

# Urgent Care

## The Value of Occupational Therapy

ENGLAND



College of  
Occupational  
Therapists



Occupational Therapy  
*Improving Lives  
Saving Money*

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**Occupational Therapy**  
*Improving Lives*  
*Saving Money*

#ValueofOT



*“Occupational therapists are key to meeting today’s health and social care demands”*

## Foreword from Chief Executive **Julia Scott**

Contained within this report are key facts that demonstrate how occupational therapists improve lives and save the NHS and local government money.

Many of the College of Occupational Therapists’ 30,000 plus members work in the NHS, and all occupational therapy students will have placements in NHS settings.

Increasingly, occupational therapists are moving to the forefront of healthcare services, supporting people to stay well, to remain at home and, if they have to come to hospital, to be swiftly assessed, treated and discharged home.

This significant report delivers key information regarding the valuable contribution occupational therapists make to primary care, accident and emergency departments, critical care and other specialist settings and agencies such as housing and reablement teams. Alongside information regarding the specialist skills occupational therapists offer, there are also service user stories and costed service examples.

Commissioners, as well as those leading and delivering services, will be impressed by the difference occupational therapists can make by responding to urgent crises. The evidence contained within this report, supporting the return on investment in occupational therapists’ services is compelling, and having read it I have no doubt that you will wish to review your existing workforce and ensure that you have occupational therapists within your teams.

As the only health and social care registered profession educated to work across both care settings, physical disability and mental health, occupational therapists are key to meeting today’s health and social care demands. Those that are already working alongside occupational therapists would not be without them; now is the time for everyone at risk of an urgent hospital admission and subsequent discharge home to benefit from occupational therapists’ skilled assessments and interventions.

**Julia Scott**  
Chief Executive  
College of Occupational Therapists

# Key messages about the value of occupational therapy across the urgent care pathway

## **Occupational therapists are a highly skilled workforce, operating across a wide range of health and social care services.**

Increasingly, their role in early assessment and intervention is being recognised as crucial, particularly in crisis response and admission avoidance teams. This report demonstrates how placing occupational therapists within primary and early intervention services can reduce the risk of admission and re-admission into hospital from incidents such as falls. It highlights the significant savings that can be made by providing short-term rehabilitation to avoid complex ongoing care packages, and how occupational therapists can effectively facilitate the safe and timely transition of patients from hospital to home.

## **Occupational therapists can deliver quality care and cost savings in urgent care.**

This makes occupational therapists key contributors to meeting the overarching aims of the *NHS five year forward view* (NHS England 2014) by reducing the impact of illness on people's daily lives, allowing them to stay at home and maintain their health and wellbeing.

- ▶ In primary care, occupational therapists **can reduce the pressure on GP services.** Section 2.
- ▶ Placing occupational therapists within primary and early intervention services will **reduce the risk of admission and re-admission** into hospital from incidents such as falls. Sections 2 and 3.
- ▶ Occupational therapists **provide rehabilitation to improve health outcomes.** Sections 4 and 5.
- ▶ Occupational therapists **contribute to significant savings by reducing costly care packages.** Sections 6 and 7.
- ▶ Occupational therapists **can effectively facilitate the safe and timely transition of patients from hospital to home.** Sections 6 and 7.
- ▶ As the experts in 'occupations', occupational therapists **can deliver better quality of care and cost savings in urgent care** by enabling or improving participation in occupations through activity modification or adaptive equipment and techniques. Sections 8 and 9.

*'Occupational therapists can deliver quality care and cost savings in urgent care'*



## How occupational therapists deliver...

**Occupational therapists** enable people to achieve health, wellbeing and life satisfaction through participation in occupation. Occupation refers to the activities that people do in daily life.

**Occupational therapists** are champions of integration and the only registered profession that is educated to work across health and social care.

**Occupational therapists** are the only allied health professionals (AHP) educated at a pre-registration level to work within physical, psychological and mental health.

**Occupational therapists** take an asset-based approach. They will analyse a person's strengths, skills and needs, the environment and occupations, working with them to identify solutions to the issues that matter to the individual.

*'Urgent care impacts on the wider health and social care system'*



# Why focus on urgent care?



## Urgent care is facing many challenges

Professor Sir Bruce Keogh's *Urgent and emergency care review* (NHS England 2013) sets the vision for a transformed urgent and emergency care system, which was reinforced in the *Five year forward view* (NHS England 2014). An ageing population with increasingly complex needs is leading to ever rising numbers of people needing urgent or emergency care. People struggle to navigate and access a sometimes confusing and inconsistent array of urgent care services outside of hospitals, often defaulting to accident and emergency (A&E) departments and putting unnecessary strain on frontline services. Every winter the ongoing challenges facing urgent and emergency care services seem to increase and arise earlier; evidenced in efforts to deliver the urgent and emergency care operational four-hour standard.



## Urgent care impacts on the wider health and social care system.

Tackling the challenges of demand is not the sole province of urgent and emergency care services. To reduce pressure on urgent and emergency services, the health and social care system needs to:

- Prevent admissions where possible.
- Offer treatments and interventions in alternative community settings, such as a care home.
- Tailor support and interventions to avoid re-admission.



## Allied health professionals are an essential part of the workforce.

In the past, urgent and emergency care services have centred on hospital settings dominated by the doctor and nurse workforce. With the urgent and emergency care system now being transformed to include community care and more use of allied health professionals, there are many more opportunities for occupational therapists to add their valuable contributions.

## Occupational therapists have a key role to play.

From primary care, discharge planning and housing, occupational therapists are making great strides to improve the whole urgent care pathway; improvements that sometimes go unrecognised. Through service examples and economic data this report will outline the role that occupational therapists are playing in the major areas of the urgent and emergency care system and underline how vital they are in delivering a system fit for purpose all year round.

## 2 Primary care

### Occupational therapists offer expert knowledge of the significant impact that occupations and routines have on peoples' health and wellbeing.

This approach enables people with chronic conditions to manage their health while continuing with daily life. Proactively supporting people in their communities helps to reduce costs and improve population health.

**Occupational therapists can support GPs.** The Royal College of General Practitioners state that England's General Practitioner (GP) practices are under significant pressure; providing 60 million more consultations than they were five years ago (Royal College of General Practitioners 2015, p5). According to the Citizens Advice Bureau, the rising number of consultations means GPs are spending almost a fifth of their consultation time on patients' non-health issues, translating to costs of nearly £400 million to the NHS (Citizens Advice 2015).

## Occupational therapy delivers...

### Outcomes in primary care

- **Prevention and early intervention** to prevent disease or disability, reduce the impact of an illness and help support individuals in maintaining their healthy lifestyles.
- **Services that extend the ability of GPs** and nurses to provide holistic care through addressing how symptoms affect function and setting goals to enable continued participation in daily life.
- **Improved patient satisfaction** by advising on the use of strategies, techniques and equipment to meet goals.
- **Participation in occupations (activities) and reduced risk** by modifying the home, for example carrying out hazard assessments and issuing recommendations to prevent falls.
- **Returning to work** by completing the *Allied health professions advisory fitness for work report* (Allied Health Professions Federation 2013).
- **Enabling people to access their local community**, for example linking in with local leisure centres to provide physical activity sessions.

### Proposed areas for improved patient outcomes

- **Fitness to work:** Occupational therapists act as alternative signatories to the Med 3.
- **75+ checks:** Occupational therapists, alongside hazard assessment checks and supplying of equipment and small adaptations, complete the 75+ check.
- **Mental health problems:** For people who are under a GP but not a mental health team, providing short-term interventions to support goal setting and regaining and maintaining occupations (activities).

### Service user story

*Susan had depression and anxiety following a series of stressful life events including bullying at work, working over 70 hours a week, redundancy threat to her husband's job, and the sudden death of her father. She had worked for a city broker for 35 years and had received some counselling through work following her father's death. She had been unable to work for several months and had made repeated visits to the GP. She was referred to the occupational therapist to provide further input to help her to achieve occupational balance, practice assertion and improve her confidence to return to work. After three sessions, to set goals and plan coping strategies, Susan was able to set realistic expectations of herself. She delegated tasks within the family, developed assertion strategies, and was able to return to work following the final session and is still enjoying work and managing the role several months later.*



Besides supporting the work of GPs, occupational therapists are working in partnership with other professions in primary care settings. This may range from assessing the needs of people at risk of unplanned admission to hospital, or responding to crises in the home and offering simple interventions, which can be done in the home or with intermittent supervision.

### Service example

The North West Ambulance Service provides a response car and a paramedic, plus one whole time equivalent occupational therapist from East Lancashire Hospitals NHS Trust.

The aims of the service are to:

- Reduce unnecessary hospital admission due to social or non-medical factors.
- Reduce the number of older people presenting at emergency department following a fall.
- Reduce demand for ambulance response for green category falls incidents.
- Deliver immediate actions to support older people to remain safely at home following a fall.
- Signpost and/or refer to appropriate longer term support services.

### Impact:

#### Pennine Lancashire Falls Response Service – activity in April 2015

Number of incidents attended – 49

Number of people who remained at home – 37 (= 75%)

Saving for non-conveyance – 37 (number) x £217 (Paramedic call out) + £126 (Emergency department tariff) = £12,691

The trust figures for April gave a 51% admission rate for patients aged 65 and over who are conveyed to emergency department/urgent care centre by ambulance. 51% of Falls Response Service non-conveyance equals 19 patients avoiding hospital admission, which at the lowest healthcare resource group tariff for 5 days or less equates to a saving of £18,696.

**Total saving for April from FRS activity = £31,387**

**This equates to a potential saving of up to 95 bed days for April.**

### Service example

Proactive Care in West Sussex is a new way of supporting people with long-term conditions or complex health and social care needs. **Proactive Care** teams aim to put the person at the centre of the care pathway and to work together with them to meet their health and social care needs. The care team agrees an individualised plan with every person they work with to support them to **manage their own care** as well as identifying sources of help.

The approach brings together health and social care professionals to work alongside GPs and ensure that people with long-term health conditions and social care needs get the right support at the right time and from the right health/care professional. Occupational therapists work alongside community nurses and matrons, physiotherapists, pharmacists, mental health professionals, social workers, prevention assessment teams and voluntary organisations. As far as possible, all team members are based in the same location, such as hospital, health centres or GP practices.

Early indications for patients with higher likelihood of hospital admission show that this proactive care model can significantly reduce the strain on local health services. These services will translate into significant workload reductions and overall reduced costs in primary care settings, while at the same time improving the quality of care for patients.



## Emergency departments are a beacon to patients in need of urgent medical care.

The King's Fund reported that during 2014, the NHS struggled to meet the target that 95% of patients should wait no longer than four hours in A&E, even during the spring and summer when performance should have been comfortably within target range. The same report showed that performance deteriorated sharply towards the end of 2014, with A&E waiting times reaching their highest levels for a decade (King's Fund 2015).

## Occupational therapists working in A&E services have been significantly effective in preventing the number of admissions and re-admissions into hospital.

An occupational therapist will prioritise and assess people for safe discharge direct from A&E or acute medicine. In order to do this they:

- Assess a person's cognitive abilities, mobility and functional transfers and range of movement.
- Evaluate past medical history, premorbid abilities and existing assets, such as family, home and social support.
- Recommend discharges based on how the person will be able to engage safely in the occupations that they need to do on their return home.

**The key factor is rapid access to occupational therapy assessments.** With an ageing population, there is a pressing need to address how older people are cared for over the first 24 hours of an urgent care episode. Attending an emergency department 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 other patients. According to the National Institute for Health and Care Excellence (NICE), almost a third of adults over 65 and living at home will experience at least one fall a year, which is approximately 2.5 million people in England alone (NICE 2014). For hospitals, falls are the most commonly reported safety incidents, with an estimated number of 282,000 patient falls in England each year, costing the NHS £2.3 billion per year (NICE 2014).

### Service example

Ipswich Hospital NHS Trust ran a four-month trial to **relieve winter pressures**. The introduction of a 7 day a week therapy service enabled discharges to exceed admissions. Occupational therapists assessed and prepared older people for discharge. Over the trial winter period, 12% of patients assessed at the weekend were discharged on the same day, with an overall 13% increase in discharges (Lord-Vince et al 2015).

### Service example

In Calderdale and Huddersfield NHS Foundation Trust, the cost-effectiveness of therapy provision was determined by the number of **prevented admissions**. Based on an average inpatient stay of £270 a night, a saving of £542,619 was made. This service also found that where therapy services were provided via both a clinical decision unit and medical assessment unit, 67% patients were discharged rather than requiring ongoing hospital admission (College of Occupational Therapists 2013).

## Service example

Set up by the local commissioning group, an 'Admission Avoidance Team', based within Peterborough City Hospital's emergency department, was first piloted in September 2013 in order to tackle winter pressures. Led by an occupational therapist, the team is made up of a social worker, two occupational therapists, two physiotherapists and two nurses.

The provision of cross-professional training 'upskills' each professional in the necessary interventions required. A multidisciplinary assessment form means that patients can be seen initially by any member of the team. The form is then used as a referral tool to access services that are needed in order to turn a patient around from the emergency department within the four-hour target. A rapid assessment of a patient's functional ability to return to the community is completed, addressing falls, medication, mobility, balance, finance, social wellbeing, home environment etc.

### Impact:

- In December 2014 – **181 patients were assessed; of these 138 were turned around without needing an acute medical bed.**
- In February 2015 – **175 patients were assessed; of these 134 were turned around without needing an acute medical bed.**

In 2014 the Admission Avoidance Team was awarded an outstanding award by Peterborough and Stamford Hospitals NHS Foundation Trust.

## 3.1 Rapid/crisis response teams

### Within a rapid/crisis response team an occupational therapist will play a key role in effectively supporting people to maximise their independence.

Crisis intervention teams are designed to respond to any health or social care crisis and provide combined social care, therapy and health care in a patient's own home. Berkshire Healthcare NHS Foundation Trust's Rapid Response Services provides a response within two hours for those at risk of being admitted to acute hospitals. Referrals are received from A&E, community nursing or from GPs. For example, a GP can refer a patient who they feel is at risk of admission and the team will visit the patient at home. The assessment involves review of the environment, equipment, transfers, medical observations, cognition and care needs.

## Service example

Berkshire Healthcare NHS Foundation Trust Rapid and Reablement Service in Reading is an example of a fully integrated health and social care team. The team sits in a joint health and social care office in the community, which enables close liaison between the two aspects of the service throughout someone's time on the service. This reduces delays with the transfer from short to long-term care, if it is required. It also enables care packages to be reduced as far as possible prior to long-term care decisions being made, thus **reducing long-term care costs**. For example, a patient who is referred to reablement from a community hospital requiring support from two carers four times a day, may be able to transfer and mobilise with support from just one carer after therapy interventions and care at home for six weeks.

In the last seven months, the service received more than 250 referrals. Of these, only 4% needed to be admitted to the acute trust, the remaining 96% were visited at home, and admission to acute hospital was avoided.

### Rehabilitation is vital for the long-term recovery and wellbeing of patients.

This is reflected in policies and work streams, for example NHS England's *The mandate* (Department of Health 2014) and *Rehabilitation is everyone's business* (Morris and Hughes 2014). To reflect this, **critical care services are employing occupational therapists as part of multidisciplinary teams**. In its guideline *Rehabilitation after critical illness*, the National Institute for Health and Care Excellence defines a multidisciplinary team as a team of healthcare professionals with the full spectrum of clinical skills needed to offer holistic care to patients with complex problems (NICE 2009).

Survival rates from severe illness are at their highest level (Herridge et al 2011), but the long-term ill effects of a stay in intensive care are well documented (Dimopoulou et al 2004; Jones et al 2003). Consequently, early rehabilitation is focused on minimising muscle loss, the prevention of deformity, and minimising the risk of possible long-term weakness, exercise limitation and overall decreased physical quality of life.

### Occupational therapy delivers...

- **Appropriate short-term and long-term rehabilitation goals** as part of a comprehensive assessment of a patient's functional ability.
- **Improved functional outcomes** in mechanically ventilated, critically ill patients through early whole body rehabilitation (including sedation stops) (Schweickert et al 2009).
- **Increased tolerance to activity** and providing opportunities for orientation to the environment through specialist seating assessment and provision (Kasper et al 2002).
- **Increased range of movement and preventing contracture** by assessing for and providing thermoplastic splints, constructing and fixing splints and assessing the value of serial splints (Welsh Assembly Government 2006).
- **Maximising independence** by providing appropriate equipment (Welsh Assembly Government 2006).
- **Supporting physical recovery** and reducing depression, phobic and post-traumatic symptoms through psychological and self-help rehabilitation, such as life story profiles, diaries and working towards personal goals (Jones et al 2003).

### Impact of occupational therapy...

- Early rehabilitation is associated with important reductions in delirium, duration of mechanical ventilation and improved physical function at hospital discharge (Padharipande et al 2013).
- Early whole body rehabilitation (including sedation stops) with physical and occupational therapy results in better functional outcomes in mechanically ventilated, critically ill patients.
- Shorter duration and more ventilator free days compared with standard care (Schweickert et al 2009).



## 5 Specialist services

**Occupational therapy interventions are cost-effective in treating or preventing injury and improving health outcomes** in areas such as falls prevention, musculoskeletal injury, stroke rehabilitation, early intervention in developmental disabilities and respiratory rehabilitation (Rexe et al 2013).

### 5.1 Stroke

Occupational therapy is a clinically effective treatment for people who have had a stroke. Cochrane systematic reviews (Legg et al 2006) have demonstrated that functional limitations can be reduced with targeted occupational therapy interventions such as dressing practice, outdoor mobility (Logan et al 2004) and activities of daily living training.

**Following a stroke, occupational therapists help people to learn how to manage within their home again and in all areas of daily living** (Legg et al 2007), thereby improving performance and significantly reducing the risk of deterioration after stroke.

### 5.2 Dementia

A growing number of people with dementia are being admitted to hospital. According to the Alzheimer's Society, it is estimated that up to 25% of hospital beds at any given time are occupied by people with dementia (Alzheimer's Society 2009, p10). The experience of care on hospital wards for people with dementia can be poor, with concerns that staffing levels are not sufficient to provide the care, monitoring and support required (Royal College of Nursing 2012). According to the Department of Health, about one in three people with dementia admitted to hospital from home are discharged into a care home, increasing the cost pressures on health and social care budgets (Department of Health 2013).

## Occupational therapy delivers...

### Improved quality of care and cost savings through:

- Providing non-pharmacological management of symptoms, such as behavioural disturbance and depression.
- Assisting home carers to work 'with' rather than 'for' people with dementia, thereby reducing dependence.
- Effective and efficient discharge planning.
- Ensuring that developments in telecare and assisted housing are appropriate for people with dementia.
- Providing 'in-reach' services for people in care homes, in order to enable meaningful occupation.
- Home hazard assessments and adapting or modifying the home environment reducing the risk of falls for older people (NICE 2015, Quality Statement 6).

## Effective discharge planning prevents readmissions and allows for continuity of care.

With the current demands placed on A&E services the importance of discharge planning has substantially increased. More emergency admissions result in a growing necessity to free acute beds, and services need to look at alternative and innovative ways of rehabilitating and discharging patients. In acute services occupational therapists' pre-discharge home visits are regarded as a means to facilitate the timely, safe and successful discharge of patients from hospital. In addition, occupational therapists have an important role in making discharge recommendations to support the patient to continue with their daily occupations and facilitate any necessary adaptations.

Evidence demonstrates that an individualised discharge plan for hospital inpatients is more effective than a routine discharge plan that is not tailored to the individual. Re-admissions to hospital are significantly reduced by around 15% for patients allocated to structured, individualised discharge planning (NHS England 2015, p10). **Occupational therapists are essential in the delivery of continuous care to ease the transition from hospital to home.**

## Occupational therapy delivers...

- Serving as an interface between acute and community care, focusing on prevention, self-management and providing support to transition patients smoothly across health and social care services.
- Applying knowledge about how an illness, condition or a fall can affect independence and wellbeing.
- Predicting the likely support and equipment needed so that a person can return home to their own familiar environment.

### Service example

The Sheffield Teaching Hospitals NHS Trust has adopted a 'discharge to assess' model. In hospital a patient's immediate needs are assessed and further ongoing needs are assessed in the community by the Active Recovery Team; this ensures services are provided in a timely manner. Assessments for mobility and transfers, washing and dressing, equipment, home care, rehabilitation or reablement and kitchen assessments are carried out within the home. This means **occupational therapy assessments are context specific** and do not delay discharge, allowing greater patient flow through the hospital. For example, patients on a care of the elderly ward discharged home with no previous homecare increased by 119%, and their average hospital stay reduced from 9.5 days to 1 day (Barnett 2015).

Prior to 'discharge to assess' the average length of stay for emergency patients over 65 was 12.1 days. With the new pathway there has been a 37% increase in patients who can be discharged on their day of admission or the following day, the equivalent to two additional patient discharges every day. There has also been no increase in the readmission rate (The Health Foundation 2013).

### Service example

At Guy's and St Thomas' NHS Foundation Trust the Guy's Orthopaedic Outreach Team (GOOT) has decreased the length of stay from an average of 6.4 days in 2012 to 3.6 days for GOOT patients and 4.5 days for non-GOOT patients in 2014. Patients listed for hip and knee replacements are referred to occupational therapy by the pre-assessment nurses. Occupational therapists primarily assess post-discharge equipment needs to ensure they are in place once the patient has received their treatment; **enabling a more efficient discharge and shorter hospital stay.** This allows a greater number of patients to be listed for surgery and therefore reduces the waiting list.

According to the Department of Health, in social care, occupational therapists manage between 35% and 45% of local authority referrals and yet they represent only 2% of the workforce (Department of Health 2008).

**Occupational therapists' core skills are key to preventative services and are underpinned by an evidence base that demonstrates clear cost benefits and successful patient reported outcomes** (Social Care Institute for Excellence 2013). Reablement either prevents the need for hospital admission or post-hospital transfer to long term care, or appropriately reduces the level of ongoing home care support required and associated costs. The ethos of reablement can be viewed as congruent with the move towards providing integrated health and social care and working in partnership with people to achieve person-centred outcomes (College of Occupational Therapists 2015).

## Occupational therapy delivers...

- A culture of promoting independence within a reablement team (Littlechild et al 2010).
- Leadership to reablement services (Social Care Institute for Excellence: Prevention Library ca.2014).
- Expertise in complex cases (McLeod et al 2009).
- Therapy groups for developing self-care skills.
- Training care staff in enabling independence and physical activity (Social Care Institute for Excellence 2012; Raibee and Glending 2011).
- Guidance on moving and handling.
- Advice on housing and environmental adaptation to support daily living.
- Assessment of assistive technology needs (Sainty et al 2009).

## Service example

- Norfolk County Council's **reablement scheme, led by occupational therapists**, found that care hours were reduced for those going on to longer-term care by 90% (Allen and Glasby 2010).
- A survey by Lancashire County Council found that 87% of people felt they had benefited from reablement services (Social Care Institute for Excellence 2012).
- The Oxleas NHS Foundation Trust and Royal Borough of Greenwich Adult Community Services show the savings that can be made with the use of rehabilitation teams that include occupational therapists: upward of £900,000 (NHS Improving Quality 2014, p16).
- In the London Borough of Tower Hamlets 63% of people using an **occupational therapy-led reablement service** had their reablement cases closed without further support needs identified (Social Care Institute for Excellence: Prevention Library ca.2014).

## Housing plays a crucial role in helping older people and disabled adults to live as independently as possible.

Getting a property adapted to meet the needs of an older person can be a time-consuming process, but is essential to minimise the risk of unplanned hospital admission or the need for urgent care.

Occupational therapists assess homes for hazards; they consider if the environment supports the person to safely carry out their daily occupations. The personal consequences of a fall can be significant and the estimated cost of falls to the NHS is £2.3 billion per year (NICE 2014). There are also significant costs for social services (Tian et al 2013).

One potential outcome of a fall is a hip fracture. Research from 33,152 hip fracture patients, (average age 83 years; 75% female), found that hospital costs were an average of £14,163 in the first year following the fracture and, compared to the year before the fracture, mean annual hospital costs increased by £10,964. The study estimated the total annual hospital cost of hip fractures in the UK at approximately £1.1 billion (Leal 2015).

## Impact of occupational therapy...

- Housing adaptations that reduce the need for daily visits have been found to result in annual savings of £1,200 to £29,000 (Heywood and Turner 2007).
- Cost saving interventions were identified, in a Cochrane review, for home-based exercise for individuals over 80 years old, home assessment and modification for those with a previous history of falling, and specific risk factors targeted by a multifactorial programme (Gillespie et al 2012).
- A home safety programme can be more cost-effective than an exercise programme for people aged over 75 years with low vision (Campbell et al 2005).
- The need to support people to live in their own home and to delay admission to residential care can also be met through timely occupational therapy intervention.
- Postponing entry into residential care by just one year through adapting peoples home saves £28,080 per person (Allen and Glasby 2010).
- Evaluations from local telecare interventions reveal savings around emergency hospital and residential care admissions, i.e. £85,837 as a result of saved bed days (Bowes and McColgan 2006).

*'Occupational therapists assess homes for hazards; they consider if the environment supports the person to safely carry out their daily occupations'*

**People in care homes need access to the right services.** Historically older people living in care homes have not had equal access to multidisciplinary services, although they arguably have the greatest health and social care needs. It is therefore important to focus on the older person's needs and not the primary institution providing their care. The development of the six care home vanguard sites will highlight what can be done to reduce the need for hospital admissions from care homes and the benefits to multidisciplinary working.

**Occupational therapists are uniquely placed to enable wellbeing through ensuring participation in occupation,** giving information, advice and assistance on avoiding falls, or on appropriate equipment or adaptations. They are routinely called upon by care homes for manual handling advice and teaching care staff safe techniques.

The National Institute for Health and Care Excellence (NICE) recommends that older people should be offered regular group and/or individual sessions to identify, construct, rehearse and carry out daily routines and activities that can help to maintain or improve their health and wellbeing (NICE 2008). In addition, **NICE recommends that occupational therapists should be involved in the design and development of locally relevant training schemes for those working with older people** (NICE 2008). This will ensure that care staff have the skills to support older people to carry out daily routines and maintain their independence.

**Promoting occupation as an essential part of living for residents in care homes, and not as a quality 'add-on', brings well documented benefits to health and wellbeing.** For example, the influence of social relationships and enjoyment of life on the risk of death is comparable to other established mortality risk factors such as smoking. Occupation also acts as a vital tool for highlighting changes in function and measuring how symptoms or conditions impact on people day to day. This information supports decisions regarding pain, symptom management and risk.

Residents are often cared for in bed as they have not been offered a specialist seating assessment and/or funding arrangements cannot be agreed. **Occupational therapists have identified the challenges of assessing and obtaining seating and positioning equipment as a significant concern in care home settings.** The service user story below highlights the cost benefits of minimising time spent in a bed by a resident.

### Service user story

*A male resident in his 80's with dementia, was nursed in bed for 18 months lying in a foetal position, experiencing contractures and muscle wastage, weight loss, pain and discomfort, and at risk of pressure injury. He required two members of staff for personal care. An occupational therapist carried out a specialist seating assessment and ordered an air chair with pressure relieving properties. The gentleman's posture and positioning improved and he was able to transfer to a more mobile postural management chair and use a shower chair, enabling him to leave his room and engage in daily activities. He now experiences less pain, greater range of movement, and there is a reduced risk of pressure injury. He has also started to feed himself and gain weight. Staff report the gentleman no longer lashes out or appears distressed, his communication has improved, his mood has lifted and he is more actively engaged in daily activities. **Savings have been achieved** by reducing the need for pain medication and food supplements, full nursing care, risk of pressure injury and health complications due to undernourishment and muscle wastage.*





## 10 References

- Allen K, Glasby J (2010) *The billion dollar question: embedding prevention in older people's services: 10 'high impact' changes*. (HSMC Policy Paper 8). Birmingham: University of Birmingham, Health Services Management Centre. Available at: <http://epapers.bham.ac.uk/759/>
- Allied Health Professions Federation (2013) *Allied health professions advisory fitness for work report*. London: AHPF. Available at: [www.cot.co.uk/ahp-advisory-fitness-work-report](http://www.cot.co.uk/ahp-advisory-fitness-work-report)
- Alzheimer's Society (2009) *Counting the cost, caring for people: caring for people with dementia on hospital wards*. London: Alzheimer's Society. Available at: [www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=1199](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1199)
- Barnett D (2015) From 'assess to discharge' to 'discharge to assess'. What a difference a year makes! In: College of Occupational Therapists (2015) *College of Occupational Therapists 39th annual conference and exhibition, plus Specialist Section Work annual conference, 30th June–2nd July 2015*, Brighton Centre, Brighton, Sussex: book of abstracts. London: College of Occupational Therapists. 25.
- Bowes A, McColgan G (2006) *Smart technology and community care for older people: innovation in West Lothian, Scotland*. Edinburgh: Age Concern Scotland. Available at: [www.patientconnect.com.au/ws-content/uploads/August\\_2006\\_Patient\\_Connect\\_-\\_Telehealthcare\\_-\\_Pilot\\_Study\\_-\\_University\\_of\\_Stirling\\_Telehealthcare\\_Study.pdf](http://www.patientconnect.com.au/ws-content/uploads/August_2006_Patient_Connect_-_Telehealthcare_-_Pilot_Study_-_University_of_Stirling_Telehealthcare_Study.pdf)
- Campbell AJ, Robertson MC, La Grow SJ, Kerse NM, Sanderson GF, Jacobs RJ...Hale LA (2005) Randomised controlled trial of prevention of falls in people aged > or =75 with severe visual impairment: the VIP trial. *British Medical Journal*, 331(7520), 817.
- Citizens Advice (2015) *A very general practice: how much time do GPs spend on issues other than health?* (Citizens Advice Policy Briefings). London: Citizens Advice. Available at: [www.citizensadvice.org.uk/about-us/policy/policy-research-topics/health-and-care-policy-research/a-very-general-practice-how-much-time-do-gps-spend-on-issues-other-than-health/](http://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/health-and-care-policy-research/a-very-general-practice-how-much-time-do-gps-spend-on-issues-other-than-health/)
- College of Occupational Therapists (2015) *Reablement*. (Occupational Therapy Evidence Fact Sheet). London: COT. Available at: [www.cot.co.uk/occupational-therapy-evidence-fact-sheets](http://www.cot.co.uk/occupational-therapy-evidence-fact-sheets)
- College of Occupational Therapists (2013) *Occupational therapists working in A&E teams help reduce admissions and re-admissions to hospital*. (Occupational Therapy Evidence Fact Sheet). London: COT. Available at: [www.cot.co.uk/sites/default/files/commissioning\\_ot/public/AE-Evidence-Fact-sheet.pdf](http://www.cot.co.uk/sites/default/files/commissioning_ot/public/AE-Evidence-Fact-sheet.pdf)
- Department of Health (2014) *The mandate: a mandate from the government to NHS England: April 2015 to March 2016*. London: DH. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/386221/NHS\\_England\\_Mandate.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386221/NHS_England_Mandate.pdf)
- Department of Health (2013) *Dementia: a state of the nation report on dementia care and support in England*. London: DH. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/262139/Dementia.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/262139/Dementia.pdf)
- Department of Health (2008) *Occupational therapy in adult care in England: sustaining a high quality workforce for the future*. London: DH. Available at: [http://webarchive.nationalarchives.gov.uk/20081105143757/http://dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_089467?IdcService=GET\\_FILE&dID=175830&Rendition=Web](http://webarchive.nationalarchives.gov.uk/20081105143757/http://dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089467?IdcService=GET_FILE&dID=175830&Rendition=Web)
- Dimopoulou I, Anthi A, Mastora Z, Theodorakpoulou M, Konstantinidis A, Evangelou E...Roussos C (2004) Health-related quality of life and disability in survivors of multiple trauma one year after intensive care unit discharge. *American Journal of Physical Medical Rehabilitation*, 83(3), 171–176.
- Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE (2012) *Interventions for preventing falls in older people living in the community*. (Cochrane Review). Chichester, UK: John Wiley & Sons Ltd. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007146.pub3/pdf/>
- Herridge MS, Tansey CM, Matté A, Tomlinson G, Dias Granados N, Cooper A...Cheung AM (2011) Functional disability 5 years after acute respiratory distress syndrome. *New England Journal of Medicine*, 364(14), 1293–1304.

## 10 References

- Heywood F, Turner L (2007) *Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence*. London: Office for Disability Issues. Available at: [www.wohnenimalter.ch/img/pdf/better\\_outcomes\\_report.pdf](http://www.wohnenimalter.ch/img/pdf/better_outcomes_report.pdf)
- Jones C, Skirrow P, Griffiths RD, Humphris GH, Ingleby S, Eddleston J...Gager M (2003) Rehabilitation after critical illness: a randomised, controlled trial. *Critical Care Medicine*, 31(10), 2456–2461.
- Kasper C, Talbot L, Gaines J (2002) *Skeletal muscle damage and recovery*. *AACN Clinical Issues*, 13(2), 237–247.
- King's Fund (2015) *What's going on in A&E? The key questions answered*. London: King's Fund. Available at: [www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters](http://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters)
- Leal J, Gray AM, Javaid MK, Prieto-Alhambra D, Arden NK, Cooper C, Judge A (2015) Impact of hip fracture on hospital care costs: a population based study. *Osteoporosis International*, 26(Supplement 1), 55. Available at: [www.wco-iof-esceo.org/sites/ecceo15/pdfs/wco15-abstractbook.pdf](http://www.wco-iof-esceo.org/sites/ecceo15/pdfs/wco15-abstractbook.pdf)
- Legg L, Drummond A, Leonardi-Bee J, Gladman JRF, Corr S, Donkervoort M...Langhorne P (2007) Occupational therapy for patients with problems in personal activities of daily living after stroke: systematic review of randomised trials. *British Medical Journal (International Edition)*, 335(7626), 922.
- Legg L, Drummond A, Langhorne P (2006) *Occupational therapy for patients with problems in activities of daily living after stroke*. (Cochrane Review). Chichester, UK: John Wiley & Sons, Ltd. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003585.pub2/pdf>
- Littlechild R, Bowl R, Matka E (2010) An independence at home service: the potential and the pitfalls for occupational therapy services. *British Journal of Occupational Therapy* 73(6), 242–250.
- Logan PA, Gladman JRF, Avery AJ, Walker MF, Dyas J, Groom L (2004) Randomised controlled trial of an occupational therapy intervention to increase outdoor mobility after stroke. *British Medical Journal*, 329(7479), 1372–1375.
- Lord-Vince H, Williams R, Cunnell C (2015) A winter weekend therapy service on a short stay older peoples' ward: improving patient flow. In: College of Occupational Therapists (2015) *College of Occupational Therapists 39th annual conference and exhibition, plus Specialist Section Work annual conference, 30th June-2nd July 2015*, Brighton Centre, Brighton, Sussex: book of abstracts. London: College of Occupational Therapists. 25
- McLeod B, Mair M, RP&M Associates Ltd (2009) *Evaluation of City of Edinburgh Council home care re-ablement service*. Edinburgh: Scottish Government Social Research. Available at: [www.gov.scot/Publications/2009/11/25100200/0](http://www.gov.scot/Publications/2009/11/25100200/0)
- Morris S, Hughes L (2014) *Rehabilitation is everyone's business*. [s.l.]: [s.n.]. Available at: [www.slideshare.net/NHSEXpo/rehabilitation-is-everyones-business](http://www.slideshare.net/NHSEXpo/rehabilitation-is-everyones-business)
- National Institute for Health and Care Excellence (2015) *Falls in older people: assessment after a fall and preventing further falls*. (NICE Quality Standard QS86). London: NICE. Available at: [www.nice.org.uk/guidance/qs86](http://www.nice.org.uk/guidance/qs86)
- National Institute for Health and Care Excellence (2014) *Take action to prevent repeat falls in older people*. London: NICE. Available at: [www.nice.org.uk/news/press-and-media/take-action-to-prevent-repeat-falls-in-older-people](http://www.nice.org.uk/news/press-and-media/take-action-to-prevent-repeat-falls-in-older-people)
- National Institute for Health and Care Excellence (2009) *Rehabilitation after critical illness*. (NICE Clinical Guideline 83). London: NICE. Available at: [www.nice.org.uk/guidance/cg83/chapter/1-guidanc](http://www.nice.org.uk/guidance/cg83/chapter/1-guidanc)
- National Institute for Health and Care Excellence (2008) *Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care*. (NICE Public Health Guidance 16). London: NICE. Available at: [www.nice.org.uk/guidance/ph16/chapter/recommendations](http://www.nice.org.uk/guidance/ph16/chapter/recommendations)
- NHS England (2015) *NHS services, seven days a week forum: evidence base and clinical standards for the care and onward transfer of acute inpatients*. London: NHS England. Available at: [www.england.nhs.uk/wp-content/uploads/2013/12/evidence-base.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/12/evidence-base.pdf)

## 10 References

NHS England (2014) *The NHS five year forward view*. London: NHS England. Available at: [www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)

NHS England (2013) *Transforming urgent and emergency care services in England: urgent and emergency care review: end of phase 1 report*. London: NHS England. Available at: [www.nhs.uk/nhsengland/keogh-review/documents/uecr.ph1report.fv.pdf](http://www.nhs.uk/nhsengland/keogh-review/documents/uecr.ph1report.fv.pdf)

NHS Improving Quality (2014) *Improving adult rehabilitation services: sharing best practice in acute and community care*. Leeds: NHSIQ. Available at: [www.nhsiq.nhs.uk/media/2487824/improving\\_adult\\_rehabilitation\\_services\\_in\\_england.pdf](http://www.nhsiq.nhs.uk/media/2487824/improving_adult_rehabilitation_services_in_england.pdf)

Padharipande PP, Girard TD, Jackson JC, Morandi A, Thompson JL, Pun BT...Ely EW (2013) Long-term cognitive impairment after critical illness. *New England Journal of Medicine*, 316(14), 1306–1316.

Raibee P, Glending C (2011) Organisation and delivery of home care re-ablement; what makes a difference? *Health and Social Care in the Community*, 19(5), 495–503.

Rexe K, McGibbon Lammi B, von Zeweck C (2013) Occupational therapy: cost effective solutions for changing health system needs. *HealthCare Quarterly*, 16(1), 69–72.

Royal College of General Practitioners (2015) *A blueprint for building the new deal for general practice in England*. London: RCGP. Available at: [www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/2015/RCGP-Blueprint-for-building-new-deal-for-general-practice-2015-web.ashx](http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/2015/RCGP-Blueprint-for-building-new-deal-for-general-practice-2015-web.ashx)

Royal College of Nursing (2012) *Safe staffing for older people's wards: an RCN toolkit*. London: RCN. Available at: [www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0009/479349/004301.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0009/479349/004301.pdf)

Sainty M, Lambkin C, Maile L (2009) 'I feel so much safer': unravelling community equipment outcomes. *British Journal of Occupational Therapy*, 72(11), 499–506.

Schweickert W, Pohlman MC, Pohlman AS, Nigos C, Pawlik AJ, Esbrook CL...Kress JP (2009) Early physical and occupational therapy in mechanically ventilated critically ill patients: a randomised control trial. *The Lancet*, 373(9678), 1874–1882.

Social Care Institute for Excellence [ca.2014] *Prevention library: emerging practice and research in adult social care*. London: SCIE. Available at: [www.scie.org.uk/prevention-library/getsearchresults?f\\_subject\\_terms=reablement&st=atoz](http://www.scie.org.uk/prevention-library/getsearchresults?f_subject_terms=reablement&st=atoz)

Social Care Institute for Excellence (2013) *Maximising the potential of reablement: outcome measurement: what does successful reablement look like?* (SCIE Guide 49). London: SCIE. Available at: [www.scie.org.uk/publications/guides/guide49/measuringoutcomes.asp](http://www.scie.org.uk/publications/guides/guide49/measuringoutcomes.asp)

Social Care Institute for Excellence; ADASS Older Persons Network (2012) *Reablement: key issues for commissioners of adult social care*. (At a Glance Briefing 52). London: SCIE. Available at: [www.scie.org.uk/publications/ataglance/ataglance52.asp](http://www.scie.org.uk/publications/ataglance/ataglance52.asp)

The Health Foundation (2013) *Improving patient flow: how two trusts focused on flow to improve the quality of care and use available capacity effectively*. London: The Health Foundation. Available at: [www.health.org.uk/publication/improving-patient-flow](http://www.health.org.uk/publication/improving-patient-flow)

Tian Y, Thompson J, Buck D, Sonola L (2013) *Exploring the system-wide cost of falls in older people in Torbay*. London: Kings Fund. Available at: [www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf)

Wales. Welsh Assembly Government/ Llynwodraeth Cynulliad Cymru (2006) *Designed for life: quality requirements for adult critical care in Wales*. Cardiff: WAG. Available at: [www.wales.nhs.uk/sites3/Documents/768/Quality%20requirements%20for%20critical%20care.pdf](http://www.wales.nhs.uk/sites3/Documents/768/Quality%20requirements%20for%20critical%20care.pdf)

World Federation of Occupational Therapists (2013) *Definitions of occupational therapy from member organisations*. Forrestfield, AU: WFOT. Available at: [www.wfot.org/ResourceCentre/tabid/132/did/608/Default](http://www.wfot.org/ResourceCentre/tabid/132/did/608/Default)

All websites accessed on 07.09.15.

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