

Occupational therapy led vocational clinics in GP surgeries

Occupational therapy led vocational clinics were set up and run for nine months across eight GP surgeries in Southampton and south Pembrokeshire, Wales, funded by a Work and Health Unit Challenge Fund Grant.

The clinics were created to target people in work struggling with the two main reasons for sickness absence – musculoskeletal (MSK) and mental health problems. Patients were referred into the service by GP or practice nurse or self-referred. They were offered different levels of care depending on level of complexity and need.

Patients were provided with personalised self-management advice for their mental health and/or MSK condition (for example about pain/fatigue) and specific advice about workplace modifications using the AHP Health and Work Report. They returned for a follow up to refine the interventions before being discharged from the service. Patients were also offered the option of direct liaison between the occupational therapist and employer to help implement workplace modifications.

Outcomes

136 appropriate referrals were made during the study period (January - August 2019) but a total of 195 patients were seen overall. The clinics also had direct contact with seven employers. About half of the referrals came from GPs or Practice Nurses, the other half by self-referral. Most patients were in the 31-50 age group, two thirds were women with mental health problems either alone or alongside an MSK problem who worked between 26 and 38 hours a week (3 - 5 days).

At referral two thirds were on sickness absence from work and the rest were at work but struggling and had no workplace modifications in place. About three quarters had used a “not fit” GP fit note in the three months prior to using the service. After the occupational therapy intervention, the sickness absence rate dropped from 71% to 15% and use of “not fit” GP fit notes reduced from 76% to 31%.

What changed for the average patient?

80% of patients had at least one face to face session and the average duration of clinic time per patient was two hours and 12 minutes (including admin time). Most patients also had telephone contact with the clinic and about a third had email contact. About half of the patients used Step 2 level of care which was up to three contacts with the service. Five employers had worksite visits, and these ranged from 30-90 minutes duration.

A smaller group of patients (52) completed a baseline pack of standardised questionnaires and 30 of these patients returned the questionnaires three months after referral into the service. Three quarters of this group were female with mental health problems (like the larger group) but were younger (29-38 years of age) and worked longer hours (just over half worked between 31 and 50 hours a week or 4- 6 days week). 50% were on sickness absence.

When the questionnaires were repeated three months later, sickness absence had reduced from 50%

to 17% and most scales indicated a slight improvement particularly for measures of perceived work ability, mental wellbeing and general health. Almost two thirds had shared their AHP Health and Work Report with their employer and a third had used it for sick pay purposes.

From this smaller group, 14 patients were interviewed about their experiences of the service. Most of them valued the clinic, particularly because of its accessibility and the fact that they got longer than the usual GP appointment to explore their work and health situation.

They found the mental health support and employer mediation was important to build confidence and skills. Signposting to sources of information/support and exploring workplace modifications/alternative options were also valued. While some perceived the emphasis on return to work negatively, others thought the clinics had prevented them from returning to work too early.

In addition, interviews were also held with 12 stakeholders (occupational therapists, GPs, nurses, practice manager, patient's employers) which were generally positive. Some employers although initially unfamiliar with the AHP Health and Work Report, found it constructive and GPs felt the clinics had reduced their workload. Several stakeholders wanted the clinics criteria extended to include unemployed people.

I personally think they (occupational therapists) would make a massive impact in primary care. GP

Full results

Nouri F, Coole C, Smyth G, Drummond A. (2020) *The Allied Health Professions Health and Work Report and the fit note: Perspectives of patients and stakeholders*. British Journal of Occupational Therapy. doi: 10.1177/0308022620948763

Drummond, A., Coole, C., Nouri, F. et al. (2020) *Using occupational therapists in vocational clinics in primary care: a feasibility study*. BMC Fam Pract 21(268). doi: 10.1186/s12875-020-01340-5. Available at: <https://rdcu.be/ceePp>

Next steps

Occupational therapists are increasing in numbers in primary care with Wales and Scotland leading the way after successful pilots. In addition, occupational therapy is included in the Additional Role Reimbursement Scheme in England with First Contact Practitioner roles emerging, which will help GP surgeries set up similar clinics. For more information contact Genevieve.Smyth@rcot.co.uk.

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