



## About us

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Healthwatch Leeds is here to help local people get the best out of their local health and care services by bringing their voice to those who plan and deliver services in Leeds.



Healthwatch Leeds is the independent voice of local people for health and social care services in Leeds. We make sure service providers and commissioners - the people who plan and buy health and social care services - listen to the concerns of people and use the information to shape and improve their services.

We work hard to make sure that we include the people whose voices are not usually heard.

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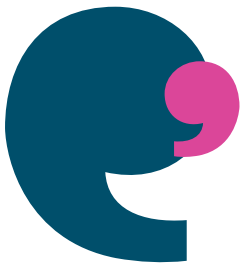
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### Introduction

We worked with the Pan Leeds Occupational Therapy board to bring the voices of people who use the service to inform the development of the city wide occupational therapy service.

We received 127 responses to the survey.

The feedback has offered some insights into clients' experience of occupational therapy services provided by four organisations: Leeds City Council (LCC); Leeds and York Partnership NHS Foundation Trust (LYPFT); Leeds Teaching Hospital NHS Trust (LTHT) and Leeds Community Healthcare NHS Trust (LCH).

It is worth noting that almost half responses (60) were from clients of LTHT, the results are therefore more representative of LTHT's service.

This report outlines what has worked well in occupational therapy services across the four organisations and the areas that could be improved.

### Key Findings

1. We received positive comments about the occupational therapists from the vast majority of respondents. The clients described their occupational therapist as friendly and competent professionals who listened to their views.
2. A significant majority (118) of people we spoke to were aware they were being seen by occupational therapists.
3. The most common reasons reported for seeing occupational therapists are long term conditions, followed by physical injury.
4. From analysing all responses, on average respondents received 3 different types of help from their occupational therapists.
5. The practice between occupational therapists of different organisations has been relatively consistent. There are small differences between occupational therapists from LCC and LTHT in terms of quantities and type of support offered to their clients with long term conditions. The variation was slightly higher regarding support for physical injuries between LCC,



LTHT and LCH. (We were not able to include LYPFT in these comparisons due to low response to these conditions)

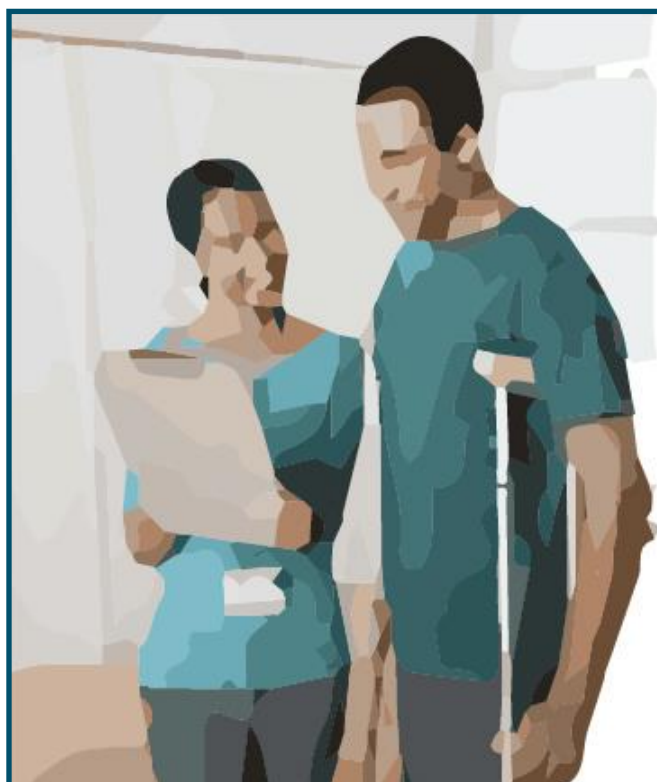
6. The respondents praised good communication during assessments; with the vast majority being treated with respect and feeling that their views have been listened to. The assessments have often been described as a thorough process. The solutions put in place as a result have made a real difference in people's lives.
7. Less than one third of the client's issues/difficulties had been resolved at the time of interviews. However, most clients whose issues have not yet been resolved said there was a plan for future resolution.
8. Areas highlighted for improvement are cross department communication; provision of

information about other services; referral process and updates for clients on equipment orders.

### Key recommendations

The responses to the survey were highly positive. Four recommendations have been identified to address those areas outlined in number eight of key findings; i.e communication; referral and information sharing.

Please refer to page 12 for full recommendations.



### Background

In February 2016 the Citywide Workforce Workstream signed off the Pan Leeds Occupational Therapy Mandate, initiating work to consider how the occupational therapy workforce across Leeds could operate more flexibly.

The potential benefits of creating a more flexible occupational therapy service are to:

- Reduce duplication and increase access to services
- Improve service user/patient experience
- Support recruitment of occupational therapists into the city
- Increase career progression opportunities for occupational therapists
- Support retention of experienced occupational therapy specialists within the city
- Facilitate a city wide response to pressures on demand for occupational therapy across adult health and social care

Healthwatch Leeds were asked to carry out engagement with service users about their experiences of occupational therapy assessments. The feedback collected will be fed into the future design of occupational therapy services across the city.

### Why we did it

We agreed to carry out this work in order to provide support to the development of occupational therapy service provision across the city. Through speaking to clients about their experience, we hope to inform how services can better meet their needs.

### What we did

1. We received 173 consent forms from clients who have used occupational therapy services from the following providers:
  - Leeds City Council (LCC)
  - Leeds Community Healthcare NHS Trust (LCH)
  - Leeds Teaching Hospitals Trust NHS (LTHT)
  - Leeds and York Partnership NHS Foundation Trust (LYPFT)

These forms were collected by the occupational therapists from each of the four organisations. We had no influence on how/where the consent forms were collected or the numbers that were received.

2. We collected 127 responses to the Occupational Therapy questionnaire.
3. 120 clients took part in the telephone interviews conducted by our volunteers; half of the responses came from Site 5 (LTHT),



Site Number	Organisation	Responses	Proportion
1	LCC Adult and Health	35	27%
2	LCC Health and Housing	3	3%
3	LYPFT Learning Disability	0	0%
4	LYPFT Mental Health	14	10%
5	LTHT	60	43%
6	LCH	14	10%

with Site 1 and 2 (LCC) also making a significant contribution.

4. Seven patients from LYPFT completed the questionnaire with their care staff due to limited access to secure wards where they were staying. However, the draft version of the questionnaire was used in these interviews with one question “what did the Occupational Therapist help you/offer to help you with?” missing. The data from these forms were transferred onto the new format appropriately and submitted.

5. 30 service users with learning disabilities and their carers were taken through the survey by their occupational therapists and left with consent forms but unfortunately, these were not sent back.

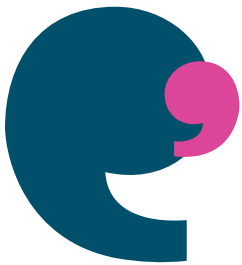
6. 45 clients withdrew from the survey for a range of reasons.

The number of clients who responded to or withdrew from the survey are outlined in [Appendix 1](#).

7. The profiles of the majority of clients is White British (110) who lived in Leeds (114). Most of the clients' age has fallen evenly into four age groups i.e. 25-49; 50-64; 65-79 and 80+; there were more female (70) clients who took part in the survey. Most of the clients had disabilities (78).

The clients' monitoring data is captured in [Appendix 2](#).





## What we found

### What we found

Since a significant number of responses came from LTHT, the results are therefore more representative of LTHT's operation. The questions were scrutinised on a site by site basis for further analysis, where appropriate.

Full statistical analysis of each question is illustrated in [Appendix 3](#).

#### 1. Where was the client seen by an occupational therapist?

Most of the assessments took place in hospital (46) and outpatient (20) clinics, with LTHT covering the biggest proportion of hospital assessments. 56 clients were assessed at home. The majority of clients assessed at home are those of LCC and LCH. Most people being seen for mental health and wellbeing, learning disabilities or long term conditions were seen at home, while most people being seen for physical injuries were seen in a hospital.

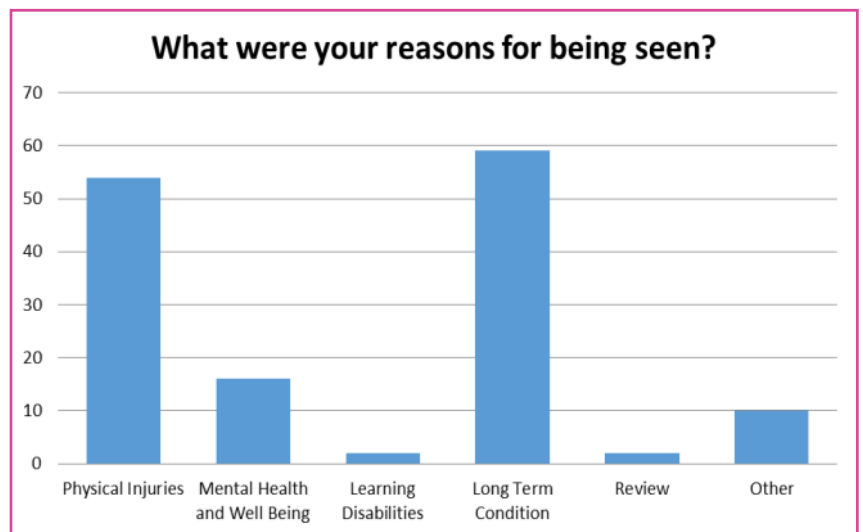
#### 2. Were people aware they were seen by an occupational therapist?

Most of the respondents (118) knew that they were seeing an occupational therapist and said that the role was explained. Although a number of

clients forgot what the occupational therapists had said to them. For those (94) who offered further comments, suggested that most of the explanations of the role revolved around adaptation and equipment; supporting independent living and allowing recovery after an accident or procedure.

#### 3. Clients' reasons for being seen

Long term conditions (59) are the most common reason reported for



seeing an occupational therapist, with physical injury (55) following closely. It is worth noting that physical injuries and long term conditions often go hand in hand, with 13 participants having both.

Most of the respondents that answered "Other" said it was due to old age.





LYPFT only had a very limited response to the above conditions, i.e. two and one case respectively. Therefore it is not possible to provide average information based on these responses.

Please refer to [appendix 4](#) for full information on the comparison analysis.

#### 4. Type of help offered by the occupational therapist

Most respondents received help/offers of help on multiple areas, with an average of 3 different types of help being made available by the occupational therapist.

The most common offer was Advice (82) and Equipment (81) followed by Information provision (66).

#### 5. Is the practice from occupational therapists of different organisations consistent with each other?

We have looked into the two most common reasons which clients were seen i.e. long term condition and physical injuries. The data from LCC and LTHT were the only ones which were sufficient for comparing on occupational therapists' approach of managing a long term condition. LCC, LTHT and LCH provided enough data for making comparison on how occupational therapists treated physical injuries.

#### *Long term conditions*

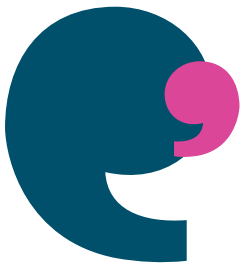
There are small differences between the occupational therapists of LCC and LTHT in terms of quantities and type of support offered to their clients.

The occupational therapists from LCC made equipment, adaptation and advice as the main three areas of help to their clients; whereas colleagues from LTHT opted for advice, information and equipment.

#### *Physical injuries*

There is slightly higher variance in how occupational therapists of LCC, LTHT and LCH treated physical injuries.

On average, occupational therapists from LTHT and LCC offered four types of different help to their clients in comparison to those from LCH who offered mainly two types.



For all three organisations equipment was among their top three offers of help. However, along with the equipment offer, occupational therapists from LTHT will put more emphasis on advice; those from LCC on adaptation and LCH on assistance with daily activities as their priority.

It is worth noting that some of these variations may have been due to the nature of client' condition rather than differences in service provision.

### 6. Experience with the occupational therapist

Respondents praised good communication during the assessments, with the vast majority feeling involved by the occupational therapist, saying that their views were being listened to and they felt able to ask questions.

Just over half of the respondents (71) were given the details of other services available to them.

Everyone that responded (122) told us that they were treated with respect.

Just over one third (82) of the respondents said that their issues or difficulties have been resolved. However, it is worth noting that

many of those who said their issues were not resolved saw an occupational therapist to help with their long term conditions or had just started seeing the occupational therapist. Most of these people confirmed in the follow-up question that they knew about a plan for future resolution.

It is also worth mentioning that there were exceptions in some clients' cases whereby their primary issues were resolved in the meeting with their occupational therapist but a plan was put in place to tackle some further concerns.

The experience was considered very positive by the majority of the respondents, with 118 people rating their occupational therapists as excellent or very good. Many talked about their occupational therapists as "friendly"; "helpful"; "respectful" and "motivating". They took time to listen and provide thorough assessments. In many cases, people told us that the occupational therapists have made a real difference to their lives.

However, the experience was made more challenging for some who found getting in touch with the right person, or receiving equipment, to be a long and frustrating process. We were told that occupational therapists don't have total control



over the timescale for equipment delivery, although they can help by doing their request quickly and accurately.

The reported experience for people being seen for mental health and well-being was slightly less positive compared to the rest of the group.

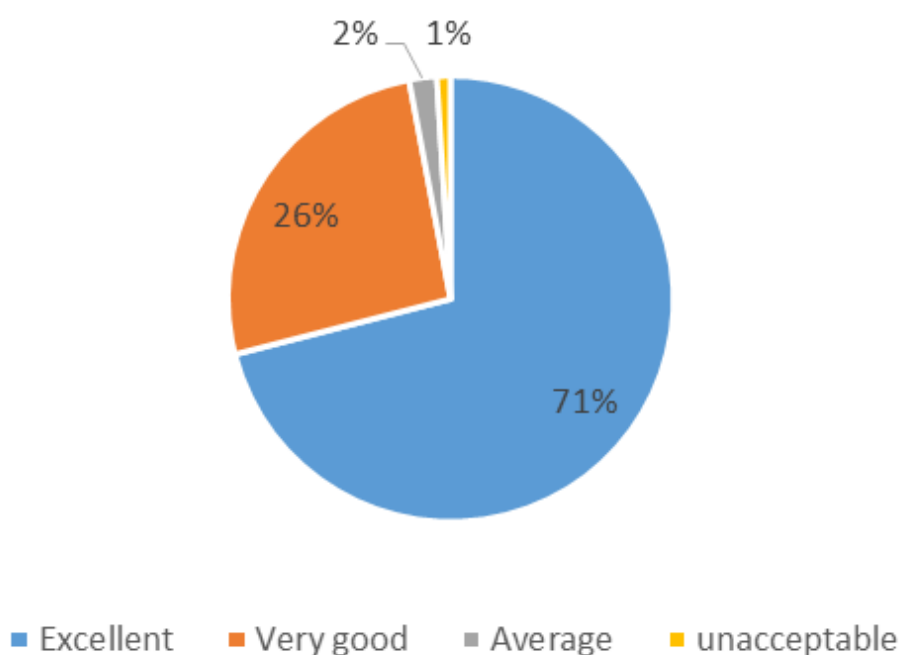
A small proportion (34) of the respondents had seen other occupational therapists at local centres in the previous 12 months.

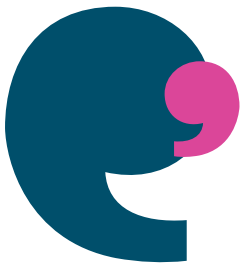
In the final comments the respondents were once again full of praise for the

occupational therapists for the help they offered. Many of them have done a 'first class' job and are an important factor in their life.

However, some people reported difficulties in being referred. A lack of communication between different care professionals and between departments was also an issue. In some cases, the equipment took a long time to arrive.

### How would you rate your overall experience for the assessment by the Occupational Therapist?





### Our Recommendations

The response to the survey was overall very positive. Four recommendations have been identified:

1. When equipment is being ordered, it would be helpful to keep the patients and service users informed on the progress, especially when a long wait is to be expected.
2. Changing an occupational therapist can be difficult and many respondents have expressed concerns about the complexity of the process and the annoyance at having to repeat their information. Simplifying the process and improved handover/information sharing are crucial in helping during transition.
3. A few patients and service users said that they should have been referred earlier. Ensuring that GPs and other professionals in the health and care system are well informed and up to date about the occupational therapy service and support could improve appropriate and timely referrals.
4. As just over half of the clients said they received information about other services, there is scope for improving how information about other support and service options can be shared with clients.

### Next Steps

The report will be shared with Pan Leeds Occupational Therapy Project Board.

We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.





## Appendix 1 number of clients who took part in the survey

Name of the organisation	Number of clients took part	Number of clients withdrew
Leeds City Council	39	7
Leeds Community Foundation Trust	14	6
Leeds and York Partnership Foundation Trust	14	5
Leeds Teaching Hospital Trust	60	27
<b>Total number</b>	<b>127</b>	<b>45</b>

Reason for withdrawing from the survey	Number
Wrong information was collected on the consent form	12
Client changed their mind about taking part	11
Unable to contact clients despite 3 or more attempts made by Healthwatch Leeds volunteers	11
Client is not available to take part due to change of circumstances	9
Call blocked by client's phone	2
<b>Total number</b>	<b>45</b>

## Appendix 2 Monitoring data - 'who we spoke to'

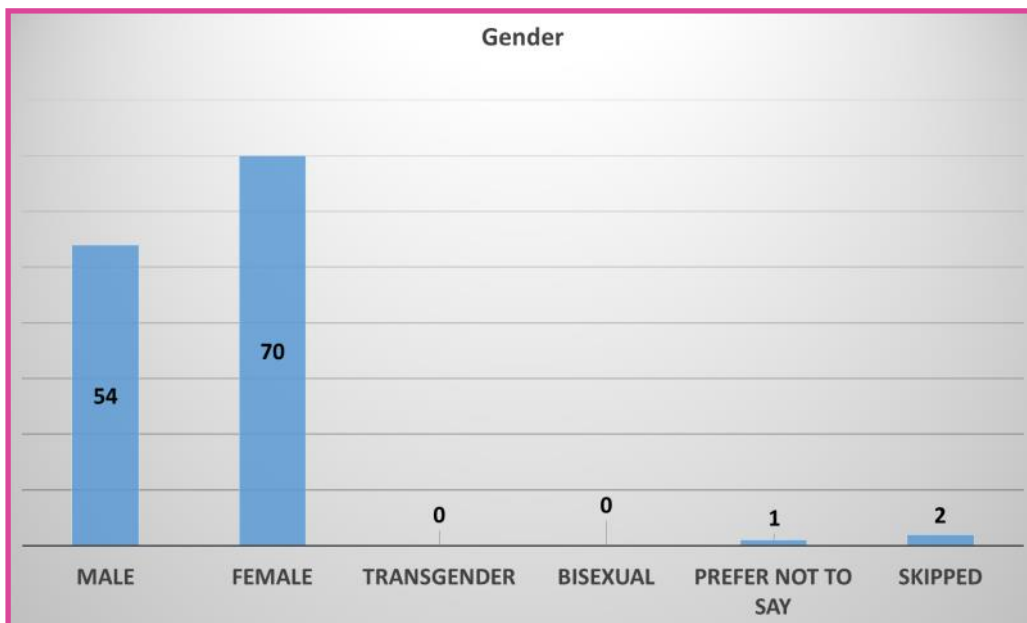
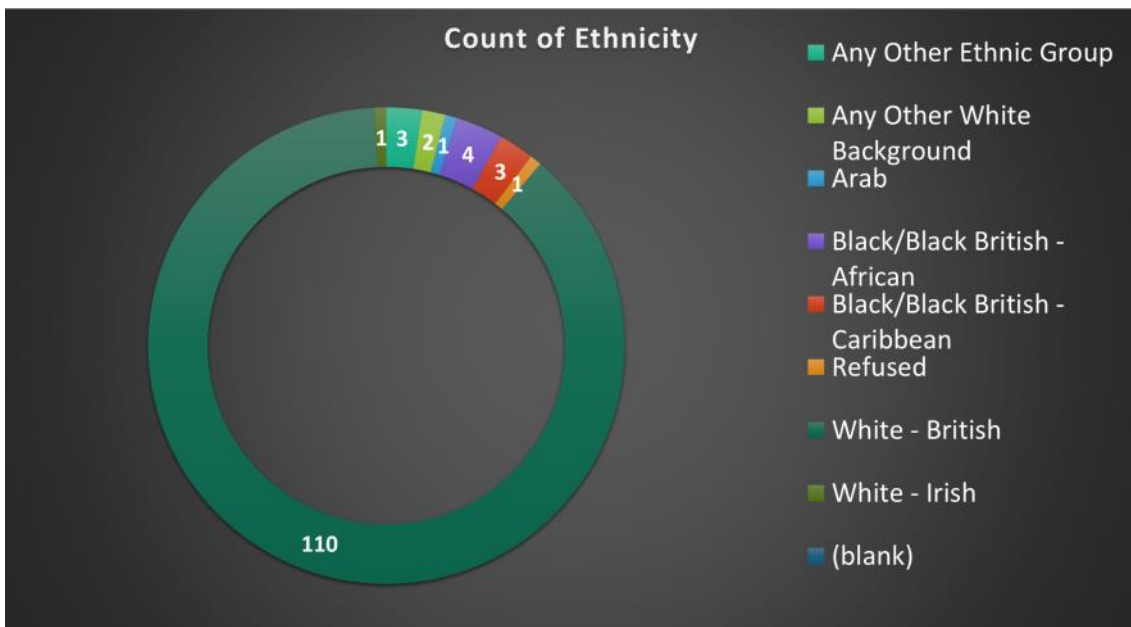
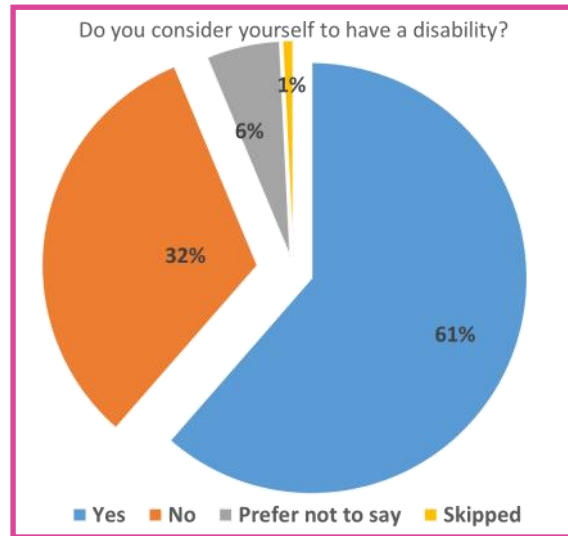
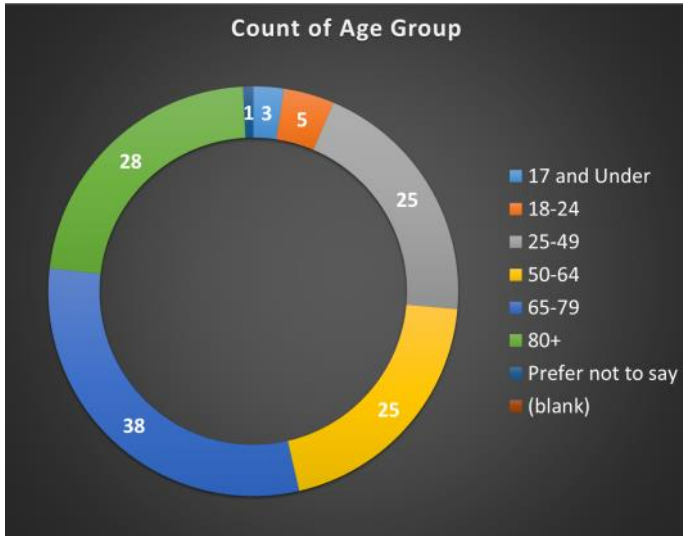
### The first part of the clients' postcode

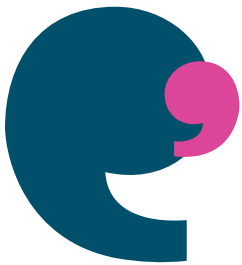
Post code	LS1	LS2	LS3	LS4	LS5	LS6	LS7	LS8	LS9
Number of clients	1	1	0	0	2	6	7	3	9
Post code	LS10	LS11	LS12	LS13	LS14	LS15	LS16	LS17	LS18
Number of clients	2	5	4	10	10	5	3	10	2
Post code	LS19	LS20	LS21	LS22	LS23	LS24	LS25	LS26	LS27
Number of clients	2	1	9	2	0	0	3	5	6
Post code	LS28	LS29	BD	WF	Other	Skipped			
Number of clients	5	1	1	5	5	2			



Respondents' Ethnicity

Ethnic Group	Any other Ethnic Group	Any other Ethnic group -Mixed background	Any other Ethnic group-White background	Asian Chinese	Asian/Asian British-Any other Asian background
Number of Clients	3	0	0	0	0
Ethnic Group	Asian/Asian British-Bangladeshi	Asian/Asian British- Indian	Asian/Asian British-Kashmiri Pakistani	Asian/Asian British-Pakistani	Black/Black British-African
Number of Clients	0	0	0	0	4
Ethnic Group	Black/Black British- Any other Black background	Black/Black British-Caribbean	Mixed-White and Asian	Mixed- White and Black African	Mixed White and Black Caribbean
Number of Clients	0	3	0	0	0
Ethnic Group	White-British	White-Gypsy/Roma	White-Irish	White-Traveller of Irish heritage	Any other white background
Number of Clients	110	0	1	0	2
Ethnic Group	Arab	Skipped	Refused		
Number of Clients	1	2	1		





### Appendix 3 Full statistics of each survey question

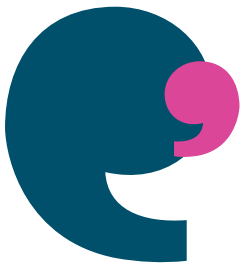
<b>1. You were recently assessed by an OT where was this?</b>	<b>Responses</b>	<b>Proportion</b>
In Hospital (as an inpatient)	46	37%
Outpatient Clinic (within the hospital)	20	16%
At Home	56	44%
Other	3	2%
No answer	2	1%
Total respondents to this question	125	
<b>2. Were you aware the person discussing your issues/difficulties with you was an OT?</b>	<b>Responses</b>	<b>Proportion</b>
Yes	118	94%
No	7	6%
Total respondents to this question	125	
<b>3. Did the OT explain their role?</b>	<b>Responses</b>	<b>Proportion</b>
Yes	117	95%
No	7	5%
Total respondents to this question	124	





5. What were your reasons for being seen?	Responses
Physical Injuries	55
Mental Health and Well Being	16
Learning Disabilities	2
Long Term Condition	59
Review	2
Other	10
Total respondents to this question	125
6. What did the OT help you/offer to help you with?	Responses
Advice	82
Information	66
Equipment	81
Adaptations	55
Splinting	15
Joint Protection Advice	14
Daily living activities	58
Other	12
Total respondents to this question	125

7. Did the OT involve you in decisions that were made about your care?	Responses	Proportion
Yes	114	93%
No	9	7%
Total respondents to this question	123	
8. Throughout the assessment did you feel that the OT listened to your views and what you wanted to achieve?	Responses	Proportion
Yes	120	98%
No	3	2%
Total respondents to this question	123	

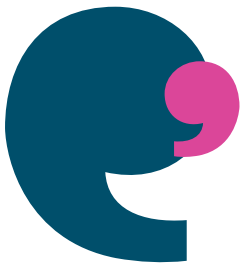


<b>9. Did you feel able to ask questions during the assessment?</b>	<b>Responses</b>	<b>Proportion</b>
Yes	118	97%
No	3	3%
Total respondents to this question	121	
<b>10. Did the OT offer you any information about other services available to you or</b>	<b>Responses</b>	<b>Proportion</b>
Yes	71	57%
No	38	30%
Don't Know	15	12%
Total respondents to this question	124	
<b>11. Do you feel that you were treated with respect?</b>	<b>Responses</b>	<b>Proportion</b>
Yes	122	100%
No	0	0%
Don't Know	0	0%
Total respondents to this question	122	
<b>12a. Were the issues or difficulties that you have resolved?</b>	<b>Responses</b>	<b>Proportion</b>
Yes	82	67%
No	31	25%
Don't Know	10	8%
Total respondents to this question	123	
<b>12b.If you said No, or don't know, is there a plan for resolving them?</b>	<b>Responses</b>	<b>Proportion</b>
Yes	45	72%
No	9	14%
Don't Know	9	14%
Total respondents to this question Please note only 41 said no or don't know on 12a; reason has been explained in main report.	63	



13. How would you rate your overall experience with the OT?	Responses	Proportion
Excellent	86	71%
Very Good	32	26%
Average	2	2%
Poor	0	0
Unacceptable	1	1%
Total respondents to this question	121	
15. Have you seen any other OTs in the last 12 months?	Responses	Proportion
Yes	34	27%
No	85	67%
Don't know	7	6%
Total respondents to this question	126	





Appendix 4 Comparison of offer from occupational therapists from different organisations for long term conditions and physical injuries.

Long Term Conditions

Site	Number of clients seen	Average pieces of support provided	Top 3 types of support from each organisation		
			Most popular	Second	Third
1&2 (LCC)	25	2.8	Equipment 22	Adaptation 14	Advice 13
3&4 (LYPFT)	2	Sample number was not sufficient to join in the comparison			
5 (LTHT)	27	3.3	Advice 22	Information 15	Equipment 15
6 (LCH)	5	Sample number was not sufficient to join in the comparison			

Physical Injuries

Site	Number of clients seen	Average pieces of support provided	Top 3 types of support from each organisation		
			Most popular	Second	Third
1&2 (LCC)	11	4.1	Adaptation 10	Equipment 9	Advice 9
3&4 (LYPFT)	1	Sample number was not sufficient to join in the comparison			
5 (LTHT)	32	3.8	Advice 27	Information 25	Equipment 24
6 (LCH)	11	2.3	Equipment 8	Daily living 6	Adaptation/ advice 4



### Appendix 5 Comments from clients

We have received many positive comments about OTs and have selected a collection in this appendix for reference. We have also selected some comments on things that could be from the clients prospective.

#### Occupational Therapists at LCC

*“Very happy with the service. OT was friendly and provided useful information. Equipment was received quickly”.*

*“She was very helpful; explained everything to us and makes sure we understand everything. She had an excellent understanding of the situation. My mum has got dementia, she made sure there is a family member to be there to cover things. When she made appointments, she would make sure that I was available. She was very thorough”.*

*“She goes out of her way to help and provide and give suggestions to improve and acts on them quickly”.*

*“The OT clearly had a high level of practical knowledge, gave clear instructions and was very respectful”.*

#### Comments on LCC's service/areas of improvement

*“I feel that seeing the same person is most helpful for continuity”.*

*“I would like easier access to the OT's direct phone number instead of having to go via the district nurse”.*

#### Occupational Therapists at LYPFT

*“It was a combination of the fact that she listened, treated me as an individual, as a human being and was so professional”.*

*“Keeps you motivated, makes your day easier”*

#### Comments on LYPFT's service/areas of improvement

*“If it ran for longer - you're doing well and then suddenly it's over”.*

*“The service needs more resources. You need to get to rock bottom before you are seen and I feel there should be earlier intervention and help offered by the Occupational Therapy Service”.*

#### Occupational Therapists at LTHT

*“Invaluable service. Not only did they provide helpful equipment, the OT put my mind at ease when I was worrying I'd be disabled for life”.*

*“OT was very friendly, approachable and very professional, I felt listened to. Assessment was thorough and adjustments were made quickly”*

*“I couldn't have asked for any better. Treated me like a person, with respect Went above and beyond to help me. Would rate her higher than excellent if I could!”*

*“Very professional, very helpful, great*



*listener, explained everything. Fantastic experience!"*

### Comments on LTHT's service/areas of improvement

*"Promoting the number of devices available - I was surprised at how many existed".*

*"The Occupational Therapists were good. The only thing was the administrative side of the service. My son's appointments were mixed up. He was supposed to see the OT then the Physio but this was wrong. It was the other way round and we had to wait 30 minutes between appointments. They also lost the notes. There should be more communication between departments. The actual staff were very nice, however".*

*"I feel that the OT wasn't able to offer me as much as they would have liked to because of funding issues".*

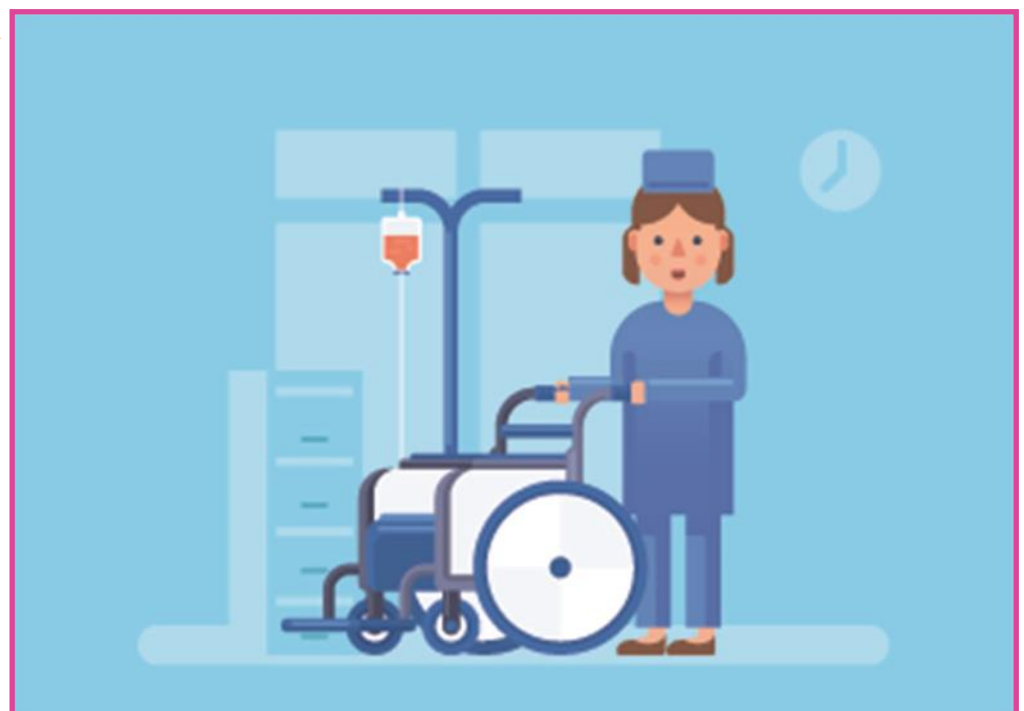
### Occupational Therapists at LCH

*"Immediate care, ongoing support with good local links".*

*"Service user said that OT has been 'amazing' and 'brilliant' and has done everything they said they would".*

### Comments on LCH's service/ areas of improvement

*"provided adjustments physically but yet to support mental wellbeing and confidence"*





### Thank you

This report has been written by Tatum Yip, Community Project Worker at Healthwatch Leeds, in collaboration with David Sgorbati; Juntao Lvu and Naz Mahmood.

We would like to thank Alison Griffiths and Michelle Cale from Leeds Adult Social Care; Healthwatch Leeds volunteers: Naz Mahmood; Anna Chippindale; Helen Speight; Martin Kennard; Leanne Holdsworth; Betty Smithson; Alison Potts; David Sgorbati, Juntao Lvu and Mulugetta Kidane-Mariam who have helped with different aspects of the project.

### Providers Response

Pan Leeds Occupation Therapy Project Board has responded with a detailed action plan. This is published along with this report on our website.





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