Consultation response - Transforming and modernising planned care and reducing waiting lists in Wales

8 June 2022

# About us

We’re RCOT, the Royal College of Occupational Therapists. We’ve championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we’re here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole. Occupational therapists in Wales work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It’s about being able to do the things you want and must do. That could mean helping you overcome challenges of learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It’s science-based, health and social care profession that’s regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call ‘occupations’. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open new opportunities and change the way people feel about the future.

# Our response

**Whether the plan will be sufficient to address the backlogs in routine care that have built up during the pandemic and reduce long waits**.

Our members report that on the current levels of service that they will struggle to meet the requirements of this report. Our managers state they have not yet heard when the extra funding will be made available.

**Whether the plan strikes the right balance between tackling the current backlog, and building a more resilient and sustainable health and social care system for the long term?**

The plan is heavily influenced by the Welsh Government’s previous policy direction especially *“A Healthier Wales”,* which we as a Royal College supported. Our members see slow progress towards those goals, especially moving more services closer to home with an increased focus on primary care. We have several great services that focus on rehabilitation in community settings, but these are often short term funded and patchy throughout Wales. There needs to be an acceleration of the delivery of programmes that have proved to be successful.

**Whether the plan includes sufficient focus on:**

* **Ensuring that people who have health needs come forward;**
* **Supporting people who are waiting a long time for treatment, managing their expectations, and preparing them for receiving the care for which they are waiting, including supported self-management;**
* **Meeting the needs of those with the greatest clinical needs, and those who have been waiting a long time;**
* **Improving patient outcomes and their experience of NHS services?**

Occupational therapy is still predominantly accessed through secondary and tertiary services and tends to focus on individuals, rather than on populations. Access to occupational therapy services needs to be early and easy, across the lifespan, preventing the development of long-term difficulties and addressing some of the wider social determinants of health. The plan talks about access to Allied Health Professions (AHP) and wanting people to have more opportunity for direct access to a wider range of AHPs in the community, without the need to be referred by another health professional. However, there is no plan to achieve this or outcomes to measure this. Occupational therapists and AHPs are highly skilled in providing self-management support but we need to be positioned in the right areas to deliver. Again, we have excellent examples throughout Wales of occupational therapists actively targeting waiting list reduction and providing excellent treatment. These need to be upscaled and delivered across the country.

**Whether the plan provides sufficient leadership and national direction to drive collective effort, collaboration and innovation-sharing at local, regional and national levels across the entire health and social care system (including mental health, primary care and community care)?**

Our members are fully aware of the pressure of waiting lists and the current crisis in patient flow and discharge that is affecting hospital capacity. RCOT have had several meetings with senior managers and there appears to little awareness of the plan at operational level in terms of concrete actions or funding

**Whether the plan provides sufficient clarity about who is responsible for driving transformation, especially in the development of new and/or regional treatment and diagnostic services and modernising planned care services?**

No, it does not.

**Are the targets and timescales in the plan sufficiently detailed, measurable, realistic and achievable?**

No, there is a lack of targets within the plan and measurable outcomes.

**Is it sufficiently clear which specialties will be prioritised/included in the targets?**

AHP and rehabilitation is mentioned in the plan but there are no clear details of how this will be prioritised. Cancer rehabilitation/prehabilitation is particularly time sensitive and there appears to be no priority in the report targeting this area

**Do you anticipate any variation across health boards in the achievement of the targets by specialty?**

There is variation throughout Wales currently and there is nothing in this plan that addresses this issue.

**Is there sufficient revenue and capital funding in place to deliver the plan, including investing in and expanding infrastructure and estates where needed to ensure that service capacity meets demand?**

Our members report significant problems accessing the infrastructure that is already in place and there is no clear direction on how facilities and estate will be expanded.

**Is the plan sufficiently clear on how additional funding for the transformation of planned care should be used to greatest effect, and how its use and impact will be tracked and reported on?**

**Does the plan adequately address health and social care workforce pressures, including retention, recruitment, and supporting staff to work flexibly, develop their skills and recover from the trauma of the pandemic?**

No, the plan doesn’t provide anything new in staff workforce planning or how to increase staff numbers to meet demand.

**Is there sufficient clarity about how digital tools and data will be developed and used to drive service delivery and more efficient management of waiting times?**

We believe that for video conferencing software to be widely used in the health sector there needs to be funding, communication, and training with a clear plan to deliver the same being vital if we are to ensure that digital delivery becomes a reliable and trusted method of consultation.

## Contact

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