



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

**SERVICE FRAMEWORK FOR CARDIOVASCULAR
HEALTH AND WELLBEING**

Consultation Response Questionnaire

June 2008

7th September 2008

College of
Occupational Therapists



CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: john.maguire@dhsspsni.gov.uk

Written: John Maguire
Service Frameworks Unit
DHSSPS
Room D1
Castle Buildings
Stormont Estate
Belfast, BT4 3SG

Tel: (028) 9052 8283
Fax: (028) 9052 3206

Responses must be received no later than 30 September 2008.

I am responding: as an individual
on behalf of an organisation
(please tick a box)

Name: Kate Lesslar
Job Title: Northern Ireland Policy Officer
Organisation: College of Occupational Therapists
Address: PO BOX 1502
Dungannon
BT70 9AA

Tel: 02887738999
Fax: 02887738999
e-mail: Kate.Lessler@cot.co.uk



“Service Framework for Cardiovascular Health and Wellbeing”

Response from the College of Occupational Therapists

1. Introduction

The College of Occupational Therapists (COT) is pleased to provide a response to the Department of Health, Social Services and Public Safety’s consultation on the “Service Framework for Cardiovascular Health and Wellbeing.” The response to this consultation has been done with the assistance of occupational therapists in Northern Ireland.

The COT represents over 29,000 occupational therapists, students and support workers across the United Kingdom, of which over 900 are either working or studying in Northern Ireland. Occupational Therapists (OTs) in Northern Ireland work in the NHS in Acute and Community Trusts, the voluntary and independent sectors, schools, primary care settings, and a wide range of vocational and employment rehabilitation services including palliative care settings.

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 well-being. Practice is based on holistic, client centred care.

Q1. Is the language / terminology easy used clear and easy to understand?

Yes No

Comments:

The use of language is very appropriately pitched, comprehensive, easy to understand and clear in its interpretation to everyday practice.

The Easy Access version is more user friendly for a wider range of people who may have difficulty understanding the consultation document.

7th September 2008

College of
Occupational Therapists



Q2. Will these standards contribute to the improvement of the health and wellbeing of the population of Northern Ireland?

Yes No

Comments:

Theoretically, they appear to offer clear and consistent standards authorised by relevant professional bodies. The key areas of focus are targeted including diabetes, cardiovascular conditions, peripheral vascular disease, cerebrovascular disease and palliative care.

We endorse standards for communication and personal and public involvement.

In the standards for health improvement /prevention we feel there is a need for all health professionals to be more proactive. Part of the role of the occupational therapist involves lifestyle management and the activities and 'occupations ' which make up a person's life so it would be relevant where appropriate for occupational therapists to be involved in this area, e.g. overarching standard 5.

Standard 14 - Diabetes. The document states in 6.3 *Diabetes is a life-long condition that can impact upon almost every aspect of life – lifestyle, relationships, work, income, health, well- being and life expectancy.* Occupational therapists consider 'occupation' to be the term used to describe all the things that people do in everyday life, including caring for themselves and others, working, learning, playing, creating and interacting with other people. Occupational therapists in Northern Ireland are already working with patients due to secondary complications of diabetes and also when it presents as a secondary diagnosis to another illness and as a result there is a role for occupational therapy for patients with diabetes in the multidisciplinary diabetes teams.

Standard 22 / 24 - Cardiology. Occupational therapists believe the contribution of occupational therapy should be a component of cardiac rehabilitation (Phases I - IV) and any future plans for the rehabilitation of patients with congestive heart failure (CHF). We would like to mention the work of the Regional Cardiac Services Network. The Prevention and Rehabilitation Clinical Advisory Group is one of the clinical advisory groups, which are part of this network. A benchmarking exercise has been done through this group, which consists of various healthcare practitioners working in cardiology across the province, including occupational therapy. At present there are variations across Northern Ireland as to which professionals are involved and a number of cardiac rehabilitation programmes do not include occupational therapy.



The role of occupational therapy is well defined in the 'Northern Ireland Cardiac Rehabilitation Guidelines and Standards Phases I - IV (March 2008)' and outlines the occupational therapy service to be made available to service users.

The following is taken from an article submitted to Occupational Therapy News, Sept. 2007 by Charlotte-Anne Wells, Senior Occupational Therapist, Acute Medical and Cardiology, Craigavon Area Hospital regarding a subgroup of occupational therapists in Northern Ireland, who formed through the Northern Ireland Acute Managers Forum as a result of work carried out in the Regional Rehabilitation Clinical Advisory Group (RRCAG).

"To date the work of the group has included the development of Standards of Practice for Occupational Therapists working in Cardiology, the development of competencies and training needs for therapists, and an Occupational Therapy 'vision' for CR. The group has also looked at Occupational Therapy input and devised what they feel to be best practice (with the inclusion of fatigue management and energy conservation, stress management/relaxation and vocational rehabilitation). The feedback from the subgroup into the RRCAG also enabled Occupational Therapy to have input to the British Association of Cardiac Rehabilitation Guidelines via the President of the BACR thus further promoting our role in this specialist area.

The Occupational Therapy 'Vision' for Cardiac Rehabilitation states that;

'Occupational Therapists' would like cardiac rehabilitation programmes across NI to be accessible, standardised and equitable for all. They should incorporate the therapists' core skills of functional assessment, fatigue management/energy conservation, stress management/relaxation and vocational rehabilitation. They should deliver a tailored programme based on individual needs and guidance produced from the Regional Rehab Clinical Advisory Group for phase 1, phase 11 and phase 111' (OT in Cardiology subgroup, March 2007)'. "

Standards 28, 29, 30 and 31- Stroke Rehabilitation. We are pleased to note that the specialist stroke service to carry out specialist assessment includes an occupational therapist with appropriate training on it's team (page 144), as does the Specialist Stroke Rehabilitation Team (page 148). Access to a Transient Ischaemic Attack (TIA) Clinic at present is dependant on the geographical area the patient lives in. It is of paramount importance that TIA Clinics are developed and available to all on an equal basis throughout Northern Ireland with access to MDTs including occupational therapy.

Presently the occupational therapy profession in Northern Ireland are concerned that the Agenda for Change process has diluted the specialist services provided to Stroke Units by the diminishment of posts at Senior II level. Many units are now operating with a disproportionate skill mix as senior OT staff at Band 6/7 only have rotational Band 5 staff to make up their team



and thus have lost out on being able to delegate certain responsibilities to allow them to further develop services. Workforce Planning for occupational therapy needs to be urgently addressed if standards within recommendations, e.g. ³Stroke Strategy are to be achieved.

We would like to refer you to the ⁴Consensus statement for Department of Health Stroke Strategy 2007, Occupational Therapy following Stroke' compiled by Dr Pip Logan which you may find of interest. On the Department of Health's web page on ⁵Consensus Statements' it says: "Different professions from along the stroke care pathway have produced position statements regarding their roles and responsibilities and how they see workforce development progressing to improve stroke care. Such statements may focus development and allow each profession a greater understanding of others with whom they work."

www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Stroke/DH_081389

Standards 32, 37, 38, 39, 42 and 44 - Peripheral Vascular Disease (PVD), Chronic Kidney Disease and Palliative Care.

We note the role of the occupational therapist in the management of lymphoedema, as part of the extended multidisciplinary team, described on page 63 of ⁵Guidelines for the diagnosis, assessment and treatment of lymphoedema. CREST, 2008.' In the summary of recommendations page 10 it says 'On the basis of a complete assessment, patients should be referred for further psychology, vascular or dietetic assessment, or to social services or occupational therapy services as necessary'

Occupational therapists in Northern Ireland feel it is important that the role of occupational therapy is identified and training needs met as part of a multidisciplinary team working in these specialist areas and that patients are not referred to occupational therapy as part of a generic workload.

Occupational therapists in Northern Ireland recommend that Renal Services / Lymphoedema Services should include access to an occupational therapist, in addition to other allied health professionals (AHPs) specialising in assessment and treatment of renal conditions, chronic kidney disease and PVD as part of the multi disciplinary team (MDT)

Palliative Care must be offered to all patients who have 'end of life' needs not just those with a cancer diagnosis e.g. conditions may include end stage heart failure, end stage renal failure and end stage respiratory failure.

Enabling patients to return home for their last stage of life has many implications for occupational therapy both in hospital and community, including availability of appropriate equipment and environmental changes. We look forward to working with the variety of subgroups from the DHSSPS across the province to map out and plan services around palliative care for chronic heart, renal and vascular conditions.



The skills and expertise of occupational therapists is vital in meeting Standard 43. Occupational therapy service provision in this area must be adequately resourced if this standard is to be met.

Q3. Will the delivery of these standards improve the quality of care for those who have / will have cardiovascular disease and their wider families?

Yes No

Comment:

Through genetic screening pre/post natal care, paediatric and adult cardiology specialisms we feel there will be improved quality of care and services. Individuals and families should welcome an increased availability of multidisciplinary team (MDT) members specialising in cardiovascular diseases.

Q4. Which of these standards will have the greatest impact on the health and wellbeing of people who have, or will have, cardiovascular disease, and why?

Comments:

Standard 24: All patients identified as requiring cardiac rehabilitation, in line with the British Association for Cardiac Rehabilitation guidelines, should be offered this service

We feel the standards dealing with prevention and rehabilitation will ultimately have the greatest impact. The reason for this is that the conditions referred to in the document are chronic and not curable.

7th September 2008

College of
Occupational Therapists



Q5. Will these standards reduce inequalities in relation to cardiovascular disease?

Yes No

Comments:

Only if these standards are applied equally across Northern Ireland and a postcode lottery system is eradicated. It may be necessary to initially benchmark existing services. It needs to be ensured that efforts to achieve the standards equally across Northern Ireland, through adequate allocation of resources, commissioning of services and effective monitoring procedures.

Access to a full multidisciplinary team dedicated to cardiac rehabilitation would reduce the existing disparities/inequalities that currently exist across Northern Ireland. Clinical specialist occupational therapists and advanced practitioners in occupational therapy must be an integral component of these multi disciplinary teams.

Q6. Are you satisfied that those identified as responsible for the delivery and implementation of these standards are appropriate?

Yes No

Comments:

Occupational therapists are satisfied that those identified as responsible for the delivery and implementation of these standards are appropriate. However they believe strongly that occupational therapy needs to be firmly embedded within these MDT services to truly meet the standards of health and social care for cardiovascular conditions. Occupational therapists believe there should be a better way of representing our individual professions' roles in the development of standards and we would like to suggest that where appropriate, consideration be given to increase occupational therapy representation. The College would like to see occupational therapists being invited to participate in groups involved in planning or implementing the delivery of these standards.

It was also felt that third level education has a role to play in ensuring that staff are educated to acquire the specialist skills and competencies necessary to deliver these services. Ongoing training and development of staff is also necessary. Quality services require an investment in staff education and development.

7th September 2008



Q7. Are the performance indicators and the expected performance levels reasonable and will they help progress towards achieving the overarching standard?

Yes No

Comments:

It was thought performance indicators and levels were graded appropriately however remain very medically orientated. Occupational therapists in Northern Ireland feel that more emphasis should be attributed to quality of life issues, the holistic care of the patient and caregiver involvement, education and support.

It is necessary to have systems and processes in place to monitor the performance levels.

Equality implications

Q8. Do you think the Recommendations are likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals

Yes No

Comments:

7th September 2008

College of
Occupational Therapists



Q9. Are you aware of any evidence, qualitative or quantitative, that the proposals may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Yes No

Comments:

Q10. Could the proposals better promote equality of opportunity or good relations? If yes, please give details as to how.

Yes No

Comments:

Proposals can only promote equality if implemented equally across Health Trusts and geographical areas.

Members of the occupational therapy profession in Northern Ireland would like to see specialist occupational therapy services available in the following areas as part of MDTs offered:

- Cardiac Rehabilitation in all acute/primary care settings throughout Northern Ireland
- Palliative Care teams in all acute sites/primary care settings
- Stroke Units in all acute clinical settings in Northern Ireland
- Community Stroke Rehabilitation Teams in all areas
- Need MDT input/ specialisms developed for management of renal conditions, diabetes, hypertension, TIAs and chronic cardiac conditions

7th September 2008

College of
Occupational Therapists



Q11. Do you have any other comments on the recommendations or any suggestions that you would like to make to improve the promotion of equality of opportunity and/or good relations or human rights?

Yes No

Comments:

The appointment of qualified / experienced MDTs specialising in relevant areas should be a priority for Trust Commissioners, service group managers and stakeholders if these standards and recommendations have a realistic chance of being fulfilled.

Please do not hesitate to contact us for further details or if we can be of further help

Kate Lesslar
Policy Officer, Northern Ireland
College of Occupational
Therapists
PO BOX 1502
DUNGANNON
BT70 9AA
Tel: 028 8773 8999
Email: Kate.Lessler@cot.co.uk

Tracy Gibbs
**Chair of the Northern Ireland Board-
College of Occupational Therapists**
Occupational Therapist Team Leader
Acute Services
Daisy Hill Hospital
5 Hospital Road,
Newry, BT358DR
Tel: 028 30835163
Email: tracy.gibbs@southerntrust.hscni.net

References

¹Northern Ireland Cardiac Rehabilitation Guidelines and Standards, Phases I - IV (March 2008) www.nicardiacnetwork.org
<http://www.nicardiacnetwork.org/?module=datalistdetail&itemid=5841b3ca-d284-476a-878c-9cc3f71166a8>

²Occupational Therapy in Cardiology – Taking on the Challenge!

Article submitted to Occupational Therapy News Sept. 2007 by Charlotte-Anne Wells, Senior Occupational Therapist, Acute Medical and Cardiology, Craigavon Area Hospital)

³*Improving Stroke Services in Northern Ireland, (July 2008) Department of Health, Social Services and Public Safety)* www.dhsspsni.gov.uk/recommendations-stroke-services-in-ni.pdf

7th September 2008

**College of
Occupational Therapists**



⁴'Consensus statement for Department of Health Stroke Strategy 2007, Occupational Therapy following Stroke' compiled by Dr Pip Logan, Research and Development Officer, College of Occupational Therapists Specialist Section for Neurological Practice.

www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Stroke/DH_081389

⁵ Description of Consensus Statements from the Department of Health web page

www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Stroke/DH_081389

⁵'Guidelines for the diagnosis, assessment and treatment of lymphodema. CREST, 2008.'

7th September 2008

College of
Occupational Therapists



Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided

the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature

acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>). For further information about this particular consultation please contact John Maguire (contact details are shown on page 1).

7th September 2008

College of
Occupational Therapists



Produced by:
Department of Health, Social Services and Public Safety,
Castle Buildings, Belfast BT4 3SQ

Telephone (028) 9052 8562

Textphone: (028) 9052 7668

www.dhsspsni.gov.uk

June 2008