

Community Rehabilitation Best Practice Standards

Summary version

Rehabilitation makes people's lives better. Many of those who would most benefit from rehabilitation, however, face barriers to accessing services. A panel of experts from across the UK developed these standards, to help change that.

Overview of the Community Rehabilitation Best Practice Standards

Definition of: **Community Rehabilitation**

Community rehabilitation is delivered by a multidisciplinary team (MDT) outside of an acute hospital setting. It aims to improve people's physical and mental health, function and social participation.

Widespread, differences exist in the provision and quality of community rehabilitation, and the needs of many people, who require rehabilitation, are not met. Without access to high-quality, community-based rehabilitation, people will continue to use the most expensive parts of the health and social care system, such as A&E services.

The CSP, alongside a coalition of charity and professional bodies across the UK, identified the need for robust quality standards in community rehabilitation. An ageing population living with increasingly complex needs means that traditional models of rehabilitation, based on a single diagnosis may not meet people's needs.

Now, for the first time, a set of best practice standards have been developed to set out clearly what good rehab looks like. The standards are summarised on the next page. These recommendations are aimed at a variety of people, such as patients and their families, clinicians and managers, as well as policymakers and commissioners.

The purpose of the recommendations is to improve patient experience and population health and wellbeing by:

- Delivering high-quality, evidence-based rehabilitation through community services
- Reducing local and national differences in community rehabilitation services

To deliver these recommendations, each care system will need to:

- Appoint an individual with responsibility for rehabilitation within the care system
- Establish a local rehabilitation network of providers
- Review existing rehabilitation services in the community
- Publish an annual report on rehabilitation

Embedding the best practice recommendations will:

- Clarify referral pathways and ensure their correct use
- Provide clear guidance and support on self-management and goal setting
- Focus on people's specific needs rather than their conditions
- Promote early, supported discharge from hospital and prevent avoidable re-admissions
- Ensure care is delivered at home and local communities wherever possible

Community Rehabilitation Best Practice Standards

	Recommendation	Patient	Clinician	Rehabilitation Lead	Network	Commissioner	Social Care Provider
1	Referral processes are explicit, easy, efficient and equitable	Knows how and when to get help, when in need of rehabilitation, either through GP or self-referral	Refers patients to the right services by using a rehabilitation directory of services	Provides a rehabilitation directory, and ensures equality of access and provision of services	Determines how referral pathways can best be distributed, and establishes information systems for social care	Ensures resources are appropriately focussed and inequalities of access are minimised by monitoring groups that are underserved	Refers patients using a rehabilitation directory, and supports people to navigate the rehabilitation pathways
2	Rehabilitation interventions are timely, co-ordinated and prevent avoidable disability	Gets seen by the right person at the right time, and knows who co-ordinates rehabilitation	Undertakes assessments, shares information across the network, and knows local resources	Recognises and manages care co-ordination, and delivers/monitors mandatory training	Develops referral systems, and ensures patients are seen in a timely, co-ordinated way	Ensures rehabilitation pathway is timely, efficient and effective for different patient groups	Receives and shares information about the co-ordinated care of patients
3	Rehabilitation interventions meet patients' needs and are delivered in appropriate formats	Knows they have the best rehabilitation option to suit them	Is trained to deliver evidence-based care and shares decision making with patients	Maps, develops and describes pathways for patients with different needs	Shares training resources and supports the implementation of best practice recommendations	Maps pathways, analyses local population needs, and designs community rehabilitation	Understands the rehabilitation options and supports patients in their decision making
4	Rehabilitation pathways should meet needs and be delivered locally with access to specialist services	Gets co-ordinated support for physical and mental health, and can access the equipment needed	Works with local services but refers to specialist services if needed to ensure the best outcomes	Ensures information can be shared and provides resources to be shared with patients	Ensures systems are integrated and care packages are joined up across the course of the disease	Commissions local and out-of-area services to meet patients' needs and optimise outcomes	Supports people to attend appointments and to obtain equipment
5	Rehabilitation programmes should enable optimisation, self-management and review	Has the information, equipment and support they need to look after their condition	Works independently with appropriate workload to support patients to maintain their independence	Manages staffing to deliver timely and effective rehabilitation	Develops supported self-management approaches and shares training resources	Commissions needs-led, integrated community rehabilitation services and flexible pathways	Supports patients to do the activities that are important and appropriate for them
6	Rehabilitation services are well led, adequately resourced and linked to other services	Helps record rehabilitation progress and goals, and can give feedback	Collects data including patient goals and service activity, and contributes to audits	Conducts audits and benchmarks services, and identifies service priorities	Helps design and develop services that address unmet needs, and enables sharing of information	Commissions the development of data collection and defines how success is evaluated	Supports patients to discuss their progress and to give feedback
7	Rehabilitation services involve families	Family members are made welcome and empowered as important parts of the rehabilitation process	Identifies patients relying on carers, and encourages families to take part and contribute to care	Develops pathways to support families and monitors their experience	Helps design services that meet the needs of families, friends and carers	Commissions services that support families of patients with disabling conditions	Keeps families informed about changes in function

The World Health Organisation (WHO) has identified an extensive unmet need for rehabilitation. The Rehabilitation 2030 initiative highlights the importance of strengthening health systems to provide rehabilitation. WHO sees rehabilitation as an essential health service that should be available for all.

Explore more at www.who.int/initiatives/rehabilitation-2030



This document is a summary of the Community Rehabilitation Best Practice Standards. In addition to the full recommendations, the guidance also includes the methods and the evidence used in developing the recommendations, audit tools for patients, clinicians and directors, and Director's Annual Report.

If you would like to find out more about the standards, please visit our webpage www.csp.org.uk/publications/community-rehabilitation-standards or scan the QR code to access the full report.



Working in partnership

These standards, funded by the Chartered Society of Physiotherapy Charitable Trust, are supported by the Community Rehabilitation Alliance in England, which is made up of more than 55 charities and professional bodies, all committed to the improvement of rehabilitation services.

About CSP

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union organisation for the 63,000 chartered physiotherapists, physiotherapy students and support workers in the UK.