MORECAMBE BAY HOSPITALS TRUST

OCCUPATIONAL THERAPY: NOW AND THE FUTURE

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There are occupational therapy services across the sites of Furness General Hospital, Ulverston General Hospital, Westmorland General Hospital, Royal Lancaster Infirmary and Queen Victoria Hospital. The aim of this article is to provide an overview of the main areas in which occupational therapists (OTs) work and future directions for the services.

Across these sites Morecambe Bay Hospitals Trust employs nearly 44 whole time equivalent (WTE) occupational therapy staff of which just over 25 (WTE) are qualified, just over 16 (WTE) are technical instructor/support staff and 3 (WTE) are administration and clerical staff. This staff group made a total of 22,064 face-to-face patient contacts in the year from 01/04/02 to 28/02/03. Occupational therapy is the treatment of people with physical and psychiatric illness or disability through specific selected occupation for the purpose of enabling individuals to reach their maximum level of function and independence in all aspects of life⁽¹⁾. Occupational therapists work within multidisciplinary teams and aim to develop or maintain independence in each individual, taking into consideration their social, physical, psychological and emotional needs. The client has an assessment and treatment is planned to achieve goals through purposeful activity to enable a safe discharge to the community where possible and to enhance quality of life. Treatment is individual to each person's specific needs.

The service is managed within the directorate for pharmacy and allied health professionals by the clinical director and directorate manager, with the head OT from each site forming the occupational therapy management team. The aim is to provide an equitable, quality service with a standardised approach to care across the Morecambe Bay Hospitals NHS Trust.

- On the Royal Lancaster Infirmary site the service is provided by three teams; orthopaedics and surgery, medical rehabilitation and rehabilitation/elderly each with a team leader.

The orthopaedic and surgical team offers the services outlined in Table 1.

The team is following national standards for total hip replacements, local standards for hemiarthroplasties and constantly reviews orthotic materials and methods to achieve the best outcomes for the patients. A pre-admission service was piloted in 2002 for three months, which concluded that pre-operative assessment reduced length of hospital stay to an average of nine days post-surgery. Funding to continue this service is planned in the near future.

The medical rehabilitation team encompasses the services in the Table 2.

Standardised assessment tools and tests are used, for example the Assessment of Motor and Process Skills (AMPS)

Location	Service offered
Orthopaedic wards 35, 36, 37, outpatients	Pre-admission service for hip replacements Assessment for return to home/daily living activities Prescription of equipment Assessment and provision of orthotics and follow up Home visits
Orthotics Medical Unit 2, OT Dept, Centenary Building, outpatients, community. Paediatrics	Splinting-hand, trauma, cold surgery, static-dynamic splints, hand therapy. Fracture bracing: lower and upper limb Hip orthoses Home visits
Paediatrics Centenary, 32, out-patients	Wheelchair loans Orthotics
Surgery 30, 31, 33, 34 (and Obstetrics & Gynaecology) Private referrals from Nuffield Hospital/community	Patients seen as referred, for example for amputee rehabilitation, head injury. Assessment, splinting, prescription for equipment, home visits. Post total hip replacement assessment Prescription for equipment Provision of orthotics and follow up

Table 1 Source: D Adams Head OT, RLI

and the Rivermead Perceptual Test. National guidelines are followed, for example in stroke care. The cardiac rehabilitation programme is based on British Association of Cardiac Rehabilitation guidelines.

Services as provided by the rehabilitation/elderly team are outlined in Table 3.

Location	Service offered
Medical/stroke All acute wards, Ward 23, head injury patients	Assessment of function/transfers/ Activities of Daily Living (ADL)/bathing Home assessment visits, follow up visits. Prescription of equipment, wheelchairs Rehabilitation programme Specialised seating Outreach service
Cardiac rehabilitation Medical Unit 1 wards 1, 2, 4, 5 CCU, outpatient groups, community visits	MI patients assessed 3-4 weeks post MI Lifestyle/CHD risk factor counselling Stress management Anxiety management Family/partner support 12 x 1 hr group sessions Relaxation Home assessments
Dermatology Private referrals from Nuffield Hospital/community	Patients seen as referred Neurological OT assessment

Table 2 Source: D Adams Head OT, RLI

Location	Service offered
Medical Unit 2: Wards 20, 22 & 23 Day Hospital Outpatient clinics based in Day Hospital – OT referrals when appropriate	Assessment in personal and domestic Activities of Daily Living function Rehabilitation programme Rehab treatment Wheelchair prescription Assessment for provision of hoists Prescription of equipment Home visits for discharge planning Follow up
Elderly Care at:- Southfield Unit/RLI Queen Victoria Hospital Ward Q6 and Q7	Assessment Social & recreational activity Mental stimulation Orientation Validation therapy reminiscence therapy Outings Religious meetings/celebrations Individual and group intervention
Rheumatology Ward 23 Outpatients splinting and hand assessment service Domiciliary service	Assessment of ADL function Prescription of equipment Assessment of hand function Splinting: hand & neck Joint protection and energy conservation Relaxation Pain management Home visits
Regional Disablement Services Centre (DSC) wheelchair assessment clinic:- with RLI OT DSC Therapist & Community Physiotherapist, Therapist (Approximately 2 per month)	Accredited wheelchair therapists from OT and physiotherapy run the clinic with DSC staff Specialist seating assessment Non-standard wheelchair assessments
OT short term loan wheelchair service (OT RLI managed)	Assessment and provision of loan wheelchairs for approx. 8 weeks Prescription for permanent DSC wheelchairs

Table 3 Source: D Adams Head OT, RLI

Once again standardised tests are used frequently such as the Middlesex Elderly Assessment of Mental State, (MEAMS), and recommendations from the National Falls Audit are followed.

- On the Westmorland General site the services are available to all wards, through 'blanket' referral, and to all other departments through direct referral. There is a daily service to the areas outlined in Table 4.

College of Occupational Therapy Guidelines are followed, standardised assessments are used and services aim to contribute to National Services Frameworks and targets, for example in cardiac rehabilitation and older people services.

- The services provided at Furness General Hospital and Ulverston General Hospital are detailed in the Table 5.

All occupational therapy departments adhere to College of Occupational Therapy national guidelines on referral procedures, documentation and home visiting procedures, amongst others.

Occupational therapists constantly review the effectiveness and outcomes of their work through individual patient treatment planning and a reflective practice approach. It is accepted that a formal process of setting standards and auditing performance is necessary to ensure a quality service to patients. As can be seen from the examples the focus is to use evidence-based practice and procedures in line with the College of Occupational Therapists guidelines, national guidelines and research. Standardised assessments are used where possible to enable scores and interpretations to be understood across department sites, for example when a patient is transferred from one hospital to another. The use of these also allows for

Location	Service offered
Medical – inpatient Wards 10, 11 CCU	ADL assessments (personal and domestic) Pre discharge home visits and follow-up visits Equipment provision Assessment for hoist provision Wheelchair prescription Relaxation sessions
Medical – outpatient Cardiac Rehabilitation Rheumatology Paediatrics	Individual/group sessions Orthotics and joint protection Orthotics and short term wheelchair loans
Trauma/Orthopaedics/General	Pre-admission education programme
Surgery – inpatient Wards 5, 6, 7	ADL assessments Pre discharge Provision of equipment including Wheelchairs Education programme for total hip replacement patients Functional assessments Joint protection advice Splinting ADL assessments Pre op education/home visits Provision of temporary equipment Functional bracing and orthotics
Outpatient orthopaedic outpatients	
Nuffield Hospital	Pre op education/home visits ADL assessments Provision of temporary equipment
Elderly Care Team Wards 1, 3 (Rehabilitation wards) Wards 8, 9 (Elderly medical)	ADL assessments Pre discharge home visits Equipment provision Wheelchair prescription Neuro- splinting Inpatient assessment group Hoist assessments Rehabilitation programmes Follow-up visits
Dunmail Day Hospital Out-patients	Out-patient clinics ADL assessments Neuro- splinting Provision of equipment Wheelchair prescription Home visits
Out-patients	Stroke education group Individual assessments Rehabilitation programmes

Table 4

Source: S Cardew, Head OT, WGH

re-testing, where appropriate, following a treatment programme to help evaluate the outcome of therapy.

- All the OT departments have rigorous risk management protocols in place and adhere to standard operating procedures to facilitate the safety of both patients and staff.
- With respect to training and staff development all sites have an annual training calendar and all staff attend monthly in-service training sessions. Topics have included documentation and record keeping, negligence and litigation, clinical supervision, equipment demonstrations and standardised tests.

Where relevant other professional groups are invited both to attend and contribute to these sessions.

- Annual updates on mandatory training such as fire safety, moving and handling and health and safety are also carried out.
- All staff have a Personal Development Plan, drawn up annually, regular supervision sessions and all departments demonstrate a firm commitment to continuous professional

Location	Service offered
Acute Medical: Wards 6, 7, 8, 9 MAU/CCU/ICT NHS patients in the private hospital (Abbey Park)	ADL assessments Pre discharge home visits Site visits Follow-up visits Provision of equipment Wheelchair prescription Individual/group activities Splinting
Oncology	Same as above
Cardiac Rehabilitation	Anxiety management
Rheumatology	Joint protection ADL assessments Splinting
Paediatrics	Splinting Wheelchair provision Pre-discharge visits/site visits/follow-up
Orthopaedics and Surgery Wards: Wards, 2, 4, 5 I.C.U. NHS patients in the private hospital (Abbey Park)	ADL assessments Pre-discharge home visits Site visits Follow-up visits Provision of equipment Splinting Hand rehab/MULE
Acute Medical: Occupational Therapy Department	Advice Individual remedial activities Site visits Splinting Provision of equipment Wheelchair provision
Orthopaedics and Surgery Pre-operative clinics	Initial Interview Social Work referral Pre-op visits Provision of equipment
Case of the Elderly Day Hospital (Physical and EMI) Day Hospital and O.T. department	Initial interviews and assessments Site visits Advice to patients and carers Wheelchair prescriptions Provision of equipment Splinting Individual remedial activities Group activities
Children's Development Centre C.D.C. and O.T. department	Splinting Individual assessment and activities Group activities Site visits Wheelchair provision Social work/Education liaison
Pain Management Programme: Pain Management Clinic Group Session with multi-disciplinary team	Advice on ADL Pacing and grading of activities
Pain Management Outpatients	Advice Site visits Provision of equipment
Cardiac Rehab Programme: O.T. department	Groups/individual outpatients Anxiety management Relaxation
Ulverston Hospital Care of the Elderly rehabilitation and Continuing Care Wards 1, 3	ADL assessments Home visits Site visits Provision of equipment Wheelchair assessment Splinting Individual remedial activities Advice
Care of the Elderly Day Hospital: Physical and EMI	ADI assessments Site visits Splinting Wheelchair prescription Individual remedial activities Group activities

Table 5

Source: L Harryman, Head OT, FGH

development activities. Staff development is an important issue in providing a quality service and we continually strive to update our clinical practice.

- All departments accept occupational therapy degree students from St. Martin's College, Lancaster for fieldwork placements. Any mature student or secondary school pupil who is interested in a career in occupational therapy is accepted onto a half-day career talk. In addition a work experience placement can be arranged for people with a commitment to starting an occupational therapy degree course.

The importance of contributing to the education of the OTs of the future is obvious when we remember there is a national shortfall. The OT services across all sites will need to recruit more staff in the future in order to meet demands as the services expand. The need for the services to develop arises from National Service Frameworks, which are shaping the provision of

- older people services including rehabilitation and equipment provision, stroke care, falls prevention and A&E⁽²⁾.
- coronary heart disease care including cardiac rehabilitation⁽³⁾.
- NHS Cancer Plan, including improvements to treatment and palliative care services⁽⁴⁾.

All of these frameworks acknowledge the role of allied health professionals including OTs and the need for more staff to fulfil these roles. The specific staff increases are proposed in the Pharmacy and Allied Health Professionals Directorate business plan and will not be expanded on in this article. The aim is to improve the occupational therapy services in line with the modernisation agenda, without compromising the existing services. The occupational therapy departments are also contributing to plans for the integration of the community equipment stores in line with the National Service Framework for Older People services, along with community colleagues and other agencies. As can be seen in the above tables there are already some OT services to the areas described and the current good practice will be strengthened and enhanced by the additional resources. The importance of keeping hospital stays and outpatient waiting lists to a minimum is paramount; the trend is for hospital-based OTs to be spending more time working in the community, based in patients' homes.

The occupational therapy departments face the same challenges as other departments in maintaining services to cover annual leave and sickness. The tasks of recruiting new staff and retaining existing staff provide further challenges. However there is a strong commitment to build on the existing relationships with colleagues from other departments in the trust, community-based colleagues from the Primary Care Trust, Social Services colleagues and not least the patients and carers who receive occupational therapy services. The aim is to provide as high a quality service as possible to these patients across all the sites in the Morecambe Bay Hospitals NHS Trust into the future.

REFERENCES

- 1 College of Occupational Therapists. Core Skills and Conceptual Framework for Practice. Position Statement 1994.
- 2 National Service Framework for Older People. Short Summary.
- 3 National Service Framework for Coronary Heart Disease. Executive Summary.
- 4 NHS Cancer Plan Homepage,
<http://www.doh.gov.uk/cancer/index/htm>