**About the College**

The Royal College of Occupational Therapists (RCOT) is pleased to provide a response to the House of Commons Health and Social care Committee inquiry to explore the future of NHS general practice, examining the key challenges facing general practice over the next five years as well as the biggest current barriers to access to general practice.

RCOT is the professional body for occupational therapists and represents over 35,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists work in NHS GP surgeries, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health and Care Professions Council (HCPC), and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

Occupational therapy improves health and wellbeing through participation in occupation. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

**Introduction**

The RCOT submission will introduce the role of occupational therapy in primary care and go onto address the question by the inquiry which asks, “*To what extent has general practice been able to work in effective partnership with other professions in primary care and beyond to free more GP time for patient care?*”

**Occupational Therapy in Primary Care**

The role for occupational therapists in primary care and GP surgeries is growing. Government policies such as the Additional Role Reimbursement Scheme (ARRS) have been expanding teams in primary care across England to reduce the pressure on GPs and improve patient care.

In our recent report [*Roots of Recovery; Occupational Therapy at the Heart of Health Equity,*](https://www.rcot.co.uk/roots-recovery-occupational-therapy-heart-health-equity-2)the profession’s role in tackling health inequalities is described, by identifying those people and groups who may be isolated or underserved by primary care services and who therefore may not access occupations, activities or services. Occupational therapists then advocate between primary care staff and these people and communities to increase engagement in services and occupations that have health benefits.

Occupational therapists in primary care are experts in the management of complex patient’s, groups and communities’ occupational participation needs for example in home and health management, education, work, social participation, and leisure activities.

Occupational therapists can work as First Contact Practitioners (FCPs) and Advanced Practitioners (APs) at an advanced level of practice, providing personalised, biopsychosocial interventions from initial clinical assessment, intervention, and evaluation for agreed patient groups.

They work collaboratively with the primary care multi-disciplinary team (MDT) across pathways and systems, including digital delivery, to meet the needs of patients and carers, and provide occupational therapy leadership across clinical practice, education, and research.

Alongside other Allied Health Professionals (AHPs) in primary care, three key occupational therapy “superpowers” have emerged while new pilots’ trial, for example, social care and paediatric occupational therapists in primary care:

**Frail older adults**

* Use of frailty indexes to identify people needing a proactive approach
* Rapid crisis response to prevent hospital admission or to speed discharge.
* Assessment and interventions to ensure people can cope at home, including support for carers.
* Short term rehabilitation interventions and referral on to specialist services if indicated
* Use of digital and assistive technology to ensure safety at home.

**People with mental health problems**

* Risk assessment for acute distress,
* Personalised care plans for self-management,
* Patient activation to achieve personal goals,
* Social prescribing and signposting or referral onto recovery support and services.

**Working age adults with employment difficulties**

* Vocational rehabilitation
* Use of AHP Health and Work report in place of GP fit note for sick pay
* Tailored, specific advice about workplace modifications.

**Assurance and Safety in Primary Care**

As the occupational therapy role has been evolving in primary care, there has been a growing need for assurance that standardisation of quality could be provided across different General Practices in England.

This standardisation of occupational therapy practice assures governance and ultimately patient safety, ensuring capability to see and manage patients with undifferentiated and undiagnosed presentations within an agreed scope of practice.

To provide this, Health Education England (HEE) in conjunction with RCOT and clinicians who work in primary care have recently produced a roadmap for occupational therapists who are First Contact Practitioners (FCPs), Advanced Practitioners (AP) or who would like to work towards this level of advanced practice.

This opportunity for skill development in primary care supports FCP and AP job roles and development of the profession. It forms part of a suite of roadmaps for AHPs working at Advanced and Consultant levels of practice. You can [find the roadmap and support material here](https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/roadmaps-practice).

The roadmap includes information about:

* Primary Care educational pathways
* National standards and frameworks for occupational therapists
* The required knowledge, skills, and attributes
* Moving into primary care
* How to build a portfolio using the roadmap templates
* Supervision requirements
* Training resources

In the roadmap,**the Advanced Clinical Practice Capabilities for Primary Care Occupational Therapy,** were devised by a Skills for Health/HEE multi-disciplinary Steering Group with representation from Wales, Northern Ireland, Scotland, and England. The Steering group, with expert patient experience, clinicians and academics was fundamental in ensuring the accuracy of the capabilities, which were then further refined following public consultation

**Effective Partnership Working**

It is clear occupational therapists with specialist rehabilitation skills in self-management, personalised care and independent living are a good match for primary care.

 In addition, RCOT believes that workforce transformation in health and care will involve a shift away from hospital occupational therapy provision to primary care provision and we are working with our members and system partners to support this transition.

In terms of our learning so far, the following are key points of consideration that influence the relative success of effective partnership working between General Practice and occupational therapists who wish to or have moved into primary care:

* **Funding and system level workforce transformation**: Funding to pump prime occupational roles in primary care has been and will remain crucial. In addition, the greatest successes have been achieved where GPs and system partners consider and plan together the best way to utilise the occupational therapy workforce in that local area.
* **Understanding role, purpose, offer:** Take time to ensure everyone understands the role, purpose and offer of each of the AHPs in primary care; There are five AHP roles in the ARRS; occupational therapy, dietitians, podiatry, paramedics, and physiotherapy. It has been easier for GPs to “buy what they know” which means the less well-known professions, such as occupational therapy have been utilised at a slower pace than other AHPs.
* **Optimisation of care navigation for occupational therapy roles** - For first contact occupational therapy roles, care navigation is crucial to ensure the right patients see the right person quickly, without the need for time consuming GP or Practice Nurse referrals. Patients and carers need to be able to access and book to see an occupational therapist direct. FCP clinicians can deal safely with complexity, risk, nonvisible disabilities, and people with undiagnosed conditions. This needs an “all practice” approach so all members of the team can facilitate this. Spending time and resources to get this right is crucial as well as understanding how digital triage can be utilised to get patients directly to the right person in the primary care MDT. It will need to be revisited and refreshed regularly to reflect any staff changes or service developments.
* **Embedding new team members:** Induction and embedding new occupational therapists into the primary care team is crucial such as inviting them to practice meetings and training.
* **Integrate into local care pathways** – Many occupational therapists will come into primary care with an excellent knowledge of local and secondary care services. Supporting occupational therapists to integrate into the local pathways so they can maintain close links and agreements with related services such intermediate care, secondary care mental health services, core rehabilitation services etc. - is where the greatest impact can lie.
* **Providing Supervision and job plans**: Ensuring support and supervision with job plans that reflects adequate time for Continuing Professional Development and HEE roadmap verification activities will ensure retention of occupational therapists in primary care. While our medical and nursing colleagues have been in primary care for many years, it is reasonable that during workforce transition for the much newer roles, that robust support, supervision, and development opportunities are provided.
* **Using available resources and networks:** All the professional bodies listed below provide a large amount of support to our members who are thinking of moving or have moved in this emerging area of practice. In addition, the NHS Confederation and <https://future.nhs.uk/> also provide information and support.

Many thanks to the professional bodies of the five AHPs in the ARRS in England for sharing learning particularly for the second part of this submission: Chartered Society of Physiotherapy, the College of Paramedics, the British Dietetics Association and the Royal College of Podiatrists.

AHPs are one in seven of the qualified clinician workforce in the NHS and 10 000 AHPs are expected to move into primary care by 2024.

**Contact**

For further information on this submission, please contact:

Genevieve Smyth, Professional Adviser, Royal College of Occupational Therapists

genevieve.smyth@rcot.co.uk

0758 560 6396