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Health, Social Care and Sport Committee  
Welsh Parliament

2 March 2021

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The Royal College of Occupational Therapists (RCOT) is pleased to provide evidence into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales.

### Rehabilitation services for all

Equality of access to rehabilitation must be at the forefront of service delivery. Our members are concerned that under-resourced rehabilitation services will struggle to meet the needs of COVID patients in addition to meeting the demands of existing patients / those with non-COVID needs. For example, the British Heart Foundation's (BHF) National Audit of Cardiac Rehabilitation 2020, showed that the number of people who have been taking part in group based cardiac rehabilitation in Wales fell by around 36% as the COVID-19 pandemic first hit.

Currently, rehabilitation is crucial for:

- People recovering from COVID-19 infection.
- People deconditioned from shielding (self-isolation/social distancing), e.g. risk of falls due to reduced muscle strength and mobility.
- People experiencing mental health problems either caused or exacerbated by social isolation.
- People with a range of conditions whose rehabilitation has been interrupted due to staff redeployment and cessation of face-to-face appointments during the COVID-19 pandemic.

Occupational therapists are well equipped to address the multi-faceted nature of COVID rehab needs because of our expert physical, psychological and cognitive training. For example, in Cardiff, occupational therapists are part of the COVID-19 rehabilitation team. The role of the team is to support a holistic co-ordinated approach to facilitate a "Your COVID Recovery" programme, which is an individualised, stepped pathway for people with enduring COVID-19 symptoms (Long COVID/Post-COVID Syndrome). The team is collaborating with existing, established rehabilitation services and those offered by third sector and national organisations. It has developed this tiered approach to rehabilitation delivery, including self-management and supported self-management, to meet demand and reduce pressure on the rehab workforce.

In the NHS Wales Operating Framework 2020-21 Quarter 3 & Quarter 4 plan, rehabilitation was deemed an essential and integral part of most health interventions and pathways and is required to maximise outcomes, as outlined in the rehabilitation framework (<https://gov.wales/rehabilitation-coronavirus>). This includes meeting the rehabilitation needs

of those recovering from COVID, those with other planned or unscheduled care needs and those being managed in primary and community care. It stated that local health board ongoing delivery plans should describe the actions being taken to meet this new and increasing need as well as the demand, provision and delivery of rehabilitation and prehabilitation services in essential services.

RCOT suggests that local health board delivery plans should take account of the following:

1. COVID rehabilitation requires a multi-faceted, multi-disciplinary approach, including physical and mental health approaches. Patients should have access to occupational therapy and our AHP colleagues at the earliest opportunity.
2. NHS Wales should develop a tiered approach to rehabilitation delivery, including self-management and supported self-management, in order to meet demand and reduce pressure on the rehab workforce.
3. Research showing that 100% of patients who received ICU treatment for COVID across 26 acute English hospitals needed occupational therapy input.  
<https://journals.sagepub.com/doi/full/10.1177/1751143720988708> However, this was not the case in a number of Welsh hospitals. We recommend an urgent investment in Acute ICU rehabilitation.

#### IT system and service structure

Our members report that recording needs and outcomes is difficult within the current IT system. NICE COVID-19 rapid guidelines provides clear definitions for Acute COVID-19 (signs and symptoms up to 4 weeks), ongoing symptomatic COVID-19 (4-12 weeks) and Post COVID-19 syndromes (more than 12 weeks). This clarity should help healthcare professionals collect data and offer a stepped care approach. However, our staff report that IT systems within the NHS are poor and aren't compatible with those of other organisations. They are concerned that patients will be missed or not referred to the appropriate service.

#### Return to work support

Concern about returning to work is significant amongst COVID patients, and not least those who those who work in health and social care. There are now service pilots developing in some local health boards in Wales. Swansea Bay LHB occupational health service have started an 'Occupational Therapy Long Covid Clinic' with the aim to provide individuals with support to enable them to self-manage their symptoms more effectively and to signpost to other sources of support and advice, which should enable staff to return to work. Outcome reports from the service are:

- Improvements in functional ability have been reflected in outcome measures (mobility, self-care, usual activities and anxiety/depression).
- Feedback given that fatigue management advice had been beneficial in increasing levels of activity and managing symptoms which had improved mood and wellbeing.
- Improved confidence reported in discussing return to work with their manager.
- Many individuals who have accessed the service have not received a thorough assessment of needs or risks as recommended in the NICE guidelines.
- Feedback received from individuals has highlighted the difficulties encountered in obtaining support and where this may be accessed.

RCOT recommends that all NHS and social care staff have access to good quality occupational health support to return to work after COVID.