Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar dyfodol ymarfer cyffredinol yng Nghymru

This response was submitted to the Health and Social Care Committee consultation on the future of general practice in Wales

GP39 : Ymateb gan: Coleg Brenhinoly Therapyddion Galwedigaethol | Response from: Royal College of Occupational Therapists

Royal College of Occupational Therapists
Coleg Brenhinol Therapyddion Galwedigaethol

Inquiry into the future of general practice in Wales

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 Scotland 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 have to do. That could mean helping you overcome challenges 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 up new opportunities and change the way people feel about the future.

RCOT response 28/03/2025

- The funding model for general practice and current financial pressures.

The funding model for general practice is a key challenge for occupational therapists (OTs) and other allied health professionals (AHPs). Generally, primary and community services needs greater resources.

Fragility of funding for OT posts in Wales is holding back progress and transformational funding has a shelf life. We can prove the value we bring to general practice but there is no way to mainstream this, and our temporary funding is often removed. There is little continuity planning when people leave roles and there isn't clarity about who takes on ongoing funding.

Our health and care systems in Wales are not mature enough to consider whole system approaches. For example, primary care colleagues feel that funding should move to provide more upstream services, while core services think primary care should be investing in this themselves.

For OTs, the answer to this funding tension is likely to be somewhere in the middle, as we provide benefit to both parts of the system, for example, having some primary care and some core investment. Pan-Cluster Planning Groups (PCPGs) may be the place to make these decisions but in some areas, they are not mature enough to do this.

As an alternative, significant investment for OTs in general practice could be overseen and managed through Health Board occupational therapy leadership, or through Cluster AHP/ OT leadership, to ensure clinical governance and supervision.

We believe OTs should be collocated in primary care practices, with each practice having access to an advanced occupational therapist (AOT) for at least one session per 5000 population. Alongside this, we need infrastructure that links this AOT to teams of occupational therapists based in community wellbeing hubs, and community resource centres.

Currently, most OT roles in general practice are funded by the local health board rather than by the individual surgeries. This provides the benefit that the OTs remain aligned to the larger local OT teams, with access to supervision, mandatory training and standard NHS pay, terms and conditions.

- The efficacy of different models for managing general practice,

The efficacy of different management models in general practice has not been established. To solve this, we need to measure value better and incorporate it into decisions about management.

For example, sometimes staff may be providing low value input in secondary care, but could offer much higher value, preventative work in primary care. However, this needs stronger measurement of value to prove and feed into management decisions.

Alongside this, clarity of vision is key. We believe the Welsh government's vision for primary care is clear, but it does not always translate into targets and strategic planning.

In addition, we need to consider how we coordinate and manage care for individuals with the most complex needs in primary and community care. If we get it right for them, we get systems right for all.

- The suitability and maintenance of general practice estates and access to digital technology;

Our members have found that a significant barrier to facilitating multi-professional primary care teams is lack of space. GP practices are often overcrowded and adding OTs to the workforce can be challenging because of this.

Primary care needs equity of environment and resources for its estates and locations. With improved primary care facilities, general practices could be anchor institutes. This is important for good care but also for in-person staff communication, team building and staff health and wellbeing.

For example, where OTs have been provided with rooms to work in, it has facilitated closer working relationships with the primary care multi-disciplinary team (MDT), enabled them to promote the OT role, increasing quality of referral and patient safety netting.

We believe significant investment in expanding cluster primary care estates is required. However, it frequently falls into the grey area of whether estates should be primary care funded, or core funded.

Ideally, funding needs to follow decision making about functions that are required from services, so estates can develop to deliver this. Expansion of estates should include consulting rooms, alongside wellbeing hubs that also have consultation space and room for therapeutic group work/group clinics for patients.

There may be potential in new models of care to consider how community and primary care link better together. For example, it would be useful to explore if co-location in the same estate is required all the time, or is integration better achieved with the right model of care and optimised communication.

Improved digital infrastructure is also required. Some GP surgeries have given permission to OTs to access their electronic records, though some of the surgeries have been much more guarded about this.

This has reduced the OTs ability to carry out holistic assessments with patients. For example, they have not been able to access info about existing input from other team members or find a patient's full medical history.

This inefficiency wastes extra time in the assessment needing to ask about this and relies on patient recall. It also limits collaboration, as the OTs cannot share their assessment findings with the wider team.

Patient electronic records need to be shared across primary and secondary care. In addition, the expansion of e-consults, attend anywhere or virtual consultations is also required to increase patient choice and improve efficiency.

- The general practice workforce, including workforce planning, the recruitment of new staff into general practice, the retention of experienced staff, staff workload and wellbeing, training and continuing professional development, and the growth of the multidisciplinary team;

We want to expand the number of occupational therapists in primary care clusters and pan cluster planning. We want to see an OT in every primary care cluster and network across Wales with a focus on prevention. This is so everyone can benefit from earlier intervention and prevention by occupational therapists in primary and community care.

Occupational therapists are central to new national models of integrated care being developed by the Regional Integration Funds. Models that prove effective need to be identified, upscaled and receive stable funding.

Currently only about 37 out of 69 clusters have some type of access to OT. There are about 390 GP surgeries in Wales but only about 65 occupational therapists.

RCOT want to ensure occupational therapy roles are fully funded and facilitate sustainable growth as our workforce grows. We want investment in future roles to be based on proven benefits/value.

For example, the value of occupational therapists to the wider system such as secondary care needs to be understood so that costs and benefits can be shared. We must focus on ensuring the roles work for primary and community care but understand their wider impact.

There needs to be a pipeline for the occupational therapy primary and community care workforce with funding for training and development. This will include for primary care skills that can only be learnt in primary care.

Pre-registration training placements for occupational therapists in primary care must be supported to expose the future workforce to careers in primary care.

Supervision can ensure capability and safety, provide necessary governance and develop the workforce in primary care. It must be resourced and planned, alongside sufficient support and time for continued professional development (CPD) as a regulatory requirement.

Although workforce challenges exist, there is also opportunity. Some areas have successfully recruited and retained OT staff to primary care services. These need to be allowed to develop, grow and be showcased. This will help to embed MDT expansion and improve retention.

Financial stability is crucial in terms of workforce development. Short term pots of money mean we lose the trust of staff, and we see regression as funding is withdrawn so people lose hope which then reduces wellbeing.

Conflict in the system needs to be managed. There are often services and organisations competing with different priorities, making workforce planning a challenge and further impacting on recruitment.

Thinking could be expanded about how we use the existing workforce, focusing on what is truly unique about qualified OT provision and making better use of support staff. Fear about this means OTs fall back on reductionist explanations of their roles which usually focus on equipment provision when the role is much wider. OTs should be able to focus on prevention, rehabilitation and self-management as these are our core skills.

Investment into OT training places needs a significant increase, to fulfil the ambition of the AHP Framework to offer upstream intervention, harnessing a bio-psycho-social, rather than a medical model of care.

OTs can particularly offer support to general practice for those patients with long term comorbidities and common mental health conditions, through supported self-management and harnessing community assets.

Commissioning of OT training places is an ongoing issue: how to ensure parity across Wales, and this has not been achieved yet. Whilst the current level of training places for OT in Wales has increased, it remains inadequate to fulfil current demand, let alone an increase in service provision, that moves away from medical models of care.

The Occupational Therapy School at Bangor closed in recent years, and deprived Wales of an accelerated route of training for postgraduates. This meant losing the opportunity to develop mature

and academically proficient staff, who may have become future leaders. The loss of this school also impacted on recruitment for the mid Wales areas, such as the West of BCUHB, Powys, and Hywel Dda Health Boards.

Workforce training schools should teach health and care students how to address mental health and cognitive concerns. This should include positive psychological strategies, such as motivational interviewing, cognitive behavioural therapy and solution focused approaches.

This would help the workforce deal with mental health concerns in every clinical setting across primary and community care. It would help to address the high prevalence of mental health comorbidity that impacts on the self-management of physical conditions, while helping to destigmatise mental health needs.

Investment in the infra-structure of OT Teams is required to secure recruitment and retention of an OT workforce that can support general practice. Such infrastructure is needed to afford professional clinical identity, knowledge and skills, ongoing CPD. This type of support equips staff in maintaining evidenced based CPD, development into leadership roles, and to safeguard the wellbeing of staff facing complex and distressing cases.

Some OTs are reporting that they feel isolated when working in the GP surgeries, as they are often put in a room on their own. They often don't see any of the team as the GPs are in another surgery or are in their clinic rooms. As a result, the OTs prefer to work from the central OT office, where they can engage in group supervision which improves morale.

- The patient experience of general practice, including equitable access to care, effective management of patient demand, the quality of care, and public trust in the services provided;

MDT development is key to this: Teams need to work properly to manage complexity and risk. Without this, patients bounce through the system as they are referred around to try and get their needs met. Current systems do not always facilitate a true MDT. More thought is needed about systems that support MDT working and better understanding the benefits of an MDT approach to care.

The reality is also that demand in general practice is outstripping supply which can lead to poor patient experience. For patients with linear or straight forwards needs, their experience can be good, but the system struggles with complex patients.

For patients using more than one service, their experience is often uncoordinated and fragmented. There are dead ends or processes that require multiple assessments that encourage bounce rather than targeted access.

Investment in multiple specialist services that meet specific needs has proliferated, meaning there are more referral pathways and more complexity that is now counterproductive. GPs used to be the coordinators of care but now cannot, due to time and multiple access routes. For example, GPs cannot even see all the ways people can access services, let alone monitor them all. Community Rehab Teams are meant to resolve but, in some areas, this has not been achieved.

This leads to difficulties with equitability and quality of service. The fragmentation and complexity make it hard to navigate and measure. There are different services called the same thing in different areas but with a different function, or services with the same function called different things.

All this impacts on patient trust. There may be trust in individuals and local services, but more widely there is a deficit in systemic trust.

Patchy, time limited funding means a postcode lottery for quality OT in primary care that could help people make lifestyle and self-management changes which reduces the burden on the NHS downstream.

As the incidence of dementia, long-term conditions, frailty and mental health issues increase, access to consistent, sufficient and recurring funding for OTs in general practice would mitigate against variances in service provision. It would also harness the considerable contribution that OTs can add to multi-professional teams in general practice.

- Opportunities to improve general practice to make it fit for the future and take a more preventative approach to care

RCOT supports the ongoing policy drive for an MDT approach in primary and community care across Wales. For the value of OT roles to be felt and successfully embedded, there needs to be sufficient staffing levels (density of staff per patient population).

OTs bring benefits to patient populations, support primary care teams to manage demand and meet local need, as well as reducing the ongoing demands on secondary care and other sectors.

Occupational therapists add proven value and capacity across the primary and community care system. They enable better integration with pathways across sectors. They facilitate partnerships between primary, secondary and community care services and VCSE sectors.
There should be local flexibility to decide how to implement OT in primary care, in partnership with community providers. It should consider local population needs, existing staffing levels in the primary care workforce and across the system.

The whole primary and community care workforce should value and understand the importance of everyday activity. This is a measure of both the impact of illness, injury and disability on peoples' everyday lives and a useful measure of the impact of primary care interventions.

Changes are needed with the current targets which mostly focus on hospital admission/flow etc. This means operational leads are held to account to these targets in a way that requires their focus.

This is not true for primary and community transformation. Community transformation will impact these measures, but targets need to reflect that this is a longer term, less direct link, otherwise the focus remains on actions that have more immediate impact. Measuring prevention work in the community and the development of integrated community teams could also be included.

A shift in culture in general practice is needed so shared decisions are embedded into primary care. Too often the person is not really involved in their care. It needs to develop from an "*I will fix you"* culture to a "*these are the options, what works for you?"* culture.

System complexity needs more attention, focusing on core elements of community delivery, embedding the CRT and clusters, understanding the roles of each to gain consistency and agreed pathways.

General practice could transform with larger multi-professional teams with appropriate estates and accommodation, alongside colocation and partnerships. OTs need to have a regular and routine presence in such teams to realise the vision laid out in the AHP framework and All Wales Rehabilitation Framework.

Links with local authorities and third sector partners would facilitate easy access for the public to health, social care, benefits, housing, the National Exercise Referral scheme, and social enterprises.

Commissioning to third sector organisations and social enterprises needs to be delivered with longer timeframes. It is detrimental to service users, and all partners for commissioning arrangements to change annually or biannually.

Some OT primary care services get a consistent flow of referrals from GPs in particular integrated health communities. Working closely with GP practices facilitates smoother patient flow and they are seen much quicker due to the collaboration which exists.

In some general practice services, patients are sent patient related experience measures (PREMs) which ensures the OTs get feedback following their intervention. This enables them to make necessary changes to the OT offer.

Other early intervention OT services have taken an upstream approach, by promoting health, wellbeing and self-care for patients. In response to a GP questionnaire which asked them to identify patients they need more support with, initial OT interventions focused on housebound individuals. These services now see those with heart failure to promote self-care which will prevent / slow down admissions into secondary care services.

By taking a collaborative approach, with OTs working in surgeries and being more accessible to all, they can prevent problems occurring by individuals been seen at the right time and in the right place. This approach should reduce demand on already squeezed GPs.

For more information, evidence and resources about the OT role in primary care, please go to: Occupational therapy in primary care - RCOT

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