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High-Quality Care for All: Adding a Rehabilitation Dimension

Position Paper by the British Society of Rehabilitation Medicine (BSRM)

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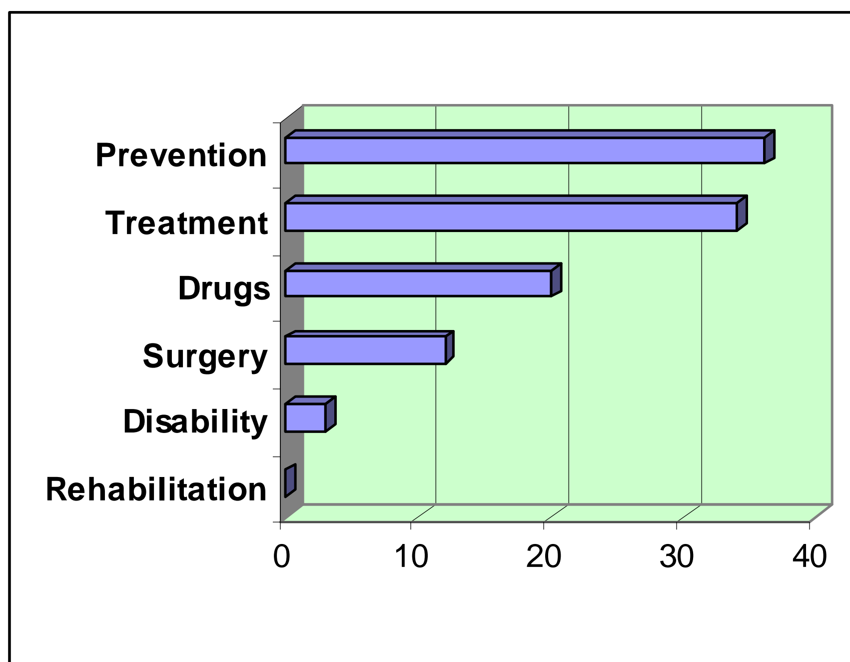
1. The NHS Next Stage Review Final Report is of special relevance to people with complex disabilities.

   The BSRM represents the medical specialty of Rehabilitation Medicine (RM). Consultants in RM provide medical expertise in the most complex aspects of rehabilitation required as a result of amputation, injuries to the brain or spine, or long-term neurological conditions. Rehabilitation services for such people are of very variable quality across the country and are often grossly inadequate. In this statement we draw the attention of commissioners and planners of services to ways in which the Report should trigger greater equity and improved quality of services.

2. Rehabilitation has been one of the major purposes of healthcare ever since the Beveridge Report at the inception of the NHS, so we are concerned that whilst we counted 34 references to 'treatment' in the document, there is no single instance where the word 'rehabilitation' is used in the Report.



Frequency of terms used on Next Stage Review Final Report

Long-term conditions are referred to repeatedly in the Report but disability is rarely mentioned and no distinction is made between different levels of complexity in the needs of disabled people. Much disability is life-long so consultants in RM are expert in working with affected individuals and their families to mitigate the complex effects of long-term conditions.

3. We welcome the recognition that people seek choice and also equitable access to services, but we see no evidence that the particular problems of disabled people have been recognized in these respects. For many of the most vulnerable patients it is scarcely true that "choice gives patients the power they need in the system" (p. 37). A basic problem for many disabled people at present is difficulties in physical access to facilities, for example for primary prevention services such as breast screening. Information is valuable and its quality is increasing, but the needs of people with impaired communication and cognition are not addressed by websites such as 'NHS Choices' (p. 39).

4. The BSRM welcomes the Report's recognition (p. 37) of the importance of schemes to help people to enter into employment and to retain or regain jobs. This is an important aspect of RM.

5. The concept of the Personal Care Plan (p. 40) could potentially be of enormous benefit to people with complex disabilities. A consultant in RM would often be the appropriate person to lead and coordinate such a plan. Whilst the analogy with the Care Programme Approach (CPA) in mental health services is interesting, we would be concerned that the new system should not become excessively bureaucratic and routinised, which we have sometimes observed to be the case with CPA. A related issue is the proposal for personal health budgets (p. 42), which the Report rightly suggests could be highly beneficial for people with long-term conditions. Specialist support from RM consultants and others would often be essential, however, to ensure that care arrangements are cost-effective. Specialist rehabilitation is necessary both to maximise autonomy and independence and to minimise the costs of benefits and community care.

6. The BSRM warmly welcomes the declared intention to give carers increased control and support (p. 41).

7. The resourcing of specialist rehabilitation services is very variable across the country, and the BSRM is concerned by the possibility that inappropriate reference costs may be applied in computing tariffs for complex rehabilitation. The CQUIN (Commissioning for Quality and Innovation) scheme (p. 42) provides a possible way to recognise the true costs of providing rehabilitation of appropriate quality. We look forward to exploring such possibilities with Commissioners in the coming months.

   We note the inclusion of stroke services among four pilot areas for the Best Practice Tariffs programme (p. 55). We hope and expect to be involved in the development of high quality standards for stroke rehabilitation, but we also look forward to the application of this programme to complex specialist rehabilitation as soon as possible.

8. We are keenly interested in the proposals for more rapid and comprehensive implementation of NICE guidelines and, where appropriate, elements from National Service Frameworks (p. 49). Quality of care is currently hampered in Rehabilitation Medicine by a very inadequate implementation of the NSF for Long-Term Neurological Conditions and of rehabilitation aspects of NICE guidelines such as those for multiple sclerosis, brain injury and Parkinson's disease.

9. RM is by nature an activity centred on the needs of a disabled individual and often of an informal carer. The BSRM currently has a program to develop a wider range of valid outcomes measures of our work, and we warmly welcome the concept of Patient-

Reported Outcome Measures (PROMS), which accords with the approach we are already taking.

We also look forward to developing improved quality indicators for all sectors of Rehabilitation Medicine and expect to see our services featured in 'quality dashboards' (p.50). There is insufficient recognition of the critical importance of high-quality rehabilitation in the prevention of morbidity and mortality.

10. RM teams have exceptionally strong linkages with social services and other agencies beyond the boundaries of their Trusts. These activities are impeded by current organisational structures which also often prevent the cost effectiveness of specialist rehabilitation from being recognised. The concept of Integrated Care Organisations (ICOs) (p. 65) is welcome because the proposal appears to recognize this problem and provide a possible solution. We suggest that rehabilitation would be a very appropriate area for implementing such a scheme.

11. Specialists in RM greatly welcome the emphasis on engaging clinical expertise in the planning and commissioning process (p. 53). Up to now, RM expertise has rarely been utilised effectively in the design of services for people with complex and long-term disabilities.