Progress on reducing waiting list for Occupational Therapy Assessments and comparative analysis

Rotherham MBC

INSIDE THIS SUMMARY REPORT

PAGES 2 - 3

Summary Report
- Introduction
- Background
- Audit approach
- Main conclusions

PAGES 4 - 7

Appendix 1
- Progress on reducing OT assessment waiting lists

Action Plan

Reference: rom14 reducing waiting list for OT assessmnt 01-02 - Final
Date: 22 April 2003   DH/SJ
Introduction

1. Occupational Therapy (OT) assessments and the consequent provision of equipment and adaptations are central to the Governments ‘Promoting Independence’ policy initiatives. They are vital to the success of community care. The service is also a key ‘interface’ that requires effective working between Social Services, Health and Housing both in order to access funding (DFG) and to avoid service delays, cost transfers and ‘upward substitution’ of higher cost services. There are complex interactions between waiting list and waiting time targets which need to be addressed if target reductions are to be achieved.

Background

2. The Council has had problems with long waiting times for Occupational Therapy assessments for some time; the longest waiting time has remained at around 5 months for over a year despite a number of actions taken in early 2002. A number of senior staff changes and vacancies in the service have presented additional challenges. The audit reviewed the arrangements put in place to reduce the waiting list and time for assessment for adaptations and equipment and also provides a brief comparative analysis of staffing and activity data.

Audit approach

3. The work undertaken involved: a review of arrangements to reduce waiting list and times and a comparative analysis of staffing, referral and activity rates with national and metropolitan averages in the 1999 OT National Survey.

Main conclusions

4. The Council’s plans to reduce the waiting list were only partially implemented during 2002, mainly because of changes in senior management and year long vacancy of the OT manager post. During 2002 the waiting list for OT assessments grew substantially; from 560 to over 850 by September 2002. This will impact adversely on the quality of community care experienced by service users.

5. The appointment of an OT manager late in the year, a joint report with Housing on ‘Adaptations- the way forward’ and joining an Adaptation Benchmarking Club provide a better opportunity to tackle this long term problem. However, it is important that the report is able to recommend specific, measurable targets with detailed required actions and management focus and resources if substantial waiting list reduction is to be delivered.

6. The data quality is compromised by inadequate management information systems and the inability of the Council to provide the most basic and essential data (number of OT assessments completed) means that it will be very difficult for management to make the right decisions and monitor key performance.

7. Comparative analysis indicates that the Council has a waiting list that is double the size of national and metropolitan average rates of 1998. While staffing and estimated productivity is higher than national rates per 1,000 population, the main reason for large waiting list is probably the very high referral rates per 1,000 population at 30% to 100% greater than metropolitan and national averages respectively. This indicates that the Council should consider reducing referral rates in order to reduce the waiting list.
Recommendations

R1 The Council needs to review the priority it has given to reducing the waiting list for OT assessment following a substantial increase in the size of the list during 2002 - despite plans to reduce it - and because the waiting list is twice the national average.

R2 Improve data quality through better recording and information systems together with analysis of key aspects to allow more informed management decision making.

R3 The recent report on ‘Adaptations - the way forward’ provides a basis for coordinating work between Housing and Social Services, but more specific targets and action planning is required to ensure the delivery of a reduced waiting list and times.

R4 The impact of the single assessment process on OT capacity should be carefully assessed to ensure that it does not result in a net loss of adaptation and equipment assessment time.

R5 The Council should review the ratio of OT to OTA, with reference to the national ratio, to ensure it is the most efficient use of resources.

R6 The Council should review its eligibility criteria and compare itself with other authorities to ensure that its very high referral rate is appropriate and explore opportunities for better signposting or diversion.

Status of our reports to the Council

Our reports are prepared in the context of the Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission. Reports are prepared by appointed auditors and addressed to Members or officers. They are prepared for the sole use of the audited body, and no responsibility is taken by auditors to any Member or officer in their individual capacity, or to any third party.
Progress on reducing OT assessment waiting lists

Background

8. The District Audit Plan for 2002 identified the long delays in the provision of aids and adaptations as a risk facing the authority, but that a full audit would not be undertaken as the Council was planning action to alleviate the problem during the year. This audit was designed to review those actions and carry out a short comparative analysis of the Council’s performance around Occupational Therapy activity.

9. The Waiting list for OT assessments has grown during 2002 as shown in Exhibit 1. It is noticeable that there was a fall in the waiting list at the beginning of this period from around 800 to 600, which coincided with the ‘backlog team’ that was ceased in May 2001. The waiting list then remained constant until February 2002 when there was an increase to around 800, it remained at this level until increasing to an all time high of 872 in September 2002. If this trend continues the waiting list could be nearly 1,000 in 12 months time.

10. Because the waiting list grew substantially in early 2002, the longest wait time also increased from 4 months to 8 months.

11. From October 2001 to September 2002 the waiting list increased by 46%. This indicates that the Council needs to take urgent action to reduce the waiting list.
Action taken by the Authority

12. The Department has experienced a considerable amount of change in its management during 2001/2002. The Director has become acting Housing Director, the Physical Disabilities Service Manager left the Department in the summer of 2002 and there was been no OT Manager for one year from September 2001. The appointment of an OT manager and joining an Adaptation service benchmarking club provide the basis for improvement - but it is too early for evidence to confirm this.

13. No formal action plan was agreed within the Department but a number of actions were agreed in late 2001:
   - integration of OTs into Adult Teams (which caused the Waiting list to increase)
   - creation of a 4th teams in late 2001 to deal with under 65 referrals
   - an expectation that Social Worker and Assistants would undertake simple equipment assessments to ‘free up’ OT time
   - development of self assessment schedules for equipment and adaptations - this was then delayed due to Integrated Equipment stores developments.
   - all OT development work was ceased to release time.

14. In June 2002 the Acting Director of Housing asked Housing and Social Services to review arrangements and indicated that £1 million shortfall in funding may be addressed. A draft report was produced in mid September ‘Adaptations - the way forward’, and it is anticipated that following revisions it will be approved in November 2002. The draft report notes that it can take 81 weeks and 67 weeks to deliver, from initial referral, to an adaptation to Public and Private sector housing respectively. With SSD contributing to 28 weeks of delay in both cases - though is more likely to be 36 weeks now. The report provided three options for improving the process for major adaptations within Social Services along with recommendations for improving the process in Housing. It also recommends investigating the viability of setting up a Single Adaptation Unit.

15. The three SSD options in ‘Adaptations - the way forward’ are:
   - designate OTs to solely carry out adaptations assessments jointly with Technical Officers
   - designated OTs to be based in Agency services to deal solely with extension referrals
   - regular liaison meetings between Technical officers and OTs.
   The report notes that the first option would lead to 2 visits by OTs; so would be more inefficient, the second is impractical because there is insufficient extension work and the third is likely to have minimal impact.

16. The report suggests that the waiting times could be reduced from 81 weeks to 28 weeks if the ‘backlog solutions’ are implemented but does not indicate how the SSD options would contribute to this. However, the council is re-drafting the report to develop clearer actions that will reduce the waiting time and lists for OT assessment within the SSD.

17. The Single Assessment process will mean that Social Workers and Assistant will undertake simple OT assessments, but OTs will also undertake some care management task. This presents a risk because it may result in a net loss of time for OT assessment, and then the waiting list will grow more.

18. In conclusion, the actions planned to reduce the waiting list during 2002 have not been fully implemented and the waiting list has grown substantially. However, the draft report ‘Adaptations - the way forward’ provides some clarity on how the council is planning to reduce waiting list and times.
Comparative analysis

19. This section compares the performance around OT activity to national data as contained in the Occupational Workload Survey 1998/1999 published by ADSS et al. While some caution must be applied due to the differences in data definitions and service configuration, the analysis provides a basis for making judgements about current performance in Rotherham.

20. The Council has substantial difficulty in providing management information that is required to manage the waiting list effectively. For example, the number of assessments completed by staff cannot be provided - yet this is the most important variable along with referrals that will determine the size of the waiting list. The Council acknowledges this and is giving priority to establishing data recording, information management systems and analysis that will provide managers with the necessary information to manage the waiting list down.

21. Exhibit 2 shows that the waiting list in September was equivalent to 3.5 per 1,000 population, which is more than double the national and metropolitan averages in 1999. Only 5% of Metropolitan areas had waiting list in excess of 3.5 per 1,000. The longest wait times are similar. If the national waiting list rate was achieved in Rotherham, then only 328 people would be waiting compared to 872 - though at the average Metropolitan rate it would be 423.

22. There are three main variables that determine the size of the waiting list:
   - referrals
   - number of staff
   - productivity of staff (assessments completed per FTE).

23. The referral rate in Rotherham is much higher than national and metropolitan averages - see Exhibit 3. This may be due to factors such as council policy on prevention, deprivation, better access or less rigorous ‘signposting’ and screening of referrals. If the referral rate could be reduced to the metropolitan average, the waiting list would be reduced to a minimal level very rapidly.

### Exhibit 2 Comparing Rotherham to National Waiting List Size Per Capita

<table>
<thead>
<tr>
<th></th>
<th>Population</th>
<th>Waiting List</th>
<th>WL per 1,000 population</th>
<th>Longest wait months (median)</th>
<th>Average wait months (median)</th>
<th>WL @ national/met rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>52,241,893</td>
<td>69,000</td>
<td>1.3</td>
<td>7</td>
<td>2.5</td>
<td>328</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>11,152,000</td>
<td>19,000</td>
<td>1.7</td>
<td></td>
<td></td>
<td>423</td>
</tr>
<tr>
<td>Rotherham</td>
<td>248,176.00</td>
<td>872</td>
<td>3.5</td>
<td>8</td>
<td>2.5</td>
<td></td>
</tr>
</tbody>
</table>

### Exhibit 3 Comparing Rotherham to National & Metropolitan Referral Rates

<table>
<thead>
<tr>
<th></th>
<th>Population</th>
<th>Referrals</th>
<th>Referrals per 1,000 population</th>
<th>Referrals @ national/mets rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>52,241,893</td>
<td>621,000</td>
<td>11.9</td>
<td>2,950</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>11,152,000</td>
<td>188,000</td>
<td>16.9</td>
<td>4,184</td>
</tr>
<tr>
<td>Rotherham</td>
<td>248,176.00</td>
<td>5,545</td>
<td>22.3</td>
<td></td>
</tr>
</tbody>
</table>
24. Exhibit 4 shows that Rotherham has substantially higher staffing rates - about 30% more or 5 additional staff compared to the national rate (there is no comparative data for Metropolitan areas). The ratio of OT to OTA staff is much higher in Rotherham; at nearly 2 OTs to OTA. This means that it is likely that the current level of staffing is suitable, bearing in mind higher levels of need in Metropolitan areas, but there is potential for greater efficiency of staff resources by moving to national ratios of OT to OTA.

<table>
<thead>
<tr>
<th>EXHIBIT 4 COMPARING ROTHERHAM TO NATIONAL REFERRAL AND STAFFING PER CAPITA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>National</td>
</tr>
<tr>
<td>Rotherham</td>
</tr>
</tbody>
</table>

25. Staff Productivity is the final variable, Exhibit 5 uses an estimate for assessments completed by OT staff - because the Council does not know - based on applying the metropolitan average % of referrals leading to assessments. On this basis productivity in Rotherham is very good, at 198 assessments pa compared to 161 nationally.

<table>
<thead>
<tr>
<th>EXHIBIT 5 COMPARING ROTHERHAM TO NATIONAL ASSESSMENT PRODUCTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>National</td>
</tr>
<tr>
<td>Metropolitan</td>
</tr>
<tr>
<td>Rotherham</td>
</tr>
</tbody>
</table>

26. In conclusion, Rotherham has a very large waiting list; double the national and metropolitan averages in 1998. While national rates may have worsened over the last few years, as only 5% of Councils had worse performance in 1998, it is likely that Rotherham remains in the bottom quartile. Referral rates are also very high; 30 - 100% higher than metropolitan and national averages respectively. This would benefit from further investigation - if Rotherham could reduce referral rates to metropolitan average rate; the waiting list would be reduced to a minimal level in one year. Staffing resources are higher than national comparisons as are productivity rates (though the later is based on estimated assessments); there may be a benefit in increasing the proportion of OT staff who are OTA’s (to national ratio of 1:1) as this would provide more staff for the same budget.