

# The Contribution of Occupational Therapy to GP Services

## Key Facts

Occupational therapists can make an important contribution to the primary care work force (Donnelly et al 2014). A 'clear fit' has been identified between the holistic, health promoting nature of occupational therapy and primary care (Donnelly et al 2013, p1). Occupational therapists recognise the importance of meaningful activity/occupation in promoting mental and physical well-being. They are skilled in assessing the impact of developmental, physical and mental health conditions on a person's ability to participate in activities that are important to them, and in devising intervention plans that facilitate occupational engagement.

## Key Messages for Commissioners and Service Providers

The need for integrated care that empowers people to take control of their own health and wellbeing (Royal College of General Practitioners 2015) is widely recognised. The challenges facing health services include ageing populations and increasing numbers of patients with long-term conditions and multimorbidities (Royal College of General Practitioners 2013).

Occupational therapists can support the work of General Practitioners (GPs) by offering proactive input to help people manage their conditions, stay as active as possible and continue with their daily lives. They can also work in partnership with other professionals to help respond to crises in the home and prevent unnecessary hospital admissions.

## Key Benefits

Occupational therapists can offer a valuable contribution to GP services through:

- **Health promotion.** Occupational therapists can play an important role in health promotion, at both an individual and community level (Tucker et al 2014). They can address a range of health issues, for example obesity (Reingold and Jordan 2013, Orban et al 2014), through promoting healthy lifestyle choices (Lambert et al 2010) and facilitating engagement in fulfilling and meaningful occupation (Moll et al 2015)
- **Empowering service users to manage their health conditions.** Occupational therapists can provide individual or group intervention to help people with mental or physical health issues cope with their condition within the context of their daily lives. For example, they might work with individuals with panic disorder (Lambert et al 2010), chronic fatigue syndrome (Hughes 2009), chronic obstructive pulmonary disease, diabetes (Donnelly et al 2013) or persistent pain (Carnes et al 2010).
- **Enabling people to function at home/within the community and to achieve personalised goals.** Occupational therapists can work to improve service users' independence and functioning, for example as part of a reablement service (Littlechild et al 2010), and provide advice on the use of strategies, techniques and equipment to help people meet their goals (College of Occupational Therapists 2015a)
- **Contributing to the provision of integrated primary care.** For example: Proactive Care in West Sussex brings together health and social care professionals (including occupational therapists) to work alongside GPs to provide person-centred support for people with long-term or complex health and social care needs. Early indications suggest that this proactive model of care can significantly reduce the strain on local health services (College of Occupational Therapists 2015a).



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- **Promoting social Inclusion/community engagement.** Occupational therapists can provide input at an individual, group or community level to promote social inclusion/community engagement for people at risk of isolation, for example people with mental health difficulties (Smyth et al 2011), older people (Mulry and Piersol 2014) and people living with dementia (Teitelman et al 2010). This could include contributing professional expertise to support age friendly initiatives (College of Occupational Therapists 2015b) and dementia friendly initiatives.
- **Maintaining/improving the health and mental wellbeing of older people in primary/residential care.** The National Institute for Health and Care Excellence (2008) recommends that older people are offered group or individual sessions to facilitate engagement in daily routines and activities to maintain/improve health and wellbeing. They also recommend that occupational therapists should be involved in 'the design and development of locally relevant training schemes for those working with older people' (National Institute for Health and Care Excellence 2008, p9).
- **Vocational rehabilitation.** Occupational therapists can provide specialist input to help people to stay in or return to work, including provision of the 'Allied Health Professions Advisory Fitness for Work Report' (Allied Health Professions Federation 2013).
- **Fitness to drive.** It has been identified that occupational therapists can play an important role in assessing fitness to drive and, when appropriate, enabling individuals to continue to drive (Hawley 2015).
- **Prevention of falls/other injuries.** Occupational therapists can carry out home hazard assessments (National Institute for Health and Care Excellence 2015) and interventions to optimise functional activity and safety (College of Occupational Therapists 2015c). This could include working in partnership with GPs in falls prevention initiatives for at risk patients (Mackenzie et al 2013).
- **Preventing unnecessary hospital admissions.** Occupational therapists can work in partnership with other professionals, e.g. paramedics, to help people remain safely at home and prevent unnecessary hospital admissions (College of Occupational Therapists 2015a)

## Cost Benefits

- An economic evaluation, alongside an unblinded pragmatic randomised controlled trial, compared an occupational therapy-led lifestyle intervention for panic disorder to routine GP care (Lambert et al 2010). It was found that, at a maximum willingness to pay per additional quality adjusted life year (QALY) of £30,000, there was an 86% chance that a lifestyle intervention could be considered value-for-money over 10 months.
- A Dutch study, involving an economic evaluation alongside a randomised controlled trial, compared an integrated care programme (that included primary care occupational therapy) with usual care (provided by general practitioners and occupational physicians) for individuals with chronic low back pain (Lambeek et al 2010). Integrated care was found to be cost effective, compared to usual care, for return to work and QALYs gained. Cost-benefit analyses showed that an estimated £26 would be returned for every £1 invested in integrated care, with a net societal benefit of £5744.
- The Pennine Lancashire Falls Response Service (which includes a response car, paramedic and whole time equivalent occupational therapist input) enabled 75% of people they responded to in April 2015 to remain at home. The total savings for April from the falls response service activity have been calculated to be £31,387, equating to a potential saving of up to 95 beds for that month (College of Occupational Therapists 2015a).



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