



## Rehabilitation workforce

### Question 1:

### **RCOT and others are talking about a tsunami of need in terms of rehabilitation - how do we as a profession meet these anticipated rehabilitation needs?**

- Community occupational therapist: Health and Social Partnership Response Teams. Huge skills mix – focusing on discharge to assess, reducing admissions.
- Service was 'on hold' due to pandemic, but is now restarting; now people need rehab due to COVID-19, along with people who needed rehab before the pandemic whose cases were 'paused', workload for occupational therapists has subsequently increased/doubled.
- Response Service and rehabilitation are now happening at the same time.
- Focusing on sustainability.
- Now have a mini waiting list within normal caseload.
- Have to manage expectations of all parties regarding effects of Covid-19 on patients.
- Having to work with people using smaller goals/steps.
- Using energy conservation techniques and graded exposure.
- Better communication between multi-disciplinary teams (MDT), service-user, family and third sector.
- Using Attend-Anywhere.
- Waiting lists having to be created due to pandemic.
- Number of virtual clinics has increased.
- IT department being proactive – helping staff to use Microsoft Teams.
- Using virtual assessments within integrated care services.
- Having virtual MDT meetings.
- Continuing to be person-centred.



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- Using Home-First approach.
- People need more than 12 weeks of rehab.
- Increase in complexity of cases with neuro patients who are shielding.
- Increase in frail elderly cases. People have become deconditioned and have fallen multiple times.
- Increased workload. Staff feeling anxious.
- Senior managers being supportive; allowing staff time to reflect using Gap Analysis regarding available resources. Listening to clinicians.
- Lack of resources and underfunding of all AHP services.
- People aged 21-33; deterioration in their mental health due to lockdown/knock-on effects of COVID-19. Some have been detained under the Mental Health Act.
- Vocational needs are hugely important; huge backlog of young people needing this support.
- Introduction of flexible working patterns have been helpful e.g. staff working from home two days per week to catch up on paperwork.
- Reduction in face-to-face services and meetings. Using Microsoft Teams.
- Importance of positive team dynamics; capacity and workforce resilience.
- Population-focused; Individual Placement and Support (IPS) teams involved.
- Challenging stigma towards people with mental health problems.



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### Question 2:

### What knowledge and skills do we need within the profession to address the complexity of rehabilitation?

- Pulmonary rehab: focusing on rehab and recovery post COVID-19. Increase of people experiencing breathlessness and fatigue.
- NHS England Your COVID Recovery website discussed. Can be used as part of an occupational therapist's toolkit.
- Fatigue experienced by both patients and staff.
- Impact on workforce of pandemic.
- Trying to demystify rehab – what does it mean? It is fundamental to occupational therapy.
- Use of Career Development Framework to map knowledge and skills. Signposting to education, training and learning resources.
- Workforce deployed initially, now returning to their original posts – lots of work waiting for them.
- Undertaking psychological first aid training. Gaining understanding of new functional psychological disorders post COVID-19.
- People are in constant crises.
- Impact of COVID-19 upon cognition. Some occupational therapists lacking confidence in dealing with emotional, cognitive and perceptual problems. In-service training being provided.
- Occupational therapists are dual-trained in both physical and mental health.
- Importance of focusing on a person's occupations.
- Signposting to specialist services regarding mental health problems.
- Newly-qualified occupational therapists; what can we all do to maintain their confidence?
- Some newly-qualified occupational therapists have no experience of working in an acute setting. Need assistance regarding acute work, rehab and discharge facilitation. More measured use of resources.
- Occupational therapists have huge skills; occupational therapy is an excellent profession.



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### Question 3:

**As a personalised approach is core within occupational therapy, what can we do to guide the health and care system to embed personalisation within rehabilitation?**

- Health and Social Care services don't understand each other. We need simple mechanisms in Health and Social Care; e.g. joint policies, working together.
- Acute and community services need to talk more to each other.
- Acute and community services are talking to each other more due to COVID-19 in order to improve the patient pathway. Plans to share workforce.
- Early supported discharge service lying between acute and community services and health and social care. Some duplication of tasks which is disruptive to the rehab process.
- Locally integrated care services linking with NHS England. Leaders building relationships with HEAs. Students can experience all parts of patient pathway.
- GPs want occupational therapists in their practices.
- Importance of third sector.
- Communication between all services vital; joined up services need to be more flexible.
- Use evidence and problem-solving abilities.
- Integrated working with many services.
- Attending meetings remotely.
- Managers helping people to review services.
- Remember to access charitable funds.