

HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM THE ROYAL COLLEGE OF OCCUPATIONAL THERAPISTS

The Royal College of Occupational Therapists is the professional body for occupational therapists and represents over 33,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists have a unique skillset offering support to people with physical and mental illnesses, long term conditions, and/ or those experiencing the effects of aging. We are the only profession to span health and social care and, therefore, have an integral part to play in shaping the future of primary care.

The Royal College believe that in order to improve primary care there needs to be a fundamental move to person centred care which is focused on what is important to the individual. RCOT welcomes the Committee's inquiry into the future of primary care in Scotland.

1. Considering the Health and Sport Committee's report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?

The Royal College of Occupational Therapists (RCOT) has recently seen positive changes in primary care services and commend the recent expansion of multi-disciplinary teams in GP practices. GPs are at the heart of primary care with shared responsibility with other professionals for care and signposting. RCOT notes that it is now fairly common for a patient to self-refer to a mental health practitioner or physiotherapist based in a GP practice across Scotland. Whilst this offers good support to those who require this specific expertise, it misses a wider group of patients who could be supported by an occupational therapist. The Royal College believe it is important this service is available consistently across Scotland in both urban and rural locales.

Occupational therapists work with all population groups, however, RCOT has focussed this response on the areas where we believe occupational therapists can have most impact and where there is most demand from primary care. These models of delivery target are:

- Frail, older people who do not require secondary services or mental health services but are at high risk of needing increased levels of support – including the possible risk of inpatient hospital admission if a proactive approach to support is not taken;
- Those who are off work – seeking fit notes to return to work, or those who require support to stay in work when they are having difficulties at work due to their health (physical health mental health or both);
- Those with mental health issues – people that need more than Improving Access to Psychological Therapies (IAPT) but not requiring secondary care or the services of a psychiatrist;
- People with one or more long term conditions who are beginning to display functional decline.

Access to a range of health professionals without going through a GP is something that is supported by the Committee's public survey. The survey was carried out earlier this year and received 2,549 responses from the public. The results revealed that patients would be happy to

self-refer to the professional they deem most appropriate for their concern or condition. Over 70% of men and 80% of women acknowledged that we would self-refer to an occupational therapist for treatment.

Occupational therapists based within GP practices or as core members of multidisciplinary teams can empower people to manage their own health and independence by using tools and strategies to enable them to live independently. Following one pilot project in South Pembrokeshire occupational therapists developed a first contact practitioner role for older people when decline in function was identified as the reason for requesting an appointment or home visit from a GP. This reduced the number of GP consultations by 50-70% for older patients.¹

The Royal College supports self-referral and greater access to occupational therapy-led assessments and interventions, which can:

- help solve daily non-medical needs, particularly for older people, those with chronic illness and mental health problems which affect function;
- provide advice on home modifications;
- support adoption of self-management strategies and skills for managing and living with long term conditions, including mental health support and return to work advice.

RCOT notes, and concurs with, feedback from the Committee's workshop with the Scottish Youth Parliament, which acknowledged that *"increased accessibility could help get people who had difficulties get into work."*

Older adults & primary care

When ensuring we meet the needs of older adults, early identification of functional decline (which the World Health Organisation identifies as key to active and healthy ageing) ensures better outcomes for individuals and better quality of life years.

Using tools such as the Lifecurve increases understanding on how individuals are aging regardless of actual age; and when used to support early intervention it demonstrates that people can change the course of their ageing journey as well as offering better cost effective outcomes for people.²

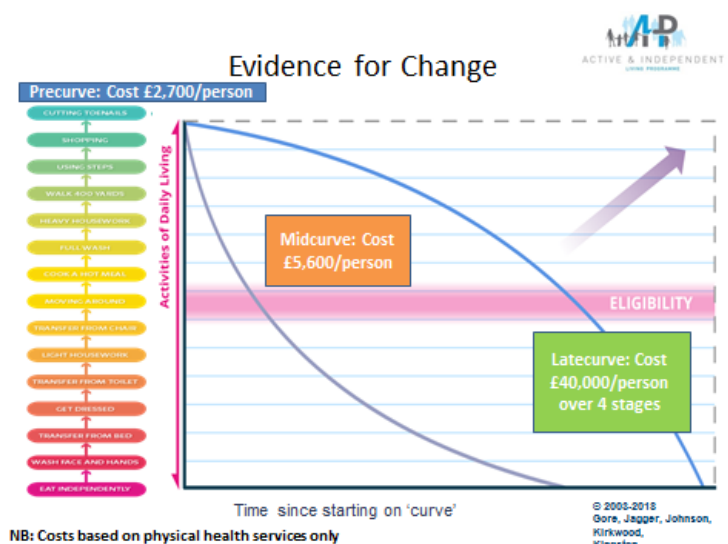


Figure 1: ADL LifeCurve™ is a tool developed by ADL Research and Newcastle University's Institute for Ageing which is used to map age related functional decline.

¹Royal College of Occupational Therapists (2017) *Reducing the pressure on hospitals - 12 months on.*

<https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money>

²Gore et al (2018) *Following the Lifecurve Model to inform practice (New Horizons in the Compression of Functional decline)*
<https://academic.oup.com/ageing/article/47/6/764/5079486>

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).

We are, therefore, ideally placed to help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

People later in life, with complex needs and/or co-morbidities are supported to live at home by a combination of primary and secondary involvement. Occupational therapists are one of the key professions for enabling this, as they prepare people for transitions by considering the environment, the person and what they want or need to be able to do.

An example of this can already be found in the Home Based Memory Rehabilitation programme (HBMR)³. Led initially by NHS Dumfries and Galloway, the mental health occupational therapy service delivers the Home Based Memory Rehabilitation Programme (HBMR). This early intervention programme, taking a cognitive rehabilitation approach, is tailored to individual need and aims to reduce the demand on care givers. Occupational therapists teach and reinforce a range of compensatory memory strategies to support the person to continue their daily routine. The occupational therapists work in partnership with Alzheimer Scotland Dementia Link Workers and others involved in the delivery of post diagnostic support.

This programme is being rolled out to 12 Health Board areas in Scotland with the support of a strategic partnership with Alzheimer Scotland and Queen Margaret University. Data has revealed that over 95% of people with Alzheimer's disease, who have gone through HBMR can, and do, maintain and retain the number of techniques they use daily to help them maintain their independence. The ambition is that people will have equitable access to this occupational therapy early intervention during the post diagnostic support period.

Offering this early intervention programme through primary care services would ensure that people are taught to adopt these strategies at an earlier point to retain and maximise their independence for as long as possible. RCOT support the programme's ambition and would ask the Scottish Government to extend access to these services across Scotland. In our view, occupational therapists working within GP practices would help people to manage their own health and would identify people who would benefit from early intervention.

Delayed discharge

The urgent need for change in how all health and social care services are delivered is highlighted in two recent reports.

The Scottish Intensive Care Society Audit Group's annual audit of Critical Care in Scotland (2019), revealed that nearly 7,000 bed-days were taken up because of discharges being delayed, equating to an additional 1,000 patient stays.

³ <https://letstalkaboutdementia.wordpress.com/2015/07/02/home-based-memory-rehabilitation-programme-an-occupational-therapy-early-intervention-for-people-living-with-dementia/>

Furthermore, the number of admissions to geriatric wards in Scotland's hospitals has increased by 10% for three consecutive years, according to the Scottish Care of Older People (SCoOP) project's Acute Hospitals Report 2017/18. The survey of the country's 19 largest hospitals, revealed there were 43,311 admissions in 2017/18, compared to 32,009 in 2014/15.

While the Committee's inquiry considers the future of primary care, RCOT recommend that the Committee consider how primary and secondary care can work seamlessly together to ensure people are supported to stay at home or in a homely setting for as long as possible with access to multi-disciplinary health and social care professionals. Additionally, the Committee should consider the term primary care is limiting, as enabling people to live at home and to access their communities currently encompasses both secondary and primary care.

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

The Royal College believe the following are barriers to delivering a sustainable primary care system across Scotland:

- A paradigm shift is required to make the patient the expert in their own condition(s) and to work equally across health, social care and the third sector to support the patient to do this. RCOT believe that a move away from a fundamentally medical model of care to a model which promotes and supports patient focused care in primary care is required.
- Currently there is an under investment in community and rehabilitation services, with greater resource and focus being placed on treating acute symptoms. RCOT believe education and support is required for patients to adopt strategies to manage health conditions. It is important to note that people need help not just to treat their condition but also to rebuild their lives, as demonstrated by [Chest Heart and Stroke Scotland One in Five Report](#).
- Lack of structures (workforce, infrastructure, governance) to expand the multi-disciplinary teams and provide access to an occupational therapist through every GP practice.
- There should be a shift in focus from a patient's health or medical condition to the day to day life of the patient. The RCOT *Getting My Life Back: Occupational Therapy promoting mental health and wellbeing in Scotland* report⁴ highlights the important role that occupational therapists have in supporting people to be socially and physically active, to remain in or return to employment, and the overall beneficial impact this has on our health.
- RCOT have concerns around the centralisation of services and how individuals in both urban and rural areas can find it difficult to access one centralised service. There is also limited uptake of technology based solutions, such as *Attend Anywhere* or *My Ethel* to give people easier access to centralised services. However, the Committee's public and Scottish Youth Parliament workshops revealed there is clear support for the use of technology and information sharing in primary care. RCOT would support moves to increase the use of TEC and information sharing across all services – health, social care and third sector to ensure the best outcome for patients.

⁴ The Royal College of Occupational Therapists (2018) *Getting My Life Back: Occupational Therapy promoting mental health and wellbeing in Scotland*. <https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money>

- There is a lack of support and advice in both urban and rural areas which is solutions focused to help individuals return to work or remain in work following a change in health circumstances. There is also limited deployment of staff to intervene earlier and to teach self-management strategies (as below)

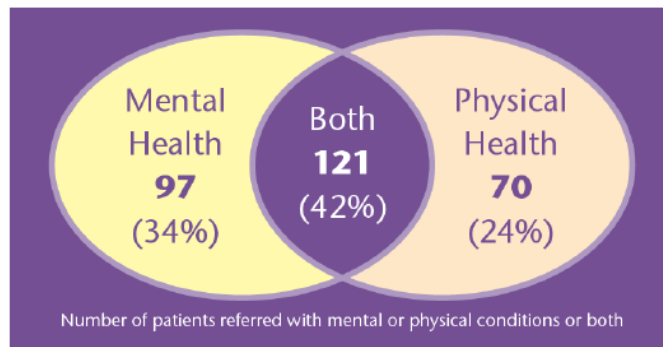


- There are 3,490 (Feb 2019) registered occupational therapists in Scotland. 2,170 occupational therapists (2018) are employed in NHS Scotland with 1,792 working full time and 482 (2017) working in social care.
- Primary care must make good use of community assets but the committee should be aware of over simplifying social prescribing. RCOT would like to note that social prescribing may not work for everyone. One size does not fit all and for those with more complex needs, occupational therapists are skilled at supporting the social prescribing process. The RCOT report, *Making personalised care a reality: The role of occupational therapy*⁵ (2018) outlines in more details how occupational therapists can support the social prescribing programme within primary care.
- A significant barrier to a sustainable primary care system in rural areas is staff recruitment. We would ask that the government consider the amount of allowance paid to support rural workers such as the Scottish Distant Islands Allowance and review this to ensure it actually meets the costs of relocating.
- There is a lack of marketing both targeted at the primary care workforce and the wider population around the advantages of seeing a health professional other than a GP or nurse.
- There is also a lack of awareness of the benefits of having occupational therapists attached to GP practices. Occupational Therapists attached to two GP practices in Lanarkshire have brought about good outcomes for patients and the value of the profession has been increasingly understood:

⁵ The Royal College of Occupational Therapists (2018) *Making personalised care a reality: The role of occupational therapy*. <https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money>

Occupational Therapy in primary care provides streamlined support for people with co-morbidities who have complex difficulties and high levels of need

Figure 3.



"I think the longer (the Occupational Therapist's) been here, the more we've appreciated the different types of people OT can be helpful for. So the more we've seen and understood of her work, the broader the range of people we feel (the Occupational Therapist) can be beneficial to."

GP

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RCOT would strongly advocate for occupational therapists to be available to all GP practices, ensuring occupational therapy moves from a reactive secondary care model to having strong availability across primary, secondary and tertiary services.

3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

We need to be bold and change services. Pressures on services are increasing and short tests of change/ short funding cycles will not make the bold changes required to support increasing demands. If we have sufficient evidence that a difference can be made we should embrace this and remodel services appropriately.

- A national approach to monitoring and evaluation should be adopted so we can learn and measure using a country wide approach: a move away from small scale local projects to a more national approach (which also allows for consideration of locality need and geography). There is a need to collect data on what changes have been achieved in both in short and longer terms in relation to:
 - GP usage;
 - Quality of life;
 - Increased independence;
 - Reduction in medications or other costs such as social care or sickness costs.
- It may be difficult to pinpoint which multi-disciplinary team member made the difference as a patient may be seeing two or more team members. We would suggest that there is a regular review of where the pressures are in each GP locality to ensure that the staff mix meets this need e.g. is the need in a practice around older people, addictions, or co-morbidities for example.
- The Committee should also consider who is carrying out the regular reviews on GP locality pressures and staffing. We suggest that there should be a move from traditional doctor / nurse

⁶ *Occupational Therapy in Primary Care: Interim Report (2019)*, Health & Social Care North Lanarkshire, South Lanarkshire Health and Social Care Partnership, NHS Lanarkshire.

model to include occupational therapists and other health professionals, in setting standards and measuring outcomes. If we continue to measure as we have always done we will not change outcomes in our view.

- RCOT suggest that there should be user involvement in how we allocate resource (such as priority based budgeting) and using a model based on What Matters to You⁷ but also paying attention to the potential economic benefit and the wider impact on services.

About the College

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapists Occupational therapists 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 therapy improves health and wellbeing through participation in occupation. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

Contacts

For further information on this submission, please contact:
Alison Keir Policy Officer - Scotland
Royal College of Occupational Therapists, alison.keir@rcot.co.uk

⁷ <https://www.whatmatterstoyou.scot/>