

Tip of the Iceberg - Developing an Occupational Therapy Clinic within a GP practice



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NHS have surpassed themselves with care and attention lavished on myself

Background

Occupational Therapy provides a professional pragmatic approach to empower people towards full recovery. Central to recovery is what is important to the individual, building on strengths and addressing the challenges which can reduce independence and the quality of life in all aspects of everyday activities regardless of age or health condition.

The positive impact of integrating an occupational therapy service within GP practices is gaining momentum. Evidence is growing with recent publications such as Driving and Supporting Improvement in Primary Care; and National Health and Social Care Workforce Planning.

The Royal College of Occupational Therapist suggest that only 5% of mental health professionals, including Occupational Therapists, work in GP practices, however with 1 in 3 of the general population experiencing mental health difficulties accessing relevant services at the right time and in the right place for each individual is difficult.

Aim

A small test of change was carried out initially for a 6 month period with this being extended to 18 months.

The service proposed was to provide an Occupational therapy clinic one day a month within the Templehill Medical Practice in Troon.

Referrals were received directly from the GPs.

This community based approach aimed to deliver improved outcomes from health and social care integration through Occupational Therapy clinicians working closer together, building on earlier work to streamline referral processes and remove duplication. Easy access within neighbourhoods will help drive the shift towards prevention and further strengthen our approach to tackling inequalities.

In partnership with the primary care team it was agreed that a referral could be made for all age groups and health conditions, with a deterioration in function which has impacted on an individual's independence and quality of life. Prior to referral it was essential that informed consent was gained.

Method

Following education sessions with the primary care team, a referral process was implemented. The main reasons for referral from the GP were

- Home visit/assessment
- Falls prevention
- Self management
- Stress/anxiety management
- Decreased mobility
- Other

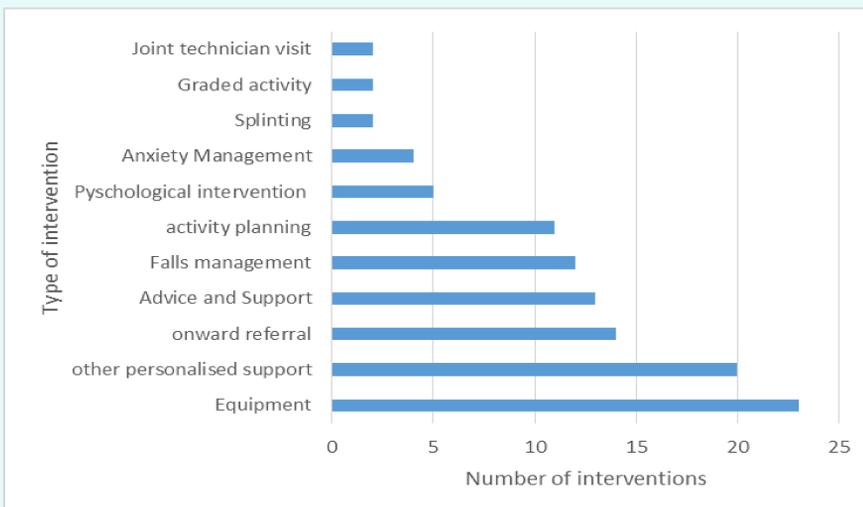
Following the initial referral which often was medically focused, an occupational therapy assessment highlighted the functional difficulties which were impacting on the individual's life. Overcoming these barriers was then the focus of the session, with a plan put in place with jointly agreed goals which were meaningful and important for each individual. Sessions focused on physical, social and psychological aspects of an individual's life and were documented using NHS Scotland SWIFT paperwork

PATIENT'S NAME	DATE	
Reason for administering SWIFT		
<small>The SWIFT Check Up is a tool that you can use to build up a picture of a person's key relationships, how they are coping, how things are going at work and at home as well as give you an idea of things they like to do. It provides a useful framework that you can use to gain a holistic perspective about the people you see. You can start at any point on the list below - depending on whether it is a first consultation or follow up.</small>		
S	Stress/Coping	
W	Work/Home	
I	Illness/LT Condition	
F	Friends and Family	
T	Things I like to do	
Follow up actions:		
SIGNED	DATE	
<small>Developed by the Physical Health Team, Psychology Directorate, NHS Education for Scotland in association with NHS Lothian, 2013.</small>		

Results

42 individuals were referred to the clinic with age range of between 43 and 95. The average time spent with people was between 30-60 minutes with the typical number of contacts being 2 per individual.

The following graph shows the types of interventions that took place as a result of the conversations between individuals and the Occupational Therapist.



Key outcomes

- Positive, effective experience for service users and GPs
- Early intervention for individuals
- Self management strategies
- Enhanced assessment which focused on functional difficulties
- Easy access for both individual and primary care team to occupational therapy assessment and intervention
- High satisfaction scores from both individuals and primary care team
- Easy referral pathway for individuals and GPs
- Alternative to referral to secondary care services
- Positive and direct communication with primary care team
- Range of interventions used at primary care level

Understanding of what is available and implement things as and when required

Very impressed with level of understanding and suggestions of various solutions

Conclusion

This test of change demonstrated that occupational therapy has a significant contribution to the health and well being of individuals who present at their GP practice.

The unique skill set of a qualified Occupational Therapist enables a robust assessment and solution to each individual's functional difficulties, and would be an important addition to any primary care team. The role of an occupational therapist including their skills in assessing risk factors for an individual living at home and also their competency of assessing for relevant level of care at home services is crucial.

This test of change demonstrated that this was just the tip of the iceberg in terms of what Occupational Therapy can provide within a GP practice setting.

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