) policy agenda, AHP-led evidence is essential. This project was commissioned to identify research priorities that would enable the generation of evidence-informed policy and practice, aligned with national strategy and responsive to system needs.

Collaboration with stakeholders was undertaken to identify policy areas requiring evidence development and to raise awareness within the AHP community. A modified classical e-Delphi method was selected to determine evidence-informed policy priorities. This approach was chosen for its evidence-based nature, suitability for a geographically dispersed panel, and alignment with available resources and timeframes. The methodology followed co-production principles in line with The AHP Strategy for England (2022–2027): AHPs Deliver and builds on previous AHP community priority-setting exercises.

2. Method and Methodology

The Delphi method

The Delphi method is a structured consensus approach that systematically gathers expert opinion. A modified e-Delphi technique was employed to identify and prioritise evidence-informed areas using a three-round iterative process. Round one involved an electronic questionnaire distributed via Microsoft Forms. Summarised, anonymised responses were shared with participants in rounds two and three to facilitate consensus and prioritisation. The process was aligned with the RAND Delphi Critical Appraisal Tool (DCAT) to ensure methodological rigour.

The expert panel

A multidisciplinary group from NHS England, including national and regional AHP team members from the Medical Directorate, Workforce Training and Education, and the Deputy Chief AHP Officer at the DHSC Office for Health Inequalities and Disparities, collaboratively developed the expert panel list during a face-to-face

meeting. Panel members were directly recruited, with a target of 100 participants to align with similar Delphi studies. Through a representative model, where some panel members spoke on behalf of wider groups, the study captured the perspectives of over 330 individuals across the UK. The anonymised expert panel list included participants from AHP professional bodies, other professional groups, NHSE programmes, EDI groups, regions, research and education sector, digital, regulators and four nations.

Personalised invitations were sent to panel members, including those representing wider networks. Efforts were made to ensure diversity across profession, organisation, experience, protected characteristics, and geography. To protect confidentiality, each member was assigned a unique ID, and all data were securely stored in line with General Data Protection Regulation (GDPR) 2018.

Ethical procedure and data analysis

A 'no objection' was granted by the NHS England research team in January 2025.

Once individuals met the inclusion criteria or were nominated by their organisations, they received an invitation and FAQ document. The Expression of Interest (EoI) form included a participant information sheet outlining the study's purpose, confidentiality measures, and complaints procedures. Reminder emails were sent to non-responders. Rounds 1 and 2 of the Delphi were conducted using Microsoft Forms. To allow for ranking of all priorities, round 3 of the Delphi was conducted using OpinionX platform. Non-responders were followed up with generic and personalised emails. Participants who did not complete a round were not invited to subsequent rounds.

Round one

Participants identified up to ten policy research priorities for the AHP community. To complete this exercise participants were asked to review a list of policies with a synopsis of each provided – p13 Two researchers independently conducted inductive content analysis appendix 1, resolving coding differences through critical dialogue. Original participant wording was retained to ensure validity and accurately reflect panel perspectives.

Round two

In round two, participants received feedback from round one in the form of grouped research topics and supporting statements. They were asked to rate the importance of each topic using a 5-point Likert scale (1 = very unimportant to 5 = very important). Participants were encouraged to consider the prioritisation criteria and supporting statements in the context of their own expertise.

The second MS Forms e-questionnaire was sent to the 60 panel members who completed round one. Participants could score all priorities and provide comments. Consensus was defined as:

- A mean rating of ≥4.0
- ≥75% agreement (percentage of panel members scoring 4 or 5)

Following independent data analysis by two researchers, an online critical friend conversation was held with the three Deputy Chief AHP Officers (Medical Directorate, Workforce Training and Education, and DHSC Office for Health Inequalities and Disparities) and Heads of AHPs (WTE). This informed the final list of priorities for round three.

Round three

In round three, participants were provided with the list of priorities that had reached consensus, along with supporting statements. They were asked to rank each priority (1st, 2nd, 3rd, etc.). The third questionnaire was sent to the 52 panel members who completed round two. In total 46 panel members responded.

3. Results

Round one

In the first round of the Delphi process, 60% of invited participants responded (n = 60), generating a total of 497 individual comments. These responses reflected a wide range of perspectives from across the panel membership and highlighted both broad thematic areas and specific research questions. The diversity and depth of input underscored the complexity of the policy and practice challenges facing AHPs

and the breadth of their contribution across the health and care system. The analysis resulted in the identification of 70 distinct research priorities, which were mapped to 11 overarching themes

Round two

Following analysis, 27 priorities met the consensus threshold. These were then reviewed in a critical friend conversation with the Deputy Chief Allied Health Professions Officers (Medical Directorate, Workforce Training and Education, and DHSC Office for Health Inequalities and Disparities), alongside the Heads of Allied Health Professions (WTE). This discussion confirmed the final list of 27 priorities to be taken forward to the ranking stage in Round Three. From here individual expert meetings were hosted with the three Deputy Chief AHP Officers and the list was further refined to 24 priorities through merging three pairs of priorities.

This round marked a key transition from broad thematic identification to focused prioritisation, ensuring that the final list reflected both the collective judgement of the panel and alignment with national health and care strategic priorities for England.

Round three

In the final round of the Delphi process, the 24 research priorities that had reached consensus in Round Two were presented to the expert panel for ranking. The e-questionnaire was distributed to the 52 participants who had completed Round Two, with 46 responses received, representing an 87% response rate between rounds. Participants were asked to order each individual priority according to perceived importance. Rankings were collated and analysed to determine the final hierarchy of research needs.

Following this, a critical friend conversation was held with the Chief Allied Health Professions Officer to review the ranked outputs. This discussion confirmed the final list of the Top 10 research priorities, which are presented in the next section of the report. Priorities that did not meet the threshold for inclusion in the Top 10 have been retained as a reserve list and are included in Appendix 2.

4. The “Top 10” Priority List

Priorities	
1	Impact and role of **AHPs in neighbourhood health,** care closer to home, community integration and frailty pathways
2	Long term **economic impact of AHPs** including Return on Investment and value in healthcare systems
3	Best approaches to measure **service impact, improve care and inform policy** (such as benchmarking, data standards and key performance indicators)
4	Identify and evaluate **digital tools and data-driven approaches** in AHP practice to enhance patient care, outcomes and access to services.
5	Impact of AHPs in **public health** and the best approaches to reduce health inequalities addressing the social determinants of health (including population health, well-being, economic impact and employment)
6	Impact of AHPs in **patient flow, discharge planning and service effectiveness** including health outcomes, admissions, length of stay, waiting lists and supporting safer transition home.
7	Identifying where AHPs have the best potential to **improve patient care, experience and outcomes** (whole patient pathway and lifespan)
8	Impact of AHPs in **optimising rehabilitation and reablement** including improving occupational health, employment and community recovery outcomes
9	What are the wider **societal impacts of AHPs** (including crime reduction, return to work and reducing harm) - and how do these contributions inform and shape health policy?
10	Best approaches to **AHP retention including staff wellbeing** and career development

5. Next Steps

This report sets out a clear, consensus-driven set of policy research priorities for AHPs in England. Developed through a rigorous and inclusive Delphi process, these priorities reflect the collective intelligence of the AHP community and its partners and provides a strategic framework to guide future research investment.

The ten priorities identified span the full breadth of AHP contribution, from neighbourhood-based care to digital innovation, public health, rehabilitation, and workforce wellbeing. They also reflect a growing recognition of the wider societal value of AHPs, including their role in economic productivity, social inclusion, and system efficiency and productivity. Crucially, these priorities are not just about what matters to the AHP community, they are about what matters to the people and communities the AHP community serve. They are designed to support the development of evidence that is relevant, impactful, and capable of informing policy at every level of the health and care system.

The publication of this report initiates a broader strategic dialogue. Notably, the project concluded one day prior to the release of Fit for the Future: 10-Year Health Plan for England (10YHP). As demonstrated in Appendix 3, the top ten priorities identified through this research show strong alignment with the thematic structure of the plan, underscoring the relevance of AHP contributions to national health policy ambitions. Next steps are:

1. The Council for Allied Health Professions Research (CAHPR) will host the full report and support its dissemination across the AHP research and academic community. This will help to foster alignment, stimulate collaboration, and encourage the development of research proposals that respond to the priorities identified.

2. A demand signalling workstream will be explored to raise awareness of these priorities among funders, policymakers, and system leaders.

3. The ambition is to undertake a rapid review for each of the ten priorities. While this work is at an early stage, it reflects a shared ambition to ensure that

AHP-led research is visible, valued, and strategically positioned to inform future policy and investment.

4. The AHP research community will be invited to engage with these priorities and contribute to the development of the underpinning research questions, ensuring that future studies are methodologically robust, contextually relevant, and capable of delivering meaningful impact.

Together, the AHP community can build the evidence base needed to support a more equitable, effective, and sustainable health and care system.

Policy List Participants Asked to Consider

AHP Public Health Strategy for UK (2025)

AHP Strategy for England: AHPs Deliver (2022-2027)

AHP Strategy for England: AHPs Deliver (2022-2027) Implementation Plan

The NHS England Long-Term Workforce plan (2024)

The Lord Darzi NHS Review 2025

Additional References

RAND Delphi Critical Appraisal Tool

Fit for the Future: 10 Year Health Plan for England

AHP Public Health Research Priorities: A modified e-Delphi study in the UK

The Delphi technique in radiography education research

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Community of Allied Health Professions Research (CAHPR)

Appendix 1. Inductive content analysis

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1. **Familiarise Yourself with the Data:**
    a. Read through the data multiple times to understand content + context.
    b. Take notes on initial impressions and ideas.

2. **Generate Initial Codes:**
    a. Identify and label significant segments of the data with codes.
    b. Use open coding to capture as many ideas as possible.

3. **Organise Codes into Categories:**
    a. Group similar codes together to form categories.
    b. Look for patterns and relationships between codes**.**

4. **Review and Refine Codes:**
    a. Revisit the data to ensure codes accurately represent the content.
    b. Adjust and refine codes as necessary.

5. **Develop Themes:**
    a. Combine categories into broader themes that capture the essence of the data.
    b. Ensure themes are coherent and distinct.

6. **Review Themes:**
    a. Check if themes work in relation to the coded data and the entire dataset.
    b. Refine themes to ensure they accurately reflect the data.

7. **Define and Name Themes:**
    a. Clearly define each theme and its significance.
    b. Assign meaningful names to each theme.

Appendix 2. Round 3 Results

PRIORITIES	
1	Impact and role of AHPs in neighbourhood health, care closer to home, community integration and frailty pathways
2	Long term economic impact of AHPs including Return on Investment and value in healthcare systems
3	Best approaches to measure service impact, improve care and inform policy (such as benchmarking, data standards and key performance indicators)
4	Identify and evaluate digital tools and data-driven approaches in AHP practice to enhance patient care, outcomes and access to services.
5	Best approaches for AHP services to reduce health inequalities and address the social determinants of health
6	Impact of AHPs in discharge planning including patient outcomes, reducing hospital readmissions and supporting safer transition home **(merged with number 7)**
7	Wider impact of AHPs in patient flow and service effectiveness - including health outcomes, admissions, length of stay, waiting lists, discharge
8	Identifying where AHPs have the best potential to improve patient care, experience and outcomes (whole patient pathway and lifespan)
9	Impact of AHPs in optimising rehabilitation and reablement including improving occupational health, employment and community recovery outcomes
10	What are the wider societal impacts of AHPs (including crime reduction, return to work and reducing harm) - and how do these contributions inform and shape health policy?
11	What is the impact of AHPs in public health (including population health and well-being, economic impact, employment and return to work **(merged with number 5)**
12	Best approaches to AHP retention including staff wellbeing and career development

13	How can collaborative workforce planning, demand and capacity modelling, benchmarking, and quality metrics ensure safe and effective AHP staffing across services?
14	Impact and role of AHPs in mental health services and their relationship to patient safety as well as wider societal impact (including employment, education, return to work)
15	What is the impact of AHP clinical leadership and management on health service delivery, patient outcomes, and operational efficiency across care settings?
16	What is the impact of programmes to widen participation in AHP careers on service outcomes, social mobility and experience of care?
17	Best approaches to AHP workforce transformation across new models of care
18	What is the impact of AHP interventions on health, development and quality of life for children and young people - including their ability to engage in education, build relationships and avoid long term disadvantage
19	Best approaches to AHP leadership and management, including potential for standardised roles and considering cross sector working
20	Best approaches for embedding equality, diversity and inclusion across AHP services
21	Impact of Advanced Practice AHP roles on cost-effectiveness, competency development, clinical growth, and achieving parity across professions
22	How does the implementation of The Patient Safety Incident Response Framework (PSIRF), robust data collection, and quality frameworks enhance the safety, quality, and effectiveness of community-focused AHP clinical services?
23	Best AHP approaches and impact of collaboration and integrated care across sectors (such as health, education, social care, mental health, criminal justice system, voluntary)
24	Best approaches for co-production in AHP services, strategies and policies

Appendix 3. Mapped to the 10 Year Plan for Heath: Fit for the Future

Mapping of AHP Research Priorities (Evidence Informed Policy) across the 10-Year Health Plan Chapters								
Priority one. Neighbourhood Health Service	■		■	■	■	■	■	■
Priority two. Economic Value			■	■		■		■
Priority three. Impact Measurement	■	■		■	■	■	■	■
Priority four. Digital Innovation	■	■		■	■	■	■	■
Priority five. Health Inequality Reduction Public Health	■	■	■	■		■	■	
Priority six. Patient Flow				■	■	■		■
Priority seven. Pathway Impact	■	■		■	■	■	■	■
Priority eight. Rehab & Recovery	■		■			■		
Priority nine. Societal Value						■		■
Priority ten. Retention & Wellbeing					■	■		
	Chapter two. Community to Neighbourhood	Chapter three. Analogue to Digital	Chapter four. Sickness to Prevention	Chapter five. Devolved and Diverse NHS	Chapter six. Quality of Care	Chapter seven. Workforce Fit for the Future	Chapter eight. Innovation to Drive Change	Chapter nine. Productivity + Financial Foundation