



College of  
Occupational  
Therapists

# Guide to Occupational therapy

Providing independence  
at home and in the  
workplace



## Introduction

## Inside

**04 Recruitment**

Budget cuts mean OT posts remain unfilled while referrals increase

**05 Students**

No more bursaries for OT students

**06 Rehabilitation**

An innovative scheme to get people back to work

**07 Integrated services**

How OTs are working with other sectors

**09 Real lives**

'The day an OT changed my life'

**11 Older people**

Keeping older patients out of hospital

**12 Urgent care**

OTs employed in emergency services

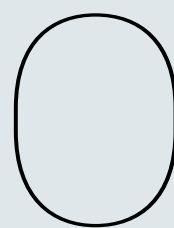
**15 Breaking new ground**

New roles for occupational therapists

**Cover illustration** Stephen Collins. This content has been supported by **College of Occupational Therapists** (whose brand it displays). All content is editorially independent. **Contact** paul.dixon@theguardian.com. For information on supported by supplements visit: [theguardian.com/sponsored-content](http://theguardian.com/sponsored-content)

## The value of expertise

### OTs play a vital role in health and social care



Occupational therapists (OTs) are the crucial piece in the jigsaw that is health and social care. They work across

both sectors and have never been more in demand. Their expertise enables people to continue to live independently, neatly summed up by the name of the College of Occupational Therapists' current campaign: Improving Lives, Saving Money.

OT university students are due to pay their own tuition fees in England from next year. In this supplement we find out why one student thinks she will be better off under the new system. We discover whether the recruitment and retention problems still dog hospitals and council social services. And

we reveal how one London teaching hospital is bucking the trend by "growing its own" OTs.

OTs in Northern Ireland are helping long-term unemployed people back into work, but could the same system be as successful in other parts of the UK?

The government has increased the money available to councils to pay for home adaptations to allow disabled adults and children to live more independently; we reveal how life-changing the disabled facilities grant can be.

The profession is also starting to work in new ways: OTs can now be found working in GPs' surgeries, alongside ambulance crews and in hospital A&E. Others are breaking new ground in assessing a patient's fitness to return to driving and supporting people with learning difficulties to take part in mainstream sports.

Finally, we give a voice to the patients - individuals who give thanks to those OTs who have brought new hope to their lives when they thought all was lost.

**Debbie Andalo**



## Help deliver in Hackney an effective and responsive service & work for an Occupational Therapy Team who share your values

Hackney is London's most diverse and dynamic borough. The challenge for Hackney is to make sure that the borough's economic growth provides benefits for everyone who lives here, and to create opportunities that will transform the lives of local people.

In Hackney we're committed to promoting independence for older people and people with disabilities. By joining our Occupational Therapy team, you'll help to make that promise a reality.

If you are a qualified professional who is ready to meet the needs of our diverse inner-city community, we would like to hear from you. We have vacancies for senior practitioners and occupational therapists.

At Hackney, we go that extra mile for our people; we offer a work environment which is stimulating, fast moving and supportive, giving you the chance to use your skills and develop new ones within a high profile organisation.

We are passionate about equal opportunities and welcome a broad diversity of talent to apply.



If you share our values and are ready to be part of our exciting journey please visit our website [www.hackney.gov.uk/jobs-careers](http://www.hackney.gov.uk/jobs-careers) to see our job opportunities and register for job alerts.

Find yourself in Hackney

Hackney

## Overview

# How to reach full potential

Occupational therapy is about to celebrate its centenary, yet the profession has some way to go before it is fully appreciated. A new campaign aims to do just that, as **David Brindle** reports

When the College of Occupational Therapists commissioned a survey about the image of the profession, the answer came back that it was seen by decision-makers as "nice to have" rather than essential. Its leaders are determined to change that.

In a major new campaign, called Improving Lives, Saving Money, the college is aiming to demonstrate the key roles occupational therapists (OTs) can play in a changing and increasingly integrated health and care system. More to the point, it will spell out what cash the system can save by making better use of their skills.

"It's a two-year campaign that's about enabling our members to position themselves in front of commissioners [of services] and make the case for return on investment," says Julia Scott, the college's chief executive. "We have to prove upfront that we save money as well as improve people's quality of life."

This is bold and unusual language for a professional body, and the emphasis on saving money has not gone down well with all OTs. But Scott is unapologetic: with the NHS in England mandated to make £22bn "efficiencies" by 2021, and English social care budgets already slashed by 31% in real terms since 2010, with worse to come, she insists that you have to engage commissioners on their terms.

"We have to be able to prove the effectiveness of what we do," says Scott. "But that's not a matter of setting up complicated double-blind trials to run over several years; it's being in a position to say now, with confidence, what it means to the bottom line."

Occupational therapy, which next year celebrates its 100th anniversary as a profession, is a growing force that reaches into many corners of the health and care system. Its 30,000 UK practitioners have the "people skills" and training in multidisciplinary team-working that make them attractive to all sectors seeking to develop more personalised, joined-up services. What stands in the way of a really big takeoff for the profession is the lack of hard, monetised evidence of impact and a lingering sense that people do not know what OTs do.

Sheila Hollins, a crossbench peer and professor of the psychiatry of learning



disability at St George's, University of London, is the college's new president. She suspects that the term "occupational therapy" still conjures up outdated images of basket-weaving rather than the modern reality - of which she has personal experience through members of her family - of sensitive, collaborative work with people to help them make lifestyle adjustments and access the support they need after illness or injury.

"I'm sometimes not sure if OTs themselves understand how important and significant their contribution is," Hollins says. "Because they move seamlessly between health and social care, they are an essential part of the way the system needs to be going."

Hollins wants to see more OTs rising to prominent leadership roles in the health and care system and has plans to

**People skills make OTs attractive to different sectors**  
John Birdsall

“We have to prove we can save money as well as improve quality of life”

help create clear pathways for them to do so. She intends to make a start this week at the college's annual conference, in Harrogate, which will have a record attendance of more than 1,100.

Twelve times that number are expected at the American OTs' conference in Philadelphia next year, when the profession marks its centenary in the land of its birth, the US. Scott thinks that British OTs could take a leaf out of their US colleagues' book when it comes to promoting their role and their impact. "Because it's an insurance-based health system, they can't just assume that the work will come to them; they have to make a case. We can learn from that: we have to make our case; we have to make waves."

*David Brindle is the Guardian's public services editor*

# An occupational hazard

OT posts remain unfilled yet waiting lists increase. **Debbie Andalo** looks at potential remedies

Occupational therapists (OTs) make up 2% of the adult social services workforce but deal with about 40% of referrals, illustrating just how vital their expertise is. But cuts to council budgets are putting them under increasing pressure as vacancies are left unfilled and waiting lists for services increase.

National figures show that the number of OT posts in adult social care in England fell by 4% in the year to September 2015. Meanwhile, 18% of vacancies for experienced OT practitioners in adult and children's services in London are left unfilled.

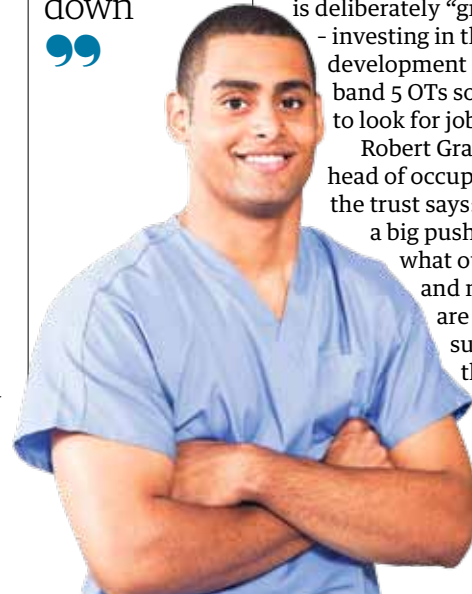
Harold Bodmer, president of the Association of Directors of Adult Social Services and director of adult services for Norfolk county council, says: "Some of that is down to the cuts. What we are trying very hard to do is to put occupational therapy expertise to best use, so that some of their work can be done by other people with OTs overseeing them."

Julia Skelton, director of professional operations at the College of Occupational Therapists says the figures speak for themselves: "OTs are working very hard to keep the waiting lists for assessments down. When you consider we make up 2% of the workforce and deal with 40% of referrals, the figures say everything."

The picture is similar in the NHS. Some parts of England that historically find it hard to recruit - rural

**OTs are 2% of the workforce but are responsible for 40% of referrals** Getty

“OTs work hard to keep waiting lists down”



Lincolnshire and the north of Scotland - are still struggling to fill posts across the board. In London, NHS trusts are seeing nearly 20% of their band 6 posts left vacant - these are qualified OTs with around two years' experience, who make up the largest OT group. Most of these vacancies are in acute care, particularly mental health.

One trust bucking the trend is Kings College NHS foundation trust in Camberwell, south London, which is deliberately "growing its own" - investing in the support and development of newly qualified band 5 OTs so they do not leave to look for jobs elsewhere.

Robert Gray, the outgoing head of occupational therapy at the trust says: "There has been a big push in consolidating what our band 5s are doing and making sure they are offered the right support. It is the right thing to do and there is a feeling that we are getting the band 6 vacancies filled, and that is where the gap has been."

At West Sussex County Council our Occupational Therapy team is committed to supporting vulnerable adults and children to live within their communities as independently as possible for as long as possible. We currently have vacancies for:

- **Senior Occupational Therapy Practitioner – Duty Team Horsham – Ref CWE00414**
- **Senior Occupational Therapy Practitioner – Horsham Independent Living Team – Ref CWE00415**
- **Moving and Handling Advisor – County wide – Ref CWE00416**
- **Occupational Therapist – Duty Team – Ref CWE00417**
- **Adults Occupational Therapist – Community Independent Living Teams across the county – Ref CWE00418**
- **Children's Occupational Therapist – Community Independent Living Team Shoreham – Ref CWE00419**
- **Children's Occupational Therapist – Community Residential Unit Worthing – Ref CWE00420**

To be successful in these positions you will have excellent interpersonal and organisational skills to be able to ensure consistently good outcomes for people within West Sussex. As a qualified Occupational Therapist you will look to ensure that services provided offer optimum opportunities for people to engage fully in the communities in which they live.

**It would be beneficial for candidates to have experience/knowledge of:**

- Providing Care Act Assessments for adults and older people with a range of physical disabilities
- Providing advice, information, equipment, and adaptations
- Moving and handling assessment and competent moving and handling skills
- Ability to work independently and organise and prioritise own workload.
- Good understanding of relevant legislation
- Innovative, creative and flexible partnership working to ensure positive outcomes
- Commitment
- In addition; Senior Practitioner candidates must have a minimum of 4 years Local authority work experience and also be experienced in staff supervision
- The qualification for the Moving and Handling Advisor is Diploma BA/BSc in Occupational Therapy or equivalent qualification or demonstrable equivalent comparable experience and be HCPC registered

**In return you will receive:**

- Excellent supervision
- Excellent opportunities for training and development with a self-service training portal allowing you to manage your development
- A comprehensive relocation package, details of which can be found in the Better Place to Work document on the West Sussex County Council website
- Flexible working to maintain home and work balance
- Good remuneration

Successful applicants must have a full driving licence in order to fulfil the role.

**For an informal conversation please contact: Rachel.Rockwood@WestSussex.Gov.UK  
Tel: 033022 28078 (Team Manager Independent Living)  
Meg.Brownings@WestSussex.Gov.UK Tel: 033022 28019  
(Service Manager Independent Living)**

For more information and to apply, go to [www.westsussex.gov.uk/jobs/job-search/](http://www.westsussex.gov.uk/jobs/job-search/) and search for [job reference number]

T 01243 642140

E [jobs@westsussex.gov.uk](mailto:jobs@westsussex.gov.uk)



working together as one

# Who bears the cost of reform?

Bursaries for university students are about to disappear. **Kim Thomas** looks at the likely effects

Student places on accredited occupational therapy degrees are currently commissioned by the NHS, which also pays tuition fees. The health service contributes to living expenses, and an additional means-tested amount - up to a maximum of £4,442 outside London - is available.

But it's all change from September next year. The commissioning system in England is set to be abolished, and occupational therapy (OT) university students, along with other allied health profession undergraduates, will have to apply for a loan to cover tuition fees and a maintenance loan.

The government argues the reform - which brings funding for these students into line with other undergraduates - will address the shortage of health professionals: with the number of places no longer be capped, universities can recruit up to 10,000 more students to health profession degree courses.

Professor Priscilla Harries, head of the department of clinical sciences at Brunel University London and an OT, welcomes the change - with reservations. The old funding system was inadequate, she says: "The amount of money students could borrow wasn't enough to live on. They weren't allowed to borrow more, and they weren't eligible for our university scholarships because their tuition fees were paid. The new package, which increases the amount of money available to them, is better."

The College of Occupational Therapists is neutral about the change. Julia Skelton, director of professional operations, says: "On the one hand, universities may feel less restrained, as they will no longer be allocated training places. But the running costs of health courses are much higher than those of other courses: a £9,000 tuition fee won't cover the cost of the course."

Practice placements are compulsory for OT students, but Harries warns that there is no extra government money to fund extra placements. Heather Davidson, programme leader on the occupational therapy BSc at the University of Salford, adds: "If we wanted to increase our numbers, we're not sure we would have enough placement provision."



**OT students will have to cover their tuition fees**

In future OT master's courses, students will only be entitled to a £10,000 loan to cover tuition fees and living costs, not enough to meet the typical fee of £11,000 or £12,000. Master's students may be deterred from applying, says Harries, even though they qualify more quickly and bring valuable research skills to the workforce.

The government's proposals are out for consultation, but Davidson wonders "how we make sure we train that increased number to the same quality".

The reforms only apply to England. The Welsh government will still commission occupational therapy places, pay tuition fees and provide bursaries for students from the UK. In Scotland, the commissioning system no longer exists, but students from the UK will have their tuition fees paid by the Scottish government and can apply for a student bursary and cost-of-living grant.

“Places will no longer be capped, so universities can recruit 10,000 more students”

**Rachel Pearce**  
‘When you look at the facts, you see you will have more money available’

**Rachel Pearce is a final-year student at Brunel University where she is studying for a BSc in occupational therapy.**

Rachel Pearce, 38, graduated from Glasgow School of Art with a textiles degree in 2000, and worked first in a fabric shop then in a furniture store. During her first degree, she had supported herself by working as a nursing home healthcare assistant, a role she found particularly fulfilling: "I realised that was where I was



**‘To have that extra bit of money makes such a difference’**

most happy and that I wanted to do something where I was helping people. I discovered occupational therapy, and it was such a rewarding career I thought: "This is definitely right for me."

Now in the final year of her OT degree, Pearce is "very grateful" to have received a bursary: "It's been helpful for me, but it has not been sufficient to live on, and I still have to do part-time work to cover my costs."

She thinks that the new loans and maintenance grant system might work better: "Not having a bursary sounds more scary, but when you look at all the facts, you see that you will have more money available. When you start work as a band 5 OT, you earn around £21,000, so the repayment is only about £5 a month, which is a lot more affordable than I realised."

Pearce says the new system would have helped her: "To have that bit of extra money makes such a difference, because you don't have the added stress of having to work." **KT**

# The day that changed my life

People tell their stories of how their life was turned around by support from an occupational therapist



**Martin Bennetto, 52**

In December 2010 I was rushed to hospital with a brain haemorrhage. I was in there for two weeks and came out on New Year's Eve. I thought I'd soon be ready to go back to work, but when my OT came to interview me, I fell asleep as she was talking to me. She gave me tools to stop the fatigue setting in. Just 10 or 15 minutes' meditation, even in a noisy room, and I get my energy back and am ready to go again.

It was six months before she finally said: 'You're fit to go to work now.' It was a sad day when she said she was totally discharging me, because I was losing that safe place. I didn't think occupational therapy would help somebody like me. It's such an eye-opener. I can never thank her enough.



**Mike Kerr, 33**

I was on holiday 16 years ago and I dived into a swimming pool, not realising it was the shallow end. I hit my head on the bottom and broke my neck. I spent 10 months in hospital in Glasgow, where I received occupational therapy. It was just learning to do things with the limited mobility I had in my hands - picking things up, fastening buttons, dressing myself, the things you take for granted.

Before my accident, sport was my main interest. While I was at the unit, I was able to use the hydrotherapy pool and take part in sports days.

When I came out I took up wheelchair rugby and competed in the 2012 Paralympics. If it wasn't for the OTs, I would never have had the opportunity.



**Occupational therapy can help people who have suffered injury**  
Getty



**Esther Rutledge, 80**

I had my fall after stepping on the worktop in my kitchen to reach the meter, which is in a high cupboard, and landed on my shoulder, fracturing my humerus. The specialist from the fracture clinic decided it needed to be pinned and have a plate put in.

Once back at home, I had an OT from the re-ablement team come in and see me twice a day for a week, and then in the mornings for a week after that. They helped with the dressing, and I also had to have help with drying my feet and back. It was not only a help in the practical sense but a pleasure to know someone was coming in. We joked and got on. It was invaluable.



**Maria Selby, 65**

I've had a double lung transplant. Last year, I was told about a new choir called Singing 4 Breathing, for people with chronic obstructive pulmonary disease (COPD), run by OT students at Northampton University, so I went

along to find out what it was all about. There are 50 of us; we meet weekly and sing a mix of folk and pop songs. The teacher has taught us how to breathe when singing. It makes you feel so happy and joyful. I never knew I could sing a tune. It's so amazing when you think you can't speak because you have COPD, and yet you can sing.



**Joe Levelle, 34, and his son Tom**

Our son Tom suffered a huge brain injury when he was born. About 40% of the left side of his brain had been damaged. We were told he would find certain things very challenging, especially speech, high-capacity functions and movement.

We met Anne Gordon, who manages the OT team at Evelina London children's hospital, when Tom was six months old. Tom would never grab anything with his right hand, so Anne suggested using constraint-induced movement therapy, which meant restricting his left hand, forcing him to use his right hand.

Tom's right hand is still affected, but he can now grab a ball with both hands, and hold a cup - things that other people would think is not that big a deal, but for us it's absolutely massive.

*Interviews by Kim Thomas*

“It was not only help in the practical sense but the pleasure of having someone coming in”

# Home delivery for disabled people

Occupational therapists are working with other services to help people with disabilities live independently at home. **Saba Salman** reports

Since a multiple sclerosis diagnosis nine years ago, reduced mobility meant Jane (not her real name) found it easier to sleep in the living room than climb the stairs to her bedroom. The 52-year-old from Knowsley, Greater Manchester, was using a standard manual wheelchair and had a stair lift installed. She realised a vertical lift would help, but felt the device was bulky and would be difficult to operate. The Knowsley Centre for Independent Living, an integrated care partnership where staff include housing specialists as well as occupational therapists (OTs), transformed her ability to live independently at home.

The centre, established in 2011, is run by 5 Boroughs Partnership NHS foundation trust, Knowsley council, Knowsley housing trust and voluntary sector services. The agencies pool budgets and co-locate specialists. Staff include the disabled facilities grant team (the government grant paid to local authorities for home adaptations), housing adaptations team, handyperson scheme, assistive technology staff,

wheelchair services, rehabilitation, the blue badge scheme and OTs.

Ann Dean, senior OT assistant from 5 Boroughs Partnership NHS foundation trust, says: "One of our goals is to work together for the good of the client. We have integrated with other services to make the client's experience a streamlined and efficient one."

In Jane's case, a wheelchair specialist OT reviewed her self-propelling wheelchair, which she had difficulty using, and recommended a powered one instead. A specialist aids and adaptations OT demonstrated the vertical lift; Jane was surprised at how easy it was to use. The therapists jointly assessed Jane, which avoided additional visits and sped up her treatment plan. Jane was confident in their recommendations; having seen the OTs alongside the housing surveyors, she knew staff involved in her care shared the same workplace and could easily liaise and coordinate her support.

Integrated approaches help disabled adults live more independently at home. The benefits are well established. A 2010 Social Care Institute for Excellence



**Integration of OTs speeds up delivery of home aids** Alamy

paper on integration highlights how OTs in multidisciplinary health and social care settings enable a focus on needs, not just on delivery of a particular service: "The inclusion of a specialist

professional like an OT is essential for a holistic approach to meeting individual needs in line with the principles of personalisation."

Meanwhile, government investment

“In-house OTs work with our surveyors to help adapt disabled people's homes”

in the disabled facilities grant is to increase. In 2016-17, the amount rises from £220m to £394m and is set to reach £500m in 2019-20. The role of OTs in such work was underlined by a recently launched £4m Welsh scheme to improve the housing adaptations system. This involved the College of Occupational Therapists in a government taskforce working to develop a new system of providing independence aids.

Like Knowsley, Ealing council's integrated home improvements agency, Repairs and Adaptations, helps people avoid hospital or residential care admissions. Manager Paul Buchanan says: "Our in-house OTs work with our surveyors, and between them formulate a scheme to adapt properties for disabled people. The OT will assess the customer and decide what equipment is needed while the surveyor looks at the property side. Doing it this way always produces a coordinated, accurate scheme that is rarely challenged. It also saves time. The main benefit of having our own OTs is that we can deal with everything ourselves rather than going back to the council or hospital OTs"

The presence of therapists at the agency speeds up the process of installing stair lifts. The agency has dispensed with a means test, under local government finance reforms giving more flexibility over spending. Ealing OT Katherine Togher recalls one 60-year-old cancer patient she helped last year: "We were able to visit and agree a quote on the same day and the stair lift was installed less than a month later. It meant she could go up and down stairs freely without being left feeling fatigued. In other authorities I know it can take much longer, but clearly you need to do things as soon as possible to help people who may be terminally ill."

**Clare Smith**  
"This has given me a different perspective on my clinical caseload"

**Clare Smith, 31, qualified as an occupational therapist (OT) 10 years ago. She works as a community OT in East Ayrshire, Scotland, and for the past year has worked two days a month from a jobcentre.**

I work with my colleague Fiona Mason. She specialises in mental health issues and I specialise in physical health. Last Thursday was a typical day. We arrived at the jobcentre in Kilmarnock at 10am and the staff gave us a list of referrals. We work from a room that gives people privacy and appointments are 45 minutes long.

The first person we saw was someone with anxiety and depression. This individual had suffered abuse, and because of this was finding it difficult leaving the house unaccompanied. We discussed ways of combatting this and structuring their days to have meaningful activities. We also gave information on where to go for further help.

Our second appointment was with a person in their 30s who had degenerative back pain and walked with a stick. They had just had to leave their NHS admin job because of the pain they were in. We discussed pain-management issues and identified triggers for pain and gave information on how to manage their condition.

Seeing people like this is really beneficial for everyone. It gives me a chance to discuss cases with Fiona, and it has given me a different perspective on my clinical caseload. I have more information on the resources that are available and good contacts in the jobcentre. **LJ**



# Working wonders

One innovative scheme is proving highly effective in getting people back into work, writes **Linda Jackson**

For 15 years, Ann Gillespie (not her real name) faced a daily battle to get out of bed at her Derry home, struggling with the debilitating combined effects of osteoarthritis, diabetes and angina. She plunged into depression and relied on text messages to help her keep health appointments. Yet 12 weeks after enrolling in an

innovative programme, she has started a business training course and hopes to land an office job.

The transformation, which has amazed those who know her, is thanks to the tailored support offered through the Condition Management Programme (CMP). A national, though voluntary, scheme in Northern Ireland, it helps people with long-term conditions on the road back to employment.

Occupational therapists (OTs) lead a range of health professionals, from physiotherapists to nutritionists and mental health nurses, to help those on the programme. Support is aimed at helping people understand their condition and manage it better.

Initially introduced as a pilot in

three areas in Northern Ireland in 2007, the CMP is part of the Department of Employment and Learning's pathways to work initiative aimed at people on incapacity benefit. In 2008, it was rolled out across five health and social care trusts in the region, and it's now being hailed as a model for England and Wales. During the sessions, participants can receive tips and advice on anything from anxiety management to ways of improving their confidence.

Liz Doherty, team manager of the Western health and social care trust, says data shows around 57% of clients have mental health issues such as depression and anxiety, 30% suffer from back pain or other joint and musculoskeletal problems, and 10% have cardiac or respiratory conditions: "We work in a holistic way. The emphasis is on guidance rather than hands-on support. After an initial phone interview and a 90-minute assessment, we look at all the

“The aim is to help people understand their condition and make it better”



factors that impact on their lives. We set collaborative goals and may encourage someone to keep a pain diary. We then look at their activities and give people advice on how to pace themselves. We aim to help people become as independent as possible and give them strategies for managing fatigue."

Trust statistics show how far the CMP has helped people manage their conditions and get back to work. Of 1,367 discharged from the programme, nearly 30% went into paid employment; another 25% went into education or training and 8% into voluntary work.

Doherty, an OT for 25 years, says: "There is a focus on what people can do and getting them to believe in themselves. The feedback has been extremely positive. Some people didn't recognise Ann after she had been on the programme. Other people have said it has turned their life around. It is very rewarding to work on."

# When stay-at-home is best

OTs are working in new ways in primary care to keep older people out of hospital. By **Kate Murray**

Older people are big users of the NHS, with patients over 65 accounting for half of all hospital bed days and over-85s twice as likely to have an emergency admission to hospital as the general population.

There is a growing recognition that, as the population ages and the squeeze on NHS resources continues, better ways of supporting older people outside hospital need to be developed. Multidisciplinary teams, bringing together other health professionals to work alongside doctors and nurses, will be crucial. As the independent Commission on Improving Urgent Care for Older People put it in its report earlier this year: "A focus on wellbeing and, often, community support can help avoid an older person being admitted to hospital and preserve their

independence in day-to-day living."

Occupational therapists (OTs), with their skills in promoting greater mobility, are a key ingredient in this multidisciplinary, more proactive approach. Professor David Oliver, president of the British Geriatrics Society, says it is not just about admission prevention, but also about reducing older people's hospital stays. "At every stage of the process, OTs are important," he says. "But what tends to happen in the public dialogue is we talk about doctors and nurses and not the wider health professionals. We've still got a fragmented system."

In its report, the commission recommended that multidisciplinary teams might often be best placed in GPs' surgeries, and in some areas this is already happening. But, according to Dr Nav Chana, a GP and chair of the National Association of Primary Care (NAPC), more needs to be done to get genuinely joined-up healthcare in a primary care setting.

"If you look at it from an average jobbing GP's perspective, there are not many using OTs' skills directly within their practice teams," Chana says. "But we are trying to get people to live

“A GP isn't necessarily best placed to sort out equipment to protect a person at home”

independently, to prevent hospital admissions and to make discharges work. All those things sit very squarely within OTs' remit."

The NAPC is developing a new model of primary care with a workforce built around the ongoing needs of the population it serves and is working with the College of Occupational Therapists to promote the profession within that.

In many areas, similar thinking is driving new work on integrating healthcare professionals, including OTs, to maximise resources and to improve patient care. Dr Maggie Keeble, clinical lead, proactive care, for South Worcestershire clinical commissioning group, which is currently planning its own multidisciplinary teams, says GPs can benefit from greater team-working.

"A GP will often be reactive," Keeble says. "They will go in if there's a problem and someone has fallen or got an infection. But they won't necessarily be the best placed to see that if we can sort out aids and equipment at home, we can protect this person from deteriorating further. It's not about keeping people out of hospital if they need to be there, but so often they don't need to be in hospital."

**Kathryn Hubbard**  
‘We are trying to see people before they come to us in a crisis’

For occupational therapist Kathryn Hubbard, each working day is different. When she visits an older person at home, she might help with mobility equipment or simply have a chat to boost morale. But while her caseload is varied, there's a common theme.

"We are trying to see people before they come to us in a crisis, getting the equipment and the strategies in place so that when a crisis situation arises, they won't necessarily have to bounce straight into hospital," she says.

Hubbard's work at a Gateshead general practice is part of a trailblazing project targeting older patients most at risk of hospital admission. Since she began work in January 2015, she has been able to take the pressure off GPs at the Oxford Terrace and Rawling Road Medical Group



Hubbard helps older people maintain their independence

while also getting better outcomes for the patients she sees. "Sometimes the person does have to be admitted however much you want to help them stay at home - but that hospital admission, stay and discharge are less stressful and shorter than they otherwise would have been," she says. "It's a much preferable pathway for the patient."

It is too soon to measure the impact of Hubbard's work on hospital admission

“By providing a more proactive service, we are keeping people at home longer”

figures. But a practice frailty nurse helped reduce A&E attendances and admissions by 54% and GP home visit requests by 81%. Practice manager Sheinaz Stansfield hopes adding occupational therapy will further boost that success. "By providing a more proactive service, she says, "we are helping people to maintain their independence and keeping them at home longer." **KM**

# A quiet revolution on the frontline

OTs are reducing hospital admissions and stays by treating people at home, reports **Linda Jackson**

It is a crisis that threatens to cripple the NHS. Around 8,000 patients are stuck in hospital beds in England every day due to delays in discharging, costing the NHS up to £900m a year. The figures, revealed early this year in an independent inquiry commissioned by the government, show one in 10 beds is occupied by someone medically fit to be released.

But OTs may offer a solution. Growing numbers are assessing patients needing urgent care and supporting them to remain in their own homes in a quiet revolution that is seeing them move to the forefront of healthcare.

Evidence of the impact of this changing role is highlighted in a report



published last year by the College of Occupational Therapists. It reveals how OTs in frontline services, whether they're working with paramedics or A&E departments, are preventing the need for hospital admissions and supporting patients to live safely in their own homes.

The results are impressive. At Sheffield teaching hospitals NHS foundation trust, a new discharge-to-assess model has led to a reduction in hospital stays on an elderly ward from nine days to one. Laura Evans,

**One in 10 beds is taken up by someone fit enough to be released**  
Nigel Crump/COT

integrated pathway manager and head of OT at Sheffield, says concerns about delays in the discharge of older people in the hospital prompted the setting up of the new service.

"The OT does an initial triage-style assessment on the ward to see if they are ready to leave," she says. "When they get home, they are met by OTs in an active recovery team who carry out a more detailed assessment and get any extra equipment fitted the same day."

The scheme currently applies to patients on the respiratory and care-of-the-elderly wards, but it is hoped it will be rolled out to orthopaedics.

Another new way of working has proved successful at Ipswich hospital NHS trust, where OTs partnering with physiotherapists have piloted weekend working in the emergency and frailty assessment units and in A&E. Anna Robinson, senior OT emergency therapy team lead, says: "We have come a long way since we first trialed this. The results are fantastic."

**Rachel Bedwell**  
**'We're keeping 78% of people home, which is much better for them'**

**Rachel Bedwell, 29, is employed by East Lancashire hospitals NHS trust but works for the North West ambulance service NHS trust's Pennine Lancashire falls response service, helping older people to remain safely at home.**

Yesterday was a typical day. Gail Smith, the paramedic I work with, signs me in and we are ready for jobs.

Our first call is to an 85-year-old lady found on her bedroom floor by her carer. Gail checks her for injuries. I assess her getting on and off the bed, the toilet and sitting up and down. I check her cognition. She is a bit confused as a result of a urinary tract infection. We get her GP to prescribe antibiotics, and I look at getting a commode and some rails, which can be



**Bedwell (right): 'Gail checks for injuries. I assess the patient'**

delivered the same day. I make referrals, arranging wraparound support, then ring physiotherapy to make a further assessment, and social services to get her a crisis carer.

Our next job is an 89-year-old man with dementia, who was found at the bottom of the stairs by the driver to his daycare centre. He has no physical injuries but I contact social services, to ask for a care review so he can get more support, and his GP, to exclude underlying infection.

Then we go to Burnley general hospital, where I follow up on patients seen by other paramedics and make sure they get the occupational therapy assessments they need. We get a lot of referrals this way: we have had 1,400 since the pilot in January 2015.

Our next call is to a lady found on the floor by her hairdresser. I discover she has an electric chair she doesn't use because she doesn't understand the remote controls. I put stickers over the bits she doesn't need, leaving only up and down arrows. I leave a frame with her and notice she could benefit from a rail near her bed.

It's been a long day, but rewarding. We are keeping 78% of people home, which is much better for them." **LJ**

**BALENS ~ Offering specialist insurance for Privately Practicing OTs, Case Managers and other Health Professionals**

INDIVIDUAL PREMIUMS STARTING FROM

**£98**

PER YEAR

(Including Fees & Taxes)



**BALENS**

Specialist Insurance Brokers

Balens are a 4th generation, ethical family business providing exclusive insurance schemes in the UK, Republic of Ireland and Europe. Offering you one of the widest Insurance covers available with competitive premiums to match.

**BALENS INSURANCE PACKAGE FOR OTS & others**

Discounts available for COTSS-IP Members on Individual Premiums

- » £6m Medical Malpractice
- » £6m Professional Indemnity
- » £6m Public & Products Liability
- » Taxation and Legal Package
- » Cover for temporary work abroad (Excluding the USA & Canada)
- » Can include over 3,500 different therapies / activities
- » Corporate policies also available

Telephone: 01684 580 771 Web: [www.balens.co.uk](http://www.balens.co.uk) Email: [OT@balens.co.uk](mailto:OT@balens.co.uk)

Balens Ltd is Authorised and Regulated by the Financial Conduct Authority

*Pioneers for 65 years!*  
Caring for the carers



**OTOLIFT STAIRLIFTS**



Single and Twin Tube Stairlifts, suitable for any type of staircase

[www.otoliftstairlifts.co.uk](http://www.otoliftstairlifts.co.uk)

[Info@otolift.co.uk](mailto:Info@otolift.co.uk)

tel: 01207 581 636



A reliable family business, since 1891

# On the road to recovery

Driving centres, sports facilities and schools are providing new jobs for OTs. By **Rachel Williams**

**S**ue Vernon jots down happy clients' comments in her diary. "Getting back to driving is the best thing I've done since I was injured," one entry notes. "It's like breaking free from prison," says another. Vernon, an OT and driving instructor, is contracted by armed forces' rehabilitation centre Headley Court to help service personnel get back on the road.

There are only about 25 full-time OT driving assessors in the UK, but it is an important emerging role, says Priscilla Harries, head of clinical sciences at Brunel University, who has researched the subject. "There's a recognition that this is a field of practice we should be growing our expertise in," says Harries, who is also research and development chair at the College of Occupational Therapists. Keeping people driving allows them to carry on working and prevents social isolation, she adds. Vernon agrees: "Driving is a huge part of everyday living."



Lyndsey Barrett is another OT forging a new path for the profession. With her social enterprise, Sport for Confidence, she works in a leisure centre to help people with learning disabilities participate in mainstream sporting activities. At Basildon Sporting Village in Essex, the inclusive programme she has developed with sports coaches and staff attracts 70 regular participants and 300 visits a month.

The sessions are about far more than exercise, Barrett says; navigating other elements of visiting the centre, such

**Inclusive programmes help people with learning disabilities participate in leisure activities**  
**Julian Cornish-Trestrail**

as managing money and queuing, is key too. "The crucial thing is that they gain skills they can transfer into daily life, increasing confidence, social opportunities and improving overall health and wellbeing. The feedback I've had is that it's life-changing."

The programme is set to expand to three more locations in Essex, and Barrett's ultimate aim is to see OTs in leisure facilities across the country.

Sara Dent, an OT at Northumberland, Tyne and Wear NHS foundation trust, goes into schools to help children with autism or attention deficit hyperactivity disorder to cope better. While her team's work is long-standing, she says schools are thinking more about employing OTs directly.

"The role we're playing is broadening people's horizons of OTs add value," Dent says. "As more children are diagnosed, schools are calling on us for support. That leads to schools thinking: can we put some money together to get an OT?"

The team works with children to understand what school staff can do to improve their experience: for instance, giving them breaks in lessons or changing where they sit. "Small tweaks can make huge differences to a child's experience at school," Dent says.

## Michael Matheson

### Transform lives, benefit communities



**B**efore coming into political office I worked in occupational therapy, which left me with a lasting impression of the importance of providing tailored support to individuals to give them the opportunity to become active members of society. I understood what the health service and the justice system have in common: our most deprived communities are those most likely to experience poor health outcomes and high levels of crime.

Improving people's physical and mental health can help to reduce and prevent offending. People should be held to account for their behaviour, but thereafter our justice system and other key services should aim to support them to take their place as active and responsible contributors to society.

This principle underpins our approach to transforming the way

“Improving people's physical and mental health can help to reduce and prevent offending”

we deal with women in prison, with a move towards a model of custody that helps to maintain links with the community. Evidence tells us that housing women in smaller, community-based units closer to their families, and providing additional support to address underlying issues, is what we need to do to stop them from committing further crimes.

In certain cases, custodial sentences will always be required and it is critical that we ensure that custody provides opportunities to help people turn their lives around. The Scottish prison service has a renewed focus on the delivery of purposeful activity in our prisons and it is committed to working in partnership with health and social care and improving the health and wellbeing of people in custody.

For the vast majority of people who offend, custody is not the best

approach. I want to see prison used less frequently and a stronger emphasis on robust community sentences. This is not about being soft on crime - it is about being smart by addressing the factors that cause reoffending.

We know that the provision of flexible and coordinated approaches, working with people as individuals with strengths, needs and aspirations, rather than simply seeing them as "offenders", can help them to make positive, lasting changes in their lives.

There is growing acceptance and support for this agenda and I want Scotland to seize this opportunity to make a decisive shift in how we tackle the factors that cause reoffending and help people to transform their lives and benefit our communities.

*Michael Matheson is the Scottish government justice secretary*