

# COMMUNITY REHABILITATION:

*Live Well for Longer*

**#RightToRehab**

# WE STAND READY TO WORK WITH YOUR PERSON-CENTRED COMMUNITY REHABILITATION TO ALL THOSE IN NEED SO THAT PEOPLE

The NHS Long Term Plan committed to enhance access to community rehabilitation across England. Building on recommendations from The National Institute for Health and Care Excellence (NICE), it also set out some of the benefits of better access in terms of saving lives, improved quality of life and reduced hospital admissions. I am pleased to introduce this report that confirms the importance of community rehabilitation to patients, their families and carers and the wider society. When we get this right, we can help people live happier, more comfortable and productive lives as well as saving costs to other parts of health and social care.

But as with any large-scale change, it's going to take a concerted effort to make national community rehabilitation a reality. Health and social care commissioners, service managers, allied health professionals, the fitness industry and others will need to work together with patients and their families to make this happen.

**Richard Murray**

Chief Executive, The Kings Fund



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British Society of Rehabilitation Medicine | Chartered Society of Physiotherapy | Macmillan Cancer Support  
 UK Acquired Brain Injury Forum | UK Active | Vision UK | Agile | Ageing Better | Age UK  
 Rehabilitation Medicine | Chartered Society of Physiotherapy | Macmillan Cancer Support  
 Brain Injury Forum | UK Active | Vision UK | Spinal Injuries Association | Versus Arthritis  
 Chartered Physiotherapists in Cardiovascular Rehabilitation | Association of Chartered  
 and Irish Orthoptic Society | British Society of Rehabilitation Medicine | Chartered Soci  
 Professional Network | British Association of Cardiovascular Prevention and Rehabil

# COMMUNITY REHABILITATION: Transforming lives

Community rehabilitation helps people with long-term conditions, illness, or injury to recover their health, cope with chronic conditions, and slow the progress of degenerative disease.

Community rehabilitation can prepare people for treatment such as chemotherapy, to ensure they get the best possible results. People supported with personalised rehabilitation are more likely to regain their independence, preserve their mental health, and achieve their potential.

Community rehabilitation is not universally available.

*“The support, understanding and guidance of staff at BASIC [rehabilitation service] has assisted me immensely in rebuilding my life”*

**Andrew**, traumatic brain injury patient

When people cannot access community rehabilitation, it damages their quality of life, increases the risk of social isolation and poses greater costs for health budgets, social care budgets and the wider economy.

Too often people receive intensive rehabilitation in hospital but then have long waits when they get home, if it's available at all. In a study by The Stroke Association, 45% of patients said they felt abandoned when they left hospital<sup>(6)</sup>. While patients wait, their recovery is halted and can reverse – causing lasting disability, distress and deterioration of health.

## Rehabilitation is transformational

Despite living with a lung condition since childhood Annette, 67, was only introduced to pulmonary rehabilitation 2 years ago, in 2017. “It was the best thing that I have done,” she says. “It helped me to understand my condition, how to improve it and, most importantly, how to manage it.”

Annette has bronchiectasis, a lung condition that causes a persistent cough and excess phlegm. A permanent condition, it gets worse over time. She also has chronic obstructive pulmonary disease and clinical depression. Pulmonary rehabilitation (PR) has had a significant impact on her quality of life. Similarly, community wellbeing sessions have helped Annette understand her depression and manage it. As she says,

“Learning how to belly breathe and managing walking to increase mobility and muscle strength takes the fear out of going out into the community and has helped me no end. In the past I found it very depressing after an exacerbation as it felt like all the exercise I had been doing was lost. Now I take a deep breath and start again and enjoy the challenge of getting more mobile again.”

Annette, who lives in Norfolk, is now secretary for her local British Lung Foundation support group, where members discuss the benefits of PR. “We all agree that we want to see more people offered an initial programme of PR, but there should also be follow-up sessions regularly available to remind and support people to keep with it.”



Photo: Taskforce for Lung Health 2019

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## Patchy provision widens health inequalities

Community rehabilitation provision is currently a postcode lottery, with people in many areas of the country unable to access the rehabilitation they need through their local health care system. If people can pay for private community rehabilitation, then they do so. But not everyone can afford to.

*Only 40% of people from areas of high deprivation start cardiac rehabilitation, compared to 54% from areas of low deprivation.*

**British Heart Foundation**<sup>(3)</sup>

This falls short of the NHS Constitution pledge to provide a comprehensive health care system. As long as community rehabilitation is unavailable in certain areas, then 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.<sup>(7)</sup>

*“We know cardiac rehabilitation reduces the risk of someone dying from heart and circulatory disease, having another cardiac event such as a heart attack or needing to be readmitted to hospital. Rehabilitation services provide vital support in addressing both physical and psychological factors to improve people’s quality of life and help them to adjust to a new normal. But some groups, such as women, BME people and individuals from deprived areas are less likely to take up, complete and benefit from cardiac rehabilitation. Reimagining cardiac rehabilitation services, to build them around the needs of the person instead of institutions, will be vital to ensure that every single eligible patient is offered cardiac rehabilitation to help them return to as high a standard of health as possible, whether this is through services in the community, at home or online.”*

**British Heart Foundation**

## What happens when support isn’t in place

At 46, Lizzie, a judge, mother of two and keen runner, suffered a life-threatening subarachnoid brain-hemorrhage and stroke. Just three weeks after life-saving brain surgery, Lizzie was discharged home, paralysed and blind, and waited seven months for NHS community rehabilitation. Lizzie had to pay privately for rehabilitation to help her learn to walk again, and to treat the many other health issues caused by her stroke.

The lack of readily available, specialist community rehabilitation contributed to the breakdown of her marriage and enforced retirement from her job, leaving her with continued pain, depression and desperation.

*“Whilst I survived a massive brain hemorrhage, there have been many times since when I simply wished that I had not lived because of the significant physical, mental, and emotional pain I have endured over the last 8 years of post-stroke life.”*

**Lizzie**

*“NHS gaps in provision can have life-changing consequences, especially for people not in a position to pay for private rehabilitation. Health difficulties can then drive deprivation in other areas of life, for example if you are too ill or disabled to work, you’re likely to face a spiral of financial problems that will further limit your life chances. It’s a vicious cycle”*

**The Chartered Society of Physiotherapy**

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Association of Chartered Physiotherapists in Respiratory Care | British Heart Foundation  
nd Rehabilitation | Royal College of Occupational Therapists | Royal College of Speech  
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Cardiovascular Rehabilitation | Association of Chartered Physiotherapists in Respiratory  
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Chartered Society of Physiotherapy | Macmillan Cancer Support | The Neurological All

## COMMUNITY REHABILITATION: **Saving NHS money**

Community rehabilitation can help tackle NHS budget pressures. Rehabilitation reduces the need for hospital admissions. If acute care is required, then community rehabilitation can reduce the level of care needed, the length of stays and thereby the costs.

For cancer patients, a 'prehabilitative' approach that provides physical, dietary and psychological support before

any other treatment is used has been shown to improve outcomes, limit hospital stays and reduce subsequent complications.

For people with serious mental illness, community rehabilitation often provides a better patient experience and improved outcomes when compared to inpatient care, while also reducing costs.<sup>(6)</sup>



Mr Jones, a retired bus driver, was diagnosed with oesophageal cancer at 72. He attended a prehabilitation clinic directly after his diagnosis. He was assessed as needing a significant level of support to get him more physically active and improve his diet, and a moderate level of psychological support to cope with the surgery and chemotherapy to come. Mr Jones received free gym membership, 2 fitness sessions a week in a small group, and a heart rate monitor to encourage him to walk more. He saw a specialist dietitian, received weekly

nutritional screening and dietary advice. He was also made aware of the extra psychological support available to him. Mr Jones reported that the prehabilitation sessions made him feel "more motivated to look after myself".<sup>(5)</sup>

*"Prehabilitation adds value by reducing complications and resource use as well as potentially improving long-term behaviour and health."*

**MacMillan**<sup>(5)</sup>

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*“Shifting the focus and resource in mental health rehabilitation from inpatient provision, especially out of area, to early skilled rehabilitation assessment and intervention in the community is vital. This will enable more people who have lost skills and confidence due to their mental health needs, to access support to build on their strengths and achieve their aspirations. This will also reduce the number of people requiring more expensive, in patient rehabilitation, so that the very small number of people who do need that, can receive it closest to home.”*

**Clair Haydon**, Clinical Advisor on NHSE/I Complex Care/Rehabilitation Programme and National Acute Out of Area Programme and Consultant Occupational Therapist at Cheshire and Wirral Partnership NHS Foundation Trust.

*“Achieving an uptake rate for cardiac rehabilitation of 65% in England among all eligible patients could release over £30 million per year in savings which could be reinvested in rehabilitation and re-ablement.”*

**NHS Improvement** <sup>(9)</sup>

*“If those currently least able to manage their conditions were better supported, so that they could manage their conditions as well as those most able, this could prevent 436,000 emergency admissions and 690,000 attendances at A&E, equal to 7% and 6% respectively of the total in England each year.”*

**Health Foundation** <sup>(10)</sup>



Josh was 18 when a car crash landed him in hospital with severe brain injury. After his injuries were stabilised, intensive rehabilitation in a residential unit helped him relearn how to walk and talk. He was discharged home after 12 months and continues to receive physiotherapy and occupational therapy. He has neuropsychological reviews every 3-6 months, has been discharged from speech and language therapy, and does not need any additional care beyond what his family provide. Josh has made huge progress in his recovery as a result of the neurorehabilitation he has received.

The costs involved in Josh's rehabilitation were significant, totalling approximately £148,374. However, his recovery meant that he needed less health and social care on leaving hospital and it is calculated that the rehabilitation costs were offset in 27 months (*for the higher costs of in patient rehabilitation*) and in six months (*for the lower costs of out patient rehabilitation at home*). In addition, assuming a predicted life expectancy of 52 years, it is estimated that a total of £5.5 million has been saved in health and social care costs as a consequence of his successful rehabilitation.<sup>(4)</sup>



Cancer Support | The Neurological Alliance | Rehabilitation Workers Professional Network | British  
 Arthritis and Musculoskeletal Alliance | The Association of Chartered Physiotherapists | British  
 Orthoptic Society | British  
 The Neurological Alliance | Rehabilitation Workers Professional Network | British A  
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## Sue Ryder's proactive care saves £1m in future care costs

A young working mother, Laura was in her early 20s when she suffered a brain haemorrhage that left her severely disabled, paralysed and unable to speak. The standard 12 week rehabilitation course Laura received was unsuccessful and she became very depressed. Her main depression trigger was the very limited time she was allowed with her young son on her high dependency ward. After 6 months, Laura was fortunate to secure a place at a Sue Ryder centre, and her recovery turned a corner.

She received patient and intensive rehabilitation including physiotherapy and speech and language therapy. This 'proactive care' helped her learn to walk and talk again. She also received emotional support which enabled her to come off anti-depressants. An important factor here was that the centre allowed her more time with her son, in more suitable surroundings. After three years as a resident at the centre, Laura moved to Sue Ryder supported living for a further two years, and then,

with some initial support from Sue Ryder and local council care staff, she moved home.

Laura's specialist care costs were high at the start of her time at Sue Ryder, but her fast progress meant that these costs fell steadily over time. Had Laura not received the proactive care provided by the Sue Ryder centre, she would probably have stayed in the older persons' hospital ward for five years and then she would have been moved to an older persons' nursing home. The likelihood is that she would not have recovered her ability to walk, talk or live without anti-depressants, but with her condition stable she would have probably lived to an old age. It is estimated that the total cost of Laura's proactive care package – over almost 6 years – is £660,415. Assuming Laura lives an average life span, the proactive care pathway saves the state over £2m, compared to the reactive hospital-nursing home pathway. Over £1m of the costs saved by the proactive pathway are savings from social care budgets.<sup>(15)</sup>

*'Good social care provides care, support, and safeguards. It transforms lives, it enhances health and wellbeing, increases independence, choice and control. Supporting people to remain at home in their local community, living independent lives, is an outcome which social care strives for. Access to reablement and community rehabilitation is essential in achieving this. Everyday activities or tasks which many take for granted can become increasingly challenging or impossible for some. Supporting people to continue to fully participate in daily life is the right thing to do for them as well as reducing the pressure on a social care system which is under intense strain.'*

**Julie Ogley**, President, The Association of Directors of Adult Social Services in England (ADASS) – the association of directors of adult social services in England

*"Community rehabilitation is essential to enable people with a broad range of neurological conditions to be as active and independent as possible, yet we hear from too many people that they don't have access to it. We know that community rehab improves people's quality of life, and helps keep them as well and able as possible, as well as potentially reducing their reliance on services. We therefore strongly advocate for improved access to such services."*

**Georgina Carr**, CEO, The Neurological Alliance





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## Greater Manchester's Integrated Community Stroke Rehabilitation Service

Before the launch of Greater Manchester's Integrated Community Stroke Rehabilitation Service, stroke patients often waited six weeks to be assessed. Now, all stroke patients are seen within three days of leaving hospital. An initial care assessment establishes the patient's most critical problem to ensure the patient sees the most appropriate professional from the start. The service also ensures smooth transfer to the other NHS, social care, voluntary or wellbeing services that address the wider needs of patients and carers for ongoing 'life after stroke' support. Patients can regain their independence more quickly, return to work in a shorter time frame and can self-refer back into the service if needed.

*"Patients no longer feel abandoned at their time of greatest need. More timely support and treatment results in better outcomes for the patient and staff don't have to undo any negative impact that a delay in treatment can have."*

**Caomha Preston**, Physiotherapy Lead

While the team are stroke specialists, they are linked up with other services including Manchester's integrated neighbourhood teams, which have been set up to provide community health and social care services to populations of 30,000-50,000 people.

*"Having a flexible approach in how we work with other parts of the NHS and social care enables us to share our skills and knowledge and support other teams wherever the patient is, and coordinate care around the individual needs of the patient."*

**Tracy Walker**, Occupational Therapist, lead allied health professional

## Our Ask:

Equal access to community rehabilitation for all

### What politicians can do to help

- 1 Ask your political party to commit to high quality, accessible community rehabilitation for all**
- 2 Use the parliamentary debate on the NHS accountability framework (due in Spring 2020) to mandate delivery of universal community rehabilitation**
- 3 Use parliamentary scrutiny of anticipated changes to the NHS constitution to make people's existing rights to community rehabilitation explicit**
- 4 Visit a community rehabilitation service in your constituency to see its impact first hand**
- 5 Ask questions of your local Clinical Commissioning Group or Health and Wellbeing Board about their plans to improve access to high quality community rehabilitation services.**

For more information:

Please email: [RightToRehab@csp.org.uk](mailto:RightToRehab@csp.org.uk)

Or visit: [www.RightToRehab.org](http://www.RightToRehab.org)

Or contact us at:

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**Royal College of Occupational Therapists**

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106-114 Borough High Street, London SE1 1LB

**Sue Ryder**

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*With thanks to all the colleagues and patients that allowed us to tell their stories.*

# Who are we?

We are a collective of 24 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.



Royal College of Occupational Therapists



palliative, neurological and bereavement support



British Heart Foundation



BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY



MACMILLAN CANCER SUPPORT



Muscular Dystrophy UK  
Fighting muscle-wasting conditions



VERSUS ARTHRITIS



British Society of Rehabilitation Medicine  
Promoting quality through education and standards



More people  
More active  
More often

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