healthwatch Trafford

Occupational Therapy Services: Assessments Adaptations, and Equipment

Healthwatch Trafford Student Experience Internship Project

January 2023

Contents

Introduction

This report investigates the potential impact of the COVID-19 pandemic on Trafford residents due to changes in accessing Occupational Therapy (OT) services, adaptations, and equipment. Our report aimed to assess the current status of access to OT services and adaptations and to identify any ongoing issues or examples of best practice.

It should be noted that whilst this report sought out experiences related to the OTs and re-ablement services in general, much of what we have heard relates specifically to Occupational Therapy assessments, adaptations and equipment services, which is a specific service run through the One Stop Shop in Trafford[1] [2]. This service relates to assessments for Occupational Therapy referrals and any subsequent adaptations or aids. We identified anecdotal evidence from both patients and health professionals that suggested there were ongoing problems and delays with accessing OT and adaptations services during and post pandemic. As a result Healthwatch Trafford began investigating people's experiences of occupational therapy services in the Trafford area between November 2021 and February 2022, and published a report on this in April 2022[3]. This report found a range of reasons for accessing OTs including sensory needs, children's healthcare, hip replacement, general physical health, and sore joints. The type of support received included mobility aids, adaptations, exercise guidance, and general advice. Whilst the number of respondents was small, we found that OT has a positive impact on patients' health when used. However, we found that patients faced various challenges in accessing OT. There was an awareness of the shortage of practitioners nationally and locally. In one instance, this resulted in a patient paying for private treatment.

Occupational therapy services aim to assess and support the complete recovery of patients following discharge, enabling them to retain or improve their quality of living and helping them become more independent following treatment. During

[1] https://www.trafforddirectory.co.uk/kb5/trafford/fsd/advice.page?id=DiROpWL0CeM

[2] https://traffordlco.org/services/adult-community-services/one-stop-resource-centre/

[3] https://www.Healthwatchtrafford.co.uk/report/2022-04-06/hw100-occupational-therapy-services-project

the pandemic, the redeployment of OT services in the NHS resulted in longer waiting times and reduced access to both community-based OT and OT departments.

Project summary

Our project objective was to find out what the experiences of patients in accessing occupational therapy and adaptative equipment have been, both during and post the main COVID-19 pandemic. The project ran from 27th June to 19th August.

The expected outcomes were:

- Assessment of what the effect has been on these services during and after COVID-19.
- Understanding possible solutions.
- Identify instances of best practice.
- Identify instances of where things could be improved.

This project was conducted by the student intern (Shreya Nandakumar) alongside staff. A set of objectives was focused on giving the intern experience working in Healthwatch Trafford:

- Student intern to gain experience of working in HW Trafford environment.
- Collected engagement experiences for use in report or other publications.
- Working with the team to develop the project over time.
- Presence at regular team meetings, either virtually or in-person dependent on situation.
- Background research on the topic with a focus on Trafford.
- Liaising with local community groups and organisations as directed.
- Assisting with talking to residents or working with feedback gathered through online methods.
- Either part or full analysis of any feedback depending on the volume and complexity.
- Writing-up the project.
- In-put on social media and news articles for promoting the final report.

In order to achieve these objectives, we started by summarizing the work that the Healthwatch network had already done on OT and related services and experiences. We then looked at how commissioners and providers intended services to be accessed. We also intended to gather more of the general public's

experiences with OT services, primarily through community groups that support those residents most likely to need OT and adaptations services.

Ultimately, we expanded our understanding of OT services locally by getting a better picture of the possible pathways related to OTs. We spoke to commissioners and providers, conducted a short survey of local GP practices, and heard from community groups. This report raises relevant questions for accessing and planning OT services in Trafford and has implications in the rest of England.

It is worth noting that the project was planned for several months beforehand, and every effort was made to set-up relevant meetings and ready background information for our student intern. Despite this, Shreya was only with us for eight weeks and as such there was not always time for those we contacted to get back to us within the time available.

Key findings

1. Multiple stakeholders provided **anecdotal evidence** that suggests numerous issues exist around accessing OT and adaptations services. However, we found that there is little readily available physical evidence to support this.

2. **Healthwatch network references**: we found there was not much published on the topic of OT and re-ablement services in the Healthwatch report library[4]. While there may be currently unpublished projects in progress, there was a lack of easily available work from the network to draw on for this study.

3. **General references:** we were able to find some general sources on OT services and re-ablement to better understand the national situation, however even these acknowledged there is a need for more qualitative study. We also noted a lack of localised analysis, which presents a gap for future study.

4. **Community groups**: We heard from community groups that there may have been issues accessing OT related services over the pandemic. However, we were not able to gather more in-depth public comment or published evidence to support this.

5. **Commissioners and services:** We were able to speak to local commissioners about OT services and found that these can be accessed at a variety of different levels. COVID has caused challenges for the planning and delivery of services, with a mixture of funding changes, staff sickness, difficulty recruiting, and necessary adaptation during the COVID pandemic playing a part.

6. **GP survey**: following our conversations with service commissioners we were able to conduct survey work with local GPs. This revealed the importance of OT services, the knock-on effects for patients when they cannot be accessed, and some potential areas for better understanding.

[4] https://www.healthwatch.co.uk/reports-library

Recommendations

Community level

We recommend that there be a wider discussion between stakeholders on meaningful sets of data related to their activities. Better and more available local data would allow community groups to better understand the local context and enable other groups to build on this understanding as well. Gathering and sharing regular case studies could provide evidence for commissioners and service planners on best practice and current issues experienced by patients. For those organisations that work under contract to the Local Authority, there is an opportunity to review how data related to public experience is reported, in order to improve the quality of data and available evidence.

Commissioner and service delivery level

We suggest that issues reported around the supply chain for adaptations such as wheelchairs or home modifications be looked at in conjunction with the One Stop Resource Centre[5] to clarify whether these have now been resolved (as reported by MFT), or still exist (as reported by community organisations).

We also suggest that work be undertaken to look at reducing the waiting times for an initial OT assessment. Available evidence shows that reductions in waiting times are likely to improve long term health outcomes and prevent re-admission to hospital (see 'benefits of occupational therapy' in the Relevant national reports and publications section).

It would be useful for us to be updated as community OT services resume. Following this report, we would like to monitor the ongoing situation in order to better signpost potential enquiries and represent local people in the various forums we attend. This would also enable HWT to help manage public expectations relating to OT services.

We heard some referrals from GPs had been rejected or delayed after being received by OT services. Could the Local Medical Committee work with other

[5] As detailed in the methodology section, we did contact but were unable to get a response during the project timescales.

stakeholders to clarify the referral process and offer guidance on the criteria to GP practices to reduce this happening?

Healthwatch England

This project has found few published reports by the wider Healthwatch network on the topic of OT and re-ablement services. Local Healthwatch are therefore in a position to improve understanding of the local situation and identify whether the situation differs across the country. In its role as a lobbying group Healthwatch England can collate the findings and could encourage further work on the topic. This may include lobbying for changes at parliamentary level and with wider system leaders.

Previous work on occupational therapy services by the Healthwatch network

Before carrying out this project, we looked at previous work by local Healthwatch to see if there was any relevance to experiences in Trafford. Reports have been grouped into those looking directly at OT services and Enter and View reports. Other Healthwatch reports included only minor references to OTs so were excluded. Further details can be found by referring to the links in the Appendix.

Reports looking at occupational therapy services

We found three reports done by Healthwatch regarding OT services and adaptations:

- In 2017, Healthwatch Leeds produced a report called "*Understanding people's experience of using Occupational Therapy Service*" which was done as part of the design of OT services in Leeds. This report found that physical injury and long-term conditions were the main reasons for seeing OTs. Overall, people seemed happy with the service organisers, although there were some concerns from subgroups, like mental health patients, and about the speed of referral which was linked to receiving equipment.

- In 2022, Healthwatch Brighton and Hove produced a report titled "*Evaluation of Brighton and Hove's Equipment and Adaptation Service*" as part of a recommissioning process. This was a very detailed look at the service with 66 pages and over 340 respondents, a high number of whom had a disability. The majority of people were notified of the delivery, but there were gaps in informing people about how to return things or report faults. Some had issues with accessing the internet to use the online system for orders and returns. The report further found that there were a variety of reasons for equipment, including personal care, moving around home and control of daily life. Over 75% of people needed equipment due to a physical disability. Disadvantaged groups were not found to be negatively affected in most cases, and when asked, prescribers said they did review ongoing need

plus whether items could be recycled. This report also included guide questions on the process for getting equipment and how it is delivered, which proved useful for our work.

- In 2022, Healthwatch Wiltshire produced a report called "*What people told us about Medequip's Community Equipment Service*". Overall, people had a positive experience of the service. However, there were issues around ongoing servicing and taking away equipment no longer needed. This report is also of particular interest to us because it looks at the specific types of community equipment (e.g. walking frame), paediatric equipment (e.g. children's seating), continence products, and ceiling track hoist. They also identified a need for better co-ordination between services – the contracted equipment provider, wheelchair service, and incontinence service are all separate.

These are the best examples of work done by Healthwatch overall regarding OT services and adaptations. We felt that these showed areas for future work and an opportunity for us to contribute with the experiences of people in Trafford. The report demonstrates the complexity of this topic area, for example, the many routes to accessing the relevant services, and the many groups involved in delivering them.

Enter and View Reports

We found a small number of Enter and View Reports that mention OT and reablement services. The nature of Enter and View reports is such that they tend to focus on what assessors find on the day. This means that they may not always be as detailed as a research report.

- In 2015, Healthwatch Enfield produced an Enter and View Report called "Enter &View Report: Capetown Ward". One key recommendation found in this report is "…that prompt action is taken to harmonise the equipment used to support patients in Capetown Ward with the equipment being supplied by

local council OT departments to support patients in their own homes after they have been discharged". This highlights the importance of the support given to patients by both the hospital before their discharge and in their homes following discharge.

- In 2020, Healthwatch Milton Keynes produced an Enter and View Report titled "Enter and View Report Campbell Centre". They found that patients were happy with the OT services provided in a hospital setting as part of mental health treatment. This report shows the many places that OTs work and the complexity of the service.

Relevant national reports and publications

Local picture regarding occupational therapists

Manchester University NHS Foundation Trust (MFT) requested that we submit a Freedom of Information request in order to provide data relevant to the project. This was done and responded to, with the key findings detailed below:

Our initial question was "*[could they] provide quantitative data about waiting times for supplying equipment i.e. major and minor adaptations to the NHS".* The response to this question indicated that as of July 2022 an average waiting time of 6 months was being experienced for OT assessments. This is an average number and the response indicated requests are triaged and based on need.

We also asked for *"The number of blockages (if any) experienced in the supply chain pre-, post- and during the pandemic and how many of reported issues have been resolved so far"*. The response suggested that whilst there had been blockages in supply chain, these were now resolved. It is also important to mention that Trafford and Manchester had assisted each other during this time where possible to ensure equipment was available.

It is useful to have the Freedom of Information Request to use against what we have heard from various sources in this project. It suggests that the guide of 6 months is accurate, with it likely there are some below and above this average.

National picture regarding occupational therapists

Prior to the initial COVID pandemic in 2020–21, there were already identified shortages and difficulties in retention for occupational therapy staff in the UK. A 2019 review conducted by the UK Government's Department of Health review found that:

"It is evident that the Occupational Therapy profession faces a number of challenges in terms of having a staffing resource with the capacity and skills to manage the increasing demand across all areas. These areas are clearly highlighted in this review document. In doing so, the profession is mindful of the need to ensure the delivery of safe and effective services that continue to meet the needs of service users." (UK Gov. Department of Health, 2019, p.7[6])

A 2017 report focusing on London looked at the range of issues facing service planners. One of the key challenges at the time was removal of occupational therapy from the shortage occupation list, with knock-on effects in available staff:

"*There is concern that if the shortage situation is not addressed, the risk is that occupational therapy will not be available to the population of London as these posts will inevitably be lost. The loss of these posts may impact the health, wellbeing and the ability to live independently of patients, service users and their carers in London. An additional risk is the cost efficiencies that occupational therapists bring through prevention services will be a loss to both health and social care economies."* (London South Bank University, 2017, p.16[7])

This issue was also found in the 2019 Department of Health review.

In recent years Occupational Therapy has been re-added to the shortage occupation list and so international recruitment can rise. However, we have

[6] Department of Health (2019) Department of Health Workforce Review Report Occupational Therapy 2019 – 2029 (https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-occupational-therapy-workforce-review2019-2029_0.pdf) accessed September 2022.
[7] London South Bank University, College of Occupational Therapists, NHS Health Education England (2017) An Investigation into the Occupational Therapy Workforce in London (https://www.rcot.co.uk/news/new-report) accessed September 2020.

subsequently had the COVID pandemic and The Royal College of Occupational Therapists has looked at the impact in a report published in 2020.

"*Almost all participants (97.6%, n=1,464) said that the COVID-19 pandemic had had an impact on their role, responsibilities and duties.*" (Royal College of Occupational Therapists, 2020, p.9[8])

"*The pandemic has and will continue to impact on health and wellbeing, not just of those accessing occupational therapy services, but all those in the profession who have experienced changes in their professional lives or undergone COVID-19 related personal trauma and the demand for mental health support cannot be underestimated.*" (Royal College of Occupational Therapists, 2020, p.35)

Therefore, while there have been documented challenges of recruitment and retention, COVID-19 has presented additional barriers which have knock-on effects for patients. This is the national backdrop to services within the UK context.

Disabled Facilities and adaptations

AgeUK acknowledges the possibility of a delay for patients in their published factsheet on equipment and adaptations, but also clarifies that people may be eligible for extra support should timescales be long:

"*There can be long waiting times for an OT assessment. There is no time limit to provide disability equipment or adaptations but you should not have to wait longer than is reasonable. Excessive delays can be challenged and high-risk needs should be dealt with promptly. If there is delay in providing equipment or adaptations, the local authority still has a duty to meet eligible needs in the meantime. For example, if there is delay providing adaptations to help you use*

[8] The Royal College of Occupational Therapists (2020) The impact of the COVID-19 pandemic on occupational therapy in the United Kingdom 2020 (https://www.rcot.co.uk/sites/default/files/The_impact_of_the_COVID-19_pandemic_on_occupational_therapy_in_the_United_Kingdom_-_Survey_report.pdf) accessed September 2022.

the bath or shower, that might mean the local authority must temporarily arrange a care service to help you with washing." (AgeUK, 2022, p.5[9])

We also found indications of what disabled facilities grants typically include:

"…the most common DFG adaptation is a level-access shower (55%). Stairlifts (either straight or curved) make up a quarter of applications approved and ramps 10%. Bedroom and bathroom extensions, the most expensive adaptations for people with more severe impairments, only comprise 3% of approvals. Often a DFG includes smaller adaptations in addition to a shower or stairlift, such as grabrails, heating or lighting improvements, but these are not shown in the figures. Discretionary DFG grants are starting to be used to pay for a range of other work, such as home from hospital services, repairs, decluttering and deep cleaning, but there are no national level data at present." (UK Gov., 2018, p.46[10])

However, there is also a noted lack of data around the cost-savings of completing disabled facility grants. The issue being partly down to a lack of uniform recipients and requirements:

"Determining the actual cost savings to health and social care is more difficult. This is an international problem, not just one affecting the UK. Chiatti and Iwarsson (2016) noted that there is a 'paucity of systematic evaluations' and 'few studies containing economic appraisals'[45]. The reasons they give for this are: the heterogeneity of the client group; the variety of home environments; adaptations not being easily standardised as they are customised to the needs of the client; and the number and variability of outcomes. Most studies have tended to focus on functional ability and/or falls." (UK Gov., 2018, p.55)

Benefits of occupational therapy

[9] AgeUK (2022) Disability equipment and home adaptations factsheet (https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs42_disability_equipment_and_home_adaptations_fcs.pdf) accessed September 2022.
[10] UKGOV (2018) Disabled Facilities Grant (DFG) and Other Adaptations –External Review 2018 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762920/Independent_Review_of_the_Disabled_Facilities_Grant.pdf) accessed September 2022.

We searched for evidence to understand the impact that occupational therapy services might have on patients. Whilst there is agreement that the service is beneficial to patients, more work is needed to understand the impact on daily life. A 2011 systematic review, which looked at the impact of occupational therapy found that:

"Only six studies met the inclusion criteria and varied regarding population, outcome measure, or had weak descriptions of the methodology used. Thus, a univocal indication of "good practice" of an OTI aiming at RTW is lacking. Even though, the results of this review contribute to clarifying what steps need to be taken to construct the evidence needed and, even more, can stimulate occupational therapists and researchers in their efforts to continue the work that needs to be done." (Desiron et al, 2011, p.13[11])

Previous work in London on the challenges facing occupational therapy services also found a lack of detailed evidence:

"An additional risk is the efficiencies that occupational therapists may bring through prevention services (and their associated cost savings) which would be a loss to both health and social care economies.

However, outside of the occupational therapy professional leads' feedback there is little quantitative or qualitative evidence relating to these problems and issues." (Desiron et al, 2011, p.4).

This should stir us to further inquire into this area.

Local Government Association articles and guidance

Whilst we do not have enough space to discuss all of the sources from the Local Government Association[12], the table below summarises some relevant links from the group:

Title	Date	Link	Summary

[11] Désiron et al, BMC Public Health, 11:615 (2011), Occupational therapy and return to work: a systematic literature review – 2011 (https://www.researchgate.net/publication/51541293_Occupational_therapy_and_return_to_work_A_systematic_literature_review) accessed September 2022.
[12] The Local Government Association https://www.local.gov.uk/

Greenwich: Integrated care value case: Greenwich, England	November 2013	https://www.local.gov.uk/sites/default/files/documents/greenwich-getting-back-yo-11d.pdf	• Presentation containing multiple flowcharts summarising the referral, reablement and discharge processes and information about who designed them and why.
North Yorkshire: trusted assessment - integrated discharge pathway	September 2019	https://www.local.gov.uk/case-studies/north-yorkshire-trusted-assessment-integrated-discharge-pathway	• NHS England set a target that 15% of decisions on continuing healthcare should be made in an acute setting, but August 2017 performance was at 48%. • 3 pathways: Home, Community based beds, nursing home beds following acute setting. • Model implemented involved using one referral process, one form, one assessment to D2A (discharge to assess) everyone in each pathway. • Number of positive outcomes, with 30% reductions in average number of referrals for decisions on continuing healthcare.
Newcastle: SCDIP Discovery Phase - Newcastle City Council	November 2019	https://www.local.gov.uk/sites/default/files/documents/SCDIP%202019-21%20Discovery%20Case%20Study%20-%20Newcastle.pdf	• Aimed to solve delays in accessing and retrieving equipment. • Issue was that updates on equipment requirement depends on surveys that are not always filled out and people forget to return it • Case study by Newcastle city council – discusses automation of information sharing and a combined dataset.
LGA Guide: Meeting the home adaptation needs of older people	October 2020	https://www.local.gov.uk/publications/meeting-home-adaptation-	• Guide to implementing adaptations in the homes of the elderly. • Some perspectives by AgeUK, mostly a guide on funding, the council's role and statistics about

		needs-older-people	accident reduction following adaptations being installed.
Derbyshire: Improving assessment for home adaptions using smartphones	March 2021	https://www.local.gov.uk/case-studies/improving-assessment-home-adaptions-using-smartphones Related PDF: https://www.local.gov.uk/sites/default/files/documents/SCDIP%202019-21%20Discovery%20Case%20Study%20-%20Derbyshire.pdf https://www.local.gov.uk/sites/default/files/documents/Derbyshire%20Discovery%20Phase%20Review%20WEB.pdf Most recent update: https://www.local.gov.uk/sites/default/files/documents/SCDIP%20Derbyshire%20implementation%20phase%20update.pdf	• OTs have a vacancy rate of 15-20% in Derbyshire and face high demand. • Some wait 11 weeks for assessment according to data at the time. • Covid-19 encouraged new ways of remote work for staff. • As a part of the implementation phase, Derbyshire council rolled out smartphones to staff, adopted the widespread use of Office365 and Microsoft Teams as a collaboration tool and began to implement the guided use of photos and videos to aid virtual referrals / assessments. • Technology has allowed remote assessments to be carried out at the first point of contact, improving the efficiency of the team and allowing more complex cases to be prioritised • Non technological: referral processes streamlined internally and externally. • Predicted to save significant amounts of money and resources

Methodology

Approach we took

Before the student intern joined us, Healthwatch Trafford had already been speaking to local community groups that represent local carers as well as elderly people. These groups are known to work with people requiring OT assessment and re-ablement support. Our prior report in 2022 on OT services was prompted by contact with one of these local groups, with anecdotal information from staff suggesting there was a growing need for investigation into how services were responding during and immediately after the COVID-19 pandemic.

We therefore decided to take an organic approach when beginning this project. We intended to set up meetings with local groups in order to explore the issues for their clients, also contact providers and commissioners to speak to our intern and gain a greater understanding of the local impact of COVID-19 on services now.

Due to the exploratory nature of the project and limited timescale, the intern was with us for eight weeks, we did not set out to do further surveys or interviews with the public. We preferred to see if these might emerge from our ongoing contact, and whether further primary comments would be needed to be gathered from the public based on this.

There were four components to the project:

- Our initial HW100 – OT survey and report
- Contact with community groups in Trafford
- Contact with providers and commissioners in Trafford
- A survey conducted with GPs (see findings section for analysis) which was circulated by the Trafford and Salford Local Medical Committee.

Who we spoke to

Meetings were held during the internship period June 27th – August 19th.

Organisation	Details
Trafford Carers' Centre	• We met with the organisation and were in touch with them about whether local

	carers might have a perspective on OT access and re-ablement. • It was not possible to get further information in the timescale we had.
Age UK Trafford	• Initially the group highlighted a high number of cases in Trafford (estimated 160 related cases) they had seen that had been affected by delays in OT access. • We met with the organisation to discuss this from their staff perspective and requested further details of the cases. • We heard of examples of delayed assessments and the implementation of home adaptations. • The meeting also prompted us to contact private OT plus mobility shops, as we heard some clients had turned to these services rather than wait. • We attended the Age UK Trafford Urmston and Hale Hub on 28th July following our previous meeting, opportunity to speak to attendees about our project. • We were not able to gather further details of the cases during the timescale we had.
Stroke Association	• We spoke to the organisation about their cases and what the experience of accessing OT and re-ablement has been recently. • Two cases were mentioned where changes to the One Stop Shop during the pandemic had made it difficult to get support. • Unable to arrange further conversation with the cases during this project.
Multiple Sclerosis Society	We contacted the organisation to see if they might be able to offer assistance

	from the perspective of patients with MS in the Trafford area.

Providers and commissioners	Details
Naomi Ledwith (Director of Commissioning, CCG), Alex Cotton (Community Transformation Lead)	• We met with her, and she provided information about redeployment of OT due to the Care Act, funding concerns and recent COVID waves affecting staff. • The aim was to better understand the impact of COVID on OT and assessments locally. • Heard how there has been an impact on staffing retention plus availability due to several waves of COVID. • Redeployment during COVID of staff affected services.
Eve Mannerings (Chief Executive, Trafford and Salford Local Medical Committee)	• We met with her to discuss the status of community-based OT today and the impact of delayed OT on GPs. • We worked with her to design and circulate a short survey among GPs in the Trafford area. • Discussed that community based OT service not yet back following COVID pandemic. • Concern raised about the delays and impact on GPs, plus the need for referral to rapid response OT assessments to be clear.
Diane Eaton (Corporate Director for Adult Services at Trafford Council)	• We met with her to discuss next steps for community-based OT. We heard this was in the process of being re-established. • There was some use of Disabled Services Grants to clear the backlog in equipment orders from One Stop

	Resource Centre during the COVID pandemic. • She suggested contacting Richard Spearing, who is writing a report about the current situation with OT services.
Richard Spearing (Managing Director, Trafford Local Care Organisation)	• We have been in contact with him and intend to obtain his perspective and report in the near future on community OT services.
One Stop Resource Centre	We did not receive a response to attempted contact within our timescale.

Community groups

We approached several local groups representing local people in the Trafford area. In some instances, we already had links to these groups, having either worked with them before on engagement or being aware of their longstanding presence in the area through health and service related meetings over the past years.

Our student intern was supported to either make first contact or join us in online meetings with these groups to see what their perspective on the topic matter was.

Further details of the findings from our engagement with these community groups is detailed in the findings. Notes were taken of our conversations, which in some cases led to further routes of enquiry for us. A summary of the meetings can be found the table at the start of this section.

Due to the compressed timescale during which this research was conducted, some follow up contacts were unable to respond to us in time to publish this report and some data requested was not readily available. Furthermore, records of contact points and detailed experiences from clients of other community groups could not always be shared, and differences in data-gathering between stakeholders have to be anticipated and accounted for in the future.

Providers and commissioners

Our student intern took the lead in contacting local commissioners and service planners related to the Trafford area in this project. We were grateful for the responses and contact we had, with several successful meetings arranged.

Through these meetings, we were able to establish aspects of the complexity of accessing OT assessments and support in the borough. Our preliminary research contained in the appendix shows the variations within the different pathways to obtaining OT support. Our earlier engagement on the topic only touched on this and the meetings between our intern and commissioners and providers allowed for deeper questioning of the issues at hand.

Through positive interactions with the Local Medical Committee during this project, we were also able to conduct some engagement through a survey following one meeting. As a result, we gathered 33 responses from GP practices which have proven very useful in tying together the three areas of public experience through community groups, commissioner and planners, and service delivery professionals.

We were able to better understand the complexities and challenges to OT assessments and re-ablement following the meetings we held.

Details of the meetings held are summarized in the table at the start of this section, with findings in the dedicated part of the report.

Findings

Results of GP survey

We spoke to Eve Mannerings, the Chief Executive of the Salford and Trafford Local Medical Committee, regarding the perspective of GPs and other healthcare workers in GP practices on referrals to OT assessments, and the impact of delayed OT treatment on patients' health and the NHS. This meeting was conducted to confirm the effects of delayed OT on patients' health and find out what GPs believe about the current referral procedures and OT assessment system. Following this meeting, we worked in conjunction with Eve Mannerings and her team to produce and circulate a short survey that ran from 25th July 2022 to 5th August 2022. This survey was sent to GP practices in the Trafford area to obtain quantitative and qualitative feedback on the impact of delayed OT on them, their experiences with the referral system and recommendations for future actions. The questions in the survey can be viewed in the appendix.

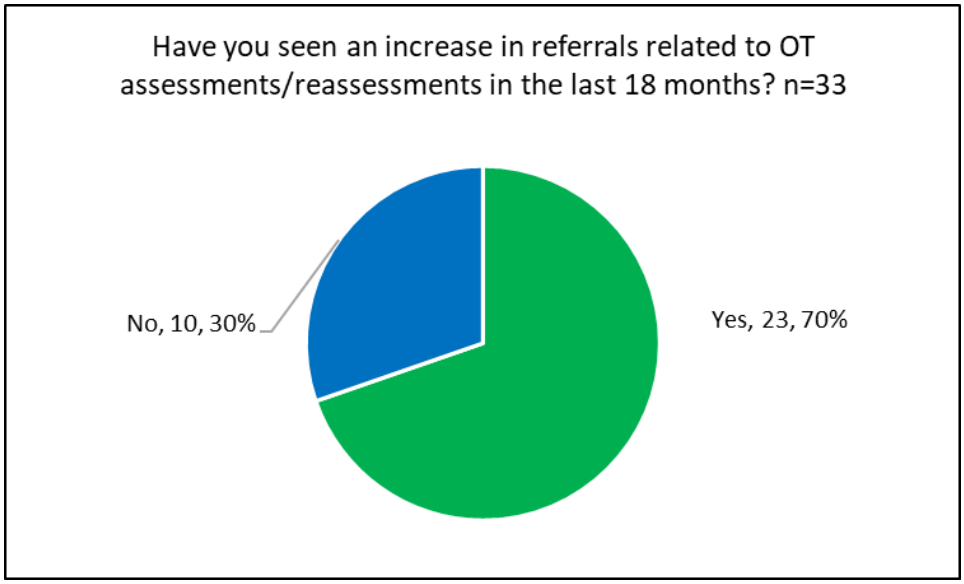
We received 33 responses to the survey from GP practices in the Trafford area, 32 of which are from GPs, and one from a nurse. Almost all the responses indicate the need for increased accessibility to OT to mitigate the development of chronic or long-term health issues following discharge. Over half of the respondents made recommendations based on their experience in referring patients to OT services, which will be outlined later in this report.

Key findings from survey:

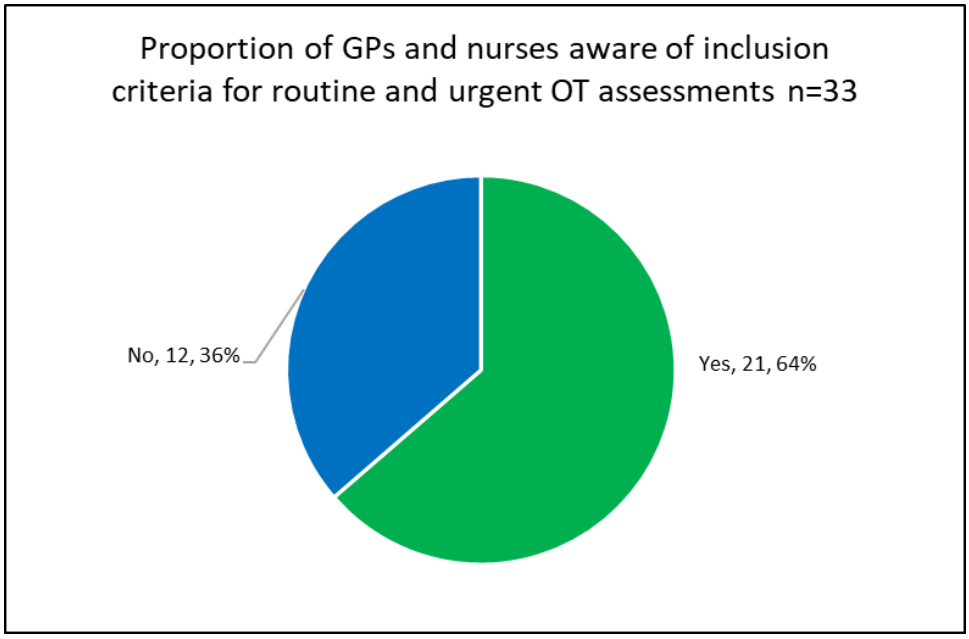
- A majority of respondents estimated referrals related to OT assessment or reassessment had increased in the last 18 months.
- Whilst most knew what the inclusion criteria are for assessment, roughly a third of respondents were not clear.
- Waiting times were estimated between 6-12 months for assessment following referral.
- A high proportion of respondents felt there to be an impact on their workload due to the length of waiting times for assessment to take place (approximately 80%).

- A majority of respondents also believe that 40-60% of patients on the waitlist for OT assessment get readmitted during their wait.
- Suggestions for improvement included: simplifying the referral process, reversing the redeployment of community-based OT services, and implementing a self-assessment procedure for simple aids.

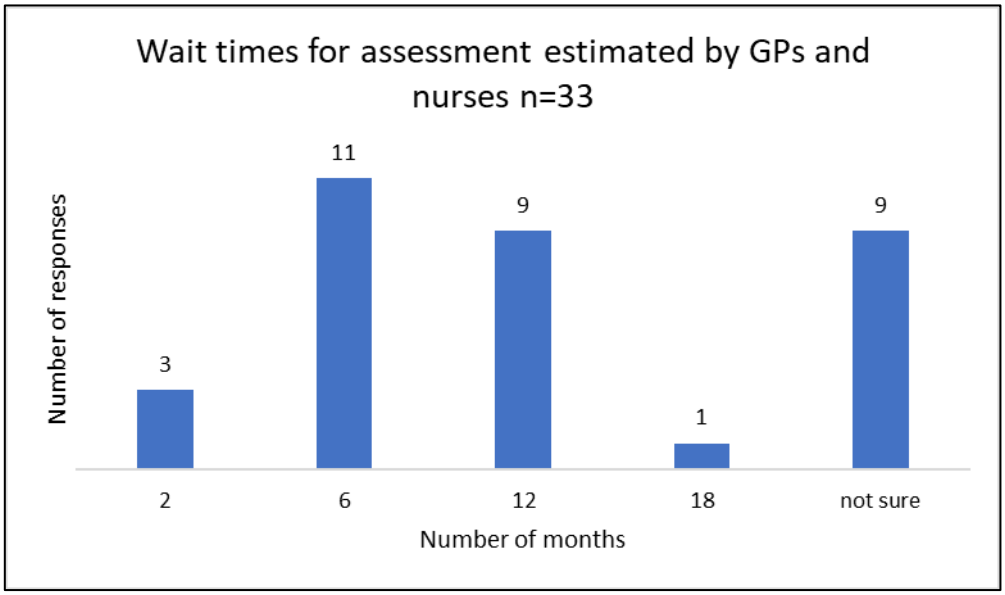
We asked whether GP practices had seen an increase in referrals related to OT assessments/reassessments in the last 18 months (i.e. fall risks, home adaptations, equipment etc). The chart below shows that most felt they had seen an increase (70% said yes).



We asked if GPs and nurses were aware of inclusive criteria for routine and urgent OT assessments. Over half (64%) of respondents were aware of the criteria, but 36% were not. This suggests that there is a gap in the knowledge of GP practices. Some of the respondents to our open question suggested this was because the criteria are complicated.

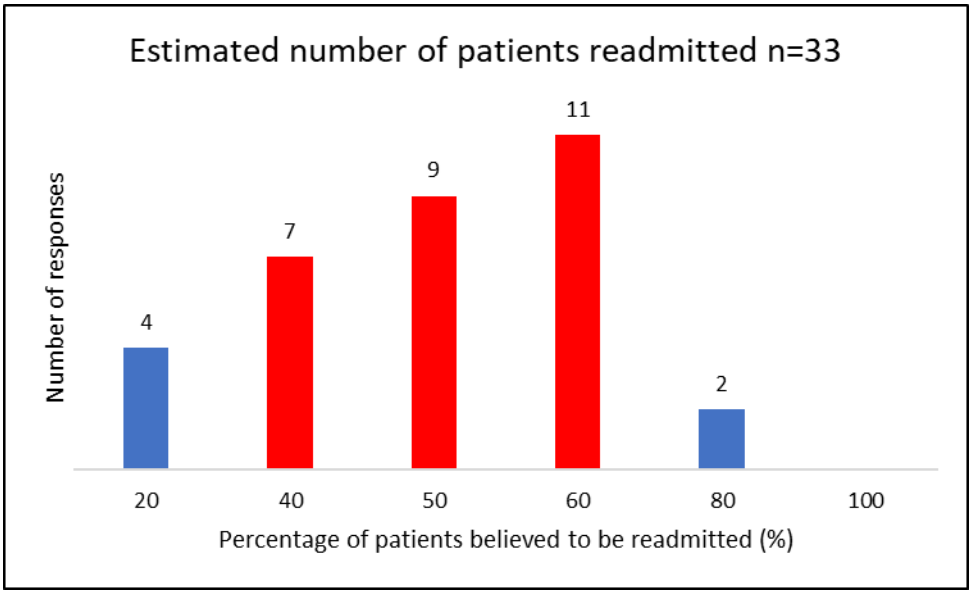


We also asked how long healthcare workers believed the wait times for OT assessments to be. The chart below shows that most believe it to be either 6 months (33%) or 12 months (27%), which indicates a significant wait. However, we also heard that many were unsure (27%). This relates to concerns we heard from before this project began.



When we asked respondents to rate the extent that they believed there was a long-term impact on GP practices due to delayed OT affecting patients' long-term health, 32 out of 33 respondents suggested that the impact was very high. On a scale of 1-5, 6 (18%) of respondents rated the impact to be 4, while 26 (79%) rated it to be 5.

To find out how many patients were readmitted while waiting for an OT assessment, we asked respondents to give us an estimate. The chart below shows that a majority of respondents (29 out of 33) estimated that the percentage of patients readmitted was over 40%. This suggests a significant readmission rate.



Finally, we collected suggestions from respondents for how OT assessments could be made more accessible from this point.

The responses can be grouped into four areas.

Self-referral

One of the ideas to improve access to OT assessments was to enable self-referral. For more complex cases this may not be appropriate, but respondents

seemed to suggest it would work for certain patients with a need for minor aids or adaptations.

"I think the current situation is dreadful on so many levels. We or the patient identifies a risk then it takes months before that need is assessed further […] Patients are usually right if they need a stick/frame then they probably do. Very wrong to have a system that denies patients access in this way. Older patients are already hugely impacted by COVID and often needs these aids at short notice. the service needs to be responsive. When we get an assessment it can be life changing but so can the wait for that input. Is [there] a role for self-assessment for simple needs such as sticks/ frames [etc.]?"

Here the respondent highlights that self-referral could address not only cases where the need was for minor aids or adaptations. Also, that for elderly patients the need for mobility aids can emerge without warning and requires a quicker response to prevent further deterioration.

"Patients or carers being given details on how to self-refer for OT services, particularly on discharge from hospital. Recent discharges should be prioritized."

This respondent also suggests that self-referral would reduce delays in receiving adaptations and accessing OT services after discharge. They argue that recent discharges should be prioritized, which reinforces the argument made in the above quote focusing on prevention and recovery.

It should be noted that the Trafford One Stop Shop Resource Centre for equipment aids does operate a self-referral pathway. Further details are available here[13].

In addition, there are other areas of service where OT assessments are provided such as at the point of hospital discharge, as part of social care delivery, and in local healthcare settings. This means there are a variety of routes to get needs assessed and equipment provided.

Simplifying process

[13] One Stop Shop Resource Centre https://traffordlco.org/services/adult-community-services/one-stop-resource-centre/#1663519373856-a8fbea57-b805

Another idea suggested by multiple respondents was simplifying the current referral process to reduce delays and confusion.

"Unified single referral process…referrals currently rejected if wrong form used but still has a need."

"Simpler more accessible referral pathway - too many referrals are rejected for often bureaucratic reasons."

The above respondents have suggested that the current referral procedures are often blocked by bureaucratic issues. These responses indicate that there are multiple forms in use which may not be as efficient as using a single form and that frequent rejection of forms may be a cause of ongoing delays in OT access.

"Issues with accessing routine [OT] assessments, only rapid response available for which [a lot] of patients do not qualify."

"Clear guidance or who to refer, fast track for patient who are end of life."

The above quotes indicate that there is confusion among GPs regarding the current referral system for OT services, with some not knowing which service is appropriate to refer patients to, or how to make OT accessible for patients who did not qualify for urgent care or rapid response. One response also highlights how for those at end of life a lack of simple referral can be difficult.

Lack of funding/staff/redeployment

Another area identified was lack of funding for the service plus compound issues of staff being unavailable due to redeployment. This redeployment is likely a result of the pandemic and post-pandemic environment.

"[…] we are told there is a 6-12 month wait for OT and they encourage us to refer to RRT- but this is for 72 hrs only and usually not appropriate. It is shortsighted not to increase staff for this service, as will only lead to more admissions. Some pts are buying / renting their own equipment- this isn't acceptable." […]"*

*RRT – Rapid response team

"It has been my impression that resources that were previously allocated to community services were "redeployed" as reablement/ stepdown/ hospital discharge facilitation services. This is a false economy, if it allows patients who are not recent discharges to deteriorate to the point where they need new hospital admissions. Further investment is required, not stealing from Peter to pay Paul."

The above respondents have asserted that lack of resources invested in OT services and/or redeployment of funds from OT services will result in a cycle of patients deteriorating after discharge and being readmitted.

"Increase staff who are equipped to carry out home visits."

Relatedly one respondent mentioned that more visits could be done in the community, which would improve access for patients.

Through discussions with Trafford Local Care Organisation we heard that post-pandemic there have been issues to secure longer-term funding to support the recovery of services. During the COVID pandemic additional funds were given, which did not always continue in subsequent years, despite continued high demand.

Other

We heard that the impact of COVID-19 has continued to be felt by GPs. Notably community access to OTs was said to still not be open.

"Community rehab was inaccessible for 2 years during covid and I'm still not sure if it's running really"

"No patients were admitted waiting assessment as there was no service to refer to but [I'm] sure plenty of patients had admissions because there was no service. I believe the service has just been reinstated but no waiting list was held. As always general practice [loses] out and has to pick up the pieces"

"Patient really unhappy about unavailability of the service which puts more pressure on the front staff especially GPs"

The above respondents have expressed that they believe GPs face the brunt of the impact of the lack of patient access to OT services, partly because of readmissions resulting from no OT and partly because patients directed their complaints towards GP practices. Some also seemed unsure about the current status of OT services, especially community-based OT, which indicates a gap in communication to GPs.

It should be noted that at the time of publication the community rehab service has now been reopened to patients[14].

Age UK Trafford findings

We spoke with AgeUK Trafford in July 2022 to obtain more insight into the issues faced by the community in accessing OT services during the last 18 months and understand the impact of the pandemic in more detail. We gained information from them regarding the increases in the number of referrals since the start of the pandemic, the length of the waiting times and ongoing issues with the provision of informal and formal care post-discharge.

Numbers of cases

We heard that there were 160 cases they had dealt with over the past 18 months who were in need of OT services and/or adaptations, but experienced issues in accessing them. Staff estimated 100 of these had been seen by them in person and 60 requests for help and information had been taken remotely through the advice and information line.

Waiting times

Staff indicated there was a 6-12 month waiting time to receive routine OT assessments from the time of referral.

[14] Community Rehabilitation Team https://traffordlco.org/services/adult-community-services/community-rehabilitation-team/#1663508757765-fe15d8c8-01a5

Assessment following a rapid response or urgent referral from a GP or social worker was said to have a waiting time of one week.

The effect of long waiting times

As a result of long waiting times there was an observation that people might be turning to Private OT services in the area to get the assessment they needed quicker. AgeUK also run a trusted trader list which individuals may use to source adaptations to their home. The impact of these long waiting times is likely to be significant based on our findings from the GP survey discussed earlier in this report, so it is reasonable to infer that people may be turning more and more to private OTs to get the care they need. We would recommend that further investigation into the increasing use of private OTs be done on the basis of multiple professionals suggesting it.

Problems in both informal and formal care

AgeUK staff observed that there was a lack of informal care i.e. patients being checked in on by neighbors or friends post discharge during the pandemic due to COVID-19 restrictions and social distancing. That may have contributed to the increase in referrals to OT as patients' health and standard of living declined due to receiving a lower level of care. Furthermore, due to some carers not getting vaccinated, it meant there was a shortage in carers and delays in discharge. The initial care package of 6-12 weeks following discharge has been truncated to 3 weeks during and following the pandemic. Is it possible that the increase in referrals and readmissions are related to this change?

Subsequent calls to mobility shops and private OT provision

Following mention of clients turning to private OTs we decided to call local mobility shops and private OTs to see if they might be willing to speak to us in detail. We wanted to know if they had noted an increase in business enquires

during or following the pandemic and if patients were citing long waiting times to LA and NHS OT services as their reason for turning to private OT services.

Ultimately most of those we contacted did not feel able to comment further on the related issues. We did hear from one mobility shop that COVID-19 had a big impact on both his business and clients. Many customers were too concerned to come out and therefore the shop had even at times visited them to ensure equipment was maintained. Things seemed to be improving with the lifting of restrictions, but the rising cost of items recently was becoming a new challenge for customers. Occupational therapy assessments had not been mentioned by customers, but when the shop had talked to the One Stop Shop, they said to use them need a referral from the GP.

Stroke Association

As OT is a large part of stroke recovery and delays in providing OT to patients who have had a stroke can prevent their re-ablement and permanently affect their quality of living, we reached out to the Stroke Association to obtain their perspective on access to OT during and post-pandemic. We were informed about issues their clients faced in installing adaptations in a timely manner and gained some more insight into stroke recovery through OT.

The importance of timely OT in stroke recovery

There is significant overlap between OT and physiotherapy in the context of stroke recovery, and different patients require different types of therapies and services based on their specific case i.e., severity of the stroke, skillsets that need to be recovered following the stroke. OT is vital to keeping people out of hospital following discharge and to letting them become independent and capable of daily living eventually. OT services at hospitals were significantly redeployed during the pandemic but are back up and running, with delays mostly being due to blockages in equipment supply- it can reportedly take weeks to obtain equipment.

Issues accessing aids and adaptations

We were informed that many types of aids and adaptations frequently required during stroke recovery were difficult to obtain quickly because of various delays in the supply chain. The Stroke Association asserted that it could take longer than expected to receive larger aids, for example, wheelchairs and recliners, but some delays were also experienced by people who required smaller items like continence pads. The delay in receiving adaptations prevented people from returning home and relearning how to carry out daily activities with their changed mobility and/or lifestyle. Furthermore, adaptations such as handrails are necessary to enable patients to return to independent living following a stroke. Many people have reportedly resorted to buying their own equipment despite significant personal cost.

Findings from meetings with commissioners and providers

To obtain the perspective of providers and TLCO leadership themselves, we met with Naomi Ledwith (the Director of Commissioning at the NHS Greater Manchester Integrated Care, Eve Mannerings (the Chief Executive of the Salford and Trafford Local Medical Committee) and Diane Eaton (Corporate Director for Adult Services at Trafford Council). Through these meetings, we were able to determine that community-based OT is still in the process of getting back to its pre-COVID delivery levels and we also identified some issues faced by GPs in Trafford who are responsible for providing referrals to routine and rapid response OT assessments.

Naomi Ledwith

Changes in the Care Act due to the pandemic resulted in national redeployment of staff and resources in the NHS. OTs specialising in all different areas- adaptations, stroke, rehabilitation, etc.- were affected differently. Furthermore, there has been difficulty in recruiting occupational therapists and related staff even when funding was available, resulting in a shortage of staff that was exacerbated by recent waves of COVID in the Trafford area. Naomi Ledwith

estimated that there was a 30% sickness rate at times among staff, which has made it difficult to address backlog as well as recent cases. These various workforce pressures plus the gaps in funding has made it extremely difficult to overcome the issues in OT provision despite an awareness of the delays and waiting times faced by patients.

Eve Mannerings

Through this meeting, we found that community-based OT was the worst affected by the pandemic- while some hospital OT teams were still on call during the pandemic. OT services in hospitals are reportedly back to pre-pandemic delivery levels, community-based OT was almost completely redeployed and is still in the process of getting back to pre-pandemic levels of care. This leaves patients who are too frail or vulnerable to travel at a disadvantage. The truncated discharge pathway also leaves less time to make adequate provisions for care after discharge in the community. Delays in OT services, both at hospitals and in the community, have had a direct impact on GP practices in the Trafford area which are already overloaded with work. This is because of deterioration in the condition of patients, resulting in readmissions and the need for new referrals. This in turn increases the wait times for all patients, creating a vicious cycle where longer wait times for assessments lead to long term health impacts and more visits to the GP. We also understood that there may be some gaps in the knowledge of GPs in regard to the waiting times for OT assessments and criteria for rapid response referrals. To investigate further, we worked with Eve Mannerings and her team to produce and circulate a short survey for two weeks among Trafford GPs, the results of which were analyzed earlier in this report.

Diane Eaton

We met with Diane Eaton to get further insight on what was being done to mitigate the backlog from COVID and the waiting times. We found out that the backlog in equipment supply existed due to the redeployment of resources in the NHS during the pandemic going on for longer than anticipated, and that

community-based OT should be completely back up and running in the near future. One of the ways in which the backlog for equipment supply was cleared was through using funds from the Disabled Services Grant. An update report on the situation to be published by Richard Spearing in the near future is expected to take a more detailed look at the processes reinstating community-based OT and related services following the pandemic.

Reflections from our student intern

"As someone with a background of volunteering and working with the community in the past, I wanted to work with Healthwatch Trafford to expand my experience further and understand more about how the NHS operates and impacts the local community. The type of research I was a part of at Healthwatch was different to anything I have done before at university or in past internships, and I had the chance to gather multiple perspectives on an issue that I had not known much about at the beginning of the internship. This project broadened my awareness of the multiple ways in which healthcare impacts the local community and vice versa and gave me insight into how big the impact of COVID-19 was on not just hospitals but also community-based healthcare. Through working on this project, I became more confident in my ability to communicate with different people and present my ideas and findings, as well as readjusting my perspective based on new information.

Overall, I was surprised to find that most groups and people I contacted during the course of my internship were willing to dedicate their time to staying in touch with me, providing information on their roles in the community and their experiences and meeting with me to help produce this report despite the limits of the short timescale we were working with. The type of research conducted in producing this report was very dependent on everyone being available and willing to dedicate their limited time to my project, so I am grateful that many were willing to work with me despite many other projects running in parallel.

Alongside the learning curve of understanding the roles of Healthwatch and the other groups I was in contact with during this internship in being the voices of the community, I was new to many things at the start of the internship; I had never worked remotely before, and any data analysis and report writing I had done in the past was in the context of laboratory-based biochemistry research, which was very different to what was expected of me here. I have learnt a lot about aspects of research outside of the lab which deal with people and administration, and about asking the right questions to obtain the data that I need. I've also been able to learn how to function better as part of a team to produce an end result better than what I could produce alone."

Closing summary

We started this project with a limited understanding of the issues around occupational therapy and re-ablement services in the local area. While we had conducted some research in the form of a survey, the response was limited, and we felt more could be done. The findings of this initial research did not seem to fully illuminate the experiences that had been highlighted to us earlier this year.

Following the work done by our student intern we have been able to better understand the local situation regarding occupational therapy and re-ablement services. There is an identified gap in understanding nationally, due to a lack of evidence that fits stricter academic criteria for comparison and the complexities of individual needs. Alongside there is not much published at our locality level, which led us to rely on a mixture of national reports and 'grey' literature as summarised in the 'relevant national reports' section.

We are aware there is an ongoing improvement plan for Occupation Therapy services in Trafford, details of which can be found at the following links:

1. https://democratic.trafford.gov.uk/ieListDocuments.aspx?CId=131&MId=3522&Ver=4
2. https://democratic.trafford.gov.uk/documents/s44078/OSRC_OT%20Assessment%20Team_Adaptations%20Scrutiny%20November%202022%20Final.pdf

We have worked with the Managing Director of Trafford Local Care Organisation and will be remaining involved in this area.

A summary of the findings of the report can be found below. A key findings section with recommendations has been presented at the start of the report for ease of understanding.

Initial understanding of the issues

- Pandemic created a backlog; people may be struggling to get access to assessments in the community following referral.

- People may therefore be turning to private routes either for assessment or to source equipment.

Community groups

- The pandemic had impact on the needs and waiting times for OT related assessment and support.
- Informal care reduced which is one factor possibly contributing to higher readmission levels.
- Also backlog of assessments created Increased waiting times for new patients.

Commissioner and planning

- Principally at a local level there were no community assessments – still ongoing in Trafford – due to redeployment. Though this will end at some point soon. Community-based OT services in Trafford have been redeployed longer than OT services in hospitals. Plans are in place to resume community-based OT assessments in the near future.
- COVID has had significant impact on staffing levels, with at times 30% of staff estimated to be off or affected.
- More broadly there is a difficulty to fill some OT positions, even when funds are available. There is a shortage of professionals.

Practitioners

- The results of the GP survey highlighted various challenges faced by GPs when referring patients to both routine and rapid response OT assessments. Some referrals are rejected or delayed due to bureaucratic issues such as small mistakes in the forms, or the wrong paperwork being used.

- The criteria for inclusion in normal vs fast track are not always clear – in one comment the issue of those on end of life was raised.
- COVID had a notable impact because community assessments were paused.
- Difficulty in getting timely assessments (6-12 months estimated) meant pressure on GP practices due to unresolved need, plus concern over re-admission.

Thanks

Thanks go to our student intern for their work during the two months of the project. We set a high expectation to begin work from day one, we were able to arrange several useful meetings as the result of ongoing application of time and effort. Healthwatch Trafford would like to wish well for future work and endeavors.

Thanks to our volunteer for assisting us earlier in this project with a search of the Healthwatch report library for OT related reports.

Appendix

Understanding Occupational Therapy and Reablement pathways

Reablement Pathway (Care after an illness or a hospital discharge)

The 2014 Care Act placed a statutory duty on local authorities in England to provide services that prevent or delay the need for other health and social care services, which may involve maximising independent living. Reablement is identified within The Care Act statutory guidance as an example of prevention and has been identified as one of the 'top-ten' prevention services for older adults.
Some people might need care following a discharge from hospital after an illness or a fall. The temporary care offered is called intermediate care, reablement, or aftercare. This care is provided for about 1-2 weeks and can be free for a maximum of 6 weeks. It depends on how soon the person can cope at home.

Anyone recovering from an illness or operation can get free short-term care after leaving the hospital. Staff at the hospital can arrange for that before discharge. If care is required after discharge and not provided, social services can be contacted.

Discharge from hospital

To arrange a discharge from hospital, staff should provide patient (and partner or family if appropriate) with criteria the doctor will follow in deciding when they are fit for discharge and likely place to be moved to (home/ care facility). Support is given by staff to involve patient in discussions and decisions on their ongoing care needs and care options for the future.
'Discharge to assess' recognises people have different needs once they no longer need care in an acute hospital. Staying longer than necessary is not good for your recovery or wellbeing. Hospital staff are asked to arrange discharge on the day the doctor agrees patient no longer needs hospital care. **Patient cannot stay in hospital if they choose not to accept the care offered to them**.
This process identifies four types of patients. Those who:

- Need minimal help on discharge.

- Would benefit from short term support to recover further at home, before assessing their long-term care needs.

- Would benefit from short term support to recover further in a residential setting, before assessing their long-term needs.

- Are unlikely to benefit from short term support and need ongoing nursing care, most probably in a nursing home.

Support to recover further at home or in a residential setting

Patient might have potential for further recovery when need for hospital care ends. Patient may benefit from support to maximise this recovery before staff assess your long-term needs. If so, hospital staff discuss with patient what this might mean and appoint a case manager. The case manager arranges to discharge patient to a more suitable location, any settle-in support they need, and for a health professional to visit you – either on the same or following day - to agree and arrange a short-term recovery and support plan.
If patient's needs are too great to return to their own home, they may be discharged to a residential setting such as a community hospital or care home. Support, over and above what you were receiving prior to your hospital stay, may be free of charge for a limited time. Care funding can be checked with hospital discharge team upon discharge.

Social care needs assessment

This assessment should involve patient, appropriate NHS and social care staff, and family members or friends who act as their care giver. The aim is to find out what care and support patient think they need, whether they can do certain activities and to identify any NHS services they need. If patient has a care giver, they must be assessed as if patient does not to establish their underlying eligibility for care and support. This includes daily living activities such as washing and dressing, managing the toilet, managing, and maintaining good nutrition, keeping patient's home in a habitable condition, engaging in activity that

contributes to patient's wellbeing, such as keeping in touch with family and friends and making use of local transport and services.

Going home

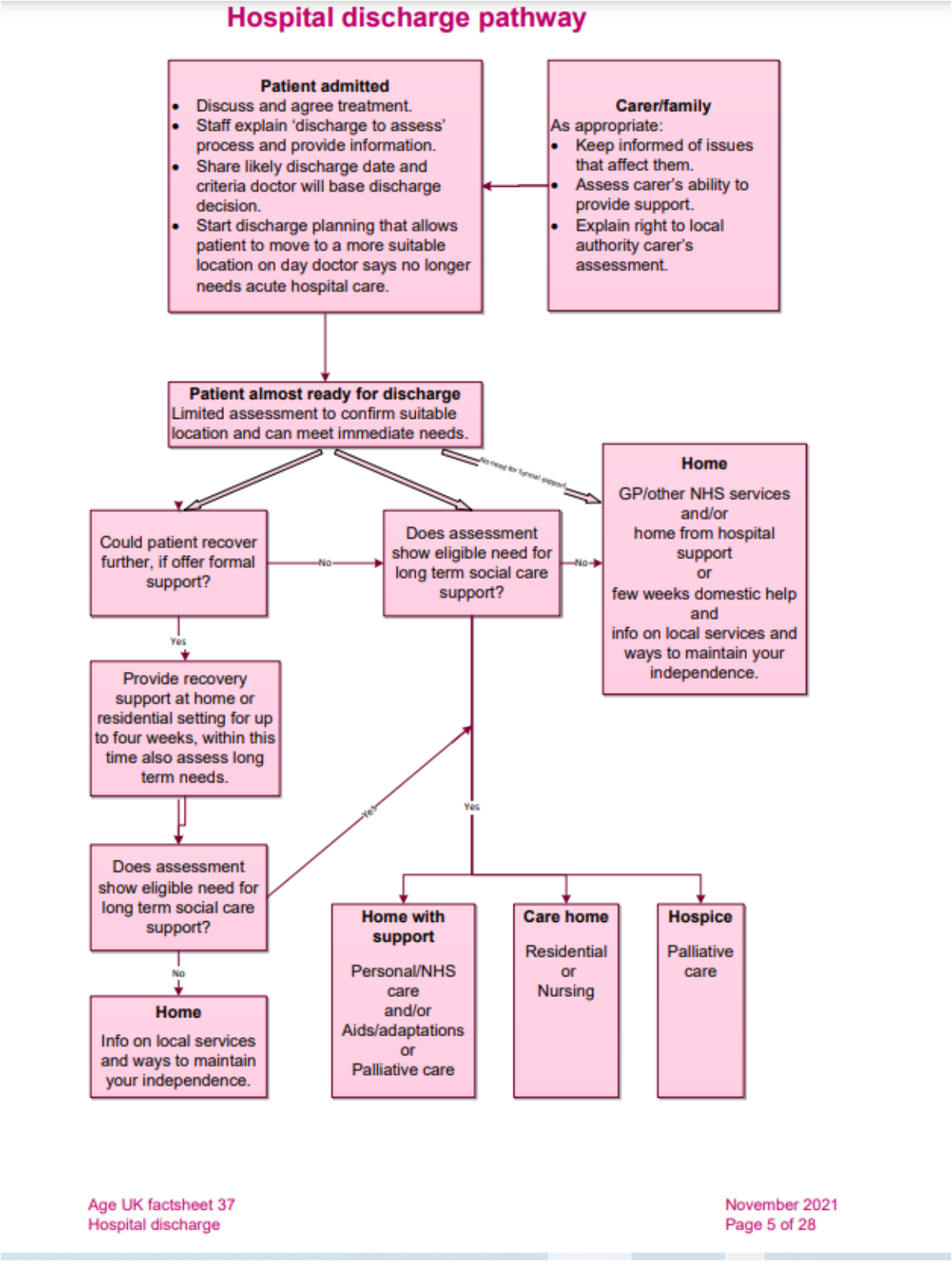
Patient may only need help with domestic tasks for a few weeks after planned treatment or a short hospital stay. This can be provided by a partner, family or friends coming to stay, or a private agency. If patient lives alone, many areas offer a 'home from hospital' service for between two and six weeks. This could be someone to help patient settle back home, sort out post and paperwork, and help with light housework and shopping.

Staff aim to keep in touch, have a chat and check patient is managing on their own. The hospital may arrange it and ask agencies, including **Age UK** or the **Red Cross**, to deliver it. These agencies may also deliver their own free or charged for service. Care package may be arranged and funded by the local authority or by patient.

Moving to a care home

In the light of patient's needs, a move to a residential home or a nursing home may be the only safe and effective option. Age UK Care home checklist has a list of issues to think about and questions to ask when choosing a care home.

See below hospital discharge pathway from Age UK website (factsheet 37):

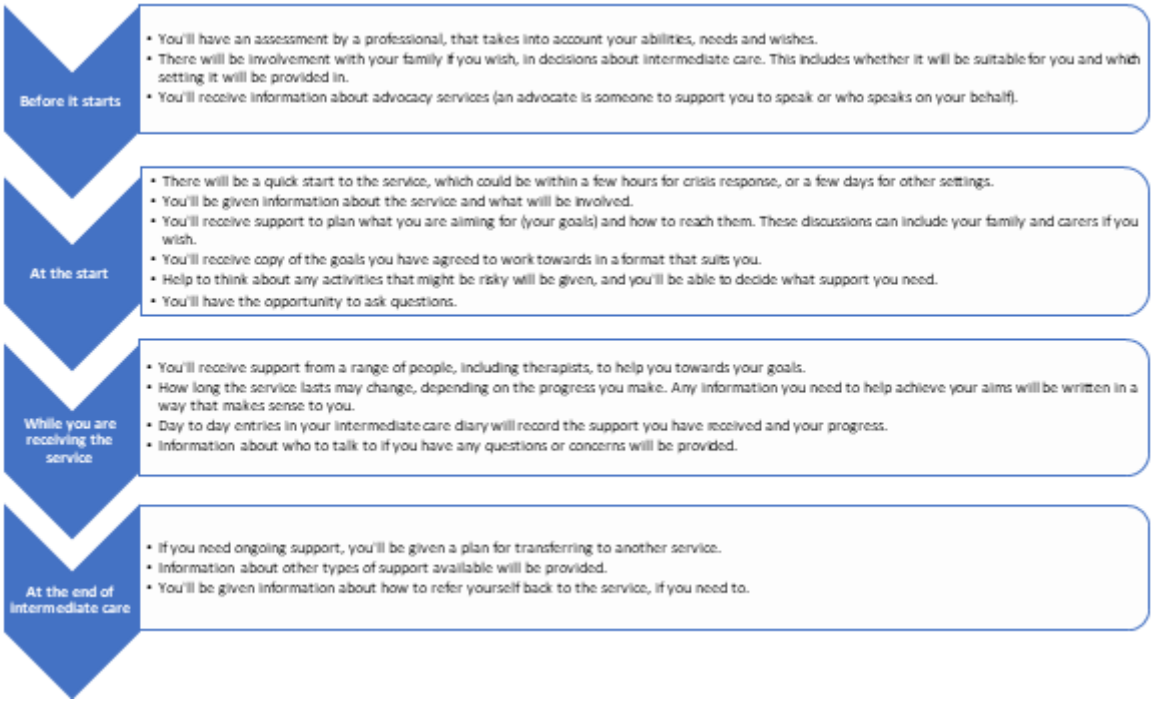


Care provided after discharge

A mix of NHS and social services will assist patient in making them stay independent. Members of support team might include:

- a nurse
- an occupational therapist
- a physiotherapist
- a social worker
- doctors
- carers
- a speech or language therapist (in case of difficulty in communicating, eating, drinking, and swallowing)

The team starts with an assessment of what patient can do, then all will agree on what patient wants to do/ achieve and a plan will be set out.



Occupational Therapists

Occupational Therapists play a major role in helping people maximise independence and regain practical skills and confidence.

Below is some important information about Occupational Therapists:

- Evidence from research and practice shows that occupational therapists have an important role in the delivery of reablement.

- No single model exists for involving occupational therapists in reablement. Occupational therapists may be core team members, or they could work collaboratively with a reablement service – an arrangement that could be aided through co-location.
- The occupational therapist's strengths in assessment and goal planning are integral to service users achieving personalised outcomes.
- Rapid access to both occupational therapy skills and equipment is essential to avoid delays in people's progress.
- Occupational therapists have the skills and expertise to provide training to care workers delivering reablement.
- Advice on rehabilitation techniques from occupational therapists can assist the continuous reablement process for people with complex conditions and is particularly valued by care workers at progress reviews.
- Further evidence is required on the impact of occupational therapy involvement on service user outcomes within different models of delivery.

Understanding Occupational Therapy and Reablement pathways sources

Source: Social Care Institute for Excellence SCIE (2020) Reablement: a guide for carers and families https://www.scie.org.uk/reablement/what-is/carers-family

Source: AgeUK (2021) Factsheet 37 Hospital Discharge https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs37_hospital_discharge_fcs.pdf

Source: National Institute for Clinical Excellence NICE (2020) https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/understanding-intermediate-care

For further context it is also worth checking the Association of Directors of Social Services (ADASS) documents as indicated in the table below:

Title	Date	Link	Summary

Care Act 2014 Guidance for Occupational Therapists	2016	https://www.adass.org.uk/care-act-2014-guidance-for-occupational-therapists	• A series of guides covering wellbeing, prevention, the DFG, transitions, employment, education and training. • The principles of the Care Act that need to be enforced by OTs
Re-imagining Integrated Care – a shift to home and community	2022	https://www.adass.org.uk/re-imagining-integrated-care-a-shift-to-home-and-community	• Introduces the ICSs and explains their goals and the importance of prioritising at home care i.e. investing in OT and community-based care
ADASS Autumn Survey 2020 Report	2020	https://www.adass.org.uk/adass-press-release-autumn-survey-report-2020	• News article about rapid increase in demand for care services due to the impact of COVID-19. • Statistics derived from a survey: 82% of adult social services directors said there is increasing demand from recently discharged people, 63% report increasing number of people seeking help due to lack of informal (unpaid) care.

Healthwatch Reports

1. "What happens when the person you care for is discharged from hospital?" March 2022. HW Kent. https://www.Healthwatch.co.uk/reports-library/what-happens-when-person-you-care-discharged-hospital

2. Evaluation of Brighton and Hove's Equipment and Adaptation Service. March 2022. HW Brighton and Hove. https://www.Healthwatch.co.uk/reports-library/evaluation-brighton-and-hoves-equipment-and-adaptations-service-0

3. Ageing Well Report. Dec 2021. HW Cornwall. https://www.Healthwatch.co.uk/reports-library/ageing-well-report

4. "What people told us about Medequip's Community Equipment Service". March 2022. HW Wiltshire. https://www.Healthwatch.co.uk/reports-library/what-people-told-us-about-medequips-community-equipment-service

5. Understanding people's experience of using Occupational Therapy Service. May 2017. HW Leeds. https://www.Healthwatch.co.uk/reports-library/understanding-peoples-experience-using-occupational-therapy-services

6. Not NICE Enough! March 2017. HW Staffordshire (pg. 9 has reference to access to OT services by region). https://www.Healthwatch.co.uk/reports-library/not-nice-enough

7. Enter &View Report Capetown Ward. Dec 2015. HW Enfield. (See pgs. 4,11 and 12 for quotes). https://www.Healthwatch.co.uk/reports-library/enter-and-view-capetown-ward

8. Enter and View Report Campbell Centre. June 2020. HW Milton Keynes. (See pgs. 8, 11 and 13 for quotes). https://www.Healthwatch.co.uk/reports-library/enter-and-view-campbell-centre

9. Ealing Services for Children with Additional Needs (ESCAN)-Patient Experience Feedback Report. April 2020. HW Ealing. https://www.Healthwatch.co.uk/reports-library/ealing-services-children-additional-needs-escan-%E2%80%93-patient-experience-feedback-report

10. Views of Parents of Children with SEND about use of technology in NHS. March 2020. HW Coventry. (See pgs. 5 and 6). https://www.Healthwatch.co.uk/reports-library/views-parents-children-special-educational-needs-and-disability-send-about-use

11. Enter and View Calderdale Royal Hospital. Aug 2017. HW Calderdale. https://www.Healthwatch.co.uk/reports-library/enter-and-view-calderdale-royal-hospital

12. Survey of People who are Housebound or care for the housebound. Feb 2014. HW Devon. https://www.Healthwatch.co.uk/reports-library/survey-people-who-are-housebound-or-care-housebound-devon

GP survey questions

1. What is your role at this GP practice?
    - GP
    - nurse
    - other healthcare worker

2. Have you seen an increase in referrals related to OT assessments/reassessments i.e., fall risks, home adaptations, equipment etc in the last 18 months?
    - yes
    - no

3. Are you aware of inclusion criteria for referring patients to either a routine OT assessment or rapid response team for adaptations?
    - yes
    - no

4. How long do you believe average waiting times for OT assessments are?
    - 2 months
    - 6 months
    - 12 months
    - 18 months
    - not sure

5. To what extent do you believe there is a long-term impact on the health of patients due to delayed OT/truncated discharge procedures that indirectly affects your practice and its workload? (rate 1-5)

6. What percentage of patients do you believe gets readmitted while waiting for an OT assessment?
    - 0
    - 20%
    - 40%
    - 50%
    - 60%
    - 80%

7. Do you have any suggestions to make OT assessments more accessible from this point?

THIS REPORT IS AVAILABLE IN OTHER FORMATS ON REQUEST.

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