What are patients and primary care staff telling us?

**Patients**

"I do feel that the conversations that we had, (the OT) did make you think about how you’re living your life and how you feel you’re just existing... So that was helpful to me"  

Since seeing OT... "The pain's been relieved a wee bit and I've got an appointment at the hospital to see about my leg"  

"I just go out now. I tend to feel a lot better... I think it’s just been that push..."

"I feel more secure, my relationships are better. I want to be able to exercise to maintain my independence. I feel more secure, my relationships are better. I want to be able to exercise to maintain my independence."

**Health professionals**

"We didn’t really know what an OT did before. It makes a big difference to have an OT on site who we can talk to and who can pick patients up quickly" - GP  

"I expected her to be off sick for a long time. I didn’t expect her to get support so quickly. It has been helpful to speak to the OT who can reinforce the recommendations I make to her employer using the ARM report" - Occupational Health Nurse

Anna's comments

"The showerboard gives me independence. With pacing, I now realise it’s important to plan in good things like my friend’s wedding. It was important to me that I could go and be supportive. It also let me do things with my family. It’s important to me to be a good role model for my son."

What is our learning?

**Co-location has had a positive impact on GP awareness of OT role, joint working and communication.**

**Timely referral and assessment of need is resulting in earlier problem resolution and effective multiagency working.**

We believe this has the potential to reduce risk and disability and improve health and wellbeing.

We have identified four patient groups where this service is fulfilling unmet needs:

- people with multiple complex conditions whose needs cannot be met by a single specialist service;
- people who would benefit from early intervention to prevent decline in functional performance but do not meet the criteria of specialist services;
- people who are affected by social isolation, loss of roles or frailty.

**Next steps**

- Due to positive impact to date, additional funding has been agreed to extend the test of change for a further six months.
- Education and promotion of occupational therapy to reception staff and patients to increase self referral and OT as first point of contact.
- Ongoing evaluation to inform both the future model of Occupational Therapy service delivery within Primary care multidisciplinary health teams and identify appropriate host location.

Further reading


References


The role of Occupational Therapy in Primary Care

Occupational therapists (OTs) make an important contribution to the primary care workforce (Donnelly et al 2014). They are skilled in assessing the impact of developmental, physical and mental health conditions on a person’s ability to participate in day-to-day activities that are important to them. They devise intervention plans that facilitate occupational engagement, enabling people to manage their health and get on with daily life. OTs work in partnership with other professions and organisations to provide early intervention, meet the changing needs of those with long-term conditions and respond to crises in the home in order to prevent unnecessary hospital admissions.

Our approach

We have used quality improvement methods and tools to develop the model. These include:

- use of PDSA to establish and review referral criteria, pathway and processes;
- identification of standardised outcome measures to evaluate changes in quality of life (WHO-8 EUROHIS QOL Scale) and in ability to carry out prioritised activities/roles (Canadian Occupational Performance Measure);
- collection of independent qualitative patient and carer satisfaction information;
- review of GP contact figures to evaluate changes in frequency;
- regular dashboard reporting to all stakeholders.

The first five months

A diverse and complex range of referrals have been received from GPs, nurses and pharmacists. Telephone-based triage is carried out prior to patients being accepted onto OT caseload. The main presenting complaints relate to both physical and mental health conditions and include:

- difficulty with daily activities/roles due to decreased occupational performance or physical environmental barriers;
- falls or fear of falling;
- reduced performance in workplace, sickness absence and return to work;
- reduced socialisation or leisure opportunities.

Service Uptake: November 2017 - April 2018

| Patients accepted to OT caseload but did not complete | 53 |
| 92 referrals received | 19 referred to other health and social care services following triage |

What is our learning?

- Co-location has had a positive impact on GP awareness of OT role, joint working and communication.
- Timely referral and assessment of need is resulting in earlier problem resolution and effective multiagency working. We believe this has the potential to reduce risk and disability and improve health and wellbeing.
- We have identified four patient groups where this service is fulfilling unmet needs.
- people with multiple complex conditions whose needs cannot be met by a single specialist service;
- people who would benefit from early intervention to prevent decline in functional performance but do not meet the criteria of specialist services;
- people whose health is affecting paid employment or education/ training roles and who need early intervention to remain at work, return from sick leave or find work;
- older adults and their carers whose quality of life and wellbeing are affected by social isolation, loss of roles or frailty.

References


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