Guide for commissioning, funding and planning services which include occupational therapists

This guidance is intended to provide a resource to support the commissioning, funding and planning of services which include occupational therapy. This guide aims to:

- Outline the role of occupational therapists
- Outline factors pertinent to local needs analysis
- Highlight some key issues for service review/planning
- Identify new ways of working which can be facilitated through effective commissioning

1. Key recommendations

The following attributes should be sought by funders and planners of services when looking to commission services which require occupational therapy input:

- High quality, offering the best service user experience and value for money (that is best outcomes for the least resource, in the quickest time possible).
- Evidence based, delivering meaningful improvements demonstrated by patient reported outcomes measures. The College of Occupational Therapists has produced Occupational Therapy Evidence Factsheets which illustrate the value of occupational therapy in various settings. These can be accessed at: http://www.cot.co.uk/occupational-therapy-evidence-fact-sheets
- Able to provide occupational therapy interventions where relevant and appropriate, not just assessment.
- Deliver services in settings where occupational therapy contributions can be considerable but often overlooked e.g. accident and emergency, CAMHS, vocational rehabilitation, social care.
- Include Advanced Practitioner roles and Consultant Occupational Therapist roles offering value for money and maximising the impact of occupational therapy skills.
- Develop models of working aimed at prevention, early identification and self management increasing the reach of occupational therapy e.g. training and supporting the wider workforce and coaching/ training (Kings Fund 2012,) e.g. AHP Care pathways in cancer, stroke. This can be accessed at: http://www.networks.nhs.uk/nhs-networks/ahp-networks/ahp-qipp-toolkits
- Commissioned and provided jointly with other agencies - integrated commissioning can provide value for money and simplify the provision pathway, improving service user experience.
• Adopt new ways of working, ensuring activity measures and service level agreements keep pace with service developments, e.g. measuring indirect contacts and outcomes of training delivered, not just direct work.
• Developed in partnership with providers.

2. **Background/ Context**

Given the changes to the organisation of Health, Education and Social Care across the United Kingdom, and in England in particular, many of those commissioning and planning services which include occupational therapy may not have direct experience of the range of services offered, the impact occupational therapy can have on the ability of those experiencing difficulties with everyday tasks and the potential for the development of new services and new ways of working. In some areas, funding and organisational barriers are preventing service users from accessing the occupational therapy they require in a streamlined and efficient way. The lack of capacity /supply of occupational therapists working within all elements of health and social care services is leading to reductions and limitation of services offered. There is no blue print for commissioning/ organising occupational therapy services in terms of workforce numbers and service models, which can be confusing for commissioners. This document outlines factors that commissioners may wish to consider in determining resourcing and organisation.

3. **The role and contribution of occupational therapists**

Occupational therapists contribute to the health, well being, and independence, by -
• Analysing the barriers to skill development and independence
• Delivering evidence based therapeutic interventions.
• Assessment for equipment e.g. toileting, bathing, manual handling, postural management, eating and drinking, writing.
• Environmental adaptations to enable access, independence and ease care.
• Empowerment of service users and carers through training and coaching
• Occupational therapists work in social care and health so are key in working in integrated services
• Occupational therapists also work in occupational health and undertake assessments within Department for Work and Pensions remit
• With training and expertise across physical health, mental health and social care, occupational therapists are uniquely positioned to advise and share best practice on integration.

4. **Service commissioning and planning**

4.1 **Traditional commissioning arrangements**
Occupational Therapy Departments are traditionally funded/ commissioned by Health or Social Care. With the advent of Any Qualified Provider however the picture is changing.

4.2 Workforce
There is no set workforce per capita ratio for occupational therapy; local factors will determine need to a great degree plus a population needs analysis. It is recommended that sufficient staff be in place to offer assessment and a degree of intervention or parent / school coaching to avoid the ‘assess and advise’ scenario.

The workforce requirements can be calculated by an assessment of the following areas/ aspects:

- **Assessing current state service staffing and capacity** – are they delivering the required model and pathways? Is there a waiting list/ sufficient activity?
- **Service data** – what are the current referral rates? Do they appear to reflect referral patterns/ numbers in aligned services? Are simple outcome measures routinely collected as part of everyday practice?
- **Benchmarking** – with local departments –noting waiting times, access criteria, size of other linked departments e.g. physio, speech and language therapy and the division of roles.
- **Skill mix** – whilst a range of grades within a service can present value for money, there needs to be sufficient senior staff to assure governance and safety. It is recommended that sufficient administrative time is funded to enable clinical staff to concentrate on clinical duties.

4.3 Service Parameters/ criteria
- **Referral criteria** - For occupational therapists, referral criteria can be based on functional need/ specific difficulty and less importance placed on diagnosis or underlying deficits.
- **Setting** – depending on the funding streams commissioners might decide where they want occupational therapists to concentrate their resources. Occupational therapists work flexibly, usually to where they will have the best impact, and so can work in all settings, whether it is primary or secondary care, community or in social care settings.

4.4 Interventions/ pathways
Pathways should be evidence based where relevant evidence is available. Where evidence is not available pathways should be based on guidelines and be supported by local services wide outcomes measures and audit. A pathway should provide clear direction as to where and how the occupational therapist will work with team members on a service user journey.

4.5 Integrated commissioning – integrated provision
Occupational therapy is one of the few professions to work across all statutory providers – acute and community health, education and, social care. The division between health and social care can create delays and inefficiencies in
service and equipment provision. Integration is particularly essential for service users with long term or with complex needs who would otherwise have to navigate through fragmented services. Coordinated integrated provision will greatly improve their experience and their ability to manage their needs. Joint commissioning can deliver value for money and is more likely to achieve a coordinated pathway for provision for service users. (COT 2013) http://www.cot.co.uk/position-statements/integration-0 accessed 15/07/14

5. Measuring effectiveness

5.1 Outcomes measures
All departments should be able to demonstrate the effectiveness of the work they carry out, whether that is direct therapy, equipment/adaptation provisions, training on an individual or wider workforce basis. It is recommended that patient rated outcomes measures are routinely collected as part of everyday practice.

5.2 Activity Currency
Innovative practice and new ways of working are being increasingly adopted by occupational therapists, to ensure that services are meeting needs in a more efficient and effective way. Activity targets should keep pace with innovative practice. More information can be accessed at: http://www.cot.co.uk/areas-practice/cost-effectiveness-and-ot

5.3 Audit
Indirect work such as training carers and the wider workforce can be evaluated through audit

6. Common challenges
Many occupational therapy services are negotiating a number of challenges.
- Are evidenced / guideline based pathways in place?
- Does the service offer value for money: are there demonstrable outcomes achieved?
- Can the service demonstrate value for money – does the service utilise effective skill mix? How do the advanced practitioner roles provide value for money?
- Can the service meet national or locally identified commissioning objectives?

7. Useful Resources
The College of Occupational Therapists has produced evidence fact-sheets, which provide key facts, examples of cost benefits and related reference points across a range of key service areas in which occupational therapy interventions are being delivered, examples include occupational therapy in accident and emergency, working with long term conditions, mental health. The full range can be accessed at: http://www.cot.co.uk/occupational-therapy-evidence-fact-sheets