

Right to Rehab Coalition (RRC)

The **Right to Rehab Coalition** is a collective of health charities and professional bodies who are committed to delivering the Right to Rehab in Scotland.

What does a Right to Rehab mean?

The Right to Rehab is the next major health reform that needs to take place in Scotland.

The World Health Organisation (WHO) defines rehabilitation as *“appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.”*

Rehabilitation helps people do more than just survive their condition – it helps them really live. It is vital to people living with long-term conditions or recovering after an accident, operation or illness, in order they can live as well - and as independently - as possible.

In most cases people’s rehabilitation will require a period of intervention by health professionals. It will also often extend beyond that treatment and into long-term support within communities. At that point rehabilitation can take many forms, and is determined by people’s needs and their goals.

Without the rehabilitation they need, people are at risk of readmission to hospital, likely to need repeat visits to GPs, need additional care from their family or providers, and may struggle to return to work or live their lives to the full.

What is our objective?

We want every political party in Scotland committed to delivering a Right to Rehab. The strategic shift in recent years towards personalised, community-based services must be matched by change on the ground. We must take action now in order to meet demands on health and social care created by an increasing older population, often with multiple conditions.

We are calling for:

1. A Right to Rehab which ensures that everyone has access to rehab when needed, and **no-one is excluded by a ‘no rehab potential’**
2. People’s needs to be met locally by having the right **workforce and professional leadership**
3. The **Right to Rehab** to be incorporated in a new national Health and Social Care Strategy, **placing it at the heart of integrated health and social care.**

Key ask 1: No more ‘no rehab potential’

Too often people are denied the rehabilitation that would help them get their lives back or that would help them to live well for longer. And when people are able to access rehabilitation it is often for short periods, or too generic to meet their needs. The Right to Rehab coalition believes that no-one should be told they have “no rehab potential”, and that proactive, person-led rehabilitation that prevents costly crisis or loss of independence should always be made available in a timely manner.

Why this is important

Healthcare should be free at the point of need. Yet many people are denied the rehabilitation they need, are not provided with the information they need to access rehabilitation or are sometimes forced to pay for their own rehabilitation. For instance, a recent MS Society Scotland survey (yet to be published) found that over a 12 month period, 50% of people had received physiotherapy from the NHS in the past year, 13% from a charity and 13% had used a private company. 27% hadn't had physiotherapy but felt they would have benefitted.

Someone could have a traumatic brain injury or accident resulting in significant physical disability, and their life saved by the skilled healthcare team in an Emergency Department of a hospital. But while huge advances in medical treatment and care mean people can now survive injuries such as these, the services that should be provided in the community to support them put their lives back together are severely lacking.

Alternatively, becoming frail and the resultant impacts may sometimes be seen as an inevitable consequence of growing old. We know our population is ageing², and ensuring people have access to rehab will prevent, delay or reduce many of the problems that can arise in old age. For instance many people with dementia do not receive rehabilitation yet evidence is emerging that they benefit greatly from rehabilitation, especially when it addresses neurological, psychological, physical, social and emotional impacts of their disease³.

What difference this will make

Such an approach to the provision of rehabilitation will make a huge difference to people's lives, as well as having benefits for the wider health and social care system and the economy.

If people receive the rehabilitation they need, it:

- **Improves** physical and mental health and wellbeing
- **Reduces** hospital admissions
- **Ensure** further treatments have the best chance of success
- **Enhance** self-management of long term conditions
- **Increase** independent living
- **Can support** a return to work.⁴

²National Records of Scotland, 2019

<https://www.nrscotland.gov.uk/files//statistics/population-estimates/mid-18/mid-year-pop-est-18-pub.pdf>

³www.alzscot.org/ahp.

⁴Community Rehabilitation: Live Well for Longer, Right to Rehab, 2020

How this can be achieved

The situation requires work but if done right, will ultimately save the health and care system money. As a first step, each IJB should map out the need for rehabilitation, from generic to all the specialist input required, in its footprint. This should then form the basis of service planning, and joint work with the Scottish Government and other agencies to put in place long term workforce planning. Innovative approaches to rehabilitation such as deploying Allied Healthcare Professionals to upskill care staff working with people requiring rehabilitation should be shared and scaled up. And money saved as a result of equitable access to rehabilitation can then be invested in the areas of the service that most require it.

Key ask 2: Local leadership and investment for rehabilitation services

Leadership roles for allied health professionals, as the rehabilitation experts, on health boards and IJBs is needed to deliver a *right to rehab* across Scotland.

Transforming services, shifting the balance of care into communities and ensuring investment in the journey back to health following hospitalisation is key to improved rehabilitation services.

Why is it important?

Improving access to rehabilitation provision in our communities demands expertise and leadership. Allied Health Professionals (AHPs)⁵ are the experts in rehabilitation. They help people to back to health following injury or illness, and support people to manage long term conditions, fulfil their potential and enjoy quality of life in their community.

The challenge to ensuring a *right to rehab* for everyone in Scotland's communities is twofold.

1. **Investment in the workforce.** There is the need for investment in the workforce so that there is the capacity to meet people's rehabilitation needs. The allied health professions workforce is currently stretched and not enough people can access the health professionals they need.
2. **Leadership for Local rehabilitation.** There is the need for awareness of the potential of rehabilitation to transform the health of communities and improve outcomes, reducing reliance on social care, avoiding hospital admissions, supporting people return to work and linking to community and the third sector programmes promoting healthier lives. Allied health professions have the expertise and ethos to transform services, but face the challenge of having the right leadership opportunities.

What difference will it make?

Allied health professionals are critical to the delivery of rehabilitation services.

Among the recommendations of the CHSS 'One in Five Report'⁶ called for:

- *Investment in allied health professionals to match demand, ensuring everyone receives the best possible chance of getting their lives back.*
- *Health and social care professionals should be aware of the importance of rehabilitation programmes and be able to signpost and support people to attend.*
- *Integrated joint boards (IJBs) should ensure that their health and social care professionals are able to easily signpost people to the support and services available.*

⁵ **Allied health professions** is the collective term for Art Therapists, Dieticians, Prosthetists/Orthotists, Orthoptists, Physiotherapists, Paramedics, Occupational Therapists, Speech and language Therapists, Chiropodists/Podiatrists and Radiographers.

⁶ **One in Five Report** <https://www.chss.org.uk/documents/2018/10/one-in-five-report-pdf.pdf> CHSS 2019

With rehabilitation professionals in leadership positions at IJB and health boards, a 'whole systems' approach can be generated, which recognises the potential of rehabilitation, and can start to collect the right data, and to provide the evidence base to meet the rehabilitation needs of the local population.

Ensuring that professional expertise in rehabilitation informs decision making will make change possible. A universal right to rehabilitation requires investment in the AHP workforce capacity in Scotland's communities, and investment must be based on evidence of impact. AHP led decisions over the design and delivery of rehabilitation services can be data focussed, understood and prioritised.

Key ask 3: Rehabilitation is put at the heart of health and social care integration

Making the Right to Rehab a priority and a reality requires an overarching strategic focus which delivers reform and culture change.

Audit Scotland's 2019 report on the NHS⁷ highlighted the slow progress of integration and the need to tackle increasing pressures on the NHS. They recommended that a revised strategy for health and social care is developed by the Scottish Government in partnership with NHS boards and integration authorities in order to drive wide-scale reform.

- **The *Right to Rehab Coalition* is calling for a new national health and social care strategy, with rehabilitation as the key thread running through it.**

Why is this important?

The integration of health and social care rightly places people at the centre of their care, receiving it at the right time and in the right setting, with a focus on community-based and preventative care. Effective and accessible rehabilitation is a key component of delivering that person-centred care, enabling people to live as well, and as independently, as possible.

That in turn helps address the challenges faced by health and social care, by reducing both admissions and dependency on social care. The demands on both are expected to increase, with growing multi-morbidities and an ageing population.

But over four years into integration we have yet to see this person-centred care become a reality. There is a continuing imbalance towards meeting the demands of acute care, which limits the necessary shift of resources towards preventative and community-based services.

As a result, access to rehabilitation remains variable across health boards and between health conditions. There are delays to accessing programmes which are proven to reduce readmissions and improve quality of life, such as pulmonary rehabilitation. People are often unaware of what services and support are available in their communities. And there are long waiting lists to receive therapies.

What difference will this make?

Delivering an equal right to rehab demonstrates integration in practice – home and community-based recovery, self-management, and prevention.

Putting rehab at the heart of a national strategy will:

- **Put people rather than services** at heart of integration
- **Help rebalance** service provision between acute and community
- **Reduce hospital admissions** and demands on social care
- **Identify** where investment should be directed

⁷<https://www.audit-scotland.gov.uk/report/nhs-in-scotland-2019>

- **Enable** effective collaboration between partner organisations
- **Draw on** people’s lived experience
- **Support forward planning** based on projections of increasing future demand for services
- **Position rehabilitation** as a core component of system-wide reform
- **Underpin** workforce planning to meet demand.

The following organisations are members of the Right to Rehab Coalition in Scotland:



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