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## Evidencing occupational therapy in primary care

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# Evidencing occupational therapy in primary care



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A group of lecturers and researchers, from occupational therapy and dietetics, look at the evidence base for the effectiveness of occupational therapy interventions in primary care. They argue that this is in its infancy and call for further service evaluation and research.

**T**he landscape of primary care is changing rapidly. Thanks to schemes like the Additional Roles Reimbursement Scheme (ARRS), the government has provided funding for Primary Care Networks (PCNs) to recruit 26,000 extra allied health professionals (AHPs), with the goal of reducing health inequalities and relieving pressure on the General Practice workforce.

In 2014, physiotherapy was recognised as a profession that could support the primary care workforce, with paramedicine, podiatry, occupational therapy and dietetics more recently being acknowledged.

RCOT has been proactive in pushing this agenda, by including primary care as a theme at its 2023 Annual Conference, establishing a primary care networking group, and developing a website packed full of useful resources.

Occupational therapists' ability to work across client groups and conditions and our understanding of the health promoting benefits of meaningful occupation makes us ideally suited to primary care practice.

There is growing evidence of our impact, which ranges from decreasing demand on GP services to enhancing quality of life and improved cost savings (RCOT 2023).

Primary care work represents a cultural shift for the profession; it is an environment where practitioners serve large populations and a business model prevails. As might be expected in rapidly expanding and emerging areas of practice, there is still uncertainty about roles, scope of practice and the best way to contribute.

### Research from other professions

Occupational therapists are not alone in moving into primary care and developing a targeted primary care evidence base. Other AHPs, including physiotherapy, podiatry, dietetics and paramedicine, have been developing agendas to reinforce their roles with primary care.

Physiotherapists have been established in primary care for some time (Ludvigsson and Enthoven 2012) and have taken up specialist

positions as first contact practitioners (FCPs), mostly in musculoskeletal conditions.

Similarly, paramedics have been establishing a role in primary care since 2002, acknowledging their skills in addressing the medical needs of patients with chronic and acute presentations (Eaton et al 2021). And dietitians have evaluated different models of practice to help develop the most effective and efficient ways of working (Hickson et al 2023).

Developments across these five professions have created funding access avenues for general practices, through Primary Care Networks, to support additional recruitment and engagement of these professions, acknowledging their contribution to the needs of the primary care population.

However, continued and combined efforts to solidify a strong allied health presence has the potential to meet the growing demands faced within primary care, due to the increasing complexity of the populations we serve.

### Occupational therapy research in primary care

As highlighted in a scoping review by Bolt et al (2019), empirical study of occupational therapy in primary care is underdeveloped.

Although there are some more recent studies investigating the value of occupational therapy in primary care, there is a clear need to develop robust evidence that can strengthen the position of the profession in primary care, promoting the untapped potential of the profession to policymakers and the general public.

Research that showcases the general and specialist nature of the roles we are skilled at is needed. For example, supporting people in their management of chronic conditions, mental health, returning to work, frailty and falls. Additionally, health economic studies that can quantify our individual contribution to the strength of primary care.

Given the range of interventions and dearth of reported findings, there is need for further service evaluation and research in this area. We also



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need to showcase our strengths in a way that speaks to those who commission these services.

We need to use outcome measures that specifically meet those health commissioning agendas, which may conflict with some highly valued standard measures including admission avoidance and reduced length of hospital stays.

As AHPs, we need to come together and market our strengths as a group; a finding highlighted by Bolt et al (2019) in their scoping review recognising the need for professional collaboration.

There is strength in undertaking research alongside dietitians, due to similarities in how the roles are being undertaken, particularly in relation to longer-term working with patients who have complex needs and chronic conditions.

This is in contrast to the model adopted in paramedicine and physiotherapy, where more is made of short-term assessments and ongoing referral. Occupational therapists, like dietitians, are engaged in longer-term work, including generalist and specialist roles.

### Where do we go next?

The evidence base for the effectiveness of occupational therapy interventions in primary care is in its infancy and while it is important to gather outcome data, there also needs to be understanding of what works for whom and in what contexts.

Realist evaluation is a method that seeks to explain how and why certain outcomes occur and ultimately improve the delivery of services. This has led us to work together with our dietetic colleagues to develop research in this area, with plans to involve stakeholders, as there is some synergy with approaches in primary care practice, particularly with the overlap of working with individuals on a longer-term basis.

If primary care is an area of interest to you, we are seeking stakeholders to engage in shaping future research, we would very much like to hear from you, so please get in touch. ●

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