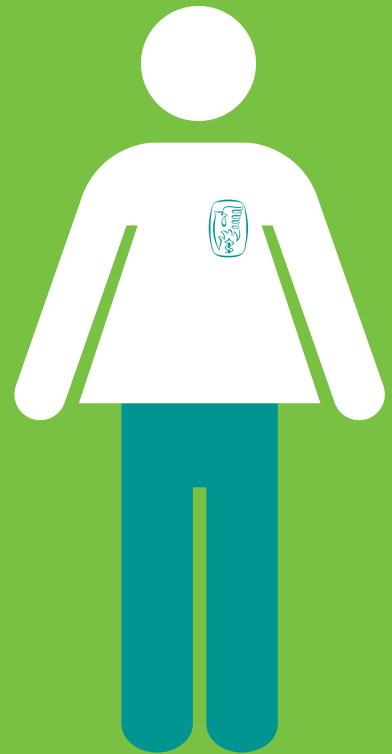


Reducing the pressure on hospitals

A report on the value
of occupational therapy
in **WALES**



College of
Occupational
Therapists



Occupational Therapy
Improving Lives
Saving Money
#ValueofOT

Foreword from the Cabinet Secretary for Health, Wellbeing and Sport



As we think about the huge challenges facing health and social care today it is clear that we can't keep doing the same things in the same way. Delivering prudent and person directed services close to people's homes will help to improve people's lives and at the same time save public money. The Welsh Government Plan for a Primary Care Service for Wales identifies the need to move therapeutic services into primary care and improve integration with

those services already in the community. Alongside this the Planned Primary Care Workforce for Wales demonstrates our commitment to ensuring that the people of Wales can access a wider range of health care professionals, in the right place, when they need them.

Occupational therapists are one of the key health and social care professionals across health, social care and housing that can help achieve the changes that are needed. This report clearly shows the innovative ways they are delivering services which help people avoid unnecessary admission to hospital, reduce the time they stay in hospital and ensure they have a successful and safe discharge back home.

Occupational therapists enable people to achieve maximum independence, health and recovery so they can do the things that matter to them. I am therefore happy to provide a foreword for this report which showcases the incredible work and value of occupational therapy across Wales.

A handwritten signature in dark ink that reads "Vaughan Gething". The signature is fluid and cursive.

Vaughan Gething AM
Cabinet Secretary for Health, Wellbeing and Sport

Reducing the pressure on hospitals

A report on the value of occupational therapy in **WALES**



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College of
Occupational
Therapists



Occupational Therapy
*Improving Lives
Saving Money*
#ValueofOT

Foreword

No one wants to go into hospital. The reality is that too many are admitted unnecessarily.

During 2015–2016, occupational therapists gathered data to demonstrate exactly how their services enable more people to either avoid admission to hospital or return swiftly home. This report is the culmination of their work. Policy leads and managers of health, care, housing and other services cannot fail to find the contents useful and informative when developing or reviewing services.

The report details how occupational therapists can not only reduce unnecessary transfers into both A&E departments and admissions, but also ease the patient's journey and ensure timely, appropriate and safe discharge home. Those that receive help from an occupational therapist prior to, or during, their stay in hospital have better outcomes and are unlikely to require rapid, costly and upsetting readmission.

Occupational therapists are unique in that they are trained to work within both health and social care settings, and across mental and physical health. This knowledge enables them to navigate care and support systems efficiently, liaise appropriately, and work effectively in multidisciplinary settings; they are the key workforce when it comes to reducing hospital-related pressures. Put simply, occupational therapists deal with many of the impediments that often prevent a safe, speedy and satisfactory discharge home. This report will tell you how.

A handwritten signature in black ink that reads "Julia Scott". The signature is stylized with a large loop at the beginning and a horizontal line at the end.

Julia Scott
Chief Executive Officer, College of Occupational Therapists

At a time where resources across our health and social care services continue to be limited, occupational therapists have a vital role to play in supporting older people to maintain and regain their independence, and helping them to do the things that matter to them.

Rather than providing a one-size-fits-all approach that is still too common across our health and social care services, occupational therapy delivers a person-centred approach, considering the physical and mental health and wellbeing of an individual, which has been shown to deliver better outcomes and make a real difference to people's lives.

As we move towards a model of health and social care with a greater focus on preventative services and prudent service delivery, we simply cannot afford to overlook the importance of occupational therapy to ensure not only that an individual's needs can be met effectively and there is reduced pressure on the public purse, but also that an individual can have the best possible quality of life.

Sarah Rochira, The Older People's Commissioner for Wales

Executive summary

The case for change

NHS Wales is facing unprecedented demand and financial pressure. Based on service examples collected over a 12-month period, this report outlines the role occupational therapists can play in the transformation that Welsh health and social services need to achieve in order to deliver prudent, effective and sustainable services. Investing in occupational therapy has the potential to improve people's outcomes and improve care quality without increasing overall spending. 98% of occupational therapists are confident that they can play a key role in keeping people at home and avoid admission into hospital (COT membership survey 2016). This can be achieved by ensuring access to occupational therapy in emergency departments, primary care and community services. Occupational therapy is the key profession for integrating the health and social care services needed to enable people to achieve their wellbeing outcomes.

The Health Boards Integrated Medium Term Plans (IMTPs) aim to deliver well-planned, integrated and co-produced services, underpinned by practical actions to build strong, resilient primary and community care services. The recognition that early action, prevention of admission and an enabling or reabling approach can both improve people's health and wellbeing outcomes and save money is in perfect harmony with the philosophy and principles of occupational therapy.

Health, social care and housing are inextricably linked, and occupational therapists are equipped to work seamlessly across the whole sector. Alongside the pressure on the NHS is continued pressure on social care. The Social Services and Wellbeing Wales Act (2014)¹, Wellbeing of Future Generations Act (2015)² and the new Primary care plan for Wales³ all require services to focus on what matters to people to help them achieve their wellbeing outcomes and to deliver greater provision of services where people most need them: in their homes and communities. These transformed services will enable people to remain as independent as possible through preventative services, early intervention and greater co-production. Occupational therapists are at the heart of achieving this transformation.

Why occupational therapy?

Integrated delivery models that focus on maintaining or regaining an individual's independence are not a new concept for occupational therapists. Occupational therapists are champions of integration and the only registered professionals that are educated to work across health and social care. They are also the only allied health professionals (AHP) educated at a pre-registration level to work within physical, psychological and mental health.

The College of Occupational Therapists is now calling on service leaders and policy makers to recognise the true value that occupational therapists can provide in helping health and care services to be both highly efficient and meet the needs of our citizens. Occupational therapists must be considered as an integral part of the solution.

“

NHS Wales is facing unprecedented demand and financial pressure”



98%

of occupational therapists are confident that they can play a key role in keeping people at home and avoid admission into hospital

¹ Welsh Assembly Government (2014) *The Social Services and Wellbeing Wales Act (2014)*. Cardiff: WAG

² Welsh Assembly Government (2015) *Wellbeing of Future Generations Act (2015)*. Cardiff: WAG

³ Welsh Assembly Government (2015) *Our plan for a primary care service for Wales up to March 2016 (2015)*. Cardiff: WAG

Recommendations

Enabling early, preventative access to occupational therapy will help improve lives and save money. Health Boards and Local Authorities should consider the size, deployment and utilisation of this versatile workforce. The College's six key recommendations below demonstrate how occupational therapists can enable appropriate 'hospital flow', highlighting the unique work and value that occupational therapists can bring to health and social care.

These recommendations are supported by qualitative data, which clearly captures the beneficial impact occupational therapists can have on a person's health outcomes and quality of life. In a system that is struggling with its current financial settlement, a growing body of quantitative data identifies the efficiency savings delivered following occupational therapy intervention. The College calls on Health Boards and Local Authorities to adopt the identified recommendations.

GPs from South Pembrokeshire value the involvement of occupational therapy:

"A fantastic resource that has been greatly underused by primary care but that is where they should be based. Having an occupational therapist attached to the practice has many benefits. Most of the referrals need quick turnaround as the problems are acute. The saving in social admissions [and] improved self-confidence for patients and families has already been noticed. The occupational therapist is able to respond appropriately in that 24hr period instead of the several weeks previously, liaise with appropriate people to deal with the individual, and is a great source of information as to what the third sector has available to help people remain at home safely and comfortably. We are now recruiting for two more occupational therapists for the South Pembrokeshire cluster as the trial was so successful and hope [they] will become an integral part of our primary health care team."

Dr Alan Rees, Royal College of Physicians outgoing Vice President for Wales said:

"The RCP welcomes this ambitious report from the College of Occupational Therapists. We need to find ways to reduce hospital admissions and improve patient care in the community – collaboration between different parts of the NHS workforce could help services to become sustainable for the future. Our focus should be on developing ways of team working that enable patients to leave hospital safely as soon as their clinical needs allow – we desperately need a whole system approach across primary, community, secondary and social care to really improve outcomes. Excellent patient care depends on cohesive, organised and well-resourced team working – everyone has their part to play. The Welsh NHS needs to break down barriers, and invest in more integration of health and social care. Occupational therapists have a central role in patient care, especially on wards that care for older people."

Reducing admissions to hospital

Recommendation 1:

To prevent inappropriate admissions for frail older people, access to occupational therapists as part of the wider primary care workforce is essential.

Rationale:

Occupational therapists support older people to avoid unplanned admissions into hospital by working in partnership with primary care; responding to and addressing issues related to frailty and falls which is a primary reason for hospital admission.

Recommendation 2:

All rapid response and acute and emergency care services have occupational therapists embedded within the multidisciplinary teams.

Rationale:

Occupational therapists involved directly with acute and emergency departments can reduce admissions onto hospital wards. Skilled to assess a person's cognitive, physical and functional abilities, occupational therapists can expedite safe discharges. Working across boundaries, occupational therapists can ensure care needs are appropriately referred to primary and community care, freeing up capacity for acute and emergency services.

Reducing time in hospital appropriately

Recommendation 3:

Health Boards include occupational therapy in funding for extended or out-of-hours services to achieve optimum patient flow and fast-paced assessments.

Rationale:

Higher levels of people are discharged home where occupational therapists are working extended hours and seven days a week⁴.

Recommendation 4:

All multidisciplinary admission and discharge teams include occupational therapists, with therapy-led discharge planning for people with complex health care needs.

Rationale:

Occupational therapists play a crucial role in achieving successful transitions between services. Daily meetings should include occupational therapy staff to review the progress of people being discharged, to identify needs and facilitate a safe and timely discharge.

Successful transition and discharge

Recommendation 5:

Health Boards support the development of therapy led services to ensure timely and successful discharge.

Rationale:

Bringing different skills and approaches and working in the social model of disability, occupational therapists can make cost savings for services while improving outcomes for people⁵.

Recommendation 6:

Planners, managers and leaders, in both health and social care services, put occupational therapists at the forefront of reablement and community support programmes.

Rationale:

Reablement promotes a return to occupation and participation, enabling people to improve their health and achieve their wellbeing outcomes.

⁴Eckford SR, Bartrum S, Gargett K (2010) Reducing unnecessary admissions. OTnews, 18(5), 31.

⁵Rogers, AT, Bai, G, Lavin, RA., & Anderson, G F (2016) Higher hospital spending on occupational therapy is associated with lower readmission rates. *Medical Care Research and Review*, 1-19. dx.doi.org/10.1177/1077558716666981 [See more at: <http://www.aota.org/Publications-News/AOTANews/2016/Occupational-Therapy-Reduces-Hospital-Readmissions.aspx#sthash.KXg8uy6G.I05VDsPx.dpuf>]

Reducing admissions to hospital

Given the unprecedented rising demand on health services in Wales, occupational therapists can play a critical role in reducing the pressure on urgent and emergency care. This report showcases the value of occupational therapists in improving outcomes and the flow of people in and out of hospital.

In the NHS Wales planning framework 2015 /16⁶ Andrew Goodall, Director General – Health and Social Services, emphasises the need for Health Board plans to focus on building effective primary and community care services; and for these to adopt the Prudent Healthcare principles as a clinical value-based framework against which to transform services. The expectation for effective collaborative working across the NHS and with partners is clear. Health Boards are tasked with delivering healthcare across the local population, prioritising the coordination of care and elevating the preventative and integration agenda. This resonates strongly with the occupational therapy profession.

Proactive support for people in their communities helps to improve population health and reduces the costs associated with ill-health. Occupational therapists are active health enablers, focused on what matters to the person so that they can help them to participate in the occupations they need, want or are expected to do. Occupational therapists understand the significant impact that occupations and daily living routines have on peoples' health and wellbeing. Their intervention enables people who are frail or who are living with chronic conditions to manage their health while continuing with daily life.

Preventative services

Recommendation 1: To prevent inappropriate admissions for frail older people, access to occupational therapists as part of the wider primary care workforce is essential.

Effective multidisciplinary, early intervention and preventative services require the right workforce and skill mix. Prudent Healthcare demands that staff do only what they can do and work to the top of their skillset. Ensuring occupational therapists are part of the wider primary care workforce will provide optimal access to their expertise in goal-setting and practical problem-solving in respect of barriers to independent living, in order to enable people to manage their own conditions and health and social care needs at home. As primary care teams start to access occupational therapy for the first time they are beginning to realise the true potential of this workforce: releasing them to do what they do best, the role of occupational therapists in reducing the pressure on primary care is being recognised, as this example from a GP explains:

"...The occupational therapist manages frailty issues much better than me! An experienced Occupational therapist working directly in our practice [has] prevented unnecessary admissions for patients through the prompt review... often on the same day. It has reduced the number of times some patients were calling for a GP visit thus better utilising the GPs time. It has been a signposting service ensuring that the most appropriate member of the multidisciplinary team sees patients; it has also enhanced use of the third sector services. The occupational therapist has provided a wealth of experience, expertise and knowledge to the practice that was either unknown or under-utilised"

GP, Argyle Medical Group

It is evident that where occupational therapists have been working in primary care there is a reduction in emergency admission rates.

Occupational therapy in a general practice pilot project November 2015 – June 2016

The introduction of the occupational therapist in the Argyle Street Primary Care Practice in Pembroke Dock delivered an alternative, proactive model of care for identified frail, older patients and made a significant difference in several ways. 104 patients were seen within an average of 2 days. A wide range of occupational therapy interventions were required including rehabilitation programmes; assistive aids and home adaptations; advice; enabling techniques; supporting self-management of conditions; working with patients to facilitate change; and engagement with other services.

⁶ Welsh Assembly Government, (2014) NHS Wales planning framework 2015 /16. Wales: Welsh Assembly Government. Available at: <http://www.vision2020uk.org.uk/download/46-04a-5-NHS-Planning-Framework-FINAL-31st-Oct-2014.pdf>



As a result of the occupational therapist's intervention:

- There was a significant reduction in repeat visits to the surgery
- 14 patients avoided an acute hospital admission following assessment by the occupational therapist, based on a GP's professional opinion
- Six patients saw the occupational therapist following a hospital admission. Four weeks post discharge none had been re-admitted and there had been only two contacts with a GP
- 81% of patients who had fallen reported increased safety and confidence in their ability to undertake everyday activities
- Only 19% reported no change in their functional abilities: and their carers reported feeling more able to continue to manage
- 12/13 patients reported no falls in the four weeks following occupational therapy intervention.

In summary, placing an occupational therapist in the surgery:

- Reduced demand on general practitioners by addressing and resolving underlying issues that are the root cause of multiple and regular contacts
- Released GP, practice and community nursing staff time, enabling them to focus on doing what only they can do
- Proactively resolved health and social issues at an early stage, minimising crisis situations that result in presentation or admission to the acute hospital
- Sustained people at home following discharge from hospital
- Reduced falls, improved safety and confidence, enabling people to engage in daily life
- Released professional capacity by enabling people to maximise their own potential, promoting self-management, preventing ill health and dependency.

Alongside this example, there are developing models across Wales including Healthy Prestatyn – Prestatyn lach which will add to the growing evidence base for new ways of working within occupational therapy.



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It is evident that where occupational therapists have been working in primary care there is a reduction in emergency admission rates





Occupational therapists involved directly with the emergency department can reduce the numbers of people admitted onto hospital wards and the overall number of visits to A&E



Key components for preventative services:

- Ensure early access to occupational therapy advice and intervention
- Employ occupational therapists as part of multiprofessional teams in primary care
- Integrate occupational therapy services across health, social care, housing, physical and mental health
- Provide occupational therapy assessments which take the person, the environment and the person's occupations into account to prevent unnecessary admission



Inside the emergency department

Recommendation 2: All rapid response and acute and emergency care services have occupational therapists embedded within the multidisciplinary teams.

NHS Wales' urgent and emergency care system faced exceptional levels of demand in January and February 2016⁶. Attendances at A&E in January 2016 were up to 23% higher than the January 2015 average⁷. In February 2016, an average of 2,689 people attended Wales' emergency departments each day.

Those aged 85 or over had the highest attendance rate per 1,000 population and many of those attending A&E now have more complex needs.

Addressing the needs of the whole person in this instance requires a close integration of services and access to the unique skills of occupational therapists to ensure effective solutions.

The College's work over the past year has shown that occupational therapists involved directly with the emergency department can reduce the numbers of people admitted onto hospital wards and the overall number of visits to A&E. They play a crucial role in crisis/rapid response, admission avoidance and within proactive care teams. Working within these multidisciplinary teams, occupational therapists will review a person's routine and activities, their home environment, their cognition and use of assistive equipment and their ability to move safely within the home.

The Frail Older Persons Assessment and Liaison (FOPAL) Team is based in the University Hospital of Wales Emergency Department's (ED) Assessment Unit (AU). The service began in March 2012 and is the first and only one of its kind in Wales. Prior to the FOPAL team the length of stay (LOS) for a 'well frail' cohort was in excess of 21 days. Over a 12 month period, 854 patients were seen by the FOPAL team. 33% were discharged on the same day as assessment (a saving of 5,501 bed days) whilst while 66% were discharged within 3 days (a saving of 10,134 bed days). Based on the average cost of a non- elective hospital stay⁸ this equates to a saving of £961,552.

18–20% of the patients attending Cardiff's University Hospital of Wales ED are frail older people. Attending an ED is associated with a high risk of admission for older people. Not only are they admitted to hospital more frequently, but they stay in hospital longer than

⁶ Welsh Government Busiest February on record for Wales' emergency departments Available at: <http://gov.wales/newsroom/healthandsocialcare/2016/160322aestats/?lang=en>

⁷ Welsh Government £45m of new investment for Welsh NHS to deal with winter pressures available at: <http://gov.wales/newsroom/healthandsocialcare/2016/160210investment/?lang=en>

⁸ Personal Social Services Research Unit (2015) Unit Costs of Health and Social Care 2015. Available at: <http://www.pssru.ac.uk/project-pages/unit-costs/2015/index.php>

other patient groups (Silver Book 2012)¹⁰. In the FOPAL team, the occupational therapist screens and prioritises those who could be discharged home the same day. All interventions seek to return the person home wherever possible and maximise their level of independence and maintain established community services to prevent the breakdown of a person's care package or the collapse of informal care networks.

An audit during February 2016 showed 62% of patients seen during this period were discharged directly from ED or AU. The length of stay in hospital for those admitted to a ward under the care of the FOPAL team (8) was one third of the length of time of those admitted to other wards (31) (5 days/ 15 days on average).

As identified by the FOPAL team above, attending A&E is associated with a high risk of admission for older people, who are admitted to hospital more frequently and then stay in hospital longer than younger people. Timely access to occupational therapists will free up capacity for A&E to deal with those people with immediate need. Using their unique professional skills, occupational therapists can complete a holistic assessment alongside the emergency department team. By looking at a person's cognitive abilities, mobility and function combined with their past medical history and family, home and social support available, occupational therapists can support safe discharge, building confidence in a person's ability to engage with their daily occupations at home.

Mrs. Jones, 84, was brought to the ED after she was found on the floor by her daughter with a laceration to her right shin, confused and unable to stand. Mrs. Jones lives alone in a first floor flat and is usually independent in her activities of daily living though she has been finding things increasingly difficult. Her daughter reports she has become more vulnerable due to recent memory loss.

The occupational therapist in the FOPAL team worked with Mrs. Jones and her daughter to identify what Mrs. Jones had been able to do before her fall, and ascertain the things that she was beginning to find difficult. A range of problems and difficulties which needed addressing in order to safely return her home were identified and solutions provided. Mrs. Jones was discharged home the same day and the occupational therapist followed her home to complete her interventions and ensure the discharge was sustainable. This included advice on avoiding falls and practical changes to help Mrs. Jones do things more safely or effectively. All recommended equipment was provided the same day and contact numbers in case of future need were left. Mrs Jones was put back in touch with her local community club and started joining them for lunches out again. The provision of timely advice and tailored solutions has meant that to date Mrs. Jones has not presented in ED again and continues to manage well at home.

Falls are the commonest cause of death from injury in the over 65s. Accounting for 40% of ambulance call-outs, falls are also the single biggest reason for emergency hospital admissions for older people¹¹. Falls are also a key factor in older people moving into long-term nursing or residential care. Evidence from the College of Occupational Therapists Falls guideline¹¹ was used in the National Institute for Health and Care Excellence quality standard Falls in older people: assessment after a fall and preventing further falls (NICE 2015)¹³. Occupational therapists are core members of a range of services preventing falls related admissions. The Enhanced Care Service in Denbighshire, for example, has enabled people who have fallen to remain at home or to return home more quickly. Across North Wales this has saved over 10,550 bed-days in one year¹⁴, a financial saving of approximately £648,825.

The occupational therapy service in the Emergency Department at Morriston Hospital Swansea provides an extended-hours service to provide safer discharge home and prevent admission to secondary care for those who are medically fit but may not cope effectively at home without additional support.

The occupational therapists have worked closely with the Falls Collaborative and developed an initiative to screen all older people who have attended A&E following a fall. The occupational therapist works with them providing falls prevention advice and a falls prevention pack. The pack contains written advice on reducing falls and improving safety within the

¹⁰ British Geriatrics Society (2012) Quality Care for Older People with Urgent & Emergency Care Needs. London: BGS.

¹¹ Age UK (2016) Later Life in the United Kingdom Available at: http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

¹² College of Occupational Therapists (2015) Occupational therapy in the prevention and management of falls: practice guideline. London: COT

¹³ National Institute for Health and Care Excellence (2015) Quality Standard: Falls in older people: assessment after a fall and preventing further falls. London: NICE

¹⁴ The Annual Quality Statement for NHS Wales 2015. Available at: <http://gov.wales/docs/dhss/publications/160707aqs-report1en.pdf>

home, encouraging service users to take more control and responsibility for their health and wellbeing. Systematic follow up, liaison with the person's GP and appropriate other services such as falls balance and exercise classes reduces the likelihood of future falls. Between May 2014 and April 2015 this approach prevented 619 admissions. With the average cost of an unplanned admission into hospital costing £2888 this is a potential saving of £40,807.

Ensuring timely access to occupational therapy can help avoid admissions, and occupational therapists are involved in innovative service developments across Wales. For example, in Aneurin Bevan Health Board, an innovative pilot in partnership with the Welsh Ambulance Service Trust (WAST) has partnered occupational therapists and physiotherapists with paramedics to calls where an older person has fallen. The occupational therapists have been able to prevent admissions for people who would otherwise have been transferred to hospital, by initiating and integrating community support systems and through rapid access to 'a man with a van' to bring assistive equipment to the person's home. Advice and other practical support has also helped people to adapt the way they do things at home which enables them to continue doing those things (occupations) that are important to them. Funding to extend the service has just been secured for winter 2016.

Key components for good A&E services:

- Ensure occupational therapists are directly involved in multiprofessional A & E teams
- Include daily review by occupational therapists as part of the whole team
- Utilise occupational therapy expertise in working across health and social care boundaries
- Provide occupational therapy assessment of the person's routines, mobility, home environment, use of adaptive equipment, cognition and care needs
- Fund an integrated, rapid community equipment provision service



Reducing time in hospital

The Welsh NHS Confederation identified 5 key challenges in The 2016 Challenge: a vision for NHS Wales¹⁵ which have made delivering healthcare in the current model increasingly difficult. To address these challenges, particularly the rise in complex demand coupled with constrained financial resources, the delivery of services will have to be redesigned, primarily by delivering more services in the community.

The College agrees with this assessment. A recurring feature of effective services which have a positive impact on improving lives for the citizens of Wales and making best use of resources is providing care and support at times when citizens most need it.

Out of hours care

Recommendation 3: Health Boards include occupational therapy in funding for extended or out of hours services to achieve optimum patient flow and fast-paced assessments.

It has been demonstrated that occupational therapy is most effective within acute and emergency care when the therapists are an integral part of the team. Where occupational therapists are involved in reviewing admissions, they are able to identify people who will most benefit from an assessment and timely intervention. The benefits of this can be maximised through extended hours and seven-day working.

Intermediate Care Funding has enabled the development of a seven-day occupational therapy service to the emergency department, Acute Medical Admission Unit (Admission ward), short stay beds and stroke admissions in Ysbyty Gwynedd. The aim is to avoid inappropriate admission to hospital, reduce length of stay and to ensure seven-day therapy provision to meet Sentinel Stroke National Audit Programme (SSNAP) targets. Of 121 new attendances at A&E: 40 patients were able to go home without admission or via early supported discharge and 81 patients began treatment without a weekend delay.

Key components for urgent care services:

- Fund out of hours occupational therapy provision that meets demand
- Provide occupational therapy assessments which consider pre-admission mobility, transfers, cognition and falls risk, in relation to occupational performance
- Require regular liaison with carers/ family
- Integrate services for effective liaison and speedy mobilisation of social care and community support

Optimising patient care

Recommendation 4: That all multidisciplinary admission and discharge teams include occupational therapists, with therapy-led discharge planning for people with complex health care needs.

There is widespread recognition and acceptance that health and social care services must be integrated to be effective. Rapid discharge from emergency services is improved when integrated community support is available from occupational therapists and the wider workforce to enable people to safely return home.



Of 121 new attendances at A&E: 40 patients were able to go home without admission

“Ensuring timely access to occupational therapy can help avoid admissions, and occupational therapists are involved in innovative service developments across Wales”

¹⁵ Welsh NHS Confederation, 'The 2016 Challenge: A vision for NHS Wales' Available at <http://www.nhsconfed.org/~media/Confederation/Files/public%20access/The%20Welsh%20NHS%202016%20Challenge%20briefing%20English.pdf>



The College believes that care delivery cannot be transformed if the values and skills of allied health professionals, including occupational therapists, are not recognised and utilised



Occupational therapists work with citizens to successfully navigate the sometimes complex boundaries between health and social care services. This integrated approach reduces duplication, ensures greater personalisation of care and helps people access the care and support they and their family need.

The Bridgeway Specialist Home Care Service in Bridgend is an occupational therapy-led, time-limited reablement home-care domiciliary assessment service for older people with dementia.

Outcomes typically include:

- Improved occupational engagement and performance
- Increased independence and quality of life
- The achievement of personal wellbeing outcomes
- The ability to manage their chronic conditions
- Support for them to die in a place of their choosing

In addition there is also a reduction in the number of 999 calls, hospital admissions and care home placements and increased support for carers and family. Service figures for 2015 (Jan to Jan) show that out of 213 new assessments only 11 went into residential care.

Miss Watkins is a very anxious lady with dementia who repeatedly called 999 emergency services resulting in weekly paramedic call-outs and 3 avoidable hospital admissions in one year. She was referred to occupational therapy at Bridgeway. The occupational therapy assessment and interventions included telecare and a new care plan requiring the carers to reinforce how to use the telecare at every call. This gave reassurance and while Miss Watkins called the lifeline regularly throughout the day, the telephonic response team was enough to provide reassurance and prevent call out costs or medical intervention. A care package of one tea time call per day was provided to orientate Miss Watkins and ensure she was wearing her pendent alarm. A white board with information was introduced and a digital clock placed in clear sight. Miss Watkins anxiety lessened and the calls to 999 services were stopped.

With a cost of £230 per paramedic callout, adding up to around £11,960 for that year and the three previous admissions costed at over £8,000, the savings were significant. After factoring in the cost of telecare and the occupational therapy assessments the savings equate to £16,852.

The College believes that care delivery cannot be transformed if the values and skills of allied health professionals, including occupational therapists, are not recognised and utilised. The policy intention of the *Primary care plan for Wales*¹⁶ is welcome and early developments, as shown above, are improving lives and saving money.

There is great potential for occupational therapists to become embedded in other pioneering integrated care delivery projects. The role of occupational therapists in delivering person-centred care also applies in mental health services.

The Mental Health Liaison team in Cwm Taf UHB aims to improve quality, safety and patient experience through, value based mental health (MH) treatment and care for people with dementia who are admitted to general hospital beds. Good MH liaison helps people to return home more safely and sustainably, with all their needs met. This reduces the length of inpatient stay within the DGH and community hospital settings.

¹⁶ Welsh Assembly Government (2015) Our plan for a primary care service for Wales up to March 201 (2015). Cardiff: WAG



The occupational therapist, as part of the multiprofessional liaison team, supports and trains the physical health staff on the complexities experienced by patients with dementia alongside their physical needs. Specialist cognitive assessments are used to identify the individual's abilities and needs, and develop interventions with the person to increase independence and occupational performance. This helps:

- Identify and ensure access to the right services for an individual
- Ensure the assessment of abilities informs the decision for any care and support needed on discharge
- Enables people to return home and maintain their independence for extended periods of time
- Reduces dependence on informal and formal carers

The occupational therapist also streamlined the referral pathway in the local authority. This ensured seamless transition across services and fast-track access to community services, such as reablement. This is now started within 48 hours of the occupational therapy assessment, enabling people to return home quicker.

Outcomes include a 25% reduction in readmissions of people with dementia and mental illness (in first 6 months). The financial and cost savings are currently being calculated.

The benefits of this service have been identified and shared across Health Boards in Wales and requests have been made from all Health Boards in Wales for occupational therapists in Mental Health Liaison teams to visit the Cwm Taf service.

Mr Davies had been living independently at home before he was admitted with increased confusion and a urinary tract infection. Mr Davies lived with his wife and staff learned that he enjoyed a drink now and then. However, over the Christmas period Mr Davies had consumed 6 bottles of whisky in a short period of time. Ward staff identified that he was confused and wandering throughout the night and requested a long-term care package. However, the occupational therapy assessment showed he was able to undertake quite complex tasks independently, despite the discovery that he had early/moderate dementia. He was also unable to read or write, which had impacted on his earlier assessment results leading to the request for a care package. This also explained his behaviour throughout those assessments. The occupational therapist arranged for Mr Davies to be immediately discharged with support from the memory reablement service. The memory reablement team worked with him to help him start to meet his old friends on the local allotment again. The team reported he was fully independent, as he had been prior to his admission, within two weeks, and they were able to withdraw.

Therapy-led services are proving to be a highly effective model when rehabilitation has been identified as the main need. In reviewing the effectiveness of patient goal setting, Plant et al¹⁷ conclude that staff's knowledge, experience, skill, and engagement with goal-setting can be either a barrier or a facilitator. Occupational therapists use this understanding and expertise to support a person to set their own goals for independent living.

The award-winning virtual ward created by Powys Teaching Health Board allows elderly and frail people to be cared for in their own homes. The service has been developed over the last two years at three community hospitals in South Powys: Ystradgynlais, Brecon and Bronllys. The virtual ward sees a team of health and social care staff come together to discuss the best care for individual people regardless of their location. Before this many people were being seen by different members of staff, leading to confusion, poor communication and fragmented intervention.

People were also being taken to hospitals outside Powys as emergencies. The virtual ward has ensured that the right care is given at the right time and resulted in a 12% drop in emergency admissions to hospitals: resulting in a £342,000 saving for the health board¹⁸.

¹⁷ Plant SE, Tyson SF, Kirk S, Parsons J (2016) What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis. *Clinical Rehabilitation* vol 30 no 9 921-930.. Available at: <http://cre.sagepub.com/content/30/9/921.full>

¹⁸ Powys Teaching Health Board is the overall winner of the NHS Wales Awards. 17 July 2015. Available at: <http://www.powysthb.wales.nhs.uk/news/38073>

Changes were made to the way the occupational therapy team worked with people, allowing them to continue working with someone, regardless of whether the person was at home or 'on the ward'. This meant that the person had a familiar face regardless of where they interacted with services, and the occupational therapists felt more able to provide a whole-person focused service. As they knew people well, they were able to share information about the person's abilities and skills. The district nurse team leader said the occupational therapy service "is a wonderful resource" and there are "easy communication links, greater understanding and respect of each other's roles and the opportunity to get the right people, for the right job, at the right time"

Key components for rehabilitation and reablement services:

- Provide occupational therapists' assessments which focus on ability, capacity and enabling
- Co-produce goals that enable people to return to living their lives
- Promote innovations from occupational therapists which bring new ways of working through their dual physical and mental health approach
- Use staff who are skilled to work across hospitals and community settings; physical and mental health services



Successful transition and discharge

No one should have to experience an avoidable delay in discharge. At the end of August 2016, 455 people in Wales experienced a delayed transfer of care. Healthcare delays accounted for 29% of all delays, such as awaiting equipment provision, assessment/arrangements by physiotherapists, occupational therapists, palliative care team etc. This supports the rationale for why services need access to the right professional workforce with the right skills at the right time.

The College has found evidence of excellent local practice where occupational therapists are helping people get home from hospital when they are medically fit. However, too much variation still exists. The negative impact of being in hospital when it is no longer necessary, is well documented and from an occupational therapists perspective we are concerned that occupational deprivation, due to a lack of access to daily routines or meaningful activities, exacerbates long-term dependence.

The discharge pathway

Recommendation 5: Health Boards support the development of therapy-led services to ensure timely and successful discharge.

Occupational therapy plays a critical and often lead role in the discharge of people from hospital. Results from the recent survey of members indicate that 98% of occupational therapists believe they can play a significant role in the effective discharge of people. Increasing complexity of health problems and social situations which need resolution within a rapid time frame, require effective liaison with a vast range of personnel and organisations. Every day, occupational therapists work with families and friends, community rehabilitation teams and nursing teams, homecare and residential care providers, third party organisations and adult social care and housing services to secure the best outcome for the people they work with.

With such in-depth knowledge and experience of discharge, occupational therapists have proven to be very innovative in reconfiguring the discharge pathway when given the opportunity to do so.

A multiprofessional rehabilitation team was established to deliver Early Supported Discharge (ESD) for people who had a stroke in Cwm Taf Health Board. 148 (47%) of stroke patients from acute stroke admissions returned home early with the ESD service between 1st April and 31st December 2015. This exceeds the 40% figure, indicated by much of the literature, of stroke patients that can be supported at home early with ESD.

Of those 148 people:

100% were seen by the team for assessment in the acute hospital the same day.

80% of patients had their home programme started within 24 hours.

20% started within 72 hours (weekend or Bank Holiday closure of the service).

The average length of stay for patients referred to ESD was 7.65 days as opposed to an average length of stay for those on the stroke unit of 17.7 days: a nominal reduction of 10 days per person

Over 50% became independent in their identified goals after occupational therapy interventions and 99% of people returning the patient satisfaction questionnaires were either very satisfied (91.6%) or satisfied (8.1%) with every aspect of the new service



The College has found evidence of excellent local practice where occupational therapists are helping people get home from hospital when they are medically fit



Over

50%

became independent in their identified goals after occupational therapy interventions



Occupational therapists in community resource teams or in A&E are demonstrating they can 'pull people back home' with rapid, accurate assessment of their abilities and access to community services



"It enabled me to be home much sooner than normal and I think the recovery is quicker because you are relaxed with your family in your own home. The ESD team have been fantastic."

"The intensity of the rehab activities undoubtedly have helped me to recover quickly and fully."

Older people often do not perform well in a hospital environment. They can lose abilities and confidence quickly in a strange environment. Risk aversion can prolong the hospital stay of people who would be better cared for in their own home environment.

The ward-based occupational therapy ABM ULHB team provide hospital based rehabilitation for older people after surgery. The new OUTREACH project enabled early supported discharge by extending the rehabilitation to home post discharge, delivered by the occupational therapy support worker. The outcomes show

- Improved patient experience
- Increased patient flow and reduced length of hospital stay
- Reduction in provision of equipment and packages of care
- Improved links/handovers and timeliness with other services

Mr Evans story is typical. Mr Evans said:

"I was very unhappy having to stay in hospital to wait for a package of care. My wife was missing me and not in good health herself. I didn't think I could manage myself and was worried about how we would cope. My children were very anxious for both of us and how we would manage when I came home. I was worried about the carers and if I would like them. Having the occupational therapy staff from hospital, who I already knew, come and help me when I first went home, gave me the confidence to do things I needed to do myself. The therapist showed me that I could walk around the house without falling and demonstrated to my wife that she would not have to help me. Being able to talk to her about other worries once home really helped me and in the end I didn't need the care I was waiting for."

Mr Evans went home 14 days earlier than would have been the case otherwise.

- He regained his skill and ability to do the occupations he previously enjoyed
- He did not need a care package
- He did not put any burden on his wife to help him at home
- The discharge was safe and sustainable
- The savings made for Mr Evans can be calculated as £9,450
- 14 days in hospital at £615 per day =£8,610
- 1 hour per day of home care for a period of 6 weeks (minimum anticipated) (£20 per day) = £840 Local authority home care hours at a potential saving of £1,895.07 (per week) or (£98,543.64 (per year).

Occupational therapists in community resource teams or in A&E are demonstrating they can 'pull people back home' with rapid, accurate assessment of their abilities and access to community services. This is especially critical when, for example, a person has dementia or other cognitive difficulties.

An evaluation of the outcomes for 26 people who used the Cwm Taf Intermediate Care and Rehabilitation and Older People Mental Health Team Memory Pilot during 2012[reference] showed they stayed in hospital for less time and were more independent at home as a result of the service. A survey of people identified as needing the service before it was introduced was compared with people who then received the service. This identified significant savings for both length of time people were kept in hospital and in the number of care hours they needed after returning home.

A reduction of 13.4 days in hospital beds per person at a cost of £4,422; with a potential annual saving for the Health board of £152,556.

A reduction of 181 local authority home care hours at a potential saving of £1,895.07 (per week) or £98,543.64 (per year)

Key components for discharge planning services:

- Provide daily ward meetings to review progress
- Ensure assessment for older people with complex needs is undertaken at home
- Undertake risk assessments to reduce risk-averse practice
- Create access to community reablement services
- Develop well-integrated social care systems to manage residual long-term care requirements
- Use staff who are skilled to work across hospitals and community settings

Person-centred support

Recommendation 6: Planners, managers and leaders, in both health and social care services put occupational therapists at the forefront of reablement and community support programmes.

Occupational therapists working in intermediate care and reablement teams can help ensure a smooth transition into the community. Reablement services are reducing demand on acute medical services and helping to avoid inappropriate admission to residential care.

The Welsh Reablement Alliance, of which the College of Occupational Therapists is a founding member, defines reablement as:

Helping people to do things for themselves to maximise their ability to live life as independently as possible. It's about addressing the needs of the whole person, including their physical, social and emotional needs. It's an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a reablement team to achieve them over a limited period. It focuses on what people can do, rather than what they can't, and aims to reduce or minimise the need for ongoing support after reablement.

Occupational therapists work within reablement teams to ensure a 'promoting independence' ethos and to utilise a person's strengths in assessment and goal-setting to help them achieve their wellbeing outcomes. Occupational therapy involvement is good for both the person and for financial budgets.

The Wales End of Life Care Delivery Plan¹⁹ sets out the government's expectations to ensure people have access to high-quality care wherever they live and die. When occupational therapists are included in end of life care support and planning they can help reduce the distress of terminal illness for the person and their family and improve the quality of their remaining life.

¹⁹ Welsh Government (2013) Together for Health –Delivering End of Life Care; A Delivery Plan up to 2016 for NHS Wales and its Partners. WAG: Cardiff

Wrexham Community occupational therapy service covers the county population of approximately 127,000 people. They work wholly in the person's home or community. All interventions are agreed with the person and aim to help them meet their own goals and plans. The team recently transformed their service for people with a terminal illness. The new approach has enabled people to do the things that matter to them in their everyday life, to reduce their need to depend on family, friends or formal carers and, for some to return home from residential care. It has enabled them to live at home for longer or to die at home if that is their wish.

In the three months prior to the service change the average wait for phone contact to arrange an appointment was 18.6 days, in which time 6 out of 18 patients had died in hospital or hospice.

In the 12 months since the service change, earlier access to occupational therapists meant that 72 patients with an end of life diagnosis were spoken to within 24 hours and every single person was assessed and provided with the necessary support. Of these 72 patients who all chose to remain at home to die 71 remained at home, 1 was admitted to the hospice for pain management and subsequently died there. None were admitted to hospital.

These outcomes were achieved by putting the person and their wellbeing at the centre by changing systems and processes within the service and in interaction with other services. It cost no extra funding for additional staffing or hours.

People who have received the service report greater confidence and increasing social interaction reducing the risk of social isolation. It has reduced pressure on carers and prevented hospital admission.

'Thank you for all the support and help that has been provided me to look after my husband with no additional social care enabling me to fulfil his wish to die at home with his family around him'.

The College urges all planners and leaders, in health, social care and housing, to put occupational therapists at the forefront of reablement and community support programmes.

Key components for transition services:

- Place occupational therapists at the forefront of intermediate care, reablement and community support programmes
- Ensure occupational therapists have the necessary resources to design, implement, and evaluate occupationally-focused programmes that span primary, secondary and community care
- Provide occupational therapy assessments which utilise goal-planning to help people achieve their wellbeing outcomes
- Use occupational therapists to reduce unnecessary care packages (including double handed care) by supporting the provision of moving and handling equipment

The cost of undervaluing occupational therapy

"[AHPS are] the unsung heroes of the health service" Carwyn Jones, First Minister of Wales

The Welsh NHS Confederation²⁰ has identified that 'a transformation in service design and the way treatment is delivered is required. A key aspect to driving this forward and making it a success is the workforce.' The developing Public Service Boards, will enable public services to commission and plan collaboratively, ensuring that services are integrated and that care and support provided improves health and wellbeing outcomes for the local population. This has to include improving early access to occupational therapy.

²⁰ The Welsh NHS Confederation (2016) The 2016 Challenge: a vision for NHS Wales; The Welsh NHS Confederation briefing for the National Assembly for Wales Election 2016. Available at: <http://www.nhsconfed.org/~media/Confederation/Files/public%20access/The%20Welsh%20NHS%202016%20Challenge%20briefing%20English.pdf>



The *Primary care workforce plan for Wales*²¹ identifies the need for a wider primary care workforce which includes occupational therapists. The intended re-design of services to be delivered in community settings will mean challenging traditional boundaries and constraints. There is a danger that occupational therapy is an underused and under-recognised resource. NHS Wales needs to utilise occupational therapy as a profession which:

- Understands this new model of care
- Can support the adoption of a person centred ethos and
- Can embed self-management principles across health and social care

In conclusion...

Wales' NHS and social care services are facing increasing demand and the overall design of services needs to change. Preventative, integrated, evidence-based and prudent services will help Wales to both improve people's lives and to save money. Transformed and modernised deployment of the occupational therapy workforce is essential to meet policy objectives and improve people's outcomes. There has been significant change over the last few years, but the rate of change now needs to speed up.

The role and value of occupational therapy needs to be understood and the skills of this valuable workforce mobilised in order to support sustainable, person centred services and preventative, early intervention and emergency services within primary care settings. The cost of underusing and undervaluing occupational therapy includes higher numbers of attendances at A&E, increased rates of potentially avoidable admissions, longer hospital stays and potentially slower discharges. The cost for citizens is counted in loss; of independence, improved quality of life and the opportunity to do what matters to them. Thus it is clear that greater investment in occupational therapy services is vital if costs are to be reduced, people's interactions with health and social care to be improved, and better outcomes achieved.

²¹ Welsh Government (2015) A planned primary care workforce for Wales approach and development actions to be taken in support of the plan for a primary care service in Wales up to 2018. Available at: <http://gov.wales/docs/dhss/publications/151106plannedprimarycareen.pdf>

The College urges all planners and leaders, in health, social care and housing, to put occupational therapists at the forefront of reablement and community support programmes

The cost of underusing and undervaluing occupational therapy includes higher numbers of attendances at A&E

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