Primary care – why the push from RCOT?

Karin Orman talks about the rise of occupational therapy within primary care and offers some examples of innovative practice already taking place across the UK

A theme has been emerging over the last few years within RCOT's Occupational Therapy: Improving Lives, Saving Money (ILSM) campaign, and within the pages of OTnews. This is the rise of occupational therapy within primary care, signified not least by our overarching campaign recommendation to deploy more occupational therapists to work in primary care in all three RCOT ILSM reports, *Reducing the pressure in hospitals*, *Living not existing* and *Getting my life back*.

Service examples featured include Healthy Prestatyn in Wales (OTnews, August 2018, page 16) and the Primary Mental Health Care Service in Southern Health and Social Care Trust in Northern Ireland.

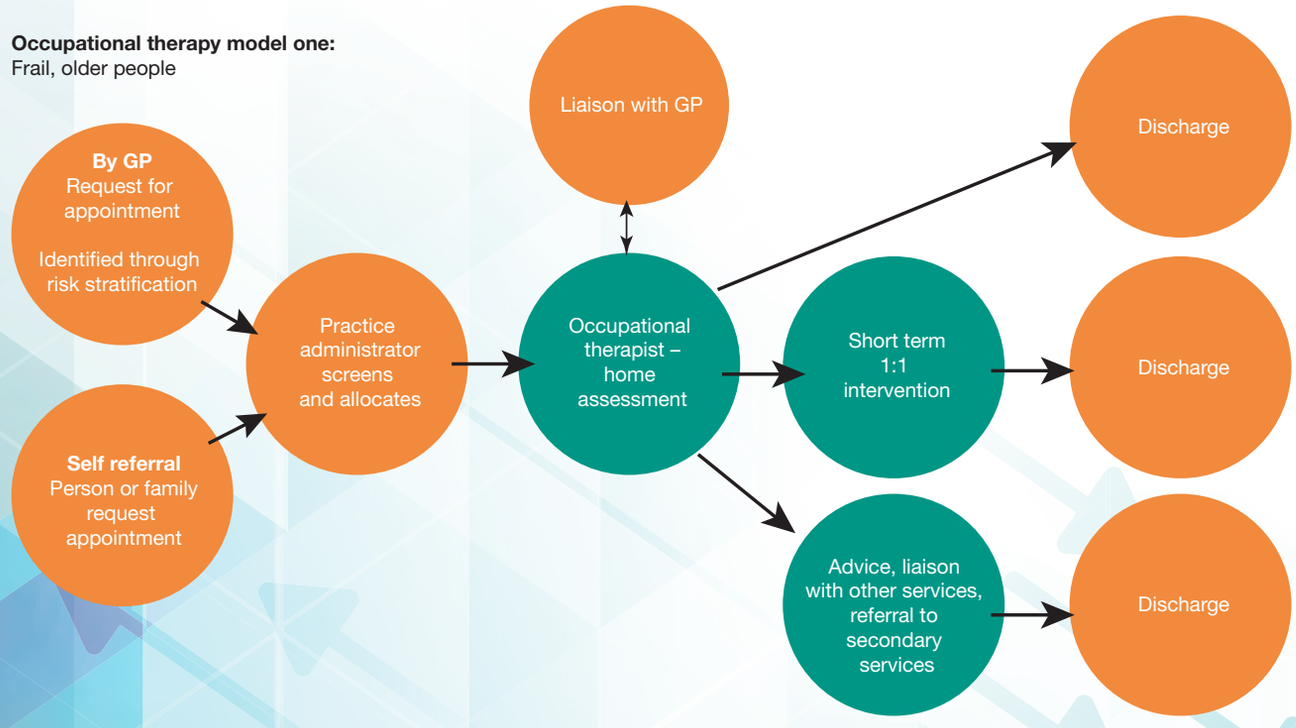
The success of our campaign has led to invitations for RCOT to meet with government representatives leading primary care delivery in each UK country. We have held further conversations with the Royal College of General Practitioners (RCGP) and leading think tanks, including the Nuffield Trust and Kings Fund, to explore what occupational therapy can offer in a primary care setting.

While it is true to say that occupational therapists could work with all population groups, we have focused the 'occupational therapy offer' on areas where we could have most impact and there is a high demand.

As such our models of delivery would target:

- **frail, older people:** vulnerable people who do not require secondary services, but are at high risk of needing increased levels of support in the future (including possible hospital inpatient admission) if a proactive approach is not taken;
- **those who are off work:** seeking fit notes or return to work support; and

Occupational therapy model one:
Frail, older people



- **those with mental health issues:** people that need more than Improving Access to Psychological Therapies (IAPT), but not requiring secondary care or a psychiatrist.

We have adopted the key principle of best fit support, getting the right support, from the right person, at the right time, to support people to manage their health and social care needs.

The case for occupational therapy in primary care

The need for expertise to manage daily life is only going to increase; 40 per cent of all people over 65 years of age in the UK living with a life-limiting longstanding illness and over 21 per cent of men and 30 per cent of women now need help with at least one activity of daily living (ADL), and at least one instrumental activity of daily living (IADL) (Age UK 2018).

And let us not forget carers. Nearly 1.4 million people aged over 65 years in England and Wales provide unpaid care for a partner, family, or others (Age UK 2018b). As family carers age, the likelihood of requiring support or treatment for poor health increases and there are high risk groups such as carers of people with dementia who are known to be at risk of physical and mental illness as a consequence of caring (Robinson, Tang and Taylor 2015).

For older people identified as living with severe frailty, occupational therapy assessment in the person's home could free up GPs to review medical needs while the occupational therapists can address extrinsic environmental risk factors and behavioural risk factors.

This proposed model (see model one) is based on existing pilots and services in primary care. Referrals at Pembroke Dock, Hywell Dda University Health Board (HDUHB), Wales were initially accepted from GPs following a home visit, but it was identified that occupational therapists could act as a first point of contact.

EVIDENCE LINK

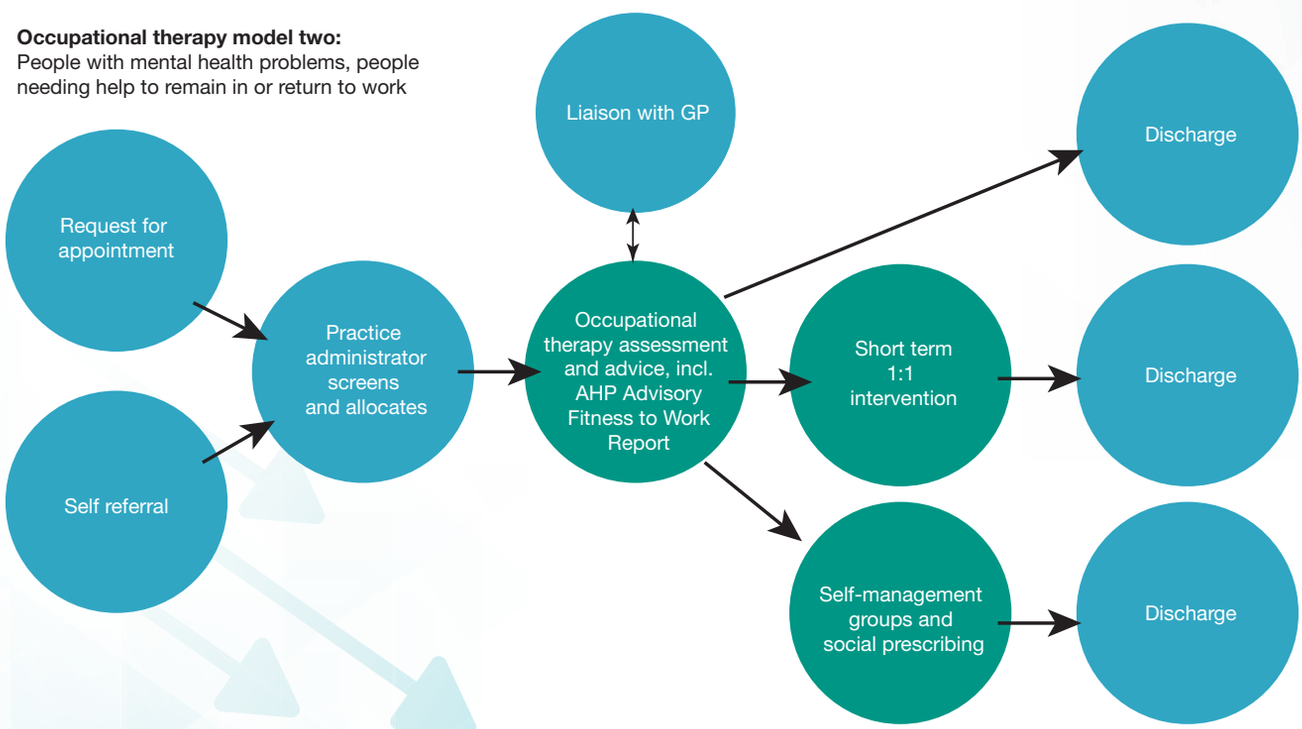
Connolly et al (2018) conducted a pilot study to explore the acceptability and impact of a six week primary care intervention, 'stREss maNagemEnt and Wellbeing' (RENEW), attended by 12 individuals with self-reported experiences of stress. Outcome measures were administered at three time points, and participants took part in a focus group and individual interviews. Findings showed statistically significant improvements in occupational performance and satisfaction, anxiety and self-reported stress. Analysis of qualitative data revealed three themes: increased awareness of stress and its impact on occupational participation; benefits of peer support; and acceptability of the programme content and structure. The authors identify that the RENEW programme warrants further investigation.

Reference

Connolly D, Anderson M, Colgan M, Montgomery J, Clarke J, Kinsella M (2018) The impact of a primary care stress management and wellbeing programme (RENEW) on occupational participation: a pilot study. *British Journal of Occupational Therapy*, Aug 23. [Epub ahead of print]

Following assessment, the occupational therapists focus on resolving health and social issues at an early stage, to minimise crisis situations that result in inappropriate presentation or admission to residential or hospital care.

Occupational therapy model two:
People with mental health problems, people needing help to remain in or return to work



They advise on techniques and strategies and ways to adapt to support the person to self-manage their health. Following occupational therapy, patients' average number of visits in a month to see their GP have either halved or been reduced by up to 72 per cent.

Further pilots have now commenced within HDUHB with occupational therapists focusing on self-management of chronic conditions, mental health and fitness for work. GPs have also identified people who are not engaging with social prescribing. The occupational therapists offer these individuals one or two sessions to identify the barriers to engagement and agree actions and strategies to overcome these.

GPs have a significant responsibility for delivering mental health care, with nine out of 10 adults with mental health problems supported in primary care. In addition, GPs assess people's fitness to work. Around a third of GP fit notes are issued for a mental health or behavioural problem.

Approximately 93 per cent of GP fit notes state the person is unable to work but very few state that the person may be able to work with adjustments. People who are off sick for six months have less than 50 per cent chance of returning to work.

80 per cent of the UK population work for small and medium sized employers and they do not have access to occupational health for advice on adjustments to assist with returning to work (Newman 2018).

RCOT is in close touch with NHS Lanarkshire as it comes towards the end of a 12-month project to establish an occupational therapy service delivery model within two GP practices. Referrals are accepted for any person aged 16 or over whose physical or mental health and wellbeing is having a negative impact on occupational performance, including difficulties carrying out daily activities, problems at work and sickness absence and difficulty managing long-term conditions (see model two).

The final evaluation will measure achievement of patients' occupational goals and improvement in relevant condition specific factors e.g. pain, anxiety levels, likelihood of falling, as well as charting changes in frequency of attendance at the GP.

Our key messages to stakeholders are that occupational therapists working in primary care can reduce the pressure on GPs by enabling people living with a range of health problems and chronic conditions to:

- maximise independence and participation in daily life;
- minimise the risk of crisis situations, such as unplanned hospital admissions; and
- overcome the barriers to engaging with services such as social prescribing.

By focusing on specific population groups we have generated interest that in turn has allowed us to present proposals for new models of service delivery. To build on this, RCOT needs to hear from members about current practice and innovation.

Call to action: consider the role of occupational therapy in meeting local population need

References

Age UK (2018) The Health Survey for England 2015, cited in Later life in the United Kingdom. London: Age UK. Available at: *www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf* [accessed 23 October 2018]

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Newman A (2018) Joint Health and Work Unit presentation for AHP Fit Note networking event, Royal College of Occupational Therapists, London.

Robinson L, Tang E and Taylor J-P (2015) Dementia: timely diagnosis and early intervention, *British Medical Journal*; 350 doi: *https://doi.org/10.1136/bmj.h3029*

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