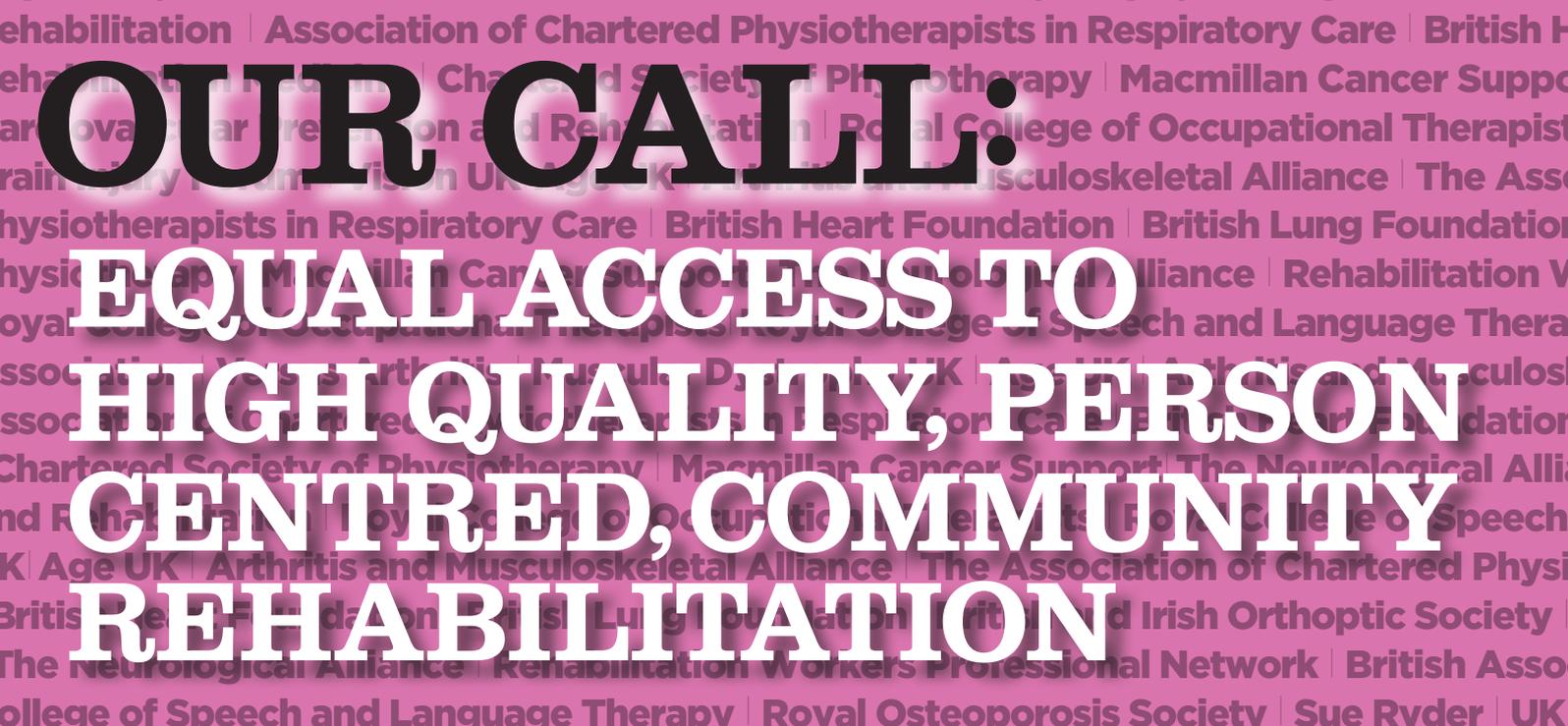


MANIFESTO FOR COMMUNITY REHABILITATION

Let's Live Well Longer



OUR CALL: EQUAL ACCESS TO HIGH QUALITY, PERSON CENTRED, COMMUNITY REHABILITATION

As a collective of organisations we stand ready to work with you to deliver effective, person-centred community rehabilitation services to all those who need them so that people can live well longer.

We call on candidates to take these three steps:

- **Make a commitment** to community rehabilitation in your party's policies
- **Mandate NHS England** to improve the quality and accessibility of community rehabilitation services
- **Amend the NHS Constitution** to make people's existing rights to community rehabilitation clearer and more explicit.

What do we mean by a 'right to community rehabilitation'?

We define community rehabilitation as the provision of assessment, advice and tailored rehabilitation support to improve people's health and wellbeing, outside of acute hospital wards. Everybody should have access to high quality, personalised community rehabilitation - when they need it. This can be support because of a long-term condition, following an injury or to be in the best shape possible for a medical intervention.

But, there are significant gaps in provision:

- **Only 15% of people with lung disease** deemed eligible for pulmonary rehabilitation are referred for it ⁽¹⁾
- **Only half of people can access cardiac rehabilitation** after a cardiac event, and this rate is even lower for women, BME and economically deprived patients ⁽²⁾

- **After a hip fracture operation** only one in five services provide people with rehabilitation on discharge from hospital, despite evidence that this is what best aids recovery⁽³⁾
- **Falls prevention services are a postcode lottery** if everywhere provided high quality falls prevention support, 29,000 injuries due to falls in older people could be prevented every year⁽⁴⁾
- **44% of people with neurological conditions** don't have access to community rehabilitation for their condition: 22% would like psychological therapy and 13% would like physiotherapy but can't get it⁽⁵⁾
- **Most people with a cancer diagnosis** are not given support before treatment to improve their fitness levels, diet and mental health – in spite of strong evidence that this improves treatment outcomes⁽⁶⁾
- **Of the 1.3 million people living** with traumatic brain injury, only 40% receive neuro rehabilitation.⁽⁷⁾

If people can access private community rehabilitation, then they do so. But not everyone has this option. **This falls short of the NHS Constitution.** The NHS Constitution for England pledges to provide a comprehensive health care system to; meet individuals' needs; prevent and improve mental and physical health problems; promote equality **and for this to be universal and free of charge.**

While community rehabilitation provision is patchy, the system is neither comprehensive nor universal. This fuels health inequalities – contributing to the fact that levels of ongoing ill health and disability are greater in areas of deprivation.⁽⁸⁾

There have been great medical advances in recent decades. Many more people now survive illness and injury that would previously have killed them. For example, deaths from stroke have halved over the last decade.⁽⁹⁾ **The challenge for the government and the NHS now is to ensure people can live well for longer.** The **NHS Long Term Plan** sets this goal. Comprehensive high quality community rehabilitation is the way to achieve it.

The UK is in the bottom half of OECD countries when it comes to the proportion of our health spending invested in meeting long-term health needs.⁽¹⁰⁾ **Existing NHS resources need to be aligned** behind comprehensive community rehabilitation options.

Why is community rehabilitation important?

- **Long-term conditions, illness and injury** can ruin people's lives and take away their independence. Rehabilitation enables people to achieve their potential and provides support for us all to live as well as possible
- **Community rehabilitation reduces demand** on the most expensive parts of the NHS. Most emergency admissions are of people with long term health conditions,

increasingly more than one.⁽¹¹⁾ Making community rehabilitation available to people before they are in crisis cuts demands on emergency care

- **Rehabilitation for people with heart diseases** reduces risk of dying prematurely from a cardiovascular event by 26%,⁽¹²⁾ reduces unplanned readmissions by 18%,⁽¹²⁾ and reduces all-cause mortality by 13%.⁽¹³⁾ If just 65% of the people eligible for cardiac rehabilitation received it, the saving to NHS could be £30 million per year⁽¹⁴⁾
- **People with traumatic brain injuries** who receive rehabilitation once they have left an acute hospital ward cost the NHS and social care £27,800 less a year than those who don't⁽¹⁵⁾
- **Chronic obstructive pulmonary disease** (COPD) costs the NHS £800 million per year and is the 2nd largest cause of emergency admissions.⁽¹⁶⁾ If everyone eligible for pulmonary rehabilitation received it, emergency admissions would be cut by 13%⁽¹⁶⁾
- **Falls are the largest cause** of emergency hospital admissions for older people,⁽¹⁷⁾ as well as the 6th largest cause of disability.⁽⁸⁾ Falls prevention services reduce serious falls among older people by 24%. We could save £59 million in emergency admissions if these were universal.⁽¹⁸⁾

Community rehabilitation reduces reliance on a struggling social care system

- **Following hip fracture operations**, 90% of patients will need support from social care.⁽¹⁹⁾ Timely access to community rehabilitation reduces the number of people who need social care
- **Each hip fracture costs £8,237** in social care and £9,739 in hospital care. Fracture liaison services are a proven model of community rehabilitation that, if universal, would save £400 million from social care and NHS budgets⁽²⁰⁾
- **A young person with a brain haemorrhage** normally moves on from an acute hospital ward to an older person's care home for life. If, instead, they moved to a neuro centre for rehabilitation, within 5 years they could be living independently. Over the course of a lifetime, this saves £2 million from social care and NHS budgets⁽²¹⁾
- **For sight impaired people**, vision rehabilitation saves £3 for every £1 spent by the NHS and social care.⁽²²⁾

Improving access to community rehabilitation services reduces inequality

- **Many people pay for community rehabilitation** to support their recovery or to manage their condition because they can't get what they need from the healthcare system. But many people cannot afford to and they shouldn't have to

- **Often what is offered to people is not timely** or suitable to meet their needs – for example if they work, or have more than one condition
- **Driving improvements** so that everyone has access to the best rehabilitation option for them will improve our public health and wellbeing, and reduce inequalities in health and other areas.

Rehabilitation must change and innovate to help us all live well longer

To meet modern population needs, services need to:

- **Be fully accessible**, helping people overcome any barriers they face
- **Be truly person-centred**, tailored to meet individuals' various needs, rather than by single conditions
- **Embrace social prescribing** and be networked with existing sports, leisure and voluntary sector activities.
- **Harness new technology.**

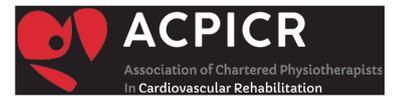
How can you help?

Make a commitment to high quality, accessible community rehabilitation by encouraging your party to:

- **Use the NHS Accountability Framework to mandate NHS England to use promised increases in funding to deliver this.**
- **Amend the NHS Constitution to make people's existing rights to community rehabilitation clearer and more explicit, as a key part of a comprehensive health care system.**

Who are we?

We are a collective of 20 charities, trade unions and professional bodies coming together to call on all political parties to ensure there is equal access to high quality community rehabilitation services for all.



British Society of Rehabilitation Medicine
Promoting quality through education and standards



MACMILLAN CANCER SUPPORT



VERSUS ARTHRITIS



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