

# Summary of Evaluation of Occupational Therapy in Primary Care for Older Adults

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## Rationale

All four UK governments have set visions for a multidisciplinary primary care workforce to increase capacity for a rapidly aging population with complex health needs. Despite this, and occupational therapy having been delivered in primary care for over five years in some parts of the UK, numbers of occupational therapists remain low, and the impact of the profession is largely unevidenced.

## Research project

To address this gap the Royal College of Occupational Therapists received funding from Health Education England (now part of NHS England) to evaluate the provision of occupational therapy for older adults in the UK in primary care. The evaluation, delivered by Rocket Science, aimed to answer five research questions:

1. What volume of occupational therapy is being delivered at the evaluation sites?
2. What is the impact for patients aged 65 and over receiving occupational therapy through their GP surgery?
3. What is the impact for other GP surgery staff who have occupational therapists in the primary care team?
4. What are the experiences of occupational therapists working in GP surgeries?
5. What are the workforce challenges to delivering occupational therapy care from primary care?

The research took place in three sites across England, Scotland and Wales covering a total of 17 primary care practices. A mixed methodology incorporated interviews with patients and carers/family members, staff within the primary care team and occupational therapists with appointment data from each of the sites, and pre and post intervention data from the EQ-5D-5L outcome tool. This was supplemented by a survey of occupational therapists working in primary care distributed by RCOT.

Ethical approval was received from HRA and Health and Care Research Wales on 3 November 2022 (IRAS number is 318448).

## Outcomes: Volume of occupational therapy delivery

While there was substantial variance in the appointment data, occupational therapists on average per month maintained a caseload of 30 primary care patients, providing between 26-50 sessions of 30-60 minutes duration. On average 16 patients per month were discharged from occupational therapy care, 25% of whom received one to three appointments.

### **Impacts for older adults**

There were high levels of satisfaction from all patients receiving occupational therapy care through their GP surgery, many of whom reported that they would have requested appointments with the GP had the occupational therapist not been available. 77% of patients (n=60) demonstrated improvements in their health through the EQ-5D-5L from initial assessment to point of discharge.

### **Impacts for general practice**

Primary care staff valued the skill-mix that occupational therapists brought to the multi-disciplinary team. They found it easy to work with occupational therapists and reported patient waiting times were reduced because of them being in primary care. They felt the presence of occupational therapists in the team created efficiencies in the system providing timely access for patients without the need for a GP appointment. Primary care staff consistently reported that if the OT role was not available within their practice, it would result in longer waiting times, poorer patient experiences and outcomes.

### **Experience of occupational therapists working in primary care**

Overall occupational therapists reported high levels of job satisfaction linked to the ability to provide early interventions and holistic care. Several challenges were identified in relation to establishing the role within the multi-disciplinary context of primary care. The time and resource required to educate the wider primary care workforce about occupational therapy was notable.

### **Workforce challenges**

Several workforce challenges were identified in relation to recruitment from secondary care settings due to disparities in terms and conditions for those in England, and fewer opportunities for career progression in primary care. The ability to evidence outcomes was commonly highlighted as a gap and seen as a priority given the lack of clarity for future funding of occupational therapy posts in primary care.

### **Conclusions and recommendations**

Occupational therapy can play a substantial role in the transformation of primary care and support the necessary growth in capacity required by national strategies. Despite this occupational therapy remains underutilised and under evidenced. To amplify the impact and value that the profession brings, the evaluation makes recommendations in three areas.

First in relation to the need for increased evidence for occupational therapy in primary care. Recommendations include the need to create tools, agree metrics and support occupational therapists to use these tools and metrics for evidence collection to show impact.

A second set of recommendations focus on operational aspects of service delivery and the need to raise the profile of occupational therapists working in primary care. A final set of recommendations concentrates on the need to tackle workforce challenges such as differing pay levels and the sustainability of lone working in GP surgeries.

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