

[30th May 2008]

College of
Occupational Therapists

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National Framework for Continuing NHS Health Care - Consultation

Response from the College of Occupational Therapists

1. Introduction

- 1.1. The College of Occupational Therapists (COT) is pleased to provide a response to this Welsh Assembly Government document, which has been assisted by members throughout Wales.
- 1.2. The COT represents over 29,000 occupational therapists working or studying across the United Kingdom, of which around 1,500 are either working or studying in Wales. Occupational therapists (OTs) work in the NHS, Local Authority Social Services and Housing Departments, schools, primary care settings, and a wide range of vocational and employment rehabilitation services.
- 1.3. Occupational Therapists are regulated by the Health Professions Council, and work with individuals of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties. The philosophy of occupational therapy is founded on the concept of occupation as a crucial element of health and wellbeing. Practice is based on holistic, person centred care.

2. General Comments

- 2.1. The College welcomes the development of the guidance and the supporting toolkit. We fully support the need to make decisions based on primary health need (as discussed in chapter 2). Defining what is a primary health need will still not be straightforward and the process needs to be transparent, thorough and reliable, while at the same time being timely, service user centred and building on existing community care systems.
- 2.2. The assessment of a primary health need is complex and requires great skill and the guidance rightly identifies the importance of a multi professional assessment using validated assessment tools. The difficulty in defining what constitutes a primary health need remains difficult. Such a judgement must be based on an holistic assessment incorporating personal biological, psychological, social and environmental concepts. This is why occupational therapy assessment (focussing as it does on these areas) is highly prized in supporting continuing care assessments.
- 2.3. We agree with the key messages (P4), but are concerned that the guidance does not give sufficient detail to enable these to be delivered as intended. The service user does not appear to be at the fore of this guidance, it is about eligibility rather than a person's need.
- 2.4. The Eligibility and Decision Support Tool appear to be useful working documents. Therapists working with Children look forward to the publication of a tool for



children. This is urgently needed. Those in transition need to be considered also; this must be well managed.

- 2.5. The guidance could usefully provide clarity of effective processes of decision-making as well as eligibility decisions.
- 2.6. This process is not here for service user benefit but rather to determine which public purse will fund the care needed by a member of society. The process would not be needed if all health and social care were free at the point of delivery; were all paid for by the individual; or if there was a recognition that *this is all the same public money*. It is incumbent on all those involved on this process to ensure that vulnerable people are no longer placed in the centre of financial bartering between pockets of the same money source, as is currently the case.
- 2.7. It is hoped that the new guidance will prevent decisions being made variably across Wales and variably depending on budget availability. Low resources in any budgets mean that staff and service users look for other routes. Wales must ensure that resources are available to enable people to access the services they need.
- 2.8. This response focuses on 5 key areas and specific comments will be made in relation to those key areas:
 - The demand on staff resource for adequate assessment
 - The variation in processes which impact on people
 - Poor delivery processes
 - Panel decision making
 - The guidance itself.

3. Specific Comments

3.1. The demand on occupational therapy resource for adequate assessment.

- 3.1.1. Continuing care is an area of heavy and rapidly increasing workload demand. The important contribution that occupational therapists offer is recognised by the rest of the team and requests for occupational therapy assessments, to support continuing care are increasing, even where the therapist would not otherwise be involved. Part of the reason for this is that occupational therapists work across agencies and are already involved in supporting people with complex needs across the sector and in the community. Continuing care demands a high level of skill and knowledge to ensure the right services are accessed. For example, one therapist on a 15-bedded ward EMI ward is doing two continuing care assessments a week. There has however been no added resource to provide the staff to deliver the high demand for this work.
- 3.1.2. Social Services employed OTs report increasing demand from Nursing home referrals for assessments. In the past, they were expected to fund their own provision of equipment and were not eligible for social services provision. Now they have realised that they *are* eligible for continuing care funds for equipment



and other services. This has resulted in high referral for assessment of continuing care.

3.1.3. The profession strongly recommends that an occupational therapy assessment is part of the multi professional continuing care process. There should also be dedicated OT resource in delivering the continuing care package. Extra resource will help resolve the current problem where occupational therapists employed to provide one service are having to pick up other work to ensure the right thing is done for service users because there is no-one with the right skills elsewhere to do it. We recommend that a jointly funded occupational therapist in each locality would assist with timely assessments, support decision-making and overcome many of the issues that we are seeing on the ground.

3.1.4. Continuing care personnel must also aspire to achieve recovery. The principles and values of other service sectors must be enshrined in this staff group too. Yet, this provides an inherent conflict – the anxiety about the implications of losing continuing care status can inhibit people achieving their goal. This needs further open debate.

3.2. The variation in processes which impact on people.

3.2.1. The current confusion, lack of clarity and differing interpretation is leading to blanket decisions to avoid doing the wrong thing. This is not helping people in need. The guidance needs to allow people to make individualised decisions but must be clear and robust enough to remove variation in decision-making across Wales. A clear assessment basis needs to be developed. Local interpretation of the guidance will not be appropriate. Validated assessment tools may be required.

3.2.2. Community OTs report being unclear who drives assessment and procurement processes. Those responsible vary within and between LHB areas. This lack of clarity prevents good communication processes so systems vary depending on the skill of those responsible. The profession would like to see this guidance clarifying the requirement for openness about who is responsible for what, what the process means for people and their families and a clear timescale and access point identified.

3.2.3. In some areas if there is any possibility of applying for continuing care then an OT assessment is asked for as a matter of course in order to deal early with issues and trying to support families who are getting conflicting info even if the OT is not already involved.

3.2.4. The procurement process is clearly based on being auditable, but in terms of patient delivery it is not effective. For example, the necessary specific equipment may only be provided by one manufacturer – how do you then provide two quotes? Another patient may need to try equipment to assess effectiveness, and their needs may change, this is not easily achieved if the panel want all cost identified at the same time. The time needed to get two quotes may take so long needs have changed. Those responsible appear not to be used to such realities of



community provision, so this is also slowing down services, and each area applies these requirements differently, preventing therapists working across areas from using knowledge to speed up processes.

3.2.5. Occupational therapists report concerns about varying responsibility for training and maintenance of equipment. If equipment is provided as part of a care package then it is apparently the care co-ordinators responsibility to ensure training and maintenance: do they all have this competence? Many say they do not and ask for OT support to ensure it. Rarely are issue of maintenance and ongoing repair or replacement considered.

3.2.6. Continuing care is not integrated into other community processes or into ways of accessing care and enabling equipment. So an application for continuing care status can discriminate by slowing access to services until a decision is made. For example, occupational therapists report that many of their processes allow a priority provision, or have a timescale identified that allows rapid provision of equipment. In the past some have provided equipment for other services on the basis of assessment knowing that agreements exist for reimbursement or equipment sharing or joint budgets: This is a service user focussed approach required by their professional codes and by moral decision making. However, continuing care processes, in most areas appears to sit outside any such arrangements and some therapists have been told such action is illegal. Leaving them with no option but to withhold service provision until a decision on the continuing care status is made. Because equipment, or other items are procured on an individual basis, they must then be ordered, so a service user must wait for delivery from an approved provider once funding is agreed. Their neighbour however, may receive a service immediately from the equipment that is held locally and delivered within rapid timescales.

3.2.7. The College believes the guidance could usefully extend to consideration of these processes to ensure a better quality service is given and that decisions about funding are made in the full awareness of the reality it causes for service users. *Decisions about funding need to be separated from professional assessment and provision to meet need. The guidance should require panels/ authorities to determine a process for resolving funding separate to provision.* This would allow front line staff to deliver services equitably and based on priority of need. Continuing care is a financial decision and should not impact on the quality and access to services.

3.3. Poor Delivery Processes

3.3.1. Bureaucratic processes are hindering effective provision. There is a need for this framework to improve the implementation of assessment and service provision. Consideration of the service user need must be paramount.

3.3.2. Provision of equipment is being delayed by debates over the bureaucratic processes of whether this is continuing care, as identified above. For example: a gentleman who is terminally ill, a fast track continuing care assessment was



made, he went home but needed hoisting. The local social services could have provided this 24 hours later via standard provision, but continuing care does not hold anything in readiness, so a case had to be made and a track hoist ordered. Then the family had to wait for provision. Wales needs a process that allows provision to happen, and funding to be resolved away from the service user.

3.3.3. Children's OTs report exactly the same issue. Where a child is determined to have continuing care status it is no longer possible to access services and standard equipment through stores. Therefore children have to wait simply because the funding stream is different. Integrated equipment will not necessarily resolve this and the guidance could require services to consider how they will overcome these issues.

3.4. Panel decision making

3.4.1. Panels need to understand the complexity of existing services, of people's need and of possible solutions. This means there may need to be re-assessment, ongoing training and support and interacting parts to the package before a sustainable result is achieved. So a process that requires two quotes, single procurement of service and all items identified at once is unrealistic.

3.4.2. Panels need to make rapid decisions, establish systems for accessing services and they need to consider how they question professional judgements. Staff have no problem with justifying decisions and are willing to explain their reasoning, but likewise panels must take professional responsibility for their own decisions and must consider the realities of services before making decisions which have lifelong consequences for service users and their families.

3.4.3. The profession believes the guidance should help panels make more transparent decisions and help them to understand the basis on which they could or should challenge recommendations – bearing in mind they have not seen the service user nor his/ her environment.

3.5. The guidance itself.

3.5.1. Much of what has been discussed above is illustrated with practical, physical examples. However, many people who apply for continuing health care status have mental ill health, including dementia. There is great concern that this guidance focuses too much on issues such as equipment and is not as fit for use with those with mental health problems or learning disabilities. Therapists working in these fields are concerned that the tool will be repetitious in demonstrating mental ill-health.

3.5.2. Some occupational therapists have found it difficult to interpret the guidance and remain concerned that it is hard to see how a decision would be reached. What is an 'ancillary need'? Definitions of the words ancillary and incidental would also aid interpretation at operational level. Point3 (chapter 1,P7) states there is an intention to ensure a consistent, equitable and appropriate application of the decision making process. We are concerned this will not be achieved

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unless there is a single all Wales process. The local interpretation will mean that variety will reappear and the guidelines need to be far less open to interpretation as this will result in variable decision-making.

3.5.3. The public, service users and families are in times of great stress and worry when this application is being made and they need to be able to understand the system and what it will mean to them, in terms of “will I have to sell my house?” “what will happen if my status changes?” We do not feel these issues are satisfactorily resolved.

3.5.4. A care plan is written at a point in time. Once someone moves to a new environment the needs can change and there must be a recognition that eligibility is a beginning – not an end point. There will be changing demand and the process must be flexible enough to cope with this. As one occupational therapist commented, ‘there will always be seams – it is the quality of those seams that matter’. This guidance must ensure that those seams are of the highest quality for people in Wales.

3.5.5. The layout of the guidance means that issues are revisited and this leads to some repetition in the guidance. The final version could be more succinct.

4. Conclusion

4.1. Occupational Therapists are heavily involved in continuing care services and have skills that will help deliver better services if they are used correctly and properly resourced.

4.2. Therapists believe that the process of continuing care is a funding one rather than a clinical one. As such we believe that the decision about eligibility must be separated from service provision. This will allow use of existing community resources to provide equitable, speedy responses without a decision on who will pay

4.3. Decisions must be made transparently and must be open to challenge. Determining who will pay for what must be a process that is applied in the same way across Wales. The guidance must clearly support the decision for responsibility to fund being made quickly, accurately with systems for reimbursing interim provision by agencies clearly resolved in this guidance.

4.4. If you would like any further information or clarity, please do not hesitate to contact the policy officer at the address below.

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