Background

In March 2022, the Royal College of Occupational Therapists conducted a survey of its members across the UK regarding rehabilitation services – the largest survey of its kind carried out by the College. We did this on the back of anecdotal feedback received from members and other healthcare professionals of challenges in both the access to, and provision of rehabilitation services across the UK.

The pandemic has proven to be a huge challenge for individuals with additional needs and disabilities and demand for support has been exacerbated by conditions such as Long Covid. Whether these challenges have been related to mental or physical health, occupational therapists are on the front line and are well placed to give a clear and current picture on the state of rehabilitation access and provision across the UK.

The survey received 557 responses from occupational therapists working across the UK, working with all age groups from children to the elderly. The percentage of respondents in each UK nation were England (80.6%), Scotland (9.8%), Wales (6.6%) and Northern Ireland (1.4%).

More than three quarters of respondents (77.5%) were working in NHS roles (community or acute service focused) with the remainder working with local authorities or in independent/private practice.

What we found

Demand for Occupational Therapy
82% of respondents noted an increase in demand for occupational therapy- rehabilitation over the previous six months and as a result 84% of occupational therapists are offering either the same level or more appointments than pre-pandemic. The reasons for this were:

- Increased complexity of needs due to delayed intervention because of covid (84%)

- Increase in urgent cases (64%)

- Lack of availability of carers (59%) and increase in mental health needs (54%)

Anecdotal evidence was also shared about the impact that service changes, rushed hospital discharges and misdiagnosis because of virtual assessments have had on demand.

Workforce & Recruitment
70% percent of occupational therapists feel they are unable to provide the necessary level or type of support to meet rehabilitation needs in their area. There were a variety of reasons offered for this, however the main factors were:

- 71% of respondents felt there were simply not enough occupational therapists to meet demand

- 48% of respondents detailed longstanding issues with recruitment into the profession

- Covid has had and continues to have a significant impact on staff absence with 40% of respondents detailing that as a reason for being unable to meet demand.

- Covid has also meant that therapists are now taking a broader range of referrals such as Long Covid which is placing an additional burden on already stretched rehabilitation services across the UK

Access to rehabilitation services or residential providers

24% of occupational therapists still reported experiencing barriers to visiting people in their homes, which included individuals unable to admit therapists due to someone isolating in the home. A fear of catching covid was also cited as a reason why therapists were unable to deliver interventions at home.

22% of respondents had trouble in visiting rehabilitation facilities or residential providers. This was attributed to four major factors which were (1) the impact of restrictions in care homes (2) other covid related measures (3) staff shortages and (4) the availability of space to deliver interventions.

The use of digital and telehealth solutions

The results of the survey paint a mixed picture. 46% of respondents are making use of digital intervention tools, while 49% are not. Only 13% of occupational therapists were using digital interventions for much of their caseload. The perception that increased use of digital technology would lead to increased access to occupational therapy support is not borne out by the survey results. Only 52% of respondents felt digital technology has improved access, whilst 46% felt it has not improved access to occupational therapy support.

Respondents still reported widespread challenges with access to technology, with many therapists finding it inappropriate to use, particularly with patients who have cognitive issues.

Equitable access for people with diverse needs and backgrounds

63% of respondents believe their service takes action to ensure access is equitable for people with diverse needs and backgrounds. A variety of practice examples were cited by respondents such as offering non-working hours appointments (i.e., after 5pm), access to interpreters and the production of leaflets and other materials in different languages. Diversity allies on interview panels was also highlighted as a positive step in encouraging a diverse workforce.

Reductions in access to facilities, space, or equipment

66% of respondents reported difficulties in delivering rehabilitation services due to a reduction in access to facilities, suitable space, or equipment. A reduction in space was the most common reason for being unable to deliver services and many respondents highlighted the continuing expectation of social distancing and having to account for that. This has led to some rehabilitation units having to utilise shared space such as corridors, gyms or kitchens and converting these into office space to allow therapists to conduct phone appointments or carry out administrative tasks. Other respondents detailed instances where rehabilitation space had to either be shared or given up to other health services such as Covid vaccination units or outpatient clinics. This led some therapists to feel undervalued as other teams are considered more deserving of the space.

Equipment shortage was also detailed as an issue for the delivery of rehabilitation services. The need for infection control, supplier issues and increased costs for retailers were highlighted as problems. There was also a perceived lack of equipment in stock/stores, lengthy delays for assessments from colleagues working in local authorities and concerns over the availability of staff in stores to locate and deliver important rehabilitation equipment.