Debate & Analysis

Sustainability and Transformation Plans:

occupational therapists and physiotherapists can support GPs

INTRODUCTION

Forty-four Sustainability and Transformation Plans (STPs) were introduced in NHS planning guidance in December 2015. Draft STPs were published in late 2016. The plans bring together providers, commissioners, local government, and third-sector organisations to develop and deliver new models of care.[1] These models aim to improve the quality, efficiency, and sustainability of healthcare services, across England over the next 5 years.[2] Concerns have been raised about the impact of STPs on GP provision,[3] on patient groups,[4] and on the number of hospital beds.[5] The purpose of this study was to identify the detail relating to rehabilitation, occupational therapy, and physiotherapy in STPs. Occupational therapy and physiotherapy are two of 12 professional groups that make up allied health professionals (AHPs). AHPs are the third largest workforce in health and care in England. A recent AHP strategy from NHS England[6] has provided a blueprint by and for AHPs to contribute to future services, including STPs. The Chartered Society of Physiotherapy[7] has promoted STPs to move towards a model of health prevention and a rehabilitation system that supports collaboration and integration across local systems; for example, NHS trusts and local authorities. The Royal College of Occupational Therapists[8] agreed that STPs can provide a vehicle for occupational therapists to deliver early action, prevent admission to hospital, and implement a reabling approach that improves patient outcomes and saves money.

CONTENT ANALYSIS METHOD

This study examined the frequency and context relating to rehabilitation, occupational therapy, and physiotherapy within the 44 draft STPs. To do so a latent content analysis approach was adopted in order to explore the usage and meaning of the keywords in context.[9] A frequency count of the following key terms was independently performed: allied health profession*, AHP*, rehab*, occupational therap*, and physiotherap* across the 44 draft STPs published before January 2017. The purpose of this paper is to highlight the importance the rehabilitation agenda has within the STPs and the lack of detail relating to occupational therapists and physiotherapists.

"... specialist, direct-access, 7-day, integrated, primary care occupational therapy and physiotherapy ... [have] the potential to offer a ... solution that reduces pressure on GPs"

FINDINGS

The number of STPs in which keywords were found and the total frequency of the word use is presented in Table 1. One STP did not mention rehabilitation in any context, did not name AHPs, and had no reference to occupational therapy or physiotherapy. Reference to AHPs was limited to 34% of STPs; when used, the terms tended to identify the various members of a multidisciplinary team rather than suggest any specific role or intervention. Specific reference to physiotherapy was limited to 36% of all STPs, whereas occupational therapy could only be found in 13% of all STPs. These figures sit in contrast to the use of the word rehabilitation, which was discussed at least once in 39 (89%) of the 44 STPs. The concept of rehabilitation was predominantly used to describe the discharge process from acute hospitals and/or to describe intermediate care provision thereafter. The absence, in many STPs, of reference to occupational therapists and physiotherapists to deliver rehabilitation plans is of concern. The source of delivery of rehabilitation therefore remains unclear, with the possible inference that rehabilitation would be provided by unqualified healthcare workers. The latent content analysis (Box 1) presents three related themes: theme one 'new ways of working' describes the vision for rehabilitation in the STPs; theme two 'advanced clinical roles' provides the detail of how occupational therapists and physiotherapists could deliver the rehabilitation agenda; and theme three 'workforce issues' illustrates some of the current barriers to service delivery.

'New ways of working' describes the vision for rehabilitation. Across many STPs this aims to be achieved through new specialist rehabilitation pathways. These pathways include musculoskeletal, neurology, cardiac, pulmonary, learning disabilities, and mental health services. A key component of these rehabilitation pathways was the further development of community-based rehabilitation. 'Therapy at home or close to home' was promoted as a more efficient mode of intermediate care that shifts healthcare delivery away from secondary care. Hence, the concept of short-stay rehabilitation and recovery beds and intensive home rehabilitation were endorsed.

The second theme draws together themes from across the STPs to describe how occupational therapists and physiotherapists could deliver rehabilitation and also prehabilitation through 'advanced clinical roles'. Advanced clinical roles described as 'community experts' were endorsed in some STPs to 'free up GP time' and so produce more efficient services. Some of the STPs offered the possibility of new positions for AHPs, including integrated (health and social care) roles, extended scope, and primary care roles. Some STPs promoted the use of AHPs as a first point of contact, enabling service users to have the opportunity of direct access, potentially offering this as a 7-day service. Furthermore, public health roles for

Table 1. Keyword frequency count

Keyword	Number of STPs keyword appeared in	Keyword frequency across all STPs
AHP* and/or Allied Health Profession* Large group	15/44	24
Occupational therap*	6/44	7
Physiotherap*	16/44	30
Rehab*	39/44	178

Box 1. Content analysis themes

Theme	Subtheme	Detail
New ways of working	Specialist rehabilitation and reablement pathways	Neurology, cardiac, pulmonary, learning disabilities, mental health, musculoskeletal
	Community rehabilitation/therapy at home or close to home	Short-stay rehab and recovery beds, intensive home support
Advanced clinical roles for allied health professionals (AHPs)	Extended scope/advanced clinical roles	Community experts, free up GP time, pain management
	AHPs in primary care hubs	AHP as first point of contact, direct access to AHPs, use of technology, self-help, 7-day service, social prescribing
	Health promotion/prevention	Self-help, technology, early intervention, lifestyle
Workforce issues	Integrated/collaborative commissioning, service provision, and workforce	New skill mix, joint health and social care teams, specialist commissioning
	Workload, recruitment, and retention	Waiting list times, vacancy hotspots, workforce optimisation and sustainability, retention benefits, staff turnover

occupational therapists and physiotherapists were articulated across STPs. The need for prehabilitation through greater health promotion and prevention was seen by some STPs as an important agenda; the use of self-help, technology, early intervention, lifestyle management, and social prescribing by AHPs were seen as essential adjuncts for healthier lifestyle management.

The final theme 'workforce issues' refers to the difficulties in developing an integrated AHP workforce to deliver specialist rehabilitation pathways, enhanced community/home rehabilitation, and health promotion interventions. One STP identified ever larger caseloads for occupational therapists, while another confirmed a current vacancy hotspot for both occupational therapists and physiotherapists, and noted recruitment and retention issues. Others mentioned these issues within case studies to reflect the effect of long therapy waiting lists on patient care. Some STPs highlighted the use of specialist commissioning teams to identify opportunities for improvement in rehabilitation pathways. Others emphasised problems in the joining of health and social care teams for a more seamless care pathway.

SUMMARY AND RECOMMENDATIONS

In summary, many STPs are proposing a new rehabilitation agenda. The role of AHPs, including occupational therapists and physiotherapists, to deliver this agenda lacks detail although there are some emerging themes of good practice across several, but not all, STPs. The central role that occupational therapists and physiotherapists can take in the delivery of STPs is provided in the NHS England 2017 AHP strategy.[6] The Royal College of Occupational Therapists[8] has already illustrated the cost benefits of occupational therapy to reduce the pressure on hospitals by reducing falls-related admissions, time in hospital, and successful discharge. The Chartered Society of Physiotherapy[10] has illustrated the clinical and cost-effectiveness of physiotherapy across specialist areas that include Accident and Emergency, dementia care, 'falls and frailty', and primary care.

We recommend that specialist, direct-access, 7-day, integrated, primary care occupational therapy and physiotherapy should be promoted and implemented in the delivery of all STPs. This has the potential to offer a cost-effective solution to prehabilitation and rehabilitation that reduces pressure on GPs, reduces referral to secondary care, enhances timely hospital discharge, and keeps people independent at home. STP boards should engage with the detail of the AHP strategy and with occupational therapists and physiotherapists to effectively implement the rehabilitation services outlined in the draft STPs.

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