

## BEST VALUE REVIEW - OCCUPATIONAL THERAPY ACTION PLAN

## Appendix 3

### Summary of Recommendations: Brent Primary Care Trust

#### LEADERSHIP

Nos	Recommendation	Comments	Timescale	Lead Officer
5.3.1	Ensure that communication between senior management and staff is developed through staff forums, visits to all sites to meet staff and meetings with users.	Being actioned now. Ongoing programme in PCT		Operational Management and Prof. Facilitator (MG)
5.3.2	Include an Occupational Therapist in the clinical leaders group.	If 2 <sup>nd</sup> tranche of clinical leaders are recruited, OT will be put forward		Jane Lindo, (AD Primary Care) Operational Management Proff. Facilitator (MG)

#### POLICIES & STRATEGIES

Nos	Recommendation	Comments	Timescale	Lead Officer
6.3.1	Develop consultation process both with staff and users, including more direct contact and feedback with Occupational Therapists as well as managers.	Staff satisfaction surveys in place and ongoing		Human Resources Judith Lockhart (Head of User and Community involvement)
6.3.2	A clear statement is needed of the extent and nature of the proposed future relationship and any proposed integration with local authority OT service; to be supplemented by full information to staff at all levels to help overcome potential hostility or suspicions among staff.	Further direction is needed from the Health and Social Care Partnership Board on the way forward. Also College of OT's following their consultation document 'A Framwork for the Future' (community based GP's model)		H & S Partnership Board Members

## USERS & CARERS

Nos	Recommendation	Comments	Timescale	Lead Officer
7.3.1	Implement a strategy for user involvement in conjunction with the recruitment of the new PALs officers.	Has been work done in all of 7.3.1. – 7.3.5 is will continue. This does link into 6.3.1 and need an overarching strategy for user and carer involvement.		Proff. Facilitator Judith Lockhart
7.3.2	Provide training to staff in consulting with users and its relevance to the organisation's overall strategies and policies.	As above		As above
7.3.3	Use local voluntary groups more to ensure an active voice for users and carers in the development of services.	As above		“ “
7.3.4	Ensure the completion of the organisation's stated aim for each area of the service to have a plan for user involvement within 3 months.	As above		“ “
7.3.5	Implement regular surveys of client satisfaction levels and use data to review the way the service is provided.	As above		“ “

## RESOURCES

Nos	Recommendation	Comments	Timescale	Lead Officer
8.3.1	Consideration is needed of how users can access PCT IT systems, e.g. booking their own appointments at health centres etc., to support achievement of e-government targets.	Information Strategy		Andrew Scheiner (Head of Information)
8.3.2	Further consideration of ways to facilitate information sharing within existing confidentiality requirements e.g. the use of a single identification number across different systems.			

## PERFORMANCE MANAGEMENT

Nos	Recommendation	Comments	Timescale	Lead Officer
9.3.1	Develop more indicators to supplement the current figures on contact numbers, e.g. caseloads, and caseload weighting.	Work has been taken forward		Margaret Gilbert, Suzy Smallwood, Operational Managers
9.3.2	Indicators are needed to measure the outcomes of Occupational Therapist intervention and identify positive Occupational Therapist contributions.	This is in two parts. Rehab and Intermediate Care Service- Clinical Governance, training and audit. OT Specific Audit set up across health and social services.		Margaret Gilbert, Suzy Smallwood, Operational Managers

## PEOPLE MANAGEMENT

Nos	Recommendation	Comments	Timescale	Lead Officer
10.5.1	Monitor the length of time posts are vacant, identify any "problem" posts for recruitment and consider alternatives.	Work is ongoing		Human Resources Proff. Facilitator Operational Managers
10.5.2	Consider scope for economies of scale between Brent Social Services and PCT through joint training, joint student & fieldwork co-ordinator, rotational posts and joint recruitment drivers.	Resources will be an issue for Fieldworker Coordination		Operational Management and Proff. Facilitator
10.5.3	Consider the use of secondments instead of rotation to avoid terms and conditions problems.	Wish to widen rotations to include acute services and mental health services. This can be done within existing resources		Claire Walker (Head OT NWLH) Proff. Facilitator Operational Managers Human

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### CARE MANAGEMENT

Nos	Recommendation	Comments	Timescale	Lead Officer
11.3.1	<p>Ongoing review of the implementation of the new Single Point of Access is needed to ensure that</p> <ul style="list-style-type: none"> <li>- the system continues to meet the needs of its users and to respond to any feedback on its effectiveness or problems encountered by users</li> <li>- the Single Point of access is consistent with Fair Access criteria</li> <li>- referrers who use the SPA, are subsequently informed where the patient they have referred ends up in the system, &amp; which team the referral has been passed to</li> <li>- all potential referrers, including patients, are aware they don't have to access via single point of access (SAP) and can go direct to the service, and that all leaflets about the service reflect this.</li> </ul>	SPA working group are reviewing this Fairer Access criteria not presently used by health, this will need to be taken forward by the SPA Working Group		SPA Working Group Patricia Atkinson
11.5.1	Joint Consideration is needed of the impact of the Fair Access to Services criteria across both services.	As above		As Above
11.5.2	There is a need to assess the boundaries and overlapping areas with regards to services to children.			Ops Managers + Childrens Services & Prof. Facilitator