

Occupational Therapy in Primary Care:

Exploring the role of OT from a primary care perspective

Background

General practice faces a workforce crisis, constrained finances, unsustainable workloads and increasingly complex medical and care needs^{1,2}. The RCGP highlighted the challenge in 2015, stating the number of consultations per year in England had increased by more than 60 million³. The *Five Year Forward View* supports focusing on prevention and managing patients within the community². The *General Practice Forward View* identifies the need to build the wider workforce in primary care to address some of these challenges⁴. The RCGP have supported work promoting and developing innovative roles to alleviate pressures the system is facing³.

Occupational Therapists are highly skilled practitioners working across health and social care. A clear fit with primary care regarding health promotion and holistic care has already been recognised⁵. Occupational Therapists value the importance of promoting mental and physical well-being and are skilled in assessing the impact of developmental, physical and mental health conditions⁶. Occupational Therapists are not routinely utilised within the primary care workforce in England despite their potential to provide valuable skills, support and resource to GPs.

A recent article in *BJGP* by Brooks and Milligan⁷ supports the integration of OT in the delivery of *Sustainability and Transformation Plans*. They argue this offers a cost-effective solution that “*reduces pressure on GPs, reduces referral to secondary care, enhances timely hospital discharge, and keeps people independent at home*”.

The Intervention

The University of Southampton OT Programme has developed student placements in diverse, non-traditional areas of practice. The concept driving these placements is the establishment of an OT role in new areas to demonstrate the added value an OT perspective may provide the service⁸. These placements have also been shown to promote increased awareness of the profession⁹ leading to employment opportunities.

This work explored how OT could contribute to local primary care provision. ‘Role-emerging’ placements were developed across four settings in Hampshire, each hosting one student. Three areas were identified where students could gain experience and complement their undergraduate studies: frailty and complex disease, mental health, and learning disabilities.

Two settings were within GP surgeries focusing on all three clinical areas of frailty, mental health and learning disability. One placement was within a multi-disciplinary nursing home team focusing on proactive care in residents identified as high users of unscheduled care. The fourth placement in a community team focused on the value of proactive care of frailty in the community.

Students undertook ten-week placements working within primary care teams. There were no qualified Occupational Therapists working within the services. Specialist Occupational Therapists in physical health, mental health and learning disability working within local trusts provided supervision to students. Students were also supervised by the primary care clinicians on a daily basis.

The first two weeks consisted of an induction where students undertook an observational role, getting to know the members of the team and becoming familiar with primary care. Students sat in with GPs and members of the team to develop their understanding of the service and identify potential areas where they could enhance patient care by providing an OT perspective. This was also an opportunity for the team to better understand what the student had to offer and help identify appropriate patients for the student's caseload.

In weeks three to eight, students developed their own service and worked on a small caseload under supervision. A referral form helped the team identify an appropriate caseload, exploring a wide breadth of skills that could be used within the setting (Box 1).

Students carried out assessments in the GP services and, when appropriate, in the community and in patients' homes with the appropriate level of support and supervision. Referrals were reviewed by qualified Occupational Therapists and all stages of the assessment, intervention and evaluation were discussed prior to being undertaken. In the final weeks, students continued to undertake short term interventions as well as succession planning for the caseload.

Findings

Evaluation was conducted through semi-structured interviews at the end of the placements. The aim was to evaluate and explore the value of learning in primary care for OT students from the perspectives of students, supervisors and the primary care team. In addition, this work aimed to consider the wider implications and potential of OTs working within primary care.

Ethical approval was granted by the University of Southampton and twenty participants were recruited for interview (Box 2). Interviews were recorded, transcribed and anonymised. Data was coded and themes were identified using thematic analysis.

GPs and primary care teams reflected on the added value of OT in primary care and what skills this offers a workforce under significant pressure.

'We need to look at ways that we can innovate...we need someone to deal with the social issues, those complex issues that now the OT student is allowed to do, they've got a much wider remit and for us that's really helpful. Learning difficulty, frailty, mental health - they are all key areas that we need help with... I think I learned that it is a much bigger role and that there is a lot of potential there.' [GP]

Placements allowed for a deeper understanding of the breadth of skills OT could offer. Themes emerging across settings included: the benefit of a holistic approach, the role for

proactive care in the community, support for mental health care and reducing pressure on GPs and services. Mental health was widely recognised as an area OT could provide significant support, particularly with patients not meeting the threshold for Community Mental Health Teams.

'We seem to have an awful lot of mental health issues...most people 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 confidence to deal with that.' [GP]

GPs felt that students were able to tackle some of the deeper-rooted issues that a ten-minute consultation struggles to address. GPs reflected on the work undertaken by students and the positive physical, psychological and social impact this had on patients.

'People we know come to see us frequently, being able to get behind some of the issues because in a ten-minute consultation you can only just skate around some of the issues and I found [the OT student] was able to get much deeper into some of the root causes...social and psychological. It's not the medicine that's complicated, it's the other bit.' [GP]

Students and Occupational Therapists identified the value of understanding primary care and where their skills fit within the service. The environment provided an opportunity for students to develop generalist skills as independent practitioners whilst consolidating their learning from previous placements. Students felt they developed a deeper sense of professional identity and a better understanding of what primary care could offer as a potential working environment.

*'I gained a much stronger sense of self within my profession'
'My assessment skills had to evolve because I had to assess the person holistically'* [OT Students]

Summary and recommendations

Through placements, we were able to further understand the added value OT offers primary care at a time when it is under significant pressure. Students' work provided examples of a proactive, holistic approach to addressing physical, psychological and social aspects of patient care within primary care settings. Through placements, services were able to explore how integrating Occupational Therapists into their teams could help promote health and wellbeing in their communities.

The services were able to test out innovative roles through undergraduate placements with no financial commitment attached to the process. Following placements, two settings created employment opportunities for qualified Occupational Therapists within their teams reflecting the value they identified within this role.

Students and Occupational Therapists were able to explore new work settings and this exposure to primary care offered an insight into potential career options, promoting primary care as a career option. Given the positive outcomes from these placements, further work is recommended to consider the value that qualified Occupational Therapists could offer primary care on a longer-term basis as part of an integrated multi-disciplinary workforce.

References

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Box 1. Summary of referral criteria

Difficulties engaging in personal, social, domestic, leisure activities
Challenging /disruptive behaviours impacting daily life
Social isolation
Low mood, anxiety, stress management, sleep hygiene
Chronic disease: health promotion, self-management, supporting and maintaining activities
Safety and falls prevention
Returning to work /productive roles

Box 2. Participants

Occupational Therapy students	3
Occupational Therapy supervisors	9
General Practitioners	5
Wider primary care team	3
Total	20