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## **BSRM Comments on Our NHS Our Future: NHS Next Stage Review**

Following Lord Darzi's initial report the BSRM would like to make some brief comments on the NHS Next Stage Review on behalf of specialist physicians in Rehabilitation Medicine. Our comments highlight the need for people with complex disabling disorders to continue to access specialist services that could easily be overlooked in view of the review's focus on numerically larger groups. People with neurological disability are those least likely to be able to contribute to reviews of this sort, and rarely "Have their say", because of the nature of their disabilities. Some of the suggestions in the report are difficult or impossible to extrapolate to individuals with neurological disorders because by the very nature of their impairments they need expert assistance to manage their disease process and symptoms and are unable to self manage their health optimally. Suggesting that many people may receive their health funding directly, like social services direct funding, is not a practicable option for many people. Indeed, many people who have been persuaded to receive direct funding for their care needs from social services are finding that they are unable to take on employer responsibilities successfully.

- People with long-term neurological conditions as highlighted by the NSF for Long-term Neurological Conditions are virtually ignored in this document, with the exception of stroke survivors, who are mentioned with reference to the recent stroke strategy and implementation of thrombolysis. This must not be at the cost of their rehabilitation needs.
- People with long-term neurological conditions are often vulnerable. Many have cognitive and communication problems decreasing their ability to manage their own resources. They are high users of resources, requiring not only on-going support and care but also, crucially, goal-directed rehabilitation interventions designed to maximise autonomy and quality of life.
- Rehabilitation is highly cost efficient for those with complex needs so long as it is provided at the appropriate level of expertise supported by a Consultant in Rehabilitation Medicine and a multidisciplinary team. It has been shown that therapists working in isolation or in single specialty private practices do not achieve the outcomes that can be achieved by a multidisciplinary team. There is good evidence that people with complex disabilities can be cost-efficiently managed provided they have specialist teams supported by consultants appropriately trained in Rehabilitation Medicine.
- The NSF for Long Term Conditions recommends that specialist Rehabilitation Medicine services work most effectively in networks to support, educate and train local, general rehabilitation teams. This pattern of practice should be highlighted and encouraged to spread good evidence based practice.
- It has been shown that maintaining employment, or returning people to full or part time work is beneficial to well-being. Specialists in Rehabilitation Medicine are the most likely physicians to recognize the vocational potential of people with acquired brain injury and similar complex neurological conditions and to provide the first steps towards vocational rehabilitation. This usually reduces subsequent health costs and contributes to the economy.

- People with complex needs require accessible specialised services that can be provided in hospitals and through local generic service networks. They do require an adequate body of specialist experience and expertise to deliver the quality outcomes. Lone working by therapists should be strongly discouraged by requiring commissioners to purchase Rehabilitation from established, well-staffed multidisciplinary teams.

Strategic Health Authorities have been required to contribute to the NHS Next Stage Review but none of the clinical leads for Long Term Conditions from the SHAs were from a specialist Rehabilitation Medicine background, many being GPs. This is understandable given the prevalence of Diabetes and Chronic Chest Disease but means that the needs of people with long term neurological disorders are being overlooked in this review. South Central SHA included the following paragraph in its response to Lord Darzi's Report.

## **Rehabilitation**

*Good practice includes early intensive specialist input followed up post discharge by expert staff who work in coordinated interdisciplinary teams and focussed on helping people live as independently as possible.*

*Specialist rehabilitation interventions should be available at all points along the care pathway in every health setting including the home. Rehabilitation itself is a life issue, focussed on how the individual manages themselves with their condition. It provides the opportunity to optimise function and ability, to facilitate health, social participation and autonomy. It is not a one off event.*

*Rehabilitation is also part of the general health and well being agenda and focuses on appropriate lifestyle / behaviour to promote life long healthy functioning, prior to diagnosis.*

*At diagnosis rehabilitation should consider holistic need and address function and participation in addition to any condition specific requirements.*

*Once in a stable state rehabilitation should be focussed on maintenance needs, providing a formula for self management where possible. Exacerbation requires early intervention ensuring expert treatment and advice are readily available in the best setting, with follow up and a revised management plan. Rehabilitation needs to be accessible, responsive, and tailored to specific need.*

The BSRM endorses these comments but is concerned that the template of provision for the commoner long term conditions such as diabetes mellitus, with its emphasis on self management, has limitations when applied to people with long term neurological conditions and complex disabilities.

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