



EQUIPMENT AND ADAPTATIONS GUIDANCE FOR HEALTH AND LOCAL AUTHORITY PARTNERSHIPS

**UNISON Scotland's response to the Scottish Government's
Consultation on Equipment and Adaptations Guidance for Health
and Local Authority Partnerships**

March 2009

Executive Summary

For the purposes of this response, UNISON Scotland consulted with its occupational therapists (OTs) working in the NHS, local authorities and the community.

UNISON Scotland believes very strongly in the provision of appropriate equipment and adaptations as our members are fully committed to supporting the service users we work with and wish to see the best possible outcomes for them.

Whilst most of our members were pleased that the issue of equipment and adaptations was being addressed, they were critical at their perceived limitations in the document.

However, UNISON Scotland believes that the provision of equipment and adaptations is not the prime aspect, but that the assessment is the most important process.

Our members believe strongly that assessment must be the responsibility of qualified occupational therapists or suitably qualified occupational therapy assistants (OTAs). These staff will have the proper qualifications and therefore will be able to be accountable for the assessments they carry out.

UNISON believes that occupational therapy assistants and technicians should be able to gain more skills to carry out more complex duties.

Our members were critical of many aspects of the document, particularly in relation to the use of the terms “Standard” or “Specialist” equipment and “major” and “minor” adaptations, which were not clearly defined.

UNISON believes most strongly that avoiding duplication and streamlining procedures must not be an excuse to cut OT posts, but should be about retraining staff and utilising their skills to the best effect.

OTs welcome the opportunities that Telecare and Telehealth offer for supporting service users and believe they have much expertise to offer in this field. OTs, OTAs and other technicians should receive additional dedicated training on these techniques so that they can be rapidly introduced across Scotland.

We also seek clarification on the impact of support staff, such as occupational therapy assistants, technicians and those currently employed in stores activities.

UNISON believes that if there were plans to implement these proposals, substantial training would be needed and the trade unions would need to be involved to bring this about in a cohesive way.

UNISON believes there must be sufficient resources to implement this new way of working, as local authorities and NHS Boards may have to fund procedures they do not currently resource.

Lastly, UNISON believes that any new policy that follows this consultation must undergo a thorough equality impact assessment.

Introduction

UNISON is Scotland's largest public sector trade union representing over 160,000 members. UNISON Scotland represents many thousands of workers in health and the social care services, many of whom are employed as allied health professionals as well as occupational therapists (OTs), occupational therapy assistants and others, such as technicians and support staff who work in the stores and distribute equipment and carry out adjustments to clients' premises and belongings. We also represent housing staff who will also be involved in the provision of equipment and adaptations.

UNISON Scotland welcomes the opportunity to comment on the Scottish Government's Consultation

Response

General

For the purposes of this response, UNISON Scotland consulted with its occupational therapists working in the NHS, local authorities and the community.

UNISON Scotland believes very strongly in the provision of appropriate equipment and adaptations as our members are fully committed to supporting the service users we work with and wish to see the best possible outcomes for them.

Whilst most of these members were pleased that the issue of equipment and adaptations was being addressed, they were critical at the limitations perceived in the document.

Firstly, they believe that the provision of equipment and adaptations is not the prime aspect, but that the assessment is the most important process. The point is made later that if the assessment is wrong, even the best equipment or adaptation will not compensate and could cause real harm to a patient. Our members believe strongly that assessment must be the responsibility of qualified occupational therapists (OTs) or suitably qualified occupational therapy assistants. These staff are properly qualified and therefore are able to be accountable for the assessments they carry out.

UNISON believes that occupational therapy assistants and technicians should be able to gain more skills to carry out more complex duties, but that they must be properly trained and qualified, which should

also result in increased remuneration for these relatively low-paid staff, through enhanced gradings.

Our members were critical of many aspects of the document, particularly in relation to the use of the terms “standard” or “specialist” equipment and “major” and “minor” adaptations, which were not clearly defined, leading to confusion and lack of standardisation across Scotland. UNISON believes this would result in a variety of provision across local authorities, and even across local authorities allied to one Health Board, e.g. Greater Glasgow and Clyde NHS Board interfaces with several local authorities.

The document talks about pooling budgets and closer working relationships between NHS and local authority staff. This again presents problems as there are very few protocols in place for pooling of budgets. In addition, occupational therapists and occupational therapy assistants in the NHS and local authorities carry out different functions and attract different terms and conditions which we believe would be difficult to reconcile, although our members do believe that these employees should have similar core skills and substantially similar rates of pay. If there were plans to go down this road, substantial training would be needed and the trade unions would need to be involved to bring this about in a cohesive way.

The document talks about removing duplication and streamlining services. UNISON believes most strongly that this must not be an excuse to cut OT posts, but should be about retraining staff and utilising their skills to the best effect.

UNISON supports the use of the new Telecare and Telehealth technologies, which can provide many benefits to patients, for example enabling early dementia sufferers to stay at home rather than be hospitalised, which also increases patient well-being, as most patients prefer to remain in their home setting for as long as possible. OT's welcome the opportunities that Telecare and Telehealth offer for supporting service users and believe they have much expertise to offer in this field. OTs, OTAs and other technicians should receive additional dedicated training on these techniques so that they can be rapidly introduced across Scotland.

The document also discusses self-directed support and direct payments. UNISON has many concerns about the use of personal budgets, but in this case will concentrate on their impact on the provision of equipment and adaptations. As stated above, the assessment for these is the most important aspect of the process,

whereas with self-directed support individuals may choose to self-assess, with potentially harmful outcomes. In addition, once equipment is not needed, there will be no opportunity to claim it back with a view to reusing it for someone else. This again will have adverse effects on already tight budgets.

We also seek clarification on the impact of support staff. For example, we need to know what the effect on OTAs, technicians and staff currently employed in stores activities would be. In addition, if standard equipment can be accessed by “any appropriately trained front-line member of staff” (paragraphs 83 and 88) we need to know who this person will be. For example, it could presumably be an OT assistant or any other kind of support worker or there could be a completely new role which would be open to unqualified professional staff. UNISON would strongly criticise any attempt to replace qualified OTs with “trained assessors”. The training for trained assessors is an OT qualification. In addition, any new procedures would require a proper system of clinical governance to provide supervision and support to these staff. New duties and responsibilities would also have to be recognised in the pay banding structures.

UNISON believes there must be sufficient resources to implement this new way of working as local authorities and NHS Boards may have to find procedures they do not currently resource.

Lastly, UNISON believes that any new policy that follows this consultation must undergo a thorough equality impact assessment.

Questions

1. Does the format of the guidance enable you to find specific aspects of interest with ease?

UNISON does not believe that the format of the document make it easy to find specific aspects of interest.

2. Will the guidance as a whole ensure that equipment and adaptations are seen as part of the wider community care provision?

UNISON Scotland does not believe so. Equipment & adaptations are already seen as part of community care provision, but it is recognised that certain professions have specific expertise in particular areas. This document appears to ignore that and

suggests that any community care professional should be able to assess for any item of equipment or adaptation with the right training. The right training is a relevant professional qualification. Assessment for equipment and adaptations can be as specialised as any other assessment eg adult protection, child protection, tissue viability and nobody is suggesting that non-social workers can do adult or child protection assessments. We are concerned, therefore, at why the guidance is suggesting that non-OTs can do assessments for anything other than the simplest of equipment. Just because an item of equipment appears to be a simple item does not mean that the assessment process which determined that was the right piece of kit was simple.

3. Is the approach to remove specific roles and responsibilities for certain types of equipment helpful?

UNISON believes that this approach will encourage organisations to either try to pass the responsibility to other agencies or alternatively, pressurise staff to take on work they are not competent and confident to do. Experience shows that staff who are less confident in their skills tend to over-prescribe which leads to increased pressure on budgets and increased dependency for service users.

4. Is the responsibility for assessment of equipment and adaptations clear?

We are concerned this will lead to varying standards of provision creating an inconsistent approach across Scotland. Occupational therapists have the skills and the expertise to assess people and their needs – not just equipment. They can determine whether or not equipment or adaptations will meet their needs, and if so, which equipment should be provided. That expertise should be respected. Furthermore, as long as it is left up to local partnership areas to decide how to work, there will always be discrepancies in provision, with some people in some areas being worse off. In addition, what will happen in areas where one health board covers several local authorities? Health boards will have to go through several processes of negotiation with individual local authorities, and hospital patients in adjacent beds will receive different levels of provision from different sources because they live in different local authority boundaries.

5. ASSESSMENT OF NEED: Do the key recommendations provide the impetus to affect the changes that are required?

UNISON does not believe that the key recommendations will provide the impetus to affect the changes that are required, as they are nowhere near specific enough. Meanings of several terms are unclear eg “users’ shared assessment” or “an outcomes approach to assessment.” The section on self-directed support and personalised budgets needs more information. Use of direct payments to pay for equipment and adaptations will see a shift towards a retail model of provision. This will increase pressures on budgets as departments will no longer be able to uplift and reissue equipment, eg stairlifts or platform lifts, etc., when no longer required. Reuse of items has significant cost benefits to departments and service users, plus environmental benefits. Use of direct payments for equipment will have significant impact on issues such as duty of care, maintenance and repair. Throughout the document there are references to local partnerships, local policies, local agreements, which will continue to allow for variation in standards of provision.

6. INFORMATION PROVISION: Do the key recommendations provide the impetus to affect the changes that are required?

UNISON is not sure whether this will happen. For example, not everyone has access to the internet or knows how to use it effectively. In addition, we are not clear how the public will be able to find out that their local partnership has relevant information if they do not already know how to contact their local partnership.

7. SERVICE DELIVERY MODEL: Do the key recommendations provide the impetus to affect the changes that are required?

We believe that the lack of clarity about who should do what will increase barriers as agencies try to avoid their responsibilities. For example, paragraph 78 suggests that there should be an anticipatory approach to provide for users who have progressive conditions that will change over time. In an ideal world this would be welcomed, however, our experience is that budgets barely allow to meet current needs, let alone future possible needs. Again, in Paragraph 83 there is the suggestion that wheelchairs could be accessed without the need for a full community care assessment, but this does not take account of the fact that wheelchairs are a medical provision. GPs often prescribe or choose not to prescribe them to fit in with how they are managing a long-term condition. They should not be provided without an assessment of need as incorrect assessment can do more damage in the long run. It is not appropriate for wheelchairs to be provided via self-selection or without consultation with the GP. In addition,

paragraph 85 highlights the difficulties of defining whether stair lifts are equipment or an adaptation. Without national guidance the definition will be left to local discretion, leading, again to an inconsistent approach across Scotland.

We disagree very strongly with the proposals in Paragraph 94. We believe that OTs should be the main route to the provision of equipment and adaptations because they are the experts in assessing human function, identifying difficulties and finding solutions. Equipment & adaptations are not always the best solution and knowing when not to provide is as important as knowing when to provide. Provision of equipment and adaptations by non-OTs should be the exception, not the norm. OTs should be more involved in rehabilitation but removing equipment and adaptations from their remit is not appropriate. Similarly we do not support the statement in Paragraph 96 which suggests that removing non-OT care management from OTs will free up their time. Experience shows that allowing service users to select their own equipment or adaptations without assessment leads to over-provision and unnecessary supply, which is not cost effective. The College of Occupational Therapists' document *Minor Adaptations Without Delay* is an excellent document but it must be recognised that the document was produced by occupational therapists, using their skills and expertise, for non-occupational therapists to use. This does not mean that non-occupational therapists are automatically competent to make decisions about adaptations. Good assessment is paramount and minimising OT input into adaptation work will increase the number of poor assessments and poor outcomes.

8. ADAPTATIONS: Do the key recommendations provide the impetus to affect the changes that are required?

UNISON Scotland believes that assessments for major adaptations must be done by occupational therapists. No other profession has the ability to take into account physical, psychosocial and environmental factors when assessing a person's ability to function at home and determine appropriate solutions to their difficulties. If some staff find this difficult because of lack of experience, appropriate training must be made available. Improved communication and joint working with housing officers, contractors, architects etc should be facilitated.

Delays in the adaptations process are frequently related to non-care departments such as planning, and councils should have a duty to ensure that their non-care departments' policies do not impinge on the work of care staff. For example, evidence was

given of a situation where the provision of 2 external grab rails was held up for 6 months before listed building consent on a listed house in a conservation area was obtained. Planning departments should have to fast-track disability work.

Paragraph 102 appears to suggest that assessment for major adaptations is mainstream work and that provision requires a specialist role. UNISON believes this is completely the wrong way round. Assessment is the most important part of the process – a poor quality assessment will result in a poor outcome for the service user, no matter how skilled the architect or the builder. Assessments must be correct; this is specialist work and can only be done by occupational therapists. The key to getting an adaptation right is a thorough and accurate assessment of all necessary factors and good communication with the architect/housing officer/builders to ensure that the plans will meet the client's needs. A perfectly built adaptation which does not meet the client's needs is useless. Assessment is everything. Occupational therapists working in local authorities take a long-term view of service users' needs and their assessments are less likely to be skewed by pressure regarding discharge dates. It is not appropriate to provide a major adaptation for short-term use to facilitate a hospital discharge – major adaptations have to be suitable for long-term use and sometimes this can only be determined by a period of assessment while the service user is at home.

We believe that Paragraph 112 will lead to a variation in assistance offered by local authorities across Scotland.

The last sentence of Paragraph 115 is unclear and needs to be clarified. If it means that local authorities will be responsible for removing adaptations from private landlords' properties, this will pressurise increasingly tight adaptations budgets.

We believe that Paragraph 116 will allow organisations to try to pass the responsibility for funding to others.

We believe that Paragraph 125 needs to be clarified to explain what it will mean in reality? If the range of funding streams is complicated, this should be simplified. Increase in the minimum grant from 50% to 80% might not be the best use of public money. A better use would be to increase the total of the maximum grant available - £20,000 does not buy a lot these days. It might cover a simple wet-floor shower and an external platform lift, but wouldn't cover a ceiling-track hoist as well. It would not cover even half of

an extension to provide a ground floor bedroom and bathroom which in some cases could be needed. Such work could cost £40-60,000 and although the client is eligible for a 100% grant the family would still have to find £20-40,000 to make up the shortfall. Whereas putting the client into long term residential care would cost approximately £1000 per week. Funding the full cost of the adaptation would pay for itself within a year and a half and would save hundreds of thousands of pounds of public money over the client's lifetime compared to long-term care.

9. CARE HOMES: Do the key recommendations provide the impetus to affect the changes that are required?

UNISON does not believe so. For example, seating is a major area of equipment provision in care homes but this is not even mentioned in the document.

10. General comments on the draft guidance

We are concerned at the clarity of some parts of the document which appear to be muddled and vague which makes it difficult to respond to. The proposals do not always recognise that although some items of equipment or adaptations might appear to be simple, the assessment process behind the provision can be as complex, in-depth and specialised as assessment for more complex items. The document does not define what mainstream and specialist assessments and provision are, which makes it hard to put many of the proposals into any kind of context. It appears that the Scottish Government is reluctant to state how services should be delivered and funded, which will lead to variations in provision across Scotland. Allowing organisations to negotiate their own local arrangements will lead to confusion and an abrogation of responsibility.

The document makes little or no reference to the expertise of occupational therapists in the assessment of the need for equipment and adaptations. This is a major omission and suggests a severe lack of understanding of the skills and knowledge of these professionals. The tone of the references to occupational therapy suggests that OTs should be moving away from the provision of equipment and adaptations work, but does not specify who should be doing it instead. Occupational therapists are best placed to deal with assessments for equipment and adaptations. Of course, they should also be doing more rehabilitation but equipment and adaptations can be an important part of rehabilitation. OTs should not have to free up time for rehabilitation by giving up assessments

for equipment and adaptations. We believe that more thought should be given to how employers are using their OTs. Anecdotal evidence suggests that many OTs find their time taken up with doing tasks which do not require an OT qualification, and that administrative responsibilities form a large part of any OT's week. In addition, many OTs in care management roles are being used to cover for a shortage in social workers by taking on cases which require very little OT input but lots of work which used to be the role of the social worker eg adult protection, welfare guardianships etc. Occupational therapists should not be used to patch up social work shortages, and certainly not at the expense of losing areas of work which require their own expertise.

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