
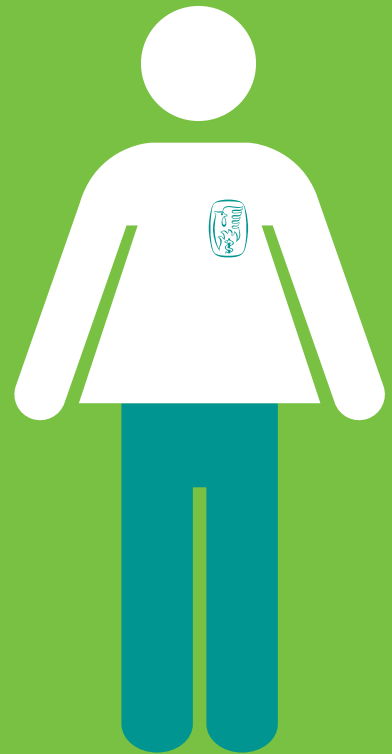


Reducing the pressure on hospitals



A report on the value
of occupational therapy
in **ENGLAND**



College of
Occupational
Therapists



Occupational Therapy
*Improving Lives
Saving Money*

#ValueofOT



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Foreword

No one wants to go into hospital. The reality is that too many are admitted unnecessarily.

During 2015–2016, occupational therapists gathered data to demonstrate exactly how their services enable more people to either avoid admission to hospital or return swiftly home. This report is the culmination of their work. Policy leads and managers of health, care, housing and other services cannot fail to find the contents useful and informative when developing or reviewing services.

The report details how occupational therapists can not only reduce unnecessary transfers into both A&E departments and admissions, but also ease the patient's journey and ensure timely, appropriate and safe discharge home. Those that receive help from an occupational therapist prior to, or during, their stay in hospital have better outcomes and are unlikely to require rapid, costly and upsetting readmission.

Occupational therapists are unique in that they are trained to work within both health and social care settings, and across mental and physical health. This knowledge enables them to navigate care and support systems efficiently, liaise appropriately, and work effectively in multidisciplinary settings; they are the key workforce when it comes to reducing hospital-related pressures. Put simply, occupational therapists deal with many of the impediments that often prevent a safe, speedy and satisfactory discharge home. This report will tell you how.



Julia Scott
Chief Executive Officer, College of Occupational Therapists

“ Occupational therapists are unique in that they are trained to work within both health and social care settings, and across mental and physical health ”

Executive summary

The case for change

Based on service examples collected over a 12-month period, this report focuses on the value that occupational therapists are bringing to improve patient outcomes and maintain the flow of patients in and out of hospital. Investing in occupational therapy has the potential to improve care quality without increasing overall hospital spending. A further report will be published in Spring 2017 demonstrating the contribution occupational therapists make to bridging the gap between health and social care, another vital element that will reduce demand on primary and social care services and the system as a whole.

The NHS is facing unprecedented demand and financial pressure. This report outlines the role occupational therapists are playing in realising the vision of the *Five Year Forward View*¹ and achieving sustainability within services, and how best practice can be rolled out more broadly across the NHS. 98% of occupational therapists are confident that they can play a key role in keeping people at home and avoiding admission into hospital.

The ongoing financial crisis in the NHS has resulted in NHS England announcing a financial 'reset'. Through Sustainability and Transformation Plans (STPs), Trusts and Clinical Commissioning Groups (CCGs) must deliver and commission local healthcare, prioritising the coordination of patient care and elevating the prevention and care pathway integration agenda. There is wide recognition that early action, prevention of admission to hospital and an enabling or reabling approach can both improve people's outcomes and save money. This sits in perfect harmony with the philosophy and principles of occupational therapy.

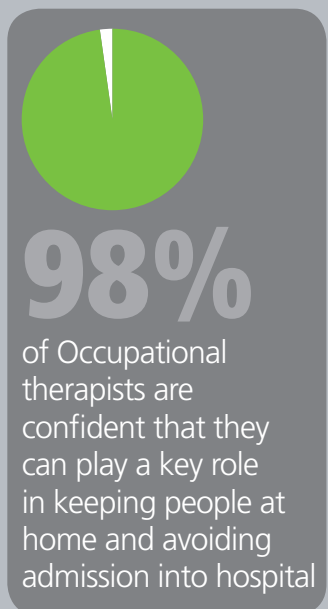
The refocus in healthcare delivery is happening during a silent crisis in social care, with estimates that a £1.1bn funding gap will open by 2020 between the demand for care and monies available. Health and social care are inextricably linked, and occupational therapists are the professionals that can seamlessly bridge the health and social care divide.

Why occupational therapy?

The College of Occupational Therapists is calling on commissioners and service providers to recognise the true value that occupational therapists can provide in helping the health and care sector develop into a service that is both highly efficient and meets the needs of patients. Shifting towards integrated care pathway delivery models that focus on maintaining or regaining an individual's independence, is not a new concept for occupational therapists.

With insufficient social care funding, the NHS will struggle to make the efficiencies required if vulnerable people are not given the community support they need. These patients cannot move in and out of hospital when only health needs are addressed, unless there is appropriate care support in their local areas. Occupational therapists work across, and within, health and social care and understand the importance of this interplay in preventing readmission or repeat crises – as such, occupational therapists must be considered as an integral part of the solution.

“ The NHS is facing unprecedented demand and financial pressure **”**



¹NHS England (2014) *The NHS five year forward view*. London: NHS England.

Recommendations

The College has focused its six key recommendations on how occupational therapists can enable appropriate 'hospital flow', highlighting the unique work and value that occupational therapists can bring to health and social care. Given the role occupational therapy plays in improving peoples' lives and enabling resources to be used effectively, the College urges stakeholders to reconsider the size, deployment and utilisation of this versatile workforce.

This report presents clear recommendations with strong supporting qualitative data, showing the beneficial impact occupational therapists are having on patient health experience and quality of life. Vitally, in a system that is struggling with its current financial settlement this report demonstrates that occupational therapists make efficiency savings while improving the patient experience.

The Northumbria NHS Foundation Trust, which received an Outstanding rating in May 2016 from the Care Quality Commission, recognises the valuable contribution of occupational therapists.

David Evans, the Chief Executive, has said

"A recent Parliamentary report on the discharge of patients from hospital identified us as having the lowest number of 'delayed discharges' in the UK. Without doubt this is because of our integrated service model which places occupational therapy teams as core members of our planning for home and facilitated discharge teams."

"The boundaries which sometimes exist between organisations and teams never act for the benefit of patients. By removing barriers and boundaries and taking an integrated approach to service provision we have provided a high-quality service which will continue to improve, and which allows occupational therapists to take a leading role in supporting individuals in their communities."

The College calls on commissioners and service providers to adopt the following recommendations.

Reducing admissions to hospital

Recommendation 1:

To prevent falls-related admissions, there must be increased partnership working between occupational therapy services and ambulance services when responding to falls.

Rationale:

Occupational therapists support older people to avoid unplanned admissions into hospital by working in partnership with paramedics, responding and addressing issues related to falls – a principal reason for hospital admission among older people.

Recommendation 2:

All rapid response and acute and emergency care services must have occupational therapists embedded within the multidisciplinary teams.

Rationale:

Occupational therapists involved directly with acute and emergency departments can reduce admissions on to hospital wards. Trained to assess a person's cognitive, physical and functional abilities, occupational therapists can expedite safe discharges. Working across boundaries, occupational therapists can ensure care needs are appropriately highlighted to primary and community care services, freeing up capacity for acute and emergency services.

Reducing time in hospital

Recommendation 3:

To achieve optimum patient flow and fast-paced assessments, commissioners must include occupational therapy in funding for out of hours services.

Rationale:

Higher levels of people are discharged home where occupational therapists are working extended hours and seven days a week².

Recommendation 4:

All multidisciplinary admission and discharge teams across the hospital environment must include occupational therapists, with therapy-led discharge planning for people with complex health care needs.

Rationale:

Occupational therapists play a crucial role in achieving successful transitions between services. Daily meetings should include occupational therapy staff to review the progress of patients being discharged, in order to identify needs to facilitate a safe and timely discharge.

Successful transition and discharge

Recommendation 5:

To ensure timely and successful discharge, commissioners and providers must support the development of therapy-led services.

Rationale:

Cheaper than the traditional medical model workforce, occupational therapists make cost savings for services whilst improving outcomes for patients.³

Recommendation 6:

Commissioners and providers, in both health and social care and other relevant government departments, must put occupational therapists at the forefront of reablement and community support programmes.

Rationale:

Reablement (enabling return to occupational abilities) reduces delayed discharge and untimely readmissions.

Gold-standard community support must offer more than just a return to basic daily living activities to ensure, improve and maintain a person's overall health and wellbeing.

² Eckford SR, Bartrum S, Gargett K (2010) Reducing unnecessary admissions. *OTnews*18(5), 31.

³ Rogers, AT, Bai, G, Lavin, RA., & Anderson, G F (2016) Higher hospital spending on occupational therapy is associated with lower readmission rates. *Medical Care Research and Review*, 1–19. dx.doi.org/10.1177/1077558716666981 [See more at: <http://www.aota.org/Publications-News/AOTANews/2016/Occupational-Therapy-Reduces-Hospital-Readmissions.aspx#sthash.KXg8uy6G.I05VdsPx.dpuf>]

Reducing admissions to hospital

With the unprecedented rising demands on hospital capacity, resources and finances in England, this report identifies how occupational therapists can reduce the pressure on urgent and emergency care pathways. Based on examples collected by the College of Occupational Therapists from occupational therapists over a 12-month period, this document showcases the value of occupational therapists across the NHS in improving patient outcomes and easing the flow of patients in and out of hospital.

NHS England's landmark *Five Year Forward View*⁴ set out the future vision for the NHS, where NHS England's Chief Executive, Simon Stevens, emphasised the need for a focus on prevention to achieve the annual NHS efficiencies needed to meet the health needs of an ageing population within budget restraints. The ongoing financial crisis in the NHS has resulted in a financial reset and the establishment of a Sustainability and Transformation Fund. Through the new Sustainability and Transformation Plans (STPs), Trusts and Clinical Commissioning Groups are tasked with delivering and commissioning healthcare across the local population, prioritising the coordination of patient care, and elevating the prevention and care pathway integration agenda. This resonates with the occupational therapy profession.

Occupational therapists are active health enablers. They differ from other health professionals in that they do not try to fix or cure the medical problem but rather endeavour to fix 'what matters to the person', so that they can participate in the occupations they need, want or are expected to do. Occupational therapists understand the significant impact that occupations and daily living routines have on peoples' health and wellbeing. This approach enables people who are frail or living with chronic conditions to manage their health while continuing with daily life. Proactively supporting people in their communities helps to reduce costs associated with escalation of poor health as well as improving population health. Prevention is therefore key.

The prevention agenda

Recommendation 1: To prevent falls-related admissions, there must be increased partnership working between occupational therapy services and ambulance services when responding to falls.

Falls are the most common cause of death from injury in the over 65s, making this a crucial area for preventative action. Accounting for 40% of ambulance call-outs, falls are also the single biggest reason for emergency hospital admissions for older people.⁵ Falls also represent a key factor in older people moving into long-term nursing or residential care as they can no longer cope at home. Occupational therapists lead on falls prevention in older people, in many services. Evidence from the College of Occupational Therapists Falls guideline⁶ was used in the National Institute for Health and Care Excellence quality standard Falls in older people: assessment after a fall and preventing further falls.⁷

Occupational therapists in **care homes** can reduce falls by **67%**

Source: Advancing Healthcare Awards 2014

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⁴ NHS England (2014) *The NHS five year forward view*. London: NHS England.

⁵ Age UK (2016) *Later life in the United Kingdom*. London: Age UK. Available at: http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

⁶ College of Occupational Therapists (2015) *Occupational therapy in the prevention and management of falls in adults*. London: COT. Available at: <https://www.cot.co.uk/publication/z-listing/occupational-therapy-prevention-and-management-falls-adults-practice-guideline>

⁷ National Institute for Health and Care Excellence (NICE) (2015) Quality Standard [QS86] *Falls in older people: assessment after a fall and preventing further falls*. NICE. Available at: <https://www.nice.org.uk/guidance/qs86/ifp/chapter/assessment-after-a-fall-and-preventing-further-falls-in-older-people>

Westminster Falls Prevention Service targets people with a history of falls or individuals who are at high risk. The service offers rehabilitation and/or attendance at a 12-week strength and balance programme designed to increase physical capability and confidence, improve balance, and reduce fear of falling. On completion of the programme people can continue to attend falls prevention groups in partnership with a voluntary organisation. Follow-up on attendees a year post discharge reveals a 60% reduction of falls, 55% fewer fractures, 92% fewer A&E admissions, and a 80% reduction in GP appointments compared to the year prior to intervention.

More examples of how occupational therapists can impact on the prevention agenda can be found in the College's *Urgent Care: the Value of Occupational Therapy* report.⁸ Prevention and early intervention to prevent disease or reduce the impact of disability can help support individuals in maintaining healthy lifestyles. These are key patient outcomes for occupational therapists in primary care.

Occupational therapists are involved in innovative care pathways with ambulance services to triage and address patient needs more effectively once a person has requested urgent assistance.

Falls Response Service

In Lancashire, in the 12 months before January 2016, 78% of people who received an innovative joint assessment between a paramedic and an occupational therapist were able to remain at home. This partnership is called the Falls Response Service (FRS) and has been set up by East Lancashire NHS Hospitals Trust and North West Ambulance Service (NWS). The FRS is sent out to 999/111 calls from people who have fallen but do not have an apparent injury, as the multidisciplinary team is able to simultaneously check for health concerns that need immediate attention as well as assessing what caused the fall and establishing future preventative measures.

This is a dramatic reduction from the previous rate of 70% of people being taken to hospital, as the FRS partnership conveys less than 23% of those it assesses. During the pilot period of January to September 2015, the FRS completed an average of three ten-hour shifts a week. The savings to the emergency department have been calculated at **£27,000**, based on 214 calls costing an average of £126 per incident. The pilot has now been made permanent.

Occupational therapists and paramedics in action

The East Lancashire Falls Response Service crew responded to a 98-year-old lady lying on the floor following a fall in her bedroom upstairs. She had been found by her daughter who then called 999. The paramedic carried out a comprehensive check for injuries which was negative, allowing the occupational therapist and paramedic to proceed to assist the patient to get off the floor and onto her bed.

Further medical observations by the paramedic came back clear and the occupational therapist then assessed the lady's ability to move around her home, along with her strengths and abilities to manage occupations and her safety within the home. After speaking to the patient and her daughter, an action plan was agreed upon and implemented following the initial emergency visit.



78%

In Lancashire, in the 12 months before January 2016, 78% of people who received an innovative joint assessment between a paramedic and an occupational therapist were able to remain at home

“ occupational therapists can reduce the pressure on urgent and emergency care pathways ”

⁸ College of Occupational Therapists (2015) *Urgent care: the value of occupational therapy*. London: COT. Available at: <https://www.cot.co.uk/publication/z-listing/urgent-care-value-occupational-therapy-england>

“

The paramedic and occupational therapist who attended were extremely friendly, professional and informative. They treated me with the upmost dignity and respect. They explained everything they did and why

”

Occupational therapists working with **paramedics** keep more than **75%** of callers at home



Source: Urgent Care: The Value of Occupational Therapy. (2015)

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The occupational therapist ensured that a walking frame, commode and perching stool were provided and a referral made for carers to visit daily to assist with personal care. On advice, the family arranged for the lady's bed to be moved downstairs and a key safe to be fitted to allow the carers to enter.

“The paramedic and occupational therapist who attended were extremely friendly, professional and informative. They treated me with the upmost dignity and respect. They explained everything they did and why.”

Female patient aged 56.

Patient data backs up the need for a fresh look at the prevention agenda, as English emergency departments are increasingly struggling to meet the rising demand they are facing. A review by the National Audit Office on emergency hospital admissions in 2013 said: *‘The main factors behind the increase in emergency admissions include the slowness with which the NHS has developed effective alternatives to admission to hospital’.*⁹

“Our forecasts suggested that by 2020/21 the NHS could be spending over £760 million annually on in-hospital care for patients who have no medical need to be there. We believe that resolving this difficulty will require a major shift towards a preventative approach to public health, with emphasis placed on reducing both initial patient admissions to hospital and readmissions of patients previously discharged.

We see a vital role for occupational therapy in realising this vision, for instance in ensuring patients’ homes are appropriately adapted to allow them to avoid accidents and injury, or to accommodate their additional needs after a spell in hospital – with the potential to both promote more efficient spending within the health and care system and improve patient wellbeing.”

Duncan Sim, Senior Policy and Projects Officer at independent think tank, ResPublica.

What makes for a good service? Key factors for preventative partnership services:

Taking the person, the environment and the person's occupations into account, occupational therapists can minimise the risk of further falls and prevent unnecessary admission by:

- Assessing the home and advising on home modifications
- Addressing fear of falling
- Advising on how to incorporate activities to improve strength and balance into daily occupations and routine.

⁹National Audit Office (2013) *Emergency admissions to hospital: managing the demand*. London: NAO. Available at: <https://www.nao.org.uk/report/emergency-admissions-hospitals-managing-demand/>



Inside the emergency department

Recommendation 2: All rapid response and acute and emergency care services must have occupational therapists embedded within the multidisciplinary teams.

In the first three months of 2016, Accident and Emergency (A&E) attendance rose by 2.5% compared to the previous year, and admissions direct from the emergency department were even higher at 3.1%. This translates into an additional footfall of 567,700 people at English A&Es, generating a further 125,000 new inpatients in 2015/16 compared to 2014/15. Unsurprisingly, with such a rise in demand, the last quarter of 2015/16 gave a stark picture of worsening A&E performance. Only 87.9% of people arriving into English A&Es were either admitted or discharged within four hours – far below the 95% target.¹⁰

The College's work over the past year has shown that occupational therapists involved directly with the emergency department can bring down admissions on to hospital wards and the overall number of visits to A&E.

Occupational therapists are playing a crucial role on crisis/rapid response, admission avoidance and proactive care teams, which all work to reduce unplanned admissions to hospital and prevent unnecessary attendances at A&E. Occupational therapists are working within these multidisciplinary teams to review a person's routine, home environment, use of assistive equipment, ability to move safely within the home and their cognition, as well as their care needs.

An important success factor from a recent member survey highlighted that well-run crisis response teams or similar enabled local authorities, primary care services and GPs to make referrals directly into the team.

Crisis Response Teams

The Plymouth Community Crisis Response Team is a multidisciplinary team operating seven days a week. Occupational therapists pick up referrals relating to activities of daily living, personal care and mobility.

Within two hours, an urgent care assessment is carried out and an intervention plan is put in place to provide advice, information and support, a care package and/or equipment. The occupational therapist can also assess a person's moving and handling risk and put in place a falls management plan.

The team measures effectiveness by looking at occupation and quality of care outcomes, assessing a person's ability to return to their normal routines with the usual levels of dependency and confidence previously shown, as well as the timeliness of the team's response and any resulting reductions in hospital admissions.

The Plymouth team sees an average of 1,200 referrals every year, with approximately **88%** of referrals not resulting in admission into hospital. With the average cost of a non-elective hospital admission running at £2,888 per person, that success rate gives rise to potential savings of over **£3m per year** (£3,049,728) as well as freeing up capacity within the urgent care pathway.

For occupational therapists to work effectively in A&E, timely access to patients is vital. 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. Having occupational therapists at the 'front door' of A&E departments enables them to make rapid interventions to ensure that people are admitted to hospital only for urgent medical need.

Using their unique combination of health and social care training, occupational therapists can complete a holistic assessment from inside the emergency department. By looking at a person's cognitive abilities, mobility and function combined with their past medical history and family, home and social support available, occupational therapists can routinely recommend

¹⁰ The King's Fund (2016) Quarterly monitoring report 19: NHS performance dashboard. Available at: <http://qmr.kingsfund.org.uk/2016/19/data#/0718f365-c163-4e63-95c3-c20a5fc17e45>

planned discharges based on a person's ability to engage with their daily occupations once back at home. This allows any ongoing care needs to be safely transferred back into primary and community care, freeing up capacity for A&Es to deal with those patients with immediate need.

In June 2015, the Royal College of Emergency Medicine championed the call for A&E to be a hub, not a department, supported by co-located primary care services, such as Frailty Teams and Out-of-Hours Primary Care Teams.¹¹ Where occupational therapists are working in such teams they are having a positive impact, as demonstrated in the examples in this report, but this needs to be adopted nationally to have true impact.

The inclusion of occupational therapy is not only better for the patient, but the efficiency savings can be clearly demonstrated. Here are some of the many examples that show that where specialist occupational therapists are embedded in A&E, Frailty Teams or Rapid Response Teams, there is reduction in unnecessary admissions.

In 2015, 2,463 patients were treated by a rapid response team of occupational therapists and physiotherapists in Barnet Hospital's A&E, 83% of whom were discharged directly from the emergency department. With the average length of stay for patients admitted from Barnet Hospital A&E being 8–11 days, managing admissions appropriately clearly impacts on the bed capacity in this local hospital.

Similarly an occupational therapy-led service based inside the emergency department at the Imperial College Healthcare NHS Trust, saw a discharge rate of 79% per month, with 6% of patients discharged to rehabilitation or interim care. Only 13% were found to need admittance based on medical need.

A rapid response multidisciplinary team, which includes occupational therapists, established in a community clinic in north London saves approximately £1,800 per hospital admission it prevents. An A&E occupational therapy team working out of St Richard's Hospital in Chichester has also seen significant financial savings. Its occupation-focused assessments across the emergency department have seen 70% of patient referrals prevented from admission to acute hospital beds. With 78 patients per month being offered support at home, the team has estimated that it saves £169,304 per month by using community reablement services as opposed to care in an acute hospital beds.

It is important to recognise that health services cannot operate in isolation and this report will later discuss the need for a joined up integrated approach to health and social care. Rapid discharge from the emergency services is not possible without sufficient community support available from occupational therapists and the wider workforce to ensure that the community remains a safe environment for those with additional needs.

Calderdale and Huddersfield NHS Foundation Trust found that where occupational therapy services were provided via both a clinical decision unit and medical assessment unit, 67% of patients were discharged rather than requiring ongoing hospital admission. Based on an average inpatient stay of £270 a night, a saving of £542,619 was made.

What makes for a good service? Key factors for A&E services:

- Occupational therapists directly involved in A&E services
- Open referral from all relevant sources and daily review by the occupational therapist and the multidisciplinary team
- Provision of a rapid timely response
- Expertise in working across health and social care boundaries
- Holistic assessment of the person's routines, mobility, home environment, use of adaptive equipment, cognition and care needs
- Multidisciplinary teamwork.

¹¹ Royal College of Emergency Medicine (2015) *Ignoring the Prescription*. London: RCEM. Available at: http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Reports_and_Briefings/RCEM/Quality-Policy/Policy/Reports_Briefings.aspx?hkey=e8bd132d-7c5e-426d-b0ac-d06e5ccb3293



Reducing time in hospital

“ we must maintain our focus on getting better value from the NHS budget...”



To achieve optimum patient flow and fast-paced assessments, commissioners must include occupational therapy in funding for out-of-hours services

In its 2015 report, the independent charity The King's Fund acknowledged that with the NHS focused on making vast monetary savings services must maintain their focus on 'getting better value from the NHS budget. This means maximising the outcomes produced by the activities the NHS carries out, while minimising their costs'. The King's Fund believes this cannot be achieved without encouraging and engaging with clinical staff to 'change the way in which care is delivered'.¹² The College agrees with this assessment – timing and access to services is linked to positive outcomes for patients.

Out-of-hours care

Recommendation 3: To achieve optimum patient flow and fast-paced assessments, commissioners must include occupational therapy in funding for out-of-hours services.

It has been demonstrated that occupational therapy is most effective within acute and emergency care when the therapists are an integral part of the team. If they are involved in reviewing admissions, they are able to identify people who require an assessment and offer a timely intervention.

For effective care, commissioners need to stop seeing occupational therapy as an office hours job, as research shows that therapists can only be an integral part of a team if they are available when needed.

At the Royal Free Hospital NHS Trust, Barnet Hospital's Rapid Response Therapy Team, already recognised earlier for its ability to deliver efficiency savings in A&E, ensure parity of service across the seven-day week:

Therapy Performance 2015

Outcome	Weekday	Weekend	Total
Prevention of admission	84.37%	78.65%	83.05%
Admission	15.63%	21.35%	16.95%

Seven-day working can facilitate smooth patient flow by ensuring staff are available to offer interventions when patient need arises, not waiting until Monday morning. The College has also seen a positive impact when occupational therapists are considered for funding designed to ease pressure points or episodes of intense demand. The Barnet Rapid Response Team, for example, owes part of its success to having secured additional occupational therapy capacity via winter pressure funding for 2014.

On-call availability also supports the delivery of fast-paced and comprehensive assessments. At the Home First Service based in Cumberland Infirmary Carlisle, weekends are covered between 8am and 4pm by an occupational therapist and physiotherapist. In the three months from November 2015 to January 2016, this weekend cover enabled the service to save an average of 344 bed days per month, totalling 1,033 bed days over the pilot period.

¹² The King's Fund (2015) *Better value in the NHS*. London: The King's Fund. Available at: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/better-value-nhs-Kings-Fund-July%202015.pdf

Seven-day services saving money

The Urgent Care Therapy Team based in Barnsley Hospital Foundation Trust in South Yorkshire is in operation 8am to 6pm seven days a week, 365 days a year. A team of ten therapists (full and part time hours) and a therapy assistant, cover A&E, the Acute Medical Unit and Clinical Decision Unit to prevent unnecessary hospital admission by assessing and treating patients who are medically fit for discharge.

Interventions include full assessment to consider pre-mobility, transfers, cognition and falls risk, in relation to occupational performance; liaison with carers and other professionals involved; referral to other services such as reablement and community; and provision of equipment.

In the three months prior to April 2014, the team saw:

- 711 contacts in A&E and the Clinical Decision Unit, with 83% discharged (590 patients)
- 366 contacts in the Acute Medical Unit, with 31% discharged (113 patients)
- In total 703 out of 1077 patients assessed were discharged

With an average time of 60 minutes spent with each patient, the team estimates over the three months that **£1,989,338** was saved by preventing non-elective admissions.

What makes for a good service? Key factors for urgent care services:

- Out-of-hours funding for occupational therapy provision
- Service available to match patient need
- Full assessments considering pre-mobility, transfers, cognition and falls risk, in relation to occupational performance
- Liaison with carers
- Close liaison with, and speedy mobilisation of, social care and community services

Optimising patient care

Recommendation 4: All multidisciplinary admission and discharge teams across the hospital environment must include occupational therapists, with therapy-led discharge planning for people with complex health care needs.

To have an effective multidisciplinary, seven-day approach, the balance of disciplines must reflect the needs of the population it serves. When planning the configuration of services, it is vital to ensure that the right professionals with the right skills are employed to meet the needs of the local population. Preparing people to manage their condition and health and social care needs at home requires expertise in goal-setting, managing daily living and, adapting and adjusting to overcome barriers.

In comparison to the role of doctors and nurses, the value of the allied health professions (AHPs) is less well understood; they are often seen as an 'add on'. It is therefore imperative to commission expertise to address need, which is proven to improve patient experience and offer the right range of interventions to help bring people back to health. Professor David Oliver, Visiting Fellow from The King's Fund, cites that *"AHPs are critical in getting patients back to their own home quickly from the front door of the hospital and ensuring good inpatient rehabilitation and discharge planning."*

“The biggest challenge facing every local health and social care economy is preventing vulnerable and older people going into hospital when they don’t need to and, if they do, supporting them to get home quickly and stay well afterwards. Occupational therapists play a vital role in helping to make these things happen. Their work improves the health and wellbeing of patients, reduces the unnecessary costs of avoidable admissions to hospitals and overlong stays on a ward, and improves people’s experience of moving around the care system. They are an essential part of the wider NHS team providing person-centred care that ensures we have sustainable hospitals working best for patients.”

Phil Hope, former Government Care Services Minister

The role of occupational therapists in delivering person-centred care also applies to mental health hospital services. As this service example demonstrates, reviewing the multidisciplinary mix within teams and the levels of experience and responsibilities required can improve clinical outcomes for patients.

Occupational therapists treating Obsessive Compulsive Disorder (OCD)

The Anxiety Disorders Unit at Bethlem Royal Hospital, part of South London & Maudsley NHS Foundation Trust, offers a National Specialist Inpatient Service for treating people with OCD.

When increasing its bed numbers, the unit reviewed its staff mix to increase occupational therapy input from 0.5 Whole Time Equivalent (WTE) to two WTE. The new configuration reduced admission costs and provided a more cost-effective service. With two WTE posts as opposed to 0.5 of a WTE post, it was established that there was an increased level of statistically significant symptom reduction as measured on the Yale Brown Obsessive Compulsive Scale (YBOCS). Once clinical effectiveness had been proved, these two changes in outcomes and different costs were run through an incremental cost effectiveness ratio, which showed the savings that commissioners could make for improvements in the YBOCS scores. Cost per 12-week treatment per person reduced from £21, 672 to £19, 488, a difference of £2,184 per person, that could provide a potential annual cost savings for the unit of **£157,248**.

Occupational therapists, with their integrated approach, help patients to navigate across the artificial boundaries of health and community settings. This vital integration provides a joined-up approach that avoids duplication and ensures greater consistency of care, which helps people get to know how to access the support they and their family need.

As NHS England has an emphasis on designing and providing services to meet local need, there is not an accepted single model of best practice but different models are emerging in vanguard sites, which highlight the important role occupational therapists, for example:

- Occupational therapists have been deployed in Harrogate and Rural Clinical Commissioning Group (CCG) to reduce emergency admissions by creating integrated universal care plans.
- Derbyshire Community Health Services NHS Foundation Trust has engaged therapy support in its multidisciplinary prevention team to stop crisis escalation in those with long-term conditions.
- Many of the other vanguard sites, such as NHS Dudley, have focused on supporting people to live more independently in their own homes.

There is great potential for occupational therapists to become embedded in other pioneering integrated care delivery projects. For example, South Warwickshire Foundation Trust (SWFT) is the main community services provider for the county of Warwickshire. Here, social care workers will integrate with SWFT’s intermediate care team to launch a ‘HomeFirst’ service, aimed to ease the hospital discharge process, respond to crises in patients in the community, and promote independence and continuity of care. With occupational therapists already working within the Trust’s integrated care division and its early supported discharge ‘HomeSafe’ programme, this new development is a key area in which occupational therapists should be deployed.

Although this report is focused on hospital care, it is evident that where occupational therapists have been working out of GP surgeries, emergency patient admission reduces. In Gateshead an occupational therapist dealt with 60 referrals in her



first three months of secondment to a GP surgery. The practice manager concluded that without the occupational therapist's intervention, many of her patients would have been rebounding "in and out of casualty".

The College firmly believes that care delivery cannot be transformed if the values and skills of allied health professionals, of which occupational therapists are an essential component, are not recognised and utilised.

Health leaders are now recognising the innovations occupational therapists can bring to new ways of working through their core dual training and holistic approach.

"Occupational therapists are usually very creative and driven to deliver, which means they often find themselves in roles where they are leading on new ways of working and informing organisational changes which are required to underpin our transformational work."

Joe Rafferty, Chief Executive of Mersey Care NHS Foundation Trust

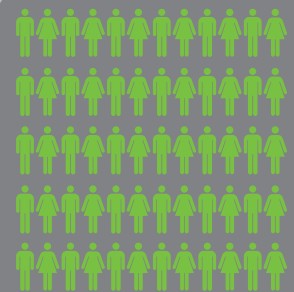
Therapy-led services are a more effective model than traditional services when rehabilitation has been identified as the main need. In reviewing the effectiveness of patient goal-setting Plant et al (2016)¹³ concluded that staff's knowledge, experience, skills, and engagement with goal-setting can be either a barrier or a facilitator. Occupational therapists are facilitators. They focus on what a person needs and wants to be able to do to return to their community and consider the environment and how it supports or hinders the person in their daily occupations. It is this understanding and expertise that is pivotal in supporting patients to set goals that enable them to return to living independent lives.

Occupational therapy-led stroke unit:

NHS Grampian has two stroke units, one led by a consultant occupational therapist and the other follows a medical model. In 2014 the median length of stay in the consultant occupational therapist-led unit was 28 days and 55 in the other. In 2015 a similar result: 27 and 59 days. The consultant occupational therapist is now responsible for some of the beds on the second unit in order to support a similar person-centred rehabilitation process, which has an impact on the effectiveness and efficiency of services. Patients have reported increased satisfaction and improved ability to engage in their chosen occupations, including ability to return to roles at home, at work and socially.

¹³ Plant SE, Tyson SF, Kirk S, Parsons J (2016) *What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis.* *Clinical Rehabilitation.* 30(9), 921-930. [online] Available at: <http://cre.sagepub.com/content/30/9/921.full>

“Occupational therapists, with their integrated approach, help patients to navigate across the artificial boundaries of health and community settings”



In Gateshead an occupational therapist dealt with 60 referrals in her first three months of secondment to a GP surgery.

Occupational therapists on **acute medical wards**



can cut stays from
9.5 days to 1



Source: Urgent Care: The Value of Occupational Therapy. (2015)

#ValueofOT

"I had a clear goal, but what I had difficulty with was 'how am I going to achieve that'... because we do tend to sit back and look at the bigger picture, but what reablement helped me to do was actually say 'what do I need [to do] in stages to get to that?'"

Service User

Occupational therapy-led reablement service:

The occupational therapy-led reablement service in Croydon, part of South London and Maudsley NHS Foundation Trust, for people with mental health problems has been demonstrated to have a positive impact on people's mental wellbeing, their mental health and social functioning.

The cost of the programme for each person was approximately £352 (8 sessions of occupational therapy). During the evaluation period 80% of participants completed the reablement programme with 90% of these participants discharged back to their GP rather than to a community mental health team (CMHT) or other mental health services. The average cost of a contact with a GP service is £44 whereas a CMHT averages at £189 per contact.¹⁴

What makes for a good service? Key factors for rehabilitation and reablement services:

- Occupational therapists leading teams
- Expertise to support patients in setting goals that enable them to return to living more independent lives
- Innovations from occupational therapists to bring to new ways of working through their core dual training and holistic approach
- Skilled staff who are trained to work across hospitals and community settings
- A focus on patient experience and outcomes related to quality of life.

¹⁴ Treacy S, Reidy H & Webber M (2015) *Evaluation of the Croydon Reablement Service*. York: University of York. Available at: <https://www.york.ac.uk/media/spsw/documents/cmhsr/CroydonReablementEvaluation2015.pdf>



Successful transition and discharge



Occupational therapy plays a critical and often lead role in the discharge of patients from hospital at multiple patient contact points



98%

Results from surveying members of the College indicate that 98% of occupational therapists believe they can play a significant role in the effective discharge of patients

The end of June 2016 saw 6,105 patients experiencing a delay in their discharge from hospital, an increase of 18% compared to the same period last year (4,996 delays). Delayed transfers of care now account for 1.15 million bed days lost for the NHS annually.

The National Audit Office (NAO) has estimated older patients discharge delays are costing the NHS around £800 million a year. Its report, published in May 2016, focused on the failure to address “long-standing barriers” between health and social care and ‘unacceptable variation in local performance’.¹⁵

The College’s findings echo those by the NAO. Evidence exists of excellent local practice where occupational therapists are fully utilised to help patients get home when they are medically fit. Despite this, regional variation, is all too apparent. The negative impact of being in hospital when it is no longer necessary is well documented, and it is well known that occupational deprivation exacerbates long-term dependence.

The College has identified that the issues occurring in discharge are two-fold: timely in-hospital assessment plus associated discharge planning and secondly the lack of a robust social care system to take on the care requirements of those in need.

The discharge pathway

Recommendation 5: To ensure timely and successful discharge, commissioners and providers must support the development of therapy-led services.

Occupational therapy plays a critical and often lead role in the discharge of patients from hospital at multiple patient contact points. Results from surveying members of the College indicate that 98% of occupational therapists believe they can play a significant role in the effective discharge of patients. Many patients have complex co-morbidities and social situations which need resolutions within a rapid time frame, so a successful discharge requires liaison with a vast range of personnel and organisations. Every day, occupational therapists work with families and friends, community rehabilitation teams and nursing teams, homecare and residential care providers, third party organisations and adult social care and housing services, to help secure the best support for their patients’ needs.

With such in-depth knowledge and experience of discharge, occupational therapists have proven to be very innovative in reconfiguring the discharge pathway when given the opportunity to do so.

Sheffield Teaching Hospitals NHS Foundation Trust helped pioneer the ‘discharge to assess’ model, where patients leave hospital as soon as they are medically fit to have their support needs assessed at home, ensuring patients are not needlessly delayed waiting for discharge reports or assessments.

A report by the charity The Health Foundation¹⁶ found that in 2013, the Sheffield Teaching Hospital Trust’s frailty unit saw a 34% increase in patients being discharged on the day of their admission or the following day, with no increase in the proportion of patients readmitted to hospital. Over time the Trust has seen bed days reduce from 9.5 days to one day. Looking at the cost difference between in-patient and home care, the charity has estimated that the cost saving per patient could be as much as £2,000 each.

¹⁵ National Audit Office (2016) *Discharging older people from hospital*. London: NAO. Available at: <https://www.nao.org.uk/report/discharging-older-patients-from-hospital/>

¹⁶ 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: <http://www.health.org.uk/publication/improving-patient-flow>

This is just one among many on-the-ground examples of how occupational therapy assessments are instrumental in identifying community healthcare needs and facilitating discharge from hospital wards.

The College recommends that daily ward meetings include therapy staff to look at the progress of patients being discharged. For example, the Chief Executive of Ipswich Hospital NHS Trust, Nick Hulme, uses occupational therapists to move patients from 'red days' (where no action is taken) to 'green days' (approaching discharge).

Occupational therapists bring a unique approach to the understanding of patients' lives outside of the hospital environment. Older people, in particular, do not perform well in a hospital environment, leading to a risk-averse approach to discharge and delays whilst complex care packages are put in place or a residential place can be found. An assessment in the person's home often reveals a more realistic picture of their abilities, as it can show how a person can carry out daily activities (occupations) when in a familiar environment especially when assessing a person with dementia or multiple co-morbidities.

Discharge to assess in the community

Livewell South West Plymouth, a community healthcare social enterprise, has adopted the principles of discharge-to-assess in its work. Occupational therapy functional assessments are completed in a person's home with reablement goals set and monitored outside of the hospital environment. By combining useful home adaptations that have been discussed with the person alongside a 'hands off' enabling care approach that helps an individual regain strength and independence, the enterprise has sped up hospital discharge and reduced the length of each home reablement course. Previously, people remained unnecessarily in homecare reablement for months on end, now sessions have been reduced to six-week periods, with savings estimated at £630 per week, or £7,500 per patient over six months.

What makes for a good service? Key factors for discharge planning services:

- Daily ward meetings to review progress
- Assessment in the person's home for older people with complex needs
- Risk assessment to develop risk enablement plans
- A robust social care system to meet care requirements of those in need
- Skilled staff who are trained to work across hospitals and community settings.





Person-centred support

Recommendation 6: Commissioners and providers, in both health and social care and other relevant government departments, must put occupational therapists at the forefront of reablement and community support programmes.

The wait for social care is the biggest cause behind the sharp rise in delayed discharges.

In April 2016 the number of delayed days attributable to social care was 55,125, which represents a third (32.9%) of all delayed discharges and is an increase of 37% compared to the same period the previous year. The main reason for social care delays was patients awaiting a care package in their own home. This accounted for 19,500 delayed days (35.3% of all social care delays), compared to 13,100 in April 2015.¹⁷

Analysis by the Association of Directors of Adult Social Services shows that over the last two years, delays attributable to social care reasons have increased by 90% (In April 2014 the comparable figure stood at just 28,978 days).¹⁷

Occupational therapists working in intermediate care and reablement teams can help ensure a smooth transition into the community. This can both cut down on bed days lost to patients who are medically fit, and reduce the chance of readmission by maximising a person's independence.

"If you talk about care closer to home, and reducing people's need for formal health and care services, then occupational therapists are right on the front line... [and] ideally placed to fulfil the 'navigator' role that is increasingly seen as pivotal if people are to access the right support at the right time."

Richard Humphries, Assistant Director, King's Fund Health and Care Thinktank, January 2015

Reablement aims to help people accommodate illness or disability by learning or re-learning the skills necessary for daily living. Occupational therapists work within reablement teams to ensure a 'promoting independence' ethos¹⁸ and to utilise a person's strengths in assessment and goal-setting to help them achieve personalised outcomes. As we have seen with occupational therapists working in an A&E setting, occupational therapy involvement is good for both the patient and for financial budgets.¹⁹

The Getting People Home Project at Bristol City Council's Independent Living Service focuses on moving people on from step down beds back to home. These health-funded beds are not usually situated in acute hospitals, which ensures that people are not occupying the beds longer than they need and improves capacity and flow within acute settings. The *Getting People Home Project* operated for three months from March until May 2015, with three full-time occupational therapists working to ease the pressure point that had built up in care home beds funded by the local CCG. The care home had previously had input from social workers but not occupational therapists. The occupational therapists were able to reduce care packages by improving moving and handling with equipment and implementing single-handed hoisting. The project demonstrated tangible savings of £48,000 on the cost of care packages and facilitated discharges, as well as helping the CCG to recognise the added value of occupational therapy support to carers' and individuals' wellbeing and independence.

¹⁷ Association of Directors of Adult Social Services (2016) *ADASS responds to delayed transfers of care figures*. Available at: <https://www.adass.org.uk/adass-responds-to-delayed-transfers-of-care-figures/>

¹⁸ Littlechild R, Bowl R, Matka E (2010) *An independence at home service the potential and pitfalls for occupational therapy services*. *British Journal of Occupational Therapy*, 73(6), 242–250.

¹⁹ College of Occupational Therapists (2015) *Urgent care: the value of occupational therapy* (England). London: COT. Available at: <https://www.cot.co.uk/publication/z-listing/urgent-care-value-occupational-therapy-england>

Repeatedly, occupational therapy shows that health care systems must better integrate with community services to make financial savings in the system. Integration also better mirrors the patient's own experience: their journey back to health does not end once they put the key in their front door.

Occupational therapists have been doing essential work in helping people find the best way to assimilate their period of ill health into their lives. Often this is in the form of enabling people to manage their anxieties or physical concerns about returning back into meaningful occupations, and this can also mean helping people to have a 'good death' too.

For example a specialist palliative therapy team based in the Heart of England Foundation Trust, deploys holistic, specialist interventions with people who have cancer. Their work has allowed 90% of palliative patients seen by the service to achieve their preferred place of care and/or death.

The Royal Marsden Hospital in London employs seven full-time equivalent occupational therapists. They help people recovering from cancer increase their independence in daily tasks and routines and use coping strategies to maintain involvement in roles and occupations, including returning to work.

A typical patient experience of four sessions with an occupational therapist to target fatigue management and learn relaxation techniques costs £152 in total. One patient helped by an occupational therapist is thought to have benefited by almost £13,500 due to being able to make a planned and phased return to work.

"These simple techniques [from my occupational therapist] gave me the ability and confidence to get back on with life. I am living with cancer rather than dying from it."
Service User

Occupational therapy work such as this is setting the standard for future health policy. Under the *2015 Spending Review*²⁰ the Government pledged £115m to set up a new Work and Health Unit that would straddle the Department of Health and the Department for Work and Pensions. It aims to achieve its vision of halving the disability employment gap – currently a disabled person is over 30% less likely to be employed than a non-disabled person.

To support this aim, from 2017 the new unit wants to see return to work embedded as a clinical outcome. It is the innovative work occupational therapists have been doing to allow people to return to their previous occupational roles, as showcased in the Marsden example, which will be vital to enable the enactment of this vision.

Focusing on palliative care, the National Institute of Health and Care Excellence (NICE) recommends that gold standard treatment for those at end of life includes at least three quality statements that support occupational therapy-led interventions.

- Comprehensive holistic assessment
- Timely personalised support for their social, practical and emotional needs
- Care coordinated and delivered in accordance with their personalised care plan, including rapid access to holistic support, equipment and administration of medication.²¹

²⁰ Great Britain. Parliament (2015) *Spending review and autumn statement 2015*. Available at: <https://www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015>

²¹ National Institute for Health and Care Excellence (2013) *End of life care for adults*. (Quality standard QS13). London: NICE. Available at: <https://www.nice.org.uk/guidance/qs13>

“Occupational therapists working in intermediate care and reablement teams can help ensure a smooth transition into the community”



As we have seen with occupational therapists working in an A&E setting, occupational therapy involvement is good for both the patient and for financial budgets



Occupational therapists are the trailblazers of enabling people to return to their valued activities and occupational roles in life and should be the service's present and future leaders



“Occupational therapists are vital cogs in the wheel that support this to happen in practice... their skills and professional reasoning support people on their recovery journey. Their approach is person-centred and strengths-based which further enables people to grow and learn in terms of their recovery and wellbeing. They co-produce practical solutions alongside people, and empower people to take back control and manage transitions.”

Joe Rafferty, Chief Executive of Mersey Care NHS Foundation Trust

Occupational therapy and palliative care

A specialist palliative occupational therapy team has been working in the Heart of England Foundation Trust since 2013 and sees a dedicated team of senior occupational therapists and therapy support workers working across three hospital sites, seven days a week. The team deals with over 5,000 cancer patients a year, of which approximately 20% are new referrals, to provide functional and goal-orientated assessments as well as complex discharge and advance care planning – all with the aim of helping provide robust palliative care. Their interventions allow people to leave hospital more quickly, anticipate deterioration to reduce crisis re-admission, and reduce symptoms of anxiety and fatigue. Patients report feeling more able to continue with valued occupations near the end of their life and have more confidence in remaining at home during their final months. The service has seen 90% of patients die in their place of choice with 60% of palliative patients achieving a discharge home to die, an increase from 40%.

The team saves an average of 45 inpatient bed days per month with an additional four admissions avoided every month via early intervention in emergency departments and crisis intervention via community/outpatient referrals, in addition to a reduction in prescriptive equipment provision.

This recognition of the interplay between occupation, health, recovery and wellbeing encapsulates the unique nature of occupational therapy.

The College urges commissioners and providers, in both health and social care and other relevant government departments, to put occupational therapists at the forefront of reablement and community support programmes. They must provide occupational therapists with the time, capacity and skill mix to design, implement, and evaluate occupation-focused programmes that span primary, secondary and community care.

Occupational therapists are the trailblazers of enabling people to return to their valued activities and occupational roles in life and should be the service's present and future leaders.

What makes for a good service? Key factors for transition services:

- Occupational therapists at the front-line of intermediate care, reablement and community support programmes
- Utilisation of a person's strengths in assessment and goal setting to help them achieve personalised outcomes
- Reduction of unnecessary care packages by improving moving and handling with equipment
- Provision of time, capacity and skill mix to design, implement, and evaluate occupation-focused programmes.



The cost of undervaluing occupational therapy

The Nuffield Trust states that the 'NHS needs to evolve from an illness- based, provider-led system towards one that is patient-led, preventative in focus and offers care closer to home'.²² The Trust identifies reshaping the workforce as a huge opportunity to achieve this. Occupational therapists are an underused and under-recognised existing resource who are trained and focused on enabling people to live at home and to live well regardless of health or social circumstances. The *Five Year Forward View*²³ aims to remove the 'artificial boundaries' between hospital and community services and between health and social care. In occupational therapy, these boundaries do not naturally exist but are imposed on the profession by service structures. If commissioners and providers do not fully utilise occupational therapy staff they forfeit the opportunity to make the most of a profession that inherently:

- Embraces and can help to achieve this new model of care
- Is trained to work across boundaries, physical and mental health and health and social care
- Can support the adoption of a person-centred ethos; and
- Can embed self-management principles across health and social care.

In conclusion...

There are burgeoning opportunities to develop an integrated approach to urgent and emergency care, involving hospitals, community, primary and community care, and ambulance services through joint service planning across different agencies.

Occupational therapists work across these sectors. This transformation offers an opportunity to ensure that the right workforce is in place with the right skills to meet needs.

With ever-constrained resources, the NHS will fail to achieve its vision for the future if the role and value of occupational therapy is not understood, and the skills of this valuable workforce are not mobilised to where they can be most effective. Occupational therapists are that vital cog between people and better lives.

²² Nuffield Trust (2016) *Reshaping the works force to deliver the care patients need*. London: Nuffield Trust.

²³ NHS England (2014) *The NHS five year forward view*. London: NHS England.

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