



## **Occupational Therapy:**

An emerging role in Primary Care

# GP CEPN Fellowship: Project Report 2017-2018

Dr Emily Chamberlain<sup>1</sup>, Dr Juliette Truman<sup>2</sup>, Professor Johnny Lyon-Maris<sup>1</sup>

<sup>1</sup>GP Education Unit, University Hospital Southampton <sup>2</sup>Department of Occupational Therapy, Faculty of Health Sciences, University of Southampton

**Wessex Community Education Provider Networks** 

Supporting the Development of Our Future Primary Care Workforce

emily.chamberlain1@nhs.net

Developing people for health and healthcare









## **Background:**

General Practice in the UK is under significant pressure, providing 60 million more consultations than five years ago<sup>1</sup>. The NHS Five Year Forward View<sup>2</sup> and the General Practice Forward View<sup>3</sup> have identified a crisis in the delivery of Primary Care and highlighted the need for workforce development to address this.

Occupational Therapists (OTs) are highly skilled practitioners working across the health and social care sector. They are educated at undergraduate level to work with physical, learning disability and mental health issues, and therefore can potentially provide valuable support and resources to GPs facing increasingly significant pressures. To date Occupational Therapists are not routinely utilised within the Primary Care workforce despite their potential to provide valuable skills at this time of need. As there is no current OT workforce in Primary Care, undergraduates are not being routinely exposed to Primary Care teams and working environments.

For over ten years the University of Southampton Occupational Therapy Programme has developed placements in diverse, non-traditional areas of practice in which there are no OTs working. The concept behind these placements is to consider the establishment of an OT role and the added value that an OT perspective may provide the service<sup>4</sup>. These role-emerging placements have been shown to promote an increased awareness of the profession<sup>5</sup> leading to new employment opportunities in diverse areas of practice<sup>6</sup>. Other benefits of these placements include contributing to local communities, personal and professional development of the students<sup>6</sup>, in addition to providing a valuable learning experience<sup>4</sup>.

Following discussions with the University of Southampton and local Primary Care Services, role-emerging placements for Occupational Therapy students were developed across four different Primary Care settings in Southampton and the New Forest. These different settings reflect the current changing nature of General Practice and Primary Care.

We identified three challenging clinical areas in General Practice where Occupational Therapy students could gain experience and complement their undergraduate studies in the Primary Care setting: Frailty and complex disease, Mental Health and Learning Disabilities.

## **Role-emerging Placements:**

Arrangements were made with the University of Southampton, the Community Education Provider Network (CEPN) team and the Primary Care settings to ensure that appropriate discipline-specific Occupational Therapy supervision would be available to the students across the three clinical areas. This supervision was sourced from local trusts as there were no qualified Occupational Therapists working in Primary Care. This provided a new





supervisory model for the student with remote OT-specific supervision. Support was also provided to the student by the wider primary care team throughout their placement.

Communications with the University of Southampton and the Royal College of Occupational Therapy ensured that the students were covered by indemnity during their placements. The scope of practice was defined to ensure the students had an appropriate caseload for their level of competency and that the placement provided educational value.

Each placement consisted of a ten-week clinical placement in Primary Care working within multi-professional teams. The first 2 weeks consisted of an induction period where the students undertook an observational role, getting to know the members of the team and becoming familiarised with Primary Care. In weeks 3 to 8, the students developed their own service and worked on a caseload under supervision undertaking assessment, intervention and evaluation as appropriate. In the final weeks the students continued to undertake short term interventions and succession planning for the patient caseload identified.

Alongside this the OT students attended small group teaching sessions on a monthly basis during the placement. These sessions were held at the University of Southampton with the Lead for Practice Learning in the OT teaching faculty, the Learning Environment Lead from CEPN and GP CEPN Fellow. In addition to this, students had the opportunity to engage in peer support with other students undertaking role-emerging placements.

A referral form was developed and used in the GP practices to help identify appropriate patients for the Occupational Therapy students. The focus of this work was away from equipment which the community teams are already providing and aimed to explore a wider breadth of skills that could be used in the Primary Care setting. This included work around mental health issues in patients not meeting the criteria for CMHT input including low mood, anxiety, sleep issues, social isolation and stress. Other work included self-management, health promotion and supporting and maintaining patients in active participation, wellbeing and independence. The students worked with patients with chronic and complex disease, patients vulnerable to deconditioning in addition to patients with challenging behaviours. Other areas covered by the Occupational Therapy students included assessing carer needs to maintain supportive relationships; and working with patients around returning to work and the associated biopsychosocial barriers.

## **Outcomes:**

Evaluation of this project is currently underway. 20 participants (including OTs, Student OTs, GPs, Practice Managers, and other members of the Primary Care team) were recruited for semi-structured interviews.





#### **Examples of patient outcomes:**

An elderly patient with poor mobility in a nursing home was seen by the Occupational Therapy student. They were not engaging with staff or residents and were high users of unscheduled care (111/OOH/GP visits). The OT student worked alongside the patient to engage them in cooking which was something that the patient had previously enjoyed. Over the course of the 10 weeks, they built up these skills to perform more complex tasks. Throughout this, they improved the patient's mobility and standing times, as well as focusing on her upper limb weakness. These interventions helped the patient from both a physical and psychological point of view. The student was also able to measure the improvement in standing times and ankle oedema.

'...by the end of the 10 weeks she was standing for a full hour and cooking. I think it met a lot of her needs, not just in terms of mobility, she also had upper limb issues as well so that helped...it was also about the emotional and social aspect. She was a lot happier, she was more confident, and she was interacting with people in the care home...her oedema reduced' **Occupational Therapy student.** 

One of the Occupational Therapy students worked with a gentleman in his own home who was well known to the GP surgery. He was a hoarder and had become very socially isolated suffering with low mood, poor sleep and was disengaged from services. He was also deemed a high falls risk. The Occupational Therapy student did some work around his mood and addressed his sleep issues. Further work focused on supported him in creating a routine and engaging with services for house clearing and reducing his falls risks.

'All services had been previously involved, there had been a breakdown in all the relationships ...[the student] was able to sort of restart those processes really ... very practical stuff... He has got a lot of complicated financial issues and until they are resolved social services won't get involved. It is a very complicated case, not really anything to do with medicine.' **GP** 

#### **Educational Value of a placement in Primary Care:**

OT students placed in Primary Care were asked about their experience of the placements. Students felt that the environment allowed them to develop skills as independent practitioners and through this process become more confident in their own skills and their professional identity.

'I gained a much stronger sense of self within my profession'

'...more independent in my thinking and thinking analytically'

'My communication skills developed as well while I was there as it was just me and the patient and I had to establish rapport, get the information and communicate clearly'





'My assessment skills had to evolve because I had to assess the person holistically.'

#### **Future workforce:**

When asked about working in Primary care, the Occupational Therapy students reported that they had previously not considered a career working in Primary Care but that following the role-emerging placements would now consider working in this environment.

'I didn't even know it was an option...I think the placement opened my eyes to that possibility'

'I didn't know that these opportunities were available, as you don't really hear about OTs in Primary Care. But I think I have always been quite a strong believer that OTs should be in the community with people, really in their everyday lives. So, I see that there is a lot of potential, and if there was that opportunity I would really consider it after I have built a lot more competency, skills and confidence.'

'[Primary Care] desirable area for OTs to work in'

#### **Reflections from GPs:**

GPs who supported an Occupational Therapy student in their services were asked about the experience and what they learned through the process. They reflected on the added value of Occupational Therapy in the Primary Care setting and what skills Occupational Therapy has to offer a workforce that is under significant pressure.

'We need to look at ways that we can innovate and have additional help around... we really need someone to deal with the social issues, those complex issues ... they've [the OTs] got a much wider remit now and for us that's really helpful. Learning difficulty, frailty, mental health: they are all the key areas that we need help with as GPs.'

'I had two or three patients where I thought it made a big difference in the sense of supportive and counselled. And I felt more comfortable because I knew they had been seen....'

'Saved me probably at least 1 home visit possibly 2.'

'We seem to have an awful lot of mental health issues down here and most people with mental health issues never reach the criteria for mental health services and a lot of people are frightened about dealing with mental health but the OTs have a skills base that gives them the confidence to deal with that.'





'How can we encourage Commissioners to see this as a real asset and worth investing in? Because the problem at the moment is that, we may be able to fund an Occupational Therapist one day a week using the local improvement scheme but actually how do we develop this within the core funding. And that's a long journey that our profession has to take but I can see a real role for the Occupational Therapist.'

### **Future:**

This project involved 4 OT students undertaking a 10 week student placement across 4 Primary Care settings. Given the positive outcomes from these student placements, further work would be recommended looking at the value of qualified Occupational Therapists in Primary Care on a longer-term basis.

Following implementation of the Occupational Therapy student role-emerging placements, two of the services have now employed an Occupational Therapist in those settings to continue with that work. This project has also led to further consideration by the services of ways to utilise OT skills across different Primary Care settings and looking at Mental Health care in particular. Further collaboration with the Royal College of Occupational Therapy is also underway to look at pilot projects around Occupational Therapists in Primary Care in the local area.

## **Acknowledgements:**

Thank you to the staff and patients of Solent NHS Foundation Trust, Southern Health NHS Foundation Trust, Southampton Primary Care Limited and St Francis & Park Surgery for participating in this project, hosting and supporting the practice-based learning experiences of Occupational Therapy students in their practices.

## **Further information:**

For further information please do not hesitate to contact Emily Chamberlain at emily.chamberlain1@nhs.net





#### **References:**

- 1.Royal College of General Practitioners (2015) A blueprint for building the new deal for general practice in England. London: RCGP. Available at: www.rcgp.org.uk/policy/rcgp-policy-areas/~/media/Files/Policy/A-Z-policy/2015/RCGP-Blueprint-for-building-new-deal-for-general-practice-2015-web.ashx
- 2.NHS England (2014) The NHS five year forward view. London: NHS England. Available at: www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
- 3.NHS England (2016) General Practice Forward View. London: NHS England. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
- 4. Thew M, Edwards M, Baptiste S and Molineux M (2011) Role Emerging Occupational Therapy: Maximising Occupation Focused Practice. Chichester. Wiley-Blackwell.
- 5. Thomas Y, Penman M and Williamson P (2005) Australian and New Zealand fieldwork: charting the territory for future practice. Australian Journal of Occupational Therapy 52 78-81
- 6. Overton A, Clark M and Thomas Y (2009) A review of non-traditional occupational therapy practice placement education: a focus on role-emerging and project placements. British Journal of Occupational Therapy 72(7):294-301