WM QRS West Midlands Quality Review Service

NHS

Formative Review: Community Occupational Therapy Services

Worcestershire Health and Social Care Economy

Visit Date: 17th May 2017

Report Date: August 2018

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INTRODUCTION

This report presents the findings of the review of community Occupational Therapy (OT) services across Worcestershire that took place on the 17th May 2018. This was a formative review with the aim of answering the following questions:

1 Waiting times: How are waiting times being managed in each locality, what are the new to follow-up ratios? Are there county-wide variances and what lessons can be learned and shared?

2 Interventions: What interventions are being provided in each locality? Where and what are the inconsistencies? What does best practice look like and what lessons can be shared. Are there duplications with other providers?

3 Triage: How is this being managed in each locality? How do patients access / contact services and what are the response times? It is robust, and it is consistent?

Underpinning questions:

Should there be a move towards an integrated model of care (or should OT provision remain standalone)?

What best practice / suggestions can reviewers share to help develop the future strategy of the service?

Some issues emerged as common themes and, where possible, are described once only. Reviewers looked at a range of documentary information and met with representatives from various stakeholders (**Appendix 1**).

Appendix 2 lists the visiting team that undertook the review.

The review focused on the provision of services to adults and did not include a review of paediatric OT provision which is the subject of a separate review.

This report reflects the situation and information available to the reviewers at the time of the visit. The review used a framework of questions, not a set of Quality Standards, and the findings therefore do not have the same level of rigour as full peer review visit reports.

Responsibility for addressing the issues identified in this report lies with all the organisations working in partnership, taking into account that this is a formative review which may not have a full picture of local services. NHS Redditch & Bromsgrove CCG, NHS South Worcestershire CCG, NHS Wyre Forest CCG (collectively known as Worcestershire CCGs – WCCG) are responsible for ensuring appropriate progress is made.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture between NHS organisations in the West Midlands to help improve the quality of health services by: developing evidence-based Quality Standards; carrying out developmental and supportive quality reviews (often through peer review visits); producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are: better quality, safety and clinical outcomes; better patient and carer experience; organisations with more robust information about the quality of their clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services.

More detail about the work of WMQRS is available on www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff at Worcester Health and Care NHS Trust for all their hard work in preparing for and organising the review and for their kindness and helpfulness during the course of the visit.

Thanks, are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

REVIEW FINDINGS

GENERAL COMMENTS AND ACHIEVEMENTS

Worcestershire Health and Care NHS Trust is the main provider of community and mental health services in Worcestershire. Services are delivered in a variety of settings including people's homes, care homes, schools, community services and in outpatient facilities in the community hospitals.

The Community OT service (Adaptations, Equipment and Housing) was delivered by three teams covering the following localities:

- Bromsgrove & Redditch
- Worcester & Wychavon
- Wyre Forest & Malvern Hills

Community OTs (Adaptations, Equipment and Housing) were locality based and include the Mobile Assessment Unit, Social Care OTs and promoting independence OTs. The service was aligned to council boundaries - rather than GP boundaries – to which the majority of other community services were aligned.

It should be noted that this review occurred on day four of a significant service reconfiguration for enhanced care staff in the neighbourhood teams. Reviewers recognise that this was not ideal timing for this group of staff as there was still a lack of clarity regarding roles and responsibilities as well as some concerns regarding the change management process.

Reviewers were impressed by the enthusiasm and commitment shown by the staff that they met towards improving the quality of care for patients requiring the input of the community OT service. Most staff were highly experienced, had a good understanding of the issues they faced and had a determination and willingness to work to improve the pathway for the patients, their carers and families.

The staff were very open and honest, during what reviewers recognised was a difficult time for them.

Reviewers considered that the fundamentals of the delivery model which was being implemented were good and provided a sound basis for the future delivery of the service. Reviewers saw this as a good platform from which to address the issues set out below. However, there were some areas where improvements could be made in terms of the structures, processes and staff engagement associated with the implementation of the new model.

Community OTs (Adaptations, Equipment and Housing) were providing excellent care which was recognised in the patient survey feedback data which showed that 97% of patients rated the service that they had received as Excellent, Very Good or Good. Reviewers were impressed with the equipment delivery service, which appeared to be responsive and efficient. It was felt that the Mobile Assessment Unit (MAU) provided a very good model of care. There had been a move to standardise documentation across the county which was also seen, by the review team, as a positive achievement.

1. WAITING TIMES: HOW ARE WAITING TIMES BEING MANAGED IN EACH LOCALITY? WHAT ARE THE NEW TO FOLLOW-UP RATIOS? ARE THERE COUNTY-WIDE VARIANCES AND WHAT LESSONS CAN BE LEARNED AND SHARED?

SUMMARY:

Reviewers were provided with waiting list and referral data during the review. Waiting times did vary across the localities with some having a higher number of patients on the waiting list and longer waits whilst other neighbouring localities have fewer numbers on the waiting list and shorter waits. The data showed that in any one month some teams could have as few as 10 patients waiting to be seen whilst others could have 200 patients waiting. There was an equally marked variation in how long people waited in different teams. For example, at the end of each month, Wyre Forest team continually had around 200 patients on the list with patients consistently waiting in excess of 18 weeks. In contrast, Tenbury team often had less than 20 patients on the list with very few patients waiting at 18 weeks. There was a

significant inequity across the county for access to community OT Services. Reviewers were not shown any analysis that understood this significant variation.

Other than the Mobile Assessment Unit, the data reviewed for 2017/18 did not show any incremental increase in the overall number of referrals or waiting times, other than expected seasonal variation. Although reviewers heard that there had been a growth in activity this was not reflected in the activity data that was made available during the review. Overall, in 2017/18 the trend of monthly patient numbers was marginally downwards. Reviewers noted that this was a snapshot of data only and may not be representative of annual trends.

The Trust have subsequently stated that the activity 'increase' is not in relation to an increase in overall actual numbers but rather a change to the number of urgent cases and a change in the complexity of the patients being referred to the service.

REVIEW FINDINGS:

This review looked at how waiting lists were being managed and identified the following:

a. There was a lot of data available (including referral, waiting times and patient feedback). However, reviewers felt that this data was not being translated into management information that could in turn be used to distribute appropriate staffing levels and skill mix across each of the locality teams. Equally, the data being presented appeared to be based on historical team configurations meaning that it could not be used effectively to manage current demand and capacity. A thorough analysis of the data available would help to define how resources should be distributed appropriately to manage demand and capacity across the localities.

b. The absence of a clear process, with a 'set of rules', for managing capacity and access across localities meant that the system was unable to respond to short term fluctuations in demand which had lead to a perception in some teams that their activity had increased. Flexing resources (by either shifting activity between localities or moving staff to teams where demand was higher) would help to ensure that waiting lists and waiting times across localities were more consistent and equitable for patients.

c. Reviewers heard that the changes to team structures, being implemented in the same week of the review was done, was commenced during the completion of the capacity and demand review for both neighbourhood and community OT teams. Reviewers felt that this was the wrong order of events and that the demand and capacity model should have been completed first to ensure that appropriate staff numbers and skills were allocated to localities with the most need. This should in turn contribute to achieving consistency in the management of waiting times.

d. The open referral policy allows for patients to self-refer. However, as there was no central coordination point or single point of access for patients requiring access to the service, patients may be seen by more than one staff member; or they may self-refer to a number of teams leading to a distortion of the true waiting position. It also caused confusion for staff and patients.

e. Reviewers also heard that, in the absence of a central coordination point, some social care colleagues sent referrals to multiple places 'to see who responds first'. This was not an effective way to manage referrals and subsequent interventions and did not allow for teams to work flexibly in response to changing demand across localities.

f. Reviewers heard that there were only two categories of referral: 'Urgent' and 'Routine'. Staff therefore did not know what to do with those patients who were not urgent but needed to be seen 'sooner than a routine appointment'. These patients were often therefore added by staff into the 'Urgent' category. This was potentially giving an incorrect picture of the true waiting list numbers and therefore impacting on how the lists were being managed; with appropriate skills potentially not being directed to the right patients.

g. Reviewers also heard from stakeholders of the lack of an effective email communication system. They heard that there was an issue with sharing confidential and sensitive information by email, due to key stakeholders not having secure email accounts. If, for example, all key stakeholders had access to NHS.net accounts (which is available to non-NHS organisations), this would enable more timely interventions, increase efficiency and potentially reduce waiting times for the overall care package (e.g. adaptations and housing)

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2. INTERVENTIONS: WHAT INTERVENTIONS ARE BEING PROVIDED IN EACH LOCALITY? WHERE AND WHAT ARE THE INCONSISTENCIES? WHAT DOES BEST PRACTICE LOOK LIKE AND WHAT LESSONS CAN BE SHARED? IS THERE DUPLICATIONS WITH OTHER PROVIDERS?

SUMMARY:

Overall, the quality of the interventions being provided in each of the localities was considered to be very good (as outlined in feedback from patients and other stakeholders). However, the type and level of intervention being provided varied across the localities due to the variation in staff numbers and skill mix. This variation had evolved – rather than been planned. The skills and experience of the staff determined what level of service could be provided and based on the significant variations in waiting times (see above) reviewers questioned whether the current staffing model was right. In addition, specialised staff appeared to be doing many routine tasks (e.g. minor adaptations) that should be directed to other teams e.g. Age UK or social care.

REVIEW FINDINGS:

a. The quality of interventions being provided in all localities was very good. This was supported by the feedback received from patients and other stakeholders who the review team met on the day.

b. The quality of the patient's experience was also high. Overall, of the 86 patients who responded to the 2017 survey, 97.5% of patients rated their experience of the service they received as 'good or better'. Over 50% rated the service as excellent. However, the survey did not show how this compares to 2016 or previous years.

c. The differing skill mix across the localities had evolved and consequently resulted in different services and levels of intervention being available across teams. This also meant that staff could not easily be called to work across different teams as they would experience different ways of working and have a different expectation of what was required of them.

d. Reviewers were concerned that specialist knowledge was being diluted as staff were routinely undertaking interventions that could be delivered by other less qualified staff or by other, more generalist, teams.

e. Reviewers noted that there did not appear to be a robust strategy for sharing skills to ensure effective cover for staff who were working part time.

f. Reviewers heard that staff members were reluctant to say 'no' to requests for their services. This meant that they could be overwhelmed by the levels of activity required of them (see next section on triage re appropriate screening and assessment).

g. Reviewers heard that the social care teams had employed their own OTs. The interventions provided by the social care teams did conflict with the Worcester Health and Care NHS Trust provision of OT. On some occasions this had caused conflict between teams and resulted in confusion for patients and staff – as well as duplication of effort. This needs to be resolved by the Health and Care System or there is a real risk of the services becoming fragmented.

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3. TRIAGE: HOW IS THIS BEING MANAGED IN EACH LOCALITY? HOW DO PATIENTS ACCESS / CONTACT SERVICES? AND WHAT ARE THE RESPONSE TIMES? IT IS ROBUST, AND IT IS CONSISTENT?

SUMMARY:

The overall process for triage was consistent across each locality in that once a referral was received via the open referral policy, a referral was screened / assessed by individual clinical team members to clarify needs and prioritise the referral response.

However, there did appear to be some inconsistencies as to the skills of the staff undertaking the triage across the localities and the lack of a centralised single point of access for the onward management of these referrals means that patients were not always receiving a consistent response.

Previous sections of this report have highlighted the lack of a central coordination (single point of access) for the management of referrals. Reviewers felt that the implementation of a single point of access, staffed by suitably qualified staff, should be key to the future strategy for the service – and would in turn have a positive impact on improving waiting list management and streamlining appropriate interventions (see earlier sections of this report). A central coordination point staffed by an appropriate skilled team would ensure that referrals are directed to the most appropriate team and ensure that the service could respond more effectively to changes in demand across localities.

REVIEW FINDINGS:

a. The service adopted an open referral policy across all localities, with referrals being accepted directly from the patient / carer or health and social colleagues, from housing associations and councils as well as from other agencies involved with the individual (e.g. Age UK and advocacy services). Following receipt of the referral, a screening assessment was completed to determine the most appropriate response. However, the team should consider reviewing this approach to ensure that staff completing the screening have the appropriate knowledge and training in order to ensure that referrals are being directed onwards to the most appropriate member of staff. This in turn would improve responsiveness and impact on waiting times.

b. Due to the lack of a single point of access for referrals, triage was managed separately within each locality. The variation of the skills and experience of the staff in each locality completing the triage meant that the next step in the patient pathway will also vary.

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OVERALL CONCLUSIONS

Community OT services in the Worcestershire Health Economy were provided by a committed team who want to provide the best quality of care for their patients. The individual care being provided was appreciated by patients and the other stakeholders who the review team met. Reviewers heard that the team 'wants to get it right'.

This was achieved despite a number of challenges including: broad acceptance criteria which impacted on demand and capacity; teams which were configured to council boundaries rather than GP boundaries like the majority of other health care services and the lack of a Single Point of Access to triage and send referrals to the most appropriate teams and individual members of staff.

The review itself was completed during a time of change for the Enhanced Care Teams who, only three days previously, had been integrated into the neighbourhood teams. Reviewers heard from staff that the management of this change had not been handled particularly well, though the senior team were able to communicate clearly how the change had been managed, communicated, and how staff had been involved in the plans before and during implementation. Whilst this was a difficult time of system change and transition, reviewers heard two differing versions of how the change process had been managed.

The review team felt that there were two clear themes emerging from the review:

1. Capacity and demand: Further analysis of the demographics, current referrals and waiting times is required in order for all parties in the Health Economy to fully understand the actual demand on the service and develop a robust demand and capacity model. This, along with the implementation of a Single Point of Access across the county for all referrals, would enable the Trust and its Commissioners to ensure that staff and skills are distributed appropriately across the localities. It would also help to manage demand and capacity by ensuring that only appropriate referrals are accepted in the first place and are then signposted at the earliest opportunity to the most appropriate teams.

   This should also help to develop a new service specification that was fully understood and adhered to by all stakeholders and should bring some consistency to the management of waiting times and quality of interventions.

2. Leadership: Reviewers heard different accounts on how the recent move to neighbourhood teams had been managed and received by staff. Reviewers heard from staff that they had not seen their new manager, that they were still running two caseloads and that communication had been poor. However, the senior team were able to tell reviewers how the change process had been managed and described a series of robust mechanisms for this.

   Reviewers saw and heard evidence that supported both perspectives, and concluded that there was, for some reason, a variance in perceptions, which may be reflected in the confusions that are often seen in the very early days of implementation of a major change. However, reviewers did suggest that an urgent exercise to engage staff in the current changes and the future strategy was essential. In the meantime, additional managerial and peer support should be put in place - during the transition - to support staff who have been integrated into the neighbourhood teams.

   Reviewers were also concerned regarding the apparent lack of succession planning in areas of the service. They heard that in one team 66% of staff will be retiring within the next few years and it was unclear what plans were in place. This was also causing uncertainty for staff.

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APPENDIX 1 - INFORMATION CONSIDERED BY VISITING TEAM

Documentary Information

1. Reviewers looked at the following documentary information on the day of the visit

	Documentary Information
1	Neighbourhood team STP presentation 11th May 2018
2	Community OT waiting time data 2017/18
3	Community OT referral data April 2017 to March 2018
4	Organisational structure charts
5	Service specification Community OT service provision January 2014
6	Community OT patient satisfaction survey 2017
7	Referral criteria diagrams for: Mobile Assessment Unit; Neighbourhood teams; Urgent promoting independence; open referrals; '3 conversations' OTs;
8	Team Job Descriptions
9	Complaints data 2015-2018
10	PALS enquiry data 2015-2018
11	Community OT compliment data 2017
12	Wheelchair service specification 2015-2016
13	FFT data February – April 2018
14	Community OT Patient information leaflet
15	Community OT questionnaire

Meetings

2. The table below lists the people who met the review team to discuss their views on the review questions.

Meetings
WCHT Occupational Therapy Teams
WCHT Enhanced care teams
Worcestershire Clinical Commissioning Groups Quality team
Community Equipment staff
Social care representatives
Voluntary sector representatives
Housing representatives
User representatives

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Appendix 2 - Membership of Visiting Team

Visiting Team		
Nikki Diamond	Clinical lead, complex care team	Shropshire Community Health NHS Trust
Tina Dolan	Occupational Therapist	Birmingham Community Healthcare NHS Trust
Lisa Duncan	Integrated service manager – Track and triage	Staffordshire and Stoke on Trent Partnership NHS Trust
Nicola Goodwin	Quality and Patient Safety coordinator	NHS Herefordshire CCG
Dawn Orton	Deputy Therapy lead	University Hospitals Birmingham NHS Foundation Trust
Judith Whalley	User representative	
Sally Woolams	Clinical Manager (OT)	Walsall Healthcare NHS Trust

WMQRS Team		
Tim Cooper	Director	West Midlands Quality Review Service
Rachael Blackburn	Assistant Director	West Midlands Quality Review Service

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