

CASE STUDY: AHPs working differently.
In-patient Occupational Therapy and Physiotherapy Team
University Hospital South Manchester (UHSM) NHS Trust

Summary: Redesigned the way the Occupational Therapy and Physiotherapy teams work together to become more integrated. Changed referral mechanism and introduced a joint prioritisation tool.

Key Themes:

- ▶ Innovation
- ▶ Integration

Which AHPs are involved?

- ▶ Occupational Therapists
- ▶ Physiotherapists.

What setting does the service operate in?

Hospital (inpatients).

Does the service work with Older People? Not specifically.

How did you identify the changes that needed to take place?

Demand was increasing on the ward with no extra investment available, therefore needed to reorganise the process of referral to therapy services.

When did you start making the change & how long did it take?

3 years ago meetings were held regarding the change process.

How did you go about making the change?

Developed a screening tool for appropriate referral to therapy services with criteria and removal of paper referral forms.

How was the change funded? Used existing resources.

Who was involved in the consultation and process of change? All staff involved in the project.

What communication strategies were used to engage people in the change? Meetings, forums, task and finish groups.

Were changes needed to the existing skill mix? Appointment of physiotherapy and occupational therapy team leaders.

Were any new roles developed? Team leaders as above.

What have been the benefits? Increased clinical expertise, leadership and management.

What has been the response to change? All positive!

Integration

Do you work in integrated teams? Yes

How have you had to work differently? We established integrated Occupational Therapy and Physiotherapy teams – changed referral mechanisms and introduced a joint prioritisation tool. Increased joint working and assessments, and developed shared documentation.

Has there been the impact on the uni-professional role? Removed duplication and increased knowledge and respect for each other's roles

Are team members involved in any generic working - and what training or support is available for this? Therapy assistants trained to undertake Physiotherapy and Occupational Therapy tasks. Assistant Practitioners work across Speech & Language Therapy, Physiotherapy & Occupational Therapy in the Stroke team. Joint working and CPD opportunities have been developed both within the team and wider therapy department.

New Advanced roles

What role is it? Team leader roles.

Was extra training provided to support the role?

As required for the postholders.

What impact has the new role had on the service? Leadership has been crucial for the development of the new practices.

What are the responsibilities of the new role?

Leadership and management.

What is the benefit to other members of the team? Clinical support and leadership.

Have there been any negative outcomes to team members or the individual from implementing this role? No.

What difficulties did you face?

Challenging historical practices regarding referral and prioritisation.

What have you learnt from this process?

That change can be implemented with full support from staff.

For more details contact:

Name: Jude Bibby

Email: jude.bibby@uhsm.nhs.uk

Information collected 14/10/2014 by Jolly Barrow.