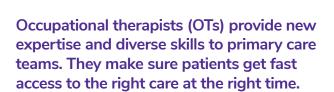
Occupational therapy in primary care



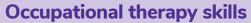
Clinically trained, they work holistically with patients with physical, mental and social needs. Using health population approaches, they offer bespoke services for specific patient groups that are proactive and preventative.

OTs can target the biggest causes of reduced life expectancy in primary care. They can work with patients across the life span with heart disease, COPD, stroke, diabetes, dementia, mental illness, rheumatoid and osteoarthritis, cancer, learning disabilities, palliative care, obesity and smoking.



Having an OT in our practice has been transformative. It's improving patient outcomes and reducing GP stress. Patients are in less distress and attend less frequently." – **GP**





OTs carry out physical and psychosocial assessments that consider health and home management, education, work, leisure, and social participation.

They formulate plans for therapy including differential diagnosis of conditions impacting on health, functional ability, and activity levels.

They proactively work in partnership with patients to find solutions that improve health and activity levels. Occupational therapy interventions are practical, realistic and goal orientated. They adapt activities to help patients stay active in their everyday lives.

OTs can see patients with:

Reduced functioning and social isolation; frailty and dementia; mental health or cognitive problems; vocational and workplace problems; children with developmental delay; High Intensity Users; neurodiversity; people with chronic pain; people recovering from injury or with life limiting illness.

Occupational therapy impact: Improved access, decreased demand.

In Lanarkshire, 55% of patients had fewer GP appointments. 97% improved their quality of life and 88% their activities of daily living and functional outcomes.

In North Wales, 76% of patients with mental health problems received self-management interventions and 67% of these avoided the need to see a GP leading to cost savings of £327.59 per patient. There was also a decrease in referrals to secondary care by a third, improving access to services for those who really need it.



75%

of older adults using a primary care occupational therapy service saw improvements in their activities of daily living around

the home. 07%

of patients were very satisfied with their service



I get to stop pulling my hair out – it was frustrating because you could see somebody had these needs and you were just directing them to the internet.' – **GP**



She's been nothing but a help to me. She's there to listen and to help. She comes up with suggestions and all these things make a difference. They keep people like me who don't want to be a burden. I've been independent. I want to do stuff for myself.' – Patient

of patients with mental health problems received self-management interventions

In Northern Ireland, OTs working in primary care mental health teams offer trauma informed supported self-help. 97% of patients were very satisfied with their service and 45% saw a decrease in onward referrals.

In Sussex, an occupational therapy led service for high intensity users in primary care led to 20% reduction in GP contacts.

Improved functioning and activity levels.

In Pembrokeshire, 67% of patients referred to primary care occupational therapists showed improvement in their everyday function and home safety.

Improved independence.

In Sheffield, all frail patients seen in 12 months by an occupational therapist achieved their functional independence goals. 38% achieved more than they expected and 21% achieved their best outcome.

In North Wales, 75% of older adults using a primary care occupational therapy service saw improvements in their activities of daily living around the home.

Improved health and lifestyle skills.

In Glasgow, an occupational therapy primary care mental health service saw 61% improvements in self-management, a 45% increase in activities of daily living, a 38% increase in employability and a 39% reduction in GP appointments.

Improved quality of life and mental wellbeing.

In Sussex, occupational therapy input into a primary care frailty team that included group interventions, gave 69% of patients' quality of life improvements on standardised measures such as the EQ5D (EuroQol).

In Lanarkshire, 61% of patients with chronic pain seen by occupational therapists made some or significant progress with improvements in mental wellbeing.

Improved cost savings.

In Yorkshire, a proactive occupational therapy service for older adults delivered over 12 months made cost savings of £767,204.

In London, vocational clinics in GP surgeries saw a reduction in use of fit notes and sickness absence from 65% to 3%.

It also resulted in improvements in quality of life, perceived work ability and health perception. Cost benefits per person due to return towork were £4k per person.



Find out more on the RCOT website.

