The [Royal College of Occupational Therapists](https://www.rcot.co.uk/) (RCOT) is the professional body for occupational therapy representing over 33,500 occupational therapists across the UK. Occupational therapists in Scotland work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists work with people of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. Occupational therapists consider the relationship between what a **person** does every day (**occupations**), how illness or disability impacts upon the person and how a person’s **environment** supports or hinders their activity (PEO Model). Using this approach, we help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

Thank you for the opportunity to comment on the Health and Social Care priorities. Please find below comments from RCOT.

**General comments:**

**In your view, which three topics should be the priorities for the Committee during the next five years?**

The first priority for the Committee should be scrutinising the provision of timely, high-quality, person-centred rehabilitation in relation to the Scottish Government’s ‘Framework for Supporting People through Recovery and Rehabilitation during the COVID-19 Pandemic’. This should be accessible for everyone who needs it, including but not exclusively those suffering from long Covid. Occupational therapists should play a key role in this provision of rehabilitation – investment in occupational therapy and in wider Allied Health Professional (AHP) Services is vital in getting people from hospitals into their communities and social groups and regaining their life and work roles.

The second priority for the Committee should be investigating the provision of multidisciplinary teams in primary care. These teams should include occupational therapists – having an occupational therapist attached to a GP practice provides an alternative offer for people seeking support. The transformation of primary care is already underway and some GP practices offer an occupational therapist. The Committee should scrutinise this ongoing process and ensure healthcare workers are being facilitated to support patients through multidisciplinary working and integrated services.

The third priority for the Committee should be the healthcare workforce and workforce planning for allied health professionals (AHPs), including occupational therapists. Allied health professionals are an asset to the health service and the Committee should ensure that they are being supported now and into the future. This includes ensuring a well-funded and well-planned sustainable workforce that meets the health and care needs of Scotland. As much as is feasible, this should also include meeting the future needs of those suffering with long Covid and recognising that this impacts the health workforce too.

**Why have you chosen these topics?**

The impact of COVID-19 has highlighted just how important access to high-quality, person-centred community rehabilitation is. It has also emphasised the need to review, expand and invest in rehabilitation services as a matter of urgency. Additional demands are being placed upon rehabilitation services by the need to both treat long Covid sufferers and address the generalised deconditioning faced by patients across the board. As dual-trained physical and mental health professionals, occupational therapists have a vital role to play in community rehabilitation. Occupational therapy restores a person's quality of life, giving them back their independence and reduces their need for ongoing health and social care support. As a key health and care profession, occupational therapy is the bridge between getting people from hospital into their communities and being able to get on with their life.

Primary care in Scotland is changing with a view to expanding services, having less reliance on GPs, and creating a wider team supporting more people to remain at home and in their local community. A multidisciplinary workforce is necessary at a community level to alleviate the significant strain that GP surgeries currently face. This is evidenced by the results of an improvement project in NHS Lanarkshire which revealed that having an occupational therapy service within GP settings can reduce the number of repeat appointments and prescriptions, with initial findings demonstrating a reduction in the number of return appointments to a GP by up to 60%. Ensuring occupational therapists play a key role in multidisciplinary teams will allow communities to be better supported and ease the pressure on general practice. This would also empower people to manage their own health and independence by using tools and strategies to enable them to live independently.

It is urgent and necessary that Scotland has a well-planned and sustainable health and AHP workforce. The Scottish Government and the Committee need to consider and support the workforce requirement needed to adequately support and transform models of working in a modern health and care system including rehabilitation primary care, locality-based care, and social care services. If parliamentarians and decision makers take time now to plan properly, we are building towards a sustainable, planned workforce to support a modern neoliberal, outcomes focused, health and care system.

This in turn, supports healthier and happier health workforce. If the proper workforce support and planning does not take place, it is possible that we will continue to do more of the same - not fully grasping opportunities for transformational change. Potentially this will result in greater burnout among healthcare professionals, staff leaving professions and the standard of care being stretched.

**How could the Committee add value?**

The Committee can add value by ensuring the voices of people with lived experience are central to a debate around policy. The committee should also continue its laudable approach of engagement with stakeholders and this should include AHPs. We need to work towards having a different group at the table as this is how we will facilitate different thinking, discussions and solution and avoid stagnant or repetitive thinking.

For further information on this submission, please contact:

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