

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on:	15th November 2023
Agenda Item:	12
Title:	Occupational Therapy in GP Practices – Working Together
Summary:	
<p>The purpose of this report is to report on the Working Together Primary Care Occupational Therapy Team and to set out plans for extending the service across the area.</p>	
Author:	<p>Claire Muir, Occupational Therapy Service Manager Gemma Murray, Advanced Practitioner Occupational Therapist Lynsey Cameron, Advanced Practitioner Occupational Therapist</p>
Recommendations:	
<p>IJB Members are asked to note the progress made in relation to this early intervention occupational therapy work and request support of the existing Working Together team and further development plans including the role out across all localities and further GP Practices.</p>	
Route to meeting:	
Directions:	Implications:
1. No Directions Required <input type="checkbox"/>	Financial <input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>	HR <input type="checkbox"/>
3. Directions to South Ayrshire Council <input type="checkbox"/>	Legal <input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>	Equalities <input type="checkbox"/>
	Sustainability <input type="checkbox"/>
	Policy <input type="checkbox"/>
	ICT <input type="checkbox"/>

OCCUPATIONAL THERAPY IN GP PRACTICES – WORKING TOGETHER

1. PURPOSE OF REPORT

The purpose of this report is to report on the Working Together Primary Care Occupational Therapy Team and to set out plans for extending the service across the area.

2. RECOMMENDATION

IJB Members are asked to note the progress made in relation to this early intervention occupational therapy work and request support of the existing Working Together team and further development plans including the role out across all localities and further GP Practices.

3. BACKGROUND INFORMATION

The GMS contract outlines “*there will be a wider range of professionals available in practices*” (Scottish Government, 2018). NHS Ayrshire and Arran Primary Care Improvement Plan (PCIP) has facilitated the prioritised resource allocation of Community Treatment and Care (CTAC) nurses, pharmacotherapy teams and vaccination services. Additionally, MSK physiotherapists, Mental Health Practitioners (MHPs) and Community Link Practitioners (CLPs) have been introduced into GP practices offering an extended Multi-disciplinary Team (MDT) approach, allowing quicker access to services. These MDT services strengthen the Caring for Ayrshire vision which outlines the aspiration to provide “*better local access to MDT’s within GP Practices*” (NHS Ayrshire and Arran, 2020).

The Working Together occupational therapists in South Ayrshire are key members of the Team Around the Locality and strive to work in partnership with primary care colleagues and also 3rd sector and voluntary services within the local communities. The team is embedded in GP practices, offering increased accessibility to patients and with an ambition to see patients at an early point in their wellbeing journey. An element of their role is to provide information and advice about local services and signpost to local resources as well as provide occupational therapy intervention and strategies to enable independence and prevent functional decline when possible.

Early in 2022, permanent funding from Mental Health Action 15 funding, followed a pilot of work over a 2-year period in one GP practice within south Ayrshire HSCP. The qualitative and quantitative data aligned with national professional work that provided evidence for occupational therapists in GP practices and recognised the importance of their contribution within the wider primary care MDT. The Working Together team of occupational therapists was formed with the ambition to expand across all GP practices within Ayrshire and Arran. Currently the occupational therapy resource allocation offers the service to 16 practices

across Ayrshire; 8 of these within South Ayrshire HSCP. A further 10 GP practices currently remain without access to Working Together occupational therapists within South Ayrshire HSCP.

“Primary care is often the first point of contact with services for people experiencing physical or mental health problems” (RCOT, 2021).

The particular role of OT

Occupational therapists facilitate comprehensive holistic assessments of an individual’s physical, mental, social, psychological, vocational and environmental needs. Due to the holistic nature of their assessment, occupational therapists commonly work with people with complex and multiple health needs and are experts in managing complexity, through person-centred and occupation-focused approaches. Being dual trained through their degree education is an obvious advantage within a primary setting and allows the occupational therapist’s unique professional skills to be offered to individuals throughout the lifespan. Occupational therapists provide interventions for individuals with mental and / or physical health needs who are experiencing an impact on occupational performance. The team will have a valued role in implementing the delivery of both local and national mental health strategy.

The Working Together OT service

The aim of the Working Together service is to assess individuals early in their journey and facilitate short term treatment interventions, to enable independence and prevent further decline for individuals, at the right time and in the right place. These evidence-based interventions focus on meaningful outcomes as identified collaboratively by the individual and therapist, averaging 4-6 treatment sessions, as well as signposting to appropriate services when need is identified.

4. REPORT

4.1.1 Primary care recruitment

In the last 18 months, South Ayrshire HSCP occupational therapy service have recruited to 3 occupational therapists in line with agreed Action 15 funding.

- 1.47 wte (2 staff members) band 7 Advanced Occupational Therapists Practitioners
- 1.0wte (1 staff member) band 6 Occupational Therapist

4.1.2 Primary care occupational therapy resource allocation

Each Occupational Therapist currently covers two or three GP practices allowing a spread of 8 out of 18 practices across south Ayrshire HSCP.

Figure 1 below indicates the GP practices and resource allocation where the Working Together occupational therapists are now established.

South Ayrshire (Working Together in 2/3 clusters)
Tams Brig Surgery, Ayr 0.1wte
The Surgery – 9 Alloway Place, Ayr 0.1wte
Cathcart Street Medical Practice, Ayr 0.2wte
Barns Medical Practice, Ayr 0.4wte
Racecourse Road Medical Practice, Ayr 0.2wte
Station Road Medical Practice, Prestwick 0.2wte
Kirkhall Medical Practice, Prestwick 0.1wte
Carrick Medical Practice, Maybole 0.1wte

Barns Medical Practice hosted the first occupational therapist as a pilot project followed by other town centre Ayr practices. Prestwick and Maybole practices followed and an occupational therapist has been most recently introduced into Tams Brig Surgery, Ayr. These practices are all able to offer in-house accommodation for the occupational therapy clinics, on a weekly basis. The service provides a blended model of service delivery offering patient choice of face to face, telephone and video consultation appointment options. 0.1wte is equivalent to one morning or afternoon session with the therapist offering up to 4 face to face appointments and administration time.

4.1.3 Referrals to Working Together Service

From April 2022 – October 2023 the Working Together occupational therapy service received a total of 824 referrals. There has been a 19% increase in referrals over the last 6 months, indicating a greater understanding of the contribution and impact of this newly established member of the primary care MDT. **Figure 2** below demonstrates the total number of referrals per GP practice in the last 6 months since the Working Together service has been functioning within 8 GP practices in south Ayrshire.

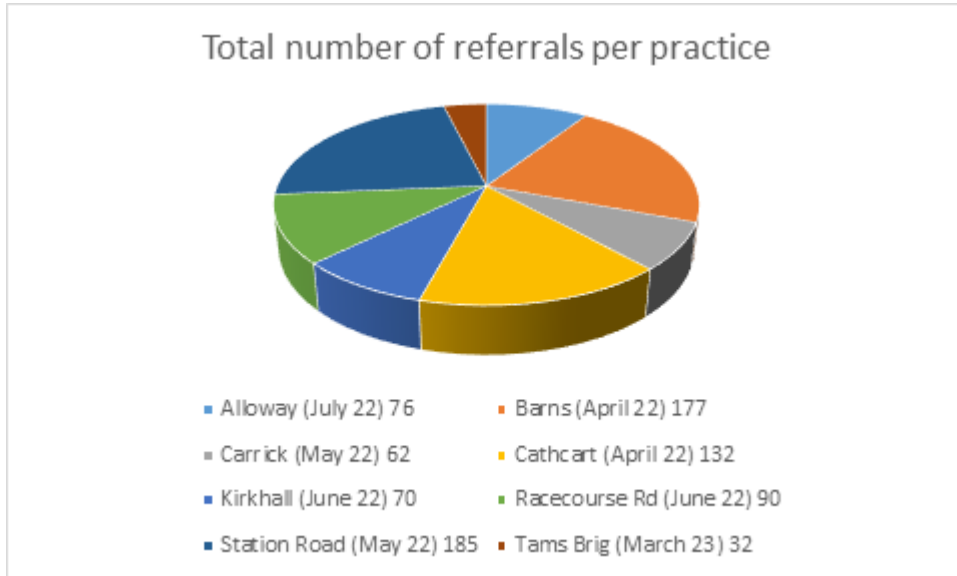
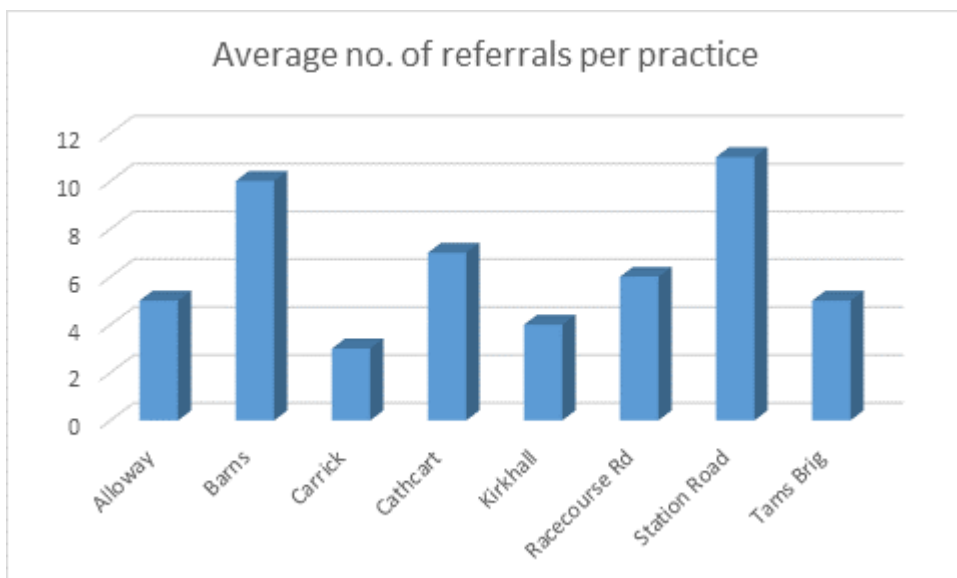


Figure 3 below demonstrates the average number of monthly referrals per practice. Barns Medical Practice, Station Road Medical Practice and Cathcart Street Medical Practice offer the largest number of referrals to the Working Together service per month. The service has been established within these practices for a longer period of time and they also have higher patient populations. Future data collection will potentially demonstrate a more equal spread across practices who have access to the service.



Any member of the primary care MDT can refer to the Working Together team. Additionally, GP practice staff are encouraged to engage with an occupational therapist for further discussion about any patient they feel may benefit from an occupational therapy assessment and potential short-term treatment. Requests for assistance can also be made by patients directly by telephoning the practice or during a consultation with another member of the MDT.

Figure 4 below highlights the wide range of referral sources over the reporting period. As expected the data indicates GPs are the highest referrers to the service, followed by Mental Health Practitioners. A small number of self-referrals are currently received, however it is hoped that as the general public become more familiar with the diverse role and benefits of engaging with occupational therapy, self-referrals will increase, allowing quicker access to the service. The Working Together team also encourage individuals to return to the service should they wish assistance in the future. This may account for a proportion of the self-referral data demonstrated below.

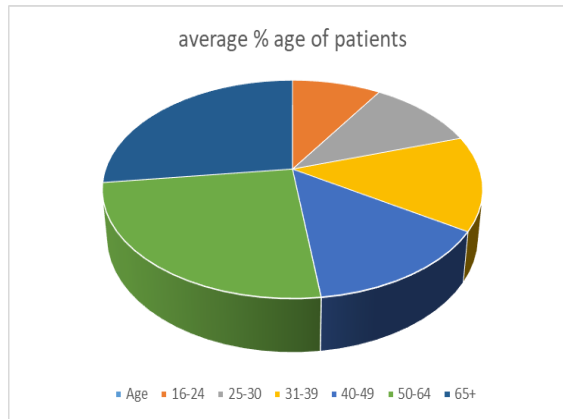
<u>REFERRAL SOURCE</u>	<u>SOURCE OF REFERRALS</u>
GP	518 (63%)
MHP	179 (22%)
NURSING	38 (4.6%)
SELF	36 (4.3%)
ANP	26 (3.25%)
CLP	11 (1.3%)
ADMIN	11(1.3%)
OTHER	4 (0.4%)
MSK PHYSIO	1 (0.1%)
TOTAL	824

A proportion of the 36 self-referrals are returning patients, suggesting the individual accessed the right person, at the right time. Returning individuals do not require the same number of appointments with the occupational therapist and those individuals are evidenced to engage for a shorter period of intervention. This allows the therapist to provide “a top up” of occupational therapy intervention and avoids a further GP appointment.

4.1.4 Patient Characteristics from referrals

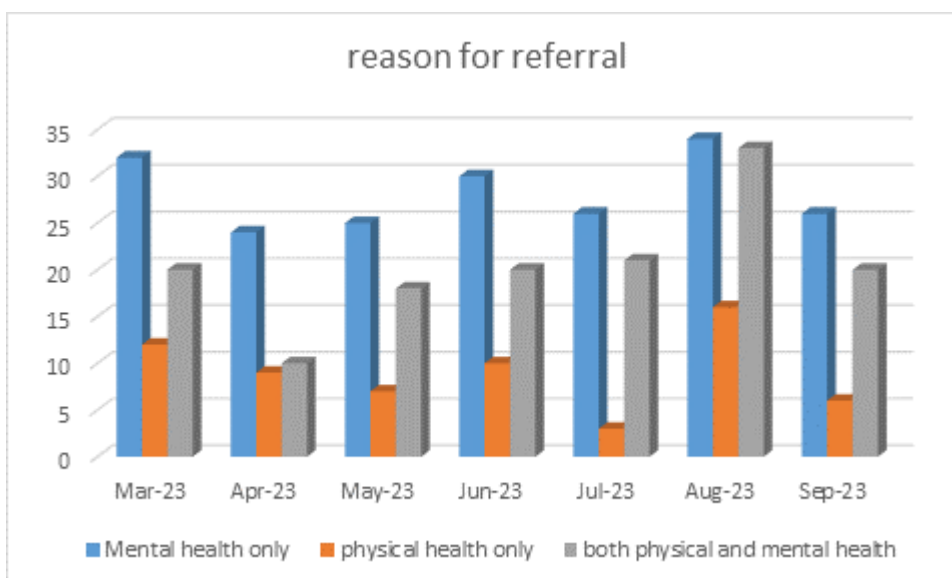
Since the project commenced, there has consistently been a higher number of females than males referred to the Working Together occupational therapy service (roughly 2/3 female to 1/3 male). This data is in line with national statistics demonstrating more females accessing health care resources.

Figure 5 demonstrates the average age of patients referred to Working Together occupational therapists:



As can be seen from the chart above, the largest percentage of individuals are aged 50 years plus. The Working Together service hope that in future, staff and patients will become more familiar with primary care MDT services and will access the appropriate service at an earlier age and stage, resulting in improved health outcomes.

The Working Together service offers occupational therapists the opportunity to meet individuals with a diverse range of health conditions. Unlike colleagues who work in clinical specialities within secondary care, the occupational therapists are able to facilitate treatment for physical or mental or both health conditions. Whilst this can be professionally challenging for the clinician, it allows the individual to meet with one occupational therapist and may reduce the need for onward referral. **Figure 6** below indicates the split of reason for referrals to the Working Together service.



The highest number of referrals to the Working Together service are for individuals with mental health concerns. This is consistent with the identification of the large increase in demand for mental health and wellbeing support presenting in a primary care setting. There is a small number of individuals presenting with physical health issues in isolation. There is a high number of referrals to the service who are often unaware or due to stigma do not verbalise the impact of their physical health condition on their psychological wellbeing. During assessment the occupational therapist is professionally skilled to discuss the person as a whole being and when addressing areas of daily function, such as sleep or socialising, the fuller picture of the person's conditions may arise. Short term treatment for all areas of the person's life will then be offered.

4.1.5 Occupational therapy assessment and outcome measurement

Appendix 1 indicates the process by the occupational therapist on receipt of referral.

In GP practices where the Working Together model is more established MDT staff are now able to offer their patients an assessment appointment within an allocated occupational therapy clinic. This process allows the patient to know when and where they will be seen, before leaving their consultation. Reception staff within these practices are also able to allocate appointments into the clinic over the telephone. Where this has not yet been established, patients are contacted within 5 working days and offered an appointment to meet with the occupational therapist at their earliest convenience. Assessment appointments take up to one hour in duration.

As primary care is an emerging area of clinical practice for occupational therapists there are no recommended, profession specific, assessment or outcome measurement tools. The Working Together service have been trialling a range of clinical tools and reviewing the outcome data. Below provides a list of some tools that have proven beneficial to date:

- GAD-7
- PHQ-9
- WEMWBS
- Work and Social Adjustment Scale
- Canadian Occupational Performance Measure (OT specific)
- Model of Human Occupation Screening Tool (OT specific)

National work on a primary care occupational therapy assessment and outcome measurement tool is currently underway and the Working Together service hope to be able to utilise this in future to more effectively demonstrate their impact and service outcomes. Subjective data collection continues monthly from patient reported improvements of occupational performance. The team are future planning to pilot the use of the Australian Therapeutic Outcome Measure - occupational therapy. This is a profession specific measurement tool.

The Working Together service is not diagnostic specific as occupational therapists focus on the person's ability to carry out daily tasks. The occupational therapist will always assess the impact of the health condition on the individual's daily life.

Below is a list (not exhaustive) of possible health conditions seen by the occupational therapists of the Working Together team:

- Generalised anxiety / Health anxiety
- Depression / low mood
- Phobias
- Unresolved early year trauma
- Fibromyalgia
- Substance misuse issues
- Persistent pain
- Long Covid
- Sub arachnoid haemorrhage
- Long term conditions – Arthritis, diabetes, autoimmune disorders
- Heart disease / Stroke
- Angina
- Kidney disease
- Women's health issues

4.1.6 Occupational therapy interventions

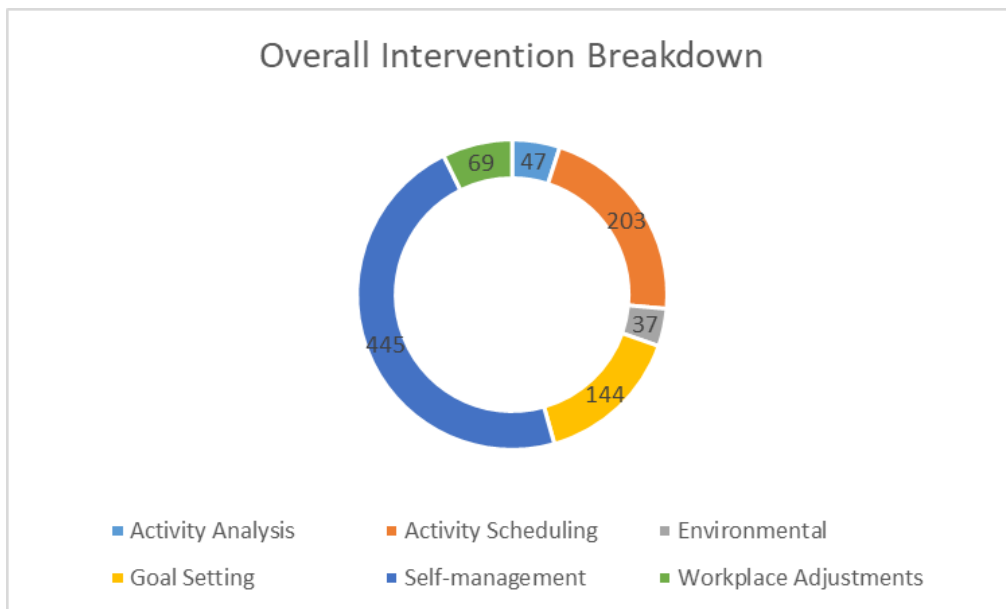
Following assessment, a collaborative short term (up to 4-6 sessions) treatment plan may be offered to consenting individuals who are motivated to engage with occupational therapy. For the purposes of data collection, the Working Together service agreed to collate their interventions under the following sub headings and **appendix 2** gives a wider explanation of each intervention category.

- Activity analysis
- Activity scheduling
- Environmental adaptation
- Goal setting
- Supported OT self-management/ enablement

The sunflower model **in appendix 3** has been distributed to GP practices and team members to enhance their understanding of the interventions that can be offered by the Working Together service.

On average, following assessment, individuals are offered a total of 2 occupational therapy appointments. These may be over the course of a week, fortnight or month depending on the occupational therapist's assessment of need / risk and the individual's choice and availability. The highest number of Working Together treatment appointments occur face to face within GP practices, but Occupational Therapists also offer telephone and video consultations via Attend Anywhere. This can aid engagement when individuals are unable to attend the GP practice for reasons such as childcare, working hours, anxiety leaving their home.

Figure 7 below highlights the breakdown of occupational therapy interventions within those subcategories over the reporting period. Supported self-management, activity scheduling and goal setting, are as expected, the most required interventions. Supported self-management / enablement by occupational therapy not only provides strategies tailored to the individual's needs, but also utilises clinical problem-solving skills in order to identify the root cause of the person's challenges. When these are broken down into component parts and understood, individuals feel empowered to implement and utilise the necessary strategies to enable their independence with daily living tasks which enhances their wellbeing.



4.1.7 Working Together service outcomes

From the outset of the project, the Working Together team has adopted a quality improvement approach. This has prompted the team to collect meaningful qualitative and quantitative data. Each clinician is required to manually input quantitative data regarding their referrals and caseload, into a specifically developed Working Together spreadsheet. It is hoped in future that electronic systems can aid this process, reducing time spent on data collection. Monthly briefs are prepared to showcase the service outcomes and these are distributed amongst governance groups, primary care teams and key partners. See **appendix 4** for the August Working Together (Pan Ayrshire) monthly brief.

Clinical service outcomes:

- ✓ Increased levels of independence in daily tasks
- ✓ Informed individuals around the importance of roles, purpose and routine
- ✓ Increased daily activity levels
- ✓ Implementation of OT self-management strategies
- ✓ Sustaining employment and increased return to work
- ✓ Prevention of further functional decline and anticipatory care planning

At the time of this report the Working Together clinicians are able to offer 41 face to face appointments across the 8 GP practices and 12 telephone or video consultations per week.

- An average of 83% of individuals referred to Working Together engage with their recommended occupational therapy treatment interventions.
- 91% of returning individuals complete their period of intervention and do not disengage from the service.
- Only 9% of people who engage in occupational therapy treatment fail to return and complete their period of intervention.
- 785 people have been discharged from the service to date (including DNA/ broke off contact)
- 15% of people who are discharged have an onward referral to another service in health or social care, third sector or voluntary organisations.
- **82% of people who completed OT intervention had an improved level of occupational performance.**
(This is 5% less than leaders in the clinical field who have a higher sample number with a more developed workforce and have full financial investment to have occupational therapists working in all GP practices across NHS Lanarkshire)

Wider implication of service outcomes:

- ✓ Easier access to occupational therapy and wider services
- ✓ Reduced need for GP appointments
- ✓ Earlier intervention resulting in improved health outcomes
- ✓ Reduction of health inequalities
- ✓ Reduction of onward referrals to NHS secondary care
- ✓ Connection with local community resources
- ✓ Reduced reliance on healthcare services eg. Homecare services and hospital admission
- ✓ Reduced economic expense with less people accessing statutory sick pay and unemployment benefits
- ✓ Reduced pharmacotherapy prescribing (hope to be able to evidence this in future data collection)

Reduction of health inequalities:

As of the 1st of September 2023, there has been a change to the Standards of Proficiency laid out by the Healthcare and Care Professions Council for all Occupational Therapists. This requires all Occupational Therapists to accept their responsibility in promoting public health and preventing ill health. This change recognises that registrants are part of a wider healthcare system and play an important role in this agenda. The Working Together service is in a unique position due to their very early intervention approach, enabling the delivery of public health messages and in turn aims to reduce health inequalities in alignment with the Scottish AHP Public Health Framework (2022-2027).

There is a significant potential for the service, working alongside others, to particularly target patients within Ayr GP practices living in the Ayr North locality with its associated high level of deprivation.

Reduced need for GP appointments:

Local work from North Ayrshire supported research into GPs appointments saved (6 months prior and 6 months following OT input). Result was; **62% reduction in GP** appointments. (This was based on 10 patients who completed Occupational Therapy intervention). This offers GPs the opportunity to fulfil their role as Expert Medical Generalists and allows the primary care MDT professionals to work effectively to meet the needs of the local population.

Reduced economic expense with less people accessing statutory sick pay and unemployment benefits:

In July 2022 the Department of Work and Pensions changed legislation enabling a wider range of healthcare professionals, including Physiotherapists and Occupational Therapists, to legally certify fit notes (med 3forms). This legislative change enables greater autonomy whilst supporting and empowering clinicians to engage in conversations regarding fitness for work and the necessary modifications required to support this. The Working Together occupational therapists are able to:

- Assess and identify problem areas in relation to work
- Work collaboratively with individuals to problem solve difficulties
- Provide coping techniques to enable self-management
- Write plans/reports that individuals can share with employers (i.e AHP health and work report).
- Recommend reasonable adjustments that can be made to help the individual maintain or return to work
- Write Fit Notes for individuals already working with an Occupational Therapist

Patient experience of accessing the Working Together service:

The Working Together team worked in collaboration with the NHS Ayrshire and Arran Patient Experience team to establish an occupational therapy discharge

survey. The survey can be completed on paper, sent as an email from a clinical mailbox or accessed via a QR code. Patients are asked to complete the survey to offer feedback on their experience of engaging with occupational therapy and the potential impact on their daily lives. Patients are also asked to give comment on potential service improvements.

- ❖ *“I have now been given ill health retirement, one year later. I would like to thank you for all your help at such a crucial time in this process. You will never know how much your Occupational Therapy input supported and helped me through that time and it is very much appreciated.”*
- ❖ *“The OT helped me rationalise my thoughts and feelings in a caring and understanding way, by workbooks, online tutorials and by listening.”*
- ❖ *“OT helped me realise I am not the only one thinking this way.”*
- ❖ *“The OTs experience shone through and she was very empathetic and supportive.”*
- ❖ *“Thank you so much that video also makes a lot of sense as to what has been going on throughout the years. So much build-up and not enough understanding of what was going on with me now makes it a bit easier to now realize the issues that I have/ or had. I really appreciate your help, we need more professionals like you in the world!”*
- ❖ *“Thank you so much, I honestly cannot express how much I appreciate your help, I was in a dark place and now things seem a bit brighter”.*

GP experience of accessing the Working Together service:

- ✓ *“Referrals to OT actioned quickly, patients happy to be seen sooner rather than being on longer waiting lists”*
- ✓ *“Having OT at an earlier stage in the care of the patient than would ordinarily be the case - appointments easily accessible to patients”*
- ✓ *“Patients value OT intervention due to the wide scope of knowledge and support mechanisms.”*
- ✓ *“An extremely beneficial service within the practice which I think works well with the MHP service. Easy to access and OT always happy to chat through cases as and when required. Good for patients to access this type of care without the need for secondary care referral or mental health record.”*

MHP experience of accessing the Working Together service:

“As you are aware, with my regular referrals, I use the OT service fairly often. The referral process is very easy and the waiting times for a call back from you are short. I also appreciate that you are approachable and only an email away if I need to discuss a patient or have any concerns. I particularly use the service for people who are experiencing anxiety and stress related issues and appreciate the input for patients who have work related difficulties, you being able to liaise with a patient's employer is extremely helpful. For me, personally, it is a great addition, it's simplifies things for the patient to be seen in their GP practice and gives me a solid option to consider in the assessment process.”

Working Together advanced practitioner occupational therapist experience:

“Occupational therapy has been welcomed in to the MDT team within primary care and we are so grateful for how helpful and accommodating every GP surgery has been to allow us to see patients within local communities quickly and easily.

Working within primary care allows us as Occupational Therapists to complete holistic assessments and treatments that don't simply focus on diagnosis but address both physical and mental health difficulties.

Due to the early input, we can work with people to learn and imbed coping strategies to help them manage their condition, increase their independence and consequently delay deterioration. In a primary care setting, you have the time to get to know the whole person and seeing an improvement in their quality of life is a real privilege. Additionally, to be able to contribute to reducing pressures on GP and secondary services is very rewarding.”

4.1.8 Working Together case example – See Appendix 5

4.2 National Benchmarking

NHS Lanarkshire introduced occupational therapists into GP practices approximately 3 years prior to NHS Ayrshire and Arran. Both health board areas are now leaders within the clinical area and seize every opportunity to showcase the positive clinical outcomes, wider implications of added value, as well as their service development and growth.

The formation of the Scottish Occupational Therapy in Primary Care Network in 2020, developed invaluable connections for occupational therapists in Scottish Health Board areas. The Network aims to assist occupational therapists or key stakeholders to understand the professions contribution and share ideas and resources. Different models of service delivery have been adopted across Scotland, however a focus on occupational performance, patient centred care and innovation have been paramount throughout. The current chair of the Network

works within NHS Ayrshire and Arran and this provides opportunity to showcase the local and national transformational work to key influencers within Scottish Government, NES and the Royal College of Occupational Therapists (RCOT).

In addition, there is useful partnership collaboration with the national AHP Mental Health leads and the newly established AHP MH Advisor role within NHS Ayrshire and Arran supported by the South Ayrshire HSCP.

4.2.1 Communication

Promotion and communication about the Working Together service has been an essential element of the Occupational Therapist's role. The staff have created a leaflet about their service and ensure that their role is highlighted within GP practice websites and communication screens.

The service recently became finalists of the Ayrshire Achieves Awards. This is a well-deserved celebration of their skill, motivation and contribution to good practice within primary care. The Working Together team have been selected and presented posters and presentations at multiple national conferences eg. NES conference, RCOT conference, with the recognition that this occupational therapy work in Ayrshire and Arran is sector leading.

In September 2023, the Royal College of Occupational Therapy publication OT News, showcased an article featuring the Working Together team. **Appendix 6** – OT News Article of Working Together service.

The Daring to Succeed July 2023 also included an article on the Working Together team highlighting the relevance of their work in support of the Caring for Ayrshire agenda.

4.2.2 Staff learning and development

The Working Together service has created an in-service training programme for their staff as they acknowledge the challenge of providing assessment and interventions to a variety of clinical presentations. These sessions occur monthly, on-line and are recorded to enable the content to be shared with clinicians who are unable to attend on the day. This forum additionally provides a peer support network for the Occupational Therapists.

The Working Together staff are consistently sourcing training to develop their clinical practice and leadership skills. Several of the Advanced Practitioner Occupational Therapists have recently undertaken training by The National Institute of Disability Management and Research (NIDMAR). See **appendix 7** for information and outcomes achieved.

All Occupational Therapists within NHS Ayrshire and Arran undertake clinical and line management supervision on a monthly basis. This is in line with their Health and Care Professions Council and RCOT registration and ensures adherence to their standards of practice. Clinical supervision can be within a group format or

individually with a practitioner with relevant clinical experience. This provides a learning platform and ensures Occupational Therapists are working at the top of their license, delivering safe and evidence based clinical interventions. Opportunities for informal supervision and clinical discussion with MDT members within GP practices are always welcomed.

Working Together staff are regularly invited to attend GP practice Protected Learning Time sessions which is a valuable opportunity to enhance staff's understanding around the complexity of working within Primary Care. Occupational therapists have also been able to present around their clinical outcomes for the practice population and feedback from the practice MDT staff about the Working Together service.

It is essential that the Working Together Occupational Therapists offer practice-based learning opportunities to occupational therapy students. Good relations are established with all four of the Scottish based Higher Education Institutes (HEIs) and staff are keen to support both undergraduate and post graduate students. A recent service level agreement also provides Paramedic Practice students the opportunity to spend time learning from the Working Together team of occupational therapists.

All members of the primary care MDT, including trainee doctors and GPs are encouraged to spend time with the Working Together staff shadowing clinics and / or hearing patient stories. This has assisted with appropriate referrals to the service and led to patient's having faster access to occupational therapy.

4.2.3 Monitoring/Evaluation

The Working Together Pan Ayrshire service report into the NHS Ayrshire and Arran Mental Health allocation meeting where all Action 15 funded projects are reviewed. The Pan Ayrshire Primary Care MDT Implementation group now include Occupational Therapy briefs in their meetings alongside evaluation from the other primary care MDT teams. 3-minute briefs are prepared for this meeting which include both qualitative and quantitative data and are distributed both locally and nationally.

Within the south Ayrshire HSCP the team highlight their work and outcome data within the South Ayrshire MDT Implementation group and the Advanced Practitioners attend the south Ayrshire GP Forum and cluster meetings facilitated by the Primary Care Clinical Director and GP Stakeholder. Opportunities have been taken to briefly update the South HSCP IJB on the Working Together project when reporting about the developments within primary care MDT working.

The Working Together team are continuously evaluating their service and gathering feedback from patients and all members of the GP practice MDTs.

4.3 Future direction for Occupational Therapists working in Primary Care:

Figure 8 proposes a future model of the 2 occupational therapy projects currently working within GP practices in South Ayrshire HSCP – the early intervention for

frailty Staying Ahead of the Curve and the Working Together team. This attempts to demonstrate the co-occurring occupational therapy process and professional priorities within the 2 teams, as well as highlight some of the service outcomes and wider impact for the organisation and the population of south Ayrshire.



Having separate and distinct funding streams, the 2 projects have developed as unique teams, offering occupational therapy assessment and treatment to patients at different points on their health journey. However, it has been acknowledged that the therapists and assistant practitioners of both teams have the same requirements for clinical governance, supervision and professional leadership around transformational change.

To date, the occupational therapy service has embraced opportunities for service redesign, recognising the benefits of working earlier with individuals across all levels of universal, targeted and individual interventions. Together with funding, this has allowed the service to work upstream and offer this preventative approach with recognised benefits and added value. The service is motivated to continue local growth to support The Team Around the Locality model and expand their workforce to ensure equity to all of the population of South Ayrshire.

The Working Together and Staying Ahead of the Curve occupational therapy teams must ensure that they work in collaboration with local authority, community rehabilitation, ICT and Reablement occupational therapy services to offer early and easy access to occupational therapy whilst avoiding duplication and streamlining process across the whole workforce. Current service reviews of local authority and community rehabilitation occupational therapy teams are underway

to ensure that the inclusion of these primary care teams will lead to individuals getting to the right service, at that right time, in the right place.

It is therefore envisioned that these two primary care occupational therapy teams align under one occupational therapy team lead and expand their workforce to allow coverage of all south Ayrshire HSCP GP Practices.

5. STRATEGIC CONTEXT

This piece of work closely aligns with the SAHSCP Strategic objectives: -

- We focus on prevention and tackling health inequalities.
- We nurture and are part of the communities that care for each other.
- We work together to give you the right care in the right place.
- We help build communities where people are safe.
- We are ambitious and effective partnership.
- We make a positive impact beyond the services we deliver.
- We are transparent and listen to you.

The model also fully supports the Wellbeing Pledge vision.

6. IMPLICATIONS

6.1.1 Financial Implications

As set out above

6.1.2 Human Resource Implications

There may be challenges with recruitment for OTs alongside the demands across community and acute workforce.

6.1.3 Legal Implications

N/A

6.1.4 Equalities implications

As highlighted throughout the paper, at present there is unequal access for the population of South Ayrshire, due to the current workforce resource allocation across GP practices.

6.1.5 Sustainability implications

N/A

6.1.6 Clinical/professional assessment

There is strong buy in and support from key clinical leads including Clinical Director and stakeholder GP and AHP professional lead.

“ Superb team doing amazing and appreciated work by patients and colleagues. A model that really works”. Input on social media platform X by Dr Simon Farrell, GP Stakeholder, South Ayrshire.

6. CONSULTATION AND PARTNERSHIP WORKING

Consultation with key partners has been a challenging landscape for the occupational therapy service. However, building relationships with the HSCP Clinical Director, GP Stakeholder, GPs and Practice Managers has been key to the success of the Working Together service. It has been vital for the service to work in partnership with other MDT services within the GP practices and this continues to be evident through referrals and joint working initiatives.

Occupational therapy teams across health and social care continue to work in partnership and future collaboration will be central to occupational therapy service reviews.

7. RISK ASSESSMENT

7.1. A service-level risk assessment has been completed and will be maintained in line with SAHSCP organisational arrangements.

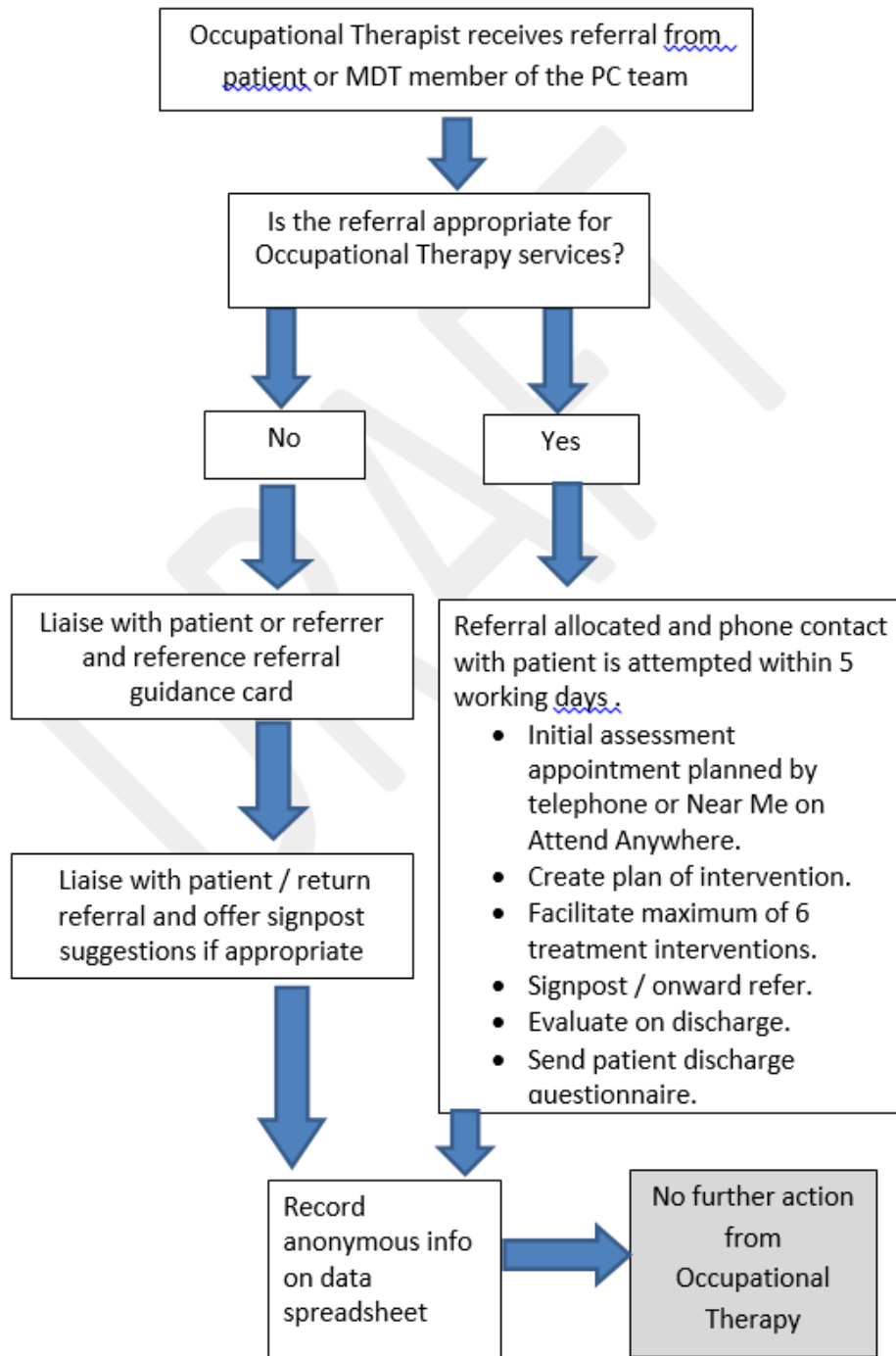
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Appendix 1 - Process by occupational therapist on receipt of referral.



Appendix 2– Description of Working Together interventions

Occupational Therapists work collaboratively with patients to identify meaningful goals that will aim to improve occupational performance in daily activities.

Activity scheduling

Scheduling of balanced, meaningful activities and establishing routine and purpose. Occupational Therapists focus on the importance of daily activity. We believe people thrive on daily routine and place value in having a purpose which in turn aids self esteem and confidence. Occupational Therapists facilitate conversation about activities patients can do currently and / or would like to be able to do in the future. Any barriers to those activities would be identified and problem solved. Occupational Therapists may introduce a weekly timetable to plan these with the patient, ensuring a balance of work, rest and play throughout the day.

Activity analysis of daily tasks

Activity analysis: prioritising, planning and pacing of daily tasks.

Occupational Therapists are trained to analyse patient's performance of daily tasks. This analysis will identify components of the task which the patient is or is not able to do independently. The outcome of the analysis informs a treatment plan which can be collaboratively agreed with the patient. Occupational Therapists can advise on the grading and pacing of daily tasks to conserve energy or the prioritisation of tasks as a strategy for fatigue management.

Supported self management strategies

Supported self-management strategies for physical, mental and psychological challenges.

Occupational Therapists can educate and encourage patients on positive coping strategies. This will enable patients to be less reliant on health and social care services and empower patients to independently manage a positive wellbeing. Occupational Therapists may educate on breathing techniques to manage anxiety or strategies to improve sleep.

Empowerment and meaningful goals setting

Goal setting to socially connect and improve relationships.

Occupational Therapists recognise the importance of human connection and relationships for support. It can be difficult for some patients to establish support networks or speak up for what they need and want. Meaningful goal setting can be used to help build confidence in these areas, leading to patients experiencing a productive and meaningful lifestyle, in the presence or absence of health challenges.

Workplace adjustments

Workplace adjustments for enablement to return or commence or education.

Occupational Therapists are able to support people who may be finding work difficult to manage or those who have recently had time off work. They can discuss with patients any challenges at work and liaise with employers regarding strategies to overcome these challenges. The strategies may be very simple eg. Having a seat to conserve energy or sometimes more complex eg. Adjustment of duties depending on

the difficulty. Occupational Therapists are also able to guide patients towards education or work environments that would be suitable to their needs.

Environmental barriers and solutions

Identification of environmental barriers and facilitation of solutions.

Occupational Therapists are trained to assess and consider environmental factors, ergonomics and can advise on aids and adaptations which may be helpful for patients to remain independent in their home or community environment. Depending on the patients circumstances a bath board may assist with independent bathing or a hand rail to aid with safety when using steps.

Appendix 3 – Sunflower model – Aid memoir for PC MDT staff



Appendix 4 - August 3 minute brief – Pan Ayrshire Working Together service

What? – Gather Information (e.g. What is the current situation? What information is known, or unknown)

Working Together- Occupational Therapy in Primary Care Pan Ayrshire

The team of 9 Occupational Therapists offer GP Practice based, short term (around 4-6 sessions) early intervention and, holistic occupational therapy support to 17 of the 54 GP’s Practices.

The OT service is not condition specific and has been promoted to support the following patient group;
Anyone who is struggling with an aspect of their daily function (regardless if this is caused by physical or mental health issues) and they are at an early stage in their journey.



It is never too early to have a conversation about...

Working Together
Occupational Therapy & Practice

Stress	Anxiety	New diagnosis of a long term condition	Long covid
Staying in or returning to work	Falls	Issues with sleep	Persistent pain
Tiredness	Difficulties with day to day activities	Women's health	

If so, occupational therapy might be able to help and support you:

- to maintain your independence
- break down tasks into manageable steps
- discuss strategies to help you manage your condition
- work with you to see your problems from a different angle
- to engage in meaningful activities

Please ask reception or during your appointment to see us

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Ayrshire & Arran

So What? Collate and interpret information (e.g. What does that mean? How can the situation be interpreted?)

Service data for the month of August;
Received **191** referrals
Discharged **108** patients

51% of referrals were for mental health only; 16% for physical health; 33% for both physical and mental health.

Patient feedback August 2023	
“The help I have received has been so beneficial I am now able to cope with my mood and previous trauma. I feel a weight has been lifted and I am much more positive about my future”	“Anne was very approachable, kind and supportive. She helped me take the small steps that led to bigger changes in my life.”

The Working Together Team have also completed an evaluation of fit note data use.

Occupational Therapists within primary care and other specific areas have been completing AHP health and work reports for a number of years which has complimented the medic’s role of issuing Fit Notes. With the established changes to the Fit Note, Occupational Therapists have been able to complete Fit Notes alongside recommending reasonable adjustments to support a return to

work.

Each member of the team completed online modules and were mentored with the first 5 cases that fit notes were to be issued by an experienced member of the team.

Fit note data from March 2023

29 fit notes were issued

11 issued stating 'may be fit' for work

18 issued stating 'not fit' for work

Average length of issue was 4 weeks

3 were issued for physical health conditions only, 18 were issued for mental health conditions only and 8 were issued for both physical and mental health conditions

Conditions included stress and anxiety, ASD & ADHD, IBS, rheumatoid arthritis, migraines, low mood, workplace stress, long covid, fatigue and back pain

Comments box were utilised which included assistive technology, return to work interview, limitations of patients and examples of phased return over 4 weeks

These changes have had a positive impact within the primary care occupational therapy service. These changes have streamlined the process which has saved OT, GP and patient time. It has added to our holistic assessment as patients are able to be involved in discussions around work and what support might be useful. As OT's we have been able to utilise our skill in activity analysis to provide personalised adjustments that are in relation to the patients job role and recommendations to enable a successful and sustained return to work. In addition, these changes have provided us with the ability to sign someone off work and provide treatment to support patient's during this time.

A quote from a GP colleague includes;

"This change shifts the focus of the fit note from sickness to solution focused, most of our fit notes are issued during a period of acute illness which makes it difficult to take the time to discuss adjustments that could be provided".

Work being completed by the Working Together occupational therapy team in August 2023 includes.

Pan Ayrshire

The team presented the role of OT at the MSK physiotherapy development afternoon.

The team arranged an in-service with the newly established long-covid team to explore further options for our patients.

Undergoing 'decider skills' training

The service is to be featured in September edition of 'OT News'

Nationally

Scottish Occupational Therapist in Primary Care National Group and planning group. Members of the team presented both on NIDMAR and on the role of OT's issuing fit notes.

Attended the primary care MDT resilience webinar.

Locally

Attended bereavement workshop.

Met with community nursing colleagues to discuss roles (North)

Attended coaching4change training (South)

Assisted GP with organising GPST3 session on wellbeing (East)

Undergoing 3-month frailty pilot, identifying patients via long-term condition reviews (East)

Commenced AAIFS training – quality improvement (South)

Now What? Anticipate Next Steps (e.g. What can this lead to? What can happen next? What do we need to consider for the future?).

In the upcoming months:

The documentation working group will recommence to review assessment documentation.

Meeting with data analysts to discuss creating a template on IT system

Promotional video to be created in conjunction with comms

Recruitment in process for new member of staff

The aim for the second year of the service is to;

Increase the number of appropriate referrals.

To analyse and review DNA/cancellations.

Monitor and evaluate the issuing of fit notes.

As the role of Occupational Therapy in primary care is innovative, we are ensuring our skills/training are in line with current best practice and focusing on promoting what Occupational Therapy has to offer within the GP practices we are based in.

Contact names for the partnerships:

Gemma Murray Advanced Practice Occupational Therapist (South)

Lynsey Cameron Advanced Practice Occupational Therapist (South)

Ranah McAusland Advanced Practice Occupational Therapist (East)

Anne Scott Advanced Practice Occupational Therapist (North)

Appendix 5 - Working Together clinical case example

Introduction:

56 year old male attended his GP for a fit note to support him to claim Employment Support Allowance. The GP provided a 3week fit note and referral to Primary Care Occupational Therapy.

Background:

The patient's 92 year old mother had been discharged home from hospital after a 7month inpatient rehabilitation stay. She has x3 daily homecare support. The homecare provider/care staff are constantly changed resulting in the patient being called away from work so much (due to falls, refusal to eat/engage with carers) that he was becoming unreliable and decided to resign. He was at this point attending his mums x3 daily after every care visit and through the night if he woke to check on her.

Goals:

To return to work, to stop feeling compelled to visit as often, to be able to book a holiday in his motorhome with his wife.

Assessment and treatment:

The patient had three appointments with occupational therapy.

Impression was: loss of role, loss of confidence, increased sense of caring responsibility but not actual increase in responsibility required.

One further 4 week fit note was issued as a continuation by the Occupational Therapist, he was referred for employability/benefit support via thriving communities. They have supported him to apply for attendance allowance/carers allowance to enable him to reduce the amount of hours he has to work.

Signposted to telecare via the council to look at falls detectors/falls mats for his mum's property.

We worked on strategies for assertiveness and creating routine and structure.

Outcomes:

- He has been able to communicate/advocate with the homecare manager to give him the confidence to not feel compelled to attend his mother's property as often.
- Has reduced his daily visits to 1 or 2 a day – all after 3pm. We discussed creating a structure where he would have a solid block of time he could commit to work. No more through the night visits.
- Has booked a two week trip away with his wife.
- He had changed the time of our last appointment to attend a job interview which although he was unsuccessful for he felt really positive about.
- Was considering re-engaging in a hobby he had lost interest in.
- **Felt happy!!**

Appendix 6 – Working Together OT News article

Primary care

Feature

Working together: occupational therapy in GP practices

A group of occupational therapists reflect on the development of a new service within certain GP practices in NHS Ayrshire and Arran and share some of the achievements of the past year.

The pressures on GPs are well documented and there is investment in growing multidisciplinary teams within primary care to help meet the demand. The General Medical Services (GMS) GP contract in Scotland is a joint agreement between the Scottish Government and the British Medical Association.

Two of the agreement's aims are to:

- Improve access for patients, address health inequalities and improve population health including mental health.
- Provide financial stability for GPs and reduce GP workload through the expansion of the primary care multidisciplinary team (Scottish Government 2018).

It is obvious that occupational therapists are well placed to meet these aims and consequently the number of occupational therapists working in this area is growing. This has resulted in the establishment of monthly primary care drop-in groups, facilitated by RCOT and a Scottish National OT in Primary Care group, which meets monthly.

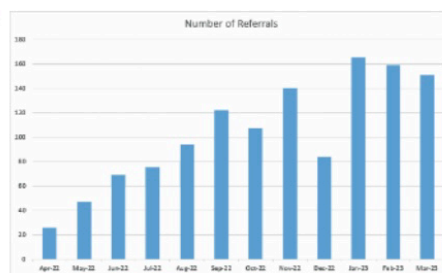
Improving access to local services

NHS Ayrshire and Arran is one of the 14 health boards in Scotland. It is split into three localities – East, North and South.

Across these localities there are 54 GP practices, supporting a population of 361,609 people. NHS Ayrshire and Arran's *Caring for Ayrshire* vision aligns with that of the GMS contract to provide better local access to multidisciplinary teams within GP practices, to allow the patient to see the right person, at the right place, at the right time, and recognises that this is often within local communities.

So, in 2019, a pilot project offering occupational therapy services to one GP practice per locality was launched.

Evidence gathered during this time found that early intervention occupational therapy support



Number of referrals between April 2022, when the service was launched, to March 2023

could prevent a functional decline in patients, regardless of their condition, and have positive patient outcomes, and that rolling out this service would meet the needs of the population of Ayrshire and Arran.

Therefore, the Working Together Occupational Therapy service was created in April 2022. This is a team of nine occupational therapists offering a service to 17 GP surgeries, to people aged 16 or over.

Work and impact to date

Building on learning from similar services in Scotland, a Quality Improvement approach was incorporated to evaluate our local occupational therapy model. Some of the work we have undertaken so far can be seen opposite.

In the first year, the service received 1,209 referrals, with a 17% increase in referrals in the second half of the year. There was an average reduction of 64% in GP appointments following occupational therapy intervention.

Additional data collected showed that 84% of patients did not require onward referral to secondary services and 100% of patients reported that they would access occupational therapy support again.

Overall, it was felt that occupational performance was improved following our intervention, while

Appendix 6 – Working Together OT News article (cont)



Back row left to right: Lynsey Cameron, Anne Scott, Ranah McAusland and Claire Muir. **Front row left to right:** Claire Heathcote, Gemma Murray, Barbara Lucas and Lindsay McGovern

96% of patients reported that they felt occupational therapy was easy to access and that they were seen in a reasonable timescale.

Service user and multidisciplinary feedback was positive, and included one patient telling us: 'You literally saved my life'.

Another patient said: 'The occupational therapist saw me as a whole person; the help and guidance I received has improved my quality of life.'

While one of the GPs said: 'The impact is huge, helps patients, decreases further visits and decreases prescribing.'

The team was also fortunate enough to be finalists in two categories at the Ayrshire Achieves Awards 2023, being in the top three out of 126 nominations.

Our future plans

The team is hoping to continue to expand the service into all GP services and to continue to increase the number of appropriate referrals and service user engagement. There are plans to increase practice placements for students within primary care and to offer role emerging placements for paramedic students.

R

The Scottish Government (2018) *General Practice – Primary Care Services*. Available at bit.ly/3suXp85 [accessed 31 August 2023].

Words **LYNSEY CAMERON** Advanced Practice Occupational Therapist, South Ayrshire Lynsey.cameron5@aapct.scot.nhs.uk; **GEMMA MURRAY**, Advanced Practice Occupational Therapist, South Ayrshire Gemma.murray@aapct.scot.nhs.uk **RANAH MCAUSLAND**, Advanced Practice Occupational Therapist, East Ayrshire, Ranah.mcausland@aapct.scot.nhs.uk **ANNE SCOTT**, Advanced Practice Occupational Therapist, North Ayrshire Anne.scott@aapct.scot.nhs.uk

Some of the work completed so far includes:

- Developing pathways, referral guidance and promotional material.
- Developing and delivering information sessions on the role of occupational therapists to colleagues within GP practices.
- Producing a monthly impact report to share with all stakeholders.
- Gathering monthly feedback from all service users and multidisciplinary team colleagues.
- Developing a clinical peer supervision structure.
- Creating an inhouse training programme.
- Producing patient information leaflets on fatigue, attention, memory, executive functioning and pain.
- Presenting a poster at the NES 2023 conference and a flash presentation at RCOT's Annual Conference.
- Completing an audit of outcome measures to refine data collection.
- Participating in an RCOT research project with Rocket Science.

RCOT resources

Primary Care Monthly Drop-in: find out more and get support at bit.ly/3PlwmFw.

The **RCOT Evidence Spotlight on Occupational Therapy in Primary Care** can be downloaded at bit.ly/3sxUk7x

Primary care evaluation: in collaboration with Rocket Science, RCOT has been working across three sites in England, Wales and Scotland to collect data about the impact of the profession in GP surgeries. To find out more, read the research summary at bit.ly/3sNNyKF.



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Appendix 7 Staff Learning and Development - NIDMAR

What is NIDMAR??

The National Institute of Disability Management and Research (NIDMAR) was founded in 1994 and is committed to reducing the human, social and economic costs of disability. As an education, training and research organisation, NIDMAR's primary focus is the implementation of workplace-based reintegration programmes which international research has proven to be the most effective way of restoring and maintaining workers' abilities.

The NIDMAR education program consists of 25 modules covering the key skills and competencies essential for those working in the field of Disability Management and Return to Work Coordination. Modules focus on such topics as return to work plans, job analysis, workplace modifications, assessment, assistive devices, organisation skills, marketing, information technology, labour relations, rehabilitation, program development and evaluation

This involved attending 10 study days at Stobhill hospital over 9 months, a 6hour exam with coursework in order to achieve a certificate of completion and the recognised title of Certified Disability Management Professional (CDMP).

Gemma Murray Advanced Practice Occupational Therapist, Clare Smith Pain Management Occupational Therapist, Anne Smith Advanced Practice Occupational Therapist and Kim Dean Specialist Stroke Occupational Therapist all represented NHS Ayrshire and Arran on the latest cohort.

Collectively we all felt the programme:

- Consolidated our clinical experience and increased our confidence
- Supported an earlier intervention approach in each of our clinical areas
- Emphasised the importance of good work
- Increased knowledge of/links with local employability services

The associated benefits for the OT service as a whole are:

- More staff formally trained in vocational rehabilitation and happy to be contacted for support
- Ability to provide informal training and supervision
- Promote the unique skills OT's have in activity analysis when considering return to work in our respective areas of work



EARLY INTERVENTION IN RETURN TO WORK

KEY TAKEAWAYS

- A series of events leads to the potential for long term recovery
- 20% of all work-related musculoskeletal injuries are preventable
- 10% of all work-related musculoskeletal injuries are preventable
- 5% of all work-related musculoskeletal injuries are preventable

BENEFITS OF GOOD WORK

- Increased productivity
- Reduced absenteeism
- Improved morale
- Reduced turnover
- Increased safety
- Reduced costs

BENEFITS OF EARLY INTERVENTION

- Reduced time to return to work
- Reduced costs
- Improved productivity
- Reduced absenteeism
- Improved morale
- Reduced turnover
- Increased safety

KEY TAKEAWAYS

- Early intervention is key to successful return to work
- A series of events leads to the potential for long term recovery
- 20% of all work-related musculoskeletal injuries are preventable
- 10% of all work-related musculoskeletal injuries are preventable
- 5% of all work-related musculoskeletal injuries are preventable

Implementing the learning from NIDMAR course into developing Occupational Therapist role in NHS Ayrshire and Arran Pain Management Service

Objectives

- To develop a role for Occupational Therapists in the Pain Management Service
- To develop a role for Occupational Therapists in the Pain Management Service
- To develop a role for Occupational Therapists in the Pain Management Service

Benefits

- Improved patient outcomes
- Reduced costs
- Improved productivity
- Reduced absenteeism
- Improved morale
- Reduced turnover
- Increased safety

NIDMAR: The impact on my clinical practice, when discussing employment, in a primary care Occupational Therapy clinic

Introduction

The NIDMAR course has provided me with the knowledge and skills to discuss employment issues with my patients. I have been able to provide more support and advice to my patients, and I have been able to refer them to the appropriate services. I have also been able to provide more support and advice to my colleagues, and I have been able to refer them to the appropriate services.

Case Study

A patient with a long-term condition was struggling to find work. I discussed the NIDMAR course with them and they decided to attend the course. They returned to work after a few months and are now thriving.

Results

- Improved patient outcomes
- Reduced costs
- Improved productivity
- Reduced absenteeism
- Improved morale
- Reduced turnover
- Increased safety

RETURN TO WORK FOLLOWING STROKE

Introduction

Stroke is a leading cause of disability and a major cause of economic burden. The NIDMAR course has provided me with the knowledge and skills to discuss employment issues with my patients. I have been able to provide more support and advice to my patients, and I have been able to refer them to the appropriate services.

Case Study

A patient with a stroke was struggling to find work. I discussed the NIDMAR course with them and they decided to attend the course. They returned to work after a few months and are now thriving.

Results

- Improved patient outcomes
- Reduced costs
- Improved productivity
- Reduced absenteeism
- Improved morale
- Reduced turnover
- Increased safety