

# The Occupational Therapy Role – Healthy Prestatyn/Rhuddlan Iach

PREVENTATIVE AND PROACTIVE IN PRIMARY CARE

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# Background to Healthy Prestatyn Iach

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- On the 1<sup>st</sup> April 2016 HPI went live
- A new concept in Primary Care in Prestatyn and surrounding area
- HPI was the result of several practices being unable to renew their contracts with the Health Board
- A project team therefore researched and proposed a new model of care based on the NUKA model from Alaska



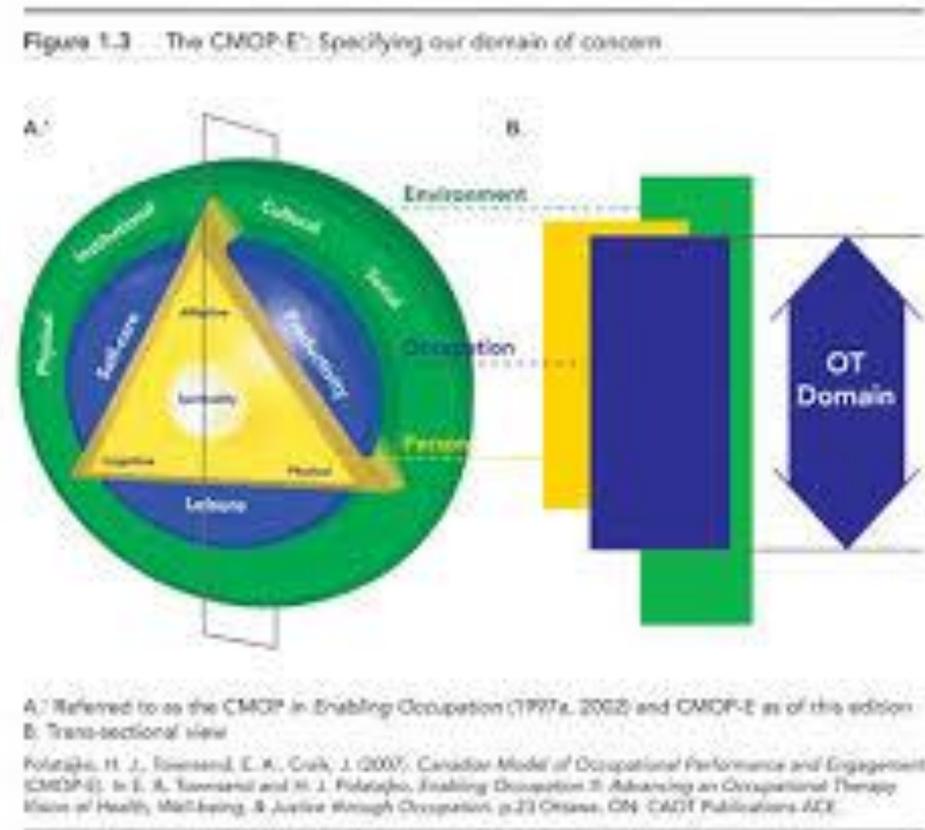
# Healthy Prestatyn Iach Service Design



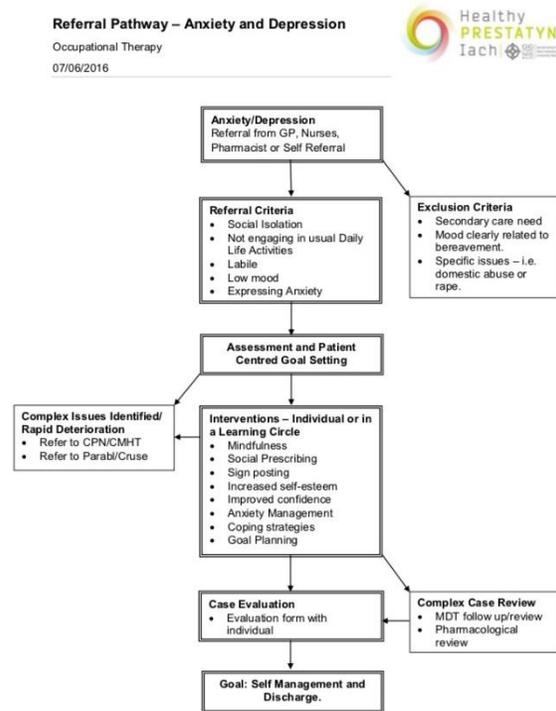
- A team design, 4 MDT teams covering different geographic areas and a team for housebound people
- Each MDT has an OT, GPs, ANP/NPs, Pharmacists and a Team Coordinator
- Each MDT works together to provide services for a population of approx. 5000 people with a total population of 21500
- There is also a Same Day Service running each day that people can attend with acute and urgent needs

# Who Are Occupational Therapists?

- Occupational Therapy developed as a profession in the aftermath of the First and Second World War
- Meaningful Occupation/Engagement in life was vital in the rehabilitation for service men who had physical and mental injury
- Has progressed as a profession that recognises how symptoms interact and affect life
- Use a range of techniques and approaches to manage symptoms and improve quality of life/reduce impact of symptoms



# The Occupational Therapy Role in HPI



- This was a new role and developed to meet the needs of the population/service and make links with local resources
- Aim was not to replicate but compliment current services
- 3 pathways developed, frailty, chronic conditions and mental health
- Self referral or referral from any team member accepted
- Similar content to OT roles in other settings but intervention offered at Primary care level

# How Does it Work Day to Day?

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- Offer a daily clinic in the SDS, individuals in mental health crisis are booked in for assessment and intervention planning
- Referrals from professionals and self referrals
- Offer individual sessions and groups
- Individual up to 6 sessions based on need, skills building, goal setting and building assets
- Groups on balance/strength, anxiety and low mood, back pain, COPD
- Time linking to local community groups



# The Mental Health Pathway



- Around 65% of referrals are for mental health issues, often anxiety and low mood.
- Clients with low level of risk and functional difficulties or significant life stress
- May have physical health issues as well
- Interventions are based around client need, from a single contact providing information through 6 sessions on mood/anxiety management, goal setting, memory etc....
- The anxiety and low mood group runs approx. bimonthly and focuses on goals around the 5 Way to Wellbeing and skills to manage anxiety a low mood

# Links to the Community

- An important part of the work we complete is linking to community assets so that the journey continues following the sessions we provide
- Link to resources like art/walking groups, dementia support, community allotments, etc.
- These assets are provided by various organisations and we aim to work with them, i.e. referring in and developing co-productions like the Coffee Pod or Morfa Gateway Project
- OTs have acted to break down boundaries between health care and the community



# Case Studies

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## Individual Work

- Lady with long history of anxiety, had been on SSRI for years out of area
- On assessment had been bullied in work and self esteem was shattered
- Looked at skills to manage anxiety then at assertiveness to build confidence
- This allowed attendance of exercise groups and then badminton and sea kayaking
- Confidence and self esteem grew and she was able to take on a permanent post in work, has stopped SSRI successfully

## Group Work

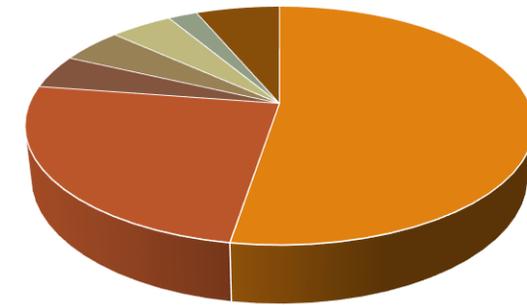
- Lady with several significant life stressors who had taken on all responsibility for care of others, had found talking therapy unhelpful
- Offered “Skills for Better Living Group”
- Attended 5 groups focusing on setting goals to improve wellbeing and learning skills like relaxation
- Reports feeling less alone through attending and being able to set/ achieve life goals
- Went on to reported coping with grief and loss using skills learnt

# Annual Discharge Statistics 2017

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- 677 referrals in total
- Approx. 65% referrals for mental health support
- 415 engaged in the Service
- Canadian Occupational Performance Measure (COPM) showed an average increase on a scale of 1 – 10 of +3.8 for Occupational Performance and +4.56 for Satisfaction

Reasons for Referral



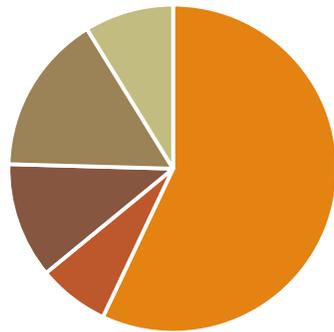
- Mental Health Management
- Physical Health Management
- Mental and Physical Health Management
- Social Inclusion
- Physical Frailty
- Carer Stress
- Others

# Outcomes – Service Evaluation 2018

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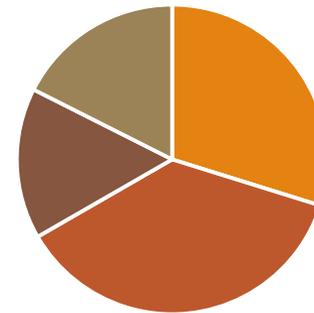
- Review of Individuals seen 12 months pre and post Occupational Therapy Intervention

114 Individuals Who Engaged - Effects on Contacts with GP Surgery



■ 100% Reduction      ■ 66% Reduction in Contacts  
■ 33% Reduction      ■ No change  
■ Increased Contacts

57 Individuals Who Did Not Engage - Effects on Contacts with GP Surgery



■ Reduction      ■ Increase in Contacts  
■ Reduction with Alternative      ■ No Change

# Review of Skills 4 Better Living Group

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- Evaluation completed on a single episode of the Group using Standardised Measures
- Cost Savings of the Group also Estimated:
- Cost of Group: £1,040
- Savings in GP time: £216
- Savings in CPN referrals: approx. £3000
- Savings in Medication: approx. £112
  
- Total Savings £2288

## Group Outcome Measures

Measure	Pre Group Average	Post Group Average
PHQ 9	15.10	8.58
GAD 7	12.26	7.74
WSAS	15.60	9.33
COPM Performance	3.79	7.38
COPM Satisfaction	2.98	7.98

# Qualitative Feedback

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- Informal comment cards are offered to individuals on discharge and comments collected

“I now have a better way of coping and to deal with most situations in a different way.... we seemed to understand things together”

“I began to feel as though the fog had lifted a little and that I could think properly for the first time in a very long time... I could employ various strategies to cope with everyday life and particularly the situations that caused my severest anxiety”

“In the absence of Mark's ongoing regular support I do not think I would have progressed in any way whatsoever, indeed I am certain my symptoms would have significantly worsened to the point where hope would have been lost”

# Qualitative Feedback

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“I am so glad my GP was busy when I needed to see him, otherwise I may not have had the chance to understand the value of healthy occupations for my mental health”

“some techniques taught have proved to be very useful in my home life and also at work which is absolutely fantastic”

“Really good course. Gave me valuable insight into anxiety which has been helpful. The mindfulness is proving to be an essential tool to help me cope”

“I have gained in confidence, learned how to control my panic attacks and generally feel able to get on with my life, taking each day at a time”

# Qualitative Feedback - Organisational

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- Comments from a GP and a Partnership Organisation

“I did not see the point of Occupational Therapy as a Profession when I arrived, now I think that you are one of the greatest assets we have”

“We are starting to get people come in and disclose that they are struggling with mental health issues and engaging with the support we offer, this is a cultural change for us”

# Lessons Learnt

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- The level of need for mental health support was not anticipated, this may have been a latent unmet need
- Occupational Therapists can work as first contact staff in Primary Care
- Community assets are vital and we need to work in partnership with the community to support physical, social and emotional wellbeing of the population
- Occupational Therapist bridge the boundary between the medical and social worlds as expert social prescribers with skills to facilitate people accessing social assets
- Cultural change takes a significant amount of time, both for the population served and for the staff involved, to understand and fully utilise the MDT and community assets
- Time is needed to allow effective MDT working, this allows better understanding of each MDT members role and potential assets, this is hard to do while managing the pressures that every Primary Care service is under

# Further Reading

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NHS Wales (2014). *Redesigning healthcare Learning from the Nuka System of Care to inform the development of healthcare in NHS Wales.*

Royal College of Occupational Therapists (2017). *Living, not Existing: Putting prevention at the heart of care for older people in Wales.*

The King's Fund (2018). *Innovative Models of General Practice.*

OT News (2018). *"Making a Contribution" – Occupational Therapy practice in primary care.*

Poster Presentation – Betsi Cadwaladr University Health Board and School of Healthcare Sciences, Bangor University (2018). *Social Prescribing as a hegemonic boundary object with a happy ending?*

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