Reducing the pressure on hospitals
A report on the value of occupational therapy in SCOTLAND
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>Executive summary</td>
<td>5</td>
</tr>
<tr>
<td>Recommendations</td>
<td>6–7</td>
</tr>
<tr>
<td>Reducing admissions to hospital</td>
<td>8–12</td>
</tr>
<tr>
<td>Preventative services</td>
<td>8</td>
</tr>
<tr>
<td>Inside the emergency department</td>
<td>11</td>
</tr>
<tr>
<td>Reducing time in hospital</td>
<td>13–17</td>
</tr>
<tr>
<td>Out-of-hours care</td>
<td>13</td>
</tr>
<tr>
<td>Optimising patient care</td>
<td>15</td>
</tr>
<tr>
<td>Successful transition and discharge</td>
<td>18–22</td>
</tr>
<tr>
<td>The discharge pathway</td>
<td>18</td>
</tr>
<tr>
<td>Person-centred support</td>
<td>19</td>
</tr>
<tr>
<td>The cost of undervaluing occupational therapy</td>
<td>22</td>
</tr>
<tr>
<td>In conclusion...</td>
<td>22</td>
</tr>
</tbody>
</table>
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
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 people’s 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.

The Scottish Government has estimated that it would need an annual increase in investment of between £422 million and £625 million in health and social care services to keep pace with demand.1 This assumption is based on current service models remaining the same, and demand increasing in line with the growth in the older population and changes in healthy life expectancy.

In 2015/16, the total health budget was £12.2 billion, 40% of the Scottish Government’s budget. Although the budget increased by 2.7% in real terms from the previous year, it is not keeping up with growing demand and the needs of an ageing population. In addition, NHS boards continue to face increasing pressures from rising staff and drug costs.

Many NHS boards struggled to achieve financial balance in 2015/16 and many had to use short-term measures to break even. Boards found it difficult to achieve the savings required and this will be even more challenging in 2016/17.2

The NHS in Scotland 2016 report suggests that the Scottish Government plans to reduce A&E attendances, emergency admissions to hospital and delayed discharges from hospital. This will require either reducing acute spending to refocus resources into the community, or investing additional resources in the community while maintaining spending on acute services.3

Audit Scotland also states:

Councils’ social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils’ social work spending to increase by between £510 and £667 million by 2020 (16–21% increase).4

From the College’s member survey it is clear that 98% of occupational therapists are confident they can play a key role in keeping people at home and avoid admission into hospital. Placing occupational therapists within primary care and emergency departments should be considered as part of the solution to meeting the current realities of health and social care in Scotland.

Why occupational therapy?

The College fully supports the Scottish Government’s 2020 Vision5 and believes that occupational therapists are key to achieving this ambition. The Vision states that by 2020 everyone will be able to live longer, healthier lives at home, or in a homely setting. This will be achieved through an integrated health and social care system, with a greater emphasis on prevention, anticipation of need and supported self-management. For occupational therapists, the person is at the centre of all decisions in regards to their care and support. Occupational therapists assist people to stay safely at home while enabling them to participate in their daily occupations. Following an admission into hospital the focus is to return people home safely and to minimise risk of re-admission.

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 also supports people in Scotland to reach their full potential. 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.

People will continue to be admitted and readmitted unnecessarily if only health needs are addressed. Occupational therapists work across 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.

---


College of Occupational Therapists – Reducing the pressure on hospitals: a report on the value of occupational therapy in Scotland
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 the NHS. 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 peoples’ health outcomes 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 peoples’ experience.

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

“Occupational therapists need to be an intrinsic part of the solution to reducing pressure on our emergency services. The occupational therapy workforce is a valuable resource that when used to its full potential can dramatically shift the balance of care from acute to community in a way that is both sustainable and improves the wellbeing of people in Scotland.”

Dawn Mitchell, Convener, Allied Health Professions Federation Scotland
The College calls on commissioners and service providers to adopt the following recommendations.

**Reducing admissions to hospital**

**Recommendation 1:**
To prevent inappropriate admissions from falls for older people, access to occupational therapists as part of the wider primary care workforce is essential.

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

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

**Rationale**
Occupational therapists involved directly with acute and emergency departments can reduce admissions onto hospital wards. Skilled to assess a person’s cognitive, physical and functional abilities, occupational therapists can expedite safe discharges. Occupational therapists take an integrated approach to ensure care needs are appropriately referred to primary and community care, 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 and ensure safe staffing levels on a multidisciplinary and not a uni-professional basis.

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

**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 people being discharged, to identify needs and facilitate a safe and timely discharge.

**Successful transition and discharge**

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

**Rationale**
Bringing different skills and approaches, occupational therapists can make cost savings for services while improving outcomes for people and safe and successful discharge.

**Recommendation 6:**
Commissioners and providers, in both health and social care and the Integrated Joint Boards (IJBs) and other relevant government departments, must put occupational therapists at the forefront of reablement, rehabilitation and community support programmes.

**Rationale**
Reablement promotes a return to occupation and participation, enabling people to improve their health and achieve their wellbeing outcomes.

---

Reducing admissions to hospital

With the unprecedented rising demands on hospitals in Scotland, 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, this document focuses on the value that occupational therapists are bringing to improve patient outcomes and the flow of patients in and out of hospital.

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 who are 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.

Preventative services
Recommendation 1: To prevent inappropriate admissions from falls for older people, access to occupational therapists as part of the wider primary care workforce is essential.

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. Falls account for 390,000 emergency bed days a year and a recent evaluation estimated that falls alone cost NHS Scotland £471m per year.

The Scottish Ambulance Service (SAS) states ‘the number of people 65 years and over the SAS respond to each year following a fall is rising; in 2014/15 the figure was 44,000 (SAS Data Warehouse, 2015). Almost 80% were conveyed to the ED; 41% of those conveyed were categorised by SAS as ‘non dangerous’.

Occupational therapists lead on falls prevention in older people in many UK services. This is because their skills in understanding the reasons for falls, looking at the person, environment and occupation, is coupled with them being best placed to address the identified needs. Evidence from the College of Occupational Therapists Falls guideline was used in the National Institute for Health and Care Excellence (NICE) quality standard Falls in older people: assessment after a fall and preventing further falls. By working in partnership with paramedics or GPs, responding and addressing issues related to falls, occupational therapists can support older people to avoid unplanned hospital admissions.

Pro Active Falls Prevention and Frailty Recognition Project
(Based within a GP Practice Locality within Aberdeen City, for people over the age of 65 living in the community and at risk of falling.)

GP and clerical staff from the practice identified patients for the project.

An occupational therapist screened people at risk of falling using the Multifactorial Level 2 Falls Screening Tool in accordance with guidance from the Scottish Government. An action plan was then developed with the patient and this was shared with the GP.

---

Interventions identified ranged from practical advice around footwear, nutrition and hydration, to sensory deficits, altered mood and physical issues. Referrals were made for modifications to the home, to the community falls services, to strength and balance classes and for community alarms and telecare.

Occupational therapy specific interventions were carried out by the community rehabilitation occupational therapists. These ranged from identifying hazards in the home, making alterations to the environment and providing equipment to aid daily living. Occupational therapists also addressed people’s fear of falling by teaching anxiety management techniques to build confidence so people could participate in occupations outside of the home.

The savings made during the project as a result of an occupational therapist, rather than a GP, seeing a person came to £10,400.

“It made me realise there is support in the community if we need it. I felt totally respected by the occupational therapist, and I didn’t feel pressurised into changing anything. I was very comfortable with the visit and I felt that someone cared and valued the elderly; I was not forgotten about.”

Participant in the Pro Active Falls Prevention and Frailty Recognition project

This project was financed by The Change Fund but unfortunately at the end of the funding period, financial backing was withdrawn despite the project demonstrating a positive outcome.

Getting support from an occupational therapist is crucial to preventing falls at home, in care homes, hospital wards and many other environments. Occupational therapists can assess if someone is at risk of falling and analyse why people are falling in and around their home. They can provide advice on a safe home environment, practice activities to improve strength and balance, make it safer to move around and support people to continue with daily activities without the fear of falling. Access to an occupational therapist has shown to reduce falls by 31% in people over the age of 70.14 Occupational therapists can also work with ambulance services to triage and address patient needs more effectively once a person has requested urgent assistance.

Glasgow’s North East Rehabilitation Service (NERS)

A primary care based service for adults in North East Glasgow.

The Rehabilitation Service in North East Glasgow (Glasgow City Health and Social Care Partnership) receives 250–300 referrals a month. 56% of the referrals are directly from community services.

The team provides a highly responsive service, visiting patients at home within one hour of alerted need. On average they prevent more than 16% of people from going to hospital or requiring a hospital admission.

Occupational therapists are an integral part of the rehabilitation service, helping people to live independently and safely at home. They help people to carry out daily activities by providing a home and mobility assessment, reducing risk of falls, setting goals with patients, and signposting for further support. They can also take observations, review medications, mobility and advise people on diet and lifestyle.

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.

70% of patients seen by occupational therapists in the emergency department from 1 June–31 August, 2016 were discharged home
Inside the emergency department
Recommendation 2: All rapid response and acute and emergency care services must have occupational therapists embedded within the multidisciplinary teams.

Annually there are around 1.6 million attendances to all Accident and Emergency (A&E) services in Scotland. Emergency Departments are responsible for more than 8 out of every 10 attendances, and 19 out of 20 admissions to hospital from A&E15.

The College’s work during 2015-2016 has shown that occupational therapists involved directly with the emergency department can bring down admissions onto hospital wards and the overall number of visits to A&E.

Occupational therapists are playing a crucial role in 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.

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.

When occupational therapists work at the ‘front-door’ of A&E departments they can undertake 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 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&E to deal with those patients with immediate need. This is not only better for the patient, but the efficiency savings can be clearly demonstrated.

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 Teams16. Where occupational therapists are working in such teams they are having a positive impact, as demonstrated in the following examples from within the UK, although this needs to be adopted nationally to have true impact.

In 2015, 2,463 patients were treated by a rapid response team of occupational therapists and physiotherapists in the A&E department at Barnet Hospital. 83% were discharged directly from the emergency department. With an 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, the Multidisciplinary Assessment Team at Altnagelvin Area Hospital in Northern Ireland is based within the Emergency Department. Occupational therapy also has a dedicated role within the Clinical Decision Unit and is responsible for supporting discharge within 23 hours, where appropriate. 70% of patients seen by occupational therapists in the emergency department from 1 June–31 August 2016 were discharged home and 31% of patients avoided admission to an acute bed from the Clinical Decision Unit in July to the end of August. This equates to 284 bed days saved costing at £300 per bed day, an estimated cost saving of £85,200.
Emergency Department, Morriston Hospital, Swansea

The occupational therapy service in the Emergency Department at Morriston Hospital provides an extended-hours service to provide safer discharge home and prevent admission to secondary care for those who are medically fit but may not cope effectively at home without additional support.

The occupational therapists have worked closely with the Falls Collaborative and developed an initiative to screen all older people who have attended A&E following a fall. The occupational therapist works with them providing falls prevention advice and a falls prevention pack. The pack contains written advice on reducing falls and improving safety within the home. Systematic follow-up, liaison with the person’s GP and appropriate other services, such as falls balance and exercise classes, reduces the likelihood of future falls. Between May 2014 and April 2015 this approach prevented 619 admissions. With the average cost of an unplanned admission into hospital costing £2888, this is a potential saving of £40,807.

‘The steady rise in unscheduled admissions is likely to continue unless health and social care systems adapt. The rate of unscheduled admissions in the elderly population will increase most. Currently admissions in this group of patients are partially driven by a lack of health and care services in the community that are able to rapidly escalate the levels of care during an exacerbation of illness to maintain them in their homes.’

National Clinical Strategy for Scotland

The Safe Home – Occupational therapists within NHS Lothian A&E

Three occupational therapists provide seven-day cover, 12 hours a day, 365 days a year in A&E. The service provides systematic discharge planning and direct discharge from A&E, navigating across health and social care systems and managing risk of complex and challenging presentation. They commission care packages, and provide rehabilitation, equipment and follow-up.

The occupational therapy service prevents 100 admissions per month.

Given the average hospital stay in Scotland is 3.2 days (and higher for people over 65) even using this lower value, the savings are estimated as £864,000 per annum.

A further pilot within NHS Lanarkshire, the Age Specialist Service Emergency Team (ASSET), has occupational therapists within the multidisciplinary service. Over the 29 months of operation ASSET has received 2864 referrals and has supported 76% of people to remain at home rather than being taken to hospital.

These examples are a clear demonstration of how occupational therapists prevent unnecessary admissions and directly meet the government’s 2020 Vision to have a ‘focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission’.

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, co-produced assessment of the person’s routines, mobility, home environment, use of adaptive equipment, cognition and care needs
- Multidisciplinary teamwork.
Reducing time in hospital

In Scotland 75% of beds occupied through delayed discharge are by those aged 75 and over. Unscheduled care costs for NHS Scotland equate to £1.5bn per year\(^1\). In its 2015 report, the independent charity, The King’s Fund, acknowledged that with the NHS focused on making vast monetary savings we must maintain our 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’\(^2\). 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’.

The College agrees with this assessment – and to ensure that all opportunities are exploited to improve monetary value, set about gathering evidence from occupational therapy services which focused on the positive impact of effective care on both patients and resources. One recurring feature identified from this work related to how timing and access to services was 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 and ensure safe staffing levels on a multidisciplinary and not uni-professional basis.

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 view the occupational therapy resource as an essential and integral part of the workforce that can be utilised out-of-hours, every day of the week, when and where needed.

**Enhanced Supported Discharge, Edinburgh Royal Infirmary (ERI)**

As part of the development of transformation plans under The Change Fund in 2012, the Scottish Government reported on the Enhanced Supported Discharge Team, which was established within Edinburgh Royal Infirmary. The team provided rehabilitation and reablement through occupational therapists, physiotherapists, healthcare and social care assistants to support discharge from acute medicine for the elderly, general medicine, stroke and respiratory wards in ERI.

Working over the entire week, the service was set up to deliver care for up to seven days’ intervention per person, with a flexible approach on an individual basis. During the pilot 24 patients were supported resulting in:

- **109 bed days saved at £67,035**
- A reduction in average length of stay from 9.4 to 5.2 days

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 therapists are considered for funding designed to ease pressure points or episodes of intense demand outside of normal working hours.

Sir Lewis Ritchie said on the publication of his independent review on out-of-hours care:

"The people of Scotland deserve a high-quality out-of-hours service which fully meets their needs and does so consistently and reliably throughout Scotland.

"The Scottish Government commissioned this review to ensure that person-centred, sustainable, high-quality and safe primary care is delivered when GP practices are closed. I hope the recommendations from this review help achieve that, but also look forward and begin to lay the foundations for consistent urgent and emergency care on a continuous 24/7 basis"

**Seven-day services improving flow, Aberdeen Royal Infirmary**

The redesigned acute geriatric assessment service based at Aberdeen Royal Infirmary is a seven-day service. The multidisciplinary team takes a comprehensive approach to geriatric assessment following admission to the emergency care centre. Data gathered indicated that the average length of hospital stay, calculated on whole admission, was 22.5 days prior to the service being redesigned. This is compared with 7.9 days average length of hospital stay, calculated on whole admission, for the acute geriatric service.

On-call availability also supports the delivery of fast-paced and comprehensive assessments.

**Home First Service, Cumberland Infirmary, Carlisle**

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, a potential saving of £635,295.

---


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

- Out-of-hours funding for occupational therapy provision
- Service available at point of 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, third sector 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 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 on 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’.

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. concluded that that staff’s knowledge, experience, skill, 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. This understanding and expertise supports 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 the ability to return to roles at home, at work and socially.

“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

Plant SE, Tyson SE, 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), 921–30. Available at: http://cre.sagepub.com/content/30/9/921.full
Scotland currently has two consultant occupational therapists leading in-patient services, one in Grampian and one in Ayrshire. These roles have traditionally been taken on by medical consultants. They are demonstrating that a shift in ethos on the wards is saving money and improving outcomes for people.

Cheaper than the traditional medical model workforce, occupational therapists make cost savings for services while improving outcomes for patients. This includes occupational therapists taking a lead in delivering care that is both person-centred and efficient within mental health services.

**Whyteman’s Brae Hospital, NHS Fife Mental Health Service**

A Cognitive and Functional Assessment Clinic was established to address long waiting lists for people with memory impairment. This was due to an increasing number of referrals, and occupational therapists having to complete assessments in people’s homes, which led to significant travelling time and limited clinical time. The AHP Clinical Service Manager and Occupational Therapy Manager reviewed the needs of the local population and considered appropriate standardised assessments in response to growing waiting lists.

The Cognitive and Functional Assessment Clinic was established. Responsibility for organising the clinic and transport was delegated to an administrative worker and carers were sent a resource information pack and asked to complete a carer evaluation form. A clear assessment pathway was developed, with occupational therapy technical instructors completing screening and the occupational therapists administering more complex assessments and interpreting the information gathered to make recommendations.

- **Outcomes:** waiting lists have been significantly reduced and people with dementia receive support and interventions at an earlier stage
- **Staff travel and overall costs have been reduced, as the skills mix within the team is used more effectively**
- **The clinic supports the HEAT target and Allied Health Professions’ Strategy recommendation relating to early assessment and intervention**
- **93% of people with dementia rated their experience of the clinic positively**
- **85% of carers rated the service as excellent.**

Occupational therapists, with their integrated approach, assist people to navigate across the complex 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.

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 fully utilised. Health leaders are now starting to recognise 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

---

Innovative Solutions, Aberdeen Royal Infirmary

Occupational therapists, as part of an acute amputee assessment team, introduced the use of iPads and aimed to improve efficiency and communication associated with discharge from hospital to home. A secure video conference (VC) (a Cisco Jabber system) provided a live link-up between the hospital and the patient's home. The hospital-based occupational therapist and patient, and the social care occupational therapist and the patient's next of kin could then discuss and plan requirements for discharge.

Using iPads for home environment assessments improved communication and saved an average of three days of clinical time and hospital inpatient stay per patient. This equates to a potential saving of £2,319 for each patient. If extrapolated to the overall amputee population who had a home environment assessment during the year (of our project) (n=47), this would have realised a service saving of £108,993.00 (H14).

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

• Occupational therapists leading teams
• Expertise to support patients to set 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.

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

Audit Scotland highlighted that in 2014/15, the number of bed days occupied by patients who were delayed was 498,545, an increase of 77,388 (18%) from 2013/14. In August 2016 alone, there were 1,472 delayed discharges from hospital, 1,152 of these delays were for health and social care reasons.

Where discharges work effectively and efficiently, patients return home as soon as they are medically fit. 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 problems occurring in discharge are two-fold; timely in-hospital assessment plus associated discharge planning and a robust social care system to take on the care requirements of those in need.

Reducing bed usage, where clinically appropriate: Multiple studies have shown that a proportion of patients remain as inpatients on days when no treatment or investigation is being provided, representing considerable waste. Processes that cause delay, such as waits for scans or occupational therapy assessment must be investigated, and demand and capacity balanced so that delay is significantly reduced. This should of course be preceded by assessment of need so that excessive variation in requests is reduced.

A National Clinical Strategy for Scotland, 2016

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.

The discharge pathway

Recommendation 5: To ensure reduced length of stay and 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

---


College of Occupational Therapists – Reducing the pressure on hospitals: a report on the value of occupational therapy in Scotland
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.

Occupational Therapy within the Specialist Orthopaedic Rehabilitation Service at Woodend Hospital

Aberdeen City Health and Social Care Partnership carry out discharge home visits, cutting length of admission by at least two days per person. This equates to a minimum saving of £76,396 annually on a 24-bed unit.

Mrs S, an 84 year old, was admitted to hospital in February 2016 with a fractured neck of femur after a fall at home. A discharge home visit allowed the occupational therapist to liaise with the community home carers and the warden and to issue a toilet frame, a kitchen trolley and to prescribe for a rail in the shower.

“... the visit was well planned, initially I was unsure about returning home but as I had practised in the hospital I became more confident, it was helpful to practise in my own home and I felt confident to be left at home.”

Mrs S.

The patient’s daughter said:

“lovely staff who increased Mum’s confidence during the visit and left her doing well at home”.

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 while 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, which is especially when assessing a person with dementia or multiple co-morbidities.

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 the Integrated Joint Boards (IJBs) and other relevant government departments, must put occupational therapists at the forefront of reablement, rehabilitation and community support programmes.

“Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively make informed decisions and be involved in their own health and care. It ensures that care is personalised, co-ordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible.”

Health Improvement Scotland29

---

Occupational therapists are key in achieving person-centred care; not only is it a core aspect of their training but they also span health, social and primary care and work in a truly integrated way. For example, occupational therapists working in intermediate care and reablement teams help ensure a smooth transition into the community. This can both cut down on bed days lost to patients who are medically fit, but also reduces the chance of readmission by involving the person in making decisions about how they manage their health and live their life.

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’ ethos and to utilise a person’s strengths in assessment and goal-setting to help them achieve personalised outcomes. Reablement reduces delayed discharge and untimely readmissions. However, to ensure and maintain a person’s overall health and wellbeing, the community support must offer more than just a return to basic daily living activities.

Reablement, Care Assessment Team, Glasgow

Reablement is a service that provides tailored support to people in their own home for up to six weeks. Reablement homecare is provided to most people who are referred for homecare support, including those referred following a hospital stay, to ensure early support is provided, maximise independence and improve functioning.

There are 27 reablement teams covering Glasgow, working with key partners including: Greater Glasgow and Clyde (GGC) NHS Community Rehabilitation, NHS Community Stroke Team, Carers Groups, Glasgow Life and Glasgow Council for the Voluntary Sector.

Occupational therapists lead on assessment. The initial assessment identifies what the person can do for themselves, their needs and goals. Within reablement, assessment is an ongoing process to capture changes in need/functioning throughout the journey. The amount of care and support received, during and after the period of reablement, depends on needs and is likely to change accordingly. A final review is carried out at the end of the reablement period and at this point the progress and changes over the reablement period will be considered and a care plan organised for ongoing needs, if any.

Year to date figures for 2016:

- 2479 people have been through Reablement
- 40% of these people (993) did not require any ongoing homecare service
- 60% of these people (1486) subsequently transferred to mainstream services but with a reduction of 22% in homecare hours.

If the 993 people had remained on mainstream homecare services with the original care package, the annual cost would have been £6.2m.

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.

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 –

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

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.

“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

“People at the end of life should be able to access services directly over the 24-hour period without recourse to NHS 24 to ensure swift and effective care.”

Sir Lewis Ritchie

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.

When occupational therapists are included in end of life care support and planning, it demonstrates the vital impact these principles have on the quality of life of palliative patients.

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 2020 Vision* aims to change the focus of healthcare services onto prevention, anticipation of need and minimising use of hospital interventions through supported self-management and an integrated approach. Occupational therapists are an existing resource, trained and focused on enabling people to live at home and to live well regardless of health or social circumstances. They are natural champions of this vision.

In occupational therapy, boundaries between health and social care do not naturally exist but have been imposed on the profession by traditional 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 vision 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
- 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, third sector, primary care, and ambulance services through joint service and workforce planning across these 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.

Occupational therapists are committed to a person-centred ethos and to supporting people to manage their own conditions. They support people to remain actively engaged in doing the things they want or need to do. This is achieved through enabling positive risk-taking, developing the skills people need, or adapting the environment to prevent further problems such as falling. If the role and value of occupational therapy is understood and the skills of the workforce are mobilised with access at the point of need, then the key outcome measures of integration and the 2020 Vision can be met.

---


---

Published in November 2016
by the College of Occupational Therapists Ltd
106–114 Borough High Street
London SE1 1LB
www.COT.co.uk

Copyright ©College of Occupational Therapists, 2016

All rights reserved, including translation. No part of this publication may be reproduced, stored in a retrieval system or transmitted, by any form or any means, electronic, mechanical, photocopying, recording, scanning or otherwise without the prior permission in writing of the College of Occupational Therapists, unless otherwise agreed or indicated. Copying is not permitted except for personal and internal use, to the extent permitted by national copyright law, or under the terms of a licence issued by the relevant national reproduction rights organisation (such as the Copyright Licensing Agency in the UK). Requests for permission for other kinds of copying, such as copying for general distribution, for advertising or promotional purposes, for creating new collective works, or for resale, should be addressed to the Publications Manager at the above address.
Occupational Therapy
Improving Lives
Saving Money

#ValueofOT

www.cotimprovinglives.com