**Occupational Therapy Factsheet.**

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| **Additional Role Name** | **Occupational Therapist Advanced Practitioner (AP)** |
| **Purpose of the role** | Occupational therapists work with those across the life span who experience a wide range of clinical conditions: most commonly those who have difficulties due to a mental health illness, physical or learning disabilities.  Occupational therapists provide assessments and interventions that are aimed at improving an individual’s physical and mental health. The occupational therapist focusses on exploring the impact that a person’s physical or mental health difficulties are having on their ability to complete the daily activities that they want or need to do.  Providing a range of practical and psychosocial interventions the occupational therapist enables people to facilitate their recovery and overcome barriers that are preventing them engaging in their day to day routines and activities. This helps to increase an individual’s independence and satisfaction in all aspects of their life.  Occupational therapists training in physical and mental wellbeing across allages means that they are the only healthcare profession trained at undergraduate level to deliver the Government’s “triple integration” agenda. “Triple Integration” involving greater integration between  • primary and specialist care,  • physical and mental health care and  • health and social care.  An Occupational Therapist Advanced Practitioner is an occupational therapist who may see a patient at their first point of contact or for follow up management as appropriate with the healthcare system. They will have the skills to assess, diagnose and manage a range of conditions appropriate to their knowledge and expertise and work at an Advanced Clinical Practice level as advanced practitioners (APs). This is defined as *“a level of practice characterised by a high degree of autonomy and complex decision making… It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes”.*  This is in place of the patient seeing another member of the Primary Care team, usually the GP. A patient should be seen by the most appropriately skilled professional in Primary Care, and AHP APs, including Occupational Therapists, will add to the breadth of the Primary Care team. |
| **What makes these roles most effective in primary care settings?** | Occupational Therapists reduce demand on General Practitioners by resolving underlying complex problems that are the root cause of multiple contacts with the Practice, such as frailty and end of life care; poor mental health; social isolation and loneliness; sickness absence from work or unemployment.  Their early intervention can prevent crisis or loss of ability to manage day to day; reduction in unnecessary hospital admission and successful transition to the community or back to work. There are more than 31 400 occupational therapists in England, a third of which work in mental health. In addition, occupational therapists handle 45% of local authority social care referrals. ([Promoting Occupational Therapy - Occupational Therapy improving lives saving money](https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money))  **Mental Health**  Less than 5% of GP practices have mental health professionals working in practices, despite 9 out of 10 people with mental health conditions receiving support in primary care. Occupational therapy led primary care mental health services can reduce the need for referral to secondary care and make annual savings of over £140k per service.  Occupational Therapists use a client centred approach to support a person to identify how their mental health difficulties are impacting on their engagement in daily occupations. The occupations include; self-care, leisure, work, education and caring responsibilities.  Occupational therapists’ skills in assessing a person’s motivation, physical and cognitive functioning, and communication and interaction skills mean that they are ideally placed to address a person’s reengagement in the occupations that are important to them. OT’s working with people with mental health difficulties in PCN’s have demonstrated that the service has supported people to: transition out of secondary mental health care, have a better understanding of their mental health and wellbeing, have improved confidence and self-esteem, improve their social connections and have a more meaningful, structured daily routine. (RCOT, 2019) <https://www.rcot.co.uk/sites/default/files/Getting-my-life-back_England.pdf>  Therefore, having an occupational therapist available as part of a PCN ‘toolkit’ ensures that individuals presenting with a mental health problem have timely access to the required skills to meet their needs.  The emphasis would be on functional impact and engaging in meaningful occupation e.g. studying, work, caring responsibilities and leisure activities as well as for those individuals who require additional support in order to improve their personal resilience through exploring support networks and community resources.  The occupational therapy input would focus on patients who are regular users to the service, providing Occupational Therapy intervention to proactively resolve health and social issues at an early stage, minimizing crisis situations that result in inappropriate presentation to secondary care.  **Return to work**  Up to 93% of GP fit notes state the person is unable to work while very few specify what adjustments are required to support the person return to work. Occupational therapy led vocational clinics in GP surgeries can get people back to work faster and reduce the use of GP fit notes, by about 50% on average three per person.  In supporting patients return to work, Occupational therapists provide self-management advice and suggestions for workplace modifications so patients are able to return to work sometimes weeks’ sooner than they would otherwise. This means less repeat appointments for ongoing GP fit notes and, better health outcomes for the individual. Occupational therapists are well placed to carry out workplace assessments and support with return to work plans through workplace discussions and completing an AHP Health and Fit note. <https://pcc-cic.org.uk/article/occupational-therapy-led-vocational-clinics-get-people-back-work-sooner>  **Physical Difficulties including Frailty**  Occupational Therapy intervention would proactively resolve health and social issues at an early stage, minimizing crisis situations that result in inappropriate presentation/admission to residential or hospital care.  The occupational therapist would predominantly work with older, frail patients with multiple co-morbidities and often complex social/environmental circumstances.   * 80% of falls happen in the home resulting in major trauma for older people. Poole Hospital has one of the highest number of patients with fractured neck of femurs for acute NHS trusts in England. * Occupational therapists working with paramedics keep more than 75% of older people at home preventing unnecessary hospital admission. * Home hazards assessments can realise savings of £3 for every £1 spent on falls prevention. Occupational therapists reduced demand on GPs with 74% of patients confident to manage their own health and wellbeing at home after their personalised intervention.   They would provide early and intensive input as part of the primary care team to support people to live and function safely at home.  The focus would be on enabling people to maximise their own potential, promoting self-management, preventing ill health and dependency, thus releasing professional capacity.  Thereby reducing demand on general practitioners by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with the practices. |
| **Minimum skills and qualifications needed** | * a BSc in or pre-reg MSc in Occupational Therapy under a training programme approved by the Royal College of Occupational Therapists; * Working as a band 7 as an experienced autonomous clinical practitioner in line with the national multi-professional framework for advanced clinical practice in England framework. This level of **clinical practice** is defined as working clinically as a minimum at Masters level (level 7, with a Masters qualification or equivalent evidence of working at that level). It is not a requirement to fulfil academic level 7 attainment across the remaining 3 pillars of advanced Practice, although expected to be on the pathway to fulfil level 7 in all 4 pillars. As a result, these AP roles should be graded at indicative Band 7 level or above. <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf> |
| **How do these skills support the delivery of the DES and new Service Specifications?** | Either working independently or, preferably as part of a multi-disciplinary team approach, the occupational therapist will support the delivery of Enhanced Health in Care Homes delivering personalised care and support plans with people in the PCN’s Aligned Care Homes *(Network Contract Directed Enhanced Service 7.3 Enhanced Health in Care Homes).*  The occupational therapist could be part of the community of practice that the PCN must develop to support delivery of the requirements for early cancer diagnosis *(Network Contract Directed Enhanced Service 7.4 Early cancer Diagnosis).*  To support the above as well as other patients as previously described (frail patients, those with mental health problems or wanting to return to work), occupational therapists within primary care networks would be able to do the following;   * assess, plan, implement, and evaluate treatment plans, with an aim to increase patients’ productivity and self-care; * work with patients through a shared-decision making approach to plan realistic, outcomes-focused goals; * undertake both verbal and non-verbal communication methods to address the needs of patients that have communication difficulties; * work in partnership with multi-disciplinary team colleagues, physiotherapists and social workers, alongside the patients' families, teachers, carers, and employers in treatment planning to aid rehabilitation; * where appropriate, support the development of discharge and contingency plans with relevant professionals to arrange on-going care in residential, care home, hospital, and community settings; * periodically review, evaluate and change rehabilitation programmes to rebuild lost skills and restore confidence; * as required, advise on home, school, and workplace environmental alterations, such as adjustments for wheelchair access, technological needs, and ergonomic support; * advise patients, and their families or carers, on specialist equipment and organisations that can help with daily activities; * help patients to adapt to and manage their physical and mental health long-term conditions, through the teaching of coping strategies; and * develop, implement and evaluate a seamless occupational therapy support service across the PCN, working with community and secondary care where appropriate, and aimed at continuously improving standards of patient care and wider multi-disciplinary team working. |
| **Essential mandatory training and professional registration (and renewal period)** | * Mandatory registration very 2 years with Health and Care Professions Council <https://www.hcpc-uk.org/> * Must have access to appropriate clinical supervision and professional support which could be provided by one of the Dorset NHS organisations an appropriate named individual in the PCN to provide general advice and support on a day to day basis, * Comply with national guidance regarding AHP job planning which requires roles to be divided into direct clinical care (individual patient attributable and non-individual patient attributable) and supporting professional activities (clinical service improvement / leadership, CPD, support for other staff including students). The recommendation being that the allocation of time for direct clinical care to supporting professional activities is 80:20. |
| **Key registering/ professional bodies** | * Health and Care Professions Council <https://www.hcpc-uk.org/> * The Royal College of Occupational Therapists <https://www.rcot.co.uk/> |
| **Anything we know about the pipeline of available talent in Dorset ICS? +ve and -ve** | * strong local pipeline with BU training occupational therapists * some challenges recruiting & retaining at a band 6 * Development of apprenticeships * risk of destabilisation of a stretched workforce if PCN’s recruit directly and not in collaboration with another organisation |
| **Anything we know about what works when it comes to attracting and retaining this talent?** | * opportunities in PCN’s would be an attractive option for career development and improved retention working collaboratively with colleagues in social services, community and secondary care services. * The occupational therapists working within PCN’s would be able to support students on clinical placements from other professions as well as occupational therapy contributing towards a rich multi-professional learning experience. |