

Occupational Therapy Guideline for the Completion of Community Visits

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

These guidelines are to be followed by Occupational Therapy (OT) staff carrying out all types of community visits as part of their safe practice with Worcestershire Acute Hospitals NHS Trust.

This clinical guideline is aimed at helping OT staff to determine the right type of community visit whilst ensuring there is clear supporting clinical reasoning to justify the visit.

This guideline is for use by the following staff groups:

All OT staff

Lead Clinician(s)

Claire Moore	Band 7 Occupational Therapist General and Vascular Surgery
Sarah Williams	Band 7 Occupational Therapist Elective Orthopaedics
Kerriann McLaughlin	Band 6 Occupational Therapist General and Vascular Surgery
Julia Pascoe	Band 6 Occupational Therapist Frailty

Approved by Senior Leadership Team/
Occupational Therapy Clinical Governance Group
on: 2nd March 2023

Review Date: 2nd March 2026
This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by:
March 2023	New document approved	Occupational Therapy Clinical Governance Group

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Criteria for Community Visits

Overview

The Royal College of Occupational Therapists (2021) state that we must ***“Understand the relationship between the person, the occupation and the environment and how one may affect, or be affected by, the other.”***

This guideline will inform all OT staff how to arrange and carry out community visits. Community visits within this guideline refer to pre-admission, pre-discharge, post-discharge, out-patient or outreach visits.

Community visits should only be undertaken when the information required cannot be gained by a Virtual First Approach, and the visit should be clinically reasoned and proportionate to the needs of the patient. The visit should only be undertaken by a suitably trained member of OT staff or HCPC registered OT.

An onward referral will be made where it is more appropriate for the assessment to be undertaken by an OT in a different setting. For example, where the needs are not urgent or do not relate to the current treatment episode, where the patient is currently known to another service, or when specific clinical skills or knowledge are required. The timescale of response from the therapist in the other setting should be considered to ensure it is appropriate to meet the perceived patient need.

Clinical Reasoning to Support Community Visits

The following should be used to determine the appropriateness and type of community visits to undertake:

Capacity and Consent

If a community visit is proposed to a patient who is deemed to have capacity and consent is with-held, then the visit cannot go ahead. Their reasons for with-holding permission will need to be clearly recorded in the OT notes. Record in the OT notes the reasoning that was offered to the patient regarding the value of the community visit.

If patient lacks capacity to consent to OT staff visiting their property, the evidence for this will need to be recorded in the OT notes. Record the content of the conversation to justify the opinion that the patient lacks capacity to consent. It will also need to be recorded that you are doing this visit in the patient’s best interest. If the patient has a next of kin or “significant other” you will need to discuss the situation with them and seek their permission (Refer to Trust Mental Capacity Act (MCA) guidance/documentation). Ensure you discuss with Team Lead as appropriate.

If a patient has fluctuating capacity, then consent must be sought when the patient is most able to participate in the conversation.

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Out of Area Patients

If the patient lives outside of Worcestershire, OT staff must determine if it is appropriate or possible for either the patient to be transferred to their local community hospital, or for their local OT team to carry out a community visit on our behalf.

Pre-Admission Assessment

Where it is possible to anticipate the needs of a patient, referrals can be accepted and actioned prior to admission. This may be appropriate because:

1. The discharge from a future planned admission will be compromised without pre-planning.

For example: - the future potential development of one-day hip surgery would change the rate of through put and require all equipment to be in place to enable community based therapists to commence their input promptly.

2. Adaptive equipment is required to improve the health status of a patient prior to surgery.
3. Environmental assessment (access visit) of the patient's home may be required prior to admission e.g. To look at the space within the home for equipment provision/onward referrals to community OT for major adaptations.

Pre-Discharge Assessment Community Visits

In-patient home assessments such as access visits, equipment set up and home visits with patients, may be conducted by an OT if deemed appropriate. The therapist will decide if this is more appropriate without the patient, for example where access to the property or the patient's condition presents risk. An assessment may be indicated for example where:

1. A decision to discharge is dependent on creating a suitably safe environment through the provision of equipment and / or adaptations.
2. There is uncertainty around the patient's ability to carry out occupations safely in their home environment.
3. There is a change in a Patient's health status affecting their functional ability which may present risks when carrying out occupations in their home environment.
4. Cognitive or sensory impairment prevents adequate assessment in the hospital environment.
5. The home environment cannot be adequately replicated through a hospital-based assessment.

Post-Discharge Follow up Visit

A post-discharge visit may be required if the acute OT remains the most proximal professional to the patient once they have returned home to their usual place of residence from Hospital.

For example:

1. Equipment provided pre-discharge requires planned or emergency re-evaluation / withdrawal / alteration or handover to community services.
2. Receiving a telephone call from the patient to say that they require additional equipment or advice following their discharge home.

A post discharge visit will not be completed if there is a significant change in health or occupational performance not relating to the admission.

Outreach Visits

An outreach visit can be defined as the continuation of further OT assessments and interventions from the hospital setting to their home environment. They may be required when it is felt that the patients' needs are better assessed in the community.

For example:

1. Their home environment cannot be replicated for accurate assessments within the hospital setting, when the patient no longer requires an acute hospital bed.
2. Assessments are best carried out within their home environment where their surroundings are familiar, and where habits and routines can be replicated.
3. Applying new skills they have learnt within the hospital setting to their home environment.

Out Patient Assessment/Treatment Within Patients' Usual Place of Residence

It may be possible for an outpatient to be treated at home where a specific procedure, eg splinting, specialist cognitive assessment, is required but it is not appropriate for the patient to attend the hospital department to access the service. This may be because:

- The patient is unable to travel owing to their level of disability or illness.
- A component of need relates specifically to the home environment.
- Skills developed in a hospital department require re-enforcement in the home environment.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
ALL	All OT staff are familiar with the guidelines contained within this document when completing any type of community visit.	Specific case discussion and reflection in supervision to be documented in supervision records	Agreed supervision frequency of the staff member	Clinical supervisor	Clinical/Team Lead and OT Manager	When required

References

Professional Standards and Code of Conduct for Occupational Therapists, The Royal College of Occupational Therapists (2021)

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Occupational Therapy Senior Leadership Group
Therapy Clinical Governance Group
Clinical Specialists Occupational Therapists at Occupational Therapy Team Leads Meeting

Supporting Document 1 - Equality Impact Assessment Tool

. To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Claire Moore	Clinical Specialist Occupational Therapist General and Vascular Surgery	Claire.moore17@nhs.net
	Rachel Latham	Clinical Practice and Education Lead Occupational Therapist	Rachel.latham3@nhs.net
Date assessment completed	21/10/2022		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: OCCUPATIONAL THERAPY GUIDELINE FOR THE COMPLETION OF COMMUNITY VISITS
What is the aim, purpose and/or intended outcomes of this Activity?	The guidelines contained within this document is designed to support occupational therapy staff with all community visits

Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Consulted Royal College of Occupational Therapists Community Visits Guidance Consulted Professional Standards for Occupational Therapy Practice, Conduct and Ethics (Royal College of Occupational Therapists 2022) HCPC Standards of Proficiency Reviewed the previous iteration of documentation regarding Community Visits for Occupational Therapists	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Engaged with occupational therapy staff groups across all specialities	
Summary of relevant findings	Previous iteration of the document was no longer fit for purpose regarding appropriate risk management for occupational therapy community visits Task and finish group created to review, consult upon and rewrite the documentation New guidelines created to be used alongside the Occupational Therapy procedure for the completion of community visits.	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			The guidelines contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Disability	x			The guidelines contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Gender Reassignment		x		The guidelines contained within this document are not intended to have any consequence on this group
Marriage & Civil Partnerships		x		The guidelines contained within this document are not intended to have any consequence on this group
Pregnancy & Maternity	x			The guidelines contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities		X		The guidelines contained within this document are not intended to have any consequence on this group
Religion & Belief		X		The guidelines contained within this document are not intended to have any consequence on this group
Sex	X			The guidelines contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Sexual Orientation		X		The guidelines contained within this document are not intended to have any consequence on this group
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X			The guidelines contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	X			The guidelines contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	<i>C. Moore</i>
Date signed	21/12/2022
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.