

College of Occupational Therapists

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[National Assembly for Wales](#)
[Health and Social Care Committee](#)
[Inquiry into the availability of bariatric service](#)

Evidence from College of Occupational Therapists – ABS 11

Dear Chair

Re: Inquiry into the availability of bariatric services.

Thank you for the invitation to contribute to the Inquiry. Given the focus of the inquiry on surgery and weight management programmes the College intends to leave the provision of evidence to our surgical and dietetic colleagues who have more expertise in such specialist services.

The College has members participating in the work of the All Wales Bariatric Care Guideline group. That group has considered some of the issues around hospital admissions, access and availability of community services; equipment provision; ambulance and other transfers- such as reaching outpatient and primary care appointments.

From an occupational therapy perspective there are also significant impacts on community health, social care and housing services, even sometimes after significant weight loss or surgery. Occupational therapists around Wales are very often challenged to enable people who are obese to continue to live their lives as independently as possible while relying on specialist assistive equipment or adaptations. There are also issues of moving, handling and rehabilitating people in hospital, residential or nursing homes.

Some of the issues include:

- Reduced general mobility or standing capacity to even begin to live a more active lifestyle.
- Weight limits of furniture such as chair, toilet and bed and floor joists.
- Standard assistive equipment such as stairlifts and hoists all have weight limits and there is a need to ensure that specialist sized equipment is available for this population. Bariatric equipment is very expensive.
- Transfers, whether assisted by carers or hoisting equipment are difficult, require extra space around the person and can be very risky for care staff health and safety.
- Delayed Transfers of Care occur when someone cannot return home because of the weight/size and the structural demands of their equipment (wheelchair; walking aids etc).
- Members report that many of these people are currently adults and there is potential for increased demand as they age or become more frail.



- Some people are in supported living/ residential care because the bariatric demands of caring for them mean other, less intrusive options are not feasible. Some homes struggle to offer the space and equipment needed to support people.
- Many of these people have a history of needing equipment and adaptations: some of them requiring significant investment.

While we fully recognise that these issues and service demands lie outside the scope of your current inquiry, occupational therapists are unclear whether the significant issues of how obese and overweight people can continue to live their lives and access work, leisure and family activities as well as using general/ universal health services are being considered in another inquiry or piece of work?

We look forward to seeing the conclusion of the inquiry. Please do not hesitate to contact me for any further information

Yours sincerely

Ruth Crowder
Policy Officer Wales
Swyddog Polisi Cymru

